***Care-A-Lot Daycare Center***

*4215 Thomas Sumter Hwy*

*Dalzell, South Carolina 29040*

*803-499-3851*

Dear Parents,

I would like to take this time to welcome you to the Care-A-Lot Daycare Center family. We hope that you will be pleased with the service that we offer our families. If you have any questions or concerns, please do not hesitate to contact us about it.

We have been in business for 39 plus years (Opened 1982) and pride ourselves on our personalized service we offer our families. We are proud to say that we are now caring for previous Care-A-Lot kids' children, so we must be doing something right. How about that?

We all know that it takes a village to raise a child and we are so happy that you have allowed us be part of your village. Our founder and my mother, Ms. Beverly “MeMe“, Eargle, prided herself on the children being treated as individuals with their own unique personality. We have a staff that takes the time to get personal with the children not only in their classroom, but with all the children at our center.

Please take the time to check our web site at [www.care-a-lotdaycare.com. There you will find a children’s page featuring many proud feats of the children, activities that the children are exposed to, and pictures documented their past fun activities.](http://www.care-a-lotdaycare.com/) We, also, have a Facebook page. Remember to go like us so you can keep up with other announcements.

Again, we welcome you to Care-A-Lot Daycare center and remember our doors are always open to suggestions, through your suggestions we have grown to the reputation that exceeds us.

Care A lot does not discriminate based on race, color, national origin, age, disability, sex, sexual orientation, parental status, political beliefs and genetic information, reprisal, or because all or part of an individual’s income is derived from any public assistance.

Our Mission Statement: It is the intention of Care A Lot Daycare Center to promote health, safety, and welfare for all children by assuring safe and adequate physical surroundings, promoting the healthy wellbeing of each child guided by the USDA food program, and providing proper supervision and care of the children by capable and qualified personnel.

It is our goal to partner with families to teach and reinforce family values by guiding their children to learn the basic skills of reading, writing, colors, shapes, and numbers in a structured, meaningful, creative, and playful environment.

Children’s social and emotional skills will be encouraged through daily interaction and positive experiences leading the way for a successful school year.

All staff will take an active part in the responsibility to ensure the best quality care for every child.

Thank you and Welcome to our center!

Paula Durham, Owner/Director

Stacey McFadden, Director

Melissa Williams, Director Cell # 803-720-4434

**Care-A-Lot Daycare Center, too**

Application for enrollment

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childs Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Place of work/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/school #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_

Place of work/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/school #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of other people authorized to pick up child(ren) from center:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_

Contract of Tuition at the time of registration including entire family:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Fees are posted at the front counter. Registration is $100 (one-hundred dollars) for each child with registration and annually each August 15th with completed renewal registration paperwork. This guarantees that your child is registered to remain at the center. All fees are due each Friday unless otherwise noted above. Monday is a grace day. If tuition is not paid by the end of Tuesday, your account will be charged late fee of $20.00 per child. Still not paid by Friday, you will be charged another late fee of $20.00 per child late and services will be terminated. Parents are required to give a 2-week’ notice, if not you will be charged for up to 2-weeks with a late fee. Children under school age are required to bring in 2 boxes of wipes, if not you will be billed and responsible to pay $5.00 per box.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Parent signature Date Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent signature Date

Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission regarding Administration of Medication:**

Care-A-Lot Daycare Center does administer medication to children as needed.

* All medication is kept in the original container and labeled with the child’s name.
* All medication is kept locked and out of reach of children.
* Medication is only administered to the child for which the medicine is labeled and authorized.
* The child is only given the dosage amount specified on the label.
* Parents give written parental consent for medication to be administered to their child.
* Written parental consents include the name of medication, dosage, and time to be administered on the medicine chart located at front counter
* Documentation of medication administration requests is maintained at the program.
* Our program maintains a medication log that documents the child’s name, name of medication, dosage, date, time, and name of person administering the medication.
* Medication errors are recorded, and parents/guardians are informed immediately. Medication Policy 2 ABCQ – Medication Policy 10/01/2023
* Our program follows our emergency medications for allergic reaction(s) policies and procedures.
* All unused/expired medications are returned to the parent.
* Staff wash their hands before giving medication and after applying a medical ointment or cream. Stored locked in a medicine box located in the Pantry, and Toddler room for that area
* On occasion, parents/guardians will be notified if child needs over the counter (cough or Tylenol) to comfort the child till picked up.

**By signing below, Parent/Guardian is giving Care-A-Lot Daycare Center permission to administer the child’s medication.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Emergency Treatment:**

Care-A-Lot Daycare Center provides the appropriate medical care in case of an emergency due to allergies and/or other medical emergencies. Our program obtains health information about children that includes allergies, and this information is shared with staff. Our program prohibits some foods from being served in cases of medically documented food allergies.

**By signing below, Parent/Guardian is giving Care-A-Lot Daycare Center permission to administer the child’s medication.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Classroom, Outdoor and Field Trip Ratios- permission for transportation:**

The child to staff ratio is the minimum requirements for health and safety for transportation activities. Licensed childcare centers and licensed/registered family childcare homes/groups follow child to staff ratios established in SC Child Care Law. These always apply when children are present on the premises and during activities away from the program such as field trips.

The license-exempt center child to staff ratios are as follows: Child’s Age Staff:

Child Ratio Five to six years1:20 (We do 2:13 per bus)

Six to twelve years 1:23 (We do 2:13 per bus)

Care-A-Lot Daycare Center does provide transportation. Prior to each event parents must provide written permission to consent that includes detailed information (e.g., designation to and from, emergency contact information) for any transportation provided to their child. All written permissions are stored in the child’s file at the program. Children are only released to person’s authorized by parents on the written permission/consent. The vehicle used for transportation has current registration and insurance. The driver has a current driver license, access to a cell phone, first aid kit, transportation plans, emergency medical and contact information for each child on every trip. Tracking procedures of notating each child’s trip to include loading and unloading (on/off) the vehicle. Written transportation plans are also filed at the program. Child-to-staff ratios are maintained during all transportation activities. In case of emergency, Care-A-Lot Daycare. This includes emergency transportation or calling emergency transportation via ambulance.

**By signing below, Parent/Guardian is giving Care-A-Lot Daycare Center permission to transportation to outside activities along with the hospital with the center.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Photography and close circuit monitoring:**

Care-A-Lot Daycare Center has permission for my child to be photographed, filmed or videotaped at the center/field trips. I understand these photographs may be used for public information purposes to explain and promote quality care. Such photographs and electronic reproduction may be used by Care-A-Lot Daycare Center for distribution, or information use.

**By signing below, Parent/Guardian is giving Care-A-Lot Daycare Center permission for**

**photography and close circuit monitoring.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Discipline Policy:**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concept, problem solving abilities and self-discipline. Based on this belief, Care-A-Lot Daycare Center uses a positive approach to discipline and practices the following discipline and behavior management techniques.

**WE DO:**

* Communicate to children using positive statements
* Communicate with children on their level
* Talk with children in a calm quiet manner
* Explain unacceptable behavior to children
* Give attention to children for positive behavior
* Praise and encourage the children
* Reason with and set limits for the children
* Apply rules consistently
* Model appropriate behavior
* Set up the classroom environment to prevent problems
* Provide alternatives and redirect children to acceptable activities
* Give children opportunities to make choices and solve problems
* Help children talk out problems and think of solutions
* Listen to children and respect the children’s needs, desires, and feelings
* Provide appropriate words to help solve problems
* Use storybooks and discussion to work through common conflicts

**WE DO NOT:**

* Inflict corporal punishment in any manner upon a child.(Corporal punishment is defined as the sue of physical force to the body as discipline measure. Physical force to the body includes, but is not limited to spanking, hitting shaking biting, pinching, pushing, pulling, or slapping)
* Use any strategy that hurts, shames, or belittles a child
* Use any strategy that threatens, intimidates, or forces a child
* Use food as a form of reward or punishment
* Shame of punishing a child if a bathroom accident occurs
* Embarrass any child in front to others
* Compare children
* Place children in a locked and/or dark room
* Leave any child alone, unattended or without supervision
* Allow discipline of a child by other children
* Criticize, make fun of or otherwise belittle a child’s parent, families, or ethnic group

The conference will be scheduled with parents if disciplinary problems occur if a child’s behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate childcare services for the child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, Care-A-Lot Daycare Center will inform the child’s family and contact Baby Net or another agency(age appropriate) for assessment and assistance.

**By signing below, Parent/Guardian has received a copy of this discipline policy located in Parent Handbook. It has been reviewed with me and I have read and understand this policy.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature Date**

If parent, name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER FOR NON-PRICING CHILD CARE INSTITUTIONS Participating in the Child and Adult Care Food Program**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Care-A-Lot Daycare Center, too LLC** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Application for Free and Reduced-Price Meals in Child Care Food Program Forms (DSS Form 16160). This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us. Please review the following questions and answers and the instructions for completing the attached DSS Form 16160.

1. **Do I need to fill out an Application for Free and Reduced-Price Meals form for each of my children in child care?** You may complete and submit one DSS Form 16160 for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:**

**Care-A-Lot Daycare Center, too LLC\_803-499-3851**

**(name of center, address, phone number)**

1. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), TANF also known as Family Independence (FI), or Food Distribution Program on Indian Reservations (FDPIR) can quality for free meals. Foster children and children enrolled in Head Start are also eligible for free meals. You must provide supporting documentation of a child’s enrollment in the Head Start program.

1. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

1. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, FI or FDPIR case number, you will remain eligible for those benefits for 12 months.You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

1. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

Dear Parent/Guardian

Page 2

1. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on theDSS Form 16160, but are not required to include payments received for the foster child as income.

1. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

1. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member’s income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

1. **What if there isn’t enough space on the application for my family?** List any additional household members on a separate piece of paper, and attach it to your application. Contact (\_**Owner or Director)** to receive a second application.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex (including gender identify and sexual orientation), age, disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by

USDA.

If you have other questions or need help, call **803-499-3851.**

Thank you for your cooperation.

**\_Paula Durham\_\_\_Owner/Director\_**

Institution Representative

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**

**CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: “Anyone who is living with you and shares income and expenses, even if not related.

Children in Foster Care and children who meet the definition of **Homeless, Migrant or Runaway**, are eligible for free meals.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | | | |
| **CHILD’S FIRST NAME** | **MI** | **LAST NAME** | **ENROLLED IN**  **CHILD CARE**  **YES NO** | | **FOSTER CHILD**  **YES NO** | **HEAD START**  **YES NO** | **HOMELESS/MIGRANT/RUNAWAY**  **YES NO** |
| **CHILD’S FIRST NAME** | **MI** | **LAST NAME** | **ENROLLED IN** | | **FOSTER CHILD**  **YES NO** | **HEAD START**  **YES NO** | **HOMELESS/MIGRANT/RUNAWAY**  **YES NO** |
|  | **CHILD CARE**  **YES NO** |
| **CHILD’S FIRST NAME** | **MI** | **LAST NAME** |  | **ENROLLED IN**  **CHILD CARE**  **YES NO** | **FOSTER CHILD**  **YES NO** | **HEAD START**  **YES NO** | **HOMELESS/MIGRANT/RUNAWAY**  **YES NO** |
|  |
| **CHILD’S FIRST NAME** | **MI** | **LAST NAME** | **ENROLLED IN**  **CHILD CARE**  **YES NO** | | **FOSTER CHILD**  **YES NO** | **HEAD START**  **YES NO** | **HOMELESS/MIGRANT/RUNAWAY**  **YES NO** |

**STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF (FI),** or **FDPIR**?

|  |
| --- |
| **CASE NUMBER:** |

**IF NO >** Go to STEP 3

**IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

Write only one case number in this space.

# STEP 3 Total Household Gross Income

**Are you unsure what income to include here? Turn to page 3 and review the charts titled, “Sources of Income” for more information.**

The “**Sources of Income for Children**” chart will help you with the Child Income section. The “**Sources of Income for Adults**” chart will help you with All Adult Household Members section.

1. **Child Income How often?**

Child Income Weekly Bi-Weekly 2x Month Monthly

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**$**

1. **All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write “0” or leave any fields blank, you are certifying (promising) that there is no income to report.

Public Assistance Pensions/Retirement

Earnings **How often?** Child Support **How often?** Social Security/SSI/ **How often?**

Name of Adult Household Members (First and Last)from Work Weekly Bi-Weekly 2x Month Monthly Alimony Weekly Bi-Weekly 2x Month Monthly VA Benefits/Other Weekly Bi-Weekly 2x Month Monthly 

**STEP 4 Contact Information and adult signature.**

“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRINT NAME OF ADULT SIGNING FORM** |  | **SIGNATURE OF ADULT** |  |  | **DATE** |
| **ADDRESS** | **CITY** | **STATE** | **ZIP** | **PHONE/EMAIL** |  |

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**

**CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

PAGE TWO

# OPTIONAL Children’s Ethnic and Racial Identities (Optional)

**We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.**

**Ethnicity (check one):**  Hispanic or Latino Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

|  |  |
| --- | --- |
| The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.  In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.  Program information may be made available in languages other than English. Persons | with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.  To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:  https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-  Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:  **MAIL\*:**  U.S. Department of Agriculture **FAX:** (833) 256-1665 or (202) 690-7442;  Office of the Assistant Secretary for Civil Rights or  1400 Independence Avenue, SW **EMAIL:** program.intake@usda.gov.  Washington, D.C. 20250-9410  *This institution is an equal opportunity provider.* |

# DO NOT FILL OUT For official use only

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

**Eligibility**

FREE REDUCED PAID

Household Size

Weekly Bi-Weekly 2x Month Monthly

**How often?**

Total Income

Categorial Eligibility

Determining Official’s Signature

Date

Confirming Official’s Signature

Date

**For Child Care Homes Only:**

Tier I\_\_\_\_\_\_\_\_ Tier II\_\_\_\_\_\_\_\_

**DSS Form: 1610 (July 22) Edition of JUNE 19 is obsolete**

**South Carolina Department of Social Services**

**INFANT STATEMENT**

**From: Child Care Center/Provider: Care-A-Lot Daycare Center, too LLC Sponsoring Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To: Parent/Guardian of Infant(s) in Child Care**

I am required by the Child and Adult Day Care Food Program to **offer** a CACFP meal to all enrolled infants in my care. A CACFP meal includes iron fortified infant cereal and baby food when appropriate for the child’s age, at no additional charge.

I am required to **offer** an infant formula, which meets program requirements to all enrolled infants in my care. The formula that I am providing is iron fortified. There will be no additional charge to you, if you would like your infant to receive the formula and/or age appropriate food that I am offering.

I understand that not all infants need the same formula, and that the formula served to your infant should be the one recommended by your physician. If you choose, you may continue to provide your infant’s formula or other food items.

**Parent/Guardian, please check the following statement that applies to you. Then sign and date below:**

**Name of Infant:** **Birth Date:**

□ I would like the child care provider to serve my infant the iron fortified infant formula listed above. When my child is developmentally ready, I understand that besides the formula, the caregiver will offer my infant other food items, approved by the CACFP meal pattern guidelines, at no additional charge to me.

□ I will supply the breast milk/infant formula to the child care provider to serve to my infant. The name of the formula I will provide is: . I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child when developmentally ready.

□ I will supply the breast milk on site or express. I understand that the caregiver will offer other food items, approved by the CACFP meal pattern guidelines, to my child to my child when developmentally ready.

□ I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant. The name of the formula I will provide is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Note:** You will need to provide a medical statement for exempt formulas such as Nutramigen, NeoSure or Alimentum.

**If there are any changes from your above selection, a new form is required.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DSS Form 3354 (AUG 19) Edition of SEPT 17 is obsolete.

Family Interview

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_

Nick Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s favorites?

Books\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside Activity(ies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indoor Activity(ies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s dislikes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child afraid of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Helpful hints to help your child go to sleep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives with the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is their favorite person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to see your child succeed at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to our Family at Care-A-Lot Daycare, we are now part of your village. Thank you for inviting us!