

OMB Control No: 0970-0114

Expiration date: 03/31/2027

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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:37:10 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Social Services**
 - ii. Street Address: **1535 Confederate Ave**
 - iii. City: **Columbia**
 - iv. State: **South Carolina**
 - v. ZIP Code: **29201**
 - vi. Web Address for Lead Agency: **<https://dss.sc.gov/>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Michael**
 - ii. Lead Agency Official Last Name: **Leach**
 - iii. Title: **State Director**
 - iv. Phone Number: **803-898-0585**
 - v. Email Address: **Michael.Leach@dss.sc.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Michele**

- ii. CCDF Administrator Last Name: **Bowers**
 - iii. Title of the CCDF Administrator: **Director, Division of Early Care & Education**
 - iv. Phone Number: **803-898-7307**
 - v. Email Address: **Michelle.Bowers@dss.sc.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:
 - State or Territory.

- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[]	[]	[x]	<p>[x] Describe: The Lead Agency funds the South Carolina Inclusion Collaborative (SCIC) to provide professional development (i.e., training, coaching, and consultation) to child care providers to implement teaching practices that promote the inclusion of children with disabilities in their programs. As well as support through Behavior Specialists to assist providers with children with challenging behaviors.</p> <p>Additionally, the South Carolina</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					<p>Program for Infant and Toddler Care (SC PITC) has a long-standing contractor with the Lead Agency to improve the quality of care for infants and toddlers. Core services in coaching, mentoring, and training are provided statewide by a network of skilled PITC Specialists with certification from the WestEd Program for Infant/Toddler Care (PITC).</p>

1.2.3 Information systems availability

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

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

- a. Tasks to be performed.

Yes. If yes, describe: **Tasks to be performed are identified in the Scope of Work and Deliverables section of contracts, grants, or MOA.**

Tasks and service activities must directly relate to the scope of work and deliverables as described. Examples of tasks and service activities include development and/or enhancement of web-based data management systems that facilitate efficiency with information collection and documentation, provision of technical assistance and training designed to enhance child care provider’s knowledge and skills in the appropriate care for children of various ages/abilities, business management practices, creation of external environments designed to foster learning and healthy development, and training on life saving skills in the event of a medical emergency in a child care program.

No. If no, describe:

- b. Schedule for completing tasks.

Yes. If yes, describe: **The Scope of Work and Deliverables identify all relevant schedules for the contractor or grantee.**

Generally the schedule for contracts and grants is one year with the option to renew for a specified term. Depending on the tasks to be accomplished, specific timelines may be included to help monitor the progression of work. MOAs may have a defined term or may continue until terminated one or both parties.

No. If no, describe:

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

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

No. If no, describe:

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

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

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency has regular meetings with the contractors for updates on the progress of the agreements. The Lead Agency holds annual renewal meetings with contractors and grantees. Quarterly or semi-annual reporting is done by the contractor when applicable.**

1.2.4 Certification of shareable information systems.

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

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency's director, Michael Leach, provides updates to legislative committees regarding the status of the work and initiatives being undertaken to improve the quality and access of child care in the state. In March, the director of Child Care Licensing conducted a presentation to the Joint Committee to Study**

Child Care to provide updates regarding regulatory compliance, upcoming special initiatives, followed by a question and answer period during the meeting. In addition, the Lead Agency staff is maintaining efforts to partner with the SC Chamber of Commerce to increase awareness of initiatives undertaken by the Lead Agency to improve the availability and quality of child care across the state. This work includes creating and/or facilitating opportunities to solicit feedback from key decision makers in the state regarding the need for high quality child care. Meetings and child care presentations are happening with the county Chambers of Commerce in our state.

The local county First Steps partnerships attend the bi-monthly Technical Assistance Partners Forum meetings, in which child care regulations, ABC Quality and Child Care Scholarships policy, procedure, and training issues are discussed. There was a specific meeting held by the Partners Forum to include the local partnerships and the Division of Early Care and Education to discuss the CCDF Plan and time given to provide input.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency’s director, Michael Leach, is a member of the State Advisory Council. He regularly provides updates to members regarding various CCDF-funded initiatives. Most recently the Alternative Methodology and Rate Setting statewide initiative for Child Care and work on suspension and expulsion guidelines were presented to the Early Childhood Advisory Council (ECAC) and feedback was requested. The Lead Agency reviewed the State Plan with council members during their June 20,2024 meeting and encouraged input on the CCDF plan. Feedback was solicited from the members during the meeting, and they were informed of the email address (CCDFPlancomments@dss.sc.gov) that is available to submit follow-up input.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **CCDF Administrator, Director of Child Care Licensing, and Director of ABC Quality met with new leadership of the Catawba Nation to discuss with them changes implemented by the federal government that affect the Nation and resources available to them as partners with the Lead Agency. They explored policy issues with ABC Quality relating to mandated reporting for child abuse and neglect and agreed to follow-up to reach a consensus on stated policy.**

Additionally, ABC Quality has been working with the Catawba staff on naturalizing the outdoor play area to reflect their history and culture and Child Care Licensing is partnering with the Catawba Nation on a federal disaster preparedness grant.

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The CCDF State Administrator conducted a PowerPoint presentation during the SC Child Care Resource & Referral (CCR&R) quarterly Partner’s Forum on May 29, 2024 regarding the development of the State Plan. Each section was reviewed and discussed, and current work specific to each section was highlighted. Forum participants representing the landscape of early childhood professions including providers, technical assistance specialists, PD trainers, Child Care Licensing Specialists, ABC Quality Assessors who were asked for their feedback during and after the presentation.**

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **6/14/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/24/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **A notice was added to the Lead Agency's www.scchildcare.org website. A statement was also added to indicate if interpretation services were needed, the public can email CCDFPlancomments@dss.sc.gov to request assistance. Social media was also used to make public aware of the hearing.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Public Hearing was made available virtually via the TEAMS platform. Therefore, people statewide could attend virtually and not have to travel to attend an in-person meeting.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **A draft of the CCDF Plan was made available on the Lead Agency's www.scchildcare.org website two business weeks prior to the public hearing. A statement was also added to make the public aware of the hearing and if special accommodations were needed to review the plan, they may notify CCDFPlancomments@dss.sc.gov.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **All questions submitted from the public were taken into consideration and adjustments to the Plan made where applicable. If suggestions or comments were against federal regulations, the state took the time to explain regulation to the commenter. A copy of any questions and answers was added to the website for the public to access.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <https://www.scchildcare.org/resources/>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: **The Lead Agency communicates with the Governor's Advisory Committee on the Regulations of Child Care Facilities to provide updates regarding activities described in the Plan. Upon federal approval of the Plan, the Lead Agency will make the Plan and amendments available to this committee. The Early Childhood Advisory Council will also be made aware of the submitted and approved Plan as well as any amendments.**
 - ii. Working with child care resource and referral agencies. Describe: **The Lead Agency staff maintains regular contact with the SC CCR&R, provides updates on the Plan and seeks input and support for activities described in the Plan. SCCCR&R has a weblink to www.scchildcare.org and therefore has access to the approved Plan and any amendments. The Plan will also be shared with the Director's Forum which includes the child care directors.**
 - iii. Providing translation in other languages. Describe: **All written materials distributed by the Lead Agency are created for various audiences and are available in both English and Spanish. The written information helps the public understand the CCDF State Plan. Additionally, the Lead Agency contracts with an organization that provides interpretation and translation services in over 100 languages, upon request.**
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Information regarding the State Plan availability is provided on social media to include a link to the Plan on the www.scchildcare.org website as regarding the submitted and approved State Plan including any amendments.**
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The Lead Agency will use regularly scheduled webinars and meetings with provider groups to provide access to the Plan and amendments via our www.scchildcare.org website.**
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Lead Agency continues to work in partnership with the United Way Association of South Carolina to coordinate and provide support for local community-based initiatives to expand the availability and accessibility of child care to include afterschool programs.**
 - vii. Direct communication with the child care workforce. Describe: **SC Endeavors continues to enhance professional development opportunities, resources, and tools for early education professionals. The state's workforce registry keeps track of important information about all child care professional including training,**

academic coursework, work experience, and certifications. The Plan will also be shared through Division newsletters, at SCAEYC conference and during the Town Hall sessions with providers.

viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

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

- i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Presumptive eligibility is offered to assist all child care Child Care Scholarship Program clients that have started a new job and is in the process of obtaining verification of the employment, including rate of pay, number of hours to be worked per week, and frequency of pay. The client is in need of child care to maintain their new job. The client will be given twelve weeks (3 months) of full time child care to allow them**

time to obtain the wage information from their new employer. Dual Language Learners and Head Start clients are also able to receive presumptive eligibility when needed.

- ii. Leveraging eligibility from other public assistance programs. Describe: **The lead agency also houses the child welfare programs (CPS and Foster Care), work assistance programs (TANF) and food assistance programs (SNAP and CACFP). This coordination allows the eligibility staff to use agency databases from other programs available such as TANF/SNAP and CAPSS database for income verification or other documentation needed for eligibility determination.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **All children are given a full 12 months of eligibility when approved for child care. At any time during the 12-month period a family adds a child, services are aligned so that the new child receives 12 months, and the existing children receive 12 months in addition to the original allotment in order to ensure that the children's end dates are the same.**
 - iv. Self-assessment screening tools for families. Describe: **The First Five SC (www.first5sc.org) is a holistic website, one stop portal, where parents can learn about public programs and services to help with their child's growth and development and to increase knowledge, choice and access. The First Five SC portal supports 44 programs included in the common eligibility screener. The common eligibility screener makes it easy for families to enter a few pieces of information about their child, household and circumstances, and find out which programs they may be eligible for so they can begin the next steps of enrollment.**
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Staff are instructed to process eligibility within three to five business days from receipt of the completed child care application and all supporting documentation.**
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **The purpose of child care through TANF is to provide the necessary child care for a family to participate in approved employment, education, training, or to comply with their TANF Family Plan. A fundamental goal of TANF is to emphasize parental responsibility and self-sufficiency. The Lead Agency provides support services such as child care to enable the parent to move into employment, education or training. A parent participating in TANF is not required to pay a fee to the provider. However, the parent is responsible for paying the difference between what the Child Care**

Scholarship Program pays and what the provider charges, if applicable. The TANF case manager will make a referral to the child care worker using the DSS Form 1269, Request for Support Services. TANF child care authorization will be 12 months (52 weeks) at a time as needed for the component in which the client is participating. In order to receive child care through this category, the individual must meet the following criteria:

1. Participant must be receiving a TANF stipend.
2. Working, attending school, or training. A TANF parent may not be required to participate for a minimum of 15 hours; however, they must be in compliance with their family plan.
3. Complying with the Family Plan as agreed upon with the TANF Case Manager, participating in a TANF countable component, or attempting to start a TANF countable component within two weeks.
4. Have a need for child care for a child under age 13 NOTE: A child aged 13-19 with special circumstances may be considered for eligibility. A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current eligibility period.
5. Attempting to remedy a sanction (up to 30 days).

No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
 - i. Advance notice to parents of pending redetermination.
 - ii. Advance notice to providers of pending redetermination.
 - iii. Pre-populated subsidy renewal form.
 - iv. Online documentation submission.
 - v. Cross-program redeterminations.
 - vi. Extended office hours (evenings and/or weekends).
 - vii. Consultation available via phone.
 - viii. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe: **Eligibility staff may use agency databases available such as TANF/SNAP database for information to verify income when other documentation is not provided.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: **The purpose of child care through TANF is to provide the necessary child care for a family to participate in approved employment, education, training, or to comply with their TANF Family Plan. A fundamental goal of TANF is to emphasize parental responsibility and self-sufficiency. The Lead Agency provides support services such as child care to enable the parent to move into employment, education or**

training. A parent participating in TANF is not required to pay a fee to the provider. However, the parent is responsible for paying the difference in what the Child Care Scholarship Program pays and what the provider charges, if applicable. The TANF Case Manager will make a referral to the child care worker using the DSS Form 1269, Request for Support Services. TANF child care authorization will be 12 months (52 weeks) at a time as needed for the component in which the client is participating. In order to receive child care through this category, the individual must meet the following criteria:

1. Be receiving a TANF stipend.
2. Be a TANF participant who is either: working, attending school, or training. A TANF parent may not be required to participate for a minimum of 15 hours; however, they must be in compliance with their family plan.
3. Complying with the Family Plan as agreed upon with the TANF Case Manager, participating in a TANF countable component, or attempting to start a TANF countable component within two weeks.
4. Have a need for child care for a child under age 13 NOTE: A child aged 13-19 with special circumstances may be considered for eligibility. A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current eligibility period.
5. Attempting to remedy a sanction (up to 30 days).

No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

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

Yes.

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

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

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

No.

Yes.

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

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **The 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, IFSP and 504 plans developed by the local school districts.**

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

No.

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

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

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

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

2.2.2 Eligibility criteria: reason for care

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

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

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

i. An activity for which a wage or salary is paid.

ii. Being self-employed.

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

iv. Participating in unpaid activities like student teaching, internships, or practicums.

v. Time for meals or breaks.

vi. Time for travel.

- vii. Seeking employment or job search.
 - viii. Other. Describe: **Seeking employment for work is allowed only for the categories of TANF, homeless, Head Start, and Dual Language Learners.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: **The Dual Language Learners child care scholarship eligibility allows for the spouse to be attending English as a Second Language classes.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **Study time is not considered but required labs are counted towards educational criteria for eligibility.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.

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

Work. Describe: **An applicant is considered employed if they are working at an occupation where they are paid a wage or 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 when calculating the number of work hours). Child care is provided to allow them to participate.**

Job training. Describe: **An applicant is considered participating in job training if the training is to teach marketable skills in the competitive labor market, including but not limited to, job skills training, work experience, and other training components through the TANF program. Clients must be in training at least 15 hours per week (travel time can be included when calculating 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. Describe: **An applicant is considered participating in an educational program if the program results in one of the following: A) high school diploma, B) general equivalency diploma (GED), C) Associate degree, or D) other college degree. Clients must be in classes at least 15 hours per week (travel time can be included thwhen calculating 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.**

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

Other. Describe:

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

Yes.

No. If no, describe the additional work requirements:

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

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

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **The Lead Agency provides child care scholarships to other populations of children determined to be in the agency definition of protective service. These other populations are TANF, clients transitioning off of TANF (TCC), dual language learners (DLL), children eligible for the 4K program to include siblings (4K+Siblings), First Steps evidence based program initiative, child care after adoption (AdoptCC), Kinship Guardianship (KinGap), child care after reunification (Reunify CC), CCDF-Caretaker Relative (CCDF-CR), Starlight Recovery Program (RECOVERY), Family Literacy Child Care (FAMLIT), special needs, SNAP Employment and Training (SNAP E&T), Anderson Interfaith Ministries (AIM) and Criminal Domestic Violence (CDV) program.**

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

No.

Yes.

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

No.

Yes.

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

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

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

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

Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4254.00	85.00	3616.00
2	5563.00	85.00	4729.00
3	6872.00	85.00	5841.00
4	8181.00	85.00	6954.00
5	9490.00	85.00	8066.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

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

No. The Lead Agency establishes income eligibility limits above 85% SMI and

includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. Gross wages or salary.
 - ii. Disability or unemployment compensation.
 - iii. Workers’ compensation.
 - iv. Spousal support, child support.
 - v. Survivor and retirement benefits.
 - vi. Rent for room within the family’s residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe:
- d. What is the effective date for these income eligibility limits? **10/1/2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**
- Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://www.scchildcare.org/media/agyfzw0a/income-standards-2024-2025.pdf>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i. Average the family’s earnings over a period of time (e.g., 12 months).
Identify the period of time For initial child care determination and redetermination of eligibility, irregular fluctuation in earnings will be considered. Temporary increases in income, including temporary increases that result in monthly income exceeding 85% SMI, does not

affect eligibility or family copayments. Seasonal income or irregular income must be averaged for up to three months.

- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **Pay stubs should be representative. Pay stubs that are received that have vastly differing amounts should be carefully examined. If one or more pay stubs are not representative, staff may use the pay stubs they have to average the income based on the client's regular rate of pay, hours and earnings.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.
 No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
 No.
 Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

- a. Eligibility determination? If checked, describe:
- b. Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: Client self-certifies on child care application; verified if questionable. Client may be asked to provide a copy of their driver's license or other state/federal issued identification card.
[x]	[x]	Applicant's relationship to the child. Describe how you verify: Client self-certifies on child care application; verified if questionable. Client may be asked to provide documentation such as a birth certificate or legal documentation proving relationship. Ex: custody or guardianship papers.
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Client self-certifies on child care application; verified if questionable. Client may be asked to provide documentation such as a birth certificate or other legal documentation proving name, date of birth and citizenship status.
[x]	[x]	Work. Describe how you verify: Copies of the most recent 30 days of check stubs are preferred if the client has been working more than 90 days. Letters from employers may be accepted if the client has a new job and not yet received pay stubs, has a documented commitment of employment to begin within 2 weeks or is returning to work after being on leave. Schedule C tax document if self-employed. Leave Earning Statement (LES) if in the military. TANF/SNAP database may also be used to verify information.
[x]	[x]	Job training or educational program. Describe how you verify: An applicant attending high school or is obtaining a GED must submit a copy of their school schedule. If the applicant is in college or other type of educational program, a copy of their schedule and proof of payments toward registration/tuition for the term in which they are applying must be submitted to the Child Care Scholarship Program. A client's statement is acceptable for verification of school attendance for a dependent child age 18 or under 21 in the household. If the situation is questionable, verification of the paid school registration/schedule will be requested. TANF/SNAP database may also be used to verify information.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: Copies of the most recent 30 days of check stubs are preferred if the client has been working more than 90 days. Letters from employers may be accepted if the client has a new job and not yet received pay stubs, has a documented commitment of employment to begin within 2 weeks or is returning to work after being on leave. Schedule C tax document if self-employed. Leave Earning Statement (LES) if in the military. TANF/SNAP database may also be used to verify information. Income from other sources such as SSA, child support, and alimony are also counted as income when determining family eligibility.
[x]	[x]	Household composition. Describe how you verify: Client self-certifies on child care application; verified if questionable. Clients may be asked to provide marriage licenses or legal proof of separation or divorce if the marital status is questioned. Also, if there are other non-biological minor children in the home, custody or guardianship verification may also be requested.
[x]	[x]	Applicant residence. Describe how you verify: Client self-certifies on child care application; verifies if questionable. If questionable, copies of utility bills, lease agreements, driver's license, state identification card, voters' registration, or other documents proving residence.
[]	[]	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **South Carolina Department of Social Services (Lead Agency)**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **Appropriate child care is determined by parental choice, to ensure that the developmental nurturing needs of a child(ren) are met. Child Care facilities must comply with the SC Code of Laws addressing regulatory requirements and procedures. Informal arrangements are not subject to child care statutory and regulatory requirements; however, parents that choose informal arrangements, are required to complete a Family, Friend and Neighbor Child Care**

Certification form ensuring that certain health and safety requirements are being met.

- ii. **“Reasonable distance”**: Reasonable distance is defined by DSS as the fair and reasonable travel distance to a child care facility that will not interrupt TANF participation. Parents must be given parental choice to select the enrolled child care facility that best meets the needs of their child if questionable. The child care eligibility worker will determine reasonable distance.
 - iii. **“Unsuitability of informal child care”**: Informal child care arrangements chosen by a participant must meet the needs of the participant as well as comply with the Child Care Scholarship Program policy and procedures and CCDF regulations.
 - iv. **“Affordable child care arrangements”**: Affordable child care arrangements are determined by a cost of care alternative methodology for rate setting conducted by DSS.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- i. In writing
 - ii. Verbally
 - iii. Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.”** The Lead Agency defines children with special needs as children that needs individualized materials, equipment, or instruction; the child is diagnosed with developmental delays; or the child demonstrates a delay in cognitive, communication, motor, or social development. Referral sources include SC Department of Disabilities and Special Needs, BabyNet (IDEA, Part C), SC School for the Deaf and Blind, Children's Rehabilitative Services, Easter Seals, Bright Start, SC Autism Society, other contracted Early Intervention providers throughout the state or an IEP, IFSP, or 504 Plan developed by the local school districts. Child care for children with disabilities is part of the priority of child care funding. Funding is monitored to ensure ongoing services.
- e. **“Families with very low incomes.”** The Lead Agency defines families with very low income as families whose gross monthly income falls below the established SMI. TANF recipients are prioritized based on lower gross income levels.

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Describe: The Lead Agency applies a \$20 differential payment to the weekly rate for child care providers serving children with special needs.
Families with very low incomes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **The Lead Agency prioritizes child care for all child welfare cases such as child protective services and foster care related categories. Additionally, the following categories are also prioritized and include dual language learners (DLL), children eligible for the 4K program to include siblings (4K+Siblings), First Steps evidence based program initiative, child care after adoption (AdoptCC), Kinship Guardianship (KinGap), child care after reunification**

(Reunify CC), CCDF-Caretaker Relative (CCDF-CR), Starlight Recovery Program (RECOVERY), Family Literacy Child Care (FAMLIT), SNAP Employment and Training (SNAP E&T), Anderson Interfaith Ministries (AIM) and Criminal Domestic Violence (CDV) program.

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **The Child Care Scholarship eligibility staff receives a referral on the homeless coalition letterhead that the family has met the McKinney-Vento definition for homelessness. If the child is school-age, a letter will be sent from the Department of Education providing the verification of their homeless status defined by the McKinney-Vento act. Note: For direct referrals, an in office third party verification is done to document that a family meets the McKinney-Vento definition of homelessness. The child will be allowed to attend during the 90-day grace period to allow time to obtain eligibility documentation.**

Child care assistance may be available for families experiencing homelessness. Child care slots are provided in coordination with the State Department of Education Homeless liaison and the four homeless coalition continuum of care organizations throughout the state:

- Eastern Carolina Homeless Organization
- Low Country Homeless Coalition
- Midlands Area Consortium for the Homeless
- United Housing Connections

According to the McKinney-Vento definition of homelessness, a family will be considered homeless when they lack a fixed, regular and adequate nighttime residence. The lack of a fixed nighttime residence includes loss of housing, economic hardship, living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations or are living in emergency or transitional shelters. Furthermore, living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings.

To qualify for funding for the homeless child care scholarship, a family must:

- Meet the McKinney-Vento definition of homeless (above)
- Must provide verification of homelessness via a letter on Coalition (if not school aged) or Department of Education letterhead (if the child in care is a school aged child) indicating that the family has been determined to meet the definition of homelessness as defined by the McKinney-Vento Act.

Note: For direct referrals, an in office third party verification is done to document that a family meets the McKinney-Vento definition of homelessness. This verification cannot be done by the staff person that is also determining eligibility.

- Must be at or below 85% of the state median income at the time of application.
- Must be working, in school, in training or actively searching for work. A grace period of 90 days may be given to allow the parent the time to obtain documentation of employment, school or training. During the grace period, the children are allowed to enroll with a child care provider.
- If working, the most recent 30 days of pay stubs is preferred or a letter from the employer indicating the number of hours worked per week and the rate and frequency of pay.
- If in school, a copy of the current school schedule and proof of paid registration.
- If in a job search component, it should be indicated at the time the application is submitted. The applicant will be given 12 weeks (3 months) of presumptive eligibility.
- If in a current drug and/or alcohol or mental health treatment program, it should be indicated at the time the application is submitted. The applicant will be given 12 weeks (3 months) of presumptive eligibility.
- Must have a child under the age of 13 in need of child care services

A family that is homeless may receive a maximum of 2 consecutive years of funding at the same address. Exceptions to policy may be made on a case by case basis with approval from the Program Manager.

If the family becomes employed after the 12 weeks of presumptive child care, eligibility will be extended and a full 12 months of eligibility will be given.

NOTE: A child who turns age 13 during their child care eligibility period will continue to receive services through the end of the current eligibility period.

Clients approved for funding under the homeless initiative will not have a co-pay.

However, if the child care provider charges more than the Child Care Scholarship Program can pay, the provider may require the parent to pay the difference. There is no co-pay for this category of care.

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

- i. Provide the policy for a grace period for:

Children experiencing homelessness: **Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization records for children experiencing homelessness within 90 days of enrollment. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations and/or other health and safety paperwork.**

Children who are in foster care: **Child Care Licensing works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization records for foster children within 90 days of enrollment. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations**

and/or other health and safety paperwork. Child care licensing works with the foster care case manager as needed to obtain this information.

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

Yes.

No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **Child Care Licensing is part of the Lead Agency and works in coordination with SC Department of Health and Environmental Control (SCDHEC) as necessary to help obtain needed immunization records for foster children and children experiencing homelessness. Child care providers contact their regional licensing office when assistance is needed with obtaining immunizations and/or other health and safety paperwork. Child care licensing works with the foster care case manager as needed to obtain this information.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: **Through a contract with the University of South Carolina's SC Child Care Resource and Referral (CCR&R), the Lead Agency provides funding for services customized for child care families and child care providers with limited**

English proficiency. Non-English-speaking families have a dedicated Dual Language Family Referral Specialist to provide assistance throughout their search for child care including helping to identify financial resources including SC Scholarship, Head Start, or state pre-k programs, completing required paperwork/applications, helping identify child care options, and providing other resources to meet the family's needs. The Bilingual Family Referral Specialist coordinates with the SC CCR&R's Dual Language Quality Coach to help coordinate services for both the family and the program they have chosen including coordinate introductory meetings with the family and child care program to aid in the transition, assist the provider with the family's paperwork and enrollment process, provide technical assistance and trainings to the program staff and teachers to help build a positive, culturally competent learning environment for the dual language learner and their family. The SC CCR&R materials, informational presentations, and resources including the website and child care search portal, are available in English and Spanish. In addition, SC CCR&R has staff available to help families and providers who are fluent in Arabic and Chinese.

The Lead Agency contracts with an organization that provides interpretation and translation services in over 100 languages upon request. Additionally, a Spanish version of the Early Learning Standards is available on the website.

- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe: **An ADA compliant version of the Early Learning Standards are available on the www.scchildcare.org website. Funding is provided for Beginnings SC to provide sign language interpretation for parents who are deaf or hard of**

hearing who are searching for child care.

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe: **In South Carolina, the Department of Education administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act). The McKinney-Vento State Coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The State Coordinator also administers subgrants to selected school districts that provide additional coordinated services. While some local school district liaisons (especially those receiving subgrants) are able to identify families with very young children, their primary focus is on the 4k through grade 12 population. The State Coordinator will interface with local liaisons who currently outreach to homeless families and then coordinate with the Lead Agency on those families that appear to meet eligibility requirements for child care scholarships. The South Carolina Coalition for the Homeless serves the coordinating and service entity, designed to assist the local coalitions. The board for the South Carolina Coalition for the Homeless was expanded in 2016 to include state agency representatives such as the Department of Social Services. The expanded board further solidified agency partnerships. The Lead Agency recognizes the need for trainings with the Department of Education and the Homeless Coalitions on procedures to access child care scholarships and other services through the Lead Agency. The Lead Agency is coordinating referral processes with the four regional Coalitions for the Homeless. These four coalitions operate majority of the family shelters (primarily funded through HUD) and other homeless services in local communities and have well-established relationships and outreach programs. They can serve as a valuable source of referrals for families with very young children. The Lead Agency will provide information and training opportunities to the child care providers via www.scchildcare.org, ABC Quality assessors, CCL specialists, and Child Care Scholarship eligibility 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:

1. 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.

2. 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.

3. Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and Migratory children who qualify as homeless because they are living in circumstances described above.

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

- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The SC CCR&R provides training and technical assistance to child care providers utilizing their Homeless Support Initiative. A Homeless Support Coordinator provides trainings and informational sessions for child care providers on the definition of homelessness as defined by the McKinney-Vento Act, how to identify families experiencing homelessness, and resources and tools on how to provide ongoing support to these children and families. In addition, the Homeless Support Coordinator provides information and training to other SC CCR&R coaches on how to effectively support child care providers who are serving families experiencing homelessness.**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The SC CCR&R Homeless Support Initiative collaborates with the Lead Agency and the Child Care Scholarship Program that oversees the distribution of the homelessness scholarships to discuss eligibility enrollment, assist with completion and collection of appropriate paperwork, and collaborate with child care eligibility staff to enroll families. The SC CCR&R Homeless Support Initiative provides support to families trying to locate a program by providing referrals to child care programs that may meet the families need for care and are enrolled in ABC Quality to accept the homeless scholarships. The SC CCR&R provides targeted outreach and information to child care programs across the state about the availability of child care scholarship support to families that may be experiencing homelessness. The SC CCR&R also coordinates its outreach efforts with the Lead Agency staff to support other initiatives in the state, including the lead coordinator of McKinney-Vento Act at the State Department of Education**

and the four SC homeless coalitions. The SC CCR&R provides trainings and informational sessions at conferences and events for early care and education organizational staff, quality coaches, and child care professionals on identifying and supporting families experiencing homelessness.

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The Lead Agency takes into consideration the children’s development by promoting continuity of care when authorizing child care services. Considerations for the child’s development as well as the parents need to work, attend school, or participate in a training program are factors in the child care need for each family. Approaches used by the Lead Agency include: Establishing a 12 month eligibility period to lessen the burden on the family to apply more than once per 12 months, coordination with Head Start to extend the day and provide wrap-a-round child care, pre-k to provide child care for the 4K eligible child and their siblings in order to stabilize the family, and other early learning programs or school aged programs to create a variety of arrangements that accommodate the parents work schedules. Child care is prioritized for children that have an Individual Education Program (IEP) or Individual Family Service Plan (IFSP). The Lead Agency also pays higher subsidy rates for higher quality levels which allow more high quality child care options for families.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
 Yes.
 No. If no, describe: **Lead Agency received a non-compliance on September 29, 2023, because evidence provided did not clearly explain our 12 month eligibility process. Policy had been revised and shared with staff. Child Care Scholarship policy manual is being revised and will be sent to the Regional Office for consideration during the Plan review process.**

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

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: **Lead Agency received a non-compliance on September 29, 2023, because evidence provided did not contain the proper definition of temporary change. Policy has been revised. The Child Care Scholarship policy manual is being revised and will be sent to the Regional Office for consideration during the Plan review process.**

c. Are the policies different for redetermination?

No.

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

2.5.3 Job search and continued assistance

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

i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **The categories that we allow job search for are Homeless, Dual Language Learners, Head Start, and TANF. The initial job search is for a period of 3 months.**

ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **The categories that we allow job search for are Homeless, Dual Language Learners, Head Start, and TANF. The initial job search is for a period of 3 months.**

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

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
- No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency’s policies for discontinuing assistance due to a parent’s non-temporary change: **Child care may be terminated for non-temporary changes, such as loss of job or cessation of education or training; however, three months of child care will be provided to give the parent time to search for a job or attend an education/training program as soon as possible. Child care may continue if activities are resumed and the client remains eligible for the child care category. Child care may continue if activities are resumed and the income does not exceed the states SMI exit threshold. If continued, the original co-pay amount will not be increased.**
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **If a loss of job or cessation of education or training, three months of child care will be provided to give the parent time to search for a job, work on their resume, or attend education/training program as soon as possible. Child care may continue if activities are resumed and the income does not exceed the states SMI exit threshold and the client remains eligible for the child care category. If continued, the original co-pay amount will not be increased.**
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **Three months.**
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
- Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive:
- iii. A change in residency outside of the State or Territory.
- Provide the Lead Agency’s policy for a change in residency outside the State or Territory: **Clients that move out of state are terminated from receiving services in South Carolina effective the first Monday following 10 working dates of the change. In order to receive child care scholarships, the family must reside in South Carolina.**
- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

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

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe:

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

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

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

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

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

if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **2%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

Yes.

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

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

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay 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)?	What percentage of income is this co-payment in (E)?
1	1884.00	26.00	1.00	3616.00	87.00	2.00
2	2556.00	26.00	1.00	4729.00	87.00	2.00
3	3229.00	26.00	1.00	5841.00	87.00	1.00
4	3901.00	26.00	1.00	6954.00	87.00	1.00
5	4574.00	26.00	1.00	8066.00	87.00	1.00

c. What is the effective date of the sliding-fee scale(s)? **10/1/2024**

d. Provide the link(s) to the sliding-fee scale(s):

<https://www.scchildcare.org/media/gtvb1pqk/fee-scale-2024-2025.pdf>

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

No.

Yes.

If yes:

i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **The CCDF funding received by our state is not enough to sustain the full operating cost of the child care providers. Child Care Scholarship children can be a small percent of families served by the child care provider. The Child Care Scholarship Program payment rates to enrolled child care providers have an established maximum. Therefore, child care providers may charge the parent the difference in what the Lead Agency pays and what the child care program provider charges.**

- 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: **Data from the Prenatal to Five Fiscal Strategies (P5FS) cost of care survey found that 62 percent of respondents reported charging families' additional fees to fill gaps between the Child Care Scholarship reimbursement rate and the price charged to private-paying families. Of those who charge the difference, several indicated that the amount varies based on the scholarship/voucher payment and/or the parent's ability to pay. Of those who reported a specific fee, the average weekly amounts for full-time care are as follows: Under 1 - \$52.52, 1-year-olds - \$51.72, 2-year-olds - \$49.65, 3-year-olds- \$44.81, 4-year-olds - \$39.53, 5-year-olds - \$40.26, School age - \$31.18.**

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family’s co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe:
 - ii. Quality of care (as defined by the Lead Agency). Describe:
 - iii. Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family’s income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **All child welfare services are based in the Lead Agency and are included in the protective service definition. Therefore, the co-payments are waived. Child care for child welfare has been**

expanded to include child care after adoptions (ADOPTCC), child care for reunification with the bio family or original guardian after a child welfare case has been closed (REUNIFY), child care for children placed with a kinship provider (KINGAP) when there is a child who is transitioning out of foster care but not being legally adopted nor reunifying with the bio family or original guardian that once had an open/active foster care case. This applies only to children who were in the custody of the SC Department of Social Services.

- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **The Lead Agency prioritizes child care for all child welfare cases such as child protective services and foster care related categories. Additionally, the following categories are also prioritized and include dual language learners (DLL), children eligible for the 4K program to include siblings (4K+Siblings), First Steps evidence based program initiative, child care after adoption (AdoptCC), Kinship Guardianship (KinGap), child care after reunification (Reunify CC), CCDF-Caretaker Relative (CCDF-CR), Starlight Recovery Program (RECOVERY), Family Literacy Child Care (FAMLIT), SNAP Employment and Training (SNAP E&T), Anderson Interfaith Ministries (AIM) and Criminal Domestic Violence (CDV) program.**

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

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

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

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

4.1 Access to Full Range of Provider Options

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

center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **The Prenatal to Five Fiscal Strategies (P5FS) cost of care survey asked respondents to report any barriers or challenges that keep them from enrolling in the Child Care Scholarship program. Respondents were able to choose multiple options. Of those that identified a barrier, 36% of respondents selected delay in payment, 24% selected payment rates being too low, 24% selected not enough families qualifying for the scholarship program, 21% selected their inability to handle the administrative/paperwork requirements, and 17% reported issues receiving client fees from parents or families. Other barriers cited included not having any available slots to serve children on scholarship, the staff training requirements, a lack of resources, and the CPR/First Aid certification requirements for staff.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The eligibility packet that is sent to parents after their application is approved for a CCDF-funded child care scholarship 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 scholarship, their rights and responsibilities and those of the Lead Agency and provider they choose.**
- e. Describe what information is included on the child care certificate: **The Lead Agency sends two (2) letters to parents after they have been determined eligible and approved to receive a CCDF-funded child care scholarship:**

(1) the eligibility letter informs them that their application has been approved for their child(ren), specifying each child's name, age, eligibility category, and the number of weeks of full- time or half-time care approved per child. The letter specifies they have 15 calendar days to select a child care provider and if they need help locating a provider in their area, the parent may visit www.sccchildcare.org for a list of enrolled providers. If they do not have access to a computer, they may call the Child Care Scholarship Program at 1-800-476-0199 for a printed list. The letter states a packet of information will be mailed to them. The packet includes information and options for selecting high quality providers, a connection form they'll need to complete and return after they select a child care provider. The connection form includes information that is needed to authorize the

selected provider to serve their child(ren) (provider selected, name of parents & child(ren) approved for the child care scholarship, type of care needed (full or half-time or both), requested start date, signature of parents and provider, The packet also includes a list of quality considerations to think about when selecting a child care provider, such as ensuring there are enough adults to care for all children, ensuring parent is allowed to visit at any time, the environment is clean and safe, child care schedule allows for nap/inside/outside activities, there are positive interactions between adults and children, provider is responsive to parents expressed needs and concerns, provider uses positive discipline, and after services begin, ensure child enjoys going to the facility.

(2) After a parent returns the completed connection form to the Child Care Scholarship Program, a second letter called the authorization/connection letter is sent to both the parents and the selected provider. It specifies that the parent has chosen the named provider at a site address to serve the listed child(ren), the care type, provider rate, client fee (co-pay, if applicable), billing rate, start date, stop date and weeks of care. The letter specifies that the Lead Agency will pay for child care services from the start date through the end date. It states if the provider's weekly rate exceeds what the Lead Agency will pay, the parent is responsible for paying the difference, along with the weekly client fee (co-pay), if applicable. It states that the parent and provider will be notified in writing if services end prior to the stop date. It reminds providers that they cannot serve more children than they are licensed to serve. The letter is copied to the provider at their payment address. At any point in the process, parents can be referred to the Child Care Resource and Referral to assist them in choosing quality child care providers or asking questions to better inform their decision about care. The goal is to help the parents walk through the process and provide information on the available programs that may fit their needs.

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

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

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

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

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

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)?
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? **Data collection took place between February 20 and April 4, 2024. The data was used to inform the cost estimation model and the alternative methodology which was completed on June 30, 2024.**

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. **There were no major changes in the pre-approved methodology and the final methodology used.**

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

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

- iii. **State Advisory Council or similar coordinating body: Prior to submission of the alternative methodology pre-approval request to the Office of Child Care, the Lead Agency State Director, Michael Leach, shared the process for pursuing an alternative methodology with the State Advisory Council (ECAC) in its 8/17/2023 meeting with an opportunity for comment and questions. He explained the Lead Agency’s commitment to engaging with the ECAC through their regular meetings, along with additional members of the workforce and other stakeholders in developing the cost study and cost model, analyses and results. The ECAC Program Manager was invited to participate on the Alternative Methodology Technical Workgroup that was being formed to meet monthly to inform all aspects of the alternative methodology process. The ECAC, Technical Workgroup, a broad array of child care provider groups and constituents were consulted before and after data collection. Once the model was developed initial results and analysis generated were provided for input. The cost survey approach, cost estimation model, quality variables for the model, the model’s data-gathering and analysis assumptions, on how to assure that providers are engaged in both the data gathering process and in the review of model results, and on any modifications the model may require based on analysis of results in partnership with the Lead Agency.**
- iv. **Local child care program administrators: Emails and a variety of social media outreach methods by the Lead Agency and its contractors were used multiple times to reach all regulated child care providers and license-exempt child care providers enrolled with ABC Quality (SC’s QRIS) in a variety of formats to share information with them about the Cost of Child Care Study and to encourage them to participate in input sessions to share their perspectives about their costs in providing child care, as well as to complete the Cost of Child Care survey. Special sessions were held at 2 statewide professional development conferences, South Carolina Early Childhood Association (SCECA) and South Carolina Association of Early Care and Education (SCAECE) which were attended by approximately 300 child care directors and owners on 2/2/2024 (SCECA) and 3/2/2024 (SCAECE) to share information with them about the Cost of Child Care Study and to encourage them to participate in input sessions to share their perspectives. 15 virtual input sessions were scheduled on dates and times convenient to child care providers representing all regions of SC during March 2024 in which more than 300 child care program administrators participated. Input sessions were conducted in English and Spanish. These input sessions assured that child care program administrators understood the anticipated benefits of the cost-based approach to rate setting and could contribute to the alternative methodology approach to data**

collection.

- v. Local child care resource and referral agencies: **The Director of SC CCR&R was invited to participate on the SC Alternative Methodology Technical workgroup (described in 4.2.1.c. i above) and actively participated. The SC CCR&R hosted two forums to support provider awareness and engagement in which Prenatal to Five Fiscal Strategies (P5FS) participated. P5FS participated in the SC CCR&R Partner Forum to hold an information session for state partners that support child care providers. This information session provided an overview of the alternative methodology process and how providers could be supported and engaged. P5FS leveraged the SC CCR&R Director Forum to hold four regional input sessions in which over 80 child care center directors/administrators and family child care home owners/providers participated. The SC CCR&R also supported outreach and shared registry data with P5FS.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Leaders of SC professional associations representing the child care workforce (SC Association of Education of Young Children, SC Early Childhood Association, SC Association of Early Care and Education, and SC Afterschool Alliance) were invited to participate on the SC Alternative Methodology Technical workgroup (described in 4.2.1.c. i above). Child care directors representing all types of child care who attended 2 statewide professional development conferences in February and March 2024 (SCECA and SCAECE) described in 4.2.1.c.ii above) were invited to participate in special conference sessions in which information about the Cost of Child Care study was shared with them. They were encouraged to participate in input sessions to be conducted in English and Spanish in February through March 2024 to share their perspectives on the cost study and issues affecting their child care services.**
 - vii. Other. Describe: **The Lead Agency’s child care technical assistance contractors that serve child care programs (SC CCR&R, SC Inclusion Collaborative, SC Program for Infant-Toddler Care), its contractor for child care data collection and analysis, and directors/managers of major program areas in the Lead Agency affecting the alternative methodology process and cost model development (Child Care Scholarships, ABC Quality, Child Care Licensing, SC Endeavors professional development and workforce registry, and information technology team) also participated on the Alternative Methodology Technical Workgroup described in 4.2.1.c.ii above.**
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed?
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey:

- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?
 - vi. What is the percent of licensed or regulated child care centers responding to the survey?
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey?
 - viii. Describe if the survey conducted in any languages other than English:
 - ix. Describe if data were analyzed in a manner to determine price of care per child:
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:
- e. Price variations reflected.

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

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

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The percentages of respondents to the alternative methodology child care costs survey reflected nearly the same percentages as the various types of providers to total child care providers in SC: 56% of survey responses were from licensed and registered child care centers which represent 63% of the total child care providers in SC; 42% of survey responses were from licensed and registered family/group child care homes which represent 32% of total child care providers in SC; 1% of survey responses were from license-exempt providers which represent 5% of providers in SC.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The cost estimation model developed as part of the alternative methodology includes outputs by age of child, aligned with the age groupings used by licensing. Variations in the cost by child are driven by the ratio and group size regulations in licensing and ABC Quality. The cost estimation model assigns classroom personnel expenses based on the licensed capacity of the classroom with shared expenses distributed proportionally across all children in the program.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The cost estimation model developed as part of the alternative methodology includes quality variables aligned with the requirements of ABC Quality. P5FS analyzed the provider requirements under ABC Quality and developed a quality frame to capture those requirements that had a cost impact. Data from input sessions and the provider survey were used to inform the costs related to each of these variables, including family engagement, professional development, and paid planning time. In addition, the increased compensation necessary to provide high-quality care was integrated into the cost estimation model. Multiple salary options were reviewed and discussed, including current salaries from the provider survey, data from the Bureau of Labor Statistics and data from the MIT Living Wage Calculator. The cost estimation model includes the ability to estimate the cost of care using these different salary options. The variables and their values were reviewed with the Alternative Methodology Technical Workgroup prior to finalizing in the cost estimation model.**

4.2.2 Cost analysis

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

pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency has contracted with national experts, Prenatal to Five Fiscal Strategies (P5FS), to develop a cost estimation model to inform the alternative methodology. P5FS’ role includes data collection and analysis, cost model development, cost estimation using the model, and related reports. The process included a provider survey, provider input sessions and interviews with child care providers across the state, along with a review and integration of existing statewide data sources for the development of the cost estimation model. The alternative methodology process involves constituent engagement at the state and provider levels and captures providers’ experiences and costs in implementing program requirements including licensing regulations and ABC Quality standards (SC’s Quality Rating and Improvement System, QRIS). SC’s cost estimation model includes licensing child care center and group child care home providers, licensed and registered family child care home providers, and licensed-exempt child care centers enrolled with ABC Quality to enable cost scenarios to be run for the different care types. The cost model also includes both revenues and expenses (personnel and non-personnel expenses) to show their relationship in delivering child care services, including how variables and program characteristics impact costs (e.g., program type, program size, quality level, age range of children served, variety of child populations served and geographic variances). The alternative methodology process included collecting data directly from providers using a survey process that is representative of all provider types, from all regions of the state, reflecting the diversity of programs including program quality, location, ages of children served, income, mix of children served, culture, and language, with targeted outreach for underrepresented provider groups. Information was gathered through provider input sessions and interviews with a mix of programs (multi-site, nonprofit and for-profit, programs serving children with subsidies, licensed and registered providers, license-exempt programs, programs serving different combinations of age groups including school-aged children in all regions of the state). Input sessions also captured additional costs programs may incur if they were to make changes such as increasing compensation or improving program quality. This process ensures the cost estimation model fully captures the cost of operating a quality child care program. Development of the cost model was completed in June 2024. Scenarios reflecting the cost of care with variations for types of child care, program sizes, ages of children served, program regulations (minimum health and safety licensing/regulatory requirements), higher quality standards (aligned with ABC Quality), equity and quality enhancements were completed in June 2024 which will inform the rate setting process.**
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The cost estimation model includes variations in the cost of care based on provider type and age of child. Data was analyzed separately for child care center and family child care home settings to identify the specific costs related to each of these settings. For example, in family child care homes non-personnel expenses are categorized as 100% business use and shared business use to accurately capture the**

expenses related to the operation of the child care program. Age-based variations in the cost of care are based on the ratio and group size requirements under SC licensing requirements and ABC Quality standards. The cost per child is comprised of classroom costs for each age group, divided by the capacity of that classroom (with the variation in the number of children based on group size requirements) and shared costs that are evenly distributed across the program. In the family child care home scenarios, there is no variation in the cost per child for full time care due to the program operating as essentially one classroom. School age care in home-based programs is different, reflecting their attendance being a mix of full-time during school breaks and part-time during the school year.

The cost estimation model does not reflect geographic variation in the results. Data collected during the alternative methodology process did not point to significant variations in the key cost drivers by geographic location. While some variation in current salaries and non-personnel expenses were identified during the provider data collection, results were inconsistent and further analysis of this data indicated that variations were most likely related to other program characteristics such as funding source, for profit/non-profit status, access to in-kind support etc., rather than geographic location.

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **State licensing regulations are used to determine cost of care at the base level of quality including ratios, staff compensation, benefits and training, as well as all nonpersonnel expenses necessary to operate a program. Nonpersonnel expenses are based on defaults in the Provider Cost of Quality Calculator. Personnel expenses are based on compensation level and staffing pattern. The staffing pattern for classroom teachers is derived from adult:child ratio requirements provided by licensing regulations. While group size requirements are not specified by regulation, the cost estimation model assumes a group size of double the ratio, requiring two teachers in the classroom. Additional staffing is included to cover open/close and breaks. Non-classroom staffing includes a program director at full time, an assistant director or equivalent at 0.5 FTE per 50 children, and an administrative assistant at 0.5 FTE per 50 children. In family child care settings, the small FCC is assumed to have capacity of 6 with one provider/owner while the group FCC has a capacity of 12 with the addition of a full-time assistant. Compensation selections at the base level of quality are based on data collected from child care providers through the 2024 cost of care survey. In addition, the model includes the cost of discretionary benefits in the form of \$5,540 annually per employee as well as 10 paid sick days and 10 paid leave days.**

The model also includes the cost of training and professional development in the form of a substitute or floater to cover the employees' responsibilities while engaging in training. At the base level of quality this includes 20 hours annually for the program director, and 15 hours for all caregivers. The family child care model includes 10 hours annually for professional development.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size,

staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Lead Agency uses state-defined quality measures established for its ABC Quality Program to define higher levels of quality which include ratios, group size, staffing levels, staff compensation, and professional development standards. The cost estimation model incorporates these standards by (1) including the lower ratio requirements and group size requirements under ABC Quality, (2) increasing the number of hours of professional development to 30 hours annually for a center-based director and 20 hours annually for center-based caregivers, (3) adding 1 hour a day of substitute/floater coverage for lead teachers and/or provider/owners to engage in planning without also supervising children, and (4) adding 2 family/teacher conferences annually. The expense of family teacher conferences is based on the cost to pay a substitute or floater to release the teacher from caregiving responsibilities while planning and leading the conference. In addition, the model includes salary options that are higher than current salaries reported by providers through the cost of care survey. These higher salaries are selected for the higher-quality scenarios reported in the cost estimation model report.**

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Results from the cost estimation model were compared to current Child Care Scholarship rates and presented to the technical workgroup in June 2024. The statewide cost of care was compared to the Urban and Rural rates as well as to a statewide average rate, providing a geographic analysis of the gap between price and current payment rates which are based on the most recent market price survey. For center-based programs there is a gap between the cost of care and the current payment rate for all ages of children in a child care center apart from school-agers in a program receiving the Urban rate. The gaps range from \$210 per week per child for an infant in a program receiving the Rural rate, to \$2 per week per child for a four-year-old in a program receiving the Urban rate. The gap analysis found that the gaps were largest for the youngest children, with infants and toddlers having larger gaps between cost and current payment rates, compared to preschool and school age children. In addition, programs in rural areas fared worse than programs in urban areas, with the average gap in a child care center of \$116 per child per week in a rural area and \$50 per child per week in an urban area. Full details of the gap analysis are available in the detailed Cost Estimation Model report. After gaps were identified between costs of care and current payment rates, prioritization was given to raising payment rates where gaps were largest: for family child care, programs in rural areas, and infants. Based on the prioritizations for rate increases, rate modifiers ranged from 54% to 100% of the costs of care in urban and rural settings by type of care, age of child and quality level.**

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

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

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

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

- i. Provide the date the report was completed: **6/28/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/1/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://www.scchildcare.org/media/jf4j5a0t/sc-alternative-methodology-cem-report_june-2024_predesign.pdf**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **Results from the cost estimation model, including the estimated cost of care and the gaps between current payment rates and the cost of care, were presented to the SC Alternative Methodology Technical Workgroup on June 10, 2024, at the ECAC state advisory meeting on June 20, 2024, and at the CCDF Plan Public Hearing on June 14, 2024. Feedback from constituents at these meetings informed the final scenario selections made in the cost estimation model and reported in the detailed report. For example, discussion with partners and constituents supported the decision for the cost model to use only statewide values and produce a statewide cost of care. Similarly, decisions around the default program sizes for the scenarios used in the report were reviewed and refined during these meetings. In addition, by building a process that incorporated provider engagement and feedback throughout, the South Carolina cost estimation model has benefited from the input of hundreds of constituents across the state, as documented in the detailed report.**

4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might

exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

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

4.3.1 Payment rates

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

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

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

No.

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

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2024**

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

4.3.2 Base payment rates

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

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

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

the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

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

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

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	235.00 Per Week	43.00	235.00					345.00 Per Week	68.00
Family Child Care for Infants (6 months)	215.00 Per Week	12.00	215.00					308.00 Per Week	70.00
Center Care for Toddlers (18 months)	205.00 Per Week	43.00	205.00					263.00 Per Week	78.00
Family Child Care for Toddlers (18 months)	215.00 Per Week	12.00	215.00					308.00 Per Week	70.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Preschoolers (4 years)	191.00 Per Week	43.00	191.00					193.00 Per Week	99.00
Family Child Care for Preschoolers (4 years)	169.00 Per Month	12.00	169.00					308.00 Per Week	55.00
Center Care for School-Age (6 years)	89.00 Per Week	43.00	89.00					89.00 Per Week	100.00
Family Child Care for School-Age (6 years)	108.00 Per Week	12.00	108.00					154.00 Per Week	70.00

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

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

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

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

Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **The Lead Agency provides a higher reimbursement**

rate of \$20 per week for children determined eligible for a special needs child care scholarship. Additionally, children in foster care may receive an add on of \$30 per week for children who qualify for a foster care child care scholarship. The add-ons are in addition to the established based rates determined by the Lead Agency rate setting practices (MRS, alternative methodology, etc.).

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

i. Differential rate for non-traditional hours. Describe:

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

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

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

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

Payment rates for base Level C are set at a percentage of the estimated cost of care (rate modifiers that are based on prioritizations for rate increases) at Level C by type of care, age of child, and by urban or rural setting. The higher quality

levels above base Level C (ranging from Level B to the highest Level A+) have higher costs associated with the additional quality components. For Level B, rate modifiers for the higher costs of care including quality components are applied to 95% of the quality care costs to determine the Level B payment rate. 5% is added to the Level B rate to determine the Level B+ rate. 5% percent is added to the Level B+ rate to determine the Level A rate. 5% is added to the Level A rate to determine the Level A+ rate. This approach incrementally increases the payment rates by quality level.

- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Other differential payments: add on for children in foster care that is \$30 more per week than child care scholarship payments for other children in a specific type of care will be added to new subsidy payments that are based on the Lead Agency rate setting practices (MRS, alternative methodology, etc.).**
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

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

Yes. If yes, describe:

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency used a rate setting model and a cost estimation model which were developed by its contractor, Prenatal to Five Fiscal Strategies (P5FS) to inform the Lead Agency's alternative methodology rate setting process. Results from the cost estimation model were compared to current Child Care Scholarship rates and gaps were identified between costs of care and current payment rates. Based on this analysis, prioritization was given to raising payment rates where gaps were largest: for family child care, programs in rural areas, and infants. The Lead Agency used the rate setting model developed by P5FS to set payment rates at a percentage of the cost of care that reflects available resources under CCDF and the priority areas identified based on the gap analysis. o Payment rates o incrementally increase from base Level C meeting licensing requirements, through the quality levels, from Level B tot Level A+. The payment rates are set at a percentage of the estimated cost of care with variations by type of care, age of child, and by geographic area (urban and rural). Based on the prioritizations for rate increases, rate modifiers average 70% of the cost of care across all ages, settings, and regions ranging from 54% to 100% of the costs of care in urban and rural settings by type of care, age of child and quality level.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The cost estimation model incorporates**

factors from state licensing regulations that address health and safety requirements to determine the costs of care at the base level of quality (Level C), as well as SC's quality measures established for its ABC Quality Program (SC's quality rating and improvement system) to determine the higher costs of care at higher levels of quality. In this way, the cost estimation model provides the Lead Agency with an accurate understanding of the true costs of meeting health, safety, quality, and staffing requirements under CCDF. Using the cost estimation model and accompanying rate setting model described in 4.3.4.a above, the Lead Agency is proposing higher payment rates to cover these costs, averaging 70% of the cost of care across all ages, settings, and regions, with ranges from 54% to 100% of the cost of care. The rate for 3- and 4-year-olds and school age children in child care centers in the urban region, which includes 84% of the total scholarship population with 25% being children age 3,4, and school age, are set at an average of 96% of the cost of care.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency used a cost of care model developed through its alternative methodology to inform rate setting using a related rate setting model, as described in 4.3.4.a above. The cost estimation model provides the Lead Agency with key data to inform rate setting. The Lead Agency used this data and resulting data on the gaps between current rates and the cost of care with the variations in these gaps by age, program type, and geography, to inform decisions about rate setting priorities. By increasing payment rates that significantly narrow the gap between current payment rates and the actual cost of care, the Lead Agency is promoting the stabilization of child care providers especially those in rural areas, serving infants, and family child care providers by addressing their actual costs which increases their ability to stay in business.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Lead Agency used a rate setting model that incorporates a rate modifier to incrementally increase proposed rates based on percentages of costs at each higher level of quality ranging from base Level C to the highest Level A+ by type of care and age of child. The estimated cost of meeting ABC Quality standards in the cost estimation model was used as the baseline for setting differentiated payment rates based on quality, with rates at Level B set at 95% of the estimated cost of quality care under ABC Quality. Rates at Levels B, B+, A and A+ were increased by a 5% step at each level to incentivize providers to meet higher quality standards.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

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

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

Yes. If yes, describe: **The Lead Agency plans on implementing prospective payments by October 1, 2024. The Lead Agency will be requesting an implementation waiver as a safeguard in the event there are unanticipated delays. The process for prospective payments will be that from the date the Service Voucher Log (payment form) generates, any unpaid weeks up to the generation date will be pulled plus the dates through the first Sunday following 28 calendar dates. The Lead Agency has a service period of one week, Monday to Sunday to pull full weeks at a time. The provider will certify that they anticipate the children on the SVL to be enrolled for the time period printed on the SVL. If the provider indicates any period of time that the children will not be enrolled, the system will allow the provider to document the reason the child will no longer be enrolled and the last date of expected payment. When the payment for the prospective services have paid, the provider will be given a validation notice to confirm that the payments were made correctly before the next SVL generates.**

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

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

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

No, it is not a generally-accepted practice for each provider type. If no, describe the

provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

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

4.4.2 Other payment practices

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

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

Yes.

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

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

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

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

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

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

notice to the provider and family to remind them of the last day of their current services. That end of service notice specifies the date that services end and that payments for that eligible child will stop on that ending date.

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

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

All FFN Providers - The files are pulled and reviewed by that designated staff person and a response is made back to Individual and Provider Rights. If cases are reviewed and it is determined that a case can be reinstated or other resolutions made, Individual and Provider Rights will notify the client of the outcome. If upon the review, the adverse action is upheld, Individual and Provider Rights will notify the client and will proceed with scheduling a hearing if desired.

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

4.4.3 Payment practices and parent choice

How do the Lead Agency’s payment practices facilitate provider participation in all categories of care? **Paying providers prospectively as opposed to a reimbursement process and based on enrollment as opposed to attendance, incentivizes child care providers to participate with the Child Care Scholarship Program through ABC Quality. Since providers are paid ahead of the dates of service, this allows for stabilization of child care programs and lessens the financial burdens on the programs. The Child Care Scholarship Program also pays a differential rate of \$20 per week for eligible special needs children as well as a differential rate of \$30 per week for children in foster care.**

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Through the CCDF-funded Early Transition initiative, ABC Quality enrolled programs agree to reserve child care slots for children with developmental delays/disabilities. The slots are made available with CCDF funding. This initiative is a collaborative partnership with ABLE-SC, IDEA/Part C services at the Department of Health and Human Services, IDEA/Part B at the South Carolina Department of Education, South Carolina Inclusion Collaborative, and the SC Partners for Inclusion program. ABLE-SC conducts child care facility accessibility assessments and provides technical assistance/trainings based on findings during the assessment for the facility staff. School districts participating in this initiative are required to attend the summer Special Education Itinerant Teacher (SEIT) academy for training regarding coordination with and support for child care providers serving children with developmental delays/disabilities. The placement in which a child receives their special education supports and services is determined by the IEP team. The parent is a critical member of the IEP and is part of that decision-making process. The IEP must consider the general education placement first when determining a child's least restrictive environment. Early transitions expands the continuum of placements available to 3 year old children with IEPs to include a child care classroom, which is a general education setting. The Lead Agency plans to request an implementation wavier to expand availability of slots for infants and toddlers, children with special needs, underserved populations based on geographic locations.**

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

If no, skip to question 4.5.2.

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

Children with disabilities. Number of slots allocated through grants or contracts: **The number of slots set aside for this initiative is 10.**

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

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

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

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

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

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

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

Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **The Lead Agency uses the Level A maximum provider rates to pay for these contracted slots.**

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

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

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

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **An in-home child care arrangement is care that is provided in the child's own home by a relative or non-relative child care provider who is at least 21 years old and who does not live in the same household as the child. In-home child care providers are affected by other laws and regulations. In-home providers who are NOT related to the child are classified as domestic service workers under the Fair Labor Standards Act (FLSA 29-USC Section 2016 (A) and a covered under minimum wage requirements. Based on Internal Revenue Service regulations, the use of an in-home arrangement is limited to: (1) those in which the provider is not related to the child will be approved only when the client has five or more children in the home that require care or (2) families who need care for children with special needs or medical conditions.**
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Provider must be 21 years or older and not living in the same household as the child.**
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. Restricted to care for children with special needs or a medical condition.

Describe: **Families who need child care for children with special needs or medical conditions.**

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

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:
 - i. **Data sources used to identify shortages: Infant toddler demand estimations are based on the number of children born in SC at the county and ZIP code level from SC DHEC's birth tables data. On the supply side, Child Care Licensing (CCL) data captures infant capacity, indicating the maximum number of children a program can serve who are under 30 months in a special room. The infant capacity is determined based on the DSS Fire & Health Safety using the International Building Code. SC CCR&R collects data from child care programs regarding their enrollment, infant-toddlers enrollment, vacancies, hours, languages are spoken, and other information to assist families. SC DSS also works with Child Care Research Team (CCRT) to use GIS analysis to identify areas where the supply of infant toddler capacity may be limited compared to the number of infant toddlers in the community.**
 - ii. **Method of tracking progress: Using data from SC DHEC birth tables and CCL data regarding demand and supply of infant toddler care is used by CCRT in all relevant reports to the Lead Agency for evidence-based decision making. SC CCR&R uses a statewide data system that collects information from providers on vacancies, and providers are encouraged to submit data about their availability for infant toddler care. SC CCR&R also collects data on the number of requests for infant toddler care they receive from parents seeking this type of care and the regions where they are looking for care. SC CCR&R agencies make regular calls for in-depth data collection to document information and ensure our supply and demand data is accurate and analyzed in all relevant reports to the Lead Agency's leadership.**
 - iii. **What is the plan to address the child care shortages using family child care homes The Lead Agency is providing start-up funding to family child care home businesses who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care**

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

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is providing start-up funding to small business entities that are not a part of a chain, franchise or other larger organization that provides support through funding, resources & materials, or physical space who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care facility. Child Care Licensing (CCL) and SC CCR&R collaborated to develop a process to support and provide supplemental funding to new family child care home facilities through a four-tiered process that includes business supports and regulatory training while they are working through the child care licensing application to operate process. The start-up grant supports include better understanding of finances, marketing and personnel practices that will teach them how to develop policies while understanding basic business theories in operating a child care business as well as helping them navigate the regulatory requirements of Child Care Licensing. We began providing funding for these providers in May 2023 through present. During this collaborative effort, we continue to meet regularly to discuss processes, barriers and successes.**

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: **The Lead Agency works with the child care research team (CCRT) at the University of South Carolina Yvonne and Schuyler Moore Child Development Research Center to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. The CCRT uses several data sources to identify geographical areas for targeted intervention. The data sources used are project-specific and include Social Vulnerability Index (SVI), Child Care Licensing (CCL) data, Census Data to identify poverty density and children with both parents in the labor force, SCDHEC Birth Tables data, Medicaid Births as a proxy for poverty and SC CCR&R data volunteered by providers.**
- ii. Method of tracking progress: **The child care research team (CCRT) receives quarterly extracts of deidentified data from child care scholarships and licensing through a data sharing agreement. Data is analyzed regularly by region. Ongoing access to data from the workforce registry and ABC Quality allows CCRT to study the impact of the Lead Agency initiatives on all sectors of the ECE landscape in the state.**

- iii. What is the plan to address the child care shortages using family child care homes? **South Carolina is addressing the family child care shortages using a multi-faceted approach. At the local level (Beaufort, Dorchester, Pickens, Georgetown, Horry, and Marion), CCDF-funded SC CCR&R and the Child Care Research Team (CCRT) are working with local ECE coalitions, workgroups, economic councils, and the regional United Way on addressing child care needs and shortages in their county. CCRT and SC CCR&R work closely with counties on their community assessment to understand the childcare shortages at a deeper level, looking at shortages for certain age levels, such as infants and toddlers, or at a certain time of the day, such as non-traditional hours or afterschool care. At the county level, there is also the need to collect data to fill the gaps in administrative data and understand barriers for centers to operate at their maximum capacity. CCR&R and CCRT assist local governments and other research groups with survey development, data interpretation, and planning. At the state level, data from the Census, SC DHEC, and other sources are used to identify areas for targeted intervention. Geospatial analysis is conducted to map these shortages and underserved areas for data visualization, understanding, and decision-making. At the national level, the CCRT, funded by the Lead Agency, builds knowledge and research capacity by participating in collaborative consortiums and workgroups on child care access.**

To help mitigate the shortages, the Lead Agency is providing start-up funding to small business entities that are not a part of a chain, franchise or other larger organization that provides support through funding, resources & materials, or physical space who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care facility.

- iv. What is the plan to address the child care shortages using child care centers? **Multiple criteria include urban and rural areas with a gap in the need and availability of child care. One index used for decision-making is the Access to Child Care Targeted (ACT) index. ACT areas are census tracts, with 50% of the population living below poverty or over 100 children under 5 living below poverty. This work was modified to be included in the SUCCESS grants incentivizing certain geographic areas to open new child care centers. The lead agency continues implementing and expanding the SC Business Start-Up program, the SC SUCCESS Grant, which incentivizes areas of higher child care shortages with bonuses with the goal of increasing child care supply. The lead agency is working with the Coordinating Council for Workforce Development at the SC Department of Employment and Workforce on their United State Plan (USP) for the workforce that identified as a barrier to high labor force participation. The SC CCR&R along with CCRT has created child care infographics on demand, supply, market share and other metrics on their community page to provide potential child care business to open businesses in areas of greater shortages (For e.g. <https://sc-crr.org/business-analysis/richland.html>).**

To help mitigate the shortages, the Lead Agency is providing start-up funding to small business entities that are not a part of a chain, franchise or other larger

organization that provides support through funding, resources & materials, or physical space who apply for a License to operate a child care business and to provide supports as they go through the licensing process to operate a new child care facility.

- c. In care for special populations:
- i. Data sources used to identify shortages: One of the special populations receiving childcare scholarships are dual language learners (DLLs). CCDF subsidy data identifies children served under the funding category of DLL. The data feed to CCRT includes ethnicity data indicating how many families have identified themselves as Hispanic even if they are served under a different funding category, and this can be tracked as well. Another special population with data is children experiencing homelessness. The subsidy data indicates where children are receiving services and the duration of the service. Although the lead agency does not receive the data on all children with special needs, some data is available for those who are determined to be re-eligible through the Part C to Part B transition. SCIC, school districts, and SDE share data necessary to serve the child in child care centers with help of a school district's itinerant teachers.
 - ii. Method of tracking progress: The CCRT at the University of South Carolina Yvonne and Schuyler Moore Child Development Research Center has been funded for over a decade to collect, analyze, and monitor longitudinal trends, shortages, and changes in the participation of these special populations in Child Care Scholarships. This data sharing is ongoing and regular, with quarterly deidentified data transfers to the research team through the state data warehouse, Revenue and Fiscal Affairs (RFA). The Child Care Scholarship data from DECE to CCRT is a source of information to address equity issues with Dual Language Learners (DLL's) to understand their access to high-quality child care and participation in the scholarship program. Census estimates on the number of DLL children in the state allow us to track the percentage of eligible children served. The child care received by homeless children is tracked to understand the continuity of care these children receive through the scholarship program. They are eligible for child care for 12 months, and the data on scholarship participation is used to track their re-eligibility under this or other funding categories. The State Department of Education (SDE) has implemented a new Part B services database that is more robust in tracking children who enter the system through Part C or directly through the schools. We plan on greater data collaboration on children with IEPs to better understand and inform the state's developmental screening and referral systems.
 - iii. What is the plan to address the child care shortages using family child care homes? South Carolina is addressing the family child care shortages using a multi-faceted approach. At the local level (Beaufort, Dorchester, Pickens, Georgetown, Horry, and Marion), CCDF-funded SC CCR&R and the CCRT are working with local ECE coalitions, workgroups, economic councils, and the regional United Way on addressing child care needs and shortages in their county. CCRT and SC CCR&R work closely with counties on their community assessment to understand the childcare shortages at a deeper level, looking at shortages for certain age levels, such as infants and toddlers, or at a certain time of the day, such as non-

traditional hours or afterschool care. At the county level, there is also the need to collect data to fill the gaps in administrative data and understand barriers for centers to operate at their maximum capacity. CCR&R and CCRT assist local governments and other research groups with survey development, data interpretation, and planning. At the state level, data from the Census, SC DHEC, and other sources are used to identify areas for targeted intervention. Geospatial analysis is conducted to map these shortages and underserved areas for data visualization, understanding, and decision-making. At the national level, the CCRT, funded by the Lead Agency, builds knowledge and research capacity by participating in collaborative consortiums and workgroups on child care access.

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

Governor McMaster identified all counties in SC as being eligible for public Assistance. This means that the state, local, tribal and territorial governments and certain private-non-profit organizations in these designated counties are assistance in the replacement of disaster-damaged facilities. Through our survey, we discovered that some facilities had to close and were unable to reopen due to damages sustained. Or certain classrooms were opened while others remained closed. Many providers did not have insurance to cover their costs associated with Hurricane Ian. As a part of Phase II of this grant, we are asking for Recovery Grants to reimburse providers for funds already expended and not covered by insurance or FEMA payments or funds needed to continue recovery for work planned, but not yet complete. Approximately 16% of eligible providers completed the Survey and submitted estimates totaling in excess of \$9.453 million in out-of-pocket expenses.

- iv. What is the plan to address the child care shortages using child care centers? Multiple criteria include urban and rural areas with a gap in the need and availability of child care. One index used for decision-making is the Access to Child Care Targeted (ACT) index. ACT areas are census tracts, with 50% of the population living below poverty or over 100 children under 5 living below poverty. This work was modified to be included in the SUCCESS grants incentivizing certain geographic areas to open new child care centers. The lead agency continues implementing and expanding the SC Business Start-Up program, the SC SUCCESS Grant, which incentivizes areas of higher child care shortages with bonuses with

the goal of increasing child care supply. The lead agency is working with the Coordinating Council for Workforce Development at the SC Department of Employment and Workforce on their United State Plan (USP) for the workforce that identified as a barrier to high labor force participation. The SC CCR&R along with CCRT has created child care infographics on demand, supply, market share and other metrics on their community page to provide potential child care business to open businesses in areas of greater shortages (For e.g. <https://sc-ccrr.org/business-analysis/richland.html>).

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Governor McMaster identified all counties in SC as being eligible for public Assistance. This means that the state, local, tribal and territorial governments and certain private-non-profit organizations in these designated counties are assistance in the replacement of disaster-damaged facilities. Through our survey, we discovered that some facilities had to close and were unable to reopen due to damages sustained. Or certain classrooms were opened while others remained closed. Many providers did not have insurance to cover their costs associated with Hurricane Ian. As a part of Phase II of this grant, we are asking for Recovery Grants to reimburse providers for funds already expended and not covered by insurance or FEMA payments or funds needed to continue recovery for work planned, but not yet complete. Approximately 16% of eligible providers completed the Survey and submitted estimates totaling in excess of \$9.453 million in out-of-pocket expenses.

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

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

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

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

ABC Quality and the Division of Early Care and Education IT team has developed a grant portal for child care programs, so that they can easily access grants that are available for participating in the Quality Rating System. ABC Quality has continued implementing an enrollment bonus of \$2000 for new programs entering the Quality Rating System. Additionally, ABC has begun offering several other bonuses for center-based and exempt programs at the time of completing a quality rating. The Quality Level Bonus is tiered based on the level a program earns starting at \$2,000 for a Level C and incrementally increasing to \$6,000 for a Level A+. Programs may earn a Career Ladder Bonus, ranging from \$500 to \$1500 based on the size of the program if all of their staff have received a career level at the time of their assessment. The Structural Quality Portfolio Bonus of \$500 is earned when a program submits evidence for over half of the indicators. ABC Quality plans to begin offering these additional bonuses to Family Child Care programs once the new framework for quality rating is launched. These bonuses serve to recruit and retain programs across the state, including those in underserved geographic areas. ABC Quality is exploring incentives using the grant portal, to provide a supplemental increase to the ABC Quality Level Bonus and enrollment bonus for programs that are located in geographic areas that have been identified as child care deserts.

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

demographic equity, 56 early childhood programs participating in QCBD represented the 4 regions of South Carolina, the Pee Dee, Lowcountry, Midlands and Upstate. Early childhood classrooms received a design plan, on-site technical assistance, and funding to purchase early learning materials/equipment to increase the quality of the learning environment. National early childhood design expert conducted monthly technical assistance and reviewed design case studies focused on the key elements of classroom design with the South Carolina Program for Infant/Toddler Care (SCPITC) specialists to prepare for the implementation of design plans. The University of South Carolina's Research, Evaluation and Measurement Center (REM) conducted research with directors and early childhood educators to track the impact of QCBD on the early childhood programs. Based on their findings, directors and teachers reported that the QCBD project led to improvements in the classroom design, teaching activities and children's learning and behavior. In addition, improvements in children's independent play, self-exploration, peer-to-peer interactions, and physical activity increased. The most profound discovery was early childhood educators indicated that they felt more committed to the field of early childhood education because of participating in QCBD. The Lead Agency will continue to support the sustainability of QCBD project by developing Engagement Centers throughout South Carolina that will serve as demonstration sites to engage their local community in the importance of high-quality infant and toddler care. To continue the support of early childhood programs serving infants and toddlers, recruitment of more cohort groups of early childhood programs participating in QCBD throughout South Carolina. In addition, expand community partnerships to support quality care and the implementation of QCBD.

ABC Quality is exploring incentives using the grant portal, to provide a supplemental increase to the ABC Quality Level Bonus for programs that serve infants and toddlers.

GIS mapping has been developed to identify the landscape of child care supply in our state. The information from these maps is continuously being updated for child care program staff to know where the underserved areas of the state are located. The SC CCR&R along with CCRT has created child care infographics on demand, supply, market share and other metrics on their community page to provide potential child care business to open businesses in areas of greater shortages (For e.g. <https://sc-ccrr.org/business-analysis/richland.html>).

Success Start Up grants are being used to help increase the supply of child care across the state.

CCR&R is used as a resource by parents looking for child care.

The Child Care Scholarship rates are higher for infants and toddlers.

To help improve quality in the Family Child Care Homes, new FCCH regulations have been executed. These regulations include requirement for training in safe sleep practices.

In an effort to improve the quality of the child care setting, the state has created shared definitions for preschool suspension and expulsion across mix delivery settings. Child care trainings, webinar and conference sessions have presented on these definitions. Work

continues to ensure providers and families are aware of these definitions and strategies to severely limit or eliminate suspensions and expulsions.

- c. Children with disabilities. Describe: **South Carolina Child Care Inclusion Collaborative provides professional development to programs to make adaptations to routines and activities through the CARA's Kit professional development framework. Teachers and administrators learn to assess a problematic situation/routine, make a plan to adapt the routine/situation, implement the adaptation through teamwork, and evaluate whether the adaptation is working. ABC Quality is exploring incentives using the grant portal, to provide a supplemental increase to the ABC Quality Level Bonus for programs that serve children with identified disabilities.**

The Child Care Ready for All (CRAWL) program was created to improve the quality of child care for children with special needs. Child care teachers are able to have specific training as it relates to a child's special need, such as a child with a feeding tube, to ensure they feel comfortable caring for the child which secures the child care arrangement.

In an effort to improve the quality of the child care setting, the state has created shared definitions for preschool suspension and expulsion across mix delivery settings. Child care trainings, webinar and conference sessions have presented on these definitions. Work continues to ensure providers and families are aware of these definitions and strategies to severely limit or eliminate suspensions and expulsions.

South Carolina works with the SC Inclusion Collaborative to support children transitioning from Part C to Part B. The program works to ensure providers are equipped and prepared to serve these children to provide successful child care arrangements for children that meet their needs. SC will use data collected from CCR&R and SC Inclusion to better determine from their calls from parents and providers if there are gaps in the service availability for the families that need care for a child care special needs. Meetings throughout the year will be used to hear from our Technical Assistance partners as well as Quality Assessors and Licensing Specialists to listen to what they are hearing in the field as it relates to the needs of families with children with special needs and the providers. If it appears more providers are needed in certain areas across the state, we will work with our Inclusion Collaborative to target and meet with providers in the area to help alleviate their concerns and provide support they need to serve more children with special needs. Our staffed Family Child Care Networks will also be used in this effort.

- d. Children who receive care during non-traditional hours. Describe: **ABC Quality is exploring incentives using the grant portal, to provide a supplemental increase to the ABC Quality Level Bonus for programs that provide care during non-traditional hours.**

In an effort to improve the quality of the child care setting, the state has created shared definitions for preschool suspension and expulsion across mix delivery settings. Child care trainings, webinar and conference sessions have presented on these definitions. Work continues to ensure providers and families are aware of these definitions and strategies to severely limit or eliminate suspensions and expulsions.

South Carolina will use data from CCR&R to better determine from their calls from parents

if there are unmet need for families needing non-traditional hour care. Our Staffed Family Child Care Network will also be used to help recruit and support identified needs and ongoing support to provide non-traditional care hours.

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

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **ABC Quality is exploring incentives using the grant portal, to provide a supplemental increase to the ABC Quality Level Bonus and enrollment bonus for programs that are located in geographic areas that have been identified as child care deserts and are serving families experiencing poverty and unemployment.**

5 Health and Safety of Child Care Settings

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

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

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

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

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

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

Yes. If yes, describe: **Registered Church and Religious Child Care Centers.**

No.

- b. Identify the family child care providers subject to licensing: **Group Child Care Home (GCCH) - (7-12 children). A GCCH is defined as a facility within a residence occupied by the operator that cares for 7 to 12 children. The number of children includes those living in the residence and children related to the operator and must be licensed. 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. Small Family - Family Child Care Home (FCCH) - (Up to six children at any given time) A FCCH that 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 must be registered. This also applies if the FCCH elects to become licensed.**

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

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

No.

c. Identify the in-home providers subject to licensing: **N/A**

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

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

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

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **License-Exempt center-based child care.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License-exempt centers participating in ABC Quality operate within the legal parameters of the SC Child Care Licensing law. This includes operating only 4 hours total or less per day during the time school is in session to include transportation and late pick-up if applicable; only serving children 5 years and older; operating full days only on days school is not in session (i.e., school holidays, teacher workdays or any time school is closed). Programs who operate year-round to include summer, offer summer sessions in consecutive sessions of 3 weeks or less.**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **License-exempt centers that participate in ABC Quality must meet all eligibility criteria designed to promote the health, safety and development of children in their care. The eligibility criteria requirements include:**
 1. Verification of the center's exemption status,
 2. Must have a current fire inspection,
 3. Must not have a history of active Out of Home Abuse and Neglect (OHAN) reports,
 4. Must not have history of operating illegally pursuant to SC Child Care Licensing Laws,
 5. All staff that are responsible for the care of children must have current Pediatric First Aid and Child CPR certification,
 6. Completion of the SC Health and Safety Pre-service certification/ECD 101 for staff (any new staff must be in compliance within 90 days of hire),
 7. All staff must annually sign a discipline and maltreatment policy prohibiting the use of corporal punishment and maltreatment of children,
 8. All staff must sign acknowledgement of ABC Quality Code of Ethical Conduct,
 9. Must have verification of minimum staff education/qualifications,

- 10. Have a clear TB test and Health Assessment for all staff,
- 11. All child care staff members must complete a comprehensive background check which includes SLED/FBI fingerprinting, checks against in-state and out-of-state Abuse and Neglect checks, and checks against the State Sex Offender registry,
- 12. Must receive and comply with an on-site health and safety inspection of the program,
- 13. Must have mandatory written policies and procedures on the 11 health and safety topics as described in the CCDF regulations.

These requirements are verified prior to enrollment and during the annual unannounced visit. These visits include validation of eligibility criteria and Health and Safety Inspection.

- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **A non-related family, friend, and neighbor (FFN) child care provider is a provider who is unregulated and is not required to meet regulatory requirements. FFN providers are not considered a part of the quality rating and improvement system in SC (ABC Quality). The non-related Family, Friend and Neighbor providers who are CCDF eligible must meet State and CCDF requirements in order to receive funding. These requirements include comprehensive background checks, Pediatric First Aid and Child CPR First Aid Certification, comply with the 11 health and safety topics as described in the CCDF regulations, complete the required on-going training and an have an on-site inspection conducted by Child Care Licensing staff to evaluate the home. The Lead Agency ensures compliance with these requirements.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The Lead Agency does not limit the length of day for non-related family, friend and neighbor (FFN) child care providers to serve child care scholarship children. The age range for children served by non-related FFN child care providers are birth through 12 years of age or ages 13-18 years of age if the child has special needs. The non-related FFN child care providers are not allowed to serve more than one unrelated family. If more than one unrelated family wants to utilize the same FFN child care provider, the provider must then meet regulatory requirements.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Child care Licensing provides the health and safety monitoring of non-related family, friend and neighbor (FFN) child care providers. The FFN child care is monitored on all 11 health and safety topics as described in the CCDF regulations including a comprehensive background check, Pediatric First Aid and Child CPR certification and the 15 hour health and safety pre-Service training within 90 days of enrollment. A health and safety checklist has been developed and the CCL Specialists makes an announced enrollment visit within 90 days after enrollment and reviews the FFN Policy**

Manual with this FFN child care provider. An unannounced visit is conducted within 4-6 months after the enrollment visit.

- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **A non-related family, friend, and neighbor (FFN) child care provider is a provider who is not required to meet regulatory requirements. FFN child care providers are not considered a part of the quality rating and improvement system in SC (ABC Quality). However, all non-related FFN providers must meet State and CCDF requirements in order to receive funding. These requirements include a comprehensive background check, Pediatric First Aid and Child CPR certification, complying with the 11 health and safety topics as described in the CCDF regulations, complete the required on-going training and an have an on-site inspection conducted by Child Care Licensing staff to evaluate the home. The Lead Agency ensures compliance with these requirements. When non-related FFN child care providers serve children in the home child’s home, the child care provider is classified as a domestic service worker under the Fair Labor Standards Act (FLSA) (29-USC § 206 (A) and are therefore covered under minimum wage requirements. Non-related FFN child care providers caring for the child in the child’s home will be approved only when the client has five or more children in the home that require care.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The Lead Agency does not limit the length of day for non-related family, friend and neighbor (FFN) child care providers to serve child care scholarship children in the child’s home. The age range for children served by non-related FFN child care providers are birth through 12 years of age or ages 13-18 years of age if the child has special needs. The non-related FFN child care provider is not allowed to serve more than one unrelated family. If more than one unrelated family wants to utilize the same FFN child care provider, the child care provider must then meet regulatory requirements. When non-related FFN child care providers serve children in the home child’s home, the child care provider is classified as a domestic service worker under the Fair Labor Standards Act (FLSA) (29-USC § 206 (A) and are therefore covered under minimum wage requirements. Non-related FFN child care providers caring for the child in the child’s home will be approved only when the client has five or more children in the home that require care.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The non-related family, friend and neighbor (FFN) child care providers must meet State and CCDF requirements in order to receive funding. These requirements include comprehensive background checks, Pediatric First Aid and Child CPR First Aid Certification, comply with the 11 health and safety topics as described in the CCDF regulations, complete the required on-going training and an have an on-site inspection conducted by Child Care Licensing staff to evaluate the home. The non-related**

FFN child care providers are not allowed to serve more than one unrelated family. If more than one unrelated family wants to utilize the same FFN child care provider, the child care provider must then meet regulatory requirements. The Lead Agency ensures compliance with these requirements.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

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

5.2.1 Age classifications

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

- a. Infant. Describe: **0-12, 12-24 months**
- b. Toddler. Describe: **2-3 years**
- c. Preschool. Describe: **3-4 years, 4-5 years**
- d. School-Age. Describe: **5-6 years, 6-9 years, 9-12 years**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: 1 teacher to 5 infants

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

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

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

- ii. Toddler.

Ratio: 1 teacher to 6 toddlers

ABC Quality awards points to a program in the quality assessment for

meeting a best practice ratio of 1:5 for children 12-24 months; and 1:7 for children 2 to 3 years of age.

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

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

iii. **Preschool.**

Ratio: 1 teacher to 12 children

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

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

iv. **School-Age.**

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

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

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

v. **Mixed-Age Groups (if applicable).**

Ratio: Where there are mixed age groups in the same room, the staff:child

ratio shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the staff: child ratio for infants and toddlers shall be maintained. For mixed age groups, with one or more infants or toddlers, the ratios applicable to the youngest child in the group apply.

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

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

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**
 - iii. Toddler: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**
 - iv. Preschool: **Not Applicable. Per the ABC Quality License Exempt School Age Program Manual, license-exempt programs may not serve children under the age of five.**
 - v. School-Age: **Licensed-exempt programs that participate in ABC Quality must meet ratio requirements as outlined in the ABC Quality License Exempt School Age Program Manual. Staff to child ratios apply at all times when children are present on the premises and during activities away from the facility; for children age 5-6, staff: child ratios are 1:20, for children age 6-12, staff: child ratios are 1:23. Ratios for when children are at the pool or on an outing with water; for children age 5, staff: child ratios are 1:6, for children age 6 and older, 2:25. During the 2022-2024 plan period ABC Quality implemented group size as an eligibility requirement to participate. As outlined in the ABC Quality License Exempt School Age Program Manual, the group size for children 6-12 years of age is 69. In October of 2025, the group size will drop to 65. The ratios and group size requirements as described in this section are part of the eligibility criteria and therefore can jeopardize a license-exempt center's history of compliance. ABC Quality awards points to a program in the quality assessment for meeting a best practice ratio of 1:15 for children 5-6 years of age; 1:18 for children 6-9 years of age; and 1:20 for children 9-12 years of age. ABC Quality awards points to a program in the quality assessment for meeting a best practice group size of 36 for children 6-9 and 40 for children 9-12 years of age.**
 - vi. Mixed-Age Groups: **ABC Quality applies ratio and group size based on the youngest child in the room.**
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)

Ratio: Large Family (Group Child Care Homes), 1 teacher to 8 children

There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old.

Small Family - 1 caregiver to 6 children or less per any possible zoning restrictions. FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

Group size: Large Family (Group Child Care Homes)- 7-12 children with 12 being the maximum number of children that can be cared for.

Small Family- 1 - 6 children with 6 being the maximum number of children that can be cared for.

ii. Toddler (if applicable)

Ratio: Large Family (Group Child Care Homes), 1 teacher to 8 children
There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old.

Small Family - 1 caregiver to 6 children or less per any possible zoning restrictions. FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

Group size: Large Family (Group Child Care Homes)- 7-12 children with 12 being the maximum number of children that can be cared for.

Small Family- 1 - 6 children with 6 being the maximum number of children that can be cared for.

iii. Preschool (if applicable)

Ratio: Large Family (Group Child Care Homes), 1 teacher to 8 children
There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old.

Small Family - 1 caregiver to 6 children or less per any possible zoning restrictions. FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

Group size: Large Family (Group Child Care Homes)- 7-12 children with 12 being the maximum number of children that can be cared for.

Small Family- 1 - 6 children with 6 being the maximum number of children that can be cared for.

iv. School-Age (if applicable)

Ratio: Large Family (Group Child Care Homes), 1 teacher to 8 children
There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger

than two years old.

Small Family - 1 caregiver to 6 children or less per any possible zoning restrictions. FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

Group size: Large Family (Group Child Care Homes)- 7-12 children with 12 being the maximum number of children that can be cared for.

Small Family- 1 - 6 children with 6 being the maximum number of children that can be cared for.

v. Mixed-Age Groups

**Ratio: Large Family (Group Child Care Homes), 1 teacher to 8 children
There shall be an additional teacher/caregiver present when attendance reaches nine children or when four or more of the children are younger than two years old.**

Small Family - 1 caregiver to 6 children or less per any possible zoning restrictions. FCCH Regulations indicate 4 or more children under 12 months will need an additional caregiver.

Group size: Large Family (Group Child Care Homes)- 7-12 children with 12 being the maximum number of children that can be cared for.

Small Family- 1 - 6 children with 6 being the maximum number of children that can be cared for.

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **For Family, Friend, and Neighbor arrangements, only children from one unrelated family can be served. If there is a second un-related family in need of care, the provider must become regulated. The maximum number to be cared for is 6.**

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

- iii. Preschool (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- iv. School-Age (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- v. Mixed-Age Groups (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**

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

No.

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

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

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

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **(a) Caregivers/Teachers shall meet the following qualifications: (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate(GED) and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six months experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility.(iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development**

(GED), and Certificate of Completion requirements of (ii) above; and (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision. (b) Exception: A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, elementary education, or a related field may begin working with the children immediately without additional supervision as long as they have 60 days' field experience with a group of children aged 0-8. (c) Exception: A teacher/caregiver may be 16 or 17 years of age if they are continuously supervised by a qualified teacher/caregiver who is in the room at all times. (d)Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver. Proposed amendment 63-13-30 regarding teacher caregiver experience indicates no experience with 15 hours of health and safety training within 5 days of employment being directly supervised for at least 30 days with at least 1 year experience in a licensed or approved child care center until caregiver has completed the required health and safety training.

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

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Center Director/Co-Director Must be at least 21 years old and meet 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.

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

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Large Family (Group Child Care Homes) - Caregivers/Teachers shall meet the following qualifications:** (i) Be at least 18 years of age, and able to read and write; (ii) A teacher/caregiver who began employment in a licensed or approved child care center in South Carolina after June 30, 1994, must have at least a high school diploma or General Educational Development Certificate (GED) and at least six month's experience as a teacher/caregiver in a licensed or approved child care facility. However, a teacher/caregiver who is prevented from obtaining a high school diploma or GED because of a disability, and who otherwise is qualified to perform the essential functions of the position of teacher/caregiver, must have at least a high school Certificate of Completion and at least six month's experience as a teacher/caregiver in a licensed or approved child care facility. If a teacher/caregiver does not meet the experience requirements, the teacher/caregiver must be directly supervised for six months by a staff person with at least one-year experience as a teacher/caregiver in a licensed or approved child care facility. Within six months of being employed, a teacher/caregiver must have six clock hours of training in child growth and development and early childhood education or shall continue to be under the direct supervision of a teacher/caregiver who has at least one year of experience as a teacher/caregiver in a licensed or approved child care facility. (iii) A teacher/caregiver who has two years' experience as a teacher/caregiver in a licensed or approved facility and was employed as of July 1, 1994, in a licensed or approved child care center in South Carolina is exempt from the high school diploma, General Education Development (GED), and Certificate of Completion requirements of (ii) above; and (iv) A teacher/caregiver with an undergraduate degree from a state approved college or university in early childhood, child development, or a related field may begin working with the children immediately without additional supervision. (b) Exception: A teacher/caregiver may be 16 or 17 years of age if they are continuously supervised by a qualified teacher/caregiver who is in the room at all times. (c) Exception: Staff persons who were employed prior to the effective date of these revised regulations are not required to meet the staff qualifications specified in this chapter if the staff qualifications required in the prior regulations are met. If a teacher/caregiver has had more than a

twelve-month break in service, the new guidelines shall be met for re-employment as a teacher/caregiver. Small Family - the operator of a licensed family child care home shall be at least eighteen (18) years of age and must reside in the home. Someone must be on the premises at all times who can read and write. Caregivers less than eighteen years of age shall be permitted provided the following conditions are met: a. they are at least 14 years of age. b. they are not the person in authority and are properly supervised. c. the facility is in accordance with South Carolina Labor Laws regarding the employment of minors in non-hazardous jobs. (Refer to regulation promulgated by the Commissioner of Labor pursuant to S.C. Code Ann. 41-13-20 (1976) and the Appendix. No person who has been convicted of child abuse or neglect, child molestation or sexual abuse or who is awaiting trial on such charges shall be knowingly employed in a family child care home. The operator shall provide the department staff with three references from non-related sources to verify their suitability to care for children. Licensed family child care home and group providers that participate must meet licensing requirements to participate in ABC Quality. Licensed family child care home and group providers applying for Level C must meet eligibility criteria that includes a current regular license with child care licensing and history of compliance, certification of completion of SC Health and Safety Preservice for all staff, current certification of Pediatric First Aid and Child CPR for all staff, no corporal punishment statement for all staff, physician statement for all staff and TB test for all staff. Licensed family child care home and group providers applying for Level B must meet all the same eligibility criteria as providers applying for Level C and additional requirements to include staff qualifications for director and assistant caregiver. Director must be 21 years old, have a high school diploma or GED, completed ECD 101/signed plan to complete ECD 101 and 10 hours of annual training. Assistant caregiver must be 18 years old and have 10 hours of annual training. Small Family - Family Child Care Home Regulations. Staff qualification, the operator shall have the following: High School or GED. Caregiver Qualifications shall be at least 15 years of age and supervised by the Operator at all times and not in a position of authority.

Licensed family child care homes and groups that participate in ABC Quality must meet all eligibility criteria. The eligibility criteria requirements include owner/operator of family child care group must be 21 years or older, family child care home must be 18 years or older, have a valid High School Diploma/GED, minimum ECD 101 (Level B/B+), clear TB test, staff health assessment, Pediatric First Aid, Infant/Child CPR, an annually signed Maltreatment and ABC Quality Code of Ethics policy, and SC 15 Hour Health and Safety Preservice Certification.

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **For license-exempt center based child care**

programs that participate in ABC Quality, teachers must meet the required staff eligibility criteria which includes:

1. Be at least 18 years of age,
2. Have a valid high diploma or GED,
3. Have 6 months of verifiable experience working with children or must be supervised by a teacher with more than 1-year experience,
4. Must have a clear TB test and staff health assessment,
5. Must have completed a clear, comprehensive background check which includes SLED/FBI fingerprinting, checks against the Central Registry for Abuse and Neglect and checks against the Sex Offender registry,
6. Must be Pediatric First Aid and Child CPR certified,
7. Must sign an annual Discipline and Maltreatment Policy and ABC Code of Ethics policy, and
8. Must complete the 15-hour health and safety pre-service.

- b. License-exempt home-based child care. **Family, friend and neighbor (FFN) child care providers serving children (in the home of the provider, not the child) are not required to be regulated and are not assigned an ABC Quality level. However, the FFN child care provider must:**

1. Be at least 21 years of age,
2. Comply with and be monitored on all 11 health and safety topics as described in the CCDF regulations,
3. Must have completed a clear comprehensive background check which includes SLED/FBI fingerprinting, checks against the Central Registry for Abuse and Neglect and checks against the Sex Offender registry,
4. Must have a Pediatric First Aid and Child CPR certification,
5. Must complete the 15-hour health and safety pre-service training within 90 days of enrollment.

- c. License-exempt in-home care (care in the child's own home). **Family, friend and neighbor (FFN) child care providers serving children in the home of the child care not required to be regulated and are not assigned an ABC Quality level. However, the FFN child care providers that are serving children in the home of the child must:**

1. Be at least 21 years of age,
2. Comply with and be monitored on all 11 health and safety topics as described in the CCDF regulations,
3. Must have completed a clear comprehensive background check which includes SLED/FBI fingerprinting, checks against the Central Registry for Abuse and Neglect and checks against the Sex Offender registry,
4. Must have a Pediatric First Aid and Child CPR certification,
5. Must complete the 15-hour health and safety pre-service training within 90 days of enrollment,
6. If the FFN provider is not related to the child and serves the child in the child's home, the child care provider is classified as a domestic service worker under the Fair Labor Standards Act (FLSA) (29-USC § 206 (A) and are therefore covered under minimum wage requirements. Non-related FFN child care providers caring for the child in the child's home will be approved only when the client has five or more children in the home that

require care.

5.3 Health and Safety Standards for CCDF Providers

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

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

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

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center Regulation: 114-503G(6) (a-c)-Child's Record, (6) A health record shall be maintained in the center for each child enrolled, and it shall include all of the following information: (a) A signed statement of the child's health prior to admission to the child care center on the appropriate DSS form; (b) A current South Carolina certificate of Immunization; and (c) Other health information if deemed necessary by the director of the center and/or by parent(s)/guardians; 114-505A- Child's Health, (1) There shall be a statement from a parent/guardian attesting to the health status of the child within 30 days prior to admission and utilizing the appropriate DSS Form. (2) Children shall be excluded from child care when they exhibit the conditions listed in the South Carolina Department of Health and Environmental Control Exclusion Policy, State Law 1976, Code Section 44-1-110, 44-1-140, and 44-29-10. (3) During hours of operation there shall be no smoking or consumption of alcoholic beverages, or use of other non-prescription narcotic or illegal substances on the center premises. People who appear to be under the influence of alcohol or other drugs shall not be in the center when children are present; 114-505B-Sanitation, (1) Staff shall ensure that children's faces and hands are clean. (2) Furniture, toys, and equipment that come into contact with children's mouths shall be washed, rinsed, and sanitized daily and more often if necessary. (3) Furniture, toys and equipment soiled by secretion or excretion shall be sanitized before reuse. (4) Linens and blankets as well as cribs, cots, and mats shall be cleaned at least weekly. (5) If children brush their teeth at the center, each child shall have a separate, labeled toothbrush, stored with bristles exposed to circulating air, and not in contact with another toothbrush;**

114-505F Diapering Procedures, (1) Each room in which children who wear diapers are cared for shall have its own diaper-changing area adjacent to the hand-washing sink. (2) Facilities caring for infants shall provide a diaper changing area located within clear view. (3) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention. (4) Diapering surfaces shall be sanitizable. (5) Diapering surfaces shall be clean, seamless, waterproof and sanitary. (6) Diapering surfaces shall be cleaned and sanitized after each use by washing to remove visible soil followed by wiping with an approved sanitizing solution (e.g. 1 tablespoon of chlorine bleach per 1 quart of water) and/or disposable, non-absorbent paper sheets approved for this purpose and shall be discarded immediately after each diapering. (7) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood-containing body fluids shall be cleaned with a solution of chlorine bleach and water.

(8) Diapering shall occur only at a diapering changing area or in a bathroom. (9) Diaper changing areas shall not be used for any purpose other than for diapering. (10) Individual disposable wipes shall be used at each diaper change and shall be placed in a plastic-lined, covered container and disposed of properly, and kept out the reach of children. (11) Each waste and diaper container shall be labeled and clean and free of build-up of soil and odor. Wastewater from such cleaning operations shall be disposed of as sewage. (12) Soiled disposable diapers and disposable wipes shall be kept in a closed, labeled hands-free operated, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non-disposable items shall be kept in a sealed plastic bag after feces is disposed of through the sewage. (13) Disposable non-absorbent paper sheets shall be disposed of immediately after diapering is completed. (14) Soiled disposable diapers shall be disposed outside the building daily. Soiled non-disposable diapers shall be kept in a sealed plastic bag and returned to the parent daily. (15) Staff shall check diapers and clothing at a frequency that ensures prompt changing of diapers and clothing. (16) No child shall be left unattended while being diapered;

114-504G-Staff Health, (1) The director shall maintain the following records in the center for herself/himself, staff, and emergency person(s): (a) Medical statements required by the Department and completed by the staff person verifying that his/her health is satisfactory. Medical statements shall be updated as necessary; (b) A health assessment from a health care provider assessing the ability of the staff person to work with children. The health assessment shall be completed within three months prior to employment or within the first month of employment and shall include health history, physical exam, vision and hearing screening, a review of immunization status, and a discussion regarding recommended vaccinations, including a one-time adult dose of TDAP. A new health assessment shall be obtained by the director and staff at least every four years after the initial assessment; and(c) New employees must provide written evidence from a physician or health resource attesting that they are free from communicable tuberculosis pursuant to state statute or the South Carolina

Department of Health and Environmental Control regulations or policy. (d) For transferring employees, a current health assessment and written evidence that the employee is free from communicable tuberculosis can transfer with the employee pursuant to state statute or the South Carolina Department of Health and Environmental Control regulations or policy.(2) No person who is known to be afflicted with any disease in a communicable form, or who is a known carrier of such a disease, or who is afflicted with boils, infected wounds, or sores or acute respiratory infection, shall work in any capacity in a child care center in which there is likelihood of such person transmitting disease or infection to other individuals. (3) Any staff member, including the director, emergency person(s) and volunteer(s) who, upon examination or as a result of tests, shows a condition that could be detrimental to the children or staff, or which would prevent satisfactory performance of duties, shall not continue work at the child care center until the healthcare provider indicates that the condition no longer presents a threat to children or staff. (4) Staff persons shall wash their hands with soap and warm running water upon arrival at the center, before preparing or serving food, before assisting a child with eating, after assisting a child with toileting or diapering, before and after toileting, after administering medication, after cleaning, after assisting with wiping noses, after contact with body fluids, after contact with animals and after using cleaning materials. Hands shall be washed even if gloves are worn to perform these tasks. (5) Staff shall be excluded when they exhibit the conditions listed in the SC Department of Health and Environmental Control Exclusion Policy, pursuant to Section 44-1-110, 44-1-140, and 44-29-10 of the South Carolina Code Ann (2002);

114-507A(6)-Water Supply, The water supply shall meet applicable requirements for water quality and testing in accordance with DHEC. (b) The center shall have hot and cold water under pressure. (Forty PSI recommended) If water is unavailable for four hours, a center must close.(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; 114-507 A (8) Sanitation (a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings. (b) Measures to control insects, rodents, and other vermin shall be taken to prevent harborage, breeding, and infestation of the premises. (c) All solid wastes shall be disposed of at sufficient frequencies and in such a manner not to create a rodent, insect, or vermin problem. (d) Trash in diapering areas shall be kept in closed, hands-free operated, plastic lined receptacles in good repair. (e) Trash in kitchen areas shall be kept in closed, plastic lined receptacles. (f) Trash in children’s restrooms, classrooms, and eating areas shall be kept in plastic lined receptacles.(g) Trash receptacles outside the building, shall be watertight with firm fitting lids that prevent the penetration of insects and rodents.(h) Trash disposal and sewage system construction and usage shall be in

accordance with local standards and ordinances. (i) The use of child care room, bathroom, or kitchen sinks for cleaning of trash receptacles or cleaning equipment is prohibited.

114-507 A (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.

114-507D(2) Rest Equipment, 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;

114-508A(4-6) Meal Requirements, (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.

114-508B. Food preparation (1) Adequate hand-washing facilities, separate from food preparation sinks, equipped with hot and cold water under pressure supplied through a mixing faucet, shall be provided in the food preparation area. Hot water shall meet current DHEC regulations for Retail Food Establishments: 61-25. (Facilities shall not be required to install an additional hand-washing sink in the food preparation area if, in the opinion of the health authority, the existing hand-washing facilities are adequate.) (2) Sanitary soap and towels shall be provided;

114-508(D)-Storage and Cleaning, All food shall be properly labeled and stored, and shall be protected against contamination.
(2) The director shall provide refrigeration units and insulated facilities, as needed,

to ensure that all potentially hazardous foods are maintained at 45 degrees Fahrenheit or below or 130 degrees Fahrenheit or above, except during necessary periods of preparation. (3) Thermometers shall be accurate to plus or minus 3 degrees and conspicuously placed in the warmest area of all cooling and warming units to ensure proper temperatures. (4) Containers of food, food preparation equipment and single service articles shall be stored at least 6" above the floor, on clean surfaces, and in such a manner to be protected from splash and other contamination. (5) Food not subject to further washing or cooking before serving shall be stored in such a manner to be protected against contamination from food requiring washing or cooking. (6) The storage of food or food equipment, utensils, or single-service articles in toilet rooms and under exposed sewer lines is prohibited. (7) Custards, cream fillings, or similar products which are prepared by hot or cold processes shall be kept at safe temperatures except during necessary periods of preparation and service. (8) All cleaning supplies, detergents, and other potentially poisonous items shall be stored away from food items and shall be inaccessible to children.

144-508 E Cleaning, storage, and handling of utensils and equipment

(1) Tableware shall be washed, rinsed, and sanitized after each use. (2) All kitchenware and food-contact surfaces of equipment shall be washed, rinsed, and sanitized. (3) The cooking surfaces of cooking devices shall be cleaned as often as necessary and shall be free of encrusted grease deposits and other soil. (4) Non-food contact surfaces of all equipment, including tables, counters, and shelves, shall be cleaned at such frequency as is necessary to be free of accumulation of dust, dirt, food particles, and other debris. (5) After sanitation, all equipment and utensils shall be air-dried. (6) Prior to washing, all equipment and utensils shall be rinsed or scraped, and when necessary, presoaked to remove gross food particles and soil. (7) When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution that is kept reasonably clean, be rinsed thoroughly of such solution, sanitized by one of the following methods: (a) Complete immersion for at least 30 seconds in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite and at a temperature of at least 75 degrees Fahrenheit; (b) Complete immersion for at least 30 seconds in a clean solution containing at least 12.5 parts per million of available iodine and having a pH no higher than 5.0 and at a temperature of at least 75 degrees Fahrenheit; (c) Complete immersion for at least 30 seconds in a clean solution containing at least 200 parts per million of quaternary ammonium at a temperature of at least 75 degrees Fahrenheit; or (d) Complete immersion in hot water at a temperature of 170 degrees Fahrenheit in a three compartment sink. (8) Other chemical sanitizing agents may be used which have been demonstrated to the satisfaction of the health authority to be effective and non-toxic under use conditions, and for which suitable field tests are available. Such sanitizing agents, in use solution, shall provide the equivalent bactericidal effect for a solution containing at least 50 parts per million of available chlorine at a temperature not less than 75 degrees Fahrenheit. (9) A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used. (10) All dishwashing machines shall be approved by the South Carolina Department of Health and

Environmental Control (DHEC) and shall meet applicable installation requirements. (11) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner as to be protected from contamination. (12) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food contact surfaces are protected from contamination. (13) Clean spoons, knives, and forks shall be picked up and touched only by their handles. Clean cups, glasses, and bowls shall be handled so that fingers and thumbs do not contact inside surfaces or lip-contact surfaces. (14) Dish tables or drain boards of adequate size to properly handle soiled utensils prior to washing and for cleaned utensils following rinsing and sanitizing shall be provided; 114-509(A)(3)(a)- A. Infant and toddler care, Feeding, Eating, and Drinking, Cups and bottles shall be labeled with the child's name and used only by that child;

114-509(B)- Care for mildly ill children, (1) Parent notification and instructions (a) If a child becomes ill while in care, the center shall notify the parent or responsible party immediately. (b) If a child may have been exposed to a serious communicable disease that is spread through casual contact, the center shall notify the parents of all potentially exposed children about the nature of the illness and the potential exposure to the illness and recommend consultation with the child's physician. (c) If a center chooses to provide care to a mildly ill child, the center shall receive instructions from the parent for any special care needs of the child. (2) Policies and procedures (a) If a center chooses to provide care to a mildly ill child, the center shall have written policies and procedures specifying inclusion and exclusion from the group, communication with parents, recording of illness and care provided, specific types of illnesses and symptoms which prohibit care from being provided, special staff training required and emergency health procedures. (b) Children shall be excluded when they exhibit the conditions listed in the South Carolina Department of Health and Environmental Control Exclusion Policy, State Law 1976, Code Section 44-1-110, 44-1-140, and 44-29-10. (c) If a child is in a rest area due to illness, the child shall be directly supervised at all times. (d) A hand-washing sink shall be in close proximity to the area designated for mildly ill children.

Prevention and Control of Infectious Diseases

ABC Quality Standard, Center Based Policy Manual section 4.2.3i

4.2.3.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. 1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g.,

after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after changing diapers or after applying medication/ointments where there is a break in the skin; after handling animals; after cleaning or handling the garbage. f. A procedure to notify parents when children have been exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are ABC Quality Center-based Manual (June 3, 2024) 15 served. i. Staff health to include the current health assessment and TB test.

2. The program must follow its written policy

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Group Child Care Homes Child Care Licensing Regulations set forth in 2005. Group Child Care Home Regulations 114-513G(6)(a-c)- Child's Record,) A health record shall be maintained in the group child care home for each child enrolled, and it shall include all of the following information: (a) A signed statement of the child's health prior to admission to the group child care home on the appropriate Department of Social Services (DSS) Form; (b) A current South Carolina Certificate of Immunization; and (c) Other health information if deemed necessary by the operator of the group child care home and/or by parent(s)/guardian(s).**

114-515A-Children's Health, Child health

(1) Children shall be excluded from child care when they exhibit the conditions listed in the DHEC Exclusion Policy. (2) During hours of operation there shall be no smoking or consumption of alcoholic beverages in the areas used by children or in the food preparation or storage areas. Smoking shall be permitted only in designated areas, a safe distance from the group child care home. Consumption of alcoholic beverages or use of other non-prescription narcotic or illegal substances is prohibited on the group child care home premises. People who appear to be under the influence of alcohol or other drugs shall not be in the group child care home when children are present.

114-515B-Sanitation, (1) Staff shall ensure that children's faces and hands are clean. (2) Furniture, toys, and equipment that come into contact with children's mouths shall be washed, rinsed, and sanitized daily and more often if necessary. (3) Furniture, toys and equipment soiled by secretion or excretion shall be sanitized before reuse. (4) Linens and blankets as well as cribs, cots, and mats shall be cleaned at least weekly. (5) If playpens are used, they shall have waterproof, washable, comfortable pads. (6) If children brush their teeth at the group child care home, each child shall have a separate, labeled toothbrush, stored with bristles exposed to circulating air, and not in

contact with another toothbrush.

114-515F(1-6)- Diapering Procedure, Diapering

(1) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention. (2) Diapering surfaces shall be clean, seamless, waterproof and sanitary. (3) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood-containing body fluids shall be cleaned with an approved solution of chlorine bleach and water. (4) Individual disposable wipes shall be used at each diaper change and shall be placed in a plastic-lined, covered container and disposed of properly, and kept out the reach of children (5) Soiled disposable diapers and disposable wipes shall be kept in a closed, labeled hands-free operated, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non-disposable diapers shall be kept in a sealed plastic bag after feces shall be disposed of through the sewage. (6) Staff shall check diapers and clothing at a frequency that ensures prompt changing of diapers and clothing. (7) No child shall be left unattended while being diapered.

114-515G-Staff's Health, (1) The operator shall maintain the following records in the group child care home for herself/himself, staff, emergency person(s) and household members:(a) Medical statements required by the Department and completed by the staff person verifying that his/her health is satisfactory. Medical statements shall be updated as necessary; and (b) A health assessment from a health care provider assessing the ability of the operator, staff, and emergency staff person to work with children. The health assessment shall be completed within three months prior to employment or within the first month of employment and shall include health history, physical exam, vision and hearing screening, tuberculosis screening, and a review of immunization status. A new health assessment shall be obtained by the operator and teacher/caregivers at least every four years after the initial assessment or as necessary.

(2) No person who is known to be afflicted with any disease in a communicable form, or who is a known carrier of such a disease, or who is afflicted with boils, infected wounds, or sores or acute respiratory infection, shall work in any capacity in a group child care home in which there is likelihood of such person transmitting disease or infection to other individuals. (3) Any staff member, including the operator, emergency person(s) and volunteer(s) who, upon examination or as a result of tests, shows a condition that could be detrimental to the children or staff, or which would prevent satisfactory performance of duties, shall not continue work at the group child care home until the healthcare provider indicates that the condition no longer presents a threat to children or staff.(4) Staff persons shall wash their hands with soap and warm running water upon arrival at the group child care home, before preparing or serving food, before assisting a child with eating, after assisting a child with toileting or diapering, before and after toileting, after administering medication, after cleaning, after assisting with wiping noses, after contact with body fluids, after contact with animals, and after using cleaning materials. Hands shall be washed even if gloves are worn to perform these tasks. (5) Staff shall be excluded

when they exhibit the conditions listed in the DHEC Exclusion Policy.

114-517A (6) - Water Supply (a) The water supply shall meet applicable requirements for water quality and testing in accordance with DHEC. (b) The group child care home shall have hot and cold water under pressure. (Forty PSI recommended.) If an individual private well water supply is used, the operator shall obtain approval pursuant to DHEC to ensure safe location, construction, and proper maintenance and operation of the system. (c) The hot water supply shall meet applicable requirements of DHEC. (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.

114-517 (8) Sanitation. (a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings. (b) Measures to control insects, rodents, and other vermin shall be taken to prevent harborage, breeding, and infestation of the premises. (c) All solid wastes shall be disposed of at sufficient frequencies and in such a manner not to create a rodent, insect, or vermin problem. (d) Trash in diapering areas shall be kept in closed, hands-free operated, plastic lined receptacles in good repair. (e) Trash in kitchen areas shall be kept in closed, plastic lined receptacles. (f) Trash in children's restrooms, classrooms, and eating areas shall be kept in plastic lined receptacles. (g) Trash receptacles outside the building, shall be watertight with firm fitting lids that prevent the penetration of insects and rodents. (h) Trash disposal and sewage system construction and usage shall be in accordance with local standards and ordinances. (i) The use of child care room, bathroom, or kitchen sinks for cleaning of trash receptacles or cleaning equipment is prohibited.

114-517 A (12) Bathrooms. (a) There shall be at least one flush toilet. (b) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use. (d) There shall be at least one sink with hot and cold running water under pressure in or near each toilet area. (e) Toilets and sinks shall be at heights accessible to the children using them or shall be equipped with safe and sturdy platforms or steps. (f) Toilets, toilet seat adapters, sinks and restrooms shall be cleaned at least daily and shall be in good repair. (g) Liquid or granular soap and disposable towels shall be provided at each sink. (i) Easily cleanable receptacles shall be provided for waste material.

114-515D(2) - Rest Equipment, (1) Cribs shall meet the specification of the CPSC. (2) Individual, clean, developmentally appropriate cribs, cots, or mats shall be provided for each infant, toddler, and preschool child, labeled with the child's name and used only by that child. (3) Cribs, cots, and mats shall be made of easily

cleanable material. (4) Placement of sleeping and napping equipment shall allow ready access to each child by staff. (5) Individual, clean, appropriate coverings shall be provided. (6) Cots and mats shall be stored so that the surface on which a child lies does not touch the floor 114-508A(4) Meal Requirements, (4) All food in group child care homes shall be clean, wholesome, unspoiled, free from contamination, properly labeled, and safe for human consumption.

114-508 B B. Food Preparation (1) Adequate hand-washing facilities equipped with hot and cold water under pressure, supplied through a mixing faucet, shall be provided in or convenient to the food preparation area. (2) Sanitary soap and towels shall be provided. (3) Utensils, such as forks, knives, tongs, spoons, and scoops shall be provided and used to minimize handling of food in all food preparation areas.(4) Staff shall thoroughly wash their hands and exposed areas of arms with soap and warm water before starting work, during work as often as is necessary to keep them clean, e.g., after smoking, eating, drinking, or using the toilet. Staff shall keep their fingernails clean and trimmed. (5) The outer clothing of all staff shall be clean. (6) Staff shall neither use tobacco in any form while preparing or serving food, nor while in areas used for equipment or utensil washing or for food preparation. (7) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to an internal temperature of at least 140 degrees Fahrenheit, with the following exceptions:(a) Hamburger shall be cooked to at least 155 degrees Fahrenheit;(b) Poultry, poultry stuffing, stuffed meats, and stuffing-containing meat shall be cooked to heat all parts of the food to at least 165 degrees Fahrenheit with no interruption of the cooking process;(c) Pork and any food containing pork shall be cooked to heat all parts of the food to at least 150 degrees Fahrenheit; and(d) Rare roast beef and rare beefsteak shall be cooked to surface temperature of at least 130 degrees Fahrenheit. (8) Potentially hazardous food such as meats, cooked rice, and cream-filled pastries shall be prepared (preferably from chilled products) with a minimum of manual contact and on surfaces with utensils that are clean and sanitized prior to use.(9) Metal, stem-type, numerically-scaled indicating thermometers, accurate to plus or minus three degrees Fahrenheit, shall be provided and used to ensure that proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods are maintained. (10) Potentially hazardous foods shall be thawed as follows:(a) In refrigerated units at a temperature not to exceed 45 degrees Fahrenheit; (b) Under potable running water from the cold water supply with sufficient water velocity to remove loose food particles; (c) In a microwave oven only when food will be immediately transferred to conventional cooking equipment as part of a continuous cooking process or when the entire, uninterrupted cooking process takes place in the microwave oven; or (d) As part of the conventional cooking process. (11) All raw fruits and vegetables shall be washed thoroughly before being cooked, served, or placed in refrigerators. 114-508(D) Storage (1) All food shall be properly labeled and stored and shall be protected against contamination. (2) The operator shall provide refrigeration units to ensure that all potentially hazardous foods are maintained at 45 degrees Fahrenheit or below or 130 Fahrenheit or above, except during necessary period of preparation. (3) Thermometers shall be accurate to plus or minus 3 degrees and conspicuously placed in the warmest area of all

cooling and warming units to ensure proper temperatures. (4) Containers of food, food preparation equipment and single service articles shall be stored at least 6" above the floor, on clean surfaces, and in such a manner to be protected from splash and other contamination. (5) Food not subject to further washing or cooking before serving shall be stored in such a manner to be protected against contamination from food requiring washing or cooking. (6) The storage of food or food equipment, utensils, or single -service articles in toilet rooms and under exposed sewer lines is prohibited. (7) Custards, cream fillings, or similar products which are prepared by hot or cold processes shall be kept at safe temperatures except during necessary periods of preparation and service. (8) All cleaning supplies, detergents, and other potentially poisonous items shall be stored away from food items and shall be inaccessible to children. (E) - Storage and Cleaning, Storage and handling of utensils and equipment, (1) Tableware shall be washed, rinsed, and sanitized after each use. (2) All kitchenware and food-contact surfaces of equipment shall be washed, rinsed, and sanitized. (3) Residential dishwashers may be used for washing and rinsing providing that dishes and utensil are sanitized upon removal. (4) The cooking surfaces of cooking devices shall be cleaned as often as necessary and shall be free of encrusted grease deposits and other soil. (5) Non-food contact surfaces of all equipment, including tables, counters, and shelves, shall be cleaned at such frequency as is necessary to be free of accumulation of dust, dirt, food particles, and other debris. (6) Prior to washing, all equipment and utensils shall be rinsed or scraped, and when necessary, presoaked to remove gross food particles and soil. (7) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner as to be protected from contamination.(8) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.(9) Clean spoons, knives, and forks shall be picked up and touched only by their handles. Clean cups, glasses, and bowls shall be handled so that fingers and thumbs do not contact inside surfaces or lip contact surfaces. 114-5199(A)(3)(a-f) - Infant and toddler care, Feeding Eating and Drinking, Feeding, eating and drinking. (a) Cups and bottles shall be labeled with the child's name and used only by that child. (b) Infants shall be fed in accordance with the time schedule, specific food and beverage items and quantities as specified by the parent. (c) Infants shall be held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats. (d) Due to nutritional concerns, the microwaving of breast milk is prohibited. The microwaving of formula and other beverages is strongly discouraged due to the possibility of a burn injury to the child. However, if the facility plans to use this method of heating formula and other beverages, they must notify all parents in writing as part of the enrollment or orientation process. (e) All warmed bottles shall be shaken well and the temperature tested before feeding to a child. (f) Baby formula, juice, and food served in a bottle shall be prepared, ready to feed, identified, and packaged for single use for the appropriate user. Any excess formula, juice or food shall be discarded after each feeding. Formula, juice and food requiring refrigeration shall be maintained at 45 degrees Fahrenheit or below.

114-519(B) - Care for mildly ill children. Care for mildly ill children

(1) Parent notification and instructions. (a) If a child becomes ill while in care, the operator shall notify the parent or responsible party immediately. (b) If a child may have been exposed to a serious communicable disease that is spread through casual contact, the group child care home shall notify the parents of all potentially exposed children about the nature of the illness and the potential exposure to the illness, and recommend consultation with the child's physician. (c) If an operator chooses to provide care to a mildly ill child, the operator shall receive instructions from the parent for any special care needs of the child. (2) Policies and procedures. (a) If an operator chooses to provide care to a mildly ill child, the group child care home shall have written policies and procedures specifying inclusion and exclusion from the group, communication with parents, recording of illness and care provided, specific types of illnesses and symptoms which prohibit care from being provided, special staff training required and emergency health procedures. (b) Children shall be excluded when they exhibit the conditions listed in the DHEC Exclusion Policy. (c) If a child is in a rest area due to illness, the child shall be supervised at all times.

The Child Care Licensing Law currently describes health and safety inspections for small Family Child Care Homes. Children's Code of Law - Title 63, Section 63-13-830E(1)(a), Statement of Registration, The department may deny an application for a statement of registration, deny an application for a renewal of registration, work with a family childcare home operator to resolve a concern, or withdraw a statement of registration if one or more of the following apply:

(a) the health or safety of any child in the facility is at risk; and 63-13-840A(1) Inspections of family childcare homes. (A) When the department visits a family childcare 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. Policy FCCH 21 - FCCH FCCH providers must help to ensure that infectious diseases are prevented or minimized while children are in care. The establishment of a policy should address: (a) Requirements for child immunizations and/or exemption information for children receiving CCDF-funding (ABC Quality-enrolled) services. (b) Health observation of children daily (c) Separation of children who show symptoms of a communicable disease or any diseases listed on the DHEC School and Childcare Exclusion List; include where child will be kept until parents arrive, how ratios are met, and how to contact parents (d) Exclusion or dismissal of children who show symptoms of a communicable disease or any diseases listed on the DHEC School and Childcare Exclusion List (e) Hand washing by children to prevent the spread of germs, e.g. after using the restroom and before eating meals/snacks; handling animals (f) Hand washing by provider and any emergency person: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments to where there is a break in the skin; handling animals; after cleaning or handling the garbage (g) A procedure to notify parents when children have been exposed to an infectious disease (h) Cleaning/Disinfecting Schedule of the home/areas where children are served (i) Staff health to include the health assessment.

114-532F Child's Records, (3) Child's health records ☐ The file shall contain the following: (b) Copy of immunization card of the child indicating required immunizations are completed, in process, or that the child is exempt.

114-534 A (1-6) Health, Sanitation, and Safety. Child Health and Safety

(1) Children shall be excluded from care when they exhibit conditions listed in the DHEC Exclusion Policy.

(2) During the hours of operation:

(a) There shall be no use of non-prescription narcotic or illegal substances;

(b) There shall be no consumption of alcoholic beverages on the premises;

(c) There shall be no smoking or vaping inside or where children are present;

(d) There shall not be any people who appear to be under the influence of alcohol or other drugs on the premises.

114-534 B (1-3) Staff Health

(1) Staff shall be excluded when they exhibit the conditions listed on the DHEC Exclusion Policy.

(2) The operator and/or staff shall wash their hands with soap and running water before preparing foods, before and after administering medication, after toileting, after assisting a child with toileting or diapering, after cleaning, and if returning to the family child care home from outside. Hands shall be washed even if gloves were worn to perform these tasks.

(3) No person who is known to be afflicted with any disease in a communicable form, or who is a known carrier of such disease, or who is afflicted with boils, infected wounds, or sores or acute respiratory infection shall work in any capacity in a family child care home in which there is a likelihood of such person transmitting disease or infection to other individuals.

114-534 C. Sanitation, (1) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment.

(2) The operator and/or caregiver shall ensure children's faces and hands are clean.

(3) The family child care home and premises shall be situated, equipped, and maintained as needed in order to safeguard the health of the users.

(4) The family child care home shall follow approved sanitary methods of disposal of wastes. 114-534 D. Water Supply (1) The water supply shall meet bacteriological, chemical, and physical requirements for water quality and testing in accordance with DHEC.

(2) If water is unavailable for four (4) hours, an operator shall contact the Department and may be required to close.

(3) Safe drinking water shall be available to children at all times and there shall be no use of common drinking cups. If disposable cups are used, they shall be stored to prevent contamination prior to use.

114-534 H. Diapering

(1) Family child care homes caring for infants shall provide a non-porous sanitizable surface. Only a solution of bleach and water shall be used to sanitize the diaper changing surface after each diapering.

(2) Diapers shall be checked for wetness and feces at least hourly and whenever the child exhibits discomfort. Soiled diapers shall be changed immediately.

(3) Soiled diapers shall be placed in a plastic-lined, covered, leak-proof container which shall be emptied and cleaned daily.

(4) Children's hands shall be washed with soap and water after each diapering. In the case of infants, hands may be cleaned with single-use pre-moistened towels.

114-534 I. Toilets and sinks

(1) A minimum of one flush toilet and one sink shall be available for children.

(2) Potty chairs and seat adaptors are to be used in the bathroom only. Contents shall be disposed of in a toilet, and chairs/adaptors shall be sanitized with bleach water after each use.

(3) Water, liquid or granular soap, and disposable towels shall be provided.

(4) If children brush their teeth at the family child care home, each child shall have a separate, labeled toothbrush, stored with bristles exposed to circulating air, and not in contact with another toothbrush.

114-536. Food. A. Meal Requirements

(4) When the family child care home provides food, it shall be in good condition, free from spoilage and contamination, and safe for human consumption.

(5) Safe water for drinking shall be accessible to children through the day.

114-536 B. Storage

(1) All perishable food shall be stored in refrigeration at 40 degrees Fahrenheit or lower to protect against spoilage.

114-536 C. Food Service

(1) Handling of food:

(a) Caregivers shall wash their hands prior to handling food.

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

114-536 D. Cleaning and storage of utensils and equipment

(1) Cleaning procedures: After each use, all tableware, kitchenware, and food contact surfaces used in preparation, serving or storage of food shall be thoroughly cleaned and sanitized.

114-536 A (3). Infant Care. A. Safe Sleep

(3) Individual, comfortable, and sanitary cribs for sleeping and resting shall be provided.

114-536 B. Safe feeding

(4) Breast milk, formula, juice or baby food shall be dated and labeled with the child's name and refrigerated until ready to use.

114-536 C. Feeding chairs

(1) Feeding chair and trays shall be in good repair and made of an easily cleanable surface and cleaned/sanitized after each individual use.

Registered or licensed family child care home and group child care programs that participate in ABC Quality must meet the standard Prevention and Control of Infectious Diseases with policy that helps to ensure that infectious diseases are prevented or minimized while children are in their care. These policies must address daily health observations of children, separation of children who show signs of communicable diseases, exclusion or dismissal of children who are ill, handwashing of children and staff to prevent spread of germs, notifications to parents when children have been exposed to an infectious disease, copies of children immunization records, cleaning/disinfecting schedule, and (for Large FCCH) staff Health, 114-517A(6)-Water Supply, 114- 517D(2)-Rest Equipment, 114-

508A(4-6) Meal Requirements, 114-508(D)&E)-Storage and Cleaning, Storage and handling of utensils and equipment; 114-409(A)(3)(a)- Feeding Eating and Drinking; 114-509(B)-Care for mildly ill children. The Child Care Licensing Law currently describes health and safety inspections for small Family Child Care Homes. Children's Code of Law-Title 63, Section 63-13-830E(1)(a) and 63-13-840 A(1) related to health and safety of children. Small FCCH Regulations 114-534 B. Staff Health, C. Sanitation, D. Water Supply, H. Diapering, I. Toilets and Sinks; 114-536 Food, A. Meal Requirements, B. Storage, C. Food Services, D. Cleaning and storage of utensils and equipment; 114-537 Infant Care, B. Safe Feeding, C. Feeding Chairs. Policy FCCH 21- FCCH providers must help to ensure that infectious diseases are prevented or minimized while children are in care. All licensed family child care providers must comply with the requirements in the Suggested Standards. Health records (health assessment and TB test).

Prevention and Control of Infectious Diseases

ABC Quality Standard, Family and Group Child Care Home, Policy Manual section 4.2.3i

4.2.3.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. 1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after changing diapers or after applying medication/ointments where there is a break in the skin; after handling animals; after cleaning or handling the garbage. f. A procedure to notify parents when children have been exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are ABC Quality Center-based Manual (June 3, 2024) 15 served. i. Staff health to include the current health assessment and TB test.

2. The program must follow its written policy

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

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Prevention and Control of Infectious Diseases**
ABC Quality Standard, Licensed Exempt Centers, Policy Manual section 4.2.6i
4.2.6.i Prevention and Control of Infectious Diseases Policy attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. 1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments where there is a break in the skin; after handling exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are served. i. Staff health to include the current health assessment and TB test. 2. The program must contact ABC Quality when at least two or more children have a communicable disease. This may be reported via phone or email to your ABC Quality Assessor. 3. The program must follow its written policy.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Prevention and Control of Infectious Diseases**
Standard, FFN Policy Manual section 4.2.11
4.2.11 Prevention and Control of Infectious Diseases Policy
Care provided outside the child’s home may expose a child to an increased risk of acquiring infectious diseases for several reasons. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). ☐CCDF Health and safety Requirements Brief # 1 ☐ Prevention and Control of Infectious Diseases16☐
https://childcareta.acf.hhs.gov/sites/default/files/public/infectious_disease_health_safety_brief.pdf The provider must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. The policy should address: a. Required Immunizations and or proof of exemption b.

Health observation of children daily. c. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, Lice, mumps, etc. Include where child will be kept until parents arrive/ how ratios met/contact of parents. d. Exclusion or dismissal of children when ill, i.e. flu (what types of illness should preclude the parents from bringing the child to the provider, e.g. fever, flu, pinkeye, strep, etc.). e. Hand washing by children to prevent the spread of germs, e.g. after using the restroom and before eating meals/snacks; handling animals. f. Hand washing by provider and any emergency person: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments to where there is a break in the skin; handling animals; after cleaning or handling the garbage. g. A procedure to notify parents when children have been exposed to an infectious disease. h. Cleaning/Disinfecting Schedule of the home/areas where children are served. i. Staff health to include the health assessment.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN provider providing in-home care must comply with standard.**

**Prevention and Control of Infectious Diseases
Standard, FFN Policy Manual section 4.2.11**

4.2.11 Prevention and Control of Infectious Diseases Policy

Care provided outside the child’s home may expose a child to an increased risk of acquiring infectious diseases for several reasons. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). [CCDF Health and safety Requirements Brief # 1](#) [Prevention and Control of Infectious Diseases](#)¹⁶

https://childcareta.acf.hhs.gov/sites/default/files/public/infectious_disease_health_safety_brief.pdf

The provider must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. The policy should address: a. Required Immunizations and or proof of exemption b. Health observation of children daily. c. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, Lice, mumps, etc. Include where child will be kept until parents arrive/ how ratios met/contact of parents. d. Exclusion or dismissal of children when ill, i.e. flu (what types of illness should preclude the parents from bringing the child to the provider, e.g. fever, flu, pinkeye, strep, etc.). e. Hand washing by children to prevent the spread of germs, e.g. after using the restroom and before eating meals/snacks; handling animals. f. Hand washing by provider and any emergency person: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments to where there is a break in the skin; handling animals; after cleaning or handling the garbage. g. A procedure to notify parents when children have been exposed to an infectious disease. h. Cleaning/Disinfecting Schedule of the home/areas where children are served. i. Staff health to include the health assessment.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

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

Prevention and Control of Infectious Diseases

ABC Quality Standard, Licensed Exempt Centers, Policy Manual section 4.2.6i

4.2.6.i Prevention and Control of Infectious Diseases Policy attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. 1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments where there is a break in the skin; after handling exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are served. i. Staff health to include the current health assessment and TB test. 2. The program must contact ABC Quality when at least two or more children have a communicable disease. This may be reported via phone or email to your ABC Quality Assessor. 3. The program must follow its written policy.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **A health record shall be maintained in the center for each child enrolled, and it shall include a current South Carolina certificate of Immunizations in the record of the child. 114-**

503G(6)(b).

Immunization

ABC Quality Standard, Center Based Policy Manual section 4.2.3i

4.2.3.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. 1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after changing diapers or after applying medication/ointments where there is a break in the skin; after handling animals; after cleaning or handling the garbage. f. A procedure to notify parents when children have been exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are ABC Quality Center-based Manual (June 3, 2024) 15 served. i. Staff health to include the current health assessment and TB test.

2. The program must follow its written policy

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family GCCH 114-513 G (6)(b)** A health record shall be maintained in the group child care home for each child enrolled, and it shall include a current South Carolina Certificate of Immunization. **Small Family Registered FCCH providers, Family Child Care Home Regulations 114-532 (F)(3)(b).** Management, Administration, and Staffing, F. Child's Records, Child's health records ☐ The file shall contain the following: Copy of immunization card of the child indicating required immunizations are completed, in process, or that the child is exempt. Policy 21 (a) Requirements for child immunizations and/or exemption information for children receiving CCDF-funding (ABC Quality-enrolled) services.

Immunization

ABC Quality Standard, Family Child Care Home, Policy Manual section 4.2.3i

4.2.3.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care.

1. The policy must address the following:

a. Health observation of children daily.

b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents.

c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.).

d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc.

e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after changing diapers or after applying medication/ointments where there is a break in the skin; after handling animals; after cleaning or handling the garbage.

f. A procedure to notify parents when children have been exposed to an infectious disease.

g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption.

Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up.

h. Cleaning/Disinfecting Schedule of the facility/areas where children are ABC Quality Center-based Manual (June 3, 2024) 15 served.

i. Staff health to include the current health assessment and TB test.

2. The program must follow its written policy

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Immunization ABC Quality Standard, Licensed Exempt Centers, Policy Manual section 4.2.6i**

4.2.6.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care.

1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments where there is a break in the skin; after handling exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are served. i. Staff health to include the current health assessment and TB test.

2. The program must contact ABC Quality when at least two or more children have a communicable disease. This may be reported via phone or email to your ABC Quality Assessor.

3. The program must follow its written policy.

**ABC Quality License Exempt Policy Manual
Section 13.6 Client Records**

An individual file should be kept on-site for each child enrolled through SC Scholarship. Information should include, but not be limited to, the following:
b. Copy of immunization record for any child who is homeschooled, unless the parent provided a statement of religious exemption.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Immunization

Standard, FFN Policy Manual section 4.2.11

4.2.11 Prevention and Control of Infectious Diseases Policy

Care provided outside the child's home may expose a child to an increased risk of acquiring infectious diseases for several reasons. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). **CCDF Health and safety Requirements Brief # 1** **Prevention and Control of Infectious Diseases**¹⁶

https://childcareta.acf.hhs.gov/sites/default/files/public/infectious_disease_health_safety_brief.pdf The provider must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. The policy should address: a. Required Immunizations and or proof of exemption b. Health observation of children daily. c. Separation of children who show

symptoms of a communicable disease or infestation, e.g. pinkeye, Lice, mumps, etc. Include where child will be kept until parents arrive/ how ratios met/contact of parents. d. Exclusion or dismissal of children when ill, i.e. flu (what types of illness should preclude the parents from bringing the child to the provider, e.g. fever, flu, pinkeye, strep, etc.). e. Hand washing by children to prevent the spread of germs, e.g. after using the restroom and before eating meals/snacks; handling animals. f. Hand washing by provider and any emergency person: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments to where there is a break in the skin; handling animals; after cleaning or handling the garbage. g. A procedure to notify parents when children have been exposed to an infectious disease. h. Cleaning/Disinfecting Schedule of the home/areas where children are served. i. Staff health to include the health assessment.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN provider providing in home care must comply with the standard.**

Immunization

Standard, FFN Policy Manual section 4.2.11

4.2.11 Prevention and Control of Infectious Diseases Policy

Care provided outside the child’s home may expose a child to an increased risk of acquiring infectious diseases for several reasons. Many types of infectious germs may be contained in human waste (urine, feces) and body fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). ☐CCDF Health and safety Requirements Brief # 1 ☐ Prevention and Control of Infectious Diseases16☐

https://childcareta.acf.hhs.gov/sites/default/files/public/infectious_disease_health_safety_brief.pdf

The provider must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care. The policy should address: a. Required Immunizations and or proof of exemption b. Health observation of children daily. c. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, Lice, mumps, etc. Include where child will be kept until parents arrive/ how ratios met/contact of parents. d. Exclusion or dismissal of children when ill, i.e. flu (what types of illness should preclude the parents from bringing the child to the provider, e.g. fever, flu, pinkeye, strep, etc.). e. Hand washing by children to prevent the spread of germs, e.g. after using the restroom and before eating meals/snacks; handling animals. f. Hand washing by provider and any emergency person: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments to where there is a break in the skin; handling animals; after cleaning or handling the garbage. g. A procedure to notify parents when children have been exposed to an infectious disease. h. Cleaning/Disinfecting Schedule of the home/areas where children are served. i. Staff health to include the health assessment.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **ABC Quality only allows license-exempt**

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

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

Immunization

ABC Quality Standard, Licensed Exempt Centers, Policy Manual section 4.2.6i

4.2.6.i Prevention and Control of Infectious Diseases Policy

Attendance at a child care facility may expose a child to an increased risk of acquiring infectious diseases. Many types of infectious germs may be contained in human waste (urine, feces) and bodily fluids (saliva, nasal discharge, tissue and injury discharges, eye discharges, blood, and vomit). The program must address how they will help to ensure that infectious diseases are prevented or minimized while children are in care.

1. The policy must address the following: a. Health observation of children daily. b. Separation of children who show symptoms of a communicable disease or infestation, e.g. pinkeye, lice, mumps, flu, etc. Include where child will be kept until parents arrive/how ratios met/contact of parents. c. Exclusion or dismissal of children who are ill, and what types of illnesses should preclude parents from bringing the child to the program (e.g., fever, flu, pinkeye, strep, etc.). d. Hand washing by children to prevent the spread of germs, e.g., after using the restroom, before eating meals/snacks, after handling animals, etc. e. Hand washing by staff: prior to preparing food; after contact with children while preparing food; after handling bodily fluids or after applying medication/ointments where there is a break in the skin; after handling exposed to an infectious disease. g. The program requires copies of immunization records for children who are homeschooled unless the parent provides a statement of religious exemption. Note: In SC, under the authority of the Department of Health and Environmental Control (DHEC), school districts are responsible for ensuring verification of immunization records for children age 5 and up. h. Cleaning/Disinfecting Schedule of the facility/areas where children are served. i. Staff health to include the current health assessment and TB test.

2. The program must contact ABC Quality when at least two or more children have

a communicable disease. This may be reported via phone or email to your ABC Quality Assessor.

3. The program must follow its written policy.

ABC Quality License Exempt Policy Manual

Section 13.6 Client Records

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

b. Copy of immunization record for any child who is homeschooled, unless the parent provided a statement of religious exemption.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **114-507 D. (1-5) Rest equipment; 114-509 A. Infant and toddler care (1) Stimulation and nurturing. (a) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time-limited quiet play Feeding, eating and drinking 114-509 (3) (c) Infants shall be held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats. 114-509 (3)(g) Infants and toddlers shall not sleep with bottles in their mouths. 114-509 A (5) (a-d) Sleeping (a) Infants shall be placed on their backs to sleep. (b) Crib mobiles shall not be permitted for infants or toddlers who can sit. (c) Cribs shall be spaced so that there is at least three feet of space on two sides of the crib. Cribs shall not be placed next to each other so that one child may reach into the other child's crib. (d) Stacked cribs are not permitted. The Licensed Center regulations are currently being reviewed by the State Advisory Committee regarding safe sleep for revision.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family GCCH 114-517 D. (1-5) Rest equipment; 114-519 A. (1) (a) Infant and toddler care (1) Stimulation and nurturing. (a) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time-limited quiet play 114-519 A. (3) Feeding, eating and drinking. (c) Infants shall be held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats. (g) Infants and toddlers shall not sleep with bottles in their mouths. 114-519 A. (5) Sleeping. (a) Infants shall be placed on their backs to sleep unless the parent provides a note from a physician specifying otherwise. (b) Crib mobiles shall not be permitted for infants or toddlers who can sit. (c) Stacked cribs are not permitted. The Large family regulations are being reviewed by the State Advisory Committee for revisions. Small Family -Family Child Care Home Regulation, 114-537. Infant Care. (A) Safe Sleep. B. Safe feeding (2). Licensed FCCH THE CARE OF THE CHILDREN, Suggested**

Standards C. Program Infant-Toddler Care. (4) Sleeping equipment including cribs for infants who have not yet begun to climb and low cots for the other children. In a facility with limited space in which cribs and other bulky equipment would leave too little area for floor space, individual floor pads are adequate, provided that the floors are clean, warm and free from drafts. Sleeping and Resting Equipment. Individual, comfortable and sanitary equipment for sleeping and resting shall be provided. a. Beds, Cots, Cribs, Mats. (1) For daytime rest and nap periods. A separate bed, cot, crib or mat shall be assigned each individual for use during rest or nap periods. If mats are used, they shall be made of waterproof washable material and shall be stored and handled in such a manner that the sleeping surface does not contact the floor. If linen is provided, it shall be clean and available for each individual user. b. Placement of Equipment. Placement of beds, cots, cribs, or mats shall allow staff to have ready access to each individual. Registered FCCH Policy 11 Children shall not sleep in rooms with the door closed to allow for proper supervision during nap time, even if a monitoring device is used. Policy 26 All infants (12 months and younger) must be placed on their backs to sleep and only sleep in a Consumer Product Safety Commission-approved crib (compliant with rule 16 CFR 1219 or 1220). The crib's certificate of compliance must be kept. Policy 27 Each infant, toddler, 2-year-old, and preschool-aged child must be assigned a clean and developmentally appropriate crib, cot, or mat. Children may not sleep in a playpen. The Lead Agency is moving to revise and update the current statute (63-13-180) surrounding the suggested standard reference to align with the Family Child Care Home regulations for registered and licensed Family Child Care Homes in the 2025-26 Legislative Session. The Family Child Care Home regulations auto promulgated in May 2024, therefore, revising the statute will promote consistency and clarity among the registered and licensed child care home category.

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

Not applicable.

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

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

The Policy must address:

1. Infants will not sleep/nap in car seats, pack n plays, swings, bouncers, bean bag chairs, etc. If the infant falls asleep in a swing or the parent brings the child car seat and they are asleep, they will be removed and placed in a crib.

2. Infants must be provided an age-appropriate crib that is approved by the US Consumer Product Safety Commission.

3. Infants must not be placed to sleep with pacifiers, bottles or bibs around their

neck.

4. Infants up to 12 months of age must be placed on their back to sleep, unless an infant's primary health care provider has completed a signed waiver indicating the child requires an alternate sleep position.

5. Soft or loose bedding must be kept away from sleeping infants. This includes loose fitting sheets, bumper pads, pillows, heavy blankets, and stuffed animals, etc.

4.2.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices Policy.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices Policy

The Policy must address:

1. Infants will not sleep/nap in car seats, pack n plays, swings, bouncers, bean bag chairs, etc. If the infant falls asleep in a swing or the parent brings the child car seat and they are asleep, they will be removed and placed in a crib.

2. Infants must be provided an age-appropriate crib that is approved by the US Consumer Product Safety Commission.

3. Infants must not be placed to sleep with pacifiers, bottles or bibs around their neck.

4. Infants up to 12 months of age must be placed on their back to sleep, unless an infant's primary health care provider has completed a signed waiver indicating the child requires an alternate sleep position.

5. Soft or loose bedding must be kept away from sleeping infants. This includes loose fitting sheets, bumper pads, pillows, heavy blankets, and stuffed animals, etc.

4.2.13 Prevention of Sudden Infant Death Syndrome and Use of Safe Sleeping Practices Policy.

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

License-exempt center care must be licensed to serve children under the age of 5 years-old. To be eligible to participate in ABC Quality license-exempt center care can only serve children ages 5 years and older. SC Child Care Licensing law prohibits programs who are not licensed to serve children under the age of five even if they attend public school (ABC Quality License Exempt Manual, Chapter 4,

Eligibility Criteria to Participate, Section 4.1.3.a).

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **South Carolina Code 63.13.185. (A-F) 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 childcare facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year;**
 - (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.

114-503 F (e) 114-503. Management, Administration, and Staffing, Parent Access and Communication, Parents shall be provided with the following information upon admission, The policy and procedures for the administration of medications;

114-505 D. (1-4) Health, Sanitation and Safety, Medications or medical procedures,

(1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures:

(a) All medications shall be used only for the child for whom the medication is labeled;

(b) Medications shall not be given in excess of the recommended dose; and

(c) Prescribed special medical procedures ordered for a specific child shall be written, signed, and

dated by a physician or other legally authorized healthcare provider.

(2) Storage of medications:

(a) All medications shall be kept in their original labeled containers and have child protective caps. The child's first and last name shall be on all medications;

(b) All medications shall be stored in a separate locked container under proper conditions of

sanitation, temperature, light, and moisture; and

(c) Discontinued and expired medications shall not be used and shall be returned to the parent or

disposed of in a safe manner.

(3) Medication log:

(a) For each medication that is administered by a staff person, a log shall be kept including the child's name, the name of the medication, dosage, date, time and name of person administering the medication. This information shall be logged immediately following the administration of the medication and a copy provided to the child's parent(s)/guardian(s).

(4) Medication errors:

(a) Medication errors, e.g. failure to administer a medication at the prescribed time, administering

an incorrect dosage of medication or administering the wrong medication, shall be recorded in the child's record; and

(b) The parent shall be immediately notified and notified in writing of a medication error or a suspected adverse reaction to a medication.

Administration of medication

ABC Quality Standard, Center Based Policy Manual section 4.2.3a

The program is required to have the following written policies and procedures.

The program must follow these procedures as written and must

communicate/train staff on these policies to ensure understanding and

adherence. It is recommended these be included in employee orientation. These

are based on regulations from the U. S. Department of Health and Human Services

regarding the health and safety standards established by the CCDBG Act. These

will be checked upon enrollment and at the annual visit:

4.2.3a Medication Policy

If the program administers medication, the policy must address: a. The

administration of any prescriptions or over the counter medication to children b.

All medicine should be kept in the original container and labeled with the child's

name c. All medication must be locked and kept out of the reach of children d.

Medication must only be used for the child in which the medicine is labeled and

authorized e. Medication should only be given in the dosage specified on the label

f. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered g. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication h. Medication errors should be recorded, and parent/guardian informed immediately i. Procedure for emergency medications for allergic reactions j. Return any unused/expired medications to the parent/guardian k. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered

2. Note: your policy could be that your program does not administer medication and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: South Carolina Code 63.13.185 (A-F). 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 childcare facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year;
- (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.

Large Family GCCH 114-513 F (e) Management, Administration and Staffing, Parent Access and Communication, Parents shall be provided with the following information upon admission: The policy and procedures for the administration of medications. 114-515 D. (1-4) HEALTH, SANITATION AND SAFETY, Medications or medical procedures

(1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures.

(a) All medications shall be used only for the child for whom the medication is labeled.

(b) Medications shall not be given in excess of the recommended dose.

(c) Prescribed special medical procedures ordered for a specific child shall be written, signed and dated by a physician or other legally authorized healthcare provider.

(2) Storage of medications.

(a) All medications shall be kept in their original labeled containers and have child protective caps. The child's first and last name shall be on all medications.

(b) All medications shall be stored in a separate locked container under proper conditions of sanitation, temperature, light, and moisture.

(c) Discontinued and expired medications shall not be used and shall be returned to the parent or disposed of in a safe manner.

(3) Medication log.

(a) For each medication that is administered by a staff person, a log shall be kept including the child's name, the name of the medication, dosage, date, time and name of person administering the medication. This information shall be logged immediately following the administration of the medication.

(4) Medication errors.

(a) Medication errors (e.g. failure to administer a medication at the prescribed time, administering an incorrect dosage of medication or administering the wrong medication) shall be recorded in the child's record.

(b) Written documentation that the medication was given shall be provided to the parent.

(c) The parent shall be immediately notified of a medication error or a suspected adverse reaction to a medication.

Small Family Licensed and Registered FCCH South Carolina Code 63.13.185. (A-F)

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 childcare facility prior to the administration of the medication a signed and dated parental consent form that authorizes the facility to administer the medication to the child, and the authorization is for not longer than one year;

(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.

Family Child Care Home Regulation for Small Family Child Care 114-532 D (e) Management, Administration and Staffing, Parent Access and Communication, Parents shall be provided with the following information upon admission: The policy and procedures for the administration of medications; 114-532 E. (1-6) Medication, (1) For purposes of this section, "medication" means any drug that may be obtained with or without a prescription, excluding a topical ointment obtained without a prescription.

(2) The operator, caregiver, staff, or volunteer of a family child care home shall not administer medication to a child under the care of the family child care home unless:

(a) The parent/guardian of the child has submitted to the family child care home, prior to the administration of the medication, a signed and dated parental consent form that authorizes the home to administer the medication to the child, and the authorization shall not be longer than one year at a time.

(b) The medication shall be administered as stated on the label directions, or as amended, in writing by the child's health care provider.

(c) The medication shall not be expired.

(3) Notwithstanding subsection (2), an operator, caregiver, staff, or volunteer of a family child care home may administer medication to a child without a signed authorization if the parent/guardian:

(a) Submits to the family child care home an authorization in an electronic format that is capable of being viewed and saved; or

(b) Authorizes the family child care home by telephone to administer a single dose of a medication.

(4) 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 that the child is suffering from a medical emergency and administering the medication would prevent the death or serious injury of the child.

(5) A family child care home 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 child, as required pursuant to this section.

(6) A medication log for each medication that is administered by a caregiver or staff person shall be kept, including the child's name, the name of the medication, dosage, date, time, and name of person administering the medication. This information shall be logged immediately following the administration of the medication and a copy provided to the parent/guardian.

114-532 F (c) Child's Record. Child's health records ☐ The file shall contain the following: Written authorization from parent/guardian to administer medication, if applicable.

Administration of medication

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3a

The program is required to have the following written policies and procedures. The program must follow these procedures as written and must communicate/train staff on these policies to ensure understanding and adherence. It is recommended these be included in employee orientation. These are based on regulations from the U. S. Department of Health and Human Services regarding the health and safety standards established by the CCDBG Act. These will be checked upon enrollment and at the annual visit:

4.2.3a Medication Policy

If the program administers medication, the policy must address: a. The administration of any prescriptions or over the counter medication to children b. All medicine should be kept in the original container and labeled with the child's name c. All medication must be locked and kept out of the reach of children d. Medication must only be used for the child in which the medicine is labeled and authorized e. Medication should only be given in the dosage specified on the label f. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered g. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication h. Medication errors should be recorded, and parent/guardian informed immediately i. Procedure for emergency medications for allergic reactions j. Return any unused/expired medications to the parent/guardian k. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered

2. Note: your policy could be that your program does not administer medication and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.

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

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Administration of medication**
ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6a
4.2.6.a Medication Policy If the program administers medication, the policy must address:
1. The administration of any prescriptions or over the counter medication to children.
 - a. All medicine should be kept in the original container and labeled with the child's name
 - b. All medication must be locked and kept out of the reach of children
 - c. Medication must only be used for the child in which the medicine is labeled and authorized
 - d. Medication should only be given in the dosage specified on the label
 - e. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered
 - f. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication
 - g. Medication errors should be recorded, and parent/guardian informed immediately
 - h. Procedure for emergency medications for allergic reactions.
 - i. Return any unused/expired medications to the parent/guardian
 - j. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.
 2. Note: your policy could be that your program does not administer medication, and/or the parent would have to come to the program to administer the medication.
 3. The program must follow the policy as written.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Administration of medication**
Standard, FFN Policy Manual section 4.2.5
- 4.2.5 Medication Policy**
- The policy must address:
- a. The administration of any prescriptions or over the counter medication to children.
 - b. Written parental consent to administer the medication with the name of the medication and dosage and times to be administered.
 - c. Documentation of when medicine is given, including date, time and name of medicine.
 - d. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in home care must meet this standard.**

Administration of medication

Standard, FFN Policy Manual section 4.2.5

4.2.5 Medication Policy

The policy must address:

- a. The administration of any prescriptions or over the counter medication to children.
- b. Written parental consent to administer the medication with the name of the medication and dosage and times to be administered.
- c. Documentation of when medicine is given, including date, time and name of medicine.
- d. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

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

Administration of medication

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6a

4.2.6.a Medication Policy If the program administers medication, the policy must address:

- 1. The administration of any prescriptions or over the counter medication to children.
 - a. All medicine should be kept in the original container and labeled with the child's name
 - b. All medication must be locked and kept out of the reach of children
 - c. Medication must only be used for the child in which the medicine is labeled and authorized
 - d. Medication should only be given in the dosage specified on the label
 - e. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered
 - f. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication
 - g. Medication errors should be recorded, and parent/guardian informed immediately

- h. Procedure for emergency medications for allergic reactions.
- i. Return any unused/expired medications to the parent/guardian
- j. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

2. Note: your policy could be that your program does not administer medication, and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

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

- i. All CCDF-eligible licensed center care. Provide the standard: **114-505D. Health, Sanitation and Safety, Medications or medical procedures (1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures.**

Permission from parents to administer medications

ABC Quality Standard, Center Based Policy Manual section 4.2.3a

4.2.3a Medication Policy

If the program administers medication, the policy must address: a. The administration of any prescriptions or over the counter medication to children b. All medicine should be kept in the original container and labeled with the child's name c. All medication must be locked and kept out of the reach of children d. Medication must only be used for the child in which the medicine is labeled and authorized e. Medication should only be given in the dosage specified on the label f. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered g. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication h. Medication errors should be recorded, and parent/guardian informed immediately i. Procedure for emergency medications for allergic reactions j. Return any unused/expired medications to the parent/guardian k. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered

2. Note: your policy could be that your program does not administer medication and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

Licensed center care that participates in ABC Quality must have policies and procedures in place that address the standard for administration of medication to children. These policies and procedures must include administration of prescription or over the counter medication, medication is in original container

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

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Law 63-13-185 (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. 114-517 Large Family D. HEALTH, SANITATION AND SAFETY, Medications or medical procedures (1) Written, signed and dated parental consent is required prior to the administration of any prescription or over the counter medication or administration of special medical procedures. Small Family, Licensed FCCH and Registered Family Child Care Home Regulation for Small Family Child Care: 114-532 D (e) Management, Administration and Staffing, Parent Access and Communication; 114-532 E. (2) Management, Administration, and Staffing, Medication, The parent/guardian of the child has submitted to the family child care home, prior to the administration of the medication, a signed and dated parental consent form that authorizes the home to administer the medication to the child, and the authorization shall not be longer than one year at a time. 114-532 F 3 (c) Management, Administration, and Staffing, Child's Record, Child's health records** ☐ The file shall contain the following: Written authorization from parent/guardian to administer medication, if applicable.

Permission from parents to administer medications

ABC Quality Standard, Family and Group Child Care Home, Policy Manual section 4.2.3a

4.2.3a Medication Policy

If the program administers medication, the policy must address: a. The administration of any prescriptions or over the counter medication to children b. All medicine should be kept in the original container and labeled with the child's name c. All medication must be locked and kept out of the reach of children d. Medication must only be used for the child in which the medicine is labeled and authorized e. Medication should only be given in the dosage specified on the label f. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered g. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication h. Medication errors should be recorded,

and parent/guardian informed immediately i. Procedure for emergency medications for allergic reactions j. Return any unused/expired medications to the parent/guardian k. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

2. Note: your policy could be that your program does not administer medication and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

ABC Quality has created a policy template for Administration of Medication Policy to support programs ability to meet this standard.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Permission from parents to administer medications**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6a

4.2.6.a Medication Policy If the program administers medication, the policy must address:

1. The administration of any prescriptions or over the counter medication to children.

a. All medicine should be kept in the original container and labeled with the child's name

b. All medication must be locked and kept out of the reach of children

c. Medication must only be used for the child in which the medicine is labeled and authorized

d. Medication should only be given in the dosage specified on the label

e. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered

f. A medication log which shows the child's name, name of medication, dosage, date, time, and name of person administering the medication

g. Medication errors should be recorded, and parent/guardian informed immediately

h. Procedure for emergency medications for allergic reactions.

i. Return any unused/expired medications to the parent/guardian

j. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

2. Note: your policy could be that your program does not administer medication, and/or the parent would have to come to the program to administer the medication.

3. The program must follow the policy as written.

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

Permission from parents to administer medications

Standard, FFN Policy Manual section 4.2.5

4.2.5 Medication Policy

The policy must address:

- a. The administration of any prescriptions or over the counter medication to children.
- b. Written parental consent to administer the medication with the name of the medication and dosage and times to be administered.
- c. Documentation of when medicine is given, including date, time and name of medicine.
- d. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in home care must meet this standard.**

Permission from parents to administer medications
Standard, FFN Policy Manual section 4.2.5

4.2.5 Medication Policy

The policy must address:

- a. The administration of any prescriptions or over the counter medication to children.
- b. Written parental consent to administer the medication with the name of the medication and dosage and times to be administered.
- c. Documentation of when medicine is given, including date, time and name of medicine.
- d. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.

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

Permission from parents to administer medications

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6a

4.2.6.a Medication Policy If the program administers medication, the policy must address:

1. The administration of any prescriptions or over the counter medication to children.

- a. All medicine should be kept in the original container and labeled with the child's name

- b. All medication must be locked and kept out of the reach of children
 - c. Medication must only be used for the child in which the medicine is labeled and authorized
 - d. Medication should only be given in the dosage specified on the label
 - e. Written parental consent on file to administer the medication with the name of the medication, dosage, and times to be administered
 - f. A medication log which shows the child’s name, name of medication, dosage, date, time, and name of person administering the medication
 - g. Medication errors should be recorded, and parent/guardian informed immediately
 - h. Procedure for emergency medications for allergic reactions.
 - i. Return any unused/expired medications to the parent/guardian
 - j. Staff must wash hands before giving medication and after applying a medical ointment or cream in which a break in the skin (e.g. sores, cuts, or scrapes) may be encountered.
2. Note: your policy could be that your program does not administer medication, and/or the parent would have to come to the program to administer the medication.
3. The program must follow the policy as written.

ABC Quality has created a policy template for Administration of Medication Policy to support program's ability to meet this standard.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **114-507 E. Physical site, Environmental hazards 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. 114-507 E 4(b) Physical Site, Environmental Hazards, Animals: The following requirements apply in regard to animals, Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.**
 - 114-508 A (9) Meal requirements, Dietary alternatives shall be available for a child who has special health needs or religious beliefs.**

Prevention of emergencies due to food and allergic reactions
ABC Quality Standard, Center Based Policy Manual section 4.2.3b
4.2.3.b Emergency Medical Care Policy

1. The policy must address the following: a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions b. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child's allergies, and how will this information be conveyed to staff along with information of what an allergic reaction might look like c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided e. Steps to be followed in a medical emergency f. The hospital or source of health care to be utilized g. The method of transportation to be used h. An emergency staffing plan
2. The program must follow the policy as written

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family GCCH) 114-517 E. PHYSICAL SITE. 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 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.
 - 114-517 E (4)(b) Physical Site, Environmental Hazards, Animals: The following requirements apply in regard to animals: Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.
 - 114-518 A (6). Meal requirements (6) Dietary alternatives shall be available for a child who has special health needs or religious beliefs.

Small Family Licensed and Registered 114-535 D (3) & (4). Physical Site, Environmental Hazards (3) Poisons and harmful agents shall be kept locked, labeled, stored in original containers, and not accessible to children.
(4) All cleaning supplies, detergents, and other potentially poisonous items shall be stored away from food items and shall not be accessible to children. POLICY FCCH 16: Upon a child's enrollment, all Family Child Care Homes should obtain medical information on DSS Form 2909 about the risk of possible allergic reactions in children in their care. If a child has a known food or environmental allergy, a Health Action Plan should be provided to the Family Child Care Home from the child's parent/guardian that describes how to respond to the reaction in that

child. POLICY FCCH 17A: The Operator must obtain medical information, either from the child’s medical professional or the parent/guardian, if the child is at risk for allergic reactions. The Operator must have training on how to recognize and respond to mild, moderate, and severe allergic reactions. The facility’s emergency plan must explain how the Operator will respond to these allergic reactions.

POLICY FCCH 23: Children shall be restricted from unsafe areas and conditions, such as hazardous materials, vehicular traffic, parking areas, ditches, and bodies of water. In addition, toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials and bio contaminants including but not limited to chemicals, cleaning products, insecticides, gasoline products, etc.

(a) Toxic substances must not used while children are present.

(b) Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children.

(c) Toxic substances/hazards must be stored away from food and medication.

(d) Poisonous plants must not be allowed in the home.

(e) Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks.

(f) Procedures must be in place when the provider or an emergency person come in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Policy must include disposal of material that comes into contact with bodily fluids.

Prevention of emergencies due to food and allergic reactions

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3b

4.2.3.b Emergency Medical Care Policy

1. The policy must address the following: a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions b. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child’s allergies, and how will this information be conveyed to staff along with information of what an allergic reaction might look like c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided e. Steps to be followed in a medical emergency f. The hospital or source of health care to be utilized g. The method of transportation to be used h. An emergency staffing plan

2. The program must follow the policy as written.

ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **5.3.4a**

Prevention of emergencies due to food and allergic reactions
ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6b
4.2.6.b Emergency Medical Care Policy

1. The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child's allergies, and how will this information will be conveyed to staff along with information of what an allergic reaction might look like.
- b. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl
- c. Notification to parents who might bring snacks or treats to the class of any particular foods to be voided
- d. Steps to be followed in a medical emergency
- e. The hospital or source of health care to be utilized
- f. The method of transportation to be used
- g. An emergency staffing plan

2. The program must follow the policy as written.

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

Prevention of emergencies due to food and allergic reactions
Standard, FFN Policy Manual section 4.2.6
4.2.6 Emergency Medical Policy

The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted (i.e. allergies, injury).
- b. Procedure to prevent emergencies due to allergic reactions, e.g. how will the program collect information of any child's allergies, and how this information be conveyed to staff along with information of what an allergic reaction might look like.
- c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per the parent, e.g. Epi Pen, Benadryl.
- d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided.
- e. Steps to be followed in a medical emergency.
- f. The hospital or source of health care to be utilized.
- g. The method of transportation to be used.
- h. An emergency staffing plan.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in home care must comply with this standard.**

Prevention of emergencies due to food and allergic reactions
Standard, FFN Policy Manual section 4.2.6

4.2.6 Emergency Medical Policy

The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted (i.e. allergies, injury).
- b. Procedure to prevent emergencies due to allergic reactions, e.g. how will the program collect information of any child's allergies, and how this information be conveyed to staff along with information of what an allergic reaction might look like.
- c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per the parent, e.g. Epi Pen, Benadryl.
- d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided.
- e. Steps to be followed in a medical emergency.
- f. The hospital or source of health care to be utilized.
- g. The method of transportation to be used.
- h. An emergency staffing plan.

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

5.3.4a

Prevention of emergencies due to food and allergic reactions

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6b

4.2.6.b Emergency Medical Care Policy

1. The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child's allergies, and how will this information will be conveyed to staff along with information of what an allergic reaction might look like.
- b. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl
- c. Notification to parents who might bring snacks or treats to the class of any particular foods to be voided
- d. Steps to be followed in a medical emergency
- e. The hospital or source of health care to be utilized
- f. The method of transportation to be used
- g. An emergency staffing plan

2. The program must follow the policy as written.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **114-503 G (7) (a-f) (8). Management, Administration, and Staffing. G. Child Record (7) (a-f) Emergency information for each child shall be easily and immediately accessible while at the center, during transportation, and during any trips away from the premises, and it shall include the following:**
- (a) The full name of both parents/guardian, and updated address, work, home and mobile numbers where they can be reached during the time the child is in the center;
 - (b) The name, address, telephone number and relationship of at least two individuals designated by the parents/guardian to be contacted in an emergency and who have the authority to obtain emergency medical treatment for the child;
 - (c) The name, address and telephone number of the child's physician, and the emergency care, medical and dental care provider;
 - (d) Health insurance information;
 - (e) Consent for emergency treatment; and
 - (f) Permission to transport to hospital.
- (8) Emergency information shall be updated by the parent as changes occur.

114-505C. (1-3) Health, Sanitation and Safety, Emergency medical plan,

(1) The center shall have an emergency medical plan to address the following:

- (a) Medical conditions under which emergency care and treatment is warranted;
- (b) Steps to be followed in a medical emergency;
- (c) The hospital or source of health care to be used;
- (d) The method of transportation to be used; and
- (e) An emergency staffing plan.

(2) Emergency information for the child shall be taken with the child to the hospital or emergency location.

(3) A staff person shall remain with the child at the hospital or emergency location until the parent arrives.

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

responses due to food and allergic reactions) to support programs ability to meet this standard.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family GCCH 114-513 G(7) (a-d) (8) . MANAGEMENT, ADMINISTRATION, AND STAFFING G. Child Record (7) (a-d) Emergency information for each child, (7) Emergency information for each child shall be easily and immediately accessible while at the group child care home, during transportation, and during any trips away from the premises, and it shall include the following:**
 - (a) The full name of both parents/guardian, and updated address, work, home and mobile numbers where they can be reached during the time the child is in the group child care home;
 - (b) The name, address, telephone number and relationship of at least two individuals designated by the parents/guardian to be contacted in an emergency and who have the authority to obtain emergency medical treatment for the child;
 - (c) The name, address and telephone number of the child’s physician, and the emergency care medical and dental care provider; and
 - (d) Health insurance information**(8) Emergency information shall be updated by the parent as changes occur.**

Large family GCCH, 114-515 C. HEALTH, SANITATION AND SAFETY Emergency medical plan (1-3) Emergency medical plan

- (1) The group child care home shall have an emergency medical plan to address the following:**
 - (a) Medical conditions under which emergency care and treatment is warranted;
 - (b) Steps to be followed in a medical emergency;
 - (c) The hospital or source of health care to be used;
 - (d) The method of transportation to be used; and
 - (e) An emergency staffing plan.
- (2) Emergency information for the child shall be taken with the child to the hospital or emergency location.**
- (3) A staff person shall remain with the child at the hospital or emergency location until the parent arrives.**

Small Family Licensed and registered FCCH 114-534 G (1) & (2). Health, Sanitation, and Safety, Emergency Medical Plan

- (1) The family child care home shall have an emergency medical plan in writing providing for emergency medical care of children requiring treatment away from the child care setting.**
- (2) First aid:**
 - (a) The operator shall have a chart readily available that describes first aid emergency medical treatment techniques.
 - (b) First aid supplies shall be available for the treatment of minor cuts and abrasions and stored out of the reach of children.

114-532 F (2) &(3) (d). Management, Administration, and Staffing, F. Child’s Records

- (2) General records on the child - The file shall contain the following: (d) Names,**

addresses and telephone numbers of persons who can assume responsibility for the child in an emergency if the parent/guardian is unavailable; and

(e) Name, address and telephone number of a physician and/or health care resource preferred by the parent/guardian.

(3) Child's health records ☐ The file shall contain the following: (d) Authorization from parent/guardian to transport child either to/from school, on field trips, and for emergency treatment;

Registered Policy Number 16 Upon a child's enrollment, all Family Child Care Homes should obtain medical information on DSS Form 2909 about the risk of possible allergic reactions in children in their care. If a child has a known food or environmental allergy, a Health Action Plan should be provided to the Family Child Care Home from the child's parent/guardian that describes how to respond to the reaction in that child.

POLICY FCCH 16: Upon a child's enrollment, all Family Child Care Homes should obtain medical information on DSS Form 2909 about the risk of possible allergic reactions in children in their care. If a child has a known food or environmental allergy, a Health Action Plan should be provided to the Family Child Care Home from the child's parent/guardian that describes how to respond to the reaction in that child. **POLICY FCCH 17A:** The Operator must obtain medical information, either from the child's medical professional or the parent/guardian, if the child is at risk for allergic reactions. The Operator must have training on how to recognize and respond to mild, moderate, and severe allergic reactions. The facility's emergency plan must explain how the Operator will respond to these allergic reactions.

Response to emergencies due to food and allergic reactions

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3b

4.2.3.b Emergency Medical Care Policy

1. The policy must address the following: a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions b. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child's allergies, and how will this information be conveyed to staff along with information of what an allergic reaction might look like c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided e. Steps to be followed in a medical emergency f. The hospital or source of health care to be utilized g. The method of transportation to be used h. An emergency staffing plan

2. The program must follow the policy as written.

ABC Quality has created policy template for Emergency Medical Care Policy (to include responses due to food and allergic reactions) to support programs ability to meet this standard.

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

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Response to emergencies due to food and allergic reactions**
ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6b
4.2.6.b Emergency Medical Care Policy
1. The policy must address the following:
a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions. b. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child’s allergies, and how will this information will be conveyed to staff along with information of what an allergic reaction might look like.
c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl
d. Notification to parents who might bring snacks or treats to the class of any particular foods to be voided
e. Steps to be followed in a medical emergency
f. The hospital or source of health care to be utilized
g. The method of transportation to be used
h. An emergency staffing plan

2. The program must follow the policy as written.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Response to emergencies due to food and allergic reactions**
Standard, FFN Policy Manual section 4.2.6
4.2.6 Emergency Medical Policy
The policy must address the following:
a. Medical conditions under which emergency care and treatment is warranted (i.e. allergies, injury).
b. Procedure to prevent emergencies due to allergic reactions, e.g. how will the program collect information of any child’s allergies, and how this information be conveyed to staff along with information of what an allergic reaction might look like.
c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per the parent, e.g. Epi Pen, Benadryl.
d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided.
e. Steps to be followed in a medical emergency.
f. The hospital or source of health care to be utilized.
g. The method of transportation to be used.
h. An emergency staffing plan.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Response to emergencies due to food and allergic reactions

Standard, FFN Policy Manual section 4.2.6

4.2.6 Emergency Medical Policy

The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted (i.e. allergies, injury).**
- b. Procedure to prevent emergencies due to allergic reactions, e.g. how will the program collect information of any child’s allergies, and how this information be conveyed to staff along with information of what an allergic reaction might look like.**
- c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per the parent, e.g. Epi Pen, Benadryl.**
- d. Notification to parents who might bring snacks or treats to the class of any particular foods to be avoided.**
- e. Steps to be followed in a medical emergency.**
- f. The hospital or source of health care to be utilized.**
- g. The method of transportation to be used.**
- h. An emergency staffing plan.**

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

Response to emergencies due to food and allergic reactions

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6b

4.2.6.b Emergency Medical Care Policy

1. The policy must address the following:

- a. Medical conditions under which emergency care and treatment is warranted due to allergic reactions.**
- b. Procedure to prevent emergencies due to allergic reactions, e.g., how will the program collect information of any child’s allergies, and how will this information will be conveyed to staff along with information of what an allergic reaction might look like.**
- c. Steps to be followed if child has allergic reaction. Detailed information to include what medications should be administered per authorization of the parent, e.g., Epi Pen, Benadryl**
- d. Notification to parents who might bring snacks or treats to the class of any particular foods to be voided**
- e. Steps to be followed in a medical emergency**
- f. The hospital or source of health care to be utilized**
- g. The method of transportation to be used**

h. An emergency staffing plan

2. The program must follow the policy as written.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **114-500. General Provisions. C. Access to and within the center, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. 114-504 D Supervision, Water safety staff, (1) The staffing ratios apply at all times while children are swimming or wading. The staffing ratios shall also apply at all times while children are near a water body that poses a potential risk based upon the age of the child, (2) All swimming activities shall be supervised by a person with current lifeguard training certification. If this is a staff person who has current lifeguard training certification, they may be included in the staff: child ratio. In instances in which all staff members can, without the ability to swim, quickly reach any child, a certified lifeguard is unnecessary. 114-505 HEALTH, SANITATION AND SAFETY. F. Diapering (1) Each room in which children who wear diapers are cared for shall have its own diaper-changing area adjacent to the hand-washing sink; H. Fire and emergency Preparedness (1-3), (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. I. Transportation (1 and 2), (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 63-13-40 of the South Carolina Code of Laws.
- (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.

114-507. Entire Physical Site Section. A. Indoor space and conditions B. Outdoor space. C. Furniture, toys, and recreational equipment. D. Rest equipment. E. Environmental hazards.

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 to create a condition that might result in an accident or cause harm to the health and safety of the children.

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

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

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

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

(6) Water Supply

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

(b) The center shall have hot and cold water under pressure. (Forty PSI recommended) If water is unavailable for four hours, a center must close.

(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 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.

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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family Child Care, Group Child Care Homes, 114-510. GENERAL PROVISIONS. C. Access to and within the group child care home, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws. C. Water safety staffing (1), (1) The following staffing ratios apply at all times while children are swimming, wading or near a water source. The staffing ratios shall also apply at all times while children are near a water body that poses a potential risk based upon the age of the child. 114-515. HEALTH, SANITATION AND SAFETY. F. Diapering (1) (7) (1) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention.**
- (2) Diapering surfaces shall be clean, seamless, waterproof and sanitary.
- (3) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood-containing body fluids shall be cleaned with an approved solution of chlorine bleach and water.
- (4) Individual disposable wipes shall be used at each diaper change and shall be placed in a plastic -lined, covered container and disposed of properly, and kept out the reach of children.
- (5) Soiled disposable diapers and disposable wipes shall be kept in a closed, labeled hands-free operated, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non-disposable diapers shall be kept in a sealed plastic bag after feces shall be disposed of through the sewage.
- (6) Staff shall check diapers and clothing at a frequency that ensures prompt changing of diapers and clothing.
- (7) No child shall be left unattended while being diapered.;
- H. Fire and emergency Preparedness (1-3), (1) Group child care homes shall comply with the regulations and codes of the State Fire Marshal.**
- (2) The group child care home shall have an up to date written plan for evacuating in case of fire, a natural disaster or threatening situation that may pose a health or safety hazard. The group child care home shall also include procedures for staff training in this emergency plan.
- (3) Portable heat sources will be used according to the manufacturers' instructions and kept in good working order and out of the reach of children. **I. Transportation (1 and 2), (1) If the operator provides or arranges for transportation, the following transportation requirements apply:**
- (a) The staffing ratios specified in 114-514A(2) apply. The driver of the vehicle shall not be counted in the ratios;
- (b) Transportation and placement of children shall be in accordance with state and federal laws;

- (c) A child shall not be left unattended in a vehicle;
 - (d) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725A(4) of the Code of Laws of 1976;
 - (e) Use of tobacco products is prohibited in the vehicle; and
 - (f) Written consent from the parent is required prior to transportation.
- (2) The following requirements apply for safe pick-up and drop-off:
- (a) The group child care home shall have safe crossways and designated pick-up and drop-off locations and communicate these locations to the parents; and
 - (b) Children shall be supervised during boarding and exiting vehicles. 114-517.
- PHYSICAL SITE (entire section), A. Indoor space and conditions, B. Outdoor space, C. Furniture, toys, and recreational equipment, D. Rest equipment, E. Environmental hazards. A. Indoor space and conditions**
- (1) The operator shall provide at least thirty-five (35) square feet of indoor play space per child, measured by Department staff from wall to wall. 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.
- (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 group child care home.
- (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, group child care homes shall meet applicable lead base paint requirements, as established by DHEC.

(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 and the cleaning of 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) Microwave ovens shall be inaccessible to children.

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

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

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

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

(6) Water supply.

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

(b) The group child care home shall have hot and cold water under pressure. (Forty PSI recommended.) If an individual private well water supply is used, the operator shall obtain approval pursuant to DHEC to ensure safe location, construction, and proper maintenance and operation of the system.

(c) The hot water supply shall meet applicable requirements of DHEC.

(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 group child care home.

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

(8) Sanitation.

- (a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings.
 - (b) Measures to control insects, rodents, and other vermin shall be taken to prevent harborage, breeding, and infestation of the premises.
 - (c) All solid wastes shall be disposed of at sufficient frequencies and in such a manner not to create a rodent, insect, or vermin problem.
 - (d) Trash in diapering areas shall be kept in closed, hands-free operated, plastic lined receptacles in good repair.
 - (e) Trash in kitchen areas shall be kept in closed, plastic lined receptacles.
 - (f) Trash in children's restrooms, classrooms, and eating areas shall be kept in plastic lined receptacles.
 - (g) Trash receptacles outside the building, shall be watertight with firm fitting lids that prevent the penetration of insects and rodents.
 - (h) Trash disposal and sewage system construction and usage shall be in accordance with local standards and ordinances.
 - (i) The use of child care room, bathroom, or kitchen sinks for cleaning of trash receptacles or cleaning equipment is prohibited.
- (9) Doors.
- (a) Protective gates shall be of the type that do not block emergency entrances and exits and that prevent finger pinching and head or limb entrapment.
- (10) Landings, stairs, handrails, and railings.
- (a) Children shall not have access to a door that swings open to a descending stairwell or outside steps, unless there is a landing that is at least as wide as the doorway at the top of the stairs.
 - (b) Each ramp and each interior stairway and outside steps exceeding two steps shall be equipped with a secure handrail at the height appropriate for the sizes of the children at the group child care home.
 - (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 group child care home 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.
 - (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.
- (12) Bathrooms.
- (a) There shall be at least one flush toilet.
 - (b) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use.
 - (c) Toilet training equipment shall be provided to children who are being toilet trained.
 - (d) There shall be at least one sink with hot and cold running water under

pressure in or near each toilet area.

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

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

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

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

(i) Easily cleanable receptacles shall be provided for waste material.

B. Outdoor space

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

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

(3) Children shall be restricted from unsafe areas and conditions such as traffic, parking areas, ditches, and steep slopes by a fence or natural barrier that is at least four feet high.

C. Furniture, toys, and recreational equipment shall meet the following requirements:

(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 U.S. Consumer Products Safety Commission (CPSC), if applicable.

Recalled products listed by the CPSC shall not be accessible to children.

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

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

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

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

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

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

(9) Cushioning material shall extend at least six (6) feet beyond the equipment and swings.

(10) Slides shall have secure guards along both sides of the ladder and placed in a shaded area.

(11) Outdoor metal equipment shall be located in shaded areas or otherwise protected from the sun.

(12) Outdoor equipment shall be arranged so that children can be seen at all times.

(13) The height of play equipment shall be developmentally and size appropriate.

(14) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage.

(15) Indoor recreational equipment and furnishings shall be cleaned and

disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points. Indoor recreational equipment and furnishings shall be clean and shall be of safe construction and free of sharp edges and loose or rusty points.

(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 specification of the CPSC.

(2) Individual, clean, developmentally appropriate cribs, cots, or mats shall be provided for each infant, toddler, and preschool child, labeled with the child's name and used only by that child.

(3) Cribs, cots, and mats shall be made of easily cleanable material.

(4) Placement of sleeping and napping equipment shall allow ready access to each child by staff.

(5) Individual, clean, appropriate coverings shall be provided.

(6) Cots and mats shall be stored so that the surface on which a child lies does not touch the floor.

E. Environmental hazards

(1) Poisons or harmful agents.

(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.

(b) Poisons or harmful agents shall be purchased in childproof containers, if available.

(c) Play materials, including arts and crafts, shall be non-poisonous.

(d) Poisonous plants are not permitted.

(e) Pesticides shall be 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 group child care home or used by the group child care home 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 to be kept in a locked drawer or cabinet.

(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;

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

Small Family, Registered Family Child Care Regulations, 114-534. Health, Sanitation, and Safety. A. Child Health and Safety, C. Sanitation, (1) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment. (2) The operator and/or caregiver shall ensure children's faces and hands are clean. (3) The family child care home and premises shall be situated, equipped, and maintained as needed in order to safeguard the health of the users. (4) The family child care home shall follow approved sanitary methods of disposal of wastes. D. Water Supply (1) The water supply shall meet bacteriological, chemical, and physical requirements for water quality and testing in accordance with DHEC. 16 (2) If water is unavailable for four (4) hours, an operator shall contact the Department and may be required to close. (3) Safe drinking water shall be available to children at all times and there shall be no use of common drinking cups. If disposable cups are used, they shall be stored to prevent contamination prior to use. F. Emergency Preparedness, (1) Family child care homes shall have a written emergency preparedness plan to evacuate the home in case of fire, natural disaster or threatening situation that may pose a health or safety hazard that is posted for all staff and parents to see. This plan shall be regularly tested. (2) The operator shall have a written emergency plan. This plan shall include naming the emergency person to be summoned quickly to assist in an emergency. (3) Emergency telephone numbers and information shall be posted, including the name/contact information of the emergency person. H. Diapering, (1) Family child care homes caring for infants shall provide a non-porous sanitizable surface. Only a solution of bleach and water shall be used to sanitize the diaper changing surface after each diapering. (2) Diapers shall be checked for wetness and feces at least hourly and whenever the child exhibits discomfort. Soiled diapers shall be changed immediately. (3) Soiled diapers shall be placed in a plastic-lined, covered, leak-proof container which shall be emptied and cleaned daily. (4) Children's hands shall be washed with soap and water after each diapering. In the case of infants, hands may be cleaned with single-use pre-moistened towels. 114-536 114-535, Physical Site. A. Indoor Space, B. Non-Infant Sleeping and Resting, C. Outdoor Space, D. Environmental Hazards,

A. Indoor Space(1) Home structure (a) Floors, walls and ceilings shall be kept clean, in good repair and free from hazards. 17 (b) All rooms shall be adequately lighted and ventilated. Lights and ventilation systems shall comply with the local and/or state building codes. (c) There shall be areas protected from general walkways within the family child care home where crawling children can be on the floor to explore. (d) Interior stairs that are not enclosed shall have a barrier to prevent falls and shall have a nonskid surface. (e) Electrical outlets shall be covered with a child proof cover, safety plug, or other safety barrier to prevent

electrical shock when not in use. (2) Furniture, toys, and recreational equipment shall meet the following requirements: (a) Furnishings and toys shall be of safe construction, free from sharp edges and loose or rusty points. (b) Playpens and Pack n' Plays are not permitted. (c) Mobile walkers are not permitted. (d) No toys accessible to infants and toddlers shall be small enough to swallow. (e) Products recalled by the Consumer Product Safety Commission shall not be accessible to children. (3) Animals are permitted as long as they do not pose an apparent threat to the health of the children, are cleaned, are housed properly, are fed, and have the required vaccinations. (a) Children and caregivers shall wash their hands thoroughly after contact with animals. (b) Animal litter and waste shall not be accessible to children. (c) Reptiles, amphibians, and rodents shall not be accessible to children.

B. Non-Infant Sleeping and Resting (1) Individual, comfortable and sanitary equipment for sleeping and resting shall be provided. (2) Beds, cots and mats shall be made of easily cleanable material. (3) Placement of beds, cots, or mats shall allow caregivers to have ready access to each individual child.

C. Outdoor Space (1) Outside space shall be free from hazards and litter. (2) Outside space shall be restricted by fence or barrier if near unsafe areas such as traffic, parking areas, ditches, body of water, or steep slope. (3) Access to swimming pools and wading pools shall be controlled by a device or method that promotes safety of children, including a latch, lock, protective fence, protective cover, or other device or method which enhances child safety. (4) Outside stairs, walkways, ramps, and porches used by the children shall be maintained free from accumulations of water, ice, or snow. (5) Decals shall be applied to all glass or sliding patio doors and placed at eye level of the children being cared for in the family child care home. (6) Outside play equipment shall be clean, in good repair, and free from hazards. (7) A properly fitting bicycle helmet shall be worn by each child when riding a bicycle, skateboard, roller skate blades or skates.

D. Environmental Hazards (1) Safety barriers shall be placed around all heating and cooling sources, such as hot water pipes, fireplaces, 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. (2) Knives, lighters, matches, projectile toys, tobacco products, microwave ovens and other items that could be hazardous to children shall not be accessible to children. (3) Poisons and harmful agents shall be kept locked, labeled, stored in original containers, and not accessible to children. (4) All cleaning supplies, detergents, and other potentially poisonous items shall be stored away from food items and shall not be accessible to children. (5) Firearms, weapons, and ammunition shall be kept in a locked drawer or cabinet and shall not be kept in a room where children are cared for in the family child care home.

Family Child Care Providers Policy Manual, Policy 23 Children should be restricted from unsafe areas, and conditions, such as hazardous materials, vehicular traffic, parking areas, ditches, and bodies of water. In addition, Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials and bio contaminants including but not limited to chemicals,

cleaning products, insecticides, gasoline products, etc. (a) Toxic substances must not be used while children are present. (b) Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. (c) Toxic substances/hazards must be stored away from food and medication. (d) Poisonous plants must not be allowed in the home. (e) Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. (f) Procedures must be in place when the provider or an emergency person comes in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Policy must include disposal of material that comes into contact with bodily fluids.

FCCH Policy Manual 24 Transportation, If the Family Child Care Home provides or arranges for transportation through contract, the following transportation requirements apply:

- Each child shall be secured in an individual, age-appropriate safety restraint at all times when the vehicle is in motion.
- Safety restraints shall be used in accordance with the manufacturer's instructions.
- A child shall not be left unattended in a vehicle.
- The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 63-13-40 of the South Carolina Code of Laws.
- There shall be a first aid kit and emergency health and contact information for each child in the vehicle.
- Use of tobacco products is prohibited in the vehicle.
- Written consent from each child's parent/guardians are required prior to transporting any children.
- When the Family Child Care Home provides transportation to and from a child's home, the staff shall be responsible for picking the child up and returning the child to a designated location.
- The director and/or staff of the Family Child Care Home shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the Family Child Care Home and the names of each child being transported.

The following requirements apply to ensure a safe pick-up and drop-off:

- Children shall be directly supervised during the boarding and exiting of vehicles.
- The operator shall have on file, in the Family Child Care Home, written permission from the parent(s)/guardian(s) to transport children to and from the Family Child Care Home, school, or other designated places, including planned field trips and activities.
- 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.

FCCH Policy 25 Environment hazards, Family Child Care Home Providers must adhere to the following:

- (a) Poisons or harmful agents shall be stored in their original containers that are labeled and in a locked area that is 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 in a Family Child Care Home,
- (e) Pesticides applied at a Family Child Care Home shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency.
- i) Pesticides shall be used in strict compliance with label instructions and should not be used while children are present.
- ii) Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site inaccessible to children.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Identification of and protection from building and physical premises hazards**
ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b
7.2.7 b Outdoor Environment
 - a. The playground or other areas used by children are free of trash and litter.
 - b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.
 - c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which could fall and cause injury, etc.
 - d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.
 - e. 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.
 - f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet in height.
 - g. The use of hot tubs, spas, and saunas are prohibited.
 - h. The use of trampolines is prohibited.
 - i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.
 - j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.
 - k. A First Aid Kit must be brought outdoors when children are present or stored outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Identification of and protection from building and physical premises hazards
Standard, FFN Policy Manual section 4.2.15
4.2.15 Physical Safety of the Home and Premises The policy must address ways to ensure that the indoor and outdoor environments remain free of hazards that could be harmful to children. Including the following items: Indoor:
 - a. Home is free from hazards and litter.
 - b. Healthy animals which present no apparently threat to the health and safety of children shall be permitted, provided they are clean, properly housed, fed and cared for, and have the required current vaccinations, as appropriate.
 - c. Smoking, consumption of alcoholic beverages, or use of other nonprescription

narcotic or illegal substances are prohibited on the premises (indoor or outdoor) or while transporting children during the time children are in care.

d. How the following are kept locked or out of children’s reach: medications, cleaning supplies/hazardous materials, caregiver’s purse, objects (knives/scissors), illegal drugs, weapons, miscellaneous that could harm children (e.g. hot glue gun, iron)

Outdoor: Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with standard.**

Identification of and protection from building and physical premises hazards
Standard, FFN Policy Manual section 4.2.15

4.2.15 Physical Safety of the Home and Premises The policy must address ways to ensure that the indoor and outdoor environments remain free of hazards that could be harmful to children. Including the following items: Indoor:

a. Home is free from hazards and litter.

b. Healthy animals which present no apparently threat to the health and safety of children shall be permitted, provided they are clean, properly housed, fed and cared for, and have the required current vaccinations, as appropriate.

c. Smoking, consumption of alcoholic beverages, or use of other nonprescription narcotic or illegal substances are prohibited on the premises (indoor or outdoor) or while transporting children during the time children are in care.

d. How the following are kept locked or out of children’s reach: medications, cleaning supplies/hazardous materials, caregiver’s purse, objects (knives/scissors), illegal drugs, weapons, miscellaneous that could harm children (e.g. hot glue gun, iron)

Outdoor: Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

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

Identification of and protection from building and physical premises hazards
ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b
7.2.7 b Outdoor Environment

a. The playground or other areas used by children are free of trash and litter.

- b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.
- c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which could fall and cause injury, etc.
- d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.
- e. 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.
- f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet in height.
- g. The use of hot tubs, spas, and saunas are prohibited.
- h. The use of trampolines is prohibited.
- i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.
- j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.
- k. A First Aid Kit must be brought outdoors when children are present or stored outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **114-504. Supervision. D. Water safety staffing, (1) The following staffing ratios apply at all times while children are swimming or wading. The staffing ratios shall also apply at all times while children are near a water body that poses a potential risk based upon the age of the child.**
114-507. A. Physical Site (11) Electrical sources (d), (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. E. Environmental hazards (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.

Identification of and protection from bodies of water

ABC Quality Standard, Center Based Policy Manual section 4.2.3e

4.2.3.e. Swimming Policy (if applicable)

1. The policy must address the following: a. Ratios to be maintained during swimming activities. b. Prohibition on the use of hot tubs, spas or saunas. c. Any on-site water source (if applicable), such as a swimming pool, stationary wading pool, or other water sources such as ditches, streams, ponds or lakes, will be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices. d. Swimming activities must be supervised by a certified Lifeguard. The program is responsible for verification of certification. (The Lifeguard cannot be counted in the child: staff ratios unless they are employed by the program and meet the background checks and eligibility criteria). e. Swimming pools located at the center or used by the center should conform to the regulations of DHEC for construction, use, and maintenance

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family (Group Child Care Homes), 114-514. SUPERVISION. C. Water safety staffing, (1) The following staffing ratios apply at all times while children are swimming, wading or near a water source. The staffing ratios shall also apply at all times while children are near a water body that poses a potential risk based upon the age of the child. 114-517. PHYSICAL SITE. A. Indoor Space (11) Electrical sources (d), (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. E. Environmental hazards, (2) Water hazards, (a) Swimming pools located at the group child care home or used by the group child care home 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. Small Family Child Care Homes Regulations 114-535. Physical Site. C. Outdoor Space (2-4), (2) Outside space shall be restricted by fence or barrier if near unsafe areas such as traffic, parking areas, ditches, body of water, or steep slope. (3) Access to swimming pools and wading pools shall be controlled by a device or method that promotes safety of children, including a latch, lock, protective fence, protective cover, or other device or method which enhances child safety. (4) Outside stairs, walkways, ramps, and porches used by the children shall be maintained free from**

accumulations of water, ice, or snow. Family Child Care Home Policy Manual. Policy FCCH 10, The operator and/or staff must be on the same floor level as the children during inside play time and nap time. Also, the operator and/or staff must be present with the children when they are outside and while children are being transported. Children must be constantly supervised and never left alone during all water activities. Policy FCCH 23, Children shall be restricted from unsafe areas and conditions, such as hazardous materials, vehicular traffic, parking areas, ditches, and bodies of water. In addition, Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials and bio contaminants including but not limited to chemicals, cleaning products, insecticides, gasoline products, etc.

Identification of and protection from bodies of water

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3e

4.2.3.e. Swimming Policy (if applicable)

1. The policy must address the following: a. Ratios to be maintained during swimming activities. b. Prohibition on the use of hot tubs, spas or saunas. c. Any on-site water source (if applicable), such as a swimming pool, stationary wading pool, or other water sources such as ditches, streams, ponds or lakes, will be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices. d. Swimming activities must be supervised by a certified Lifeguard. The program is responsible for verification of certification. (The Lifeguard cannot be counted in the child: staff ratios unless they are employed by the program and meet the background checks and eligibility criteria). e. Swimming pools located at the center or used by the center should conform to the regulations of DHEC for construction, use, and maintenance.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Identification of and protection from bodies of water**

ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b
7.2.7 Outdoor Environment

a. The playground or other areas used by children are free of trash and litter.

b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which

could fall and cause injury, etc.

d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.

e. 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.

f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet in height.

g. The use of hot tubs, spas, and saunas are prohibited.

h. The use of trampolines is prohibited.

i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.

j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.

k. A First Aid Kit must be brought outdoors when children are present or stored outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.

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

Identification of and protection from bodies of water

Standard, FFN Policy Manual section 4.2.15

4.2.15 Physical Safety of the Home and Premises The policy must address ways to ensure that the indoor and outdoor environments remain free of hazards that could be harmful to children. Including the following items: Indoor:

a. Home is free from hazards and litter.

b. Healthy animals which present no apparent threat to the health and safety of children shall be permitted, provided they are clean, properly housed, fed and cared for, and have the required current vaccinations, as appropriate.

c. Smoking, consumption of alcoholic beverages, or use of other nonprescription narcotic or illegal substances are prohibited on the premises (indoor or outdoor) or while transporting children during the time children are in care.

d. How the following are kept locked or out of children's reach: medications, cleaning supplies/hazardous materials, caregiver's purse, objects (knives/scissors), illegal drugs, weapons, miscellaneous that could harm children (e.g. hot glue gun, iron)

Outdoor: Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must meet this standard.**

Identification of and protection from bodies of water

Standard, FFN Policy Manual section 4.2.15

4.2.15 Physical Safety of the Home and Premises The policy must address ways to

ensure that the indoor and outdoor environments remain free of hazards that could be harmful to children. Including the following items: Indoor:

a. Home is free from hazards and litter.

b. Healthy animals which present no apparent threat to the health and safety of children shall be permitted, provided they are clean, properly housed, fed and cared for, and have the required current vaccinations, as appropriate.

c. Smoking, consumption of alcoholic beverages, or use of other nonprescription narcotic or illegal substances are prohibited on the premises (indoor or outdoor) or while transporting children during the time children are in care.

d. How the following are kept locked or out of children's reach: medications, cleaning supplies/hazardous materials, caregiver's purse, objects (knives/scissors), illegal drugs, weapons, miscellaneous that could harm children (e.g. hot glue gun, iron)

Outdoor: Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

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

Identification of and protection from bodies of water

ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b

7.2.7 Outdoor Environment

a. The playground or other areas used by children are free of trash and litter.

b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which could fall and cause injury, etc.

d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.

e. 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.

f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at

least 4 feet in height.

g. The use of hot tubs, spas, and saunas are prohibited.

h. The use of trampolines is prohibited.

i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.

j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.

k. A First Aid Kit must be brought outdoors when children are present or stored outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.

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

i. All CCDF-eligible licensed center care. Provide the standard: **114-505. Health, Sanitation and Safety C. Emergency medical plan (1)(d), I. Transportation, (1) If the center provides or arranges for transportation through contract, the following transportation requirements apply:**

(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.

114-504 (A) (3) The center shall have a written procedure to account for the presence of each child as the child enters and exits the premises, enters and exits a vehicle or moves to a new location in or around the center;

114-507 (B) (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.

Identification of and protection from vehicular traffic hazards

ABC Quality Center Based Policy Manual section

4.2.2 Program Eligibility Requirements

f. The program has an outside play area on-site that is protected from traffic and other hazards. Existing programs who utilize on-site play areas, particularly those in strip malls, and who do not have barriers or other methods to protect children from traffic or hazards must provide those items to ensure the safety of children.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **114-515.**

HEALTH, SANITATION AND SAFETY C. Emergency medical plan (1)(d), (1) The group child care home shall have an emergency medical plan to address the following: (d) The method of transportation to be used. I. Transportation, Transportation

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

- (a) The group child care home shall have safe crossways and designated pick-up and drop-off locations and communicate these locations to the parents; and**
- (b) Children shall be supervised during boarding and exiting vehicles.**

114-517 (B) (3) 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.

114-504 (A) (3) The center shall have a written procedure to account for the presence of each child as the child enters and exits the premises, enters and exits a vehicle or moves to a new location in or around the center;

114-507 (B) (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.

Small Family Child Care Home Policy Manual #24, If the Family Child Care Home provides or arranges for transportation through contract, the following transportation requirements apply:

The following requirements apply to ensure a safe pick-up and drop-off:

- Children shall be directly supervised during the boarding and exiting of vehicles.**

114-535 (C) (2) Outside space shall be restricted by fence or barrier if near unsafe areas such as traffic, parking areas, ditches, body of water, or steep slope.

Identification of and protection from vehicular traffic hazards

ABC Quality Standard Family and Group Child Care Home Policy Manual section 4.2.2

Program Eligibility Requirements

f. The program has an outside play area on-site that is protected from traffic and other hazards. Existing programs who utilize on-site play areas, particularly those in strip malls, and who do not have barriers or other methods to protect children from traffic or hazards must provide those items to ensure the safety of children.

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

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Identification of and protection from vehicular traffic hazards**
ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b
7.2.7 Outdoor Environment
- a. The playground or other areas used by children are free of trash and litter.
 - b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.
 - c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which could fall and cause injury, etc.
 - d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.
 - e. 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.
 - f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet in height.
 - g. The use of hot tubs, spas, and saunas are prohibited.
 - h. The use of trampolines is prohibited.
 - i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.
 - j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.
 - k. A First Aid Kit must be brought outdoors when children are present or stored outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Identification of and protection from vehicular traffic hazards**
Standard, FFN Policy Manual section 6.2.b

Outdoor Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

- Children shall be restricted from unsafe areas and conditions such as traffic, and parking areas and bodies of water such as ponds, lakes, swimming pools.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this policy.**

Identification of and protection from vehicular traffic hazards

Standard, FFN Policy Manual section 6.2.b O

Outdoor Provides for the safety of the building and physical premises, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.

- Children shall be restricted from unsafe areas and conditions such as traffic, and parking areas and bodies of water such as ponds, lakes, swimming pools.

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

Identification of and protection from vehicular traffic hazards

ABC Quality Standard, License Exempt Center Policy Manual section 7.2.7b

7.2.7 Outdoor Environment

- a. The playground or other areas used by children are free of trash and litter.
- b. The building and physical premises are safe for the presence and care of children. This includes the identification of and prevention of hazards that can cause bodily injury, such as electrical hazards, vehicular traffic, and bodies of water.
- c. Playground areas must be kept safe, e.g., grass kept cut; no fire ants; poisonous plants removed; no poisons/chemicals (bug spray, insecticides, gasoline, etc.; no standing water; sharp objects such as nails removed; fence in good repair with no gaps or openings; and no large overhanging tree limbs that are broken which could fall and cause injury, etc.
- d. Playground equipment must be safe, firmly anchored, meet the US Consumer Products Safety Commission (CPSC), and be rated for commercial use.
- e. 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.
- f. Children shall be restricted from unsafe areas and conditions (such as traffic, parking areas, ditches, and steep slopes) by a fence or natural barrier that is at least 4 feet in height.
- g. The use of hot tubs, spas, and saunas are prohibited.
- h. The use of trampolines is prohibited.
- i. The use of inflatable houses, or inflatable water slides, etc., are prohibited.
- j. Any on-site water source (ponds, swimming pools, streams, etc.) must be made inaccessible to children by a secure fencing that is at least 4 feet high; exits and entrances shall have self-closing, positive latching gates with locking devices.
- k. A First Aid Kit must be brought outdoors when children are present or stored

outdoors in a secure locked location. It must include an Epi Pen prescribed by a doctor for any child that requires one.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **License Centers 114-503 C Child Abuse, (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 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. 114-506 B 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Licensed Group (Large Family) 114-513 C Child Abuse, (1) The group child care home shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510. (2) The operator and staff shall cooperate with Department staff during an investigation of child abuse or neglect. Cooperation shall include the following: (a) Participate in informational conferences with CPS staff;(b) Release records as appropriate, of children and staff upon request; and(c) Allow access to the group child care home for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute.114-516 B Discipline and Behavior Management, (1) The group child care home'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 an agreement to implement the discipline and**

behavior management policy, with a statement that specifies no corporal punishment shall be used except when authorized in writing by the parent(s)/guardian(s); corporal punishment shall not exceed guidelines established in Section 20-7-490(2)(a) of the Code of Laws of South Carolina, 1976 amended. (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of children. Threatening, humiliating, ignoring, corrupting, terrorizing, or rejecting a child is prohibited. Children's Code of Law-Title 63, Section 63-13-840 A (A) When the department visits a family childcare 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.

Small Family Child Care Homes Regulation 114-531 G (1) (b), Procedures G. Inspections (1) Annual Inspection: (b) When the Department visits a family child care home for purposes of an inspection or investigation pursuant to Section 63-13-80, South Carolina Code of Laws, it shall conduct the inspection to ensure the family child care home complies with the following: health and safety of children; no evidence of child abuse; and enrollment within the limits set forth on the license.114-532 B. Management, Administration, and Staffing. B. Child Abuse, (1) The operator of a family child care home shall immediately report suspected child abuse or neglect to the Department's Child Protective Services (CPS) or to local law enforcement in accordance with Section 63-7-310, South Carolina Code of Laws. (2) The operator and staff shall cooperate with the Department during an investigation of child abuse and neglect. Cooperation shall include the following: (a) Participate in information conferences with CPS workers; (b) Release records of children and staff upon request as appropriate; and (c) Allow access to the family child care home for inspection and investigation of the child abuse allegation by the Department and other officials as permitted by statute. 114-532 C (1) (h). Reporting Incidents, Reports of alleged child abuse involving the operator, any staff person, or any household member. The operator shall report the following incidents to the parents/guardians immediately and report to the Department within twenty-four (24) hours after the occurrence: 114-533 G (1) (2) (3) Discipline Policy (1) The family child care home'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. Children shall not be inappropriately handled with force. (2) All operators/caregivers/household members shall sign an agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment. Corporal punishment is prohibited and includes, but is not limited to: spanking, hitting, slapping, twisting, dragging, yanking, squeezing, pinching, shaking, or biting a child. (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of the children. Threatening, humiliating, ignoring, corrupting, terrorizing or rejecting a child is prohibited.

Small FCCH Policy 30 To investigate allegations of abuse and neglect, the Out of Home Abuse and Neglect Office (OHAN) at the SC Department of Social Services shall visit to determine if the abuse or neglect complaint is true. The operator

shall: Cooperate with the Department staff during an investigation of child abuse or neglect. Cooperation shall include the following:

- a. Participate in informal conferences with OHAN staff
- b. Release records as appropriate, of children and staff upon request; and
- c. Allow access to the FCCH or FFN premises for inspection and investigation of the child abuse allegation by OHAN and other officials as permitted by statute.

POLICY FCCH 35: The operator shall report death of a child or staff member, injuries of a child, medical treatments, facility damage(s), criminal charges/convictions, and incidents of child abuse or neglect to the Department within 24 hours of occurrence.

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

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not a standard due to License exempt centers do not serve children under age 5.**

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

ABC Quality Standard, License Exempt Center Policy Manual section 4.1.3

4.1.3 Program operates within legal parameters which means: a. Operates only four hours total or less per day during the time school is in session to include any transportation time (if provided), and if parents pick up children late. b. Serves only children ages five years and older. SC Licensing Law prohibits programs who are not licensed from serving children under the age of five even if they attend public school. c. Can operate full day during the time school is not in session for school holidays, teacher work days or any time the school (public/private) is closed. d. Programs that operate year-round to include Summer: the summer program must operate in consecutive sessions of three weeks or less. e. Programs who operate a Summer Camp in the Summer must operate in sessions of 3 weeks or less.

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

**Prevention of shaken baby syndrome and abusive head trauma
Standard, FFN Policy Manual section 4.2.14**

4.2.14 Prevention of Shaken Baby Syndrome, Abuse Head Trauma and Child Maltreatment

The policy must address:

- a. Strategies to use when a child in care is fussy, cries constantly or is distraught.
- b. Symptoms that may be exhibited by a child that has been a victim of shaken baby syndrome/abusive head trauma, e.g. irritability, trouble staying awake, trouble breathing, vomiting, poor sucking or swallowing, inability to lift head,

inability for eyes to focus or track, etc.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

**FFPrevention of shaken baby syndrome and abusive head trauma
Standard, FFN Policy Manual section 4.2.14**

**4.2.14 Prevention of Shaken Baby Syndrome, Abuse Head Trauma and Child
Maltreatment**

The policy must address:

- a. Strategies to use when a child in care is fussy, cries constantly or is distraught.
- b. Symptoms that may be exhibited by a child that has been a victim of shaken baby syndrome/abusive head trauma, e.g. irritability, trouble staying awake, trouble breathing, vomiting, poor sucking or swallowing, inability to lift head, inability for eyes to focus or track, etc.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not a standard due to License exempt centers do not serve children under age 5.**

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

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

ABC Quality Standard, License Exempt Center Policy Manual section 4.1.3

4.1.3 Program operates within legal parameters which means: a. Operates only four hours total or less per day during the time school is in session to include any transportation time (if provided), and if parents pick up children late. b. Serves only children ages five years and older. SC Licensing Law prohibits programs who are not licensed from serving children under the age of five even if they attend public school. c. Can operate full day during the time school is not in session for school holidays, teacher work days or any time the school (public/private) is closed. d. Programs that operate year-round to include Summer: the summer program must operate in consecutive sessions of three weeks or less. e. Programs who operate a Summer Camp in the Summer must operate in sessions of 3 weeks or less.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **63-13-40 A (1) Background checks for employment.**
- (A)(1) A licensed, approved, or registered childcare facility, or any childcare provider that delivers services for which Child Care and Development Fund financial assistance is provided, may not employ a childcare caregiver or other staff member if that person is required to register or is registered with the National Crime Information Center National Sex Offender Registry, the state sex offender registry pursuant to Section 23-3-430, or the Central Registry of Child Abuse and Neglect or has been convicted of: (a) a crime listed in Chapter 3, Title 16, Offenses Against the Person; (b) a crime listed in Chapter 15, Title 16, Offenses Against Morality and Decency; (c) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490; (d) unlawful conduct toward a child, as provided for in Section 63-5-70; (e) cruelty to children, as provided for in Section 63-5-80; (f) child endangerment, as provided for in Section 56-5-2947; (g)(i) 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 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;(ii) 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; (iii) 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; (h) the offenses enumerated in Section 16-1-10(D) if the crime was a felony or if the victim was a minor;(i) a violent crime listed in Section 16-1-60 if the crime was a felony or if the victim was a minor; or (j) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law. 63-13-40 D (1-2), To be employed by or to provide caregiver services at a childcare facility licensed, registered, or approved under this sub article, 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, a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child, and a search of the National Crime Information Center National Sex Offender Registry and the state sex offender registry pursuant to Section 23-3-430. (2) The person shall be subject to a state criminal register or repository check, a state sex offender check, and a state child abuse and neglect registry and database check in each state where the person has lived in the previous five years.

Chapter 7, 63-7-310 Mandated Reporter, 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 childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 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. 63-13-110 Sex Offender employment prohibitions, Sex offender employment prohibitions.

(A) Notwithstanding another provision of law to the contrary, it is unlawful for a person required to register pursuant to Article 7, Chapter 3, Title 23 to work for any person or as a sole proprietor, with or without compensation, at any location where a minor is present and the person's responsibilities or activities would include instruction, supervision, or care of a minor or minors, unless his employment or volunteer service is approved by a circuit court order and recorded in his sex offender registry file. (B) All court costs and fees associated with the provisions contained in subsection (A) must be paid by the offender. (C) A person who violates this provision is guilty of a felony and, upon conviction, must be imprisoned not more than five years. Child Care Licensing Regulation 114-506 B Program, 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.

Prevention of Child Maltreatment

ABC Quality Standard, Center Based Policy Manual section 4.2.3h

4.2.3.h Child Maltreatment Policy

SC Scholarship and ABC Quality serve a very vulnerable population of children. In addition to corporal punishment, when child maltreatment occurs, it threatens the ABC Quality Center-based Manual (June 3, 2024) 14 safety and security of children, especially those who are already experiencing some type of trauma in their lives. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. 1. The program must develop a policy/statement which indicates: Child Maltreatment: Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse. They are: sexual, physical, emotional and neglect. The following are examples (but not limited to) of abuse and neglect that may occur in a child care setting: physical harm, withholding food, water, restroom use, or affection; verbally threatening a child; yelling at a child; shaming, inappropriate discipline such as washing a child's mouth out with soap as a punishment, etc.

2. The program must follow the policy as written.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **63-13-40 A (1) D (1-2)**
A (1) Background checks for employment.
(A)(1) A licensed, approved, or registered childcare facility, or any childcare provider that delivers services for which Child Care and Development Fund financial assistance is provided, may not employ a childcare caregiver or other staff member if that person is required to register or is registered with the National Crime Information Center National Sex Offender Registry, the state sex offender registry pursuant to Section 23-3-430, or the Central Registry of Child Abuse and Neglect or has been convicted of:
(a) a crime listed in Chapter 3, Title 16, Offenses Against the Person;

- (b) a crime listed in Chapter 15, Title 16, Offenses Against Morality and Decency;
 - (c) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
 - (d) unlawful conduct toward a child, as provided for in Section 63-5-70;
 - (e) cruelty to children, as provided for in Section 63-5-80;
 - (f) child endangerment, as provided for in Section 56-5-2947;
 - (g)(i) 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 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;
 - (ii) 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;
 - (iii) 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;
 - (h) the offenses enumerated in Section 16-1-10(D) if the crime was a felony or if the victim was a minor;
 - (i) a violent crime listed in Section 16-1-60 if the crime was a felony or if the victim was a minor; or
 - (j) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law. 63-13-40 D (1-2), 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, a Central Registry check to be conducted by the department to determine any abuse or neglect perpetrated by the person upon a child, and a search of the National Crime Information Center National Sex Offender Registry and the state sex offender registry pursuant to Section 23-3-430.
- (2) The person shall be subject to a state criminal register or repository check, a state sex offender check, and a state child abuse and neglect registry and database check in each state where the person has lived in the previous five years.

Chapter 7, 63-7-310 Mandated Reporter, 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 childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 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. 63-13-110 Sex Offender employment prohibitions,

(A) Notwithstanding another provision of law to the contrary, it is unlawful for a person required to register pursuant to Article 7, Chapter 3, Title 23 to work for any person or as a sole proprietor, with or without compensation, at any location where a minor is present and the person's responsibilities or activities would include instruction, supervision, or care of a minor or minors, unless his employment or volunteer service is approved by a circuit court order and recorded in his sex offender registry file. (B) All court costs and fees associated with the provisions contained in subsection (A) must be paid by the offender. (C) A person who violates this provision is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

(Large Family) Group Child Care Home Regulation 114-516 B Discipline and Behavior Management. (We will be revising Large GCCH regulations to prohibit the use of corporal punishment in 2025.) (Small Family) 63-13-840 A (2) Inspections of FCCH, (A) When the department visits a family childcare 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: (2) no evidence of child abuse.

Family Child Care Home Regulation 114-533 G Discipline, (1) The family child care

home’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. Children shall not be inappropriately handled with force. (2) All operators/caregivers/household members shall sign an agreement to implement the discipline and behavior management policy, with a statement that specifies no corporal punishment. Corporal punishment is prohibited and includes, but is not limited to: spanking, hitting, slapping, twisting, dragging, yanking, squeezing, pinching, shaking, or biting a child. (3) Emotional abuse is also prohibited, including but not limited to: profane, harsh, demeaning or humiliating language in the presence of the 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 a caregiver if isolation from the group is used. (6) The use of children to discipline other children is prohibited. (7) Children shall not be restrained through drugs or mechanical restraints. (8) Children shall not be forced to complete demanding physical exercise or engage in demanding or strenuous activity as a form of punishment. (9) Parents shall be informed of any discipline their child may be experiencing while at the family child care home.

Prevention of Child Maltreatment

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3h

4.2.3.h Child Maltreatment Policy

Child Care Scholarship and ABC Quality serve a very vulnerable population of children. In addition to corporal punishment, when child maltreatment occurs, it threatens the ABC Quality Center-based Manual (June 3, 2024) 14 safety and security of children, especially those who are already experiencing some type of trauma in their lives. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. 1. The program must develop a policy/statement which indicates: Child Maltreatment: Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse. They are: sexual, physical, emotional and neglect. The following are examples (but not limited to) of abuse and neglect that may occur in a child care setting: physical harm, withholding food, water, restroom use, or affection; verbally threatening a child; yelling at a child; shaming, inappropriate discipline such as washing a child’s mouth out with soap as a punishment, etc.

2. The program must follow the policy as written.

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

Not applicable.

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

Child Maltreatment

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6h

4.2.6.h Discipline and Child Maltreatment Policy

SC Scholarship and ABC Quality serve a very vulnerable population of children.

When corporal punishment and child maltreatment occurs, it threatens the safety and security of children, especially those who are already experiencing some type of trauma in their lives. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. 1. The program must develop a policy/statement which indicates: ☐ The program prohibits the use of corporal punishment and maltreatment of children. The statement should list samples of maltreatment. The statement will be signed and dated annually by all staff

Corporal punishment: Corporal punishment is the use of physical force to the body as a discipline measure. Corporal punishment is physical force to the body that includes but is not limited to spanking, slapping, biting, shaking, and jerking children by their arms, or dragging them by their legs

SC Child Care Licensing Law prohibits the use of corporal punishment on any child in a child care setting. This includes the owner and employed staff whose child(ren) is enrolled in the program, and any parent of an enrolled child who might discipline their child before leaving the premises of the program.

Child Maltreatment: Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse. They are: sexual, physical, emotional and neglect. The following are examples (but not limited to) of abuse and neglect that may occur in a child care setting: physical harm, withholding food, water, restroom use, or affection; verbally threatening a child; yelling at a child; shaming, inappropriate discipline such as washing a child's mouth out with soap as a punishment, etc

2. The program must follow the policy as written.

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

Prevention of Child Maltreatment

Standard, FFN Policy Manual section 4.1.2 and 4.1.4

4.1.2 Comprehensive Background Checks This must be completed through SCDSS for a for anyone responsible for the care or supervision of children to include an emergency person and household members. The Child Care Scholarship Program staff will provide instructions. For anyone age 15 and older: o SLED/FBI fingerprint checks For anyone age 18 and older: o State Abuse and Neglect checks o Out-of-State Abuse and Neglect checks (if applicable) o State and National Sex Offender Checks These checks must be completed and have a satisfactory determination prior to providing care for children.

4.1.4 Discipline Policy Statement A written discipline policy prohibiting corporal punishment must be signed for any person responsible for the care or supervision of children to include an emergency person (see appendix). The policy must include the understanding that the FFN provider cannot use corporal punishment on their own child during the time they care caring for the Child Care Scholarship

client. This is signed at enrollment and annually thereafter.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Prevention of Child Maltreatment

Standard, FFN Policy Manual section 4.1.2 and 4.1.4

4.1.2 Comprehensive Background Checks This must be completed through SCDSS for a for anyone responsible for the care or supervision of children to include an emergency person and household members. The Child Care Scholarship Program staff will provide instructions. For anyone age 15 and older: o SLED/FBI fingerprint checks For anyone age 18 and older: o State Abuse and Neglect checks o Out-of-State Abuse and Neglect checks (if applicable) o State and National Sex Offender Checks These checks must be completed and have a satisfactory determination prior to providing care for children.

4.1.4 Discipline Policy Statement A written discipline policy prohibiting corporal punishment must be signed for any person responsible for the care or supervision of children to include an emergency person (see appendix). The policy must include the understanding that the FFN provider cannot use corporal punishment on their own child during the time they care caring for the Child Care Scholarship client. This is signed at enrollment and annually thereafter.

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

Prevention of Child Maltreatment

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6h

4.2.6.h Discipline and Child Maltreatment Policy

SC Scholarship and ABC Quality serve a very vulnerable population of children. When corporal punishment and child maltreatment occurs, it threatens the safety and security of children, especially those who are already experiencing some type of trauma in their lives. The program should have additional behavioral guidance policies for how staff should deal with disruptive behavior. 1. The program must develop a policy/statement which indicates: ☐ The program prohibits the use of corporal punishment and maltreatment of children. The statement should list samples of maltreatment. The statement will be signed and dated annually by all staff
Corporal punishment: Corporal punishment is the use of physical force to the body as a discipline measure. Corporal punishment is physical force to the body that includes but is not limited to spanking, slapping, biting, shaking, and jerking

children by their arms, or dragging them by their legs SC Child Care Licensing Law prohibits the use of corporal punishment on any child in a child care setting. This includes the owner and employed staff whose child(ren) is enrolled in the program, and any parent of an enrolled child who might discipline their child before leaving the premises of the program.

Child Maltreatment: Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of abuse. They are: sexual, physical, emotional and neglect. The following are examples (but not limited to) of abuse and neglect that may occur in a child care setting: physical harm, withholding food, water, restroom use, or affection; verbally threatening a child; yelling at a child; shaming, inappropriate discipline such as washing a child's mouth out with soap as a punishment, etc

2. The program must follow the policy as written.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center-based Regulation: Physical Site 114-507 A(5) (c) Indoor space and conditions, Environmental hazards, Lead poisoning, (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). Physical Site, 114-507 E (1)-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.**

Handling, Storage of Hazardous Materials

ABC Quality Standard, Center Based Policy Manual section 4.2.3j

4.2.3.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the center. f. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.
2. The program must follow its written policy.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family - Group Child Care Home Regulations: Physical Site, 114-517 A (5) (c),**

Indoor Space, Environmental Hazards, Lead poisoning, (c) To prevent lead poisoning in children, group child care homes shall meet applicable lead base paint requirements, as established by DHEC. 114-517 E (1) 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 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.

Small Family Child Care Home Regulations Physical site 114-535 D (3) (4), Environmental Hazards, (3) Poisons and harmful agents shall be kept locked, labeled, stored in original containers, and not accessible to children. (4) All cleaning supplies, detergents, and other potentially poisonous items shall be stored away from food items and shall not be accessible to children. Poison and harmful agents and cleaning supplies.

Family Child Care Home Policy 25, Family Child Care Home Providers must adhere to the following:

(a) Poisons or harmful agents shall be stored in their original containers that are labeled and in a locked area that is 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 in a Family Child Care Home. (e) Pesticides applied at a Family Child Care Home shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. i) Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. ii) Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site inaccessible to children.

Handling, Storage of Hazardous Materials

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3j

4.2.3.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the center. f. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners,

essential oils, toilet/urinal deodorizer blocks. g. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Handling, Storage of Hazardous Materials**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6j

4.2.6.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. e. Toxic substances/hazards must be stored away from food and medication. f. Poisonous plants must not be allowed in the center. g. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. h. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Handling, Storage of Hazardous Materials Standard, FFN Policy Manual section 4.2.12**

4.2.12 Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

The policy must address: a. Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but not limited to: chemicals, cleaning products, insecticides, gasoline products, etc. b. Toxic substances must not be used while children are present. c. Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the home. f. Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when the provider or an emergency person come in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Include disposal of material that comes into contact with bodily fluids. h. The disposal of soiled diapers.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

**Handling, Storage of Hazardous Materials
Standard, FFN Policy Manual section 4.2.12**

4.2.12 Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

The policy must address: a. Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but not limited to: chemicals, cleaning products, insecticides, gasoline products, etc. b. Toxic substances must not be used while children are present. c. Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the home. f. Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when the provider or an emergency person come in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Include disposal of material that comes into contact with bodily fluids. h. The disposal of soiled diapers.

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

AHandling, Storage of Hazardous Materials

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6j

4.2.6.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. e. Toxic substances/hazards must be stored away from food and medication. f. Poisonous plants must not be allowed in the center. g. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. h. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Center-based Regulation: Physical Site 114-507 A(5)(e) Indoor Site, Environmental Hazards (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. Physical Site, 114- 507 A (8)(h) Indoor Site, Sanitation, (h) Trash disposal and sewage system construction and usage shall be in accordance with local standards and ordinances.**

Disposal of Biocontaminants

ABC Quality Standard, Center Based Policy Manual section 4.2.3j

4.2.3.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the center. f. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family - Group Child Care Home Regulations: Physical Site, 114-517 A (5) (e) Indoor Site, Environmental Hazard (e) The use of sinks, equipment and utensil-washing sinks, or food preparation sinks for the cleaning of garbage and refuse containers and the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid waters is prohibited; Physical Site, 114-507 A (8) Indoor Site, Sanitation, (h) Trash disposal and sewage system construction and usage shall be in accordance with local standards and ordinances. Small Family Child Care Home Regulation Physical site 114-535 D (3 and 4) Poison and harmful agents and cleaning supplies. Family Child Care Home Policy 23, Children shall be restricted from unsafe areas and conditions, such as hazardous materials, vehicular traffic, parking areas, ditches, and bodies of water. In addition, Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic**

substances or hazardous materials and bio contaminants including but not limited to chemicals, cleaning products, insecticides, gasoline products, etc. (b) Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children.(c) Toxic substances/hazards must be stored away from food and medication.(f) Procedures must be in place when the provider or an emergency person comes in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Policy must include disposal of material that comes into contact with bodily fluids.

Disposal of Biocontaminants

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3j

4.2.3.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the center. f. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Disposal of Biocontaminants**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6j

4.2.6.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. e. Toxic substances/hazards must be stored away from food and medication. f. Poisonous plants must not be allowed in the center. g. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. h. Procedures when staff must come

in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Disposal of Biocontaminants
Standard, FFN Policy Manual section 4.2.12
4.2.12 Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy
The policy must address: a. Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but not limited to: chemicals, cleaning products, insecticides, gasoline products, etc. b. Toxic substances must not be used while children are present. c. Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the home. f. Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when the provider or an emergency person come in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Include disposal of material that comes into contact with bodily fluids. h. The disposal of soiled diapers.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN provider providing in-home care must comply with this standard.**

Disposal of Biocontaminants
Standard, FFN Policy Manual section 4.2.12
4.2.12 Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy
The policy must address: a. Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but not limited to: chemicals, cleaning products, insecticides, gasoline products, etc. b. Toxic substances must not be used while children are present. c. Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. d. Toxic substances/hazards must be stored away from food and medication. e. Poisonous plants must not be allowed in the home. f. Chemicals used to control odors must not be allowed, e.g. moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. g. Procedures when the provider or an emergency person come in contact with bodily fluids resulting from a child injury or illness, or when changing diapers. Include disposal of material that comes into contact with bodily fluids. h. The disposal of soiled diapers.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

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

Disposal of Biocontaminants

**ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6j
4.2.6.j Handling, Storage, and Disposal of Hazardous Materials and Biological Contaminants Policy**

1. The policy must address the following: a Toxic substances must be stored out of the reach of children in a locked cabinet. Toxic substances or hazardous materials include but are not limited to: chemicals, cleaning products, disinfectant sprays, insecticides, gasoline products. b Toxic substances must not be used while children are present. c Flammable materials should be stored in a separate building or area away from high temperatures and ignition sources, inaccessible to children. e. Toxic substances/hazards must be stored away from food and medication. f. Poisonous plants must not be allowed in the center. g. Chemicals used to control odors must not be allowed, e.g., moth balls, air fresheners, essential oils, toilet/urinal deodorizer blocks. h. Procedures when staff must come in contact with bodily fluids resulting from a child injury or illness. Include disposal of material that comes into contact with bodily fluids.

2. The program must follow its written policy.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **114-505 I Transportation (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 63-13-40 of the South Carolina Code of Laws.

(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.;

School Bus Safety Standards, Section 56-5-195 (Jacob's Law) School bus safety standards

SECTION 1. The 1976 Code is amended by adding:

§Section 56-5-195. (A) Effective July 1, 2000, any entity transporting preprimary, primary, or secondary school students to or from school, school-related activities, or child care, and utilizing a

vehicle defined as a 'school bus' under 49 U.S.C. Section 30125, as defined on April 5, 2000, must transport these students in a vehicle meeting federal school bus safety standards, as contained in 49 U.S.C. Section 30101, et seq., or any successor statutes, and all applicable federal regulations. Nothing in this section prohibits the transportation of children to or from child care in nonconforming vehicles by a State of South Carolina human service provider or public transportation authority as long as each child is accompanied by a parent or legal guardian whose transportation is in connection with his work, education, or training.

(B) Notwithstanding subsection (A) of this section, any vehicle that is purchased before July 1, 2000, and is utilized to transport preprimary, primary, or secondary students to or from school, school-related activities, or child care is not subject to the requirements contained in subsection (A) of this section until July 1, 2006. A vehicle that is purchased on or after July 1, 2000, and is utilized to transport

preprimary, primary, or secondary students to or from school, school-related activities, or child care is subject to the requirements contained in subsection (A) of this section once the vehicle is utilized for those purposes.

(C) Before July 1, 2006, nothing in this section may be construed to create a duty or other obligation to cease utilizing nonconforming vehicles purchased before the effective date of this act.

(D) To facilitate compliance with the provisions contained in this section, any entity contained in this section may purchase conforming vehicles under the State of South Carolina contracts for purchase of these vehicles.

(E) Nothing in the section prohibits the transportation of students by common carriers that are not exclusively engaged in the transportation of school students or by the entities subject to this section which own or operate these vehicles. However, the motor carriage used by the common carrier or entity to transport students must be designed to carry thirty or more passengers.☐

Transporting Students; SC Department of Motor Vehicle Transporting Students (Transporting Students (www.scdmvonline.com)).

Precautions in transporting children

ABC Quality Standard, Center Based Policy Manual section 4.2.3f

4.2.3.f Transportation Policy (if applicable)

Note: The program must comply with Jacob’s Law. 1. The policy must address the following: a. The child: staff ratios to be utilized. b. Written consent from the parent prior to transportation. c. Emergency medical information and contacts for each child. d. The vehicle(s) must have a current vehicle registration and insurance. e. The driver must have access to a cell phone. f. A First Aid Kit must be on the vehicle(s) during transport. g. A plan (if applicable) when children are picked up and dropped off from home. The plan should include, but is not limited to: ☐ The driver/staff responsible for the child will have access to parental consent information with contact numbers ☐ The driver/staff will have access to a cell phone ☐ A designated place at the home where the parent/adult will meet staff to pick-up/drop-off child ☐ The child will not be left at home unless a parent/authorized adult is there to receive the child ☐ If the adult at the home is not familiar to the staff, they should request the adult’s identification and verify it against the authorized list provided by the parent to receive the child ☐ Procedure to follow if no one is at the child’s home to receive the child, or the adult is not authorized h. Tracking procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading. i. Written transportation plans for routine travel must be on file outlining the route to be followed.

2. The program must follow the policy as written.

ABC Quality has created a policy template for Transportation Policy to support programs ability to meet this standard.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family Group Child Care Homes Regulation 114- 515 I Transportation, (1) If the operator provides or arranges for transportation, the following transportation requirements apply:**

- (a) The staffing ratios specified in 114-514A(2) apply. The driver of the vehicle shall not be counted in the ratios;
 - (b) Transportation and placement of children shall be in accordance with state and federal laws;
 - (c) A child shall not be left unattended in a vehicle;
 - (d) The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 20-7-2725A(4) of the Code of Laws of 1976;
 - (e) Use of tobacco products is prohibited in the vehicle; and
 - (f) Written consent from the parent is required prior to transportation.
- (2) The following requirements apply for safe pick-up and drop-off:
- (a) The group child care home shall have safe crossways and designated pick-up and drop-off locations and communicate these locations to the parents; and
 - (b) Children shall be supervised during boarding and exiting vehicles;

Small Family Child Care Licensing Law, Section 63-13-830A (1), Inspections of family childcare homes.

(A) When the department visits a family childcare 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.

Family Child Care Home Regulation 114-532 F (3)(d) Child's Record, (3) Child's health records. The file shall contain the following: (d) Authorization from parent/guardian to transport child either to/from school, on field trips, and for emergency treatment.

Family Child Care Home Policy 24; If the Family Child Care Home provides or arranges for transportation through contract, the following transportation requirements apply:

- Each child shall be secured in an individual, age-appropriate safety restraint at all times when the vehicle is in motion.
- Safety restraints shall be used in accordance with the manufacturer's instructions.
- A child shall not be left unattended in a vehicle.
- The driver shall have a valid regular or commercial driver's license and shall be in compliance with Section 63-13-40 of the South Carolina Code of Laws.
- There shall be a first aid kit and emergency health and contact information for each child in the vehicle.
- Use of tobacco products is prohibited in the vehicle.
- Written consent from each child's parent/guardians are required prior to transporting any children.
- When the Family Child Care Home provides transportation to and from a child's home, the staff shall be responsible for picking the child up and returning the child to a designated location.
- The director and/or staff of the Family Child Care Home shall provide the driver of the vehicle with a record that lists the name, address, and telephone number of the Family Child Care Home and the names of each child being transported.

The following requirements apply to ensure a safe pick-up and drop-off:

- Children shall be directly supervised during the boarding and exiting of vehicles.
- The operator shall have on file, in the Family Child Care Home, written permission from the parent(s)/guardian(s) to transport children to and from the Family Child Care Home, school, or other designated places, including planned field trips and activities.
- 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.

School Bus Safety Standards, Section 56-5-195 (Jacob’s Law), SECTION 1. The 1976 Code is amended by adding:

§Section 56-5-195. (A) Effective July 1, 2000, any entity transporting preprimary, primary, or secondary school students to or from school, school-related activities, or child care, and utilizing a

vehicle defined as a ‘school bus’ under 49 U.S.C. Section 30125, as defined on April 5, 2000, must transport these students in a vehicle meeting federal school bus safety standards, as contained in 49 U.S.C. Section 30101, et seq., or any successor statutes, and all applicable federal regulations. Nothing in this section prohibits the transportation of children to or from child care in nonconforming vehicles by a State of South Carolina human service provider or public transportation authority as long as each child is accompanied by a parent or legal guardian whose transportation is in connection with his work, education, or training.

(B) Notwithstanding subsection (A) of this section, any vehicle that is purchased before July 1, 2000, and is utilized to transport preprimary, primary, or secondary students to or from school, school-related activities, or child care is not subject to the requirements contained in subsection (A) of this section until July 1, 2006. A vehicle that is purchased on or after July 1, 2000, and is utilized to transport preprimary, primary, or secondary students to or from school, school-related activities, or child care is subject to the requirements contained in subsection (A) of this section once the vehicle is utilized for those purposes.

(C) Before July 1, 2006, nothing in this section may be construed to create a duty or other obligation to cease utilizing nonconforming vehicles purchased before the effective date of this act.

(D) To facilitate compliance with the provisions contained in this section, any entity contained in this section may purchase conforming vehicles under the State of South Carolina contracts for purchase of these vehicles.

(E) Nothing in the section prohibits the transportation of students by common carriers that are not exclusively engaged in the transportation of school students or by the entities subject to this section which own or operate these vehicles. However, the motor carriage used by the common carrier or entity to transport students must be designed to carry thirty or more passengers.¶

Transporting Students; SC Department of Motor Vehicle Transporting Students (Transporting Students (scdmvonline.com)).

Precautions in transporting children

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3f

4.2.3.f Transportation Policy (if applicable)

Note: The program must comply with Jacob’s Law. 1. The policy must address the following: a. The child: staff ratios to be utilized. b. Written consent from the parent prior to transportation. c. Emergency medical information and contacts for each child. d. The vehicle(s) must have a current vehicle registration and insurance. e. The driver must have access to a cell phone. f. A First Aid Kit must be on the vehicle(s) during transport. g. A plan (if applicable) when children are picked up and dropped off from home. The plan should include, but is not limited to: The driver/staff responsible for the child will have access to parental consent information with contact numbers The driver/staff will have access to a cell phone A designated place at the home where the parent/adult will meet staff to pick-up/drop-off child The child will not be left at home unless a parent/authorized adult is there to receive the child If the adult at the home is not familiar to the staff, they should request the adult’s identification and verify it against the authorized list provided by the parent to receive the child Procedure to follow if no one is at the child’s home to receive the child, or the adult is not authorized h. Tracking procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading. i. Written transportation plans for routine travel must be on file outlining the route to be followed.

2. The program must follow the policy as written.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Precautions in transporting children**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6f

4.2.6.f Transportation Policy (if applicable)

Note: The program must comply with Jacob’s Law (see History of Compliance 7.2.5.I)

1. The policy must address the following:

- a. The child: staff ratios to be utilized.
- b. Written consent from the parent prior to transportation.
- c. Emergency medical information and contacts for each child.
- d. The vehicle(s) must have a current vehicle registration and insurance.
- e. The driver must have access to a cell phone.
- f. A First Aid Kit must be on the vehicle(s) during transport.
- g. A plan (if applicable) when children are picked up and dropped off from home. The plan should include, but is not limited to:
 1. The driver/staff responsible for the child will have access to parental consent information with contact numbers
 2. The driver/staff will have access to a cell phone
 3. A designated place at the home where the parent/adult will meet staff to pick-

up/drop-off child

4. The child will not be left at home unless a parent/authorized adult is there to receive the child

5. If the adult at the home is not familiar to the staff, they should request the adult's identification and verify it against the authorized list provided by the parent to receive the child

6. Procedure to follow if no one is at the child's home to receive the child, or the adult is not authorized.

h. Tracking procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading

i. Written transportation plans for routine travel must be on file outlining the route to be followed.

The program must follow the policy as written.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Precautions in transporting children
Standard, FFN Policy Manual section 4.2.10
4.2.10 Transportation Policy (if applicable) a. If the provider will provide transportation, the policy must address:
 - a. Written consent from parents prior to transportation.
 - b. A plan (if applicable) if the child(ren) are to be picked up and dropped off from home. The plan should include times, who will be there with the child(ren) when picked up and who can receive the child(ren) at drop-off. Include the procedure as to what will happen if no one is there to receive the child or the person there is not recognized by the provider.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this policy.**

Precautions in transporting children
Standard, FFN Policy Manual section 4.2.10
4.2.10 Transportation Policy (if applicable) a. If the provider will provide transportation, the policy must address:
 - a. Written consent from parents prior to transportation.
 - b. A plan (if applicable) if the child(ren) are to be picked up and dropped off from home. The plan should include times, who will be there with the child(ren) when picked up and who can receive the child(ren) at drop-off. Include the procedure as to what will happen if no one is there to receive the child or the person there is not recognized by the provider.

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

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

Precautions in transporting children

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6f

4.2.6.f Transportation Policy (if applicable)

Note: The program must comply with Jacob's Law (see History of Compliance 7.2.5.I)

1. The policy must address the following:

- a. The child: staff ratios to be utilized.
- b. Written consent from the parent prior to transportation.
- c. Emergency medical information and contacts for each child.
- d. The vehicle(s) must have a current vehicle registration and insurance.
- e. The driver must have access to a cell phone.
- f. A First Aid Kit must be on the vehicle(s) during transport.
- g. A plan (if applicable) when children are picked up and dropped off from home. The plan should include, but is not limited to:
 1. The driver/staff responsible for the child will have access to parental consent information with contact numbers
 2. The driver/staff will have access to a cell phone
 3. A designated place at the home where the parent/adult will meet staff to pick-up/drop-off child
 4. The child will not be left at home unless a parent/authorized adult is there to receive the child
 5. If the adult at the home is not familiar to the staff, they should request the adult's identification and verify it against the authorized list provided by the parent to receive the child
 6. Procedure to follow if no one is at the child's home to receive the child, or the adult is not authorized.
- h. Tracking procedures to ensure that no child is left in the vehicle at the end of the trip or left unsupervised outside or inside the vehicle during loading and unloading
- i. Written transportation plans for routine travel must be on file outlining the route to be followed.

The program must follow the policy as written.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates - During the hours of operation all childcare facilities, except registered family childcare 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. Child Care Center 114-503 K (5)(h) At least one person who is certified in pediatric first aid, including rescue breathing, CPR, and management of a blocked airway shall be present in the center at all times when children are in care, and during group outings or field trips. It is recommended that a CPR certified teacher be in each infant and toddler classroom at all times when children are in care. It is recommended that a CPR/first aid certified caregiver must always be present and immediately available when any child is eating. Training shall be provided by an individual who is certified as a trainer by a recognized health care organization.**

Pediatric First Aid for all staff

ABC Quality Standard, Center Based Policy Manual section 4.3.2

4.3.2 Pediatric First Aid Any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Group Child Care Homes, Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates, During the hours of operation all childcare facilities, except registered family childcare 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. Group Child Care Homes Regulation 114-513 K (5)(g) At least one person who is certified in pediatric first aid, including rescue breathing, CPR, and management of a blocked airway shall be present in the group child care home at all times when children are in care, and during group outings or field trips. Training shall be provided by an individual who is certified as a trainer by a recognized health care organization.**

Small Family (Licensed) Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates, During the hours of operation all childcare facilities, except registered family childcare 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. Small Family (Licensed) Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates. Family Child Care Home Regulation for Licensed Small Family 114-531 D (4)(k)(1), (l) Obtain infant/child CPR and first aid certificate that covers all hours of operation. 114-532 A (5),) During the hours of operation all family child care homes, except registered family child care homes, shall have on the premises at least one caregiver with a current certificate for the provision of basic first aid and infant/child cardiopulmonary resuscitation. Registered Small Family Child Care Home Policy 4 Pediatric First Aid and CPR certificates, Pediatric First Aid and pediatric cardiopulmonary

resuscitation (CPR) classes can be used toward the training requirements for registered Family Child Care Homes. Training must be conducted by a recognized health care organization. CPR must include a hands-on skills component. A copy of the certification(s) must be provided to licensing as proof of completion. (revised 05/23/2022).

Pediatric First Aid for all staff

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.3.2

4.3.2 Pediatric First Aid Any person responsible (including emergency persons) for the care and supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider).

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pediatric First Aid for all staff**

ABC Quality Standard, License Exempt Center Policy Manual section 4.3.5

4.3.5 Pediatric First Aid Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider). ABC Quality offers free training through the National Safety Council.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Pediatric First Aid for all staff**

Standard, FFN Policy Manual section 4.2.2

4.2.2 Pediatric First Aid This must be completed for any person responsible for the care or supervision of children to include an emergency person or additional providers.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Pediatric First Aid for all staff

Standard, FFN Policy Manual section 4.2.2

4.2.2 Pediatric First Aid This must be completed for any person responsible for the care or supervision of children to include an emergency person or additional providers.

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

to Participate, Section 4.1.2 Program Operations) Out-of-school programs that meet ABC Quality eligibility criteria are captured under the provider type of license-exempt center child care.

Pediatric First Aid for all staff

ABC Quality Standard, License Exempt Center Policy Manual section 4.3.5

4.3.5 Pediatric First Aid Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current Pediatric First Aid (in-person and hands-on training by a nationally recognized training provider). ABC Quality offers free training through the National Safety Council.

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Law, Section 63.13.110, First aid and CPR certificates, During the hours of operation all childcare facilities, except registered family childcare 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. Child Care Center 114-503 K (5)(h), At least one person who is certified in pediatric first aid, including rescue breathing, CPR, and management of a blocked airway shall be present in the center at all times when children are in care, and during group outings or field trips. It is recommended that a CPR certified teacher be in each infant and toddler classroom at all times when children are in care. It is recommended that a CPR/first aid certified caregiver must always be present and immediately available when any child is eating. Training shall be provided by an individual who is certified as a trainer by a recognized health care organization.**

Pediatric Cardiopulmonary Resuscitation for all staff

ABC Quality Standard, Center Based Policy Manual section 4.3.3

4.3.3 Infant/Child Cardiopulmonary Resuscitation (CPR) Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current Infant/Child CPR certification (in-person and hands-on training by a nationally recognized training provider).

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All CCDF-eligible licensed family child care homes. Provide the standard: Large Family-Group Child Care Homes, Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates, During the hours of operation all childcare facilities, except registered family childcare 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. Group Child Care Homes Regulation 114-513 K (5)(g) At least one person who is certified in pediatric first aid, including rescue breathing, CPR, and management of a blocked airway shall be present in the group child care home at all times when children are in care, and during group outings or field trips. Training shall be provided by an individual who is certified as**

a trainer by a recognized health care organization.

Small Family (Licensed) Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates, During the hours of operation all childcare facilities, except registered family childcare 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. Small Family (Licensed) Child Care Licensing Law, Section 63.13.110. First aid and CPR certificates. Family Child Care Home Regulation for Licensed Small Family 114-531 D (4)(k)(1), (l) Obtain infant/child CPR and first aid certificate that covers all hours of operation. 114-532 A (5),) During the hours of operation all family child care homes, except registered family child care homes, shall have on the premises at least one caregiver with a current certificate for the provision of basic first aid and infant/child cardiopulmonary resuscitation. Registered Small Family Child Care Home Policy 4 Pediatric First Aid and CPR certificates, Pediatric First Aid and pediatric cardiopulmonary resuscitation (CPR) classes can be used toward the training requirements for registered Family Child Care Homes. Training must be conducted by a recognized health care organization. CPR must include a hands-on skills component. A copy of the certification(s) must be provided to licensing as proof of completion. (revised 05/23/2022).

Pediatric Cardiopulmonary Resuscitation for all staff

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.3.3

4.3.3 Infant/Child Cardiopulmonary Resuscitation (CPR) Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current Infant/Child CPR certification (in-person and hands-on training by a nationally recognized training provider).

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Pediatric Cardiopulmonary Resuscitation for all staff**

ABC Quality Standard, License Exempt Center Policy Manual section 4.3.6

4.3.6 Infant/Child Cardiopulmonary Resuscitation (CPR) Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current infant/child CPR certification (inperson and hands-on training by a nationally recognized training provider). ABC Quality offers free training through the National Safety Council.

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

Pediatric Cardiopulmonary Resuscitation for all staff

Standard, FFN Policy Manual section 4.2.3

4.2.3 Infant/Child CPR This must be completed for any person responsible for the care or supervision of children to include an emergency person or additional providers. Note: both the CPR/FA course is provided at no cost through the

National Safety Council. The CPR/FA course must be in person and cannot be on-line.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

**Pediatric Cardiopulmonary Resuscitation for all staff
Standard, FFN Policy Manual section 4.2.3**

4.2.3 Infant/Child CPR This must be completed for any person responsible for the care or supervision of children to include an emergency person or additional providers. Note: both the CPR/FA course is provided at no cost through the National Safety Council. The CPR/FA course must be in person and cannot be on-line.

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

Pediatric Cardiopulmonary Resuscitation for all staff

ABC Quality Standard, License Exempt Center Policy Manual section 4.3.6

4.3.6 Infant/Child Cardiopulmonary Resuscitation (CPR) Any person responsible (including emergency persons) for the care or supervision of children must have and maintain current infant/child CPR certification (inperson and hands-on training by a nationally recognized training provider). ABC Quality offers free training through the National Safety Council.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report, (A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home**

director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 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.; 114-503 C(1) Child Abuse, 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 63-7-310 . 114-503 D2(h) Reports of alleged child abuse involving the owner, director, or any staff person.

Identification of Child Abuse and Neglect

ABC Quality Standard, Center Based Policy Manual section 4.2.3d

4.2.3.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. 1. The policy must identify: a. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological. b. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or

sexually) c. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility. How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-child-abuse-andneglect/>. 2) DSS/ABC Quality at 1-800-876-2223 d. Mandated Reporter Law Section 63-7-310 (<https://www.scstatehouse.gov/code/t63c007.php>) e. Procedure for training staff as mandated reporters f. Statement regarding the program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage g. Release of staff and children's records as appropriate and upon request

2. The program must follow the policy as written

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Protection and Permanency Law, 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 childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 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; Large Family, Group Child Care, 114-513 C(1) Child Abuse, The group child care home shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local**

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

Small Family, Family Child Care Homes 63-13-840 A(2) When the department visits a family childcare home for purposes of an inspection or investigation pursuant to Section 63-13-80(A)(2), it shall conduct the review to ensure the facility complies with the following: no evidence of child abuse; Family Child Care Home 114-532B (1) The operator of a family child care home shall immediately report suspected child abuse or neglect to the Department's Child Protective Services (CPS) or to local law enforcement in accordance with Section 63-7-310, South Carolina Code of Laws.

Identification of Child Abuse and Neglect

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3d

4.2.3.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. 1. The policy must identify: a. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological. b. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually) c. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility. How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-child-abuse-andneglect/>. 2) DSS/ABC Quality at 1-800-876-2223 d. Mandated Reporter Law Section 63-7-310 (<https://www.scstatehouse.gov/code/t63c007.php>) e. Procedure for training staff as mandated reporters f. Statement regarding the

program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage g. Release of staff and children's records as appropriate and upon request
2. The program must follow the policy as written

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Identification of Child Abuse and Neglect**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6d

4.2.6.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children.

The policy must identify: 1. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological.

2. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually)

3. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility.

How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-childabuse-and-neglect/>. 2) DSS/ABC Quality at 1-800-876-2223.

a. Mandated Reporter Law Section 63-7-310

(<https://www.scstatehouse.gov/code/t63c007.php>)

b. Procedure for training staff as mandated reporters

c. Statement regarding the program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any

video footage

d. Release of staff and children’s records as appropriate and upon request

2. The program must follow the policy as written

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Identification of Child Abuse and Neglect

Standard, FFN Policy Manual section 4.2.9

4.2.9 Child Abuse and Neglect Policy

The Department of Social Services is authorized to receive and investigate reports of abuse and neglect of children who reside in or receive care or supervision in residential institutions, foster homes, and childcare facilities. Responsibility for investigating these entities must be assigned to a unit or units not responsible for selecting or licensing these entities. To investigate allegations of abuse and neglect, the Out of Home Abuse and Neglect Office (OHAN) at the SC Department of Social Services shall visit to determine if the abuse or neglect complaint is true. The operator shall: Cooperate with the Department staff during an investigation of child abuse or neglect.

Cooperation shall include the following:

a. Participate in informal conferences with OHAN staff

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

c. Allow access to the FCCH or FFN premises for inspection and investigation of the child abuse allegation by OHAN and other officials as permitted by statute.

FFN Providers must have a policy that identifies:

a. The procedure for reporting suspected child abuse or neglect to DSS’ Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN).

b. What to do when the FFN provider or emergency person suspect abuse/neglect at the child’s home or in the FFN Provider home.

c. Information on types of abuse or neglect that staff may look for, e.g.

d. Suspected child abuse or neglect must be reported to:

1. DSS’ Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized number for all counties to report suspected cases, as well as this can be done online at the following link: Both can be reported 365 days per year, 24 hours a day 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/abuseandneglect/report-child-abuse-and-neglect/>

2. DSS/Licensing at 1-800-556-7445

a. The Mandated Reporter Law Section 63-7-310. Can be found here: (<https://www.scstatehouse.gov/code/t63c007.php>)

b. Statement regarding the provider’s cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation such as the release of staff and children’s records as appropriate and upon request.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Family Friend, Neighbor Policy Manual, Section 4.2.9

FFN Providers must have a policy that identifies:

Identification of Child Abuse and Neglect

Standard, FFN Policy Manual section 4.2.9

4.2.9 Child Abuse and Neglect Policy

The Department of Social Services is authorized to receive and investigate reports of abuse and neglect of children who reside in or receive care or supervision in residential institutions, foster homes, and childcare facilities. Responsibility for investigating these entities must be assigned to a unit or units not responsible for selecting or licensing these entities. To investigate allegations of abuse and neglect, the Out of Home Abuse and Neglect Office (OHAN) at the SC Department of Social Services shall visit to determine if the abuse or neglect complaint is true. The operator shall: Cooperate with the Department staff during an investigation of child abuse or neglect.

Cooperation shall include the following:

- a. Participate in informal conferences with OHAN staff
- b. Release records as appropriate, of children and staff upon request; and
- c. Allow access to the FCCH or FFN premises for inspection and investigation of the child abuse allegation by OHAN and other officials as permitted by statute.

FFN Providers must have a policy that identifies:

- a. The procedure for reporting suspected child abuse or neglect to DSS' Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN).
- b. What to do when the FFN provider or emergency person suspect abuse/neglect at the child's home or in the FFN Provider home.
- c. Information on types of abuse or neglect that staff may look for, e.g.
- d. Suspected child abuse or neglect must be reported to:
 - 1. DSS' Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized number for all counties to report suspected cases, as well as this can be done online at the following link: Both can be reported 365 days per year, 24 hours a day 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/abuseneglect/report-child-abuse-and-neglect/>
 - 2. DSS/Licensing at 1-800-556-7445

- a. The Mandated Reporter Law Section 63-7-310. Can be found here: (<https://www.scstatehouse.gov/code/t63c007.php>)

- b. Statement regarding the provider's cooperation in allowing DSS staff to

conduct any on-site investigation and/or obtain necessary documentation such as the release of staff and children’s records as appropriate and upon request.

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

Identification of Child Abuse and Neglect

**ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6d
4.2.6.d Child Abuse and Neglect Policy**

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children.

The policy must identify: 1. The Child Abuse and Neglect Law: “Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological.”

2. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or “accidents,” unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and “on alert,” as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. “things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually)

3. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility.

How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-childabuse-and-neglect/>. 2) DSS/ABC Quality at 1-800-876-2223.

- a. Mandated Reporter Law Section 63-7-310
(<https://www.scstatehouse.gov/code/t63c007.php>)
- b. Procedure for training staff as mandated reporters
- c. Statement regarding the program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage
- d. Release of staff and children's records as appropriate and upon request

2. The program must follow the policy as written

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Protection and Permanency Law, 63-7-310 Persons required to report, (A) A physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, school teacher, counselor, principal, assistant principal, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20. 114-503 C (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 63-7-310; and 114-503 D2(h) The following incidents shall be reported to the Department immediately and may be investigated by the Department, Reports of alleged child abuse involving the owner, director, or any staff person.**

ABC Quality licensed center care must have policies in place that meet the standard that address the identification of child abuse and neglect. Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. The policy must include the Child Abuse and Neglect Law (Child Abuse and Neglect Law, CAPTA, 1974, Public Law 93-247); information on types of abuse or neglect that staff may look for; procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility; how to make a report of suspected abuse or neglect (contact SCDSS Office of Child Protective Services with the Office of Out of Home Abuse and Neglect OHAN, contact SCDSS/ABC Quality); Mandated Reporter Law Section 63-7-310; procedure for training staff as mandated reporters; statement regarding the program's cooperation in allowing

SCDSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage; release of staff and children's records as appropriate and upon request. The program must follow policy as written. (ABC Quality Center-Based Manual, Chapter 4 Eligibility Criteria to Participate, 4.2.3.d. Child Abuse and Neglect Policy). ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Large Family, Group Child Care Home Child Protection and Permanency Law, 63-7-310 Persons required to report, ; Child Protection and Permanency Law, 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 childcare worker in a childcare center or foster care facility, police or law enforcement officer, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, or a judge must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 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; Group Family Child Care Home Regulation 114-513 D (2)(g) Child Abuse, The group child care home shall immediately report suspected child abuse or child neglect to the Department's Office of Child Protective and Preventive Services (CPS) or to local law enforcement in accordance with South Carolina Code Annotated Section 20-7-510. Small Family, Family Child Care Homes 63-13-840 A(2) When the department visits a family childcare home for purposes of an inspection or investigation pursuant to Section 63-13-80(A)(2), it shall conduct the review to ensure the facility complies with the following: no evidence of child abuse; Small Family, Family Child Care Home Regulation 114-532 B (1), Child Abuse(1) The operator of**

a family child care home shall immediately report suspected child abuse or neglect to the Department's Child Protective Services (CPS) or to local law enforcement in accordance with Section 63-7-310, South Carolina Code of Laws, 114-532 C (1) (h). Reporting Incidents (1) The operator shall report the following incidents to the parents/guardians immediately and report to the Department within twenty-four (24) hours after the occurrence, (h) Reports of alleged child abuse involving the operator, any staff person, or any household member. Family Child Care Home Policy 35, The operator shall report death of a child or staff member, injuries of a child, medical treatments for a child, facility damage(s), criminal charges/convictions, and incidents of child abuse or neglect to the Department within 24 hours of occurrence. (revised 05/23/2022).

Reporting Child Abuse and Neglect

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3d

4.2.3.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children. 1. The policy must identify: a. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological. b. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually) c. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility. How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-child-abuse-andneglect/>. 2) DSS/ABC Quality at 1-800-876-2223 d. Mandated Reporter Law Section 63-7-310 (<https://www.scstatehouse.gov/code/t63c007.php>) e. Procedure for training staff as mandated reporters f. Statement regarding the

program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage g. Release of staff and children's records as appropriate and upon request
2. The program must follow the policy as written

ABC Quality has created a policy template for Child Abuse and Neglect Policy to support program's ability to meet this standard.

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

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Reporting Child Abuse and Neglect**

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6d
4.2.6.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children.

The policy must identify: 1. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological.

2. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually)

3. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility.

How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-childabuse-and-neglect/>. 2) DSS/ABC Quality at 1-800-876-2223.

a. Mandated Reporter Law Section 63-7-310

(<https://www.scstatehouse.gov/code/t63c007.php>)

b. Procedure for training staff as mandated reporters

- c. Statement regarding the program’s cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage
- d. Release of staff and children’s records as appropriate and upon request

2. The program must follow the policy as written

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Reporting Child Abuse and Neglect
Standard, FFN Policy Manual section 4.2.9

4.2.9 Child Abuse and Neglect Policy

The Department of Social Services is authorized to receive and investigate reports of abuse and neglect of children who reside in or receive care or supervision in residential institutions, foster homes, and childcare facilities. Responsibility for investigating these entities must be assigned to a unit or units not responsible for selecting or licensing these entities. To investigate allegations of abuse and neglect, the Out of Home Abuse and Neglect Office (OHAN) at the SC Department of Social Services shall visit to determine if the abuse or neglect complaint is true. The operator shall: Cooperate with the Department staff during an investigation of child abuse or neglect.

Cooperation shall include the following:

- a. Participate in informal conferences with OHAN staff
- b. Release records as appropriate, of children and staff upon request; and
- c. Allow access to the FCCH or FFN premises for inspection and investigation of the child abuse allegation by OHAN and other officials as permitted by statute. FFN Providers must have a policy that identifies:

- a. The procedure for reporting suspected child abuse or neglect to DSS’ Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN).

- b. What to do when the FFN provider or emergency person suspect abuse/neglect at the child’s home or in the FFN Provider home.

- c. Information on types of abuse or neglect that staff may look for, e.g.

- d. Suspected child abuse or neglect must be reported to:

- 2. DSS’ Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized number for all counties to report suspected cases, as well as this can be done online at the following link: Both can be reported 365 days per year, 24 hours a day 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/abuseandneglect/report-child-abuse-and-neglect/>

- 2. DSS/Licensing at 1-800-556-7445

- c. The Mandated Reporter Law Section 63-7-310. Can be found here: (<https://www.scstatehouse.gov/code/t63c007.php>)

- d. Statement regarding the provider’s cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation such as the release of staff and children’s records as appropriate and upon request.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Non-related FFN providing in-home care must comply with this standard.**

Reporting Child Abuse and Neglect

Standard, FFN Policy Manual section 4.2.9

4.2.9 Child Abuse and Neglect Policy

The Department of Social Services is authorized to receive and investigate reports of abuse and neglect of children who reside in or receive care or supervision in residential institutions, foster homes, and childcare facilities. Responsibility for investigating these entities must be assigned to a unit or units not responsible for selecting or licensing these entities. To investigate allegations of abuse and neglect, the Out of Home Abuse and Neglect Office (OHAN) at the SC Department of Social Services shall visit to determine if the abuse or neglect complaint is true. The operator shall: Cooperate with the Department staff during an investigation of child abuse or neglect.

Cooperation shall include the following:

- a. Participate in informal conferences with OHAN staff
- b. Release records as appropriate, of children and staff upon request; and
- c. Allow access to the FCCH or FFN premises for inspection and investigation of the child abuse allegation by OHAN and other officials as permitted by statute. FFN Providers must have a policy that identifies:
 - a. The procedure for reporting suspected child abuse or neglect to DSS' Office of Child Protective and Preventative Services, The Office of Out of Home Abuse and Neglect (OHAN).
 - b. What to do when the FFN provider or emergency person suspect abuse/neglect at the child's home or in the FFN Provider home.
 - c. Information on types of abuse or neglect that staff may look for, e.g.
 - d. Suspected child abuse or neglect must be reported to:
 - 2. DSS' Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized number for all counties to report suspected cases, as well as this can be done online at the following link: Both can be reported 365 days per year, 24 hours a day 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/abuseneglect/report-child-abuse-and-neglect/>
 - 2. DSS/Licensing at 1-800-556-7445
- c. The Mandated Reporter Law Section 63-7-310. Can be found here: (<https://www.scstatehouse.gov/code/t63c007.php>)
- d. Statement regarding the provider's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation such as the release of staff and children's records as appropriate and upon request.

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

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

Reporting Child Abuse and Neglect

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6d

4.2.6.d Child Abuse and Neglect Policy

Child care providers are mandated reporters and have the responsibility to protect those who cannot protect themselves. As a mandated reporter, caregiving staff are an important part of the system to protect children.

The policy must identify: 1. The Child Abuse and Neglect Law: Child Abuse Prevention and Treatment Act (CAPTA), originally enacted in 1974 (Public Law 93-247) and reauthorized in 2010, is the largest body of legislation with regard to the fair, ethical, and legal treatment of children and is intended to keep them free from all forms of abuse including physical, sexual, emotional, and psychological.

2. Information on types of abuse or neglect that staff may look for. Examples include but are not limited to: Child has frequent injuries or accidents, unexplained burns, cuts, bites, fading bruises or other marks noticeable after an absence from school or the explanation does not match the injury. Child is always watchful and on alert, as if waiting for something bad to happen. Injuries appear to have a pattern or resemble an item such as marks from a hand or belt. Child shies away from touch, flinches at sudden movements, or seems afraid to go home. Child arrives each day very hungry, unclean (body or clothing) or perhaps is covered in bug bites, takes food to eat at home, etc. things that would suggest the child is not receiving proper care at home. The child may also share information with the staff regarding things that are happening in the home which places the child in danger, e.g., parents use illegal drugs or substances, or someone in the home is abusing them (physically or sexually)

3. Procedures when staff suspect a child may be neglected at home and when staff see other staff abuse or neglect children in the facility.

How to make a report. The policy will state: Suspected child abuse or neglect must be reported to: 1) DSS Office of Child Protective and Preventive Services with The Office of Out of Home Abuse and Neglect (OHAN). DSS has implemented a centralized phone number for all counties to report suspected cases, or this may be done online at the following link. Both can be reported 365 days per year, 24 hours a day, 7 days a week at 1-888-227-3487 or <https://dss.sc.gov/child-well-being/report-childabuse-and-neglect/>. 2) DSS/ABC Quality at 1-800-876-2223.

a. Mandated Reporter Law Section 63-7-310

(<https://www.scstatehouse.gov/code/t63c007.php>)

b. Procedure for training staff as mandated reporters

c. Statement regarding the program's cooperation in allowing DSS staff to conduct any on-site investigation and/or obtain necessary documentation to include any video footage

d. Release of staff and children's records as appropriate and upon request

2. The program must follow the policy as written

- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. **Nutrition. Describe: Child Care Center Regulations 114-508 A Meal Requirements, (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.

Large Family- Group Child Care Home Regulation 114-518 A Meal

Requirements, A. Meal requirements (1) If food is provided by the group child care home, 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 United States Department of Agriculture (USDA) Child Care Food Program Guidelines. Group child care homes that do not provide overnight care shall serve at least one meal and at least one snack, which meet USDA Child Care Food

Program Guidelines. Group child care homes 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; and(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 group child care homes shall be clean, wholesome, unspoiled, free from contamination, properly labeled, and safe for human consumption. (5) Meals and snacks may be provided by the group child care home or the parent. The group child care home 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. (6) Dietary alternatives shall be available for a child who has special health needs or religious beliefs. (7) Written permission/instructions for dietary modifications signed by the child's health care provider or parent or legal guardian are required.

Small Family-Family Child Care Home Regulation 114-536, Food, A Meal Requirements, A. Meal Requirements

(1) Nutritious meals and/or snacks shall be provided every four (4) hours. (2) A full serving of milk, or a nutritionally equivalent substitution, shall be offered a minimum of one time per day. (3) If the family child care home provides overnight care, a dinner and evening snack shall also be served. (4) When the family child care home provides food, it shall be in

good condition, free from spoilage and contamination, and safe for human consumption. (5) Safe water for drinking shall be accessible to children through the day.

- ii. Access to physical activity. Describe: **Child Care Center Regulations 114-506 A (4) Program of activities, Children shall be provided daily indoor opportunities for freedom of movement & (8) All children shall be given the opportunity for outdoor play daily, weather permitting; Large Family-Group Child Care Home Regulations 114-516 A(4)) Program of activities, children shall be provided daily indoor opportunities for freedom of movement, (8) All children, including infants and toddlers shall be given the opportunity for outdoor play, weather permitting. Small Family-Family Child Care Home Regulation 114-533 E(1 & 2) Daily Schedule**
- (1) The operator shall establish a daily schedule which will provide regularity of activities with sufficient flexibility and variety to respond to the needs of the children.
- (2) The operator shall provide daily indoor and outdoor activities that contribute to the individual child’s growth and well-being, including active and quiet activities.

ABC Quality Standard, Center Based Policy Manual section 4.2.3g

4.2.3.g Outdoor Time Policy

Outdoor play is not only an opportunity for learning in a different environment, it also provides many health benefits. Outdoor play allows for physical activity that supports maintenance of a healthy weight and better nighttime sleep and brief exposure of the skin to sunlight promotes the production of vitamin D that growing children require. 1. The program must develop a policy which states: ☐ Children are taken outdoors for play daily, weather permitting. Caution should be taken in the event of inclement weather. (Please see the Glossary for definitions of ☐weather permitting☐ and ☐inclement weather☐) 2. The program must follow the policy as written.

ABC Quality Standard, Family and Group Child Care Home Policy Manual section 4.2.3g

4.2.3.g Outdoor Time Policy

Outdoor play is not only an opportunity for learning in a different environment, it also provides many health benefits. Outdoor play allows for physical activity that supports maintenance of a healthy weight and better nighttime sleep and brief exposure of the skin to sunlight promotes the production of vitamin D that growing children require. a. The program must develop a policy which states: b. Children are taken outdoors for play daily, weather permitting. Caution should be taken in the event of inclement weather. (Please see the Glossary for definitions of "weather permitting" and "inclement weather") 2. The program must follow the policy as written.

ABC Quality Standard, License Exempt Center Policy Manual section 4.2.6g

4.2.6.g Outdoor Time Policy

Outdoor play is not only an opportunity for learning in a different environment, it also provides many health benefits. Outdoor play allows for physical activity that supports maintenance of a healthy weight and better nighttime sleep and brief exposure of the skin to sunlight promotes the production of vitamin D that growing children require. 1. The program must develop a policy which states: " Children are taken outdoors for play daily, weather permitting. Caution should be taken in the event of inclement weather. (Please see the Glossary for definitions of "weather permitting" and "inclement weather") 2. The program must follow the policy as written.

ABC Quality has created a policy template for Outdoor Policy to support program's ability to meet this standard.

- iii. Caring for children with special needs. Describe: **Child Care Center Regulations 114-500 C 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.;** **Large Family-Group Child**

Care Home Regulation 114-513 C Access to and within the group child care home, and physical site accommodations and equipment, shall be provided for children with disabilities to meet their health and safety needs in accordance with applicable state and federal laws.

Emergency Preparedness

SECTION V

CHILD CARE PROVIDER DISASTER/EMERGENCY FUNCTIONS

Child care providers 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 disaster/emergency event through adherence to the Plan per DSS Regulation 114-505 (H) (3).

C. Child Needs

Providers' emergency preparedness plans and procedures include addressing each child's needs, with additional considerations for:

- children with disabilities or chronic medical conditions.

Function A. Child Care Provider Disaster/Emergency Preparations Purpose:

for child care providers to prepare for potential disaster/emergency events

Description Child care providers conduct activities to prepare for all phases (before, during, and after) of disaster/emergency events.

Before a Disaster Elements required to be in a child care provider's

Emergency Preparedness Plan include, but are not limited to, evacuation, relocation, shelter-in-place, communication and reunification with families, continuity of operations, accommodations of infants and toddlers, children with chronic medical conditions, and children with disabilities.

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

N/A

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

head trauma and child maltreatment			
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-appropriate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
 Yes.
 No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe:
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 No. If no, describe: **Lead Agency received a non-compliance notice on September 29, 2023 due to not having the inspection checklist show that all of the CCDF Health and Safety topics are inspected for at the CCDF licensed center visits. Non-compliance will be addressed by October 1, 2024. Child Care Licensing and ABC Quality staff are working to align between the two areas to ensure all topics are showing on the appropriate checklists for inspection. Evidence will be provided to Regional Office for consideration during the Plan review process.**
 - iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Department of Social Services, Division of Early Care and Education, Child Care Licensing.**
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 Yes.
 No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe:
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 No. If no, describe: **Lead Agency received a non-compliance notice on**

September 29, 2023 due to not having the inspection checklist show that all of the CCDF Health and Safety topics are inspected for at the CCDF family child care visits. Non-compliance will be addressed by October 1, 2024. Child Care Licensing and ABC Quality staff are working to align between the two areas to ensure all topics are showing on the appropriate checklists for inspection. Evidence will be provided to Regional Office for consideration during the Plan review process.

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Child Care Licensing is responsible for completing the inspections for the licensed family child care providers.**
- c. Licensed in-home CCDF child care providers
 - i. Does your Lead Agency license CCDF in-home child care (care in the child’s own home) providers?
 No.
 Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 Yes.
 No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe: **No, CCDF in-home providers are not licensed in South Carolina.**
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 No.
 - iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire

standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The Lead Agency has established that ABC Quality will conduct the inspections of license-exempt center-based CCDF programs.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Child Care Licensing is responsible for completing the inspections for the Non-Related license-exempt family child care providers.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **For new FFN providers, a Licensing Specialist will contact the provider by phone and/or email (announced) within 90 days of enrollment to schedule the on-site visit. During this visit, the Specialist will review the Health & Safety Inspection checklist with the FFN provider. Additionally, Child Care Licensing will monitor and**

conduct the annual inspection of Non-related FFN Provider. The checklist that is used outlines the areas and items that will be verified during the on-site inspection. Therefore, an unannounced visit will also be conducted to inspect the requirements on the checklist approximately 6 months after the Enrollment visit.

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **Child Care Licensing in the Division of Early Care and Education is responsible for conducting inspections of the non-related FFN providers.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Currently the results of inspections are provided on each individual provider's webpage which includes any violations. Violations are categorized low, medium or high based on risk to children. The Lead Agency is working to expand information that is currently on the child care website. To that end, full reports regarding complaints, renewals, and annual inspections of all regulated providers will be place on the child care**

website as required in a timely manner. License-exempt programs participating in ABC Quality receive a Health and Safety Inspection that is displayed as a document upload on the program's profile found on www.scchildcare.org. The Lead Agency does not display non-related FFNs on the consumer education website, because this provider type is typically used by parents in the event of an emergency and is not considered long-term care. Non-related FFN providers are limited to serving children from one family. SC Child Care Licensing law requires providers in home settings who serve children from more than one family to be licensed/registered. Therefore, a blank copy of the FFN Non-Related Health and Safety Inspection checklist is posted on the website. Development of a Child Care Integrated System portal for Development of a license-exempt and FFN portal within the Child Care Integrated System is planned. This system will collect information and display results of the inspection reports automatically on the website. For FFN providers, the monitoring report is added to the FFN provider page that can only be accessed by the family that the FFN provider is caring for. The family must have the provider number to search in the more search options field for the inspection report.

- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The existing table format shows a quick reference with status of the deficiency so that the parent knows the outcome of the deficiency.**

The website indicates whether the deficiency was corrected on-site or is pending correction. Additionally, we include the provider's corrective action on the DSS Form 2910 Deficiency Correction, to include how the provider plans to correct the violations and the date it will be completed. Lastly, the CodePal software that is currently being configured will include deficiency correction within the checklist when using the electronic inspection check list.

- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain:

- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://www.scchildcare.org/>. <https://abcquality.org/families/find-a-provider/>
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Currently, after the monitoring visit, the Licensing Specialist enters the information from the report into the CCSS database. Once entered, the Regional Supervisor must review and approve the information from the visit and the monitoring reports. Once approved, the monitoring reports are emailed to the Central Office and uploaded to the provider's page SC Child Care website. This process typically takes two weeks. Additionally, inspection software has been purchased to assist with electronic inspection at the monitoring visit that will upload automatically once the Licensing Specialist syncs to the network. Reportedly, this will allow for a more efficient way of approving monitoring reports before it goes to the website. For FFN providers, the monitoring report is**

added to the FFN provider page that can only be accessed by the family that the FFN provider is caring for. The family must have the provider number to search in the more search options field for the inspection report.

License-exempt monitoring visits are conducted within 30 days of enrolling in ABC Quality and then subsequent visits are conducted annually during the programs unannounced visits. Additional visits are required for complaints and follow-up. The inspection reports are posted within 15 days of the initial visit on the Friday within the week the report is received. Providers can make any corrections needed till the posting of the report. After 15 days from the visit, the report is posted. Any corrections made thereafter are recorded on a subsequent report that is posted on the website using the same timeframe as the initial visit. ABC Quality posting of monitoring reports of participating license-exempt center care falls within the perimeters of the corrective action process making posting of monitoring reports timely.

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

Yes.

No. If no, describe:

- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

Yes.

No. If no, describe:

- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

Yes.

No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The Lead Agency hires Child Care Licensing (CCL) Specialists in the positions of Human Service Specialist II within Division of Early Care Education in the CCL Office of SC Department Social Services. The minimum requirement for this position is a bachelor's degree in early childhood education, social work or a related field. The qualifications indicate the licensing specialist must have considerable knowledge of fact gathering methods and interviewing techniques; of regulations, departmental standards and policies governing the operation and licensing of child care facilities, case management and of community resources. They must have the ability to examine and evaluate**

licensing applications and other forms and to make sound recommendations based upon written material and personal visits. The Lead Agency strives to hire Licensing Specialists from diverse cultural and linguistic backgrounds to enable staff to communicate with providers by treating them with respect and dignity and to avoid cultural or linguistic barriers. Lastly, all licensing specialists are trained during orientation for 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; ADA training module to better understand what is required of child care programs; learning how to conduct a complaint visit; investigating illegal operations; and understanding corrective action plans, appeals and testifying in hearings. Additionally, CCL has instituted Topic Tuesdays which occurs quarterly related to the health and safety topics as indicated by the CCDBG Act for all licensing specialists and all licensing supervisors. In October of 2024, CCL will be having an annual training for all Licensing Staff. This training will focus on health and safety in child care across the state. CCL has also participated in the Advanced Training for Program Infant and Toddler Care which supports caregiver and helping build resilience in care in March 2024. Currently, many staff in CCL has taken the Early Childhood Outdoor Learning course certification provided for by SC Department of Health and Environmental Control in conjunction with NC State University. In previous years, most of the CCL Regional Supervisors have been certified by National Association for Regulatory Administration (NARA). Other CCL staff are currently participating in the NARA based training offered through an approved Office of Child Care Quality TA staff.

The Lead Agency has designated ABC Quality Assessors and ABC Quality Health Educators as qualified to inspect license-exempt child care providers participating in ABC Quality for health and safety requirements. ABC Quality assessors are hired in the position of a Program Coordinator II within the Lead Agency. The preferred requirement for the position is a master's degree in early childhood education or related field. ABC Quality assessors are trained one on one upon being hired on manuals, standards, health and safety inspections, Business Procedures, and other key documents. Each assessor completes the SC 15 hour Health and Safety Pre-service course that is required of child care staff, to ensure they have the same understanding of the health and safety requirements. They must have a broad understanding of developmentally appropriate practice and best practice observed in a wide variety of settings and quality levels. They shadow multiple assessors, conduct parallel assessments, and complete inter-rater reliability with the guidance of a lead anchor who provides mentorship, training and support. They must master the Process Quality assessment tool which is an intensive on-site observation tool for classrooms of children age birth through 12 years, a Structural Quality portfolio that addresses key elements of program policies and procedures, and mandatory Eligibility Requirements. Once reliable, assessors conduct reviews independently with cell phone access to anchors and program management if there is an unusual scenario not encountered during training. They conduct reviews with tablet pc and use an integrated data system to enter their findings. Anchors and program management review completed reports for accuracy prior to assessments being finalized. ABC Quality assessors are provided regular updates and changes at monthly staff meetings or called meetings. A protocol is followed for inter-rater reliability on a continuing basis to assure consistency of reviews. ABC Quality Health Educators are hired in the position of a Health Educator III within the Lead Agency. The preferred requirement for the position is a master's degree in health education, public health

education or a related field and 2 years of health education experience. They will conduct the health and safety checklist at license exempt programs which are primarily after-school centers. The current team of 3 ABC Quality health educators and any future health educators hired will receive training on outdoor play equipment from the Certified Playground Safety Inspector (CPSI) certification program of the National Recreation and Park Association (to be recertified every 3 years). The training objectives include how to identify hazards on public playgrounds and playground equipment, rank hazards according to injury potential, and apply that knowledge. They will also receive the Serve Safe Manager Certification sponsored by the National Restaurant Association. Fire inspections will be conducted by the local fire chief/inspector of the locality of the program to be assessed.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Child Care Licensing establishes caseload sizes by best practices recommended by the National Association of Regulatory Agencies (NARA). There are 2329 licensed/registered providers in South Carolina. There are 56 Licensing Specialist which consist of a caseload size on the average of no more than 42 cases per Specialist.**

At the end of April 2024, ABC Quality had 17 assessors, with an additional assessor beginning in May. At that time 1,239 programs were currently enrolled in ABC Quality. After accounting for the new assessor, this places the average caseload at 69 programs. The anchor role has been established to train, mentor, and provide ongoing support to quality assessors. Anchors also read the completed assessments to ensure accuracy. ABC currently has 4 anchors supporting the assessor team. Child Care Licensing establishes caseload sizes by best practices recommended by the National Association of Regulatory Agencies (NARA). Each program that is assessed by ABC Quality receives a detailed report on the program as a whole (Structural Quality) as well as each classroom observation (Process Quality). Recommendations to the Lead Agency include a recommended assessor caseload of no more than 50 programs, similar to Child Care Licensing. To adequately ensure timely and quality visits, it is estimated that a minimum of 26 Quality Assessors and 6 anchors are needed as well as other staff to support the varied responsibilities of ABC Quality. Continued growth will require recalculations.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **The director shall participate in at least twenty clock hours of training annually. At least five clock hours shall be related to program administration and at least five clock hours shall be in child growth and development and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum, Nutrition, Special Needs, Child Guidance, Professional Development, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. Directors who receive training in excess of twenty hours per year may carry over ten hours to the following year in the category earned. Teacher/caregivers, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least fifteen clock hours annually. The hours shall come from at least three of the following areas: child growth and development, curriculum, Child Guidance, Health and Safety, Nutrition, Special Needs, Professional Development, Program Administration, or other areas approved by the Department, and must include blood-borne pathogens training as required by OSHA. CPR and first aid training do not count in the fifteen hours. When children with special needs are enrolled, the director and teacher/caregiver shall receive orientation and/or training in understanding the child’s special needs and ways of working in group settings when children with special needs are enrolled.**

All ABC Quality licensed child care centers staff supervising or caring for children must meet the Child Care Licensing on-going training requirements and at least two of those hours must be related to health and safety topic areas required by CCDF Federal Regulations. This is monitored this requirement using the SC Workforce and Training Registry in coordination with the annual assessment visit.

- b. License-exempt child care centers: **License-exempt providers must meet the following training requirements at enrollment and annually;**

Directors/on-site supervisors must obtain 20 clock hours of training annually in child development/early childhood, at least one hour must be on blood borne pathogens and at least two hours must be related to health and safety. The remainder of the training may come from topics such as growth & development, discipline, curriculum, social emotional, nutrition and administration, etc.

Teacher/caregiver staff must obtain 15 clock hours of training annually in child development/early childhood, at least one hour must be on blood borne pathogens and at least two hours must be related to health and safety topic areas required by CCDF Federal Regulations. The remainder of the training hours may come from topics such as growth and development, discipline, curriculum, social emotional, and nutrition, etc.

This is monitored for this requirement using the SC Workforce and Training Registry in coordination with the annual assessment visit.

- c. Licensed family child care homes: **For large family Group Child Care Homes, the operator shall participate in at least fifteen (15) clock hours of training annually. At least five clock hours shall be related to program administration and at least five clock hours shall be in**

child growth and development, early childhood education and/or health and safety excluding first aid and CPR training. The remaining hours shall come from the following areas: Safety, Health, Nutrition, Guidance, or Professional Development and must include blood-borne pathogens training as required by the Occupational Safety and Health Administration (OSHA). The teacher/caregivers, with the exception of emergency person(s) and volunteer(s), providing direct care to the children shall participate in at least ten (10) clock hours of training annually. At least four (4) clock hours shall be in child growth and development and at least four (4) clock hours shall be in curriculum activities for children excluding first aid and CPR training. The remaining hours shall come from the following areas: Curriculum Activities, Nutrition, Guidance, or Professional Development and must include blood borne pathogens training as required by OSHA. (d) When children with special needs are enrolled, the operator and teacher/caregivers shall receive orientation and/or training in understanding the child's special needs and ways of working in group settings when children with special needs are enrolled. Small Family Child Care Home Regulations requires all caregivers shall participate in at least ten (10) clock hours of training annually. At least four (4) clock hours shall be in child growth and development. If serving infants 12 months and under, one hour of safe sleep is required. The remaining hours shall come from the following areas: program administration, safety, health, nutrition, physical activity, guidance, infant/child CPR and first aid, and Blood Borne Pathogen training or other areas approved by the Department.

All ABC Quality licensed family child care homes staff supervising or caring for children must meet the Child Care Licensing on-going training requirements and at least two of those hours must be related to health and safety topic areas required by CCDF Federal Regulations . This is monitored for this using the SC Workforce and Training Registry in coordination with the annual assessment visit.

- d. License-exempt family child care homes: **Family, Friend and Neighbor providers are required to complete 10 hours of annual training in Health and Safety topic areas required by CCDF Federal Regulations.**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **Non-regulated in-home unrelated Family, Friend and Neighbor providers are required to complete 10 hours of annual training in Health and Safety topic areas required by CCDF Federal Regulations.**

Our state does not have registered in-home child care.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of

licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving

child pornography.

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **A review of the in-state Central Registry Abuse and Neglect Registry is conducted by the appropriate Child Care Licensing Staff. A name, date of birth and social security check of the abuse and neglect registry is reviewed. If there is an indicated/substantiated case against the applicant, the provider and applicant are provided a letter indicating that the applicant is prohibited and not eligible to own a child care facility or work in child care. This letter is sent by email to the applicant and to the provider. No specific information regarding the crimes committed or conviction is provided to the Director. The conviction information is provided to the applicant only. If the provider or applicant does not have an email address, the letter is mailed to them, or if the provider used the provider portal to request an abuse and neglect check, the provider is notified that the applicant is not eligible to work. The provider can download this letter to print for their files. An email is still sent to the applicant regarding their disqualification. Additionally, the regional office Licensing Specialist will call the Director of the facility to verify that the applicant was not employed with them.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **Once we complete the abuse and neglect check for South Carolina and the check is clear for the applicant, the applicant and provider will receive a provisional pending letter which allows the applicant to work under supervision. Then, the abuse and neglect check are requested from the state(s) the applicant has lived in the previous 5 years. Once we receive the results from state(s) where the applicant has previously lived in the past 5 years indicating a negative abuse and neglect check from that state, our staff will update the applicant's status to reflect the disqualification. If there is an indicated/substantiated case against the**

applicant, the provider and applicant are provided a letter indicating that the applicant is prohibited and not eligible to own a child care facility or work in child care. Once that is completed, we notify the provider and the applicant by letter which is attached to an email that is sent to them. If the provider or applicant does not have an email address, the letter is mailed to them. Or if the provider used the provider portal to request an abuse and neglect check, the results indicating the disqualification of employment will be located there, specifically for that provider regarding that applicant. The provider can download to print for their files. An email is still sent to the applicant regarding their disqualification. Additionally, the regional office Licensing Specialist will call the Director of the facility to discuss the results to ensure that the applicant is no longer employed in child care.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe:

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.
 Yes.
 No. If no, describe:
- e. Name-based national Sex Offender Registry (NCIC NSOR).
 Yes.
 No. If no, describe:
- f. Interstate criminal background check, as applicable.
 Yes.
 No. If no, describe: **The applicant is allowed to work in child care once cleared of the in-state criminal history check and the in-state central registry abuse and neglect and the in-state Sex Offender, Name-based National Sex Offender Registry, and the Interstate Sex Offender Registry is completed and if supervised by a staff member who has a clear comprehensive background check until the interstate checks are completed. In SC, the in-state Sex Offender and Interstate Sex Offender Registry is completed at the same time that the in-state Central Registry Abuse and Neglect is completed. Additionally, the Name-based Nation Sex Offender Registry is completed at the same time that the In-state Criminal History Check is completed.**
- g. Interstate Sex Offender Registry check, as applicable.
 Yes.
 No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
 Yes.
 No. If no, describe: **The applicant is allowed to work in child care once cleared of the in-state criminal history check and the in-state central registry abuse and neglect and the in-state Sex Offender, Name-based National Sex Offender Registry, and the Interstate Sex Offender Registry is completed and if supervised by a staff member who has a clear comprehensive background check until the interstate checks are completed. In SC, the in-state Sex Offender and Interstate Sex Offender Registry is completed at the same time that the in-state Central Registry Abuse and Neglect is completed. Additionally, the Name-based Nation Sex Offender Registry is completed at the same time that the In-state Criminal History Check is completed.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 Yes.
 No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **When another state requests an interstate criminal history check, a Sex Offender Registry check, and an interstate central registry, they are referred to our website at Interstate Background Check Requirements - SC Child Care Services and select the appropriate option for their request. They should follow the instructions to request those checks. Additionally, they may call the Child Care Licensing main line for assistance on how to request those checks.**

For an interstate criminal history check, the requestor is directed to go to our South Carolina Law Enforcement Division to obtain the criminal history record they may have in South Carolina. SLED follows up with the requestor.

For the abuse and neglect check request, when a provider, applicant or other state entity calls or emails for an interstate abuse and checks, they are directed to the Provider Portal for the abuse and neglect registry check. This is to be completed online at the following link: <https://providerportal.dss.sc.gov/#/login>. They must find the **Submitting a Central Registry One Time Request (Non-Account Holder) section of page. This includes the following instructions on how to make the request:**

☑If you will be submitting a Child Abuse and Neglect request infrequently, you should create a one-time request. You will not need to login- Click below to navigate to the Central Registry Electronic Form.

Some examples of an infrequent request - name change, private adoptions, live or work in another state and requesting a check for childcare, or SC Voucher family, friend, or Neighbor participant. If you are a SC DSS Licensed ChildCare Facility, a SC DSS ABC Quality License Exempt Provider - you MUST create an account, please see CREATING A CENTRAL REGISTRY ACCOUNT.

One-time requests CAN ONLY be completed electronically. After submitting a request, an email will be sent to the person listed under 'Requestor Name' from DONOTREPLY@DSS.SC.GOV email, to complete their personal information, consent for DSS to complete the Central Registry check, sign and submit.

A button is then provided for them to submit the request or to review the Frequently Asked Questions.

Once the request is made for the Central Registry abuse and neglect check and sex offender check and entered in the provider portal, the staff assigned for completing the abuse and neglect check and sex offender check will review the information in the abuse and neglect registry and database to make a determination. If the applicant is clear, a letter clearing the applicant will be emailed to the entity making the request. If the applicant is prohibited, a letter indicating that the applicant is not clear/prohibited is emailed to the entity. The person assigned will follow up with the applicant if there is a problem in completing this request either by email or by phone call. The timeline for completion is 3 to 5 days of receipt of the request.

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://www.scchildcare.org/providers/interstate-background-check-requirements/>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

i. Agency name

ii. Address

- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **The Lead Agency is currently paying the fee for background checks in SC. The lead agency is not a NFF or Compact state. The SC Law Enforcement Division maintains a copy of the criminal History in SC and as well as the FBI.**

c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. If not all boxes above are checked, describe: **The Lead Agency is currently paying the fee for background checks in SC.**

d. Interstate child abuse and neglect (CAN) registry check:

- i. Agency name
- ii. Is the CAN check conducted through a county administered registry or centralized registry?
- iii. Address
- iv. Phone number
- v. Email
- vi. Website
- vii. Instructions
- viii. Forms
- ix. Fees
- x. If not all boxes above are checked, describe: **The Lead Agency is currently paying**

the fee for background checks in SC.

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

An aunt or uncle, first generation only, sibling, grandparent or great grandparent, all of whom do not reside in the same household as the child are considered relatives. These related are exempt from all licensing requirements, health and safety standard and training requirements, monitoring and enforcement as well as background checks. However, checks of the sex offender registry and child abuse and neglect registry are completed.

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

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that

successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **SC Endeavors, the state’s professional development system, began a program called SC BOO\$T, using American Rescue Plan supplemental discretionary funds, in January 2024. The program includes eligibility requirements including career ladder placement, employment verified within the registry, inputting**

wage/salary data into the registry, and maintaining employment within the same program for 6 months or more. Amounts are based on the career ladder levels 1-10 with one being \$1,100 every 6 months up to \$2000 for level 10, every 6 months. Applicants apply within the registry system and are awarded based on the eligibility requirements met. In addition, two supplemental bonuses are included in addition to the base amounts. Infant/Toddler teachers receive an additional \$500 for each 6 month payment and Directors/Co-Directors receive \$300 every 6 month period. These funds are processed within the Department of Social Services finance system and checks are mailed to the individuals. SC Endeavors is currently analyzing data and determining ongoing costs to continue implementation of the SC BOO\$T program after the September 30, 2024 funds have been liquidated. Information from the data analysis will be shared with Lead Agency Executive staff, Legislators and the SC Chamber of Commerce.

In addition, SC Endeavors doubled the credential smart money bonus amounts beginning in September 2023. The smart money bonus is awarded to individuals who complete the state's early childhood credentials, levels 1, 2, and 3, and meet the requirement of working in a regulated program. These individuals now receive \$400 for level 1 credential, \$600 for level 2 credentials, and \$1,000 for level 3 credentials. These funds will continue as an ongoing initiative.

The T.E.A.C.H. Early Childhood Scholarship program implemented a new bonus for graduates of the Associate of Applied Science (AAS) degree and Bachelor of Arts (BA) degree recipients. These graduates now have an opportunity to receive a \$1,000 additional bonus for the AAS degree and a \$2,000 bonus for the BA degree. These funds will continue for this program and provides the state with data regarding the retention of recipients within sponsored programs. To decrease out of pocket expenses for T.E.A.C.H. Scholarship recipients, SC Endeavors has increased the laptop grant amounts for individuals needing technology support to assist with coursework. Individuals now receive \$650 to support laptop purchases as well as additional educational accessories.

Within the 2025-2027 planning, SC Endeavors will analyze the current statewide credentials and course offerings at the 16 state technical colleges. We will explore an opportunity to add a Social/Emotional Credential to support the various initiatives related to understanding the developmental needs of young children as well as the mental health of children and adults. This potential initiative could include individual stipends and program bonuses.

In addition, the SC Endeavors website will be adding a web page to workforce to initiatives and resources to support the workforce. The registry welcome email will also be adapted to add the webpage as a resource when individuals create a login for the registry.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. Palmetto Shared Services Alliance (PSSA) became a funded partner using CCDF funds in January 2024. This organization provides on-site and online supports to help child care programs run businesses efficiently, including cost savings and resources. PSSA has a broker service that allows child care programs to offer health insurance to their programs.

Additional resources are provided through the online portal regarding ways to offer paid time off and retirement benefits. Ongoing business support trainings are provided for child care providers and programs throughout the state.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Lead Agency funds the Be Well Care Well (BWCW) initiative to support the mental health and well-being of the child care workforce. An initial project was funded with a grant from the W.K. Kellogg Foundation for the development and 3-year pilot implementation of the Be Well Care Well program under the SC PITC. The Lead Agency supported the launch of BWCW by designating a portion of the Lowcountry Lead Agency Community Outreach Coordinator's time to serve as a Well-Being Coach and subsequently funded a full-time Well-Being Coach. Based on the premise that child care professionals struggle to find time to take care of their own needs, the BWCW intervention focuses on building social supports, improving physical health by attending to caregivers' sense of self-efficacy and executive functioning, and facilitating access to financial supports, in order to build teacher resiliency and buffer the effects of difficult and stressful life experiences. With the completion of the W.K. Kellogg Foundation grant, CCDF funds were used to continue the initiative. Preschool Development Grant (PDG) funds then allowed for the addition of 2 new health educators to expand the initial pilot to a statewide reach. Following the end of the PDG funding, this initiative has continued with CCDF funding. While BWCW has had an evaluation component since the Kellogg investment, the Lead Agency will review this initiative during the 2025-2027 planning period for sustainability and impact after staff complete the program.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **SC Endeavors is analyzing SC BOO\$T data and performing cost projections to continue the wage enhancement program throughout the state within the next plan period. Many directors have given positive comments on the recruitment and retention supports that SC BOO\$T provides. Data from this program will be critical to determine the retention of individuals within programs.**

In the next plan period, T.E.A.C.H graduation bonuses will continue and allow SC Endeavors to analyze the retention of individuals who graduate with AA and BA degrees. The intention is for the graduate to stay within the same sponsoring program once they complete the degree for at least 1 year. SC Endeavors will also explore providing a bonus to programs who continue to sponsor T.E.A.C.H. Scholarship recipients.

The Lead Agency is working with PSSA to develop a substitute pool for licensed and registered providers in SC that will allow them to increase staff consistency and job satisfaction to support retention of staff. One strategy of the initiative is to develop a strong orientation process and comprehensive training module to help strengthen the retention of staff.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Lead Agency Child Care Licensing Program in coordination with the SC CCR&R has implemented the SC SUCCEss Grant for eligible, first-time child providers. This grant opportunity aims to provide training, coaching, and financial incentives to family or center-based programs. Accepted programs are required to complete customized technical assistance sessions, specific child development, health & safety and business-focused trainings including the Strengthening Business Modules and meet all regulatory requirements through a four-tier process. Upon completion of a tier, programs are awarded a grant amount based on the type and size of the program. The goal of the project is to help expand child care accessibility to families, train and prepare programs to care for children, and sustain their business while gaining and utilizing sound business and administrative practices. For programs that choose not to participate or are ineligible for the SC SUCCEss Grants, the SC CCR&R offers customized training and technical assistance through a quality initiative called SC Business Start-Up Support. This is a free service available to any program or individual that is interested in opening an early care program including family, group, center, faith-based, or after-school. Programs will work with an SC CCR&R Quality Coach to create a development plan that includes coaching and trainings focused on caring for children and business support that can include the Strengthening Business Modules. SC CCR&R collaborates with the SC Small Business Association, the SC Small Business Development Centers, and the SC Women's Business Center to further reach individuals investigating entering the child care field. Through incorporating an overview of available early child care resources including those offered by SC CCR&R through these associations' overview and trainings, potential child care business owners can access the free resources available through the SC CCR&R. In turn, the SC CCR&R refers programs unfamiliar with the associations to them for administrative supports, resources, and potential financial opportunities.**

Additionally, PSSA strengthens ECE provider's business management through a system of online and on-site supports designed to save time and money, thus allowing them to sustain high quality and thrive. This is done through 2700 resources, 40 vendors, a job board, over 200 training hours and a substitute pool. The Lead Agency has implemented a revised ABC Quality program review document that includes a Structural Quality Portfolio which reflects business and program policies and procedures. To submit for scoring, all elements within the online portfolio must be reviewed and each of the indicators must be answered. An ABC Quality Assessor reviews the evidence and determines if it meets the indicator requirements. This Structural Quality portfolio showcases a program's strengths within the elements of: Program Administration and Structure Staff Education and Professional Development Child Well-being Family Communication, Engagement and Cultural Competence Technical assistance is available for programs to build their strength in these areas.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. Fiscal management.

- ii. Budgeting.
- iii. Recordkeeping.
- iv. Hiring, developing, and retaining qualified staff.
- v. Risk management.
- vi. Community relationships.
- vii. Marketing and public relations.
- viii. Parent-provider communications.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business: **PSSA provides resources and trainings on all of the listed categories plus: Business Plans, Professionalism, Time Management and Insurance/Liabilities.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The SC Endeavors registry system tracks the languages spoken for individuals working in the early childhood field. In addition, training providers are able to offer training in other languages and promote those offerings on the statewide training calendar. Many of the national online training organizations, such as Pro-Solutions, offers training in both English and Spanish. SC CCR&R provides services for individuals and programs that have dual language learning needs. These services include a quality coach to provide technical assistance as well as training sessions in Spanish. Within the 2025-2027 plan period, SC Endeavors will be adding translation services to the New World Now Registry software.**

The South Carolina Early Learning Standards guide has been translated into Spanish. The Spanish version will be displayed on relevant websites including: www.scchildcare.org and www.abcquality.org as well as Lead Agency contractor websites to assure accessibility. The Pro-Solutions online training modules are offered in English and Spanish. Other language translations if needed are made available through a service provided by the Lead Agency.

The Lead Agency partners with the SC CCR&R to continue to expand the work with dual-language teachers and providers. The SC CCR&R has a dedicated Dual Language Quality Coach that provides support to teachers and staff with limited English through one-on-one technical assistance sessions on various child development topic areas, classroom books and curriculum resources in multiple languages, and in-person/virtual early childhood trainings & materials offered in Spanish.

Our ABC Quality area maintains a Spanish speaking Quality Assessor to assist providers in

enrolling and providing assessments for the ABC Quality program. This person is available at provider trainings to ensure information is communicated appropriately.

Our agency also utilizes a language line to be able to communicate with child care providers with limited English proficiency.

Program brochures are currently available in Spanish for child care providers.

- b. Providers and staff who have disabilities: The South Carolina Inclusion Collaboration (SCIC) is charged with providing technical assistance for providers to identify barriers and specific strategies to support their participation. The SC Program for Infant and Toddler Care (SCPITC) has sign language capability. The Lead Agency provides training known as KultureCity to all agency staff. Use of this training with child care providers will be explored. Regularly scheduled Town Hall sessions to respond to questions from providers will be held.

The Inclusion Specialists provide technical assistance with providers with disabilities as well as the Program for Infant and Toddler Care Specialist with sign language capability. SC ABLE is a non-profit that DSS has a grant with, SC ABLE provides assessments related to accessibility to the child care facility which can help assist the child care teachers with disabilities as well as the children and parents. The Early Learning Standards are created in a format that is accessible to those with disabilities.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **During the previous plan period, and as part of the PDG Planning Grant, the Lead Agency's leadership formed a workforce planning**

sub-group of early childhood stakeholders to discuss and implement the workforce strategies related to the planning grant. The grant items were then aligned with the Early Childhood Advisory Council (ECAC) Birth through Five Strategic Plan and the CCDF State Plan activities related to the ECE workforce. The document provided alignment of activities as well as measurable goals. This document was presented to the ECAC within the previous plan period. The next plan period will continue to review the implementation plan document and revise based on work completed and goals. In addition, T.E.A.C.H. continues bi-annual advisory meetings with early childhood stakeholders to inform and gain feedback of ongoing needs. The SC Early Childhood Institute further provides advisory capacity from the 16-state technical college early childhood system to inform and engage with students and initiatives across the state.

[] No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
 - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The SC Workforce Competencies was previously developed in 2012. In 2023-2024, SC Endeavors obtained early childhood experts to contract work for reviewing the competencies to update for a diversity lens as well as better alignment with the Head Start competencies and the SC Technical College coursework. In May, a draft of the competencies review crosswalk was presented to the SC Technical College Early Childhood Department leaders at the 16 state technical colleges and feedback was collected to better inform the new competencies and revision. During the next plan period, SC Endeavors will complete the new workforce competencies and develop a plan for the roll-out to the larger early childhood field.**
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The SC Endeavors workforce registry utilizes a career ladder application to document the education levels within the early childhood workforce system. The registry and career ladder is open to any individual working in early childhood including trainers, technical assistance providers, QRIS assessors and coaches, as well as individual teachers in registered, licensing, family child care, group child care, faith-based programs, exempt programs, and family, friend, and neighbor care. The ladder provides 10 levels that begins with level 1, the statewide licensing requirement of High School Diploma, and adds additional academic education through a Doctorate in Early Childhood Education as a level 10. Each level builds on the additional academic coursework and accomplishments of the workforce as they obtain higher levels of education.**

The credentials are also embedded within the career ladder and aligns with the ABC Quality education component denoting individuals who are considered

having education levels related to entry, skilled, or accomplished. In the previous plan period, a Preschool Development Grant initiative provided a \$150 bonus to complete the application and receive a career ladder level.

The SC BOO\$T wage enhancement program includes a requirement for individuals to complete the career ladder process and bonuses are structured based on the levels obtained. Upon implementing the SC BOO\$T program in January 2024, career ladder applications increased within the registry by 253% providing much needed data regarding the workforce.

- iii. **Advisory structure.** For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **SC Endeavors sponsors the annual SC Early Childhood Leadership Institute which brings all 16-state technical college early childhood department leaders together to discuss early childhood workforce initiatives and needs.** In addition, the Lead Agency's state director, Michael Leach, is a member of the State Early Childhood Advisory Council and regularly attends these meetings. ECAC membership includes representatives from the SC Department of Social Services, SC Department of Health & Human Services, SC Department of Education, SC Department of Health and Environmental Control, SC Department of Disabilities and Special Needs, Children's Trust of SC, SC Department of Mental Health, SC ETV, SC State Library, and the SC Commission on Higher Education. The Lead Agency has also proactively sponsored several town halls related to early childhood initiatives to gather direct feedback from direct care providers in the state.

- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **SC Endeavors continues to work with the SC state technical colleges to maintain articulation agreements and form new agreements to advance degrees for the child care workforce.** Current agreements include University of South Carolina Columbia, Columbia College, Southern Wesleyan University, University of South Carolina Upstate, University of South Carolina Aiken, North Greenville University, and Lander University. Two new agreements were added within this plan period including a non-certificate early childhood program with Lander University as well as North Greenville University. University of South Carolina Columbia is working on a 2+2 articulation agreement (2 year technical college articulates to a 4 year institute to complete 2 years) for a non-certification early childhood program as well. During the next plan period, SC Endeavors will continue to review agreements and work with the technical colleges to determine additional articulation agreement options for students.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **In 2018, the Lead Agency conducted a statewide workforce survey with the in collaboration with University of South Carolina researchers. Survey results can be found here: https://sc.edu/study/colleges_schools/education/research/units/cdrc/projects/ccrt/documents/ece_workforce_study.pdf. To maintain ongoing, comprehensive, and up-to-date data and reporting on demographics, retention/turnover, wages, benefits, education and training, the Lead Agency funds the Child Care Research Team (CCRT) at the University of South Carolina to produce an annual report on the state of the ECE workforce in South Carolina, using data from the SC Endeavors registry database. For the past few years, CCRT has analyzed data from this system to respond to survey questions regarding the ECE workforce in South Carolina from the Bipartisan Policy Center in partnership with the National Workforce Registry Alliance (NWRA). Direction and questions from these sources, new developments in research, as well as the needs of South Carolina’s ECE workforce, drive data collection and analysis efforts. With the implementation of a wage supplement pilot program in 2024, researchers are analyzing registry participation, workforce characteristics, and retention/turnover to evaluate program effectiveness in the 2025-2027 period.**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **SC Endeavors maintains the T.E.A.C.H. Early Childhood Scholarship program to increase the education of the early childhood workforce. During the previous plan period, the lead agency began working with the National Center on Early Childhood Quality Assurance (NCECQA) to explore apprenticeship opportunities. A stakeholder group has been created and will continue to meet to research and discuss the potential for adding this option for the ECE workforce. CCDF funding will continue to be used to support this initiative.**

The SC BOO\$T wage enhancement program began in January 2024 and includes a bonus structure to increase wages and increase retention within programs. ABC Quality provided scholarships for providers to attend one of the statewide early childhood conferences. These scholarships provided registration and travel costs to allow for an increased professional develop opportunity and connection to statewide initiatives.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

i. Continuing education unit trainings and credit-bearing professional development. Describe: **SC Endeavors documents all training hours within the registry system through an approval process. A variety of college courses have**

been approved for professional development hours within the system. The registry includes many national training providers that are International Association for Continuing Education and Training (IACET) accredited and provide CEU credit. These trainings are displayed on the statewide training calendar. The Lead Agency has implemented several free Pro-Solutions training courses that offer CEU hours, including the statewide Health & Safety Pre-Services Certificate courses. The statewide Champions for Children conference, hosted by the SC Inclusion Collaborative, provides CEU hours for attendees.

Through the career ladder process, individuals are able to earn professional development training hours for courses that include early childhood content. Each 1.0 academic credit hour will receive 15 contact hours of training in the system. This allows individuals who are completing academic coursework in ECE to also meet the annual training hour requirements for child care licensing.

There are robust choices for online training which include Pro-Solution's library. The 15-hour Pre-Service Health and Safety Course required for new program's ABC Quality staff and new program staff satisfies the federal basic health and safety course requirements as well as child care licensing's 15-hour annual training hours followed by the second phase of 12 hours of training available in the second year of employment. All 27 hours are available for ABC Quality program staff and available to non-ABC programs when taken as a package. No credit is given for partial completion. Additional courses available to programs at no charge from Pro-Solutions include: stand-alone training on Blood borne pathogens, Introduction to the South Carolina Early Learning Standards, Overview of ABC Quality, An Introduction to Structural Elements, An Introduction of ABC Quality's Process Quality, course modules from ABC Quality and Communication with Families About Developmental Concerns, Developmental Screening Using the ASQ-3, Trauma Informed Care & The Pyramid Model, ADA Basics for Child Care Providers, ADA Basics for Families just to name a few from our partnership with SC Inclusion Collaborative. All coursework through Pro-Solutions earns CEU credit. This library of online training is updated and expanded annually as a resource for program staff. Credit-bearing professional development courses available to Lead Agency leadership staff and contractor staff include a summer graduate course offered every other year by either SC PITC and/or SC Inclusion Collaborative to provide continued professional development for those persons providing technical assistance or training to child care program staff. Five cohorts of students pursuing a master's degree in early education over the past 15 years have been funded to build a core leadership group throughout the state with a common foundational background. An evaluation study of the program's impact is underway before continued funding will be considered.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Professional development providers are able to add their training organization within the registry system and add courses and**

events for child care providers to take courses and earn credit hours. Through the career ladder process, individuals are able to earn professional development training hours for courses that include early childhood content. Each 1.0 academic credit hour will receive 15 contact hours of training in the system. This allows individuals who are completing academic coursework in ECE to also meet the annual training hour requirements for child care licensing. The introductory course and level 1 credential, ECD 101, was developed in coordination with the 16 state technical colleges. This course is the foundation course for the additional credentials. Levels 2 and 3 credentials are also taught at the 16 technical colleges and allow individuals to advance their content knowledge, career ladder level, and includes a bonus for completing these additional courses. The Lead Agency will work with major training and professional development providers to assure consistency of messaging about the revised ABC Quality assessment tool. These providers include SC CCR&R, SC PITC, SCIC, Impact, Early Child Health Outdoors of the National Wildlife Federation, Quality Care By Design. Once the initial review period is completed and data gathered, there should be a clearer picture of the results, gaps, inconsistencies, etc.

SC Endeavors manages South Carolina's trainer approval system which was designed to support trainers who provide professional development to early childhood and school-age practitioners. This system was developed with input from numerous statewide sources including professionals involved in the training of early childhood and school-age practitioners. The goal of the system is to improve the quality of learning experiences received by early childhood and school-age practitioners in the state of South Carolina.

<https://www.scendeavors.org/professional-development/trainer/>.

- iii. Other. Describe: ABC Quality will continue to support the conference scholarship program. The Lead Agency provides scholarship opportunities to ABC Quality providers to attend statewide conferences for 4 early childhood associations annually. These associations include South Carolina Association for the Education of Young Children (SCAEYC), South Carolina Early Childhood Association (SCECA), South Carolina Association for Early Care and Education (SCAECE), and most recently, the South Carolina Montessori Alliance. The Lead Agency supports the opportunity for early childhood educators to attend professional development conferences to meet annual training requirements, to network with other early childhood professionals and uses this strategy to professionalize the field of early care and education in South Carolina. These conferences provide training credit through SC Endeavors for annual required licensing training hours and provide a wider range of professional development opportunities for program staff to choose from and encourage more programs to attend one of the four choices.

To date, 2,165 early childhood educators have received conference scholarships to meet their annual required professional development hours. This strategy continues to be popular with ABC Quality providers as a strategy to assure staff earn their required annual training hours as a cohort group. To further support early childhood educators, an increase in the availability of conference scholarships to early childhood educators employed at early childhood programs

participating in the ABC Quality program will be made available, multiple conference sessions focused on the ABC Quality standards will be offered, and the Lead Agency will explore the feasibility of providing an opportunity for a cohort of early childhood educators to attend a national early childhood association conference.

Additionally, Lead Agency contractors providing training at no charge to program staff include: Child Care Resource and Referral, SC Program for Infant and Toddler Care (SC PITC), and SC Inclusion Collaborative. CPR and First Aid training is also provided at no charge for all ABC Quality program staff by National Safety Council. These conferences provide training credit through SC Endeavors for annual required licensing training hours.

A new strategy under development includes: Micro-credentials under development by the University of South Carolina's CarolinaCrEd program funded by the Preschool Development Grant (PDG). CarolinaCrEd offers a comprehensive personalized professional learning experience in the state featuring micro-credentials that apply to practice, achieve skill, and document mastery.

The micro-credentials recognize a specific skill of an educator that is related to their practice, based on evidence that demonstrates competency of that specific skill. Further the micro-credential provides competency in employment related specific skills early childhood educators needs. The micro-credential model is responsive to personal schedules, job-embedded learning, not one size fits all and not seat time-based. The micro-credential model recognizes the mastery of job-related skill through gathering evidence of skill, reflection, documentation, and articulation as well as competency development of skill which included development of new skill.

The exploration of this new strategy includes the development of micro-credential topics focused on the skills of early childhood educators (e.g. supervision, infant safe sleep, health/safety) and skills for technical assistance providers (e.g. active listening, reflective practice). Technical assistance providers and early childhood educators will be recruited to participate in cohort groups to successfully complete a micro-credential. In addition, the Lead Agency will explore the feasibility of two micro-credential coordinator positions to support a system wide implementation of micro-credentials throughout the Division of Early Care and Education.

During the next plan period, SC Endeavors will work with the University of South Carolina and stakeholder group on the possibility of offering micro-credentials to increase professional development opportunities in the state. These micro-credentials will be tracked within the registry system.

[] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **SC Endeavors is contracting the revision of the 2012 statewide early childhood competencies to include a diversity lens as well as alignment with the Head Start performance standards, working with children with disabilities, and the technical college coursework. During the next plan period, the revision will be completed to roll-out this new resource.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Lead Agency is exploring the idea of a salary scale to help support child care providers. The career ladder application, within the SC Endeavors registry system, is open to all early childhood users of the system. Direct care staff as well as non-direct care staff such as trainers and TA providers are encouraged to participate and obtain a level. The SC BOO\$T wage enhancement program requires career ladder placement as an eligibility component and based the bonus amounts on the level of education. Individuals with a level 1 are able to earn \$1,100. The amounts build upon the previous level and increases as individuals increase career ladder levels. Supplemental bonuses were also added to the SC BOO\$T for directors/owners and for staff working with infants/toddlers.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The PDG workforce sub-group stakeholders helped align the workforce initiatives with the ECAC Birth to Five Strategic plan. The alignment provided a detailed workforce implementation plan that is used as a method of goal setting and tracking initiatives. This plan will continue to be reviewed and assessed within the next plan period. PDG meetings and updates continue to provide information related to completing goals and timelines. In addition, with the implementation of SC BOO\$T, the data from this program will be analyzed to determine effectiveness in workforce compensation as well as retention within programs. The goal within this next plan period is the develop a salary scale for the early childhood workforce. Prior to implementing SC BOO\$T, a group of child care programs were identified to be a focus group for the wage enhancement program. This group met to discuss eligibility requirements as well as any potential questions or pitfalls of the implementation. This group also piloted the application process within the SC Endeavors system prior to the full launch. This group will continue to provide necessary feedback as we seek to examine the effectiveness of the program and discuss barriers/challenges with existing requirements.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The T.E.A.C.H. Scholarship program within SC Endeavors has an advisory board that helps inform the work and strategies of the program. In addition, the state technical college leadership convenes annually to ensure**

the ongoing needs of the faculty and workforce is met. The technical colleges offer the credential courses as well as the transfer pathways to the 4 year universities. This relationship and support is critical to ensuring the workforce is informed of critical early childhood content, as well as the resource opportunities that exist for the early childhood workforce.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The SC Endeavors Workforce Registry and Credentialing System maintains the most comprehensive ECE workforce data in the state of South Carolina. The Child Care Research Team analyzes wage data from this system and compares it with data from Bureau of Labor Statistics and any other available sources. Wage data are analyzed by program and position type, as well as program participation in the ABC Quality Program. These data will be analyzed by geography, race, gender, and self-reported data on the ages of children served in the annual workforce report prepared by the Child Care Research Team at the University of South Carolina during the 2025-2027 CCDF Plan period. In addition, CCRT has planned and started a formal evaluation of the SC Boost Wage Supplement Program, to include program reach (program types, counties, QRIS participation), workforce retention, compensation, and work schedules, and access to infant/toddler care.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency is collecting data from the SC BOO\$T initiative. Data will be analyzed and used to make the case for funding support to initiative to continue to support the child care teachers.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Directors must take 20 clock hours of training annually and teachers must take 15 clock hours of training annually.**
- b. License-exempt child care centers: **Directors must take 20 clock hours of training annually and teachers must take 15 clock hours of training annually.**
- c. Licensed family child care homes: **10 clock hours of training annually**
- d. License-exempt family child care homes: **10 clock hours of training annually**
- e. Regulated or registered in-home child care: **N/A**

f. Non-regulated or registered in-home child care: **10 clock hours of training annually**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Catawba Nation is the only federally recognized tribe in South Carolina. Historically, the tribe has chosen to be a part of the Child Care Scholarship Program, ABC Quality, SC Child Care Licensing, and SC Endeavors workforce registry and staff are eligible to participate in all training offered to child care programs in South Carolina. Most recently, ABC Quality has partnered specifically with the Head Start program on an outdoor learning initiative which is ongoing to date. The goal of the initiative is to naturalize the outdoor learning environment in ways that are reflective of the culture and practices of the Tribe.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **Certified training uses a rubric to assess the training content for a variety of requirements. One requirement is to align the training topic to the SC Early Learning Standards. One standard within the certified training score sheet requires trainers to have content that “Includes information & practices for children that are culturally, linguistically, and/or ability diverse.” The rubric also includes a prompt to assess the content and award points for training content that “Reflects a commitment to respect diversity among children and families.” Trainings are reviewed by SC Endeavors Training Coordinators to ensure alignment and best practices within these requirements.**

The Lead Agency funds the South Carolina Inclusion Collaborative (SCIC) to provide professional development (i.e., training, coaching, and consultation) to child care providers to implement teaching practices that promote the inclusion of children with disabilities in their programs. SCIC offers in-person on-site support to providers as well as online training modules. SCIC has an Inclusion Specialist who focuses on inclusion of school-aged children in out-of-school-time programs. SCIC also has an inclusion Specialist focused on supporting inclusion with Family Child Care Home providers. In partnership with the SC Department of Education, through the SCIC contract, the Lead Agency funds access to Pyramid Model online training modules. The Pyramid Model is a framework of evidence-based strategies to promote social and emotional development, prevent challenging behavior, and respond appropriately to children who have significant challenging behavior. The following Pyramid Model eModules are available at no cost to anyone in South Carolina: (1) Pyramid Birth-5; (2) Trauma Informed Care and the Pyramid Model; (Pyramid Model-Reducing Implicit Bias. Beginnings SC provides training and technical assistance to child care programs who are caring for children who are deaf or hard of hearing. Additionally, the Child Care Ready for All (CRAWl) program provides training and nurse

consultation to child care providers who are caring for children with disabilities.

SC Endeavors documents the required child care training hours for DSS licensing within the SC Endeavors registry. Trainers are approved in the registry system and then create courses that are reviewed to ensure they meet the required topic areas. These topic areas are curriculum, child growth & development, child guidance, nutrition, health & safety, special needs, professional development and program administration. Trainers also indicate within the registry system what target audience and age group they are teaching with the content including infant, early childhood, school-age, youth development, or business. The training courses reviewed by registry staff ensure alignment to the topic areas, appropriate content is included, and that the early learning standards are included for Certified trainers. All Certified training is included on the statewide training calendar and can be located through the search features to meet the individual needs of a teacher. Training events can also indicate whether the course is offered in a language other than English. SC Child Care Resource and Referral provides coaching and training opportunities for programs serving dual language learners.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency funds the South Carolina Inclusion Collaborative (SCIC) to provide training and technical assistance to child care programs regarding conducting developmental screening or monitoring and making referrals to Part C or Part B 619 if developmental concerns are present. SCIC assists providers in establishing a developmental screening system within their program using the Ages and Stages Questionnaire-3 (ASQ-3). SCIC provides training on how to use the ASQ-3, interpret the results, share the results with families, and make appropriate referrals based on results. SCIC provides all of the materials including ASQ-3 kits so that programs have what they need for the screening system.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

- i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The Early Learning Standards (ELS) were last updated/adopted August 2017. The ELS book has undergone 3 printings and has been used as a hub for aligning other parts of the system. The ELS book has been well-received as a resource for public 4k, First Steps 4k, Head Start and Child Care. Other entities have sought copies of the book to be able to align their activities to this resource. We have surveyed leadership periodically about revisions and everyone has been supportive of not changing the standards yet as standards continue to be aligned with public 4K, First Steps, Head Start and child care. During the next Plan period, a review will be conducted.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
https://www.scchildcare.org/media/55097/SC_ELS-second-edit.pdf Print version.
https://www.scchildcare.org/media/57847/South-Carolina-Early-Learning-Standards-2017_Accessible-Version.pdf ADA Version

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The SC Early Learning Standards are utilized within the certified training course requirements for certified trainers. This training type uses a rubric to ensure appropriate adult learning principles and content is included. SC Endeavors registry staff review each certified training course and score the sessions on the effectiveness of the content. One requirement is for certified trainers to include the early learning standards within the content of the training session. In addition, all of the state technical college early**

childhood departments utilize the early learning standards within their courses. The standards document is required reading material for the state’s ECD 101 course and is then used throughout the course of study within the early childhood department. SC ELS Stakeholders are families; teachers and caregivers; administrators; schools; policy makers and community leaders; professional development providers; technical assistance providers; and higher education faculty. It is a useful resource for planning and development of training topic areas. It presents a continuum to help early childhood educators look across age levels and learning domains to see how children’s development emerges and progresses over time. Goals are applicable for children across the age span, and Developmental Indicators are written for specific age levels. See the Appendix of the ELS for an in-depth discussion of how to use the ELS.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **South Carolina used Preschool Development Grant funding for the 2019 SC Needs Assessment with a two-pronged approach for its needs assessment to 1) Determine State Priorities through a robust, and multi-faceted feedback approach facilitated by researchers from Clemson, University, College of Charleston, Francis Marion University, South Carolina State University, and the University of South Carolina and 2) Address Key Domains and Questions identified by the US Department of Health and Human Services through engaging organizational leaders and stakeholders. The Early Childhood Advisory Council (ECAC) was updated multiple times and members of organizations represented on the ECAC were heavily involved to address key questions and domains.**

The Institutions of Higher Education (IHE) Collaborative used standardized, research-based strategies to collect and analyze data to identify statewide priorities and barriers to reach goals related to the priorities. Experts in equity and family studies critically reviewed the process, documents, and results to identify areas for improvement or clarification.

Three data collection strategies engaged more than 5,000 people to determine statewide priorities (needs): 1) 15 regional meetings were held statewide with 440 participants facilitated by the IHE Collaborative using a standardized process to reduce bias and increase participant voice, 2) online survey with 3,114 responses focused on priorities of parents/caregivers, and 3) approximately 130 focus groups engaging more than 1,495 people within each SC county focused on engaging families/caregivers of young children.

Key areas were vulnerable and underserved children and children in rural areas; quality of care and education, unduplicated number of children being served and awaiting served, gaps in data or research, priority data needs, State's current measurable indicators of progress, early childhood facilities, and transition supports.

In 2020-2024, the Needs Assessment was expanded to better understand the amount of need in the priority areas identified in 2019, and four to five high-need areas were established in early learning and development, health and wellbeing, and family support and community. These needs were established based on a survey of almost 3,000 parents/caregivers of young children administered in English and Spanish and 38 in-depth interviews with a variety of parents/caregivers including mothers, fathers, grandparents, and foster parents. These high-need areas were presented across the state at stakeholder meetings in which 158 people attended. At the stakeholder meetings, attendees noted or developed strategies that would best meet these pressing needs. These strategies were presented by area on an online survey (administered in Winter 2024), and the strategies

with the highest agreement will be communicated to the SC DSS, SC First Steps, Head Start, ECAC, and other groups leading efforts related to the SC Birth-Five Strategic Plan.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **More parents/caregivers reported the need for some or a lot of help in early learning and development (56%-75%) than in health and wellbeing (20%-55%) and family support and community (22%-53%).**

Larger percentages of parents/caregivers needed some or a lot of help in the following early learning and development areas:

1. Knowing what to do for child to be ready for kindergarten
2. Finding community programs or services that support early learning
3. Finding resources or materials to help child learn at home
4. Paying for high quality early care and education programs

Larger percentages of parents/caregivers needed some or a lot of help in the following health and wellbeing areas:

1. Understanding how children develop
2. Involving child in physical activities that are age appropriate
3. Paying for healthcare for child
4. Finding early intervention programs
5. Paying for nutritious foods

Larger percentages of parents/caregivers needed some or a lot of help in the following family support and community areas:

1. Knowing how to be a more effective parent
2. Building strong relationships with child
3. Learning how to be an advocate for child
4. Furthering career education/job training to support family

Parents/caregivers' level of education, age, number of children in the home, and number of caregivers in the home were associated with their need for help in all three areas with differences that were small to moderate. Parent/caregiver race/ethnicity, income, and primary language spoken at home were associated with parents/caregivers' need for help in all three areas with differences that were moderate to large. Among parents/caregivers who reported adverse experiences in the previous year (43% of those who surveyed/approximately 750 people), the top three categories of adverse experiences that parents/caregivers reported include: mental illness, housing instability, economic hardships.

Multiple quality improvement strategies were identified related to strategies to address the most pressing needs including increasing salaries and benefits for the early childhood workforce to enhance quality, increasing access to affordable, high-quality early care and education, and expanding and enhancing school readiness programs. In addition, more focus on developmental screenings and services (within early education programs and in community) and system change were noted. Findings from the survey to identify priority

strategies related to needs are as follows. The top three strategies that emerged from the survey related to early learning and development were: 1) increase salary and benefits of early education/child care workforce; 2) increase access to affordable, high-quality child care and education; and 3) develop and promote birth to age 3 early learning strategies for parents/caregivers and community groups to encourage early development. The top three strategies in health and wellbeing were: 1) enhance developmental screenings and services; 2) work toward system change in early learning and community-based settings; and 3) use schools as forum for health and wellbeing activities. The top three strategies in family support and community were: 1) expand and enhance readiness strategies and programs; 2) increase family support and education programs with opportunities for parents/caregivers; and 3) promote community partnerships/engagement.

The overarching goals with indicators (objectives) were:

1. South Carolina’s children are ready for kindergarten.
2. South Carolina’s youngest children are safe and healthy, both physically and mentally.
3. South Carolina’s families with young children are supported by communities and organizations that are family friendly and are culturally responsive, inclusive and linguistically accessible.
4. South Carolina’s ECE stakeholders practice coordination, communication, and collaborative strategies that encourage shared goals, effective use of resources and aligned policies and practices to create unified targeted efforts to support children and families.

Note: For more specifics of the 139 page report, please access the report at

Microsoft Word - Designed SC Needs Assessment Final Report:

<https://www.scchildcare.org/media/74187/Designed-SC-Needs-Assessment-Final-Report-11-01-2019-v3.pdf>.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Lead Agency will post its annual expenditure reports ACF-696 along with its annual Quality Progress Report.**

<https://www.scchildcare.org/resources/>

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current

and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The SC Inclusion Collaborative (SCIC) provides training, coaching, and consultation to the child care workforce to support the use of evidence-based inclusive teaching practices in programs for children birth to five and school-aged children. High quality programs are programs who include children with disabilities.**

Current investments include activities conducted by the Lead Agency’s professional development office, SC Endeavors, to promote the professional development of the child care workforce in SC; funding for financial scholarships for child care providers to attend conferences sponsored by SC’s early care and education professional associations; and the following contracts that include training and professional development opportunities that benefit the child care workforce in SC: Third Sector New England contract for online training, USC Cohort/Leadership contract for professional development of cohorts of early care and education leaders to benefit the child care workforce in SC, USC SC Inclusion Collaborative contract that sponsors the Champions for Children conference for the child care workforce and other training, coaching, and consultation to the child care workforce to support the use of evidence-based inclusive teaching practices in programs for children birth to five and school-aged children, the New World Now contract that includes information system development/maintenance for the child care professional development registry, and financial assistance for the annual SC First Steps Early Childhood Summit. Future investments in these activities are expected to continue.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Approximately 5,000+ copies of the third printing of the South Carolina Early Learning Standards remain available. The third printing was completed in December 2019 just before COVID caused many programs to close for a period of time. Key partners remain very satisfied with the document and the decision was made to delay the cyclical review of the document for approximately 2 years due to the COVID pandemic. Partners have continued to train on the standards, other initiatives have aligned to the Standards, and distribution has been reinstated. The Spanish version is now complete and will be posted on key websites. It is expected that key stakeholders will convene during this Plan period to review this document. It has been a very popular publication available on the website in English and in an ADA format. Many teachers and caregivers prefer the hard copy to keep in their classroom; they are pleased with the format, it is easy to use with spiral binding, color coding, and heavy weight paper, and it covers ages birth to five in one document.**

Current investment in a USC contract that includes translation of the early learning guidelines into Spanish is expected to continue with future investment in making the early learning guidelines accessible to providers online.

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **ABC Quality celebrated its 30th anniversary in the 2022 - 2024 Plan period as a quality rating and improvement system (QRIS). That system has been successful due to its close association with the state's child care scholarship program in which ABC Quality establishes best practices that child care providers voluntarily comply with their level of quality in the 5-tiered quality system which aligns with corresponding reimbursement level assigned by the Child Care Scholarship Program for serving eligible children. Participation in this system has grown significantly during and after COVID as a means of survival for many programs.**

While some other states have moved to Quality Improvement Systems, this QRIS is statewide and widely recognized. It provides for accountability and the potential for measurement of adherence to best practices by using clear definitions for indicators.

As a prime example, the Lead Agency has partnered with the Department of Defense to bring Military Child Care in Your Neighborhood Plus (MCCYN-PLUS) to South Carolina. The Department of Defense has expanded their fee assistance program to include state quality rated providers to increase availability of child care options for military families. The Department of Defense conducted its own comprehensive crosswalk of the SC Child Care Licensing Regulations and ABC Quality standards to determine program types that met the federal requirements. The review determined that all licensed child care centers and licensed family child care homes/groups at a quality level of B+ and above qualify to participate in MCCYN-PLUS. Child Care Aware of America maintains a database of eligible programs from an ongoing feed of qualified ABC Quality participants supplied to them monthly by the state. Eligible ABC Quality programs will apply to participate and once approved can begin serving military families that qualify for this program. Programs that serve military families' children will receive subsidy funding directly from MCCYN-PLUS. This program affords active military families and active guard/reserve members expanded access to affordable quality child care services in SC. Similarly, South Carolina's First Steps to School Readiness uses the ABC Quality rating system to determine a higher payment for their 4K programs at Level B and higher.

During the 2022-2024 plan period, a major revision to the QRIS has been accomplished and is currently under implementation. The system was transitioned to one tool for all centers including license-exempt programs with the scores reflecting the quality levels. Improvements to the system include:

1. Inter-rater reliability for assessors and an Anchor form of management to

assure statewide consistency.

2. Re-design of the tool to include elements, standards and indicators; clarifications and program manuals have been developed.

3. Revised framework which includes mandated eligibility requirements, a points-based on-site classroom observation (Process Quality), and a points-based structural quality portfolio (Structural Quality).

Findings to date call for more training and technical assistance for participating programs, analysis of the scoring system, increase of assessors to manage increases in ABC Quality enrollment, and continued review of indicators for relevance and validity, which will be accomplished in future investments.

ABC Quality has revised the family child care home and group standards. These standards originally developed as a block system with varied requirements for each level. This made it difficult for programs to increase quality and presented barriers to improvement. Family child care programs chose whether they wanted to be a Level C or B/B+ and needed to meet the requirements for the chosen level. The revised family child care home and group standards are modeled after the center-based revisions and represent a strength-based system that awards points for meeting indicators. These revisions consist of eligibility criteria which are the requirements to participate, structural quality (portfolio submission) and process quality (on-site observation). The revisions represent one tool for all quality levels with the potential for family child care programs to earn the highest levels of quality A/A+. This was not an option in the block system. These revisions provide a clear process to support programs' ability for continuous quality improvements. Currently, the family child care home and group revised standards are undergoing the validity process. The Research, Evaluation, and Measurement Center (REM) at the University of South Carolina is facilitating the expert review process and summarizing the results of the revised family child care standards. The expert review process consists of both in-state and national experts in areas of content, inclusion, and equity. In addition, REM is administering surveys to and conducting focus groups of currently participating family child care programs to determine their understanding and ability to implement the revised family child care standards. Results from both studies will influence the final version of the family child care standards and determine what resources and supports are needed to promote program success. ABC Quality has issued over 300 materials grants funded by the Preschool Development Grant (PDG) to all of the currently participating family child care programs to support the transition to the new standards. ABC Quality plans a comprehensive training strategy, supports, and resources package that will support all stakeholders involved in the upcoming implementation of the revised family child care standards.

Additionally, ABC Quality is exploring the addition of a provisional entry level for all program types that would be available to new enrollments only. This provisional level would require the program to meet all the eligibility requirements and agree to a Quality Improvement Plan to prepare for their upcoming quality rating within a maximum time period of two years. This provisional level would end after two years, at which point the program must have received the full rating assessment that meets the minimum score for

participation. The goal for adding this level is providing additional technical assistance, training, and support prior to rating to increase quality scores/level and improving the program’s long-term success with ABC Quality.

Other future investments ABC Quality is exploring are:

1. Hiring a specialized group of Quality Specialists to manage all Quality Improvement Plans issued to programs upon entry into the QRIS or when they score under the thresholds for maintaining their eligibility to participate.
2. Providing supplemental grants that would be available to programs after receiving their Quality Rating based on various criteria, such as serving infants/toddlers, serving children with identified disabilities, or meeting lower ratio and group sizes.
3. Hiring training coordinators to develop orientations and ongoing trainings for child care programs.
4. Increasing number of ABC Quality Assessors and Anchors to maintain caseloads at 50 per assessor and manageable workload for Anchors.
5. Developing an ABC Quality Ambassador program that would provide mentorship to other programs.
6. Developing an internal Quality Rating Portal that will be integrated with other internal data systems, including Child Care Scholarships, grants portal, and the Child Care Licensing Database.
7. Reinstating a Continuous Quality Improvement initiative previously known as Building for our Future for ABC Quality programs seeking to improve their quality scores/level.

In addition to direct Lead Agency administration of the ABC Quality program, Child Care Licensing, Child Care Scholarship Program, and SC Endeavors, the Lead Agency contracts for a variety of services including support services to enhance the statewide system of quality child care services as follow:

1. Contract with state Revenue and Fiscal Affairs to build, maintain, and update the secure web-based customized application for ABC Quality assessment tools with online/offline capabilities and allow for synchronization of data collected. This system produces data reports related to analytic cubes as agreed upon by Revenue and Fiscal Affairs (RFA) and Lead Agency.
2. Contract with National Safety Council to provide first aid and CPR training for eligible staff supervising children and directors enrolled in ABC Quality.
3. Contract with Greenville Technical College to maintain office space and support services for the Lead Agency staff housed at Greenville.

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The South Carolina Program for Infant and Toddler Care (SC PITC) is a long-standing contractor for the Lead Agency to improve the quality of care for infants and toddlers through a**

year-long cohort model relationship-based technical assistance service offered to programs seeking to improve the quality of their services. Its long-standing core services in coaching, mentoring, and training are provided statewide by a network of skilled PITC Specialists with certification from the WestEd Program for Infant/Toddler Care (PITC). Additional services, resources, and trainings have been added to SCPITC's service delivery model to reinforce and expand uptake of high-quality practices in early care and education that provide the kind of sensitive, responsive, relationship-based care necessary to support infants and toddlers emotional and social well-being as the foundation of overall development and health. These core services have expanded to include teachers of children ages 3-5 years, as the approach and associated classroom practices are beneficial to all young children. Current services include technical assistance for child care licensing and ABC Quality, Breastfeeding Friendly Child Care Initiative, Sleep Safe SC Child Care Designation, specialized training events for technical assistance providers and trainers and Baby Jam, a specialized virtual training event geared toward infant/toddler providers begun with PDG funding and continued with CCDF funding. Most recently, SCPITC has partnered with ABC Quality on Quality Care By Design, described below.

The Lead Agency used PDG funds for a pilot initiative called Quality Care by Design (QCBD) to increase the quality of infant and toddler classroom environments in participating early childhood programs enrolled in both ABC Quality and South Carolina First Steps 4K in a mixed delivery model.

To ensure demographic equity, 56 early childhood programs participating in QCBD represented the 4 regions of South Carolina, the Pee Dee, Lowcountry, Midlands and Upstate. Early childhood classrooms received a design plan, on-site technical assistance, and funding to purchase early learning materials/equipment to increase the quality of the learning environment in classrooms for children younger than 4 years.

With leadership and assistance from a national early childhood design expert, SCPITC technical assistance specialists conducted monthly technical assistance and reviewed design case studies focused on the key elements of classroom design to prepare for the implementation of design plans. SCPITC's senior designer, provided technical assistance support, interior design expertise and closely worked with the national expert for QCBD future sustainability.

The University of South Carolina's Research, Evaluation and Measurement Center (REM) conducted research with directors and early childhood educators to track the impact of QCBD on the early childhood programs. Based on their findings, directors and teachers reported that the QCBD project led to improvements in the classroom design, teaching activities and children's learning and behavior. In addition, improvements in children's independent play, self-exploration, peer-to-peer interactions, and physical activity increased. The most profound discovery was early childhood educators indicated that they felt more committed to the field of early childhood education because of participating in QCBD.

The Lead Agency will continue to support the sustainability of the QCBD project by developing Engagement Centers throughout South Carolina that will serve as demonstration sites to engage their local community in the importance of high-quality infant and toddler care. CCDF funds will provide continuation of the QCBD initiative. To continue the support of early childhood programs serving infants and toddlers, recruitment of more cohort groups of early childhood programs participating in QCBD throughout South Carolina will continue.

Improving the supply of child care services for infants and toddlers is difficult currently when providers are struggling to stay in business and the cost of infant and toddler care is higher to meet ratios and group size. Future investments will include:

1. contracted slots for infants and toddlers, children with special needs, and underserved populations based on geographic areas.
2. Opportunities for providing supplemental increases to providers to serve the youngest children.

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **SC CCR&R's Family Services promotes high-quality, affordable child care options for families through customized referrals to child care programs including centers, family child care, Pre-kindergarten, faith-based, Head Start and after-school programs. A team of Referral Specialists including a bilingual specialist are available to provide customized information regarding licensing standards, types and hours of care, health and safety standards, group size, adult-child ratios, teacher qualifications, ABC Quality level, and other quality indicators to assist families in their search for programs to meet their individual needs. Families are provided information on free or subsidized child care programs including the Child Care Scholarship program, First Steps 4K, Head Start, and Early Head Start programs. Families can conduct their search via the SC CCR&R website (www.sc-ccrr.org) at any time to explore their child care options. Through the website, parents can search by various criteria including type of care, openings, and cost of care, compare programs side by side, and map programs based on preferred areas. Parents have access to a chat feature, English or Spanish language, or can submit a request to the Referral Specialists at any time. The SC CCR&R Referral Specialists work in coordination with the Child Care Scholarship Program to provide seamless referrals from the parent referral line to Child Care Scholarship staff to assess eligibility for the Child Care Scholarship Program. Dual Language families and families experiencing homelessness have dedicated SC CCR&R Referral Specialists to work specifically with those families on their needs in finding care and coordinating with Child Care Scholarship staff to determine eligibility. SC CCR&R Family Services provides information and referrals to other programs, initiatives, and resources that offer other child-related services to meet the needs of the family. SC CCR&R's Program Services provides statewide teams with Quality Coaches in four areas: Quality Improvement, Compliance, Family Child Care, and**

Business Support. These teams work with family child care providers, child care centers, directors, and staff to provide professional development through targeted technical assistance and research-based training. SC CCR&R Technical Assistance services uses a structured, relationship model based upon a customized action plan to address specific goals and objectives for the program. These goals are developed to ensure that children receive high-quality care that is safe, healthy, nutritionally adequate, and developmentally appropriate. A Dual Language Quality Coach works across the four teams to provide technical assistance to child care programs to help programs better support the needs of dual language families, provide resources and information on dual language learners, and provide coaching on implementing these practices in the classroom. A Spanish Conversation Director's Cohort and Dual Language Office Hours led by the DLL Quality Coach are available virtually for child care program directors and staff to join to learn more about incorporating cultural competencies, engaging families, conversational phrases, and other ways to support dual language families or staff. SC CCR&R provides research-based trainings to child care programs as part of their action plan for improvement and to meet state licensing standards in addition to technical assistance. These trainings are focused on early care and education topic areas and incorporate SC Early Learning Standards, ABC Quality Standards current early childhood research, application of adult learning principles and promote linkages between theory and practice. SC CCR&R Trainings are continually being developed in new areas to support providers including introducing more business support topics, health and safety and providing all trainings in Spanish. In addition to training developed internally, SC CCR&R staff have trained to be anchor trainers for Project Learning Tree and the Strengthening Business Modules, allowing for train-the-trainer opportunities and the ability to reach more programs with the content. The SC CCR&R offers two two-day conferences each year for child care programs throughout the state. The SC CCR&R Conference and the SC CCR&R Family Child Care Conference utilize a hybrid model with one day virtual and second day in-person. The SC CCR&R Family Child Care conference is the state's only conference for home-based programs. It provides a unique experience for family child care providers to receive professional development that is specific to their needs, provides a networking opportunity between family child care providers from various regions of the state, and connects the family child care providers to other organizations that may be useful for their program or the families they serve. The SC CCR&R manages the SC Family Child Care Early Learning Network that engages family child care providers in statewide and regional network meetings that help build professional relationships, provide trainings, materials, and leadership opportunities. The SC CCR&R convenes a quarterly statewide Partner Forum attended by other early childhood organizations including from SC Child Care Licensing, ABC Quality, SC Endeavors, Head Start, technical and community colleges, SC South Carolina Inclusion, SC Program for Infants & Toddlers, First Steps County Partnerships, etc. The Partner Forum provides a platform for updates, information sharing, guest speakers, and facilitated regional discussions to address statewide and regional needs and coordination of services to the early care and education community. The SC CCR&R Director's Forum is offered bi-monthly for child care program directors and follows a similar format. Through

community outreach, conferences, events, and networking meetings provide an opportunity for SC CCR&R to establish and strengthen relationships with organizations, school districts, employers and communities to promote early care and education initiatives and programs.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Current investments include activities conducted by the Lead Agency’s Child Care Licensing offices in operating SC’s system of licensing, monitoring and inspection of child care facilities’ compliance with health and safety requirements and related FBI/SLED fingerprint background checks conducted for the child care workforce in SC by the Lead Agency’s Office of Inspector General; a contract with the SC affiliate of the National Safety Council to provide Pediatric First Aid and CPR training/certification for the SC child care workforce that serves children with CCDF-funded child care scholarships; a contract with Sybotech/CodePal that funds and maintains an information system for fire safety officers of the Lead Agency who monitor child care providers for compliance with fire safety requirements. Future investments in these activities are expected to continue.**

CCL and ABC Quality staff who inspect and monitor the child care providers have online access to all caregivers’ training transcripts maintained by SC Endeavors. When child care providers and their staff have completed their 15 hours, Pre-Service Training if enrolled in ABC Quality, the 15 hours will count toward the annual child care licensing requirement of 15 hours, address all required subject areas, and meet ABC Quality training standards.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Current investments include activities conducted by the Lead Agency’s ABC Quality offices to operate SC’s quality rating and improvement system (QRIS), contracts with New World Now and RFA that include information system development/maintenance for the QRIS, and USC for QRIS evaluation activities. Future investments in these activities are expected to continue:**

1. Contract with University of South Carolina Research, Evaluation and Measurement Center (REM) to provide leadership and technical assistance on research investigating the revised ABCQ standards to include literature reviews, design of studies, data collection and analysis, and writing technical reports.
2. Contract with University of South Carolina (USC) College of Education to assess the impact of Master’s cohort funded through CCDF and make recommendation on feasibility of continued investment.
3. Contract with Third Sector New England to provide strategic guidance, capacity building, and consultation and support for ABC Quality, SC Endeavors, SC Child

Care Licensing, Division of Early Care and Education, and online learning consultation.

4. ABCQ internal quality control of reviews with rater reliability policies.

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Child Care Ready for All (CRAWl) provides nurse consultation and training to child care providers to care for children with chronic health conditions. This support is individualized to the needs of the program, child, and family. Pyramid PIECES offers program coaching to support programs to implement the Pyramid Model program wide. Programs work with program coaches to support the use of Pyramid Model practices in the classrooms. Pyramid Promoting Integrated Early Childhood Emotional & Social supports (PIECES) also offers the Behavior Support Network (BSN). This support is available to any child care program who is caring for a child with significant challenging behavior. The BSN works with directors, teachers, and families to avoid the use of exclusionary practices (i.e., suspension and expulsion).**

1. Grant with SC Infant Mental Health Association (SCIMHA) to widen the scope of SC infant/toddler initiative to include mental health consultation, Help Me Grow state office, and professional learning on FAN and ABC support modules.

2. Contract with USC College of Education to offer technical assistance to child care programs through services by Be Well Care Well (BWCW) health educators to enhance the capacity of child-serving professionals to meet the social-emotional needs of young children in their care.

3. Contract with SC Department of Health and Environmental Control to lead multi-year Grow Outdoors SC initiative in partnership with the Lead Agency to transform early childhood outdoor spaces into diverse, naturalized environments that spark play and learning to support ABC Quality Program Standards.

4. Grant with National Wildlife Federation (NWF) to provide program and technical support for the redesign of early care and education programs' outdoor environments to support learning and physical activity outdoors.

5. Future areas of focus/interest include licensing of outdoor/nature-based preschools, recognition program, training criteria for SC Endeavors related to nutrition and physical activity, and Farm to Early Care and Education (ECE).

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Current investments include: 1. Contracts with Able SC to assess child care facilities for compliance with ADA requirements. 2. Contract with Anderson Interfaith Ministries (AIM) for supporting students with children with child care assistance as they complete their education. 3. Contract with Family Connection for supporting children with other needs and abilities in child care. 4. Contract with Third Sector New England for consultation to the Lead Agency’s offices to promote child care quality improvements. 5. Contract with USC for Child Care Data Collection and Analyses to identify and promote development of strategies to address unmet child care needs throughout SC. 6. Contract with USC for SC Inclusion Collaborative to support providers in addressing the needs of children with disabilities in child care. 7 Contract with the United Way Association of SC in funding various local child care initiatives throughout SC. These investments are expected to continue in the future.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Lead Agency continues to coordinate with the State Advisory**

Council on Early Childhood Education and Care (SACECE) to plan, implement, and provide information and resources that support a wide-range of initiatives designed to enhance the efficiency of early care and education in the state. The State Director of the Lead Agency is a member of the of the council and regularly attends the meetings to provide agency updates and recommendations regarding the council’s initiatives. Other examples of coordination by the Lead Agency with the SACECE include the following:

1. The Lead Agency was the first member of the council to share information regarding child care scholarships to be included to be included in the First Five Portal.
2. Provision of CCDF funds to provide a 10% higher tuition rate for B and above providers ABC Quality enrolled child care centers participating in the Child Early Reading and Development Education Program (CERDEP/SCFS 4K) initiative.
3. Execution of a state Memorandum of Understanding with SC Revenue and Fiscal Affairs Office (state’s data warehouse agency) specifying data elements to be used for assessment, evaluation, and development process of dashboard indicators for Palmetto Drive to Five.
4. Execution of a state Memorandum of Understanding with the SC Department of Education to provide the Lead Agency with a unique student identification number for each student entered into the SUNS system.
5. Execution of a state Memorandum of Agreement with the SACECE to participate in the Early Learning Extension of the K-12 Statewide Longitudinal Data System.
6. Provision of ongoing availability of CCDF-funded Child Care Scholarships for siblings of SCFS-4K students enrolled in private child care programs.
7. Inclusion of SC First Steps representation on the Lead Agency’s BUILD leadership team.

In addition, the Lead Agency provides funding to support the Family Voice Council (subcommittee of the ECAC) and the CCDF State Administrator has led presentations with this group. Topics of discussion included the First Five Common Application, CCDF-funded Child Care Scholarships, Suspension/Expulsion definitions, and coordination on the Needs/Resources Assessment are examples of the topics discussed.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency applied for the Federal Aid for Disaster Recovery Planning Grant and was awarded a \$2,250,000 in supplemental funding in Phase one to plan for implementation of disaster recovery activities and address the impact of Hurricane Ian on child care in South Carolina. The Lead Agency is working with the Catawba Nation to plan and support their plan for implementation of disaster response and recovery efforts. We met with them in March 2024 and April 2024 to discuss and collaborate on our planned activities and expenses to determine how they want our assistance. We have initially offered the Catawba Nation \$600,000 to match their grant award which will give them a good start on their rebuilding efforts which they have accepted. We will continue to meet with them at least monthly during the life of the grant for updates as well as reviewing and collaborating on other additional planning activities and possible expenses to support their grant opportunity for phase two.**

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Lead Agency has representation on the SC Interagency Coordinating Council (SC ICC). The purpose of the SC ICC is to advise and assist the Lead Agency to implement the Part C program in SC. The Part C program is called BabyNet and the Lead Agency is SC Department of Health and Human Services. The Lead Agency is partnering with SC Child Care Inclusion Collaborative (SCIC), BabyNet, and SC Department of Disabilities and Special Needs (DDSN) to develop joint professional development opportunities for early intervention providers and child care providers around providing services in natural environments. In addition, the Lead Agency has representation on the Advisory Council for the Education of Students with Disabilities (ACESD). This council is tasked with advising and assisting the State Education Agent in the implementation of IDEA. This council has a state-required preschool committee that is tasked with setting priorities and communicating those priorities with the early childhood team in the Office of Special Education Services within the SC Department of Education. This working committee develops a report for the SC General Assembly annually to outline the priorities developed by the preschool committee and to share progress toward addressing these priorities. Using Preschool Development Grant B-5 funds, South Carolina has developed a Special Education Itinerant Teacher (SEIT) Academy in collaboration with the Part B619 coordinator and the SC Partnerships for Inclusion (SCPI) initiative at the University of South Carolina. The goal of the SEIT Academy is to prepare district leadership teams to adopt a delivery method to provide itinerant special education services and supports in general early childhood settings for children 3-5 with IEPs. The SEIT Academy is a series of three month-long workshops focused on instruction, supporting social emotional development through the implementation of the Pyramid Model, and community collaboration and teaming. In 2024, the SEIT Academy became an initiative in the SC Partnerships of Inclusion contract funded by the Office of Special Education Services in the SC Department of Education. To further support school districts to provide special education services in the least restrictive environment (LRE), the Lead Agency, SCIC, SCPI, Able SC, and the Part B619 coordinator have formed the Early Transitions initiative. In this initiative, ABC Quality enrolled child care providers are recruited to partner with their local school district(s) to reserve slots to facilitate access/transition for three year old children with an IEP to a general education classroom (as determined by the IEP). SCIC provides professional development to participating child care programs. Able SC is contracted by the Lead Agency to provide accessibility assessments for each program that participates.**
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Office (HSCO) is located at the Lead Agency. These entities have a long-term working relationship partnering to support ECE initiatives. The HSCO director regularly participates in staff meetings and shares updates about Head Start (HS) programs and/or policies that may impact child care services. The Lead Agency staff have conducted training sessions for HS directors regarding child care licensing regulations and ABC Quality standards. A combined goal of HSCO and ABC Quality is to enroll all HS programs statewide into the QRIS this project continues to be ongoing. In collaboration with HSCO, ABC Quality created an**

accelerated pathway for HS programs participating in the QRIS. This accelerated pathway exempts HS programs from completing a structural quality review in recognition of the rigorous requirements all HS programs follow as result of the Head Start Performance standards. The HSCO director is also a member of the Lead Agency BUILD leadership team. The Lead Agency has provided ongoing support for many years for extended care during the school year and summer programming.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency maintains a strong collaborative partnership with the State Agency, SC Department of Health and Environmental Control (SC DHEC), that is responsible for public health, including immunizations. Child Care Licensing (CCL) continues to have a key role in ensuring compliance with public health regulations as they apply to child care programs. This includes reviewing and providing input regarding public health issues and changes to the health regulations that apply to them. CCL works closely with SC DHEC to ensure the children’s file contain current SC Immunization records as required by the CCL Regulations. Also, SCDHEC and CCL staff coordinate work when technical assistance TA (includes on-site visits) is needed to resolve child care provider questions related to immunizations or other regulatory concerns. Several staff participated in a training facilitated by NC State University to become more knowledgeable on naturalized outdoor play and learning environments in child care through the Grow SC Program through SC DHEC. The CCL has a long-term partnership with the Childhood Lead Poisoning Prevention Program (CLPP) at SC-DHEC. They provide training to CCL staff and child care providers. The materials offered during the trainings are a valuable resource for the providers. CCL and SC-DHEC continue to coordinate mass mailings/information dissemination that provides crucial public health information for child care providers. They are responsible for maintaining listings of exclusions, and contagious and communicable diseases that are incorporated into CCL's regulations. This information is posted on SC-DHEC's website. The Lead Agency's website is link to SC-DHEC thereby allowing child care providers to download exclusion lists and has maintained contact and collaboration with their Medical Consultants for guidance and public health policy decisions that impact South Carolina child care providers who care for children in those settings.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency is maintaining efforts to work with the Department of Employment and Workforce regarding coordinated strategies that lead to improved and increased information sharing about the state’s early childhood education system and its impact on the workforce and economy statewide. Additionally, the DECE’s Child Care Voucher staff continues to maintain coordination with staff in the Temporary Assistance for Needy Families (TANF) program (administered by the Lead Agency) to assure the availability of high quality child care for TANF recipients to support their efforts to comply with employment and/or training requirements. The DECE staff continue provide training for county TANF staff to ensure efficient and appropriate referrals to the Department of Employment and Workforce.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency continues to coordinate with the State Department of Education (SDE) on CCDF and Preschool Development Grant (PDG) funded activities. The Lead Agency maintains a state**

Memorandum of Understanding with the SC Department of Education to provide the Lead Agency with a unique student identification number for each student entered into the SUNS system. In addition, the Lead Agency recently executed a PDG-funded contract with SDE-Office of Special Education Services provide/conduct training designed to increase knowledge, skills, and enhance practices of school district mental/health care professionals and law enforcement regarding young children's social and emotional learning.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **Child Care Licensing (CCL) is based at the Lead Agency and managed by the CCDF Administrator within the Division of Early Care and Education. CCL staff conduct regular reviews of policies and procedures to assure consistency and to minimize/avoid provider deficiencies. To the extent possible, revisions and clarifications are made to strengthen coordination across program areas within the Lead Agency. CCL works to support the Division's goals by participating in webinars with ABC Quality staff to ensure child care providers understand the collaboration between the programs to promote high quality child care. CCL Regulations are the foundation upon which the ABC Quality program begins. South Carolina law requires the Governor's Advisory Committee on the Regulations of Child Care Facilities to review the child care regulations every three years. As a part of the most recent review, the center regulations were updated in 2018, to improve the health and safety standards for child care centers. However, the Advisory Committee has completed a set of proposed regulations for Small Family Child Homes. These proposed Regulations were submitted to the General Assembly in December of 2023 and have been approved by the full Senate Committee and the full House Committee. In May 2019, the law for Background Checks was changed to reflect the requirements of the CCDGB Act in coordination with the General Assembly. The changes to the law requires the re-check of all new and existing providers fingerprints, abuse and neglect and Sex Offender status. The law also reflects a check of child care staff that may have lived in another state in the previous five years of the check, as well as, a check of those providers who are exempt from Licensing but receive CCDF funding. The Lead Agency is in the middle of a five-year re-check of all providers and staff's fingerprints. Emails were sent to providers in October and November 2023 reminding providers of the re-check with a list of their employee who will need re-fingerprinting. Additionally, CCL has arranged that emails will be sent to the providers statewide quarterly as a reminder for a re-fingerprinting check of their employees. CCL helps to promote and strengthen the goals of the CCDF plan by ensuring the health and safety of children through monitoring and inspection of licensed and registered child care programs. CCL continues to work with a national consultant to develop a training plan for reliability among CCL staff, supervisors, and specialists. CCL recognizes the need for consistency among the four regional licensing offices and determined that developing a training plan for reliability is a necessary step to collecting data on citations and information gathered when processing the results of CCL inspections. Becoming reliable in citing violations of CCL laws and regulations, the Division will ensure consistency among the four regional offices regarding the health and safety of children in child care facilities. South Carolina was selected to participate in the Best Practices in Child Care Regulation, phase two individualized technical assistance opportunity offered by the ECQA Center in partnership with ECQA's consultants at the National Association for Regulatory Administration (NARA). CCL along with the SC Resource and Referral Network has developed a model for start-up grants for child care**

providers (small businesses) to help them become licensed by completing several benchmark goals (e.g., completing orientation, training, enrolling in the Child and Adult Care Food Program, and the ABC Quality program) for providers to meet which are tied to supports to assist them in maintaining a positive regulatory status.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The CACFP is located at the Lead Agency in the DECE. CACFP staff continue to coordinate work activities with staff across the division to promote the availability of meals that adhere to CACFP meal pattern guidelines. They continue to engage in statewide and regional child care conferences, community-based and virtual events to increase awareness and participation in the CACFP. Previously, the USDA approved the use of the Child Care Scholarship application to certify CACFP eligible participants (allowing the scholarship eligibility letter to stand as proof of eligibility). This facilitated efficiency by the Lead Agency to certify SNAP and/or TANF eligibility without applicants completing additional paperwork. ABC Quality nutrition indicators are based on the CACFP meal pattern requirements. In addition, ABC Quality’s Health Educators continue to coordinate with CACFP’s nutritionists to better serve child care providers and minimize duplication of work.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The Lead Agency continues to partner with the SDE's McKinney-Vento State Coordinator, the SC Coalition for the Homeless, and the four regional Coalitions for the Homeless to develop referral processes for child care scholarships to increase access to high quality care. The SDE administers the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act), which is the primary federal legislation dealing with the education of children and youth experiencing homelessness. The coordinator oversees work of the local school district liaisons which includes outreach, determining eligibility, school placement, enrollment, and providing transportation. The coordinator also administers grants to selected school districts that provide additional coordinated services. While some local school district liaisons can identify families with very young children, their primary focus is on the 4k through grade 12 population. DECE is augmenting this by coordinating additional referral processes with the four regional Coalitions for the Homeless. The majority of the family shelters they operate are funded through HUD and can serve as a valuable source of referrals for families with very young children. The South Carolina Coalition for the Homeless functions as a coordinating and service entity, designed to assist the local coalitions. CCDF funds are being used to support the Homeless Support Liaison located in the current SC CCR&R contract. Work activities are coordinated with the Child Care Scholarship staff.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Temporary Assistance for Needy Families (TANF) program is administered by the Lead Agency. Child Care Scholarship Program and TANF staff coordinate to ensure the availability of quality child care for participants to support their efforts to comply with their employment and/or training requirements. The Lead Agency provides training for county and state office TANF staff to assure they are knowledgeable about eligibility requirements and the types of care parents may be seeking.**

- l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **The SC Department of Health and Human Services continues to administer the Medicaid and Children’s Health Insurance Program. Information regarding eligibility for Medicaid and the Children’s Health Insurance Program are included with information sent to families receiving a child care scholarship. This packet also includes contact information regarding other agencies serving families with young children or those needing child care.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The South Carolina Department of Mental Health (SC DMH) is the state agency responsible for mental health services. Their primary focus has been services for school-aged children through adulthood. With increasing attention to challenging behaviors in preschool children leading to suspension and expulsion, other entities such as the South Carolina Infant Mental Health Association (SCIMHA) and the South Carolina Inclusion Collaborative (SCIC) have entered this service landscape with various strategies to provide consultation to child care providers seeking help in managing challenging behaviors in classroom settings including the PEAR network and the Pyramid model. The SC DMH has provided consultation services to the Head Start community and continues to provide consultation to the Head Start Programs throughout the state through contractual services with them.**

During this CCDF plan period, a review of the variety of strategies in use and under development in the early childhood arena will be conducted to determine how to better coordinate existing services to mitigate rising incidence rates of children with challenging behaviors. The Lead Agency has shouldered much of the increase in services through the Preschool Development Grant (PDG) funded from 2019 to 2023 and ending 2024 through a no-cost extension. These services have been rolled over recently to CCDF funding. The Lead Agency seeks to create stronger coordination with the Department of Mental Health in this arena to maximize current resources and resolve possible overlap in services. SC DMH is a long-term member of the South Carolina BUILD Leadership Team.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency has successfully established a robust statewide SC CCR&R. The CCDF’s State Administrator and SC CCR&R’s director regularly coordinate to conduct presentations with various public, private, and business entities to discuss the availability of and need for support to expand child care accessibility and availability across the state. The State Administrator conducted a presentation on May 29th during the SC CCR&R’s quarterly Partner Forum to share information and obtain feedback about the State Plan and CCDF-funded programs. The Lead Agency has executed grant agreements with several local non-profit agencies for the following initiatives:**

 - 1. Conduct child care facility assessments to identify barriers to compliance with American with Disabilities Act Accessibility Standards.
 - 2. Pilot the provision of a two-tiered screening initiative designed to improve awareness of Autism Spectrum Disorder. Technical assistance/consultation and training are key components included in these grants.
 - 3. Provision of trainings that focus on early and middle childhood development, child abuse and neglect, child safety and health, and building/sustaining resilient families.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency continues to provide support to the United Way of South Carolina (UWASC) to support local UWASC partnership programs, many of which are local afterschool programs, special needs initiatives to improve access to quality child care for children with disabilities or developmental delays, and to assure the availability of materials/supplies for classroom developmental improvements as well as health and safety improvements for child care programs. Many of the programs funded with this grant are out-of-school time sites. These services allow children to receive full day and wrap around services.**

The Afterschool Alliance was a part of the Technical Workgroup that was formed to provide a voice and input to the Cost of Care study conducted by South Carolina to take into consideration what school age programs need.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Division of Early Care and Education through Child Care Licensing (CCL) has a long-standing relationship with the state's Emergency Management Division (EMD) and their local offices. In the past, the Division has participated in EMD lead meetings with child care providers and mock disaster trainings. The Division is housed in the state's human services agency and, therefore, has ongoing collaborative opportunities involving state emergency events. CCL receives information from EMD regarding plans when there are emergency-related events in the forecast as well as responses to an event. The Division developed its emergency plan alongside the Lead Agency's emergency plan to better coordinate services during disaster events. The Division provides information on its website that offers guidance and templates to child care providers to use as a model to develop emergency plans for their facilities. Included in the information is an emergency plan brochure, emergency plan guidelines, and an emergency plan template. The emergency plan templates are tailored to child care centers, group and family child care homes, license-exempt facilities, and family, friend, and neighbor providers. The federal requirements for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions and requirements for staff and volunteer emergency preparedness training and practice drills are addressed in the templates. The Division's Child Care Disaster Plan includes guidance and requirements for continuing CCDF-funded child care services after a disaster, provisions for temporary child care, and temporary operating standards after a disaster. The Division will continue to use opportunities to foster this relationship.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Lead Agency continues to support the EHS-CC Partnerships. ABC Quality, CCL, and Child Care Scholarship staff meet with EHS-CC-Partnership grantees, as needed, to provide on-site training and technical assistance regarding state regulatory requirements, guidance to enroll in ABC Quality, and eligibility**

requirements to enroll in the Child Care Scholarship program. Scholarship slots have been provided to the five EHS-CC Partnerships to support program participation.

- ii. State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency continues to provide support to technical colleges early childhood departments for replenishment of course materials and other program supports including accreditation to assure statewide access for child care providers to academic opportunities and growth in the field of early care and education. Other support for the technical colleges includes the provision of the annual SC Early Childhood Leadership Institute for technical colleges' early childhood lead faculty and the Lead Agency staff. The institute serves as a significant opportunity for information sharing regarding coursework, other CCDF-funded programs, and coordination for the benefit of the child care workforce.**
- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The Lead Agency continues to provide ongoing support for a regional initiative offered by a local non-profit organization. The program offers a range of services designed to support women with young children gain employment and engage in full time coursework at a local technical college or university to obtain an advanced degree. CCDF is being used to meet the child care needs of program participants and support efforts to achieve their educational and better employment goals.**

In addition, the Lead Agency provides ongoing support to a local non-profit organization for statewide provision of hearing screenings of young children with appropriate follow-up to determine hearing loss during the early years of growth and language development. Staff works closely with child care providers, child welfare workers, and other early care and education professionals to provide training and consultation/technical assistance to prevent and/or minimize hearing loss among young children.

- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Children's Trust of South Carolina administers the Maternal Infant and Early Childhood Home Visiting grant. The Lead Agency's outreach manager continues to serve on the Community Advisory Board for the Nurse-Family Partnership initiative based at Children's Trust.**
- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Department of Health and Human Services (DHHS) administers this program. The Lead Agency is maintaining information-sharing about resources and coordinating referrals for Medicaid funded services to families with young children. Additionally, the Lead Agency continues to coordinate with DHHS on services provided under the BabyNet (IDEA Part C) program. DHHS is a member of the Lead Agency's BUILD leadership team.**
- vi. State/Territory agency responsible for child welfare. Describe: **Child welfare services are based in the Lead Agency. Child care for child welfare has been expanded to include child care after adoptions (ADOPTCC), child care for**

reunification after a child welfare case has been closed (REUNIFY), child care for children placed with a kinship provider (KINGAP) as well as foster care child care. The agency is exploring the feasibility of providing care during the child welfare investigation phase.

- vii. Child care provider groups or associations. Describe: **In partnership with four statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association), the Lead Agency supported the professional development of early childhood educators among early childhood settings (center-based, home-based, faith-based, school-based). The Lead Agency supported the opportunity for early childhood educators to attend professional development conferences to meet yearly training requirements, networking with other early childhood professionals and a strategy to professionalize the field of early care and education in South Carolina. To date, 2,165 early childhood educators have received conference scholarships to meet their professional development.**
- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care

funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **State Funds**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to

receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including

services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **SC CCR&R is a statewide program that supports high-quality early care and education through work with families, child care programs, and the community. SC CCR&R services are provided through the following programs: SC CCR&R Family Services -providing customized child care referrals through one-on-one consultation with the Family Referral team or through an online search through the search portion of schildcare.org. Information provided to families includes types of care, hours of care, cost, reduced or free child care options, and how to identify a high-quality child-care program. Data collected from searches and available child care programs will be utilized for supply and demand data as needed by the Lead Agency. SC CCR&R Program Services- works with child care programs, directors, and staff by providing professional development opportunities including targeted technical assistance and research-based training to improve the quality of care provided to children and families. SC CCR&R Community Outreach Initiatives- work with the community, including stakeholders, partner agencies, school districts, and businesses to promote the importance of high-quality child-care and engage in initiatives that help promote accessibility to child care programs for all families. The SC CCR&R works to develop resources for and connections with state businesses to encourage the development of employer-supported child care options. By collaborating with agencies like the SC Department of Workforce & Employment, the state and local Chamber of Commerce offices, etc. the SC CCR&R will explore opportunities to support the child care field and the families in the workforce. The SC CCR&R operates under a CCDF-funded contract with the Lead Agency and the University of South Carolina (USC), College of Education. The administrative office is located at the Yvonne & Schuyler Moore Child Development Research Center on the campus of USC. Staff are located remotely based on the four-region structure of SCDSS Child Care Licensing to provide on-site and local coordination of services to child care programs, families, and the community. All services of the SC CCR&R can be accessed through a single toll-free number or www.sc-crr.org.**

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Lead Agency has forged several public private partnerships across a unique array of audiences to include sports teams, the business community, and the medical community. The Lead Agency partners with the University of South Carolina’s Athletics to promote children’s health and wellness, the importance of a high-quality early childhood education, and to highlight the good work that child care providers do. Through our partnership we sponsor their Official Kids Club and receive year long promotion about the ABC Quality program. We are able to leverage free membership slots for the Kids Club to incentivize participation in ABCQ Club by providing a limited amount of free memberships to children attending ABCQ programs. The ABC Quality logo is branded on all t-shirts provided to the kids clubs approximated 1500 members. We also receive 70 network radio spots throughout the Athletic year and social media posts advertising ABC Quality to their 577,000 followers, as well as a web presence on the Jr. Gamecock Club website. We also host an on-site exhibit space at the Jr. Gamecock Club’s fall and spring events as well as their Spring Activation Game. Our partnership also includes a Child Care Provider Promotion, where providers who have been recognized as Child Care Heroes are honored with an on-court recognition during 3 women’s basketball games and 3 men’s basketball games. The Child Care Heroes have their story told over a PA announcement, they receive an autographed basketball, and their image and the ABC Quality logo are branded on the videoboard and LED screen during the presentation to be seen by their audience of 16,000 people on average. The child care heroes are also honored with social media recognition on the official Gamecock Athletics page. In addition, we honor other Child Care Heroes, and the children they serve with a visit from Cocky, the University of South Carolina’s mascot. The mascot travels to the child care program to recognize the child care hero and present them with an autographed basketball. The Lead Agency also has a direct partnership with the USC Women’s Basketball team and Head Coach Dawn Staley where we host an Annual Health and Fitness Game. In 2024 we celebrated the 9th Annual Health & Fitness Game, which promotes physical activity, children’s health and wellness, quality child care, and Head Start’s Fatherhood Initiative. We provide 1000 tickets to Head Start fathers and their families to attend the game. We also recognize 8 Head Start superstar fathers who participate in a t-shirt toss with their children on the court. We host several exhibit spaces to include the Lead Agency’s programs, as well as several other partner programs and agencies, where we pass out helpful information on the services our division offers. Children can receive face tattoos from the cheerleaders, and dance and take pictures with Cocky, the University of South Carolina mascot.**

The Lead Agency also has a partnership with the Columbia Fireflies Baseball team to promote children’s health and wellness, the importance of a high quality early childhood education, and to

highlight the good work that child care providers do. Through this partnership, Child Care Heroes participating in the ABC Quality Program are also recognized at the Fireflies games, averaging an attendance of 3,575. They have their story told over a PA announcement, participate in the Ceremonial First Pitch, and their image and the ABC Quality logo are branded on the videoboard and LED screen during the presentation. These programs are also recognized on the Fireflies social media account of 50,000 followers, as well as a presence on their website.

Our partnership also includes a Head Start Parent Recognition component, in which an exceptional Head Start Parent is honored with an in-stadium recognition. They have their story told over a PA announcement, participate in the Ceremonial First Pitch, receive a \$50 gift card, and receive video board recognition. The partnership includes a skill building component for children, in which selected children are able to participate as a Junior PA Announcer. The children get to announce the next Fireflies batter over the PA, and it is announced that this opportunity is presented by the Lead Agency, and the Lead Agency's logo is displayed on the videoboard. ABC Quality serves as the Play of the Game Sponsor, in which the ABC Quality logo is displayed alongside a video clip of the play of the game and an announcement is made that ABC Quality is the sponsor. The Play of the Game is also distributed post-game throughout Fireflies social media, with the Lead Agency's branding. Our partnership also includes a game sponsorship where we provide 1000 tickets to ABC Quality and Head Start programs, as well as foster families and children. We host several exhibit spaces to highlight the Lead Agency's programs and pass out giveaways, and helpful resources and information on the services our division offers. This sponsorship game also allows for a Specialty Jersey Auction, in which the proceeds from this auction are donated to an exceptional ABC Quality Facility.

The Lead Agency has partnered with the South Carolina Chamber of Commerce through acquiring a low-level membership. This membership allows us access to the business community and gives us a chance to network and educate them on the important role early childhood education plays in our overall ecosystem - regarding the economic impact on the workforce today and cultivating an educated workforce for the future. With our membership we are able to participate in their Education and Workforce Development Committee, as well as attend chamber events. The Lead Agency was able to attend the SC Chamber of Commerce Workforce Development Symposium in September 2024. The Lead Agency partnered with SC CCR&R to collaborate and take part as speakers in a forum hosted at the symposium discussing child care options and affordability, alongside the U.S. Chamber of Commerce Foundation's Center for Education and Workforce Policy and Programs Director. The Lead Agency also partnered with SC CCR&R with an exhibit space to provide the 340 employers and other business community participants with information about child care resources available to them in South Carolina.

Additionally, in June 2024 the Lead Agency, along with representation from SC CC&R, attended the U.S. Chamber of Commerce National Child Care Innovation Summit. This summit was presented in collaboration with the U.S. Department of Commerce, the U.S. Chamber of Commerce, and the U.S. Chamber of Commerce Foundation. This groundbreaking summit brought together leaders from the public and private sector to discuss the vital role of child care for U.S. economic competitiveness. The summit featured several in-depth panel discussions and keynote speakers, to include representation from The U.S. House of Representatives, White House Council of Economic Advisors, Executive Office of the President, the U.S. Secretary of Commerce, The White House Director of Domestic Policy Council of the United States, the Assistant to the President and Director of the White House Gender Policy Council, the Governors of Colorado,

Massachusetts and Indiana, as well as leaders from the business community. The business community leaders include the CEO of Etsy, Executive Vice President and U.S. President of UPS, Chairman and CEO of Suffolk Construction, the Executive Vice President of Global Operations from Micron Technology, and several others. The summit also featured representation with the child care provider community as well as other key stakeholders. The event spotlighted the need for investment in child care and explored child care solutions, including creative care models and policies, emerging employer approaches, and dynamic public-private partnerships aimed at tackling the child care crisis head-on. Overall, the summit highlighted child care as a vital component of a thriving workforce and strong economic infrastructure for our nation, and brought together thought leaders from all sectors to discuss potential innovative solutions, and furthering existing ones. This opportunity allowed the Lead Agency to build critical connections, expanding our network on a national scale, to further the mission of advancing affordable, accessible and quality early childhood education for all children.

With our chamber partnership we have been able to cultivate meaningful relationships with the business community, fostering opportunities to collaborate on current and future projects. A current project we are working on is our Impact Storytelling Video. The Impact Storytelling Video is a collaborative effort that features prominent voices from the US Chamber, South Carolina Chamber, the business community, parents and child care providers, in which they speak to the important role high quality early childhood education plays in our society and economy. The goal of this project is to further awareness about the landscape of child care systems to critical decision makers, and increase the supply and quality of child care services for children younger than age 13.

The Lead Agency has also forged partnerships with the medical community to spread awareness on the roll high quality early childhood education plays on a child's overall health and well-being. We host an exhibit space at both the Annual South Carolina American Academy of Pediatrics' Conference and the South Carolina Obstetrical and Gynecological Annual Conference. Attending these events has allowed us the opportunity to get our written materials in a variety of doctor's offices across the state, as well as opened the door for speaking opportunities with medical staff to further educate the medical community on the importance of high quality early childhood education.

The Lead Agency intends to continue partnerships with the University of South Carolina's Athletics, the USC Women's Basketball Team, the Columbia Fireflies, the SC Chamber of Commerce, as well as the medical community to get resources out to the public and further awareness about child care and early education service delivery systems. The Lead Agency would like to strategically expand on the ability to collaborate with the medical community, and provide them with resource/consumer awareness kits to provide their patients materials to aid them on their child care search. The Lead Agency will also work to partner with public libraries, community parks and other entities where parents and families congregate, to get resources out to that population and increase awareness about child care and early education service delivery systems. The Lead Agency will explore the feasibility to partner with the South Carolina Historically Black Colleges and Universities to promote the field of early care and education, distribute information regarding child care services and actively engage in partner initiatives to promote child care equity.

The Lead Agency provides support through a state level grant agreement with Anderson Interfaith

Ministries for the Women & Children Succeeding Program (WACS). The program is designed to give under-resourced women and their children the benefits of educational environments that will enrich their lives with opportunities for success. This program provides families with the tools needed to complete their education to become and maintain self-sufficiency. WACS is a holistic supportive services program to transition participants to self-sufficiency. The program includes financial assistance for quality child care, career and academic advising, financial awareness training, transportation assistance, and other supportive services. The Lead Agency provides support for the provision of child care scholarships for WACS participants. Eligibility for the scholarships align with CCDF requirements. Also, under a state level grant agreement, the Lead Agency provides support to the United Way Association of SC for local community-based afterschool programs, programs that care for children with special needs, and child care availability. Locally funded programs are enhanced or expanded with the support of CCDF funds. Partnerships with SC First Steps and the state 4K+Siblings initiatives provide access to child care for children in evidence-based programs as well as children enrolled in the state 4K program plus their siblings. This is a form of a shared services process; building on the well-established prompt payment structure at the Lead Agency. This helps to maximize resources and avoid duplication of services. The Lead Agency is also exploring the option of partnering with SC Thrive, a local benefits hub, to coordinate the child care application process between the two systems. The Lead Agency has recently started working with the Starlight Program, a program that offers a faith-infused, family-centered, therapeutic community with holistic, evidence-based, trauma informed services. The Lead Agency provides child care so the families can focus on recovery and healing. The Lead Agency also provides support for Palmetto Shared Services.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The Lead Agency’s Emergency Preparedness Plan (Plan) is a fluid and working document. Updates are made to the Plan as need based on weather events or other emergency events that might affect the practice of the Division and the agency. The plan was updated in 2023 after a review by the Office of Child Care regarding the issues of non-compliance. The Plan was updated to include guidelines for the continuation of child care scholarships, child care services, and coordination of post-disaster recovery of child care services. The Plan was reviewed to ensure that it contained the requirements for all CCDF providers (both licensed and license-exempt) to have in place procedures for evacuation, relocation, shelter-in-place, communication and re-unification with families, and continuity of operations. Furthermore, the Plan was reviewed to ensure accommodations were in place for infants and toddlers, children with disabilities and children with chronic and medical conditions. The Plan was recently updated in April 2024 to include procedures for staff and volunteer emergency preparedness training and procedures for staff and volunteer practice drills.**

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
 - vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe:
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
<https://www.scchildcare.org/media/5b3dlfzh/emergency-preparedness-manual-may-2024.pdf>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices

regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents can make a complaint about child care providers by calling the complaint line in our ABC Quality area at 1-800-763-2223 or contact us at <https://www.scchildcare.org/families/filing-a-complaint/>. A decision has to be made depending on the nature of the report. Report may be forwarded to Child Care Licensing, Child Care Scholarship, or retained by the ABC Quality area for review and response. Parent can also use the hotline in our Office of Inspector General's area to make a complaint at 1-800-694-8518 or contact us at <https://dss.sc.gov/about/fraud/>.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **When a parent calls into any program area and it is determined that an interpreter is needed to assist the caller, staff answering the call will reach out to the Lead Agency’s contracted language line services. The agency staff, the caller and the interpreter are then on the same call to collect the complaint information. Complaints from families that speak languages other than English may also be made via the Lead Agency’s website, www.dss.sc.gov and by completing an online complaint form through the fraud hotline. Currently, the website offers translation in multiple languages. There is a translate button that allows the user to switch the language on the website to their required language. However, if they complainant calls the fraud hotline number, the same process of contacting the interpreter is followed as listed above.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **For parental complaints for persons with disabilities, the Lead Agency**

utilizes accommodation services provided by the Lead Agency. This may include providing an interpreter for American Sign Language or for providing written translations of documents and policies to persons that are visually impaired. The Lead Agency utilizes their contracted partner SC Inclusion Collaborative to provide supports to families as a result of complaint determinations. Complaints may also be made via the Lead Agency's website, www.dss.sc.gov and by completing an online complaint form through the fraud hotline.

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: For licensed/regulating CCDF or non-CCDF providers, when a concern come in either by phone, email, or in person the information is gathered by the Child Care Licensing Regional Offices using the internal Complaint Information Checklist. The complaint information is gathered and keyed into the Child Care Licensing (CCL) system called the Child Care Services System (CCSS) in the complaint section of the database in the region where the center is located and assigned to the Child Care Licensing Specialist that monitors that facility. During the intake, if it is determined that there is/are possible violation(s) of the statute and/or the regulation, the region will conduct an unannounced investigation based on the timeframe indicated on the internal Complaint Response Categories list. Each complaint category is listed in 1 of 3 classes. The response time is determined by the class; however, any complaint can be upgraded to a Class I if circumstances dictate.

- Class I Complaint Immediate Response (at least by the next day of business)* if a death or severe injury of a child at a facility.

- Class II Complaint Heightened Response (within 2-3 business days) if other regulatory concerns involving ratio, supervision, unqualified caregivers and/or tracking

- Class III Complaint Normal Response (within 5 business days) if other regulatory matters involving paperwork or less serious complaints

* Category I complaints must be staffed with the Regional Supervisor immediately after the visit to determine the next course of action.

During the visit, the Child Care Licensing Specialist will also, monitor the facility to determine compliance with other regulations, i.e. ratio, supervision, qualified staff and other health and safety.

Each complaint has a data field to enter the intake information and the results of the investigation in the Child Care Licensing System.

If a complaint is substantiated after the investigation, the facility is cited based on the law and/or regulation violated. An official letter is emailed or mailed to the facility noting the violation(s), provision of the law and regulation relied upon and timeframe of correction. The deficiency(ies) are listed on our website under the facility's page and the inspection sheet is added within 10 days. The citation must be corrected in a set number of days based on the severity of the violation. For example, a ratio violation must be corrected at the time of the visit and/or a fence violation may be corrected within 30 days.

A CCL Specialist will conduct an unannounced follow-up monitoring visit after the noted timeframe to ensure compliance of that citation to ensure compliance is being met throughout the facility.

Additionally, if the complaint is a high severity matter, other negative actions may be taken, such as revoking the license or withdrawing the registration, filing for an injunction to close the program, or referring the program to other agencies (example, law enforcement). If fraud information is intertwined with regulatory information, the Office of Inspector General will investigate the fraud related issues. If abuse and neglect concerns are intertwined with regulatory concerns, the Office of Child Welfare, Out of Home Abuse and Neglect Unit (OHAN) will investigate. They will investigate within 45 days and we may hold our determination until the outcome of the OHAN investigation.

If there are no OHAN or fraud issues, CCL will make our determination within 30 days unless there are other complications. If there is a complicating concern, the regional office can make a staffing request for the Staffing Team to review the matter and provide additional assistance.

ABC Quality responds to complaints made on license-exempt programs participating in ABC Quality. A Quality Assessor makes a visit to the license-exempt program within three days of the complaint. A determination of further action is made immediately after conducting the on-site visit. The severity of the complaint is determined as to whether the complaint is founded, whether further action is needed, and whether the incident violates the program's eligibility to participate in ABC Quality. Most complaints warrant the program to provide corrective action. Programs with founded complaints are given 45 days to come into compliance of the deficiency through a 1st, 2nd, and final notice. Corrective action received is updated on a new Health and Safety Inspection posted to the website. If program is not in compliance after this timeframe, the program is subject to termination from ABC Quality. Depending on the severity of the complaint incident and findings as a result of the on-site inspection, ABC Quality may immediately staff the program for termination consideration. Findings of the complaint, any subsequent visits and corrections made pertaining to the incident are recorded on the Health and Safety Inspection Report. These reports are also posted on the license-exempt profile found on the website. ABC Quality maintains a record of all complaints for verification of programs ability to maintain History of Compliance to eligibility criteria and business procedures.

The Child Care Scholarship area will research and respond to any subsidy related issues within 5 days. The research process may also involve the ABC Quality and licensing depending on the nature of the complaint.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? For licensed/regulated non-CCDF and CCDF child care providers, South Carolina maintains a CCL database called the Child Care Services System (CCSS). All regulatory complaints are entered into this database and maintained there per the Lead Agency's file retention policy.

ABC Quality maintains a record of complaints made on license-exempt programs

participating in the QRIS. ABC Quality follows the Lead Agency's policies for retention of records. Substantiated complaints are reflected on the website for 3 years and updated on the Health and Safety Inspection form after the on-site visit is conducted and the results of finding determination is made. ABC Quality maintains the record of all substantiated complaints for as long as the provider is active for data purposes and to meet Lead Agency retention policies. For inactive providers, complaints are kept as per the Lead Agency retention policy, 5 years plus the current year.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Substantiated complaints are made available on the www.scchildcare.org website by searching for the name of the child care facility or zip code in the search query box, then clicking on the desired facility's name to open their page. On the facility page, the inspection report for any regulatory complaints will be listed as well and the consumer can review the inspection for information as needed. Also, requests for additional information regarding a complaint can be made by calling the respective CCL regional office. FFN non-related child care providers will have a Health and Safety inspection report conducted and made available on the website. The family being served by that FFN Provider receives information so they can review the inspection report on the website.**

ABC Quality posts substantiated parental complaints made on license-exempt programs participating in the QRIS on the consumer education website within each program's profile by uploading a copy of the Health and Safety Inspection.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:
<https://www.scchildcare.org/> and <https://abcquality.org/>

- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

Yes.

No. If no, describe:

- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

Yes.

No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://www.scchildcare.org/providers/licensing-requirements/>

- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:

<https://www.scchildcare.org/providers/licensing-requirements/>

<https://www.scchildcare.org/programs/abc-quality-rating-improvement-system/>

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:

<https://www.scchildcare.org/providers/in-state-background-check-requirements/>

- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:

<https://www.scchildcare.org/providers/in-state-background-check-requirements/>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://www.scchildcare.org/provider-search/>

- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. All licensed providers. Describe: **A search of all licensed providers can also be searched by their county, by their city and by the name of their program. You can also filter and search by facility and quality rating on our website.**

ii. License-exempt CCDF center-based providers. Describe: **A search of all licensed providers can also be searched by their county, by their city and by the name of**

their program. You can also filter and search by facility and quality rating on our website.

- iii. License-exempt CCDF family child care providers. Describe: **This can only be search by the parent of the children receiving care with the provider's specialized number.**
- iv. License-exempt, non-CCDF providers. Describe:
- v. Relative CCDF providers. Describe:
- vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **The website includes information on the ABC Quality rating for the child care provider and there is an explanation of what each level means. There is an information badge to show if the provider is a state 4K provider, a Head Start provider, has a safe sleep designation or a breast-feeding friendly designation. Family child care homes have information about whether they have completed their required 10 hours of training annually.**

The Resources tab on the website contains ABC Quality program standards for review.
 - ii. Licensed non-CCDF providers. Describe the quality information:
 - iii. License-exempt center-based CCDF providers. Describe the quality information: **The website includes information n the ABC Quality rating for the child care provider and there is an explanation of what each level means. There is an information badge to show if the provider is a state 4K provider, a Head Start provider, has a safe sleep designation or a breast-feeding friendly designation.**

The Resources tab on the website contains ABC Quality program standards for review.

- iv. License-exempt FCC CCDF providers. Describe the quality information:
- v. License-exempt non-CCDF providers. Describe the quality information:
- vi. Relative child care providers. Describe the quality information:
- vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **The Lead Agency's Child Care Licensing office is responsible for collecting reports of any serious injuries or deaths of children occurring in the child care facility pursuant to the regulations 114-503D(1)(a)(2)(a). The child care provider is required to immediately report to the parent or guardian and report to Child Care Licensing, along with written notification, within 48 hours, of any accidents or injuries to a child at the child care facility that requires medical treatment. The death of a child or staff person that occurs at the provider must be reported to the Lead Agency immediately. The Lead Agency posts information about deaths, injuries, and substantiated**

child abuse in child care settings on its website.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **a) Inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which: (i) is administered by a parent of person in loco parentis; (ii) is perpetrated for the sole purpose of restraining or correcting the child; (iii) is reasonable in manner and moderate in degree; (iv) has not brought about permanent or lasting damage to the child; and (v) is not reckless or grossly negligent behavior by the parents. b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present substantial risk that a sexual offense as defined in the laws of this State would be committed against the child; c) fails to supply the child with adequate food, clothing, shelter, or education as required under Article 1 of Chapter 65 of Title 59, supervision appropriate to the child's age and development, or healthcare though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child's absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child's attendance, and those efforts were unsuccessful because of the parents' refusal to cooperate. For the purpose of this chapter "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under state law; d) abandons the child; e) encourages, condones, or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragement, condonation, or approval; or f) has committed abuse or neglect as described in subsections (a) through(e) such that a child who subsequently becomes part of the person's household is at substantial risk of one of those forms of abuse or neglect.**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Accidents or injuries involving any child occurring at the facility requiring professional medical treatment.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.scchildcare.org/resources/>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 Yes.
 No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information: **There is a link embedded in the SC CCR&R logo at the top of the homepage on www.scchildcare.org. By clicking on the logo, the website will take the user to the CCR&R website. There is also a link at <https://www.scchildcare.org/programs/sponsored-programs/>, and a link under Statewide Resources: <https://www.scchildcare.org/resources/>.**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:
<https://www.scchildcare.org/contact-us/>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.
<https://www.scchildcare.org/media/gtvb1pqk/fee-scale-2024-2025.pdf>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.

The Lead Agency shares information with parents, the general public and child care providers utilizing four media: 1) written materials; 2) in-person interactions; 3) websites; and 4) social media. The written materials the Lead Agency distributes are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high quality child care. Written information for providers explains the various programs available to them that can help them operate a more efficient, more profitable, and higher quality child care program. The information for the public is intended to increase awareness about the Lead Agency and the state's quality rating and improvement system for child care providers. In-person interactions are targeted mostly towards new or expecting parents; however, outreach staff also attend events to discuss the importance of stable, accessible and affordable high-quality child care programs with pediatricians, obstetricians, and municipal officials. In addition, partnering agencies, organizations and businesses request our presence to attend their events specifically to provide CCDF information to parents and/or early childhood educators. Distribute information on quality child care, availability of child care scholarships and other initiatives at four statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association) to conference attendees. Information regarding child care services availability and eligibility at the Greenville Technical College's Returning Citizens Program events that support parents who have been incarcerated. The mission is to remove barriers from parents who are transitioning from the criminal justice system to society. Child care is an integral part of job success. The Lead Agency's representatives attends the South Carolina Department of Employment and Workforce (DEW) job fairs. This provides the opportunity to engage with job seekers and connect them in finding quality child care. Participation at the annual community events such as Countdown to Kindergarten, Week of the Young Child, School Backpack and other signature community events, provides an opportunity to engage with families to educate on the services available from child care search to child care scholarships and financial assistance. The Lead Agency's websites provide information about all of the programs that support the provision of high quality child care to all children in SC. The website allows parents to directly apply for child care scholarships through the online portal, or email or call the child care scholarship program control center for questions. The Lead Agency constantly updates its websites to provide updated, accurate, and complete information to consumers, providers, and the general public about priority areas and how to apply for those scholarship opportunities. The Lead Agency has an existing Facebook page, and recently launched an Instagram account, both which promote ABC Quality. The social channels are utilized to provide helpful information, on a variety of topics, to both parents and providers and increase awareness about the ABC Quality program. Our Instagram account allows us to share visually dynamic content, such as videos, images and infographics, throughout the platform's various features such as feeds, stories, reels, and Instagram TV (IGTV). We use both social channels to provide parents, the general public, and child care providers with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means and why it's important, and more. The Division also launched a highly successful consumer awareness campaign for parents, families, child care providers and the general public, to highlight three important buckets in regards to child care: accessibility, affordability and quality. The campaign is titled, Work Doesn't Work, and speaks to the important role child care plays in our overall economy. The campaign serves as a reminder and think piece that parents cannot work unless they have access to affordable, accessible and quality child care. The campaign included an array of informative media, promoting financial resources available to assist with

affording child care through the various scholarship categories. These media included the following: updates to both the www.scchildcare.org and www.abcquality.org websites; targeted advertisements utilizing social media; connected tv, billboards, banners and collateral materials, such as print brochures.

The Lead Agency participates in a variety of in person events through partnerships. In addition, partnering agencies, organizations and businesses request our presence to attend their events specifically to provide CCDF information to parents and/or early childhood educators. Distribute information on quality child care, availability of child care scholarships and other initiatives at four statewide early childhood professional organizations with national affiliation, (SC Montessori Alliance, South Carolina Association for the Education of Young Children, South Carolina Early Childhood Association, and South Carolina Early Care and Education Association) to conference attendees. Information regarding child care services availability and eligibility at the Greenville Technical College's Returning Citizens Program events that support parents who have been incarcerated. The mission is to remove barriers from parents who are transitioning from the criminal justice system to society. Child care is an integral part of job success. Lead Agency representatives attend the South Carolina Department of Employment and Workforce (SCDEW) job fairs. Opportunity to engage with job seekers and connect them in finding quality child care. Participation at the annual community events such as Countdown to Kindergarten, Week of the Young Child, School Backpack and other signature community events, provides an opportunity to engage with families to educate on the services available from child care search to child care scholarships and financial assistance.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency provides information to parents, providers, and the general public on research and best practices concerning children’s development via our website www.abcquality.org, as well as our ABC Quality Facebook page. The Lead Agency engages consumers in these topics on the www.abcquality.org site by writing blog articles or having guest expert authors blog articles which are posted at <https://abcquality.org/blog/>. Blog topics are categorized into the following subsections: Child Care Quality, Early Learning, Parenting, Child Development, ABC Quality, Providers & Settings, Health & Safety, and After School. We highlight the importance the first five years a child’s life has on their overall growth and development, through our existing Leap Years campaign. The blogs are posted to the www.abcquality.org site and provide pertinent information on the following topics: how to search for a quality child care provider, child care reopening and COVID safety, understanding ABC Quality ratings, the importance of the leap years, and the importance of the outdoors to a child. The Lead Agency also uses the Facebook page account to provide information to parents, providers, and the general public concerning things related to children and child care, on a variety of topics, to include: child and infant mental health, behavioral health, general health and wellness, nutrition, improving social skills, outdoor learning and much more. The Lead Agency has acquired an Instagram account to expand our avenues in reaching our target audience to further spread awareness of available resources and best practices to parents, child care providers, and the general public. The platform allows us to share visually dynamic content, such as videos,**

images and infographics, throughout the platform’s various features such as feeds, stories, reels, and IGTV. We use these media to provide our audience with a variety of resources such as parenting and child care tips, and focus on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means and why it’s important, and more. The Lead Agency also makes information on best practices and research available for child care providers on www.scchildcare.org in the form of a newsletter, copies of which can be viewed at <https://scchildcare.org/library/newsletters.aspx>. The newsletters are created by the Lead Agency and include input from DHEC, SC Infant Mental Health Association, SC Inclusion Collaborative, ABC Quality, Child and Adult Care Food Program, Child Care Licensing, Child Care Scholarship, Head Start, SC Endeavors and SC CCR&R. The Lead Agency is also in the process of updating their Statewide Resources page on the www.abcquality.org website, which will highlight a variety of resources to include access to platforms that provide best practices concerning children’s development, including physical health and development, and access to platforms that aid in successful parent and family engagement.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency provides information to parents, providers, and the general public on research and best practices concerning children’s development via our website www.abcquality.org, as well as our ABC Quality Facebook page. The division engages consumers in these topics on the www.abcquality.org site by writing blog articles or having guest expert authors blog articles which are posted at <https://abcquality.org/blog/>. Blog topics are categorized into the following subsections: Child Care Quality, Early Learning, Parenting, Child Development, ABC Quality, Providers & Settings, Health & Safety, and After School. We highlight the importance the first five years a child’s life has on their overall growth and development, through our existing Leap Years campaign. The blogs are posted to the www.abcquality.org site and provide pertinent information on the following topics: how to search for a quality child care provider, child care re-opening and COVID safety, understanding ABC Quality ratings, the importance of the leap years, and the importance of the outdoors to a child. The Lead Agency also uses the Facebook page account to provide information to parents, providers, and the general public concerning things related to children and child care, on a variety of topics, to include: child and infant mental health, behavioral health, general health and wellness, nutrition, improving social skills, outdoor learning and much more. The Division has acquired an Instagram account to expand our avenues in reaching our target audience to further spread awareness of available resources and best practices to parents, child care providers, and the general public. The platform allows us to share visually dynamic content, such as videos, images and infographics, throughout the platform’s various features such as feeds, stories, reels, and IGTV. We use these media to provide our audience with a variety of resources such as parenting and child care tips, and focus**

on topics including brain development, learning through play, how to find a high-quality provider, nutrition, what ABC Quality means/why it's important, and more. The Lead Agency also makes information on best practices and research available for child care providers on www.scchildcare.org in the form of a newsletter, copies of which can be viewed at <https://scchildcare.org/library/newsletters.aspx>. The newsletters are created by the Lead Agency and include input from DHEC, SC Infant Mental Health Association, SC Inclusion Collaborative, ABC Quality, Child and Adult Care Food Program, Child Care Licensing, Child Care Scholarship Program, Head Start, SC Endeavors and SC CCR&R. The Division is also in the process of updating their Statewide Resources page on the www.abcquality.org site, which will highlight a variety of resources to include social-emotional and behavioral and mental health resources, as well as positive behavioral intervention resources and supports.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **ABC Quality has implemented suspension and expulsion prevention policies and procedures within the structural quality review for which providers can earn credit towards their overall quality level score. The Lead Agency has multiple initiatives in place to support child care programs in the prevention of suspension and expulsion. One of the Lead Agency contractors, SC Inclusion Collaborative (SCIC), www.scinclusion.org, provides a myriad of resources, technical assistance, trainings and materials for families and child care programs. Recently released are online trainings specifically targeted to child care programs in the understanding and prevention of suspension and expulsion in early childhood settings. In addition, Pyramid Model supports are available in SC through a program-wide Pyramid Model Implementation, Behavior Support Network, State Leadership Team, and Pyramid Model Community of Practices. Families can contact SCIC if they have concerns pertaining to prevention of suspension and expulsion of children. The SC Infant Mental Health Association (SCIMHA), www.scimha.org, a grantee partner of the Lead Agency also provides numerous supports to both child care programs and families in dealing with challenging behaviors of children and the prevention of suspension and expulsion. Partners for Early Attuned Relationships (PEAR Network) is a prevention-based program pairing childhood mental health consultants with adults who work with children (ages 0-5). Help Me Grow SC's healthy development resource hub for families of young children offers child development specialists to connect parents to the right resources, such as Ages and Stages Questionnaire and (ASQ) developmental screenings. Recently Help Me Grow SC has implemented their centralized point of access for families and child care programs to contact when dealing with challenging behaviors. This referral resource provides an individualized navigation pathway for each family and/or connects them to the appropriate supports. In conjunction with these initiatives the Lead Agency has collaborated with other early care and education stakeholders on definitions for social emotional development, challenging behavior, expulsion, out-of-school suspension, and in-school suspension.**

The stakeholders represented in this collaboration are SC Department of Social Services- Division of Early Care and Education, SC Inclusion Collaborative, SC Department of Education, Office of Special Education Services, SC Department of Mental Health, SC First

Steps, SC Infant Mental Health Association, SC DHHS-BabyNet, SC Program for Infant Toddler Care, SC Partnerships for Inclusion, SC Head Start/Early Head Start, Family Connection of SC, Team for Early Childhood Solutions, PEAR Network, Help Me Grow SC, and Pyramid PIECES.

The Director of the SC Department of Social Services shared these definitions and stakeholder consensus with the Early Childhood Advisory Council (ECAC). This collaboration and adoption of definitions represented a consensus for use of terms and has paved the way in supporting a clearer understanding of the issue of suspension and expulsion in early care and education settings in our state. The Lead Agency is exploring ways to use existing data systems and developing new data systems to measure the number of suspension and expulsion occurrences in early care and education child care settings receiving child care scholarships in SC. This information will identify gaps and needs for resources and supports related to the prevention of suspension and expulsion while influencing decisions surrounding policies and procedures to promote change. These definitions and policy have been shared with child care providers in trainings, webinars, Town Hall sessions as well as state conference sessions.

The Division of Early Care and Education along with our ECE partners are currently in a communication strategy planning process to determine how we will ensure this information to ensure families, providers and the public are aware of the policy. This information will be shared with the Child Care Scholarship families via a mail out of the information. The information will also be available as families are searching for quality child care from our consumer education website.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **ABC Quality has implemented suspension and expulsion prevention policies and procedures within the structural quality review for which providers can earn credit towards their overall quality level score. The Lead Agency has multiple initiatives in place to support child care programs in the prevention of suspension and expulsion. One of the Lead Agency contractors, SC Inclusion Collaborative (SCIC), www.scinclusion.org, provides a myriad of resources, technical assistance, trainings and materials for families and child care programs. Recently released are online trainings specifically targeted to child care programs in the understanding and prevention of suspension and expulsion in early childhood settings.**

The Division of Early Care and Education along with our ECE partners are currently in a communication strategy planning process to determine how we will ensure this information to ensure families, providers and the public are aware of the policy. This information will be shared with the Child Care Scholarship families via a mail out of the information. The information will also be available as families are searching for quality child care from our consumer education website.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Lead Agency provides information regarding developmental screening and monitoring resources as a part of its eligibility packet for child care scholarship program enrollment. The Help Me Grow (HMG) office and network initially funded by CCDF, is being expanded statewide through a SC Preschool Development Grant (PDG) initiative so that families across the state can easily access free developmental screening and link to existing community-based resources and services for children 0-5 at risk for developmental, behavioral, or learning problems. Developmental data collected and maintained by HMG on children 0-5 will be more widely accessible to all child-serving agency partners to inform service needs at the community level. The grant includes a small grant program to support local agencies selected to become part of the HMG system.**

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Each of the areas below have their own specific roles. No one person's role allows them to work from the beginning of child care eligibility to the payment of child care.**

Finance and program staff meet quarterly, more often if needed, to ensure we coordinate activities and maintain clear communication between our areas.

The organizational structure of the Lead Agency is divided into divisions that oversee its various administrative and programmatic responsibilities. In addition to the Lead Agency's administrative leadership (State Director and Deputy Directors), divisions with responsibilities to implement and oversee internal controls that support program integrity and accountability include:

- 1. Financial Services which oversees contracts and procurement activities;**
- 2. Internal Operations which oversees property and vehicle management, records retention, and postage;**
- 3. Technology Services which oversees information technology, networking, telephones, copiers. Technology Services develop internal electronic processes and data systems to support separation of duties and responsibilities within a program area and their systems to ensure that the systems promote checks and balances as a way to ensure program integrity and accountability.**

4. Information Security which oversees policies and strategies to secure agency information assets and protect against and respond to digital security threats. This area ensures that Personal Identifying Information (PII) is protected and that system that contain PII are secure;
5. Human Resources which oversees all personnel-related issues;
6. Staff Development and Training which oversees professional development for employees. This area is responsible to ensuring that all staff members are provided with the required training modules to support knowledge in areas such as Civil Rights, Ethics, and Security. These mandatory trainings for staff promote compliance with federal and state regulations. By having staff trained on these topic areas, they are equipped with the knowledge and tools to ensure program integrity and accountability.
7. Individual and Provider Rights which oversees civil rights issues, interpreter/translation services, and appeals processes. This area provides the oversight to ensure that the families we serve in South Carolina all have equal access to all services. Additionally, the area is responsible for ensuring that a client or provider that had had an adverse action taken has the right to a fair hearing. This provides for additional checks and balances to ensure program integrity.
8. Quality Assurance and Continuous Quality Improvement which promotes service and performance improvements;
9. Office of Inspector General which is responsible for conducting criminal investigations into allegations of fraud, waste, or abuse of programs administered by the Lead Agency, conducting FBI criminal background investigations to determine if applicants can work with children in child care, foster or adopt a child and employees and contractors who have access to federal tax information, overseeing the state child abuse and neglect registry and database, as well as overseeing emergency management and disaster services;
10. Internal Audits which conducts examinations of SCDSS fiscal operations, program management and program support activities and reports findings and recommendations to management and the State Director. Audits include a) financial and compliance; b) economy and efficiency; c) program results; and d) performance, along with independent audit reports submitted by providers of service in accordance with the Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Each of these divisions have policies and procedures specific to their area of responsibility that govern the activities of the entire Lead Agency, including program areas such as the Division of Early Care and Education (DECE) that administers the CCDF program. These policies and procedures address the delegation and segregation of duties and include checks and balances among the various divisions to avoid the potential for fraud, as well as to identify fraud risks. Among these are structured, formal processes for the coordination of activities and communication among divisions specifically including fiscal, procurement, and program staff. A description of these processes is in the development and execution of contracts and payment of contract invoices, described in 10.1.2 that follows.

DECE program managers refer to CCDF regulations, program instructions, and CCDF grant terms and conditions to guide planning and administration, including revision of policies and procedures based on changes in law and regulations. Program policies and procedures are posted on the Lead Agency's website under Manuals (Child Care Scholarship Program Policy Manual, Child Care Licensing System, Division of Early Care and Education Emergency Plan) and on www.scchildccare.org website under Library (ABC Quality documents including Indicators/Standards, Clarification Guides, Forms, Business Procedures). Assignment of authority and responsibilities related to program integrity and consistent with policies and procedures for effective stewardship of all program resources are documented in position descriptions that are

discussed with employees at their hiring and annual evaluations.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency uses the State of South Carolina’s accounting system, South Carolina Enterprise Information System (SCEIS) for the basis for record keeping and financial management systems for all CCDF related expenditures. SCEIS incorporates integrated processes with checks and balances for financial management, record keeping, and reporting by cost center, program cost accounts, and general ledger accounts. This applies to direct services, grants, contracts, etc.**

The Program Finance point of contact receives the ACF 696 to review prior to Finance submitting to ensure expenses are coded properly.

If fraud is discovered, our Office of Inspector General will work with the agency to investigate the situation and take appropriate action as a result of the investigation.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Within South Carolina’s accounting system, SCEIS (described above in response to 10.1.2.a), used by the Lead Agency, are Program Cost Accounts (PCAs) that are established to track, trace and accumulate expenditures for a specific fund source, such as explicit types of CCDF activities. For example, allowable CCDF infant-toddler expenditures are coded and accumulated in PCA 1W12. Allowable CCDF quality expenditures that are carried out by the Lead Agency’s Child Care Licensing office and ABC Quality (Quality Rating and Improvement System) are coded to PCA 1W03. CCDF quality expenditures through executed contracts are coded to PCA 1W13. Also, South Carolina’s Comptroller General office maintains a chart of General Ledger account codes that are used to specify the type of expenditure (various kinds of direct services, non-direct services such as systems and eligibility determination, personnel expenditures, contractual expenditures depending on the type of contractor,**

operating supplies and services). Expenditures are accumulated in cost centers for the offices initiating the requests for expenditures. The Lead Agency program staff have been guided to identify and use the appropriate cost centers, PCAs, and General Ledger codes for specific allowable CCDF activities that are described in the CCDF Final Rule/regulations. If unsure, the Lead Agency staff will consult with the Lead Agency Finance Program Coordinator to determine the appropriate Cost Center, PCA, and General Ledger code to using each CCDF grant year when CCDF allocations are posted on the Office of Child Care’s website, the Lead Agency’s financial program coordinator compiles a spreadsheet for that grant year, identifying the CCDF allocations by type (Discretionary, Matching, Mandatory), along with the required Maintenance of Effort and State Matching requirements, calculating the percentages required to be spent by category (infant-toddler set-aside, quality set-aside, Discretionary direct services, TANF/transitioning/at-risk direct services) and the 5% limitation on administrative expenditures. Use of these funds by Cost Center, PCA, and General Ledger is tracked through SCEIS reports on at least a quarterly basis over the course of the open grant year.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Lead Agency’s Finance Office Grants Accounting and Reporting team monitors specific CCDF Federal grant activity through the SCEIS accounting system. CCDF Federal expenditure are reconciled quarterly in coordination with program staff to assure accuracy. The Lead Agency’s Finance Office Grants Accounting and Reporting prepares the ACF 696 reports. A draft of the ACF 696 fiscal reports are reviewed with program staff in the Division of Early Care and Education, adjustments are made if needed, a final review is completed by the Finance Grants Accounting and Reporting manager and/or Controller, then submitted as required to the appropriate state or federal office.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management practices ensure that funds are used and reported in ways that are consistent with laws, regulations, policies and procedures with a low prevalence of errors in eligibility determinations and payments to providers, contractors and vendors.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency continuously assesses its practices to identify and prevent errors in eligibility determinations and payments to providers, contractors, and vendors. Eligibility case review staff review a percentage of all new or recertification cases to ensure eligibility for Child Care Scholarships was determined properly and that services authorized according to policy. If errors are found, the case is returned to the eligibility staff to make a correction. Bi-weekly reports are reviewed by the Quality Review Team in supervisory reviews. Fiscal reports are reviewed for accuracy by both Finance office managers and the Lead Agency finance program coordinator. Contracts are routinely monitored by the Lead Agency program managers to assure performance according to the executed scope of services. Written reports from contractors about their progress with**

contracted activities are included in the scopes of services and reviewed by the Lead Agency contract managers. Invoices are reviewed by the Lead Agency contract managers to assure consistency with executed contract and budgets before approving for payment processing. The Lead Agency uses OCC-sponsored webinars on Program Integrity/Accountability/Internal Controls and review of OCC guidance materials, and program instructions, including instructions for ACF-696 financial reports to periodically conduct reviews of our policies, procedures and practices. Effectiveness is demonstrated by low prevalence of errors in eligibility determinations, payments to providers, contractors, and vendors. Since the Lead Agency is subject to the provisions of the Federal Single Audit Act, the agency is subject to annual audits by the external Office of the State Auditor. These audits include analyses of Lead Agency's system of internal controls and program compliance with federal laws and regulations including fiscal management practices. The Lead Agency reviews and responds to State Auditors' internal control questionnaire which addresses our policies, procedures and practices in every area of operation based on the annual OMB Compliance Supplement.

- c. How the results inform implementation. Describe: **The results of the self-assessments and State audits provide an opportunity for the Lead Agency to conduct an in-depth review and update existing policies and procedures when applicable to ensure appropriate training to staff on proper procedures and to update fiscal management practices as needed to ensure compliance with the administration of the CCDF Program. The continuous quality improvement ensures proper application of the CCDF rules and regulations.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Eligibility case reviews are conducted on a percentage of all new and recertification cases to ensure that eligibility was determined properly and that the services authorized are in accordance with policy. If errors are found, case review staff return the case to the eligibility worker to make correction(s). Supervisory reviews are conducted using bi-weekly reports for the Quality Review team to identify errors and corrective actions.**

Written risk assessments are prepared for each contract prior to its execution, considering factors such as: How long has the potential contractor been operating? What is their organizational capacity to carry out the activities we're seeking (expertise in the specific issue, personnel experience, financial stability, etc.)? Are there any adverse circumstances affecting the potential contractor? The risk assessment is conducted to determine the level and scope of the monitoring plan for each contract/grant which is attached to it. Depending on the extent of risk, on-site program reviews may be conducted by program staff. Program staff routinely monitor all deliverables to ensure that work is performed in accordance with the terms in the executed scope of services and that reports are received in a timely manner. Reporting requirements include project strategies, timelines, expected outcomes and method of evaluation. Program staff maintains regular contact with the contractor/grantee to provide technical assistance and to discuss barriers prohibiting

completion of the tasks in the scope of work. Regular contact includes face-to-face meetings and telephone/electronic contacts as appropriate.

- b. The frequency of each risk assessment. Describe: **The Quality Review Team receives a bi-weekly report of child care cases that have been approved and entered into the Child Care Scholarship database. A percentage of the cases are reviewed by the Quality Team to assess potential risks and for verification that the child care cases were processed in accordance with the established Child Care Scholarship Program policies and procedures to ensure compliance with the CCDF regulations.**

CCDF-funded contractors and grantees are required to submit annual and cumulative year end reports to the assigned contract manager describing their success in accomplishing deliverables/activities as describe in the scope of work.

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **If risks are identified, resolutions are sought, including revision of policies procedures, and/or practices to minimize the risk. If errors are found, the manager and staff responsible for the error are notified and the errors are corrected if applicable. The identified errors result in the Program Manager reviewing policies and procedures to ensure clarity. If clarifications on policy is needed, the Program Manager will provide clarification on policy and send to all staff. Additionally, all policy manuals will be updated.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Effectiveness is demonstrated by low prevalence of errors in eligibility determinations and in payments to providers, contractors, and vendors future errors should immediately decrease upon identifying the error and making policy clarifications to staff.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Eligibility workers and Control Center staff, at initial hire, are trained by supervisors and experienced staff on the policies and procedures of the Child Care Scholarship Program. New staff shadow existing staff to watch and learn how to properly apply policies to the daily work. Supervisors review the new staff's progress, along with the experienced staff that were training the new workers, and determine when the new staff person can work independently based on their ability to effectively carry out the policies and procedures correctly. The same process is followed if an existing staff assumes new duties on a function which they have not had training previously. Ongoing training is provided throughout the year to ensure staff are retaining the correct**

policy and procedures for administering the CCDF program requirements.

Additionally, eligibility workers and control center staff are provided one-on-one training by the supervisors or the Program Manager as identified by Quality Team Program Coordinator on Child Care Scholarship mandatory program policies and procedures. They are also trained based on policies governing the findings from audit reviews and supervisory reviews.

- ii. Describe how staff training is evaluated for effectiveness: **The effectiveness of the training provided is evaluated by experienced workers and supervisors visually monitoring the correct application of policies and procedures. The long term effectiveness is measured by the absence of errors when completing daily tasks around eligibility determination and program operations. Through the shadowing and observation, the supervisor determine if the new staff are on track.**

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Desk reviews and errors found are used to inform training needs. The Lead Agency has a Desk Review Unit that is responsible for reviewing a percentage of cases worked by staff over a period of time to check for accuracy of data and proper eligibility determination. If errors are found, Eligibility workers and Control Center staff are provided one-on-one training by the supervisors, or the Program Manager as identified by Quality Team Program Coordinator on Child Care Scholarship program policies and procedures. They are also trained based on policies governing the findings from audit reviews and supervisory reviews. When errors are identified, the Program Manager reviews the current policy manual to ensure that the policy clearly explains the expectations. If it does, the Program Manager will send a policy reminder email to all staff reiterating how the policy and procedure should be interpreted and applied. If the policy is not clear, the Program Manager will send all staff a policy update with any corrections or clarifications and will update the policy manual to reflect the updates.**

The Improper Payment review and errors found are used to inform training needs. Upon completion of the cyclical Improper Payments review, predominate errors are identified from the error rate results. The Program Manager and supervisors are made aware of the areas requiring more in-depth training on policies and procedures. Trainings are then created to address the specific areas of concern. The trainings for staff are held in person and primarily conducted by the Program Manager. The trainings address the errors identified during the improper payment process, how to prevent future errors and also address additional policy and procedure updates.

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **ABC Quality provides an online orientation training for programs through Pro-Solutions, which includes an overview of program manuals. The program manuals outline the requirements to participate, which includes the CCDF requirements as well as the definition of fraud, the investigation process, and consequences for committing fraud.**

Directors of programs who are serving children receiving CCDF funds must sign and acknowledge a provider agreement, which outlines the requirements to participate to include only serving children at the enrolled Quality location. Programs enrolled with ABC Quality are reviewed annually by ABC Quality assessors for compliance with policy. Any corrective action needed is communicated to the program by their assessor.

Additionally, all staff who are employed within a program participating with ABC Quality are required to complete the Health and Safety Pre-Service training, which provides an overview of the health and safety requirements that meet CCDF program requirements.

ABC Quality and the Child Care Scholarship Program began conducting webinars to provide continuous training opportunities to programs regarding the assessment framework. ABC Quality has developed a Town-Hall series to provide updates to programs on various topics.

ABC Quality has partnered with several of the regional early childhood associations to provide ongoing training opportunities for programs at their annual conference.

As policies or procedures change, programs enrolled with ABC Quality to serve children with CCDF-funded scholarships are sent notifications by letter, email, newsletter, and the website. Also, ABC assessors serve as communicators of policy changes through their annual on-site reviews of programs, phone calls, and email messages to providers.

The Division of Early Care and Education has a monthly newsletter that is sent to all child care providers informing them of any updates, successes, and upcoming events related to the Child Care Scholarship Program, ABC Quality and Child Care Licensing. Additionally, the Child Care Scholarship Program sends a child care provider bulletin to all ABC Quality enrolled child care providers with policy updates and clarifications directly related to the Child Care Scholarship Program. The Child Care Scholarship Program will be conducting two child care provider trainings per year to provide the child care providers with opportunities to hear from the subject matter experts regarding policy changes, clarifications, any upcoming initiatives, and to allow them the chance to ask questions and have

direct communication with program staff. The Child Care Scholarship Program will attend and present at child care conferences so that all child care provider attendees will be able to receive specific child care information and updates that will facilitate compliance with the CCDF regulations as well as increase program integrity while reducing errors in billing which results in less audit findings.

- ii. Describe how provider training is evaluated for effectiveness: **Individuals who take the Pro-Solutions orientations and/or Health and Safety Pre-service are able to provide an evaluation of these courses, which enables ABC Quality to make adjustments as needed to meet the provider’s needs. After the ABC Quality webinars participants are given an opportunity to provide an evaluation to ensure the topic meets their needs. The ABC Quality Town-Hall series also serves as a platform for programs to get their questions answered. Participants are asked to provide their questions regarding the topic area prior to the meeting. At the end of the meeting participants are asked to complete an evaluation, to continue to provide better service and effectiveness in our training methods. The effectiveness of the trainings are evident when the Quality Assessors determine that the providers are in compliance with CCDF program requirements. The assessments will show there is an increase in the child care provider's compliance with policies and procedures which result in fewer areas of non-compliance and less audit findings.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **If internal audits identify audit findings on a child care provider, the Child Care Scholarship staff review policies and procedures with the child care provider to ensure targeted training around any issues identified. These findings are also used to inform topics discussed in Town Hall webinars with child care providers, state level conference training sessions as well as technical assistance sessions with the child care provider.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The error rate review results are shared with Division Director of Early Care and Education and the Child Care Scholarship Program Manager. At the first monthly meeting after the error rate review report, the case reviewers meet with the eligibility Program Coordinator and eligibility Supervisors to discuss findings, errors, and improper payments from the error rate case reviews. The meeting also addresses any problems, answers questions, and provide clarification of child care program policies and procedures.**

The error rate report results are used as a guide for completing ongoing case reviews

conducted by the Quality Review Team, including updating documents to ensure errors are identified which can be addressed quickly to assist in decreasing future errors. The error rate report results and the results from the ongoing case reviews are used to identify areas for staff trainings. The error rate report results aid in providing the information needed for the Quality Review Team in conjunction with the Division of Technology Services (DTS) staff to monitor the progress of eligibility staff and make recommendations regarding methods to improve agency data systems.

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are initially shared with the Chief Financial Officer, Finance Division Controller and Manager of Grants Accounting and Reporting in audit exit interviews. Afterward, the Finance Division staff share audit results that are specific to individual program areas, to include the Division Director and Program Fiscal Coordinator, typically in meetings with the program areas staff who are knowledgeable of the audit issues to determine if adjustments to internal controls, policies, procedures, or practices are needed and if so, to develop strategies to address them.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **Statewide Single Audit for State Fiscal Year 2023 (7/1/2022-6/30/2023) identified no internal control weaknesses for the CCDF program.**
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting

Information System (PARIS)).

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
- b. Run system reports that flag errors (include types).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- c. Review enrollment documents and attendance or billing records.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **To ensure the policies and procedures are maintained to avoid program violations the Lead Agency Finance staff process all billing records Service Voucher Log (SVLs) submitted by providers to ensure proper billing procedures have been followed. Any errors or violations found from reviewing the SVLs are used to provide clearer policy and training to the child care providers and the child care Finance and program staff.**

ABC Quality staff review enrollment documents prior to a provider enrolling to ensure the provider is enrolled at the appropriate rates and level as well as set up with a valid IRS letter and Federal Identification Number or Driver's license and Social Security Number depending on how the provider is doing business. This process ensures that the provider is appropriately set up with our state Treasurer's office and with the ABC Quality level to ensure proper billing for children eligible for subsidy.

During the enrollment process, ABC Quality and Child Care Scholarship Control Center staff follow the guidelines, policies and procedures outlined in the Child Care Scholarship Policy Manual to ensure provider enrollments meet the appropriate requirements.

Any discrepancies found as a result of the enrollment process is used to ensure policy is clear as well as provide training for the child care program staff.

See ABC Quality License Exempt Manual (<https://www.scchildcare.org/media/4qdn5tgg/license-exempt-school-age-manual-6-3-2024.pdf>), ABC Quality Center-Based Manual (<https://www.scchildcare.org/media/2g1dfkhl/center-based-manual-june-18-2024.pdf>), and the ABC Quality Family Group Manual

(<https://www.scchildcare.org/media/ngbg1mjo/family-group-manual-revised-june-2024.pdf>). The Lead Agency does not distinguish intentional and unintentional program violations or agency errors when adjustments are processed.

During the period October 2022 to September 2023, the Lead Agency Finance staff processed 18,341 online SVL'S totaling \$181,449,919 and 1,346 paper SVL's totaling 1,836,468. During the same period there were 1,134 Adjustments for \$146,692.00 (Payable Adjustments 549 for \$22,205 and Receivable Adjustments 585 for \$168,897. There were 47 Tax Intercepts processed for \$49,977.96.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **To ensure the policies and procedures are maintained to avoid program violations the Lead Agency Finance staff process all billing records Service Voucher Log (SVLs) submitted by providers to ensure proper billing procedures have been followed. Any errors or violations found from reviewing the SVLs are used to provide clearer policy and training to the child care providers and the child care Finance and program staff.**

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Any discrepancies found as a result of the enrollment process is used to ensure policy is clear as well as provide training for the child care program staff.

Lead Agency policies are the same for all enrollment documents, attendance, enrollment and billing records program violations. The Lead Agency does not distinguish intentional and unintentional program violations or agency errors when adjustments are processed. During the period October 2022 to September 2023, the Lead Agency Finance staff processed 18,341 online SVL'S totaling \$181,449,919 and 1,346 paper SVL's totaling 1,836,468. During the same period there were 1,134 Adjustments for \$146,692.00 (Payable Adjustments 549 for \$22,205 and Receivable Adjustments 585 for \$168,897. There were 47 Tax Intercepts processed for \$49,977.96.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **During the enrollment process, ABC Quality and Child Care Scholarship Control Center staff follow the guidelines, policies and**

procedures outlined in the Child Care Scholarship Policy Manual to ensure provider enrollments meet the appropriate requirements.

Any discrepancies found as a result of the enrollment process is used to ensure policy is clear as well as provide training for the child care program staff. Red flag reports are also used or new ones created.

The Lead Agency does not distinguish intentional and unintentional program violations or agency errors when adjustments are processed. During the period October 2022 to September 2023, the Lead Agency Finance staff processed 18,341 online SVL'S totaling \$181,449,919 and 1,346 paper SVL's totaling 1,836,468. During the same period there were 1,134 Adjustments for \$146,692.00 (Payable Adjustments 549 for \$22,205 and Receivable Adjustments 585 for \$168,897. There were 47 Tax Intercepts processed for \$49,977.96. During the period October 2022 to September 2023, the Lead Agency Finance staff processed 18,341 online SVL'S totaling \$181,449,919 and 1,346 paper SVL's totaling 1,836,468. During the same period there were 1,134 Adjustments for \$146,692.00 (Payable Adjustments 549 for \$22,205 and Receivable Adjustments 585 for \$168,897. There were 47 Tax Intercepts processed for \$49,977.96.

d. Conduct supervisory staff reviews or quality assurance reviews.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **During case reviews, if it is determined that an individual has provided incorrect information or intentionally provided fraudulent information to obtain child care services, the case is referred to the Child Care Scholarship Program Manager for denial or termination of child care services. During the desk review process over the past year, the review team has not identified any intentional program violations.**

During the period of October 2022 to May 2023, 2964 cases were reviewed resulting in 229 administrative errors and 35 improper payments. The Lead Agency does not track agency error based on intentional vs. unintentional errors. Errors are only tracked by administrative vs improper payments.

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **As a result of the case reviews, if the violations are determined to be unintentional, the case is referred to the Child Care Scholarship Program Manager for further action to ensure policies, procedures and processes are reviewed to determine if changes or clarifications to such policies are needed.**

This activity is an effective method to identify errors. Any discrepancies found as a result of the enrollment process is used to ensure policy is clear as well as provide training for the child care program staff. Red flag reports are also used and new ones created as necessary.

During the period of October 2022 to May 2023, 2964 cases were reviewed resulting in 229 administrative errors and 35 improper payments. The Lead

Agency does not track agency error based on intentional vs. unintentional errors. Errors are only tracked by administrative vs improper payments.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **This activity is an effective method by which to identify errors. The reviews are to be used to identify training needs for staff and to make recommendations regarding methods to improve the child care program, by reviewing and making changes to changes to policies and procedures. Training sessions are developed to target the causes of errors, such as incorrect income calculations.**

During the period October 2022 to May 2023, 2,964 cases were reviewed resulting in 229 Administrative Errors and 35 Improper Payments. The Lead Agency does not track agency errors based on intentional vs unintentional only administrative vs improper payments.

- e. **[x]** Audit provider records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An engagement letter is sent to the child care provider to announce the upcoming audit. The auditor calls the child care provider to discuss the information needed for the audit. The child care provider sends in information and the auditor reviews submitted documents. The supervisor reviews results determined by the auditor. A final report sent to the child care provider if there are no findings. A draft report is sent to the child care provider to report any findings. The provider is given 15 days to respond to the draft report or to send additional documentation of attendance. If adjustments are made, a revised draft report is sent to the child care provider and they are given another 15 days to respond. A final report is sent to the child care provider. The child care provider has 30 days from the date of the final report to send a request to the Office of Administrative Hearings to request an appeal of the audit findings. If audits are not notified of an appeal, after 30 days, a recoupment request is sent to Finance for recovery of funds. Finance contacts the child care provider to set-up a payment plan.**

This activity is an effective method by which to identify errors in the provider's records. The draft finding letter and the final letter is also sent to the child care program area. These findings are used to ensure policy is clear as well as inform training topics needed for the Town Hall webinars with child care providers, conference training sessions, and policy bulletins to child care providers.

Lead Agency's Audit Division conducted 281 audits during the period 10/1/2022-9/30/2023 and forwarded \$169,732.00 in recoupments to Lead Agency Finance based on 116 findings. These findings are currently not identified by intentional vs unintentional program violations.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An engagement letter is sent to the child care provider to announce the upcoming audit. The auditor calls the child care provider to discuss the information needed for the audit. The child care**

provider sends in information and the auditor reviews submitted documents. The supervisor reviews results determined by the auditor. A final report sent to the child care provider if there are no findings. A draft report is sent to the child care provider to report any findings. The provider is given 15 days to respond to the draft report or to send additional documentation of attendance. If adjustments are made, a revised draft report is sent to the child care provider and they are given another 15 days to respond. A final report is sent to the child care provider. The child care provider has 30 days from the date of the final report to send a request to the Office of Administrative Hearings to request an appeal of the audit findings. If audits are not notified of an appeal, after 30 days, a recoupment request is sent to Finance for recovery of funds. Finance contacts the child care provider to set-up a payment plan.

This activity is an effective method by which to identify errors in the provider's records. The draft finding letter and the final letter is also sent to the child care program area. These findings are used to ensure policy is clear as well as inform training topics needed for the Town Hall webinars with child care providers, conference training sessions, and policy bulletins to child care providers.

Lead Agency's Audit Division conducted 281 audits during the period 10/1/2022-9/30/2023 and forwarded \$169,732.00 in recoupments to Lead Agency Finance based on 116 findings. These findings are currently not identified by intentional vs unintentional program violations.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **This activity is an effective method by which to identify errors in the provider's records. The draft finding letter and the final letter is also sent to the child care program area. These findings are used to ensure policy is clear and being interpreted appropriately by child care staff. These topics also inform training topics for child care staff.**

Lead Agency's Audit Division conducted 281 audits during the period 10/1/2022-9/30/2023 and forwarded \$169,732.00 in recoupments to Lead Agency Finance based on 116 findings. These findings are currently not identified by intentional vs unintentional program violations.

- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Lead Agency eligibility staff are provided one-on-one training by members of the Review Team as a part of the on-boarding process. Child Care Scholarship Program policies and procedures are taught and reviewed to ensure that new staff know the eligibility criteria and can correctly process applications for the child care scholarship. This is a significant part of orientation to the Program. At regular intervals ongoing Training Curriculum sessions are presented in small group settings providing time for staff to review the information and ask questions. Eligibility staff have an opportunity to clarify policy which will then allow them to make accurate decisions. The goal**

of the Lead Agency is to provide all eligibility workers with tools to decrease errors and improve our error rate therefore avoiding the possibility of program violations leading to misuse of funds.

This activity is an effective method by which to train staff on policy. Results of this activity can be seen in lower errors and improper payment findings. The goal of the Lead Agency is to provide all eligibility workers with tools to decrease error and improve our error rate therefore avoiding the possibility of program violations leading to misuse of funds.

ABC Quality provides an orientation for new employees, which includes a review of all program manuals. The program manuals outline the requirements to participate, which includes the CCDF requirements as well as the definition of fraud, the investigation process, and consequences for committing fraud. ABC Quality provides updates and changes to program requirements or procedures at regular staff meetings. ABC Quality staff is trained on reporting potential fraud cases to the appropriate entities who will investigate the claim.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Lead Agency eligibility staff are provided one-on-one training by members of the Review Team as a part of the onboarding process. Child Care Scholarship Program policies and procedures are taught and reviewed to ensure that new staff know the eligibility criteria and can correctly process applications for the child care scholarship. This is a significant part of orientation to the Program. At regular intervals ongoing Training Curriculum sessions are presented in small group settings providing time for staff to review the information and ask questions. Eligibility staff have an opportunity to clarify policy which will then allow them to make accurate decisions. The goal of the Lead Agency is to provide all eligibility workers with tools to decrease errors and improve our error rate therefore avoiding the possibility of program violations leading to misuse of funds.**

This activity is an effective method by which to train staff on policy. Results of this activity can be seen in lower errors and improper payment findings. The goal of the Lead Agency is to provide all eligibility workers with tools to decrease error and improve our error rate therefore avoiding the possibility of program violations leading to misuse of funds.

Child Care Scholarship staff and Quality Review Team utilized the same process and policies for all program violations.

ABC Quality utilizes the same staff training strategies for all types of program violations.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **As a result of the bi-weekly case reviews performed by the Quality Review Team the risk of errors in eligibility determination is kept at a minimum. The Team reviews an average of 247 cases per month.**

Eligibility workers and Control Center staff are provided one-on-one training through the Quality Review process to address redundant errors. They are also trained based on findings from audit reviews and supervisory reviews. The Quality Review Team has a process in place to review errors with supervisors and new processes are also being developed as a result of the Improper Payments Reviews. Additionally, there is a yearly training conducted with staff by the Program Manager and team to review changes to policy and provide policy clarifications to ensure compliance. As new policy guidance is available, all staff are sent an email with the new policy updates to include any changes to existing policy, the new policy language, and the effective date of any policies or changes.

This activity is an effective method by which to train staff on policy. Results of this activity can be seen in lower errors and improper payment findings. The goal of the Lead Agency is to provide all eligibility workers with tools to decrease error and improve our error rate therefore avoiding the possibility of program violations leading to misuse of funds.

g. Other. Describe the activity(ies): **The Lead Agency refers to the Office of Inspector General (OIG) to investigate issues related to fraud. The Lead Agency staff upon identifying the potential for fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings. As a result of this process with OIG, policies and procedures are reviewed to ensure that no changes are needed based on findings.**

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency refers to the Office of Inspector General (OIG) within SCDSS to investigate issues related to fraud. The Lead Agency staff upon identifying the potential for fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings. As a result of this process with OIG, policies and procedures are reviewed to ensure that no changes are needed based on findings.**

During the period October 2022 to September 2023 OIG received and investigated 17 complaints of which 12 were Provider related and 5 were client related. The Office of Inspector General OIG utilizes a Case Management and Tracking System to maintain records of open complaints and investigations. Annual updates are requested from OIG to determine the number of cases prosecuted. As a result of this activity, we review policies and procedures to ensure they are effective.

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency refers to the Office of Inspector General (OIG) within SCDSS to investigate issues related to fraud. The Lead Agency staff upon identifying the potential for fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings. As a result of this process with OIG, policies and procedures are reviewed to ensure that no changes are needed based on findings.**

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- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency refers to the Office of Inspector General (OIG) within SCDSS to investigate issues related to fraud. The Lead Agency staff upon identifying the potential for fraud or misrepresentation refers documentation to the OIG for extensive research and investigation to determine findings. As a result of this process with OIG, policies and procedures are reviewed to ensure that no changes are needed based on findings.**

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10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **South Carolina Department of Social Services and Office of Inspector General, when applicable.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When it is determined that a provider has unintentionally violated the program policies, a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the Lead Agency Finance Division. A repayment letter is**

sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments. A report will be created to give a total amount of funds recovered through repayment plans. The results of allowing a repayment plan allows the provider to budget for the recoupment of funds over a period of time determined by finance and the provide depending on the amount owed.

During the October 2022 through September 2024 there were 133 repayment plans generated for a total of \$167,488 to be repaid.

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the provider who has unintentionally violated program policy is allowed to continue to serve child care scholarship children, recoupments will be recovered from future payment requests submitted by the provider. The Lead Agency has processes in place to recover misspent funds from providers that are the results of these errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the Child Care Scholarship Program database. Once the adjustments are entered, the future payments for the child care 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 Voucher Log (SVL) for the child care provider and will affect all future payments until the amount of the adjustment has been paid or received. The results of the recoupment from subsequent moths ensures a faster recover of funds owed. By reducing the child care scholarship funds from future payments, the providers are more likely to review their future payments more closely to avoid future recoupments of funds.**

During the period October 2022 to September 2023, the Lead Agency Finance staff processed 585 Receivable Adjustments for \$168,897.

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Accounts Receivable Division 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.**

During October 2022 - September 2024, there were 47 Tax Intercepts processed for \$49,977.96.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. Other. Describe the activities and the results of these activities:

- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **When it is determined that a provider has unintentionally violated the program policies, a recoupment of monies paid to the provider is processed. The provider is allowed to set up a repayment plan through the Lead Agency Finance Division. A repayment letter is sent to the provider describing the monies owed. The provider is given an option to pay the amount in full by a specific date, or the option of requesting a payment plan and making regular payments. A report will be created to give a total amount of funds recovered through repayment plans.**

During the October 2022 through September 2024 there were 133 repayment plans generated for a total of \$167,488 to be repaid.

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the provider who has unintentionally violated program policy is allowed to continue to serve child care scholarship children, recoupments will be recovered from future payment requests submitted by the provider. The Lead Agency has processes in place to recover misspent funds from providers that are the results of these errors. These processes include an automated adjustment system in which both payable and receivable adjustments can be entered in the Child Care Scholarship Program database. Once the adjustments are entered, the future payments for the child care 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 Voucher Log (SVL) for the child care provider and will affect all future payments until the amount of the adjustment has been paid or received.**

During the period October 2022 to September 2023, the Lead Agency Finance staff processed 585 Receivable Adjustments for \$168,897.

- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency's Accounts Receivable Division 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.**

During October 2022 - September 2024, there were 47 Tax Intercepts processed for \$49,977.96.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. Other. Describe the activities and the results of these activities:

- d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. Other. Describe the activities and the results of these activities:

- e. What type of sanction will the Lead Agency place on clients and providers to help reduce

improper payments due to intentional program violations or fraud? Check and describe all that apply:

- i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency has a Quality Review Process that conducts monthly random reviews to check the accuracy of determinations of child care eligibility. The results of these reviews are then discussed with the eligibility supervisors to assist with one-on-one sessions with child care eligibility workers to ensure correct interpretation of policy and procedures. If it is determined that there is potential fraud case it is directed to the Child Care Scholarship Program Manager for review and referral to the Office of Inspector General. If it is determined that the client misrepresented themselves by providing forged or fraudulent eligibility documentation, then the client is disqualified for life. A designation code is added to the client's record in the Child Care Scholarship system to indicate this action.**

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. 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.

During the period October 2022 to September 2023, there were no findings for misrepresentation by the client.

- ii. **[x]** Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Providers who are determined to have intentionally violated the program or to have committed fraud will be terminated from participation in the ABC Quality program.**

The ABC Quality Program Manuals states that a child care program may appeal adverse actions such as termination or de-enrollment of an age group pursuant to SCDSS's regulations [Reg. 126150, et seq.]. A certified letter will be sent to the child care provider notifying them of any adverse action along with instructions of how to request an appeal. To appeal the decision, a request must be made by the child care provider, in writing, within 30 days from receipt of the letter notifying the child care provider of the negative action. Once a representative has been appointed by the child care provider, all communications regarding the hearing and appeal are required to be made with that representative. If the request for

appeal is not submitted to SCDSS within the 30-day period, the right to challenge the termination will be lost and the decision will become final. Once the Department of Individual and Provider Rights (DIPR) receives a written appeal request from the child care program, they will notify the child care provider, in writing, of the date and time for the hearing. The decision is made after reviewing the testimony and evidence provided by the child care provider and the representing program staff. If the decision rendered is not agreeable to the child care provider, the child care provider may appeal further to the Administrative Law Court, which is outside of DSS, for judicial review of their case. Any costs associated with this are the responsibility of the child care provider. During the appeal process, the child care provider is not eligible for the following opportunities: grants, promotions or recognitions of the child care program or any special projects offered by the Lead Agency. Additionally, during the appeal process, no new child care scholarship children will be allowed to connect to the child care provider during the appeal. The child care provider may continue serving children who are currently connected and have current eligibility until the end of the child's 12-month eligibility period as long as there is not a break in service or their 12 months ends and the client renews their eligibility. If there is a break in service of a week or more or the family's original 12 months of care has ended and they are renewing services, the family will not be allowed to connect to the child care provider that is under the appeal and must find alternative child care arrangements. Currently, ABC Quality policy states that child care providers who have committed fraud are ineligible to enroll or reenroll. The Lead Agency requested a reevaluation of the current policy to ensure that the enrollment process is equitable. ABC Quality plans to develop a scoring rubric to review potential child care provider enrollments and the incidents that have occurred within the program that would possibly deny their participation. This rubric will include reviewing the incident based on intentionality, severity, negligence, and the actions that the program took to maintain compliance.

During the period October 2022 to September 2023, there was 1 provider that had to be terminated from the program and disqualified from the program.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The Office of Inspector General is staffed with certified law enforcement personnel skilled in specialized administrative and criminal investigative techniques with the responsibility for the detection and prevention of fraud, waste, and abuse in South Carolina Department of Social Services' (SCDSS) programs and operations. Specifically, allegations of ABC Program Fraud investigated by the OIG and upon the establishment of probable cause, are referred to the appropriate prosecutorial authority for adjudication.**

During the period October 2022 to September 2023 OIG received and investigated 17 complaints of which 12 were Provider related and 5 were client related. During this period there were no providers criminally prosecuted. The Office of Inspector General OIG utilizes a Case Management and Tracking System to maintain records of open complaints and investigations. Annual updates are requested from OIG to determine the number of cases prosecuted.

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		