

Birth Through Five Plan DRAFT**Description of Plan**

The Birth through Five Plan (Plan) is designed to be a relatively short, high-level plan that builds upon strategies from existing plans and adds new strategies where appropriate. It is organized around the four Early Childhood Advisory Council (ECAC) approved system goals, with objectives and strategies for each goal. The intent is for this Plan to provide a framework for elected officials and state agency policymakers to implement strategies, make investments, and change policy to improve outcomes for our youngest children and their families.

This draft has been prepared for review by the ECAC. It will be discussed at the regular meeting on August 19th and the work session on Friday, August 20th.

Major elements include:

- Letter from the Governor (forthcoming)
- Introduction.
- Children in South Carolina. This data-rich section provides a current portrait of children in South Carolina and their status.
- Principles.
- System Goals. Objectives. Strategies.
 - For strategies, we anticipate including the logos of responsible agencies and placing an icon of a baby for strategies that are focused on 0-3, like the example from the Oregon strategic plan below.
- Metrics. The metrics for each system goal were selected based on two criteria. First, the measures must be able to illuminate progress, or not, in the near and longer term. Second, the measures should be able to be disaggregated by geography and/or demographics to allow system partners to allocate resources and services more effectively.
- Process. A description of the process that informed the plan.

Strategy 2.1 Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable infant-toddler early care and education that meets the needs of families.

- Create, scale, and sustain a statewide, high-quality infant and toddler child care program with a focus on children in historically underserved communities. 👶



- Create shared service networks within rural and urban communities to better scale infant and toddler care. 👶
- Increase state investments in Early Head Start by expanding Oregon Prekindergarten as a prenatal-to-five program. 👶

Introduction

South Carolina's Early Childhood Advisory Council (ECAC) is a collaborative body representing the state's early childhood system. Established in state statute, the ECAC includes the directors of state agencies, elected officials, state-level early childhood leaders, members of the business and medical communities, parents, and early childhood educators.

South Carolina's new **Birth through Five Plan (Plan)** is our collective effort to strengthen the early childhood system and reflects the ECAC vision and strategic goals. Please visit <https://earlychildhoodsc.org/who-we-are/about-us/> to find out more.

Thousands of families and service providers from various sectors played an essential role in developing this plan, as this Plan builds on other essential work from across the state. Please see the Process section for details.

A shared roadmap for state action

This Plan is the ECAC's shared roadmap for action for all children, families, and communities in every part of our state over the next five years. In it, you will find where we are and where we're going. You'll find the work grounded in principles of strong families and a prosperous South Carolina. You'll find goals, objectives, and strategies to ignite a spark at the state level.

There are roles for all of us in South Carolina: families, employers, philanthropy, and local and state leaders. *This* Birth through Five Plan is a state agency plan. This Plan is about what our state systems can do that is necessary and appropriate, and where needed most, to solve the negative impacts of poverty.

Why did we do this, and why now?

This plan is about *everyone* thriving in South Carolina. To get there, we must address some disparities: by family income, by race, by geography, for adults and children with disabilities, and more. When South Carolina families succeed, we all succeed. And for many families in our state, we need to do more. This five-year plan recognizes the availability and limitations of resources and funding and starts where it is needed most.

As we work to build South Carolina with thriving families, a growing economy, and a bright future, the research tells us that one of the most important ways we can invest our attention and resources is in our youngest children, their families, and their educators and caregivers. The science is clear: children experience a critical period of growth and development before they reach school. This is particularly true in their earliest years; between birth and age three, infants and toddlers build more than one million new neural

connections every second—the most rapid period of brain development in a child's lifetime.^[1] Therefore, if we want to implement programs and policies that have the best chance of impacting the trajectory of a child's life, we must do so in the early childhood years.^[2]

The evidence backs this approach. Nobel Prize-winning economist James Heckman has conducted extensive research on the impact of early childhood programs, especially for the most marginalized children. In short, Heckman found that high-quality, comprehensive early childhood programs, starting at birth and including access to early childhood education and other supports like nutrition and healthcare, produce an annual 13% Return on Investment (ROI).^[3] The ROI grows due to better long-term outcomes in education (higher high school graduation rates), health (lower blood pressure), social behaviors (lower drug use and criminal activity), and employment (higher labor participation and income).^[4]

Heckman's research shows that children are not the only ones positively impacted by access to high-quality early childhood programming—the economic security of entire families is elevated. When mothers have access to child care, they are more likely to pursue higher education, participate in the workforce, and earn a higher income.^[5] This dual impact on children and families is known as the two-generation (2Gen) effect. Rather than focus solely on children, we recognize that for the whole child to thrive, their entire family must thrive as well.

Our plan recognizes the interconnectedness of child and family wellbeing and includes many evidence-based 2Gen strategies. Promoting access to prenatal and perinatal care is one example that impacts all pregnant mothers and their babies. Nationally, one-third of maternal deaths occur during pregnancy, while two-thirds occur during childbirth or the year after; most of these deaths are preventable.^[6] Prenatal and perinatal care that is accessible, affordable, culturally responsive, and includes comprehensive, quality, guideline-recommended care supports healthy mothers and healthy babies.^{[7],[8]}

Home visiting also supports families. A trained professional supports pregnant moms and new parents by linking them to services and helping them bond with and support the healthy development of their babies. Other models also support early literacy and bring books into the home. Research shows that home visiting produces a significant ROI—between \$1.75 and \$5.70 for every dollar spent.^[9]

South Carolina can lead for the workforce of today and the workforce of tomorrow

This Birth to Five Plan is a comprehensive one that underpins today's workforce while building the workforce of tomorrow. We have a tremendous opportunity to leverage our collective reach and resources as state agencies joined together in the

ECAC to do what is right, necessary, and possible to ensure a safe, healthy, prosperous path for all South Carolina's citizens, starting at birth. Our state will be stronger for it.

^[1] <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf>

^[2] <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf>

^[3] https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf

^[4] https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf

^[5] https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf

^[6] <https://www.healthaffairs.org/doi/10.1377/hblog20200221.833522/full/>

^[7] <https://www.cdc.gov/grand-rounds/pp/2017/20171114-maternal-mortality.html>

^[8] http://www.amchp.org/Policy-Advocacy/health-reform/resources/Documents/Pregnancy%20Issue%20Brief_Final%202016.pdf

^[9] <https://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>

Principles

The following principles were fundamental to the development of this Plan and are critically important to supporting and serving the children and families of South Carolina. The principles are woven into the goals, objectives, and strategies.

All children and families deserve a fair chance at a good life. We envision universal access to strategies that work, and in this five-year plan we are starting where there are known disparities: by family income, race, geography, for adults and children with disabilities.

Parents* are a child's first and most important teachers.

Parents need to connect with their infants and young children in positive ways that help children grow, thrive, and achieve their fullest potential.

"Parents" here, and throughout the document is inclusive of all adults in parenting roles such as grandparents raising grandchildren and other adult caregivers who might not be the biological parent.

Children do better when they are raised in healthy, stable, and attached families. Our work to improve outcomes for children must also include efforts to help families thrive and prosper.

Policies and programs are more effective when inclusive, developmentally appropriate, and delivered with excellence and respect. We must meet children and families where they are, be respectful and compassionate, and deliver the highest quality programs possible.

Policies and programs become more effective when we authentically reflect the voices of families, including their ideas, concerns, and aspirations.

Families in their lives each day understand what they need and want better than anyone else.

South Carolina has an excellent opportunity to build on and reinforce our strong state and local infrastructure to better support and serve children and families. We get better when we align initiatives, work collaboratively, and focus on the areas that lead to healthy and thriving children, families, and the places where they live.

Our Call to Action

South Carolina's long-term prosperity depends on the health and wellbeing of our state's estimated 341,977 babies, toddlers, and preschoolers¹. Every one of them deserves a chance to reach their highest potential, but too few are getting what they need from the start.

46.2% of children, 0-5 lived in poverty or a low-income household ¹	27.0% of entering kindergartners were ready for school ²	61.4% of households with children, 0-5 could always afford to eat good, nutritious meals during the past year ³
9.9% of babies were born with low birth weight ⁴	7.1 per 1,000 babies died within the first year of life ⁴	23.4 per 1,000 children 0-5 were a victim of abuse or neglect ⁵
53.0% of children, 0-5 received coordinated, ongoing, comprehensive care within a medical home ³	45.7% of children 3-4 were enrolled in preschool or nursery school ⁶	68.0% of children, 0-5 had all available parents participating in the labor force ⁷

¹ American Community Survey 5-year Estimates (2015-2019). Table B17024. US Census Bureau.

² "Kindergarten Readiness Assessment: Analysis of the Fall 2020 Results." South Carolina Education Oversight Committee. [Available from: <https://eoc.sc.gov/sites/default/files/Documents/KRA/KRAforweb.06152021.pdf>].

³ National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>].

⁴ 2019 Birth and Infant Mortality Data. Vital Statistics: South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].

⁵ Child Maltreatment 2019. U.S. Department of Health & Human Services, Administration for Children and Families,

Administration on Children, Youth and Families, Children's Bureau. (2021). [Available from: <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>].

⁶ American Community Survey 5-year Estimates (2015-2019). Table S1401. US Census Bureau

⁷ American Community Survey 5-year Estimates (2015-2019). Table B23008. US Census Bureau.

Our Why

The benefits of high-quality early childhood programs last a lifetime. Disadvantaged children who experience quality early care and education earn up to 25% more in wages as adults⁸.

Short-Term Outcomes of Early Childhood Investment	Long-Term Outcomes of Early Childhood Investment
<ul style="list-style-type: none"> • 36% of 4th graders were at or above proficient in math, and 32% were at or above proficient in reading⁹ • 5.3% of substantiated child abuse and neglect cases recurred within six months¹⁰ 	<ul style="list-style-type: none"> • 81.1% of high school seniors graduated on-time¹¹ • 75.3% of graduating seniors were college or career ready¹¹ • There were 21.6 births for every 1,000 females, aged 15-19¹² • The juvenile violent crime rate was 6.0 per 10,000 juveniles¹³

⁸ Gertler P, Heckman J, Pinto R, Zanolini A, Vermeersch C, Walker S, Chang SM, Grantham-McGregor S. Labor market returns to an early childhood stimulation intervention in Jamaica. *Science*. 2014. 344 (6187): 998-1001.

⁹ "South Carolina State Profile." The Nation's Report Card. [Available from: <https://www.nationsreportcard.gov/profiles/stateprofile/overview/SC>].

¹⁰ Child Welfare Outcomes Report Data. Children's Bureau. [Available from: <https://cwoutcomes.acf.hhs.gov/cwodatasite/recurrence/index>].

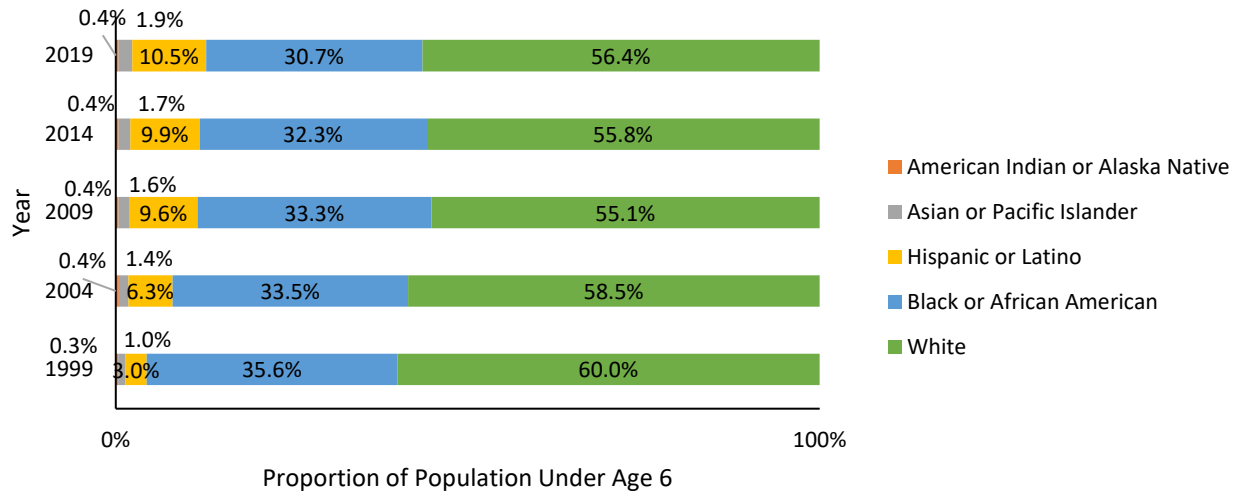
¹¹ "South Carolina School Report Card." South Carolina Department of Education. [Available from: <https://screportcards.ed.sc.gov/>].

¹² "Commitment to Keeping Youth Healthy: 2019 South Carolina Teen Birth Trends." Fact Forward. [Available from: <https://www.factforward.org/sites/default/files/2019%20SC%20County%20Birth%20Rates.pdf>].

¹³ "Crime in South Carolina 2019." South Carolina Law Enforcement Division and Department of Public Safety. [Available from: <https://www.sled.sc.gov/forms/statistics/2019%20Crime%20in%20South%20Carolina.pdf>].

The Population of South Carolina's Young Children is Increasing in Diversity

There are an estimated 341,977 young children living in South Carolina¹. Over the past two decades, the population of young, Hispanic children has more than tripled, and young Asian or Pacific Islander children has doubled¹⁴.



South Carolina's Young Children Live in a Variety of Family Structures

Approximately 4.5% of young children live in a household where a grandparent is responsible, and about 1.0% live in a household where a grandparent is responsible, and no parent is present¹⁵. Approximately 21.6% of households with the householders' own children exclusively have children under age six, and 20.2% have children under age 6 and older siblings¹⁶.

	Total		Married-Couple Family Household		Male Householder, No Spouse Present		Female Householder, No Spouse Present	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Households with own children	487,717	100.0%	312,646	100.0%	36,940	100.0%	138,131	100.0%
Under six years old only	105,347	21.6%	69,720	22.3%	10,306	27.9%	25,278	18.3%
Under six years old and older siblings (ages 6-17)	98,519	20.2%	64,092	20.5%	5,024	13.6%	29,284	21.2%

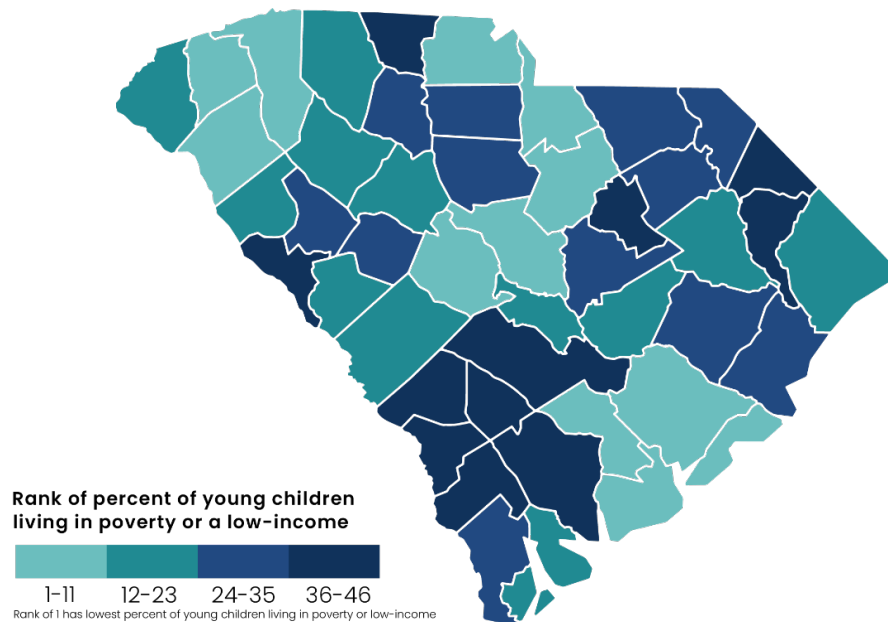
¹⁴ 2019 Bridged-Race Population Estimates. CDC Wonder. All races in figure are of non-Hispanic ethnicity.

¹⁵ American Community Survey 5-year Estimates (2015-2019). Table S1001. US Census Bureau.

¹⁶ American Community Survey 5-year Estimates (2015-2019). Table S1101. US Census Bureau.

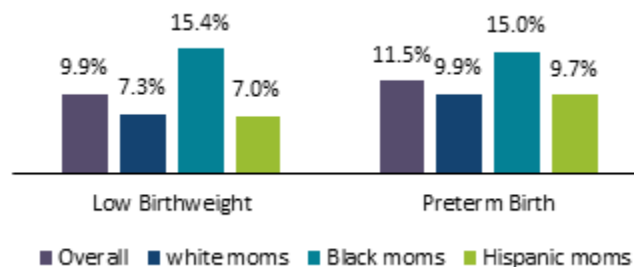
Many of South Carolina's Young Children Live in Poverty or a Low-Income Household

Nearly half of young children (46.2%) live in poverty or a low-income household (defined as <185% of the federal poverty level)^{Error! Bookmark not defined.}



There are Racial and Ethnic Disparities in Birth Outcomes in South Carolina

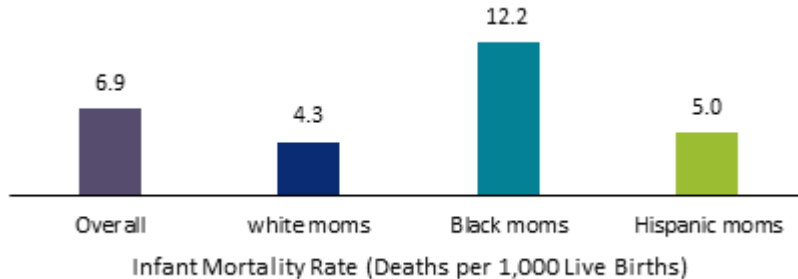
In 2019, 57,044 babies were born³, and the fertility rate was 58.0 births per 1,000 women (ages 15-44)¹⁷, which is close to the national rate of 58.3 per 1,000 women¹⁸. In South Carolina in 2019, 9.9% of live births were born low birthweight, and 11.5% were born preterm¹⁷.



¹⁷ Key Health Indicators: South Carolina. National Center for Health Statistics. [Available from: <https://www.cdc.gov/nchs/pressroom/states/southcarolina/sc.htm>].

¹⁸ Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: Final Data for 2019. National Vital Statistics Reports; vol 70 no 2. Hyattsville, MD: National Center for Health Statistics. 2021. [Available from: <https://dx.doi.org/10.15620/cdc:100472>].

Overall infant mortality, or death within the first year of life, was 6.9 deaths per 1,000 live births¹⁷. There were stark racial/ethnic disparities across these outcomes. The infant mortality rate was almost three times higher among Black mothers, compared to their white counterparts³.



Availability of Child Care is an Issue in South Carolina

As of August 6, 2021, 47.8% of South Carolina's population under age 6 lived in a child care desert¹⁹. There were 2,183 licensed, approved, or registered child care facilities, of which 42.2% were participating in ABC Quality, the state's voluntary quality rating improvement system²⁰. There were 185,218 slots in these facilities or approximately 1.85 slots for every child under age 6²¹.

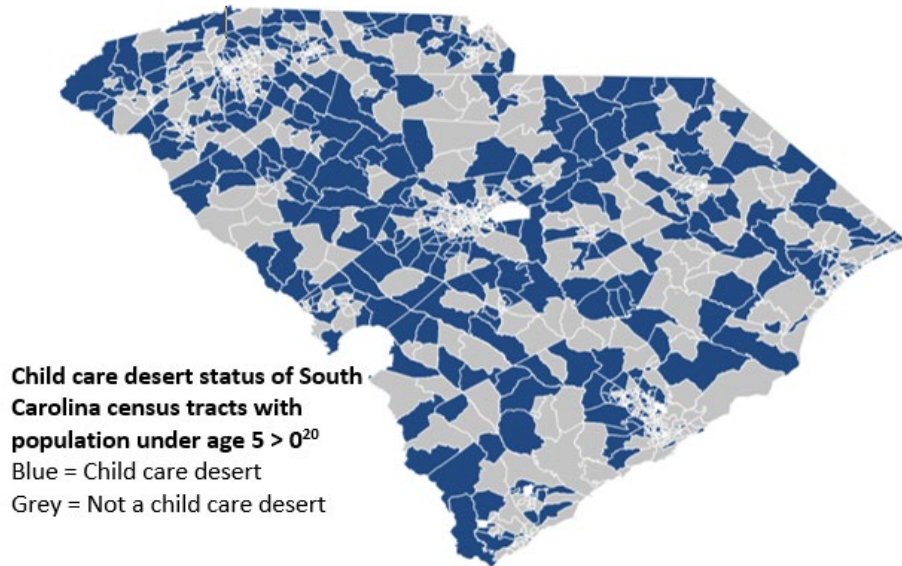
Facility Type ABC Quality Rating	Providers		Capacity	
	Count	% of Total	Count	% of Total
Child Care Center	1,452	66.5%	180,490	97.4%
Rated B or higher	395	18.1%	50,659	27.4%
Family Child Care Home	659	30.2%	3,868	2.1%
Rated B or higher	49	2.2%	287	0.2%
Group Child Care Home	72	3.3%	860	0.5%
Rated B or higher	38	1.7%	452	0.2%
Total	2,183	100.0%	185,218	100.0%
Rated B or higher	483	22.1%	51,398	27.8%

¹⁹ Provider location, and center capacity obtained from schildcare.org on August 6, 2021. Definition of a child care desert obtained from the Center for American Progress, "A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots" (<https://www.childcaredeserts.org/>). Population under age 5 by census tract obtained from the American Community Survey 2015-2019 Five Year Estimates (Table B01001). US Census Bureau. Calculations by Chelsea Richard of South Carolina First Steps (August 9, 2021).

²⁰ South Carolina Department of Social Services. 6 Aug 2021. [Available from: schildcare.org].

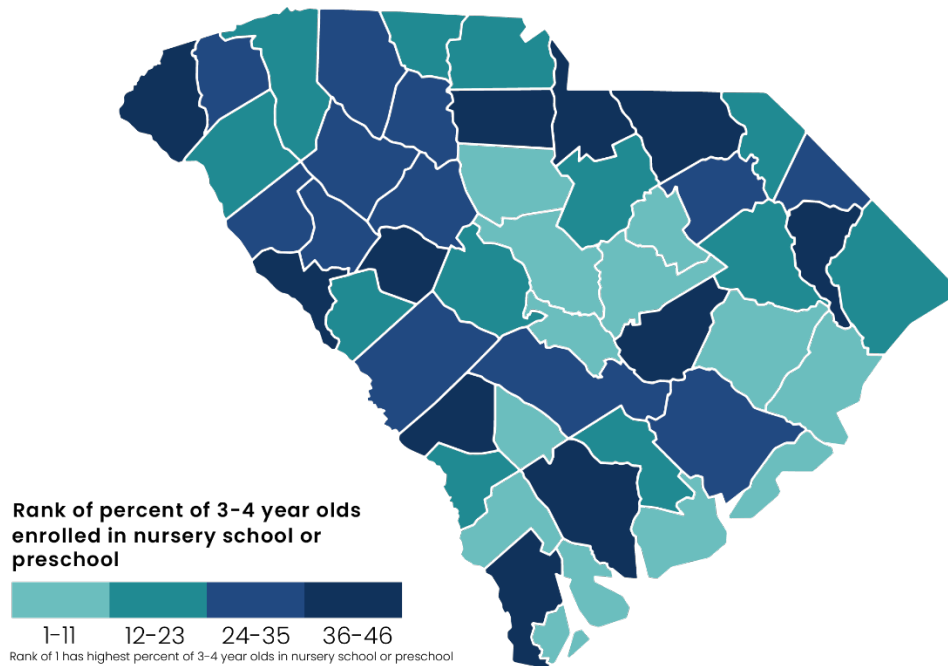
²¹ U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2017-18. [Available from: <http://ocrdata.ed.gov>].

Many areas do not have a sufficient supply of child care centers. These areas are known as child care deserts, where there are at least 50 children under age 5 and either no providers or so few that there are more than three times as many children as there are slots¹⁹.



Preschool Enrollment is Low in South Carolina

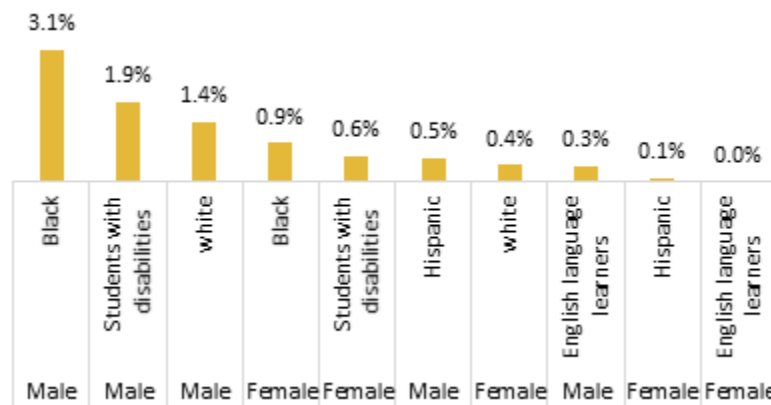
45.7% of South Carolina's 3-4 year olds were enrolled in nursery school or preschool⁶.



There are Racial and Ability Disparities in Preschool Suspension in South Carolina

South Carolina is #50, the worst in the nation for the proportion of public school preschoolers with one or more out-of-school suspensions (1.3%), which is more than double the proportion of the next worst state (Mississippi; 0.6%) and almost seven times higher than the national rate (0.2%)²². The highest proportion of one or more out-of-school suspensions was seen in Black male preschoolers (3.1%), which was followed by male preschoolers with disabilities (1.9%)²².

Subgroups of Public-School Preschoolers	% with one or more out-of-school suspensions
Students with disabilities	1.5%
English language learners	0.2%
Hispanic	0.3%
Black	2.0%
White	0.9%
Male	2.0%
Female	0.6%

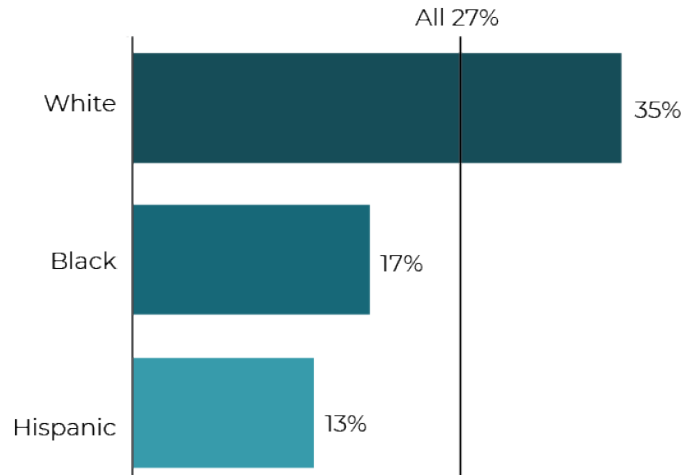


²² U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2017-18. [Available from: <http://ocrdata.ed.gov>].

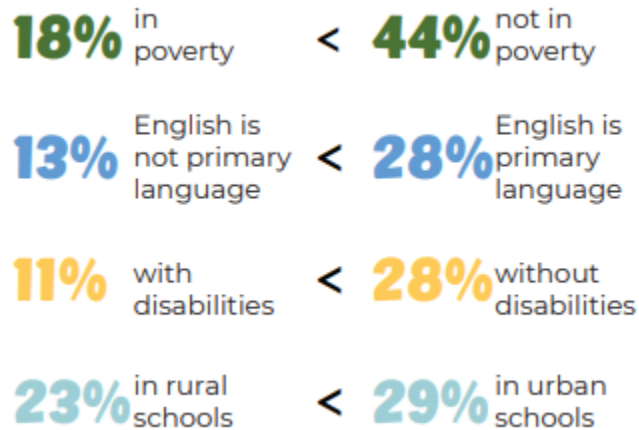
There are Several Disparities in Kindergarten Readiness in South Carolina

In fall 2020, 27% of entering kindergartners were ready². There are stark disparities in kindergarten readiness.

Percentage of Children Ready for School by Race/Ethnicity



Percentage of Children Ready for School by Subgroup

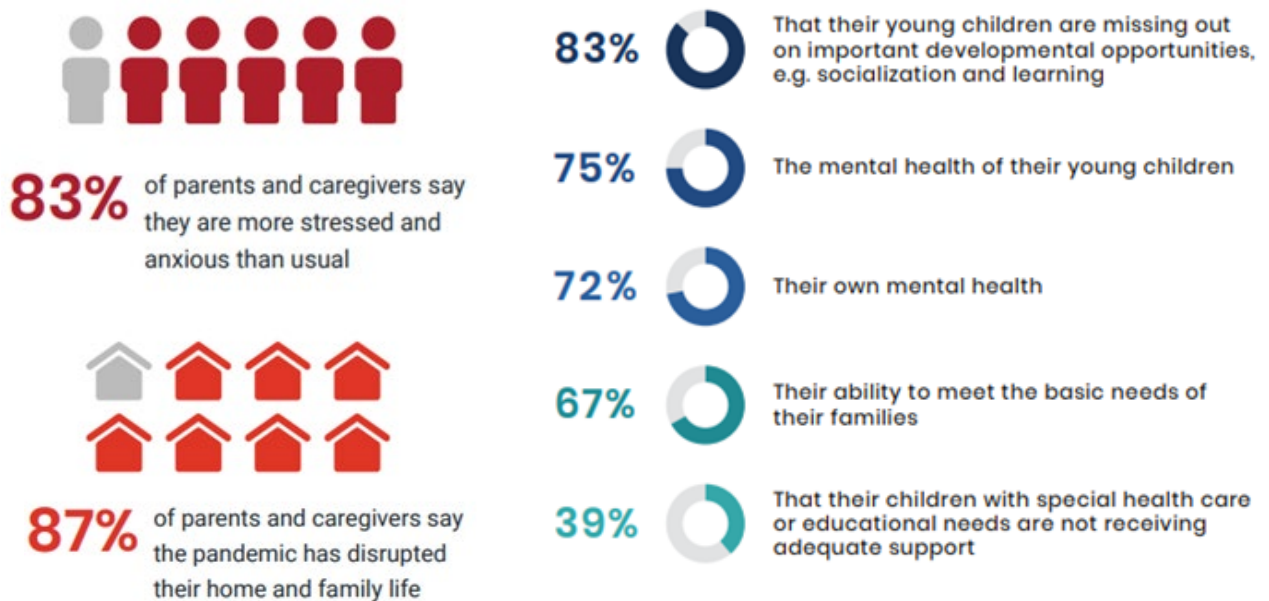


What South Carolina Parents Are Saying

In 2019, a statewide needs assessment²³ was completed. Over 5,000 people participated through regional meetings, focus groups, and an online survey. The online survey focused on the priorities of parents. A total of 1,216 parents responded to the survey. Their top three priorities were in each focus area are below.

Early Learning	Health	Family
<ol style="list-style-type: none"> 1. Finding high-quality childcare/early education programs 2. Participating in high-quality childcare/early education programs 3. Knowing what to do for child/children to be ready for school 	<ol style="list-style-type: none"> 1. Understanding child or children's development 2. Getting services for needs of child or children 3. Being able to afford healthcare for child or children 	<ol style="list-style-type: none"> 1. Having enough family time to spend with child/children 2. Having strong relationships with child or children 3. Having a support system of friends and family members available

In August 2020, a statewide survey of parents with young children was administered to understand the impact of the COVID-19 pandemic on their family's wellbeing and child care arrangements²⁴. A total of 1,245 parents responded. Here is what they said:



²³ "State Strategic Plan & Needs Assessment." South Carolina Early Childhood Advisory Council. [Available from: <https://earlychildhoodsc.org/what-we-do/state-strategic-plan-needs-assessment/>].

²⁴ "Build it Back Better." South Carolina Early Childhood Advisory Council. [Available from: <https://earlychildhoodsc.org/what-we-do/build-it-back-better-survey/>].

What South Carolina Child Care Providers are Saying

In 2018, a statewide survey of child care providers was administered, and 4,002 responses were received, constituting the largest, most comprehensive survey of providers in state history²⁵. Notable findings of this survey include:

Work Environments	Compensation	Diversity
<ul style="list-style-type: none"> • 75% of respondents reported high satisfaction levels with their job. • Over 50% of respondents reported receiving paid sick and vacation leave. • 48% reported having workplace sponsored medical insurance 	<ul style="list-style-type: none"> • 94% of the workforce earn less than \$20.00 per hour with 50% earning \$10.00 per hour or less • Median wage for public school teachers exceeds wages reported from child care teachers by \$11.00 per hour 	<ul style="list-style-type: none"> • 35% of respondents indicated having at least one student with a disability in their classroom • 31% of respondents stated having at least one student whose home language is not English in their classroom

²⁵ Rao V, Chen R, Perkins K, Sevoyan M. “Early Childhood Workforce Study Report – 2018.” Yvonne & Schuyler Moore Child Development Research Center, University of South Carolina, Columbia. [Available from: https://sc.edu/study/colleges_schools/education/research/cdrc/scworkforcestudy2018.pdf].

GOALS, STRATEGIES, AND OBJECTIVES

System Goal 1: South Carolina's youngest children are healthy and safe.

More than one million new neural connections are formed every second during the first few years of life, and ninety percent of brain growth happens before kindergarten. The most important foundations for optimal brain development are a healthy body and a reliable, nurturing relationship with at least one caring adult.

Objective 1.1: Mothers and infants are healthy, safe, and supported before, during, and after birth.

Strategies

1.1.1. Expand access to health care before, during, and after the birth of a child.

Increase the number of providers in underserved areas. Train providers on reimbursable programs and how to make referrals to community programs. Offer alternative care models, like group care and telehealth. Reduce the financial burden of obtaining health care. Implement policies and practices that lower barriers to access. Ensure parents receive training on infant safety and mothers receive support and education about breastfeeding.

1.1.2. Improve the quality of health care before, during, and after the birth of a child. Assure care addresses social determinants of health and risk behavior reduction. Enhance population surveillance to determine receipt of guideline-recommended care.

Objective 1.2: Young children receive consistent, coordinated medical care, and meet recommendations for well-child visits, immunizations, and oral health.

Strategies

1.2.1. Expand access to consistent, coordinated pediatric medical care. Connect young children to health benefits through public outreach. Give families the tools necessary to maximize the benefits they receive. Enhance professional development of early childhood workforce to include recommendations and resources for well-child visits, immunizations, and oral health. Expand the use of alternative care models, like those delivered by community health workers and parent educators, including services in the child's home when appropriate. Reduce administrative barriers to accessing health benefits.

1.2.2. Improve the quality of pediatric care and ancillary services. Ensure care addresses positive and adverse childhood experiences. Expand quality improvement initiatives.

Objective 1.3: Young children are screened, assessed, identified early, and connected with services that address developmental, intellectual, chronic, and acute health concerns.

Strategies

1.3.1. Expand access to screening, identification, and referrals for treatment and services. Expand availability of evidence-based models of comprehensive screening and referral. Enhance provider training and expand the number of professionals to screen and to whom referrals can be made.

1.3.2. Ensure that young children receive timely, appropriate intervention services. Optimize the number of specialists and alternative providers to deliver services and meet demand through strategies such as engaging paraprofessionals when appropriate. Reduce administrative barriers to receiving necessary therapies and transitioning between service providers. Embed networks of system navigators and care coordinators within practices and communities.

1.3.3. Improve data collection and reporting. Establish a statewide developmental screening registry. Explore data collection methods for population-level surveillance and research. Streamline data sharing at the child-level for care coordination purposes.

Objective 1.4: The behavioral and mental health of young children and their families is promoted and supported through: nurturing, responsive and caregiver relationships; supportive environments; targeted social-emotional supports; and intensive interactions including, when appropriate, intervention and treatment.

Strategies

1.4.1. Promote and support personal and social-skill building in all settings. Expand the footprint of curricula and evidence-based programs that promote persistence, self-management, and relationship skills development. Enhance professional development of early childhood workforce to include behavioral and mental health and personal/ social skill development training. Implement policies and practices that eliminate suspension and expulsion from early childhood settings and teach young children the life skills they need to be good citizens.

1.4.2. Expand access to behavioral and mental health care. Ensure sufficient capacity to meet the behavioral and mental health needs of young children, their families, and their care providers. Improve policies and practices related to reimbursement of diagnosis and treatment planning.

1.4.3. Improve the quality of behavioral and mental health care. Increase the number of providers trained in trauma- in both evidence-informed and evidence-based interventions.

Objective 1.5: Young children are safe in their families, homes, and communities.*Strategies*

1.5.1. Improve child safety. Increase parent knowledge of safe sleep and poisoning and injury prevention, like car seat and water safety, practices. Expand access to resources, like credentialed safety specialists, within community and pediatric settings.

1.5.2. Reduce child abuse and neglect. Increase the footprint of prevention programs and resource centers that reduce child welfare involvement, improve child safety, and enhance parent-child attachment. Increase the utilization of services that are reimbursable by the *Family First Prevention Services Act* and other recurring funding sources.

1.5.3. Build resilience within children and families through policies and practices. Expand availability of interventions with a family-centered approach and ensure family therapy services are accessible and affordable for families when needed. Educate the public, policymakers, and business leaders on the importance of addressing adverse childhood experiences and supporting positive childhood experiences. Improve policies and practices relating to identifying, reporting, and investigating child maltreatment.

Objective 1.6: Families are food secure and utilize education and resources that address nutrition and physical activity.*Strategies*

1.6.1. Improve food security. Increase uptake and utilization of public nutrition benefits. Increase the network of food outlets, particularly those that offer various local fruits and vegetables, that accept public nutrition benefits. Integrate healthy eating principles into local comprehensive plans.

1.6.2. Increase opportunities for physical activity. Create accessible public spaces for physical activity and play. Improve walkability and safety of neighborhoods and communities. Integrate pedestrian plans into county comprehensive plans and municipal planning.

1.6.3. Connect families to nutrition and physical activity resources. Train health care and child care providers about available nutrition benefits and the importance of physical activity and play. Increase parent and caregiver confidence and knowledge of the importance of and tools for healthy eating and active living for their young children, inclusive of family and cultural preferences.

SYSTEM GOAL 1 METRICS

Concept	Metric	Desired trend	South Carolina	vs.	United States	SC subgroups possible	Data Source (Years)
Healthy moms	Maternal mortality rate	Decrease	24.7 per 100,000 live births	>	17.4 per 100,000 live births	Race/ ethnicity	National Vital Statistics System (2018; here)
Healthy moms	Rate of no prenatal care	Decrease	18.1 per 1,000 live births	=	18.1 per 1,000 live births	Race/ ethnicity County	National Vital Statistics System (2019; here)
Healthy babies	Infant mortality rate	Decrease	7.11 per 1,000 live births	>	5.67 per 1,000 live births	Race/ ethnicity County	National Vital Statistics System (2018; here)
Healthy babies	Rate of unsafe sleep deaths among all infant deaths	Decrease	72.8%				State Child Fatality Advisory Committee Annual Report (2019; here)
Healthy children	Proportion of young children who receive coordinated, ongoing, comprehensive care within a medical home	Increase	53.0%	>	49.9%	Race/ ethnicity	National Survey of Children's Health (2018-19; here)
Safe children	Proportion of children, ages 0-35 months, who have full immunization coverage (combined 7 series vaccination coverage)	Increase	68.0%	<	76.1%	Race/ ethnicity	National Immunization Survey (birth year 2017; here)
Safe children	Child maltreatment (abuse and neglect) victimization rate	Decrease	23.4 victims per 1,000 children under age 6	>	12.7 victims per 1,000 children under age 6		Administration for Children and Families Child Maltreatment Report (2019; here)
Food security	Households with young children who could always afford to eat good, nutritious meals during the past year	Increase	61.4%	<	70.3%	Race/ ethnicity	National Survey of Children's Health (2018-19; here)

Goal 2: South Carolina's youngest children are actively supported by their families and communities.

Whole families benefit from high-quality programs that improve child health, support parents, and provide care and education to young children. Parenting programs can increase parent confidence, reduce stress, improve parenting practices, prevent abuse and neglect, and promote adult and family literacy. Additionally, programs that focus equally and intentionally on services and opportunities for parents and children – called Two-Generation or "2Gen" strategies – move whole families toward educational success, economic security, and overall wellbeing.

Objective 2.1: Parents have the knowledge and skills to be excellent caregivers, and are actively engaged in their children's development, health, learning, and transitions.

Strategies

2.1.1. Expand evidence-based home visiting programs so more families can participate. Home visiting programs provide personalized supports to parents and effectively link families with services.

2.1.2. Expand access to information and resources that strengthen families' ability to participate more fully in the development of their children. Offer community-level education campaigns that build knowledge about child development and ensure that parents have a variety of means to have questions about their children's health and learning answered.

2.1.3. Increase opportunities for parents to participate in programs that support successful movement (transitions) from home to early childhood programs and to school entry. Use Profile of a Ready Kindergartner and other tools to promote shared understanding between parents and education professionals about the kindergarten experience.

Objective 2.2: Parents have the time, ability, and resources to attach to their infants and care for their children.

Strategies

2.2.1. Maximize the use of public benefits. Create user-friendly ways to access programs and services that support family stability.

2.2.2. Identify opportunities to implement presumptive eligibility across programs so it is easier for families to obtain services. Presumptive eligibility streamlines to process to become eligible for public services.

2.2.3. Establish family resource centers, engage community partners, and deploy navigators to help parents obtain the range of services their families need. Partners and navigators can help families access the services and supports they need.

2.2.4. Recognize businesses and organizations that offer family-friendly workplace policies. Many companies provide combinations for paid sick leave, paid family leave, reliable scheduling, and other supports to provide their employees with time and resources to care for their children. The state can provide examples for the private sector.

Objective 2.3. Parents have skills, training, and education to obtain good jobs and achieve financial stability.

Strategies

2.3.1. Increase opportunities for parents of young children to participate in training and education programs to ensure more parents of young children have jobs with family-sustaining wages. Identify ways to reduce the cost, adjust the timing, and address other barriers such as the lack of child care that prevent parents from engaging in training or additional education.

2.3.2. Support parents to grow small businesses and build good jobs that work for families with young children. Develop clear pathways for parents to achieve their educational, entrepreneurial, and family economic goals.

2.3.3. Engage business leaders to serve as early childhood champions and to promote the economic value of early care and education in the state. Educate business leaders about the importance of zero to three as the foundation and opportunity for future success.

Objective 2.4. South Carolina's communities provide children with healthy environments and community resources like libraries, schools, child care, community centers, and museums.

Strategies

2.4.1. Provide training and materials grants to library staff for specific 0-3 and pre-K programs and activities. Offer programming to increase the number of young children and families using and enjoying local libraries.

2.4.2. Increase the prevalence of natural outdoor learning environments for use by children and their families. Provide training and small grants for providers and others to create outdoor learning environments.

2.4.3. Increase participation in a community's cultural resources. Promote reduced/no-cost admission to families that use public benefits.

2.4.4. Provide training to local parks, recreation, and other community services staff about ways to deliver recreational programs and activities to families with young children. Partnering with the wide array of organizations that provide this kind of training.

SYSTEM GOAL 2 METRICS

Concept	Metric	Desired trend	South Carolina	vs.	United States	SC subgroups possible	Data Source (Years)
Parent workforce participation	Proportion of young children with all parents working	Increase	68.0%	>	66.2%	County School district Census tract	American Community Survey (2015-2019 5-year estimates; Table B23008)
Parent social support	Proportion of parents with young children has someone that they could turn to for day-to-day emotional support with parenting or raising children	Increase	80.4%	>	79.5%	Race/ethnicity	National Survey of Children's Health (2018-19; here)
Parent engagement	Proportion of young children read to at least one day in the past week by someone in their family	Increase	94.8%	>	92.2%	N/A	National Survey of Children's Health (2018-19; here)
Parent engagement	Proportion of young children told stories or sung songs to at least one day in the past week by someone in their family	Increase	96.0%	>	95.9%	N/A	National Survey of Children's Health (2018-19; here)
Community support	Proportion of young children who live in a supportive neighborhood	Increase	54.0%	>	53.4%	Race/ethnicity	National Survey of Children's Health (2018-19; here)
Community support	Proportion of young children who live in a safe neighborhood	Increase	65.0%	>	64.0%	Race/ethnicity	National Survey of Children's Health (2018-19; here)

System Goal 3: South Carolina's children arrive at school ready to reach their highest potential.

By the time South Carolina's young children arrive at school, more than half have already fallen behind. Early childhood matters because early experiences shape the developing brain's architecture, establishing a foundation for all future learning, behavior, and health. High-quality early childhood programs can improve outcomes for both children and their families. Parents need reliable child care arrangements to work and support their own families, but the limited availability and high price too often make child care out of reach. The benefits of high-quality early childhood programs last a lifetime. Investing in quality child care settings and the child care workforce is an investment in young children that extends to society as a whole.

Objective 3.1: Parents are supported in their role as their child's first and most important teacher.

Strategies

3.1.1. Expand evidence-based early childhood home visiting programs so more families can participate. Home visiting programs provide personalized supports to parents to empower parents in their role as their child's first teacher.

3.1.2. Expand access to information and resources that strengthen families' ability to participate more fully in the education and development of their children. Offer community-level education campaigns that build knowledge about child development and ensure that parents have a variety of means to have questions about their children's health and learning answered.

3.1.3. Increase opportunities for parents to participate in programs that support successful movement (transitions) from home to early childhood programs and to school entry. Use Profile of a Ready Kindergartner and other tools to promote shared understanding between parents and education professionals about the kindergarten experience.

3.1.4. Provide early childhood educators with training and support to engage parents more effectively as partners in supporting children's success. Ensuring parents are welcome is a key aspect of supporting parents.

Objective 3.2. Early care and education programs operate with demonstrated quality in schools, child care centers, and family child care homes.

Strategies

3.2.1. Engage with early childhood program leaders and staff in family child care, centers, and school-based PreK to implement quality improvement policies and practices and strategies to increase participation. Provider voice is essential to develop quality improvement strategies that can be effectively implemented.

3.2.2. Provide meaningful supports to increase family child care and child care center participation in South Carolina's ABC Quality System and other quality initiatives. Increasing participation will ultimately yield a stronger system.

3.2.3. Increase investment in family child care programs and child care centers to reflect the true costs of operations. Use cost modeling tools to set grant amounts. Ensure grants are equitably distributed across the state and across child care centers and family child care settings.

3.2.4 Increase child care center and family child care program enrollment in the Child and Adult Care Food Program (CACFP). Enrollment is a quality and financing support for providers.

Objective 3.3: Families have choices for reliable, safe, affordable high-quality early care and education for their children that meets their family's needs in all areas of the state and especially in child care deserts.

Strategies

3.3.1 Increase the number of child care centers, family child care homes, and maximize slots available to families. Create start-up grants and distribute federally-funded stabilization grants based on actual operating costs.

3.3.2 Recruit and incentivize license-exempt family child care programs into the licensed child care system and/or the state's Quality Rating Improvement System (ABC Quality).

3.3.3 Secure additional Head Start and Early Head Start funding invested in South Carolina's communities. Leverage Head Start and Early Head Start funding and partner to deliver Head Start and Early Head Start in community-based child care centers and family child care homes.

Objective 3.4: Families have support to afford reliable, safe, high-quality early care and education for their children that meets their family's needs.

Strategies

3.4.1 Increase funding for 4k, include increasing funding for slots for 4K in community-based child care and 4K plus Siblings. 4K expansion ensures more children are receiving programming that leads to kindergarten readiness.

3.4.2 Establish subsidy contracts for infant and toddler care in family child care homes and child care centers. Contracts provide consistent financial supports for providers.

3.4.3. Increase the number of family child care homes and child care centers that accept subsidy. Increase payment rates. Fund expanded family income eligibility for subsidy so that more families have more choices.

3.4.4. Create tax credits to help more families use and pay for quality care. Tax credits can reduce the financial burden of paying for quality child care.

3.4.5. Engage First Five SC, Palmetto PreK, and navigators to reduce administrative hurdles for families in applying for and enrolling in care and services. Reducing hurdles makes it easier for families to enroll their children.

Objective 3.5: The early care and education workforce is prepared, skilled, and supported in their work.

Strategies

3.5.1. Increase compensation for the early childhood workforce. Increase subsidy payment rates to family child care homes and child care centers. Increase the per-child amount for 4K in community-based child care.

3.5.2. Develop a compensation strategy that includes salary, health, and retirement benefits to recruit and retain professionals in child care centers, family homes, and school settings. Many skilled educators leave the field because of the lack of benefits. Developing a stable workforce is central to the goal of expanding access.

3.5.3. Expand professional learning opportunities for the early care and education workforce to support their practice in family child care homes, child care centers, and schools. Professional learning opportunities should include a focus on inclusion as well as infant and toddler development.

SYSTEM GOAL 3 METRICS

Concept	Metric	Desired trend	South Carolina	vs.	United States	SC subgroups possible	Data Source (Years)
Enrollment in early care and education	Proportion of 3-4 year olds enrolled in nursery school or preschool	Increase	45.7%	<	48.3%	County School district Census tract	American Community Survey (2015-2019 5-year estimates; Table S1401)
Preschool suspension	Proportion of public school preschool students with one or more out-of-school suspensions	Decrease	1.3%	<	0.2%	Race/ethnicity Gender	U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection (2017-18; here)
Kindergarten readiness	Proportion of incoming kindergartners scoring "demonstrating readiness" on the South Carolina Kindergarten Readiness Assessment	Increase	27.0%		N/A	Race/ethnicity Gender Poverty IEP status Rurality	South Carolina Education Oversight Committee (Fall 2020; here)
Availability of child care	Proportion of young children lived in a household where a family member had to quit a job, not take a job, or significantly change their job because of problems with child care	Decrease	10.2%	>	9.2%	Race/ ethnicity	National Survey of Children's Health (2018-19; here)
Availability of child care	Proportion of young children who live in a child care desert	Decrease	47.8%			County Census tract	As of August 6, 2021, from scchildcare.org . Calculated in house.
Availability of high quality child care	Proportion of child care providers participating in ABC Quality	Increase	41.6%			County Census tract Quality level	scchildcare.org
Child care workforce	Median annual wage as a percentage of the federal poverty level for a single-person household	Increase	\$22,520/ \$12,760 = 176% FPL	<	\$25,460/ \$12,760 = 199% FPL	N/A	Bureau of Labor Statistics (May 2020; 39-9011 Childcare workers)

System Goal 4: South Carolina's Early Childhood System is aligned, coordinated, and family-centered.

South Carolina's early childhood system is complex and vast. Federal, state, and local funds are deployed across nearly a dozen agencies and a multitude of local entities including school districts, Head Start programs, and First Steps Local Partnerships. The system includes providers across five broad domains – child care and early education, health and safety, special needs and early intervention, food and nutrition, and parenting and family support. South Carolina's early childhood system prioritizes family voice, parental choice, efficiency in spending, and effectiveness of programs and services.

Objective 4.1. Families are at the center of system and service design, programming, and implementation – their voices solicited, heard, and amplified – to ensure services are available, accessible, and acceptable.

Strategies

4.1.1. Utilize existing infrastructure for parent leadership. Deepen the engagement with Head Start Policy Councils, parent representatives on local First Steps partnership boards, School Improvement Councils, and Children's Trust parent councils, and other groups to inform system policies and programs.

4.1.2 Learn from the thousands of voices participating in the Preschool Development Grant planning processes and other statewide planning processes. Clear preferences were expressed by families. Share these findings with the ECAC and each participating agency.

4.1.3 Increase authentic input of family voice. Ensure the participation of parents and families in all statewide plans such as the Child Care Development Fund, the Maternal Infant and Early Childhood Home Visiting plan, Title IV-E Prevention Plan, and the Maternal and Child Health Title 5 plan.

4.1.4 Implement a Family Voice Council to provide feedback to ECAC and ICC partners on cross-agency issues, policies, and products that affect young children and their families. A Family Voice Council will help ensure state decisions reflect the needs of families.

Objective 4.2: Early childhood program data are connected across agencies, funding streams, and programs to enhance service delivery, to build an effective early childhood system, to report on outcomes investments, and to reduce redundancies to benefit young children, their families, their communities, service providers, and policymakers.

Strategies

4.2.1. Establish an Early Childhood Integrated Data System. Improve data quality and address data gaps across early childhood services. Ensure better measurement of

early childhood outcomes. Transfer data at the child level during child transitions, such as from pre-K to kindergarten. Connect information about participants in early childhood services with K-12, workforce, and other state longitudinal data systems.

4.2.2. Implement and foster sound data governance policies and practices for an Early Childhood Integrated Data System that is flexible and sustainable. Leverage the existing infrastructure. Incorporate stakeholder voice at all levels.

4.2.3. Utilize web-based data tools that incorporate program, outcome, and Census data to determine critical gaps in service availability. Better data and analysis will help identify disparities and inequities and can inform policies that ensure access to affordable high-quality early childhood programs and services.

Objective 4.3. Public programs and resources for young children and their families are aligned and easily accessed, holistically address all aspects of children's and families' wellbeing, and provide choice for parents and caregivers.

Strategies

4.3.1. Create shared outreach, eligibility, application, and enrollment processes. Allow families to understand and apply for multiple services and programs simultaneously across agencies, state and local entities, and funding sources.

4.3.2. Conduct an annual analysis of eligibility versus enrollment of South Carolinians for programs referenced in this document. Inventory where there are spaces available for expanding enrollment and explore options for expanding availability where all spaces are currently fully subscribed.

4.3.3. Pursue funding to address service gaps, those that impact families with fewer resources, or those that address the lack of comprehensive support for young children and their families. Use tactics such as fiscal mapping and data analysis (available through the Early Childhood Integrated Data System) to understand where more investment is needed. Explore innovative funding strategies, especially those that can help local communities meet families' needs.

4.3.4. Connect early childhood system efforts with other public systems like housing, transportation, higher education, workforce training and technical education to ensure the concurrent and interconnected success of children and their parents.

Objective 4.4: South Carolina's early childhood system governance structure ensures coordination, accountability, and effective and efficient use of public resources.

Strategies

4.4.1. Strengthen and align local service delivery systems. Bring services closer to families and communities, including First Steps Local Partnerships, community-based mental health centers, and the Infant and Early Childhood Mental Health Consultation

network. Ensure collaboration across local and regional systems. Utilize the triennial needs assessment conducted by First Steps Local Partnerships to analyze capacity and alignment issues and opportunities.

4.4.2. Strengthen and expand the Early Childhood Advisory Council. The ECAC will strengthen its role by systematically fostering joint action by members to address high-priority needs with a particular focus on disparities. The ECAC will include additional agencies that have responsibility for essential aspects of early childhood education and wellbeing.

SYSTEM GOAL 4 METRICS

Concept	Metric	Desired trend	South Carolina	Data Source (Years)
Engagement in needs assessments	Number of unique perspectives gathered in needs assessment process. How participants reflect South Carolina's demographics.	Increase Increasing reflect population	5,000	South Carolina's 2019 Preschool Development Grant Needs Assessment

The Process

South Carolina's Early Childhood Advisory Council (ECAC) is a collaborative body representing the state's early childhood system. Established in state statute, the Early Childhood Advisory Council includes the directors of state agencies, elected officials, state-level early childhood leaders, members of the business and medical communities, parents, and early childhood educators.

The **Birth through Five Plan** is our collective effort to strengthen the early childhood system and reflects the ECAC vision and four strategic goals.

Thousands of families and service providers from a variety of sectors played an essential role in the development of this plan:

- Over 4,400 South Carolinians informed the development of the 2019 SC Early Childhood Needs Assessment^[1], as part of the work of the federally-funded 0-5 Preschool Development Grant, which was foundational to the creation of this Birth Through Five Plan.
- This Plan is also grounded in the findings of the 2020 Build It Back Better Survey^[2], conducted by the ECAC in partnership with the United Way Association of South Carolina and South Carolina First Steps, reflecting the needs of 1,245 parents and caregivers from across the state.
- The objectives and strategies also come from more than 30 stakeholder interviews including agency leaders and staff, legislators, and expert practitioners in the early childhood field across the Goal areas of the plan.
- This Plan is also built on existing plans including the 0-5 Preschool Development Grant Plan, Pritzker Children's Initiative South Carolina 0-3 Plan, the Title V Plan, and the DHEC State Health Improvement Plan.

There was engaged leadership from the Governor's Office, Agency Directors, Deputies, and Division Leaders and Legislative Leaders throughout the process. The Birth Outcomes Initiative and the Preschool Development Grant leads provided ongoing support and guidance as well.

The Interagency Collaboration Council, an ECAC partner, engaged in the Plan's development and provided strategic feedback in August 2021.

Following the ECAC work session in August 2021, the Plan be available for public comment until September 10.

The ECAC intends to consider the Plan for final approval at its meeting on October 21, 2021.

^[1] <https://drive.google.com/file/d/1bj7tc3xVGjYt3fBHA53B4GxqETymxSAg/view>

^[2] <https://earlychildhoodsc.org/what-we-do/build-it-back-better-survey/>