

DRAFT



For Our Future

South Carolina's Birth through Five Plan



South Carolina
**Early Childhood
Advisory Council**

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South Carolina’s long-term prosperity depends on the health and well-being of our state’s 350,000 babies, toddlers, and young children. From birth through age five, a child’s growth and development will set the course for a lifetime of health, learning, and well-being. When children thrive, we all benefit from stronger families, a more capable workforce, safer communities, and greater economic prosperity.

For Our Future: South Carolina’s Birth through Five Plan is a roadmap for optimizing our state’s early childhood system and moving toward a shared vision of success for every child. Led by the South Carolina Early Childhood Advisory Council, a collaborative body representing the state’s early childhood system, the plan was developed with input from thousands of families and service providers.*

This plan is intended as a framework for elected officials, state agencies, business, philanthropy, and other partners to implement strategies, make investments, and change policy to improve opportunity and outcomes for our youngest children and their families. It builds on our current strengths and previous investments and plans, while setting forth new objectives and strategies under four key goals.

Because measuring our success is an essential part of this plan, metrics are included to help us understand when and where we are making progress. As representatives of the state’s early childhood system, we are accountable to voters, to our funders, and—most importantly—to South Carolina’s children.

OUR VISION

We will be successful when all children reach their highest potential.

*For more on the development of the plan, see appendix A.

PRINCIPLES

The following principles are fundamental to 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, and for adults and children with disabilities.

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

Parents, including all adult caregivers in parenting roles, need to connect with their infants and young children in positive ways that help children grow, thrive, and achieve their fullest potential.

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.

GOALS AND OBJECTIVES AT A GLANCE



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

- 1.1. Mothers and infants are healthy, safe, and supported before, during, and after birth.
- 1.2. Young children receive consistent, coordinated medical care, and meet recommendations for well-child visits, immunizations, and oral health.
- 1.3. Young children are screened, assessed, identified early, and connected with services that address developmental, intellectual, chronic, and acute health concerns.
- 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.
- 1.5. Young children are safe in their families, homes, and communities.
- 1.6. Families are food secure and utilize education and resources that address nutrition and physical activity.



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

- 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.
- 2.2. Parents have the time, ability, and resources to attach to their infants and care for their children.
- 2.3. Parents have skills, training, and education to obtain good jobs and achieve financial stability.
- 2.4. South Carolina's communities provide children with healthy environments and community resources like libraries, schools, child care, community centers, and museums.



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

- 3.1. Parents are supported in their role as their child's first and most important teacher.
- 3.2. Early care and education programs operate with demonstrated quality in schools, child care centers, and family child care homes.
- 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.
- 3.4. Families have support to afford reliable, safe, high-quality early care and education for their children that meets their family's needs.
- 3.5. The early care and education workforce is prepared, skilled, and supported in their work.

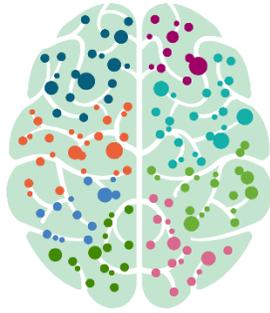


GOAL 4: South Carolina's early childhood system is aligned, coordinated, and family-centered.

- 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.
- 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.
- 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' well-being, and provide choice for parents and caregivers.
- 4.4.** South Carolina's early childhood system governance structure ensures coordination, accountability, and effective and efficient use of public resources.
- 4.5.** Create innovative public private partnerships that maximize the skills, knowledge and assets of business, philanthropy, and state and local government.

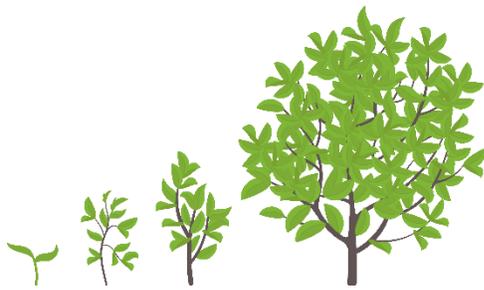
OUR BEST INVESTMENT Why Early Childhood Matters for South Carolina

Why should South Carolina prioritize early childhood investment? The early years are the single most formative time of human development and the period during which strategic investment has the greatest and longest lasting impact. We know what works. In South Carolina, we have developed proven models that change the trajectory of children’s lives. To maximize their impact, we must align and scale these investments to increase efficiency and reach. We must give every child the opportunity to reach their full potential.



Brain development

During the first five years of life, the brain develops more—and more rapidly—than it ever will again.ⁱ This rapid development makes the brain both highly receptive to learning and profoundly sensitive to neglect or adversity. Investments in early learning, health, and well-being promote the positive experiences necessary for optimal brain development and mitigate the negative effects of trauma and toxic stress.



A lifetime of results

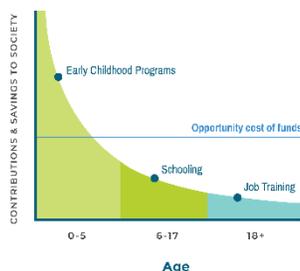
The positive effects of early childhood investments can extend well into adulthood, particularly for children from low-income families. Forty years of research has shown that those who experience a high-quality preschool program had fewer teen pregnancies; were more likely to graduate from high school; were more likely to not only hold a job, but also have higher earnings; committed fewer crimes; owned their own home and car, compared to those who did not receive any preschool education.ⁱⁱ



Stronger families, now and in the future

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. An increase in family income can, in turn, improve both short- and long-term outcomes for children. This dual impact on children and families is known as the two-generation (2Gen) effect.ⁱⁱⁱ Rather than focus solely on children, we recognize that for the whole child to thrive, their entire family must thrive as well.

Investments in Early Childhood Provide the Greatest Rate of Return?



A more prosperous South Carolina

Investments in high quality early childhood programs can reduce the need for special education and grade repetition, decrease involvement with the criminal justice system and social services, lower expenditures on health care, and increase tax revenue due to higher productivity and wage-earning. Research shows that for every dollar invested, our society gains between \$4 and \$16 in economic returns.^{iv}

A SOLID FOUNDATION South Carolina's Early Childhood System

South Carolina has a solid foundation of investment in the early years. Maximizing federal, state, and local resources, South Carolina's programs form a system that improves health, strengthens families, expands access to quality early care and education, and prepares children for success in school. Our unique approach prioritizes parent choice, local decision-making, and the individual needs of children. For those who can access services, the impact is significant, measurable, and long-lasting. If we build on this foundation to meet the needs of all children and families, South Carolina can realize significant economic potential, social benefits, and other gains.



Children are healthier, beginning at birth

Health and nutrition, beginning in pregnancy, play a key role in improving outcomes for children and generating cost savings for society. Research has shown children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school.^v



Parents are equipped

South Carolina's home visiting programs improve early childhood outcomes by connecting families with trained professionals who provide intensive, one-on-one support. The research shows that these investments yield substantial benefits to parents, their children, and the communities in which they live. For every dollar invested, society gains up to \$5.70 in savings and returns.^{vi}



Whole families are engaged

Public programs often serve either the child or the parent. In South Carolina, many early childhood services take a two-generation approach—focusing equally and intentionally on the well-being of children and the adults in their lives. Research shows that it works. One study showed that a \$3,000 in the earnings of a parent results in a 17% increase in the child's earnings later in life.^{vii}



Children have better access to early education

South Carolina's commitment to early childhood education dates back to 1984, when the state established its first publicly-funded preschool program for disadvantaged children. In 1996, the state became one of the first in the southeast to implement universal five-year-old kindergarten. And in 2021, the state expanded its free, full-day pre-kindergarten program to educate eligible four-year-olds in public and private settings statewide.

Kindergarten readiness is a state priority

South Carolina is a national leader in developing innovative, system-level approaches to school readiness. It was the third state in the nation to create a statewide public-private partnership for comprehensive early childhood services—the SC First Steps to School Readiness initiative (First Steps)—in 1999. A new benchmark of success was established in 2014, when the SC General Assembly adopted the state’s first-ever legal definition of school readiness. In 2017, the SC Department of Education began measuring the preparedness of incoming kindergartners using the Kindergarten Readiness Assessment (KRA). This tool provides families, service providers, and policymakers with a set of with common metrics to measure and improve outcomes for young children. Few states have these advantages: the structure to efficiently and effectively address local needs combined with the common goals and clear data to guide state and local decision making.

South Carolina has a clear structure for governing and coordinating its early childhood state system*

To support further coordination and collaboration among early childhood initiatives at the state level, the Early Childhood Advisory Council (ECAC) was established in 2010 by Executive Order and later codified in legislation. The ECAC represents the state’s early childhood system and works collaboratively to coordinate and streamline programs, funding, and services.** With support from the federal Preschool Development Grant Birth through Five (PDG B-5), the ECAC has accelerated its efforts to strengthen and align existing programs, maximize parental choice, and leverage data for continued improvement.

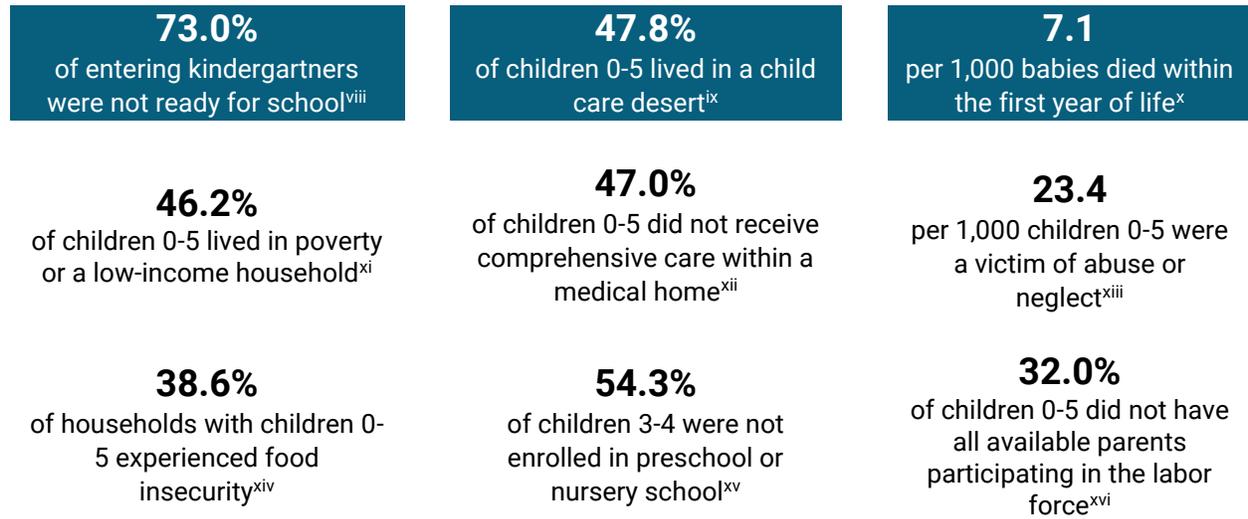
In short, South Carolina has the infrastructure and vision needed to address the fact that only 27% of our kindergartners are arriving at kindergarten prepared for success. With more strategic investment, we can expand access to the programs and services that work and ensure that all children have the opportunity to reach their full potential.

*For a list of South Carolina’s early childhood programs, see appendix B.

** For a graphic showing the flow of state and federal funds into the early childhood state system, [click here](#).

THE NEED PERSISTS

South Carolina’s investments in early childhood are working, but they are reaching too few children.



Children who start behind often stay behind, leading to an achievement gap that persists into adulthood. Closing the gap after a child begins school is costly and difficult. Our best chance to put children on the path to success is in the early years – before birth and through age five – when high-quality early interventions have the greatest long-term impact.

What South Carolina Parents Are Saying

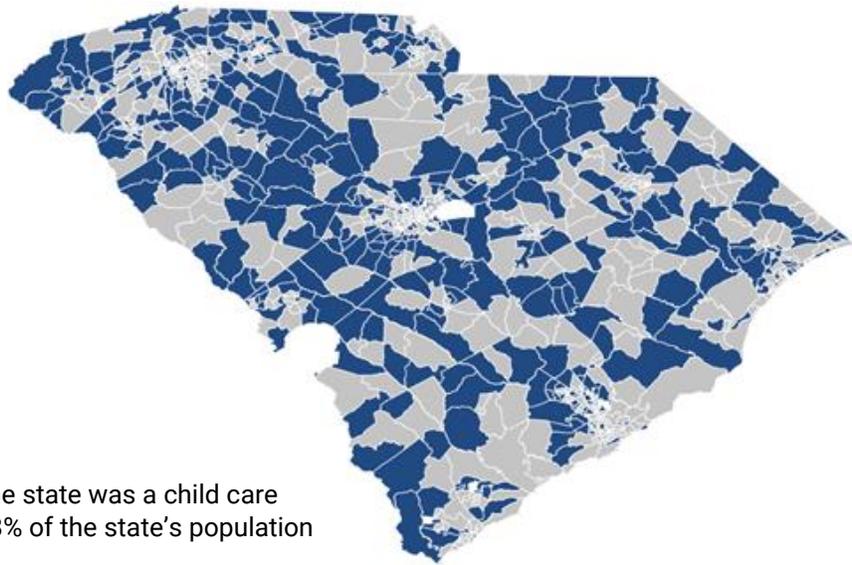
In 2019, the ECAC engaged over 4,400 people in a statewide early childhood needs assessment through a series of regional meetings, focus groups, and an online survey.^{xvii} The online survey focused on the priorities of parents; 1,216 parents throughout the state responded. Their top three priorities in each focus area are outlined below.

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

The State of Child Care

We know from decades of research and direct experience that high quality early care and education programs are essential for South Carolina parents in preparing children for kindergarten. But parents struggle to find options they can afford, since high-quality child care is limited and expensive—often more than in-state college tuition. Because quality child care costs more than families are able to pay, providers are plagued by low wages and high turnover.

South Carolina’s supply of quality child care is shrinking. Between 2012 to 2017, the number of child care facilities in South Carolina declined by 17 percent.^{xviii} The COVID-19 pandemic has accelerated this crisis, with many programs forced to close their doors or reduce the numbers of children they can serve. All of this makes it harder for parents to work, threatens the viability of our state’s businesses, and hurts children’s school readiness and success.



As of August 6, 2021, 44.4% of the state was a child care desert (represented in blue). 47.8% of the state’s population under age 6 live in these areas.^{xix}



GOAL 1: South Carolina’s youngest children are healthy and safe.

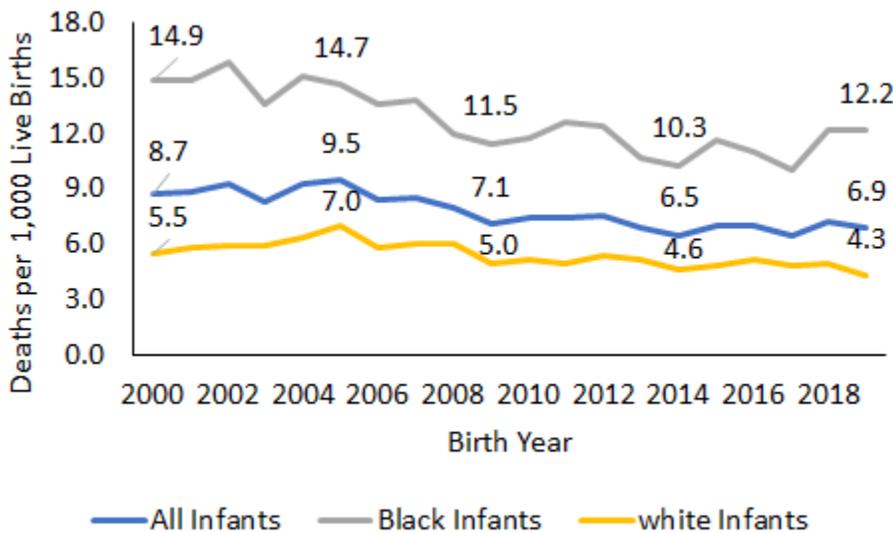
The most important foundations for optimal brain development are a healthy body and a reliable, nurturing relationship with at least one caring adult.

Metrics for success

1. Increasing the proportion of children 0-5 who receive coordinated, ongoing, comprehensive care within a medical home from 53 percent.^{xx}
2. Decreasing the infant mortality rate from 7.11 deaths per 1,000 live births.^{xxi}
3. Increasing the proportion of mothers with adequate prenatal care from 78.3 percent.^{xxii}
4. Decreasing the proportion infant deaths attributed to unsafe sleep deaths from 72.8 percent.^{xxiii}
5. Decreasing the rate of abuse and neglect from 23.4 victims per 1,000 children 0-5.^{xxiv}

Did you know?

The overall infant mortality rate in South Carolina has decreased over the past twenty years, but a stark racial disparity remains between Black and white infants.^{xxv} In South Carolina, in 2019, three times as many Black infants died within the first year of life as white infants.^{xxvi}





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 medical providers in underserved areas. Equip providers to make referrals to community programs. Offer alternative care models, like group care and telehealth. Expand support for post-partum depression. Reduce the financial burden of obtaining health care, especially for vulnerable populations. 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 families of young children to health benefits through public outreach. Give families tools to maximize the benefits they receive. Expand the use of team-based or alternative care models, like those delivered by community health workers and parent educators, including services in the child's home. 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. Increase access to developmental specialists in pediatric settings to expand family knowledge of early childhood health and development. Expand quality improvement initiatives in pediatric settings that develop doctor-led peer networks and tools that lead to better health outcomes.

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

Strategies

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

1.3.2. Ensure young children receive timely, appropriate early intervention services for special needs. Optimize the number of specialists and alternative providers to deliver services and meet demand. 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 efficiency and responsiveness of early intervention services through better data collection and reporting. Establish a statewide developmental screening registry. Streamline data sharing at the child-level for improved care coordination. Explore data strategies to better identify unmet needs and expand access to services.



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. Expand curricula and evidence-based programs that promote persistence, self-management, and relationship skills development. Enhance professional development of early childhood workforce to include training on behavioral and mental health and personal/social skill development. Implement policies and practices that eliminate suspension and expulsion from early childhood settings.

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-informed interventions that build children's resilience.

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, poisoning and injury prevention practices, like car seat and water safety. 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. Improve policies and practices relating to identifying, reporting, and investigating child maltreatment.

1.5.3. Build resilience within children and families through policies and practices. Expand availability of family-centered interventions and ensure parent mental health and family therapy services are accessible and affordable. Educate policymakers and business leaders on the importance of addressing adverse childhood experiences and supporting positive childhood experiences.

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 and accept public nutrition benefits. Integrate healthy eating principles into municipal and county comprehensive plans, which are required under the South Carolina Local Government Comprehensive Planning Enabling Act of 1994 and updated at least every five years.

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 and active living plans into municipal and county comprehensive plans.



Health and Safety

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.



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

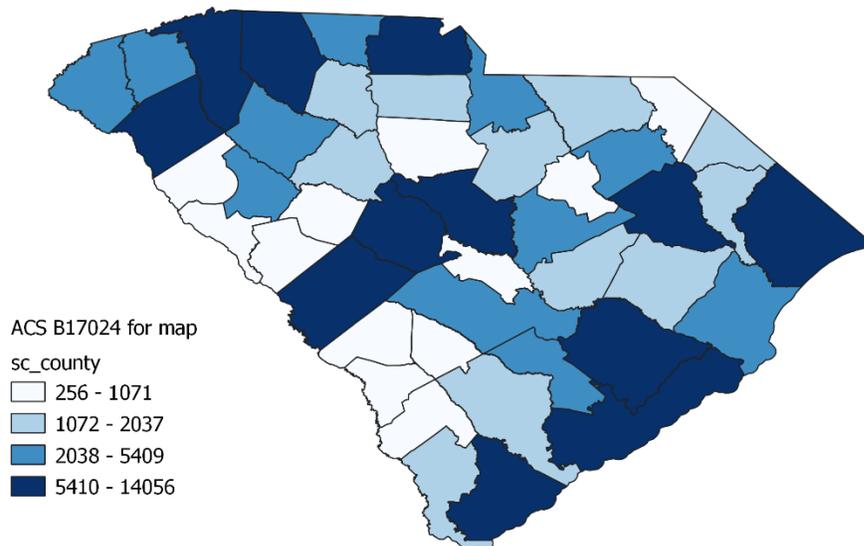
Families benefit from strategic investments that improve child health, support parents, and provide care and education to young children. Parenting programs can increase parent confidence, reduce stress, improve parenting practices, prevent abuse and neglect, and promote adult and family literacy.

Metrics for success

1. Increasing the proportion of children 0-5 in poverty or living in a low-income household served by home visiting programs from 2.6 percent.^{xxvii}
2. Increasing the proportion of parents with young children who have someone that they could turn to for day-to-day emotional support with parenting or raising children from 80.4 percent.^{xxviii}
3. Increasing the proportion of young children read to for at least four days in the past week by someone in their family from 49.8 percent.^{xxix}
4. Increasing the proportion of young children told stories or sung songs to for at least four days in the past week by someone in their family from 62.5 percent.^{xxx}

Did you know?

In South Carolina, approximately 157,880 children 0-5 live in poverty or low-income households.^{xxxi} Counties range from having 256 (McCormick) to 14,056 (Greenville) children 0-5 in need.^{xxxii}





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 proven home visiting programs so more families can participate. Expand the footprint of evidence-based home visiting models in the state. Ensure state offices implement coordinated efforts through participation in the Home Visiting Consortium. Nest home visiting programs within and increase referrals from other early childhood settings, like child care and pediatric medical providers. Align child and family-level data of those being served in home visiting through the Early Childhood Integrated Data System (see 4.2.1) to better understand who is being served and impact of 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 parents have a variety of means to have questions about their children's health and learning answered.

2.1.3. Help parents support successful transitions from home to early childhood programs and to school entry. Use *South Carolina's Profile of the Ready Kindergartner* and other tools to promote shared understanding between parents and education professionals.

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

Strategies

2.2.1. Streamline family access to services that meet their needs. Create user-friendly ways to access programs and services that support family stability and economic self-sufficiency. Identify opportunities to implement presumptive eligibility across programs.

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

2.2.3. Recognize and increase family-friendly workplace policies. Recognize and expand the number of businesses and organizations that provide paid sick leave, paid family leave, on-site child care, child care scholarships, reliable scheduling, or other supports to provide their employees with time and resources to care for their children.

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. Reduce the cost, adjust the timing, and address other barriers, such as lack of child care, that prevent parents from engaging in training or additional education. Enhance data collection to better understand the prevalence and specific needs of student parents, particularly first-generation students and first-time parents.



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.

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 materials grants for child care providers and other early childhood settings to create outdoor learning environments.

2.4.3. Increase participation in a community's cultural resources. Promote reduced or 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. Create and disseminate resources for staff to expand programming and supports for families with young children. Partner with the wide array of organizations that provide this kind of training.



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

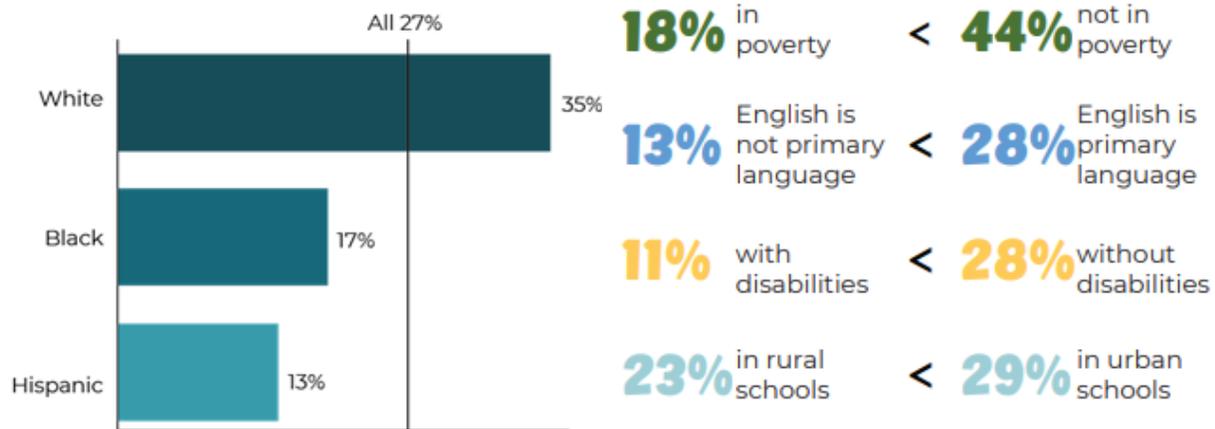
By the time South Carolina's young children arrive at school, more than half have already fallen behind. Unfortunately, those who start behind often stay behind, leading to an achievement gap that persists into adulthood. Closing the gap after a child begins school is costly and difficult. Our best chance to put children on the path to success is in the early years – before birth and through age five – when high-quality early interventions have the greatest long-term impact.

Metrics for success

1. Increase the proportion of incoming kindergartners who are ready for school from 27 percent.^{xxxiii}
2. Improve South Carolina's rank of 50th in the nation for preschool suspensions.^{xxxiv}
3. Decrease the proportion of young children who live in a child care desert from 47.8 percent.^{xxxv}
4. Increase the proportion of child care providers participating in ABC Quality from 41.6 percent.^{xxxvi}
5. Decrease the 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 from 10.2 percent.^{xxxvii}
6. Increase the proportion of child care providers with at least a two-year college degree from 77 percent.^{xxxviii}

Key insight

There are stark disparities in kindergarten readiness in South Carolina by race/ethnicity, poverty, dual language learner status, disability, and rurality.^{xxxix}





Objective 3.1. Early care and education programs operate with demonstrated quality in schools, child care centers, and family child care homes.

Strategies

3.1.1. Strengthen design and impact of quality improvement investments. Engage with early childhood program leaders and staff in family child care, centers, and school-based pre-K to design and implement quality improvement policies and practices and strategies.

3.1.2. Increase family child care and child care center participation in South Carolina's ABC Quality system and other quality initiatives. Recruit additional programs to participate in ABC Quality and in quality initiatives. Refine and streamline standards across licensing/quality initiatives, with input from the providers, to reduce burden on programs.

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

3.1.4 Increase child care center and family child care program enrollment in the Child and Adult Care Food Program (CACFP). Streamline paperwork and reporting systems to simplify participation for providers. Target child care providers located in food deserts and fast food swamps for CACFP participation.

Objective 3.2: 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

3.2.1. Increase the number of child care centers and family child care homes to maximize slots available to families. Distribute federally-funded stabilization grants based on true operating costs to help existing programs sustain and expand programs. Provide start-up grants and incentives, working with local partners, to create new, high quality child care slots in areas where there are child care deserts.

3.2.2. Increase business supports to child care providers with a focus on new and struggling programs. Provide coaches that can help centers develop a financial plan, build pricing models, and other effective business practices. Create connections between child care providers and available supports through employers, chambers, housing authorities, and other economic development agencies.

3.2.3. Increase access to quality early learning options. Recruit and incentivize license-exempt family child care programs into the licensed child care system. Increase and incentivize programs to improve quality through the state's Quality Rating Improvement System (ABC Quality). Develop and foster community-level networks of small child care providers, like family and group child care homes, to promote resource sharing and enhance professional development for increased quality.

3.2.4. Expand access to Head Start and Early Head Start programs. Recruit children to participate in existing Head Start or Early Head Start programs with open slots. Leverage Head Start and Early Head Start funding and expand access to comprehensive services through 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 Expand access to 4K for more four-year-olds to participate. Increase funding for 4K, including funding for slots for 4K in community-based child care and 4K plus Siblings.

3.4.2 Increase supply of infant and toddler care. Recruit new infant and toddler slots at existing programs. Establish contracted slots at high quality centers and family child care homes that reflect the true cost of operations. Make infant and toddler slot capacity data publicly available to better inform potential providers in underserved areas.

3.4.3. Increase the number of family child care homes and child care centers that accept subsidy. Increase payment rates to reflect the true cost of operations. Increase family income eligibility so more families have more choices.

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

3.4.5. Reduce hurdles and increase supports to make it easier for families to apply for and enroll in care and services. Align and foster customer focused improvements among state child care programs.

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

Strategies

3.5.1. Increase funding for programs to support quality improvements and benefit the early childhood workforce. Increase subsidy payment rates to family and group child care homes and child care centers. Increase the per-child amount for 4K in community-based child care. Create guidance to ensure increased payments result in increased compensation and quality.

3.5.2. Create accessible career pathways that reward achievement. Offer stackable content that leads to badges, certificates, credentials, and college credit/degrees. Reward achievement of these milestones.

3.5.3. Recruit and retain a well-prepared early childhood workforce. Develop a compensation strategy that includes salary, health, and retirement benefits for professionals in child care centers, family and group homes, and school settings.

3.5.4. 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 child development and learning, early childhood mental health, engaging parents, inclusion/serving children with special needs, health and wellness, and other key topics.



GOAL 4: South Carolina's early childhood system is aligned, coordinated, and family-centered.

South Carolina's early childhood system is complex with federal, state, and local funds 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 – health and safety, special needs and early intervention, food and nutrition, parenting and family support, and child care and early education. Continued efforts to center families, utilize data, align existing programs, and leverage state resources with private and federal funds will result in a more efficient and effective early childhood state system.

Metrics for success

1. Increase the number of participants engaged in the Early Childhood Needs Assessment from 5,000.
2. Increase the number of ECAC agencies utilizing high-quality, rapid-cycle client feedback for continuous quality improvement from one.
3. Increase the number of participating programs in the South Carolina Early Childhood Integrated Data System from five.

Did you know?

In 2019, to identify priorities for the state's early childhood system, the ECAC engaged more than 4,400 parents, caregivers, organizational representatives, community members, and stakeholders in a statewide needs assessment.^{xl}



** For a graphic showing the flow of state and federal funds into the early childhood state system, [click here](#).



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

4.1.2. Increase family input to statewide plans. 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 V plan.

4.1.3. Ensure the needs of families inform state-level decision making. Create a Family Voice Council to provide feedback to ECAC and other partners on cross-agency issues, policies, and products that affect young children and their families. Learn from the thousands of voices participating in the Preschool Development Grant planning processes and other statewide planning processes.

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 and 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. Use common data standards and best practices to integrate program, family, and child-level data across programs, to improve data quality, and to address data gaps. Enhance measurement of early childhood outcomes and services to determine impact and identify needs. Transfer data at the child-level during child transitions, such as from pre-K to kindergarten, to service providers for improved program delivery. Connect information about participants in early childhood programs with K-12, workforce, and other longitudinal data.

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 of the State Data Warehouse at the Office of Revenue and Fiscal Affairs for data integration. Establish and operationalize a sustainability plan, including funding, technological infrastructure, and personnel capacity, for the Early Childhood Integrated Data System. Incorporate stakeholder voice throughout ongoing data governance processes.

4.2.3. Build and sustain web-based data visualization tools that incorporate child, family, program, outcome, and population data. Provide data that are actionable, up to date, and easily understood by multiple audiences. Develop data visualizations and maps consistent with industry standards and best practices. Disaggregate data by subgroups and geography to understand gaps and potential disparities in program availability, enrollment, and outcomes. Increase accountability and coordination for the early childhood system as a whole. Enhance data-driven decision making, resource allocation, and understanding of community needs.



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' well-being, 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 and leadership that have responsibility for ensuring the health, safety, education, and wellbeing of young children and their families.

Objective 4.5: Create innovative public-private partnerships that maximize the skills, knowledge, and assets of business, philanthropy, and state and local government.

Strategies

4.5.1. Expand public-private partnerships on behalf of young children and their families. Maximize the unique assets of philanthropy, business, and state and local government to develop, pilot, and scale new innovations that will meet the needs of young children, their families, and the professionals that serve them.

4.5.2. Engage business and civic 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 the early years as the foundation and opportunity for future success. Build strategic

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partnerships with business, workforce, and civic organizations to expand support for young children and their families.

THE PLANNING PROCESS

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

1. 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 Preschool Development Grant Birth through Five, which was foundational to the creation of this plan.
2. 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.
3. Development of the objectives and strategies was guided by more than 30 stakeholder interviews with agency leaders and staff, legislators, and expert practitioners in the early childhood field across the four goal areas of the plan.
4. The plan builds on existing plans, including the Preschool Development Grant Birth through Five Plan, the Pritzker Children's Initiative South Carolina 0-3 Plan, the Title V Plan, and the DHEC State Health Improvement Plan.

The governor's office, state agency leaders, and elected officials provided engaged leadership throughout the development process. The Birth Outcomes Initiative and state Preschool Development Grant leads provided ongoing support and guidance. The Interagency Collaboration Council, an ECAC partner, engaged in the plan's development and provided strategic feedback in August 2021.

The plan will be available for public comment beginning Friday, September 17 through Thursday, September 30, 2021.

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

SOUTH CAROLINA'S EARLY CHILDHOOD PROGRAMS BY CATEGORY



HEALTH & SAFETY

Child Adolescent and Family Services – Department of Mental Health
 Child Passenger Safety Program – Department of Health & Environmental Control (DHEC)
 Child Welfare Services – Department of Social Services (DSS)
 Daniel's Law – DSS
 Healthy Families America – First Steps
 Health Services Coordination – First Steps
 Healthy Steps – First Steps
 Lead Paint / Water Testing – DHEC
 Maternal and Child Health Programs – DHEC
 Medicaid & Partners for Health Children – Department of Health & Human Services (DHHS)
 Nurse-Family Partnership – DHEC, First Steps
 Reach Out and Read – DHEC, First Steps, State Library

Special Needs & Early Intervention

BabyNet – DHHS
 Children With Special Health Care Needs – DHEC
 Early Identification and Referral – First Steps
 PASOs Connections for Child Development – First Steps
 Special Education Services (IDEA Part B and C) – Department of Education (SCDE)
 Early Intervention – Department of Disabilities & Special Needs (DDSN)
 SC School for the Deaf and the Blind

Food & Nutrition

Supplemental Nutrition Assistance Program (SNAP) – DSS
 Supplemental Nutrition Assistance Program Education (SNAP-Ed) – DHEC
 Weekend Backpacks – First Steps
 Women, Infants, and Children Nutrition Program (WIC) – DHEC



PARENTING & FAMILY SUPPORT

BOOST – First Steps
 Child Support Services – DSS
 Community Support for Young Parents – Children's Trust
 Early Steps to School Success – First Steps
 Family Literacy – First Steps
 Fatherhood Initiatives – First Steps
 HIPPIY – First Steps
 Incredible Years – First Steps

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) – Children’s Trust
Nurturing Parenting – First Steps
Parents as Teachers – First Steps
ParentChild+ – First Steps
Positive Parenting Program (Triple P) – Children’s Trust, First Steps
Motherread/Fatherread – First Steps
Raising A Reader – First Steps
Reading Rocks – First Steps
SC Educational Television (ETV)
SC State Library
Strengthening Families – Children’s Trust, First Steps
LENA Home – First Steps
Temporary Assistance to Needy Families (TANF) – DSS



CHILD CARE & EARLY EDUCATION

Child Care Resource & Referral – DSS
Child Care Scholarships – First Steps
Countdown to Kindergarten – First Steps
Dolly Parton Imagination Library – First Steps
Early Head Start
Early Head Start Child Care Partnership
Early Learning and Literacy – SCDE
First Steps 4K
Head Start
Library Programs – First Steps
Public School 4K – SCDE
Ready 4K – First Steps
SC Vouchers – DSS

Citations

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- ⁱ "InBrief: The Science of Early Childhood Development." Center on the Developing Child. Harvard University. [Available from: <https://developingchild.harvard.edu/resources/inbrief-science-of-eed/>].
- ⁱⁱ "Perry Preschool Project." High Scope. [Available from: <https://highscope.org/perry-preschool-project/>].
- ⁱⁱⁱ "What is 2Gen?." Ascend: The Aspen Institute. [Available from: <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>].
- ^{iv} Knudsen, Heckman, Cameron, Shonkoff. Economic, Neurobiological, and Behavioral Perspectives on Building America's Future Workforce. Proceedings of the National Academy of Sciences. 2006. 103 (27): 10155-10162.
- ^v Jackson MI. Early childhood WIC participation, cognitive development, and academic achievement. Soc Sci Med. 2015(126):145-153.
- ^{vi} Ibid.
- ^{vii} Duncan GJ and Magnuson K. The Long Reach of Early Childhood Poverty. In: Economic Stress, Human Capital, and Families in Asia. Springer; 2013:57-70.
- ^{viii} "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].
- ^{ix} Provider location, and center capacity obtained from scchildcare.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 done by Chelsea Richard of South Carolina First Steps (August 9, 2021).
- ^x 2019 Infant Mortality Data. Vital Statistics: South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].
- ^{xi} American Community Survey 5-year Estimates (2015-2019). Table B17024. US Census Bureau.
- ^{xii} National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>]. Defined as "coordinated, ongoing, comprehensive care".
- ^{xiii} 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>].
- ^{xiv} National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>]. Defined as "could not always afford good, nutritious meals during the past year."
- ^{xv} American Community Survey 5-year Estimates (2015-2019). Table S1401. US Census Bureau
- ^{xvi} American Community Survey 5-year Estimates (2015-2019). Table B23008. US Census Bureau.
- ^{xvii} "State Strategic Plan & Needs Assessment." South Carolina Early Childhood Advisory Council. [Available from: <https://earlychildhoodsc.org/what-we-do/state-strategic-plan-needs-assessment/>].
- ^{xviii} Calculated by Chelsea Richard (South Carolina First Steps). Using South Carolina Department of Social Services' Division of Early Care and Education's "Trend Charts" FFY2017 and FFY2013. [Accessed 19 Aug 2019]. Available from: https://www.scchildcare.org/media/60219/Chart-Book_FFY2017.pdf and <https://www.scchildcare.org/media/19807/Chart-Book-2013.pdf>
- ^{xix} Provider location and center capacity obtained from scchildcare.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 US Census Bureau's American Community Survey 2015-2019 Five Year Estimates (Table B01001). Population under age 6 by census tract obtained from the US Census Bureau's American Community Survey 2015-2019 Five Year Estimates (Table B17024). Calculations done by Chelsea Richard of South Carolina First Steps (August 9, 2021).
- ^{xx} National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>].
- ^{xxi} 2019 Infant Mortality Data. Vital Statistics: South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].
- ^{xxii} 2019 Birth Data. Vital Statistics: South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network]. Defined as "adequate" or "adequate plus" Kotelchuck Index, which is a measure of if prenatal care was initiated early enough and an adequate dosage was received prior to birth.
- ^{xxiii} State Child Fatality Advisory Committee Annual Report (2019). [Available from: <https://scfacsc.wordpress.com/annualreports/>].
- ^{xxiv} Administration for Children and Families Child Maltreatment Report (2019). [Available from: <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>].

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

xxvi Ibid.

xxvii Numerator is all children served in home visiting from South Carolina Home Visiting Yearbook (2020). National Home Visiting Resource Center. [Available from: https://nhvrc.org/state_profile/south-carolina-2020/]. Includes those served by 76 local agencies and includes the following models: Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Denominator is number of children under age 6 <185% of the federal poverty level from American Community Survey 5-year Estimates (2015-2019). Table B17024. US Census Bureau.

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

xxix Ibid.

xxx Ibid.

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

xxxii Ibid.

xxxiii "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>].

xxxiv South Carolina. U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection (2017-18). [Available from: <https://ocrdata.ed.gov/>].

xxxv 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.childcaresdeserts.org/>). Population under age 5 by census tract obtained from the US Census Bureau's American Community Survey 2015-2019 Five Year Estimates (Table B01001). Population under age 6 by census tract obtained from the US Census Bureau's American Community Survey 2015-2019 Five Year Estimates (Table B17024). Calculations done by Chelsea Richard of South Carolina First Steps (August 9, 2021).

xxxvi Data obtained from schildcare.org on August 6, 2021. Calculated by Chelsea Richard of South Carolina First Steps (August 9, 2021).

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

xxxviii 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].

xxxix "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>].

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