



For Our Future

South Carolina's
Birth through Five Plan

2022 - 2027



South Carolina
**Early Childhood
Advisory Council**

Acknowledgments

This plan was made possible because of the thousands of South Carolinians who shared their experiences, ideas, and feedback to strengthen the state's early childhood system and improve outcomes for young children and their families.

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A Message from the Chair



Gov. Henry McMaster directed the Early Childhood Advisory Council to develop South Carolina's Birth through Five Plan, recognizing the need to make big, bold, transformative investments in the earliest years of a child's life, when the impact is greatest. He challenged us to work synergistically across agencies, to engage parents, and to ensure children are safe, healthy, and ready to start school.

This plan delivers. We know that parents are their child's first and most important teachers. Families are responsible for their children's health, safety, learning, and development. Ninety percent of brain development happens before age five. This plan outlines our commitment to dramatically expand access to evidence-based parenting programs, which are proven to get kids ready for kindergarten, reduce child abuse and neglect, and catch developmental and health concerns early.

This plan recognizes that for children to thrive from birth into adulthood, they need a healthy start to life – a nurturing and safe home, food security and nutrition, access to prenatal and medical care, immunizations, and when needed, early intervention and mental health services.

For parents of young children to work, they need safe, nurturing, high-quality care for their children. In South Carolina, nearly half the population lives in a child care desert. You'll see in this plan South Carolina's commitment to building the supply of child care to meet the demands of parents and employers in every part of the state. Doing so supports the workforce of today and builds the workforce of tomorrow.

The development of this plan involved parents, providers, early childhood system leaders, legislators, and policy makers. We grounded this plan in data, with clear and quantifiable measures of progress. This is our call to action, building on what we know from brain science and leveraging this time of great opportunity – both in our state and in the lives of our state's children.

A handwritten signature in black ink, appearing to read 'David Morley'.

David Morley, Chair

Governor's Designee

South Carolina Early Childhood Advisory Council

A photograph showing the back of a young child with a green backpack, walking hand-in-hand with an adult on a paved path. The child is wearing a grey shirt and blue shorts. The adult is wearing a blue dress and a light green bag. They are walking away from the camera on a path lined with greenery.

Our Vision

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

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 taxpayers, to our funders, and—most importantly—to South Carolina's children.

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

Guiding Principles

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, home language, and for adults and children with disabilities.

A focus on equity proactively addresses disparities and levels the playing field.

Addressing disparities ensures all children have the opportunities and resources to be successful.

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

Parents, including all adult caregivers in parenting roles, need and want to connect with their infants and young children in positive ways that help children grow, thrive, and achieve their full 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, culturally and linguistically responsive, 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 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.

Our impact is greatest when we align initiatives, work collaboratively, and focus on healthy and thriving children, their families, and the places where they live.

The Plan at a Glance

The opportunity to reach our highest potential begins in the first five years of life. To lay the strongest foundation possible for our children and our state, this plan sets forth:



When we are successful,
every young child in South Carolina will be:



Our Best Investment

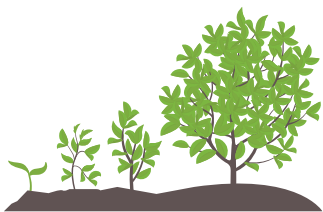
Why Early Childhood Matters for South Carolina

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. 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 are more likely to graduate from high school, retain employment, and earn more money compared to those who do not receive any preschool education. They also had fewer teenage pregnancies and committed fewer crimes.



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. Rather than focus solely on children, we recognize that for the whole child to thrive, their entire family must thrive as well.



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.

A Solid Foundation

South Carolina's Early Childhood System

South Carolina has both a solid foundation of investment in the early years and a long history of public policy innovation in the field. 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 and life. Our 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, social, and other benefits.

Children are healthier, beginning at birth

Health and nutrition, beginning in pregnancy, play key roles 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 cognitive development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school. Meanwhile, the state's infant mortality rate has seen a 28% drop since 2005, thanks to innovative strategies that promote improved pregnancy and health outcomes for mothers, babies, and families in our state.

Parents and communities 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 keep children healthy and safe, promote early literacy, and boost school readiness.



Now acknowledged as a critical need across the nation as part of the federal government's Maternal Infant Early Childhood Home Visiting (MIECHV) program, South Carolina has a decades-long commitment to supporting parents in their role as their children's first and best teachers. In 1993, some 17 years before the federal government's investment, the South Carolina General Assembly passed Act 135, the "The Early Childhood Development and Academic Assistance Act," which provided funding for school districts to implement parenting and family literacy programs statewide.

This investment grew in 1999 with the creation of SC First Steps to School Readiness, as local partnerships matched state funds with community resources, greatly expanding the reach of evidence-based home visiting strategies including Parents as Teachers and Parent-Child Home (now ParentChild+). First Steps was also critical to the launch of the acclaimed Nurse-Family Partnership model, providing early leadership and making the initial \$1 million investment that launched the model in South Carolina, which has since grown to cover a majority of the state.



Kindergarten readiness is a state priority

South Carolina's commitment to early childhood education dates back to 1984's Education Improvement Act, which enabled the state's first publicly funded prekindergarten classrooms for at-risk four-year-olds. In 1996, the state became one of the first in the southeast to implement full-day five-year-old kindergarten. In 2006, South Carolina launched the public-private Child Development Education Pilot Program (CDEPP), a full-day four-year-old kindergarten program in both public and private schools and child cares. The pilot gradually expanded to more districts and was ultimately codified as the Child Early Reading and Development Education Program (CERDEP) as part of the Read to Succeed Act in 2014. The program was expanded statewide to serve all eligible four-year-olds in 2021.

South Carolina is also 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—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. After a decades-long history measuring school readiness, initially via the Cognitive Skills Assessment Battery (CSAB) and later the South Carolina Readiness Assessment (SCRA), the SC Department of Education began measuring the preparedness of incoming kindergartners using the Kindergarten Readiness Assessment (KRA) in 2017. This tool provides families, service providers, and policymakers with a set of common metrics to measure and improve outcomes for young children. Through the state's integrated data system, established in 2000, KRA and other early childhood data can be connected to health, K-12 education, and other outcomes. 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

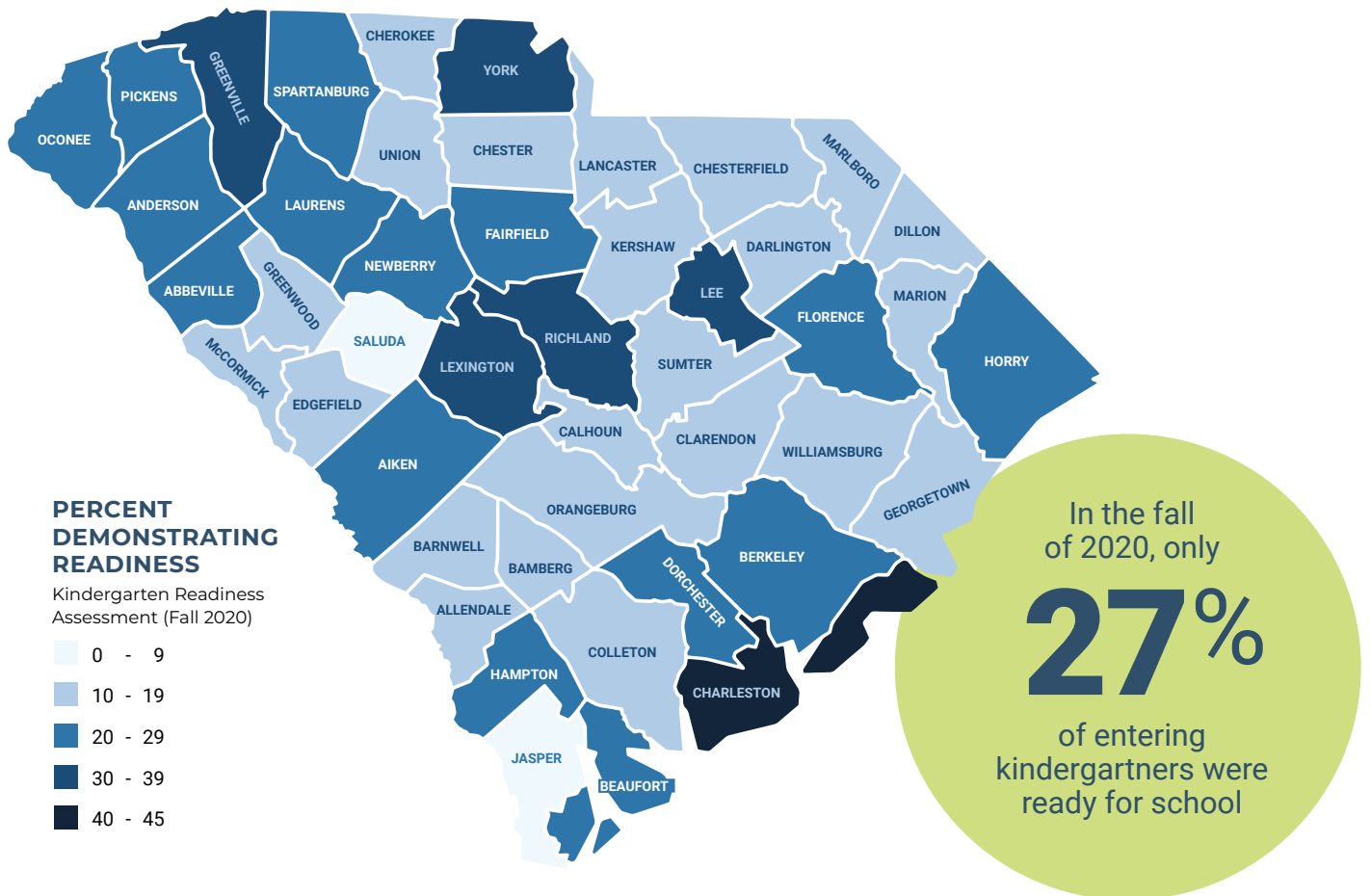
To support further coordination and collaboration among early childhood initiatives at the state level, the Early Childhood Advisory Council (ECAC) was established in 2010 by Executive Order and later codified in legislation. The ECAC represents the state's early childhood system and works collaboratively 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 less than half of our state's children 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.



The Need Persists

Our state's investments in early childhood are working, but they are reaching too few children. By the time South Carolina's children arrive at school, many have already fallen behind. Unfortunately, those who start behind often stay behind, leading to an achievement gap that persists into adulthood.



Children are considered “ready for school” if they score “demonstrating readiness” on the South Carolina Kindergarten Readiness Assessment (KRA). This developmentally appropriate test is administered to all students entering publicly funded kindergarten within the first 45 days of the school year.

The KRA determines each child’s readiness level across four domains:

- 1. Language and literacy**
- 2. Mathematics**
- 3. Physical well-being and motor development**
- 4. Social foundations**

At the beginning of the 2020-2021 school year, due to the COVID-19 pandemic, a modified version of the KRA was administered to 48,521 kindergartners. This test included 33 of the 50 items on the full KRA.

Children in poverty are falling behind

Among our state's 342,000 children under age 6, 46% live in poverty or a low-income household. These children start school at a major disadvantage compared to their more affluent peers. In South Carolina, at the beginning of the 2020-21 school year:

18%

of kindergartners in poverty
were ready for school

44%

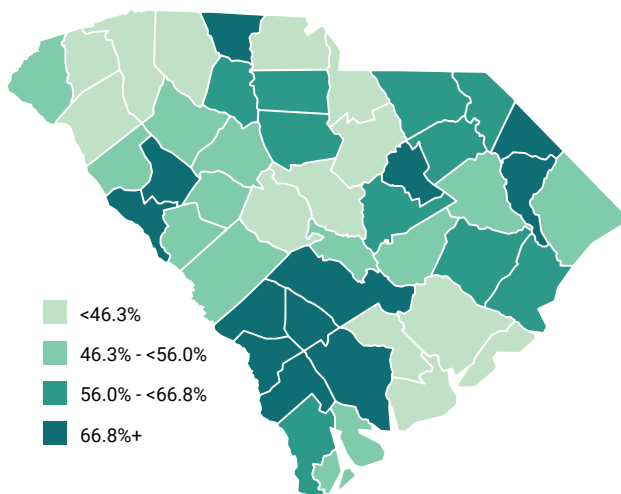
of kindergartners not in poverty
were ready for school

Poverty impacts children and families in every county of the state

Counties with the highest percentage of children under 6 living in poverty or a low-income household are concentrated in rural counties, like those along the I-95 corridor. The counties with the highest *number* of children under age 6 in poverty are concentrated in densely-populated regions, like those near major metropolitan areas.

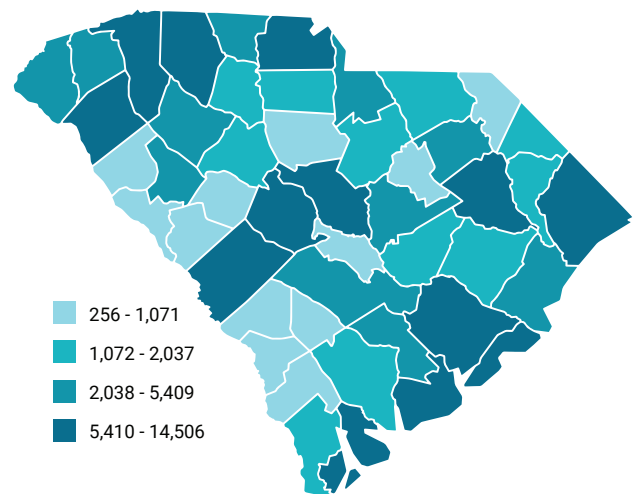
PERCENT OF CHILDREN UNDER AGE 6 IN POVERTY OR A LOW-INCOME HOUSEHOLD

American Community Survey (2019), U.S. Census Bureau



NUMBER OF CHILDREN UNDER AGE 6 IN POVERTY OR A LOW-INCOME HOUSEHOLD

American Community Survey (2019), U.S. Census Bureau



Achievement gaps disproportionately impact Black children

In South Carolina, approximately 1 in 3 young children are Black, and there are 2 young Black children living in poverty or a low-income household for every 1 young white child living in the same circumstances. Twice as many Black children enter kindergarten at a disadvantage as their white counterparts. In South Carolina, at the beginning of the 2020-21 school year:

17%

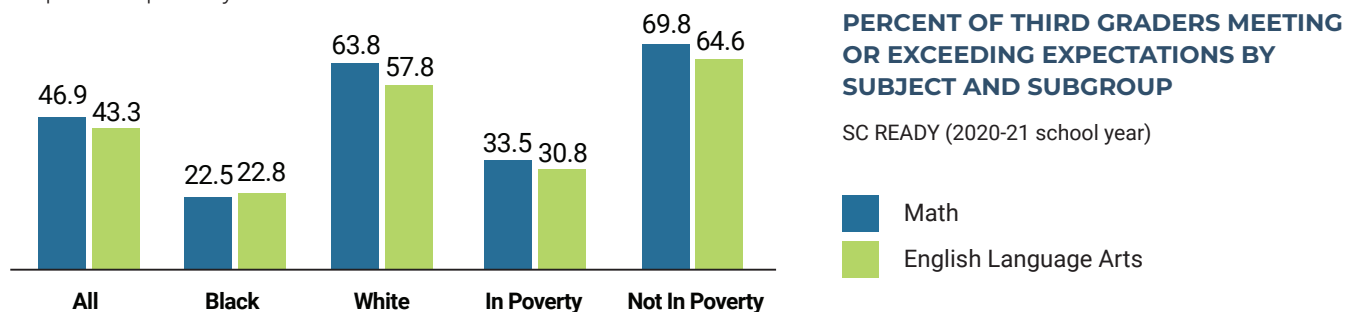
of Black kindergartners
were ready for school

35%

of white kindergartners
were ready for school

Achievement gaps continue beyond kindergarten

In South Carolina, at the end of the 2020-21 school year, less than half of third graders in South Carolina met or exceeded expectations in math and English language arts. White third graders met or exceeded expectations three times more than their Black counterparts. Affluent third graders met or exceeded expectations two times more than their peers in poverty.



What South Carolina parents are saying

In 2019, a needs assessment was conducted to understand statewide priorities for preschool development. An online survey garnered 3,114 responses, including 1,216 from parents and caregivers. Respondents were asked to identify their top priorities in three domains: health and well-being, family and community, and early learning and development. For parents and caregivers, the top priorities were knowledge of child development, time with their children, and finding quality child care.

HEALTH & WELL-BEING



said the most important thing was **understanding child development**

FAMILY & COMMUNITY



said the most important thing was **having enough family time to spend with their children**

EARLY LEARNING & DEVELOPMENT



said the most important thing was **finding high-quality child care and early education programs**

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 does not currently meet the needs of working families. As of July 23, 2021, 52% of the state's counties did not have enough child care supply to meet estimated demand. That means that 40% of children under age 5 live in counties where child care is scarce. The COVID-19 pandemic has exacerbated the problem, 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.



50% of child care workers in South Carolina earn **\$10 per hour or less**

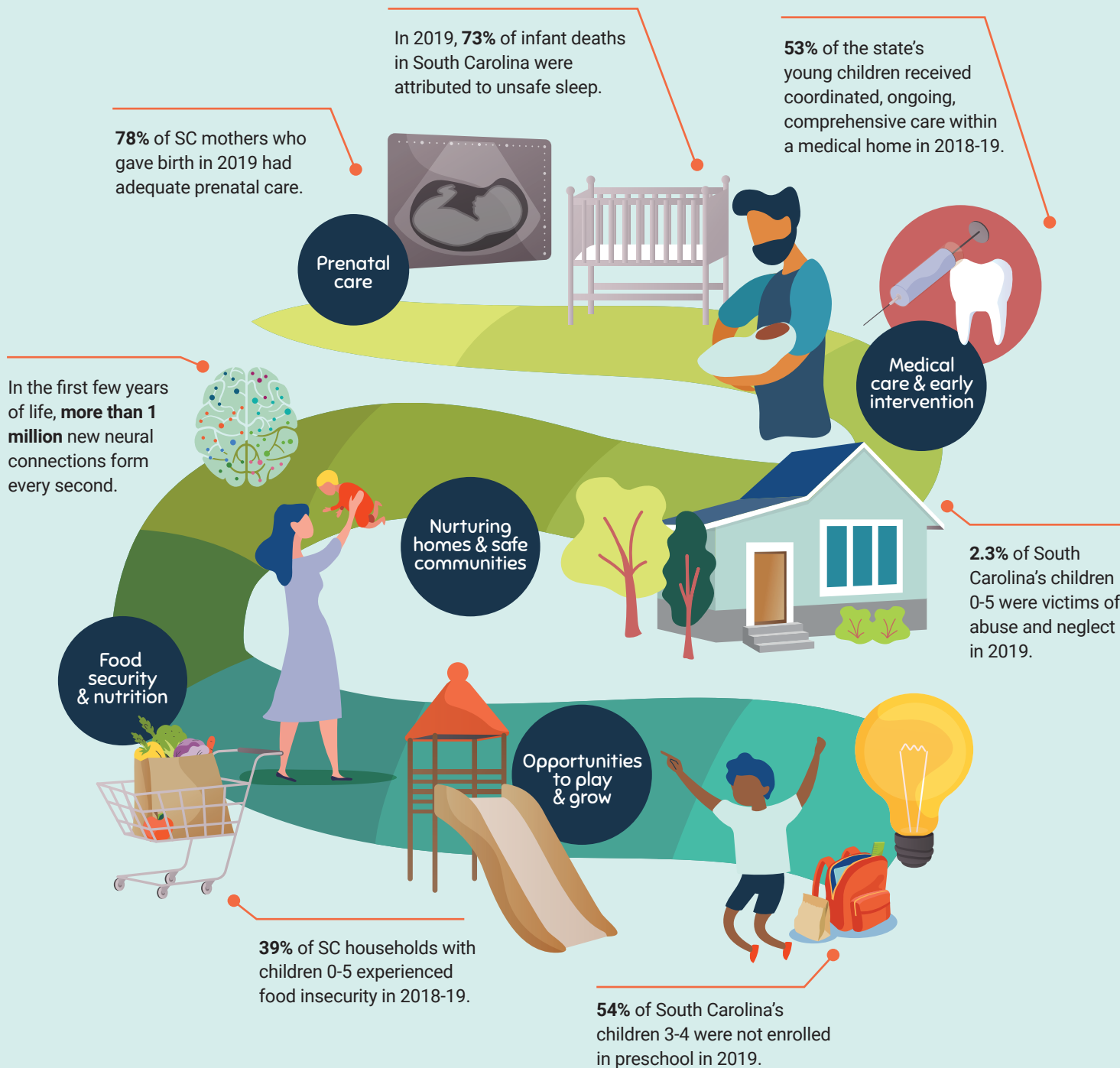
Child numbr availa

Child estim under labor

of children under age five live in counties where child care is scarce.

Child care demand is defined as the estimated number children in each county under age 5 with all available parents in the labor force.





GOAL 1

South Carolina's youngest children are healthy and safe.

The path to a bright future begins before birth. To learn and grow appropriately, a child's brain must be well nourished and protected from harm.



OBJECTIVE 1.1

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

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 doulas, breastfeeding, and postpartum wellness. 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.

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.

1.3.1

Expand access to screening, identification of disabilities, and referrals for treatment and services. Expand availability of evidence-based models of comprehensive screening and referral to quickly identify delays or disabilities. 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 disabilities. 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.

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 and nurtured in their families, homes, and communities.

1.5.1

Improve child safety. Increase parent knowledge of safe sleep, poisoning and injury prevention practices, like car seats, water safety, firearm injury prevention, and heat-related death or injury. 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

Promote social norms that protect against violence and adversity, and intervene to lessen the immediate and long-term harms of adverse childhood experiences. Promote community norms around a shared responsibility for the health and well-being of all children. Support parents and positive parenting, including norms around safe and effective discipline. Foster healthy and positive norms around gender, masculinity, and violence to protect against violence towards

intimate partners, children, and peers. Increase access to enhanced primary care, victim-centered services, treatment to lessen the harms of adverse childhood experiences (ACEs) and family-centered treatment approaches.

1.5.4

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.

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 in neighborhoods and communities.

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.

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.

Stable, nurturing homes are the foundation on which children, families, and communities thrive.



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.

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 4.3.1) to better understand who is being served and impact of services.

2.1.2

Expand access to information and resources that promote children's health and safety and 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.

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. Expand access to programs that connect parents to services that meet their family's needs. 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.

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, enriching opportunities, and community resources like libraries, schools, outdoor learning environments, community centers, and museums.

2.4.1

Provide training and materials grants to library and museum 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 and museums.

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.



52% of eligible four-year-olds did not participate in publicly-funded, full-day preschool programs in 2020-21.

45% of child care providers participate in ABC Quality, South Carolina's voluntary quality rating and improvement system.



40% of South Carolina's children under age 5 live in counties where the supply of child care is scarce.

The average annual cost of center-based infant care in South Carolina is **\$9,100**, which is **17%** of the median household income.

GOAL 3



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

High-quality child care and early education is proven to improve outcomes for both children and the adults in their lives. But to work, it must be accessible.



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

OBJECTIVE 3.1

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

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. Revise standards to embrace and recognize high quality Montessori 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 areas of low child care access.

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 is inadequate child care access.

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 and 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 3.3

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

3.3.1

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 + Siblings.

3.3.2

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.

3.3.3

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.

3.3.4

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.

3.3.5

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 3.4

The early care and education workforce is prepared, skilled, supported in their work, and appropriately compensated for the critical role they play in South Carolina's success.

3.4.1

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.

3.4.2

Create accessible career pathways that reward achievement. Offer competency-based stackable content that focuses on the full continuum of child development—from infancy to toddlerhood to preschool—that leads to badges, certificates, credentials, and college credit/degrees. Reward achievement of these milestones.

3.4.3

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

3.4.4

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 starting in infancy, early childhood mental health, engaging parents, inclusion/serving children with disabilities, health and wellness, and other key topics.



GOAL 4

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



OBJECTIVE 4.1

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.

4.1.1

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.

4.1.2

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 more spaces are needed.

4.1.3

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.

4.1.4

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 4.2

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.

4.2.1

Deepen and expand local parent leadership formally and informally. Foster skill building among parents to more effectively advocate for their children's needs. Deepen their 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 which guide the development of effective policies and programs.

4.2.2

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.

4.2.3

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 4.3

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.

4.3.1

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. Disaggregate data by race, disability, gender, and home language to inform policy, enhance program efficacy, and ensure equity for all children.



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

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.

4.3.2

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 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.

4.3.3

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. Complete fiscal mapping to better understand the resources invested in young children and their families. Disaggregate data by subgroups and geography to understand gaps and potential disparities in program availability, enrollment, and outcomes. Enhance data-driven decision making, resource allocation, and understanding of community needs.

OBJECTIVE 4.4

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

4.4.1

Drive accountability and outcomes through monitoring and action. The ECAC and its members will track progress on the metrics in this plan and, when progress is not sufficient, develop strategies to improve outcomes.

4.4.2

Adopt a two-generation approach to early childhood system governance, policy making, outcomes, and analysis. Actively support two-generation approaches that seek positive outcomes for entire families and include a focus on supporting the ready child as well as the adults in the child's life.

Integrate whole-family programs and services within ECAC member agencies by connecting and integrating across agencies and funding sources.

4.4.3

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.

4.4.4

Strengthen and expand the Early Childhood Advisory Council.

Strengthen the ECAC role by systematically fostering joint action by members to address high-priority needs with a particular focus on disparities. Include additional agencies and leadership that have responsibility for ensuring the health, safety, education, and well-being of young children and their families. Complete regular needs assessments and strategic planning to ensure the needs of South Carolina children and families inform ECAC priorities.

OBJECTIVE 4.5

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

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

Key Measures of Progress

2022 – 2027

To ensure accountability and drive results, the Early Childhood Advisory Council and its members will track progress on the metrics in this plan and, when progress is not sufficient, develop strategies to improve outcomes. The following is a list of key, but not exhaustive, indicators of progress with targets for the year 2027. We acknowledge that progress is not enough. We will only be successful when all children have the resources and opportunities necessary to reach their highest potential and disparities are eliminated.

1

Increase the percentage of children, ages 0-35 months, who have full immunization coverage from 68.0% to 78.0%.

2

Increase the percentage of children, ages 1-5, who have received at least one preventive dental visit in the past year from 60.8% to 65.8%.

3

Increase the percentage of incoming kindergartners who are ready for school from 27.0% to 40.0%.

4

While increasing kindergarten readiness for all students, reduce the disparity between Black and white kindergartners by 25%, from 18% to 13.5%.

5

While increasing kindergarten readiness for all students, reduce the disparity between Latino and white kindergartners by 25%, from 22% to 16.5%.

6








Reduce the percentage of children in counties with low child care access from 40% to 35%.

7

Increase the percentage of child care providers participating in ABC Quality from 45.4% to 55.0%.

The Planning Process

Thousands of families, service providers, and leaders 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 as part of the work of the federally-funded Preschool Development Grant Birth through Five, which was foundational to the creation of this plan.
-  This plan is also grounded in the findings of a 2020 survey conducted by the ECAC in partnership with the United Way Association of South Carolina and South Carolina First Steps. The survey report, “Understanding the Impact of COVID-19 on Young Children, their Families, and Child Care Needs in South Carolina,” reflects the experiences and needs of 1,245 parents and caregivers from 42 of 46 counties across the state.
-  This document builds on existing plans, including the Child Care Development Fund State Plan, the DHEC State Health Improvement Plan, the DHEC Maternal and Child Health Title V State Action Plan, the Preschool Development Grant Birth through Five Plan, the Pritzker Children’s Initiative South Carolina 0-3 Plan, and the South Carolina MIECHV Program Plan.
-  Development of the principles, objectives, strategies, and measures of progress 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.
-  The governor’s office, state agency directors, and elected officials provided leadership throughout the development process. Members of the ECAC and the Interagency Collaboration Committee, a working committee of the ECAC, engaged in the plan’s development and provided strategic feedback in the fall of 2021.
-  The draft plan was presented for public comment in September 2021. ECAC Family Voice Council members, parents, providers, community-based organizations, stakeholder groups, and others were invited to offer feedback. In total, more than 130 members of the public provided reactions and comments.
-  The plan’s principles, goals, objectives, strategies, and key measures of progress were presented for approval and adopted by the Early Childhood Advisory Council in October and December 2021.

Appendix B

South Carolina's Early Childhood Programs By Category

Families can access these programs at first5sc.org.
A detailed system flow chart is available at earlychildhoodsc.org

** The list below represents publicly-funded family-facing programs and services. We recognize the important role of quality enhancement and early childhood workforce and professional development initiatives not listed here.



HEALTH & SAFETY

Child Adolescent and Family Services – Dept. Mental Health
Child Passenger Safety Program – Dept. Health & Environmental Control
Child Welfare Services – Dept. Social Services
Daniel's Law – Dept. Social Services
Healthy Families America – First Steps
Health Services Coordination – First Steps
HealthySteps – First Steps
Lead Paint / Water Testing – Dept. Health & Environmental Control
Maternal and Child Health Programs – Dept. Health & Environmental Control

- First Sound
- Newborn Blood Screening
- Perinatal HEP-B Case Management
- Postpartum Home Visiting
- Sickle Cell Program
- Vaccination Program

Medicaid & Partners for Health Children – Dept. Health & Human Services
Nurse Family Partnership – Dept. Health & Environmental Control, First Steps
Reach Out and Read – Dept. Health & Environmental Control, First Steps, State Library

Special Needs & Early Intervention

BabyNet – Dept. Health & Human Services
Children With Special Health Care Needs – Dept. Health & Environmental Control
Early Identification and Referral – First Steps
PASOs Connections for Child Development – First Steps
Special Education Services (IDEA Part B and C) – Dept. Education
Early Intervention – Dept. Disabilities & Special Needs
SC School for the Deaf & the Blind

Food & Nutrition

Supplemental Nutrition Assistance Program (SNAP) – Dept. Social Services
Supplemental Nutrition Assistance Program Education (SNAP-Ed) – Dept. Health & Environmental Control
Women, Infants, and Children Nutrition Program (WIC) – Dept. Health & Environmental Control
Weekend Backpacks – First Steps



PARENTING & FAMILY SUPPORT

BOOST – First Steps
Child Support – Dept. Social Services
Early Steps to School Success – First Steps
Family Literacy – First Steps
HIPPPY – First Steps
Incredible Years – First Steps
LENA Home – First Steps
Nurturing Parenting – First Steps
Parents as Teachers – First Steps
ParentChild+ – First Steps

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) – Children's Trust
Motherread/Fatheread – First Steps
Positive Parenting Program (Triple P) – Children's Trust, First Steps
Raising A Reader – First Steps
SC Educational Television – ETV
SC State Library
Strengthening Families – Children's Trust, First Steps
Temporary Assistance to Needy Families (TANF) – Dept. Social Services



CHILD CARE & EARLY EDUCATION

Child Care Scholarships – First Steps
Countdown to 4K – First Steps
Countdown to Kindergarten – First Steps
Dolly Parton Imagination Library – First Steps
Early Head Start
Early Learning & Literacy – Dept. Education
First Steps 4K

First Steps 4K + Siblings
Head Start
Library Programs – First Steps
Public School 4K – Dept. Education
Ready 4K – First Steps
SC Child Care Resource & Referral – Dept. Social Services
SC Vouchers – Dept. Social Services

Our Best Investment

Brain Development: “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/>].

A lifetime of results: “Perry Preschool Project.” High Scope. [Available from: <https://highscope.org/perry-preschool-project/>].

Stronger families: “What is 2Gen?”. Ascend: The Aspen Institute. [Available from: <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>].

A more prosperous South Carolina: 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.

A Solid Foundation

Children are healthier: Jackson M. Early childhood WIC participation, cognitive development, and academic achievement. Soc Sci Med. 2015(126):145-153.

Infant mortality: Infant Mortality (2005, 2019). Vital Statistics. South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].

Parents and communities: 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.

The Need Persists

Kindergarten readiness statistics overall, by poverty status, and by race: “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>]. Ready for school defined as “demonstrating readiness” on the fall 2020 Kindergarten Readiness Assessment”.

Percent demonstrating readiness by county: Ready for school defined as “demonstrating readiness” on the fall 2020 Kindergarten Readiness Assessment”. Calculated by Chelsea Richard at South Carolina First Steps (August 2021) from data by district from the South Carolina Education Oversight Committee (June 2021 KRA Report: <https://eoc.sc.gov/sites/default/files/Documents/KRA/KRAforweb.06152021.pdf>). Lexington/Richland 5 results included in both Richland and Lexington County calculations.

Rate and count of children under age 6 in poverty or a low-income household by county: Poverty or low-income defined as <185% of the federal poverty level. American Community Survey (5-year estimates; 2015-2019). Table B17024. US Census Bureau.

Approximately 1 in 3 young children are Black: Young children defined as children under age 6; Black children defined as non-Hispanic Black. Estimates from the 2019 Bridged Race Estimates from the National Center for Health Statistics.

There are 2 young Black children living in poverty or a low-income household for every 1 young white child living in the same circumstances: Black and white both defined as non-Hispanic. Poverty or low-income defined as <185% of the federal poverty level. American Community Survey (5-year estimates; 2015-2019). Public Use Microdata Sample. US Census Bureau. Calculated by Chelsea Richard at South Carolina First Steps. (31.2% of non-Hispanic white children under age 6 <185% FPL; 65.2% of non-Hispanic Black children under age 6 <185% FPL).

Third graders meeting or exceeding expectations: SCREADY (2020-21; 3rd grade). South Carolina Department of Education. Accessed 17 Nov 2021. [Available from: <https://ed.sc.gov/data/test-scores/state-assessments/sc-ready/2021/>].

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

50% of child care workers in South Carolina earn \$10 per hour or less. Rao V, Chen R, Perkins K, Sevoyan M. Early Childhood Workforce Study Report. 2018. [Available from: https://www.sc.edu/study/colleges_schools/education/research/units/cdrc/projects/ccrt/documents/ece_workforce_study.pdf].

Citations

The state of child care: Provided by the South Carolina Department of Social Services. Child care capacity data was calculated based on facilities that were open on July 23, 2021 (scchildcare.org). Child care capacity is the maximum number of children a child care facility is licensed or approved to serve. Child care supply is defined as the total number of licensed or approved slots available in each county. Data on number of children under 5 living in households where all parents work obtained from U.S. Census Bureau, 2014-2018 American Community Survey (ACS) 5-Year Public Use Micro Sample. The demand for child care is estimated as 64% of all children under age 5 born in each county (South Carolina Department of Health & Environmental Control, Vital Statistics SCAN Birth Tables (total births 2015-2019)). The terms 'scarce' and 'adequate' were adopted from the latest analysis by Center for American Progress (<https://childcaredeserts.org/>). Map and analysis provided by the Child Care Research Team at Yvonne & Schuyler Moore Child Development Research Center, University of South Carolina. (August 2021).

GOAL 1

78.3% of South Carolina mothers, who gave birth in 2019, had adequate prenatal care, meaning they met recommendations for initiation and duration. Births (2019). Vital Statistics. South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].

72.8% of infant deaths in South Carolina in 2019 were attributed to unsafe sleep. State Child Fatality Advisory Committee Annual Report (2019). [Available from: <https://scfacsc.wordpress.com/annualreports/>].

1 million neural connections. Center for the Developing Child, Harvard University. 2021.

53.0% of South Carolina's children 0-5 received coordinated, ongoing, comprehensive care within a medical home in 2018-19. National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>].

2.34% of South Carolina's children 0-5 were victims of abuse and neglect in 2019. Numerator: number of children in South Carolina who were victims ages <1 through 5 (8275; Table 3-6); Denominator: number of children in South Carolina ages <1

through 5 (353082; Table C-3). 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>].

38.6% of South Carolina's households with children 0-5 experienced food insecurity in the past year (2018-19). 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."

54.3% of South Carolina's children 3-4 were not enrolled in preschool or nursery school in 2019. American Community Survey 5-year Estimates (2015-2019). Table S1401. US Census Bureau.

GOAL 2

39.7% of South Carolina's children 0-5 live in a single-parent household. American Community Survey 1-year estimate (2019). Table C23008. US Census Bureau.

32.0% of South Carolina's children 0-5 do not have all available parents participating in the labor force. American Community Survey 5-year Estimates (2015-2019). Table B23008. US Census Bureau.

38.4% of babies born in South Carolina in 2019 were to mothers with a high school education or less. Births (2019). Vital Statistics. South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].

23% of undergraduate students in South Carolina are parents. Investing in Single Mothers' Higher Education in South Carolina: Costs and Benefits to Individuals, Families, and Society. Institute for Women's Policy Research Center for Equity in Higher Education. [Available from: <https://iwpr.org/wp-content/uploads/2020/08/South-Carolina.pdf>].

GOAL 3

52% of eligible four-year-olds did not participate in publicly-funded, full-day preschool programs in 2020-21. State-Funded Full-Day 4K Annual Report: FY 20-21 & FY 21-22. Education

Oversight Committee. January 2022. [Available from: <https://eoc.sc.gov/sites/default/files/Documents/CERDEP%202022/CERDEP%20Annual%20Report%202022.GA01142022.pdf>]. 39.7% of South Carolina's children 0-5 live in a single-parent household. American Community Survey 1-year estimate (2019). Table C23008. US Census Bureau.

32.0% of South Carolina's children 0-5 do not have all available parents participating in the labor force. American Community Survey 5-year Estimates (2015-2019). Table B23008. US Census Bureau.

38.4% of babies born in South Carolina in 2019 were to mothers with a high school education or less. Births (2019). Vital Statistics. South Carolina Department of Health and Environmental Control. [Available from the South Carolina Community Assessment Network].

22.0% of undergraduate students nationwide are parents. Institute for Women's Policy Research (IWPR). 2018. Institute for Women's Policy Research (IWPR) analysis of data from the U.S. Department of Education, National Center for Education Statistics, 2015–16 National Postsecondary Student Aid Study (NPSAS:16).

GOAL 4

The average annual cost of center-based infant care in South Carolina is \$9,100, which is 17.1% of the median household income. South Carolina. The US and the High Price of Child Care: 2019. Child Care Aware of America. [Available from: <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/>].

45.4% of child care providers participate in ABC Quality, South Carolina's voluntary quality rating and improvement system. South Carolina Department of Social Services, report on ABC Quality Enrolled Providers as of August 31, 2021.

40.0% of South Carolina's children under age 5 reside in counties where the supply of child care is scarce. Provided by South Carolina Department of Social Services.

10.2% of South Carolina's children 0-5 live 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. National Survey of Children's Health (2018-19). [Available from: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH/data>].

Key Measures of Progress

1: Definition: Birth year 2017. Combined 7 series vaccination coverage is 4+ doses of DTap, 3+ doses of Polio, 1+ doses of MMR, Hib full series (3 or 4 doses depending on product), 3+ doses of HepB, 1+ doses of Varicella, and 4+ doses of PCV. Source: South Carolina. National Immunization Survey-Child. Centers for Disease Control and Prevention. Accessed 28 Jul 2021. [Available from: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/interactive-reports/index.html>].

2: Source: South Carolina. National Survey of Children's Health (2018-2019). Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Accessed 18 Jul 2021. [Available from: <http://www.childhealthdata.org/>].

3: Source: "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>].

4: Source: "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>].

5: Source: "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>].

6: Source: South Carolina Department of Social Services.

7: Source: South Carolina Department of Social Services, report on ABC Quality Enrolled Providers as of August 31, 2021.



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