

# South Carolina Department of Probation, Parole and Pardon Services

## Standards and Requirements for Housing Providers

### Quality Assurance (*Required*)

To create a competitive distinction for housing providers and a framework for continuous quality improvement, the South Carolina Department of Probation, Parole and Pardon Services (SCDPPPS) will utilize a quality assurance (QA) tool to conduct reviews of each provider who is not accredited by another state agency and whose services require a Service Referral Form (SCDPPPS Form 1054). The purpose of the QA tool is to review operations and ensure adherence to state law. Service providers will be assessed on:

- Program Components: Conditions and features of the facility, including resident supervision/oversight
- Client Access: Clear intake process that addresses offenders' needs and communicates program requirements and rules with written policies regarding resident types and associated fees
- Continued Compliance: Cooperates with agency objectives and is responsive to suggestions

Based on the scores in these areas, each service provider will be classified as Preferred, Approved, or Conditional.

I understand and agree to participate in SCDPPPS' quality assurance reviews as mentioned above:

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

### Criminal Background (*Required*)

Please sign the applicable statement below.

I declare that no employee has been convicted of a felony or sexual offense.

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

I acknowledge that we have employees who have been convicted of a felony or sexual offense. I will disclose offense information and provide appropriate documentation to SCDPPPS when requested.

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

# Confidentiality Agreement

The SCDPPPS aims to create the best possible chances for offenders’ successful reentry and completion of tasks set by their probation or parole conditions.

Part of this effort includes ensuring the protection of offenders’ identities and other information shared with providers regarding the services they receive from third parties approved by SCDPPPS.

To that end, service providers are to refrain from sharing documents and other correspondence exchanged with SCDPPPS online or through social media (e.g., Facebook, X (formerly Twitter), Instagram, LinkedIn) and other outlets.

Violating this agreement will result in the discontinuation of SCDPPPS’ use of your services.

By signing below, you are accepting the terms of the Confidentiality Agreement as stated above.

\_\_\_\_\_

Signature of Service Provider

\_\_\_\_\_

Date

Upon review of the SCDPPPS’ Standards and Requirements for Service Providers, the authorized representative is asked to sign and return this form to:

S.C. Department of Probation, Parole  
and Pardon Services  
Office of Program Planning  
and Development  
293 Greystone Blvd  
Columbia, SC 29210

OR Fax: (803) 737-8492 OR [Service.Providers@ppp.sc.gov](mailto:Service.Providers@ppp.sc.gov)