

South Carolina Department of Social Services
Child and Adult Care Food Program
**APPLICATION FOR PARTICIPATION
FOR CHILD CARE HOMES**

Note: This application will cover periods during Federal Fiscal Year October 2022-September 2023

Sponsor Agreement #: CH2-00016

Facility Info Tab

Operation Start Date: 10/01/2022 Operation End Date: 09/30/2023

Name as Listed on Registration/License: _____

Physical Address: _____

Telephone Number: () _____ - _____ Email Address: _____

License Type: _____ License Number: _____ Expiration: _____

Responsible Person*: _____ Title: _____

Date of Birth: ____/____/____ Last four of SSN: _____

*If this person is different from the individual listed on the registration/license, please explain.

General Info Tab

Does this facility now participate, or has it previously participated in a program(s) funded by the Food and Nutrition Service (Child and Adult Care Food Program, Summer Food Service Program) or any other Federally Funded Program (ABC Quality, SC Voucher, First Steps – 4K, etc.) within the past seven (7) years?

Yes No

If yes, provide name of program(s) and operation dates. CACFP- T & T Tutor World, Inc.

Participants Tab

Residents:

Number of Provider's own children eligible to be claimed for reimbursement: _____

Number of Provider's foster children: _____

Disabled (must be over 12 years old): _____

Non-Residents:

Non-Resident: _____

Migrant (must be over 12 years old): _____

Disabled (must be over 12 years old): _____

Does the facility accept Drop-In Participants: ___Yes ___No Registration/License Capacity: _____

Age of participants accepted in facility: (Enter infants under 1 year as 0)

From: _____ To: _____ years old

Actual Ethnic Make-up

Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may not be used by institutions or facilities to determine an enrollee's ethnic/racial category. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Institution's **actual enrollment data** by ethnic/racial category for each facility under its jurisdiction **must be reported in whole numbers only.**

Ethnic Break-down (actual enrollment)

Hispanic: _____ Non-Hispanic: _____ Unknown: _____

Racial Breakdown (actual enrollment)

American Indian or Alaska/Native: _____ Asian: _____ Black or African: _____

Hawaiian or Pacific Islander: _____ White: _____ Unknown: _____

Operations Tab

Operations Data

Enter the number of operating days per week and check the operating days:

Number of operating days per week: _____

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Saturday___ Sunday___

Check operating months based on the Federal fiscal year:

October___ November___ December___ January___ February___ March___
April___ May___ June___ July___ August___ September___

Does the facility provide care in shifts: yes___ no___

Hours of Operation

Note: Operating Hours must agree with information provided to Child Care Licensing for Civilian Homes

Facility Operating Hours: From: _____ AM/PM To: _____ AM/PM

From: _____ AM/PM To: _____ AM/PM

Facility Operates 24 Hours _____

Shifts

Shift one (Identify service period):

(Check all that apply for Shift one)

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Saturday___ Sunday___

Service Period Start Time: _____ Service Period End Time: _____

Shift two (Identify service period):

Service Period Start Time: _____ Service Period End Time: _____

(Check all that apply for Shift two)

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____ Saturday____ Sunday____

Shift three (Identify service period):

Service Period Start Time: _____ Service Period End Time: _____

(Check all that apply for Shift three)

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____ Saturday____ Sunday____

Meals Tab

Meal Service Info

Is the Facility Requesting approval for more than two meals and one snack or two snacks and one meal?

Yes____ No____

Menu Variances (Check if the facility makes accommodations for any of the following):

Variation for religion _____ Unavailability of Fluid Milk _____ Other _____ Explain below:

Meal Providers (Identify how meals are provided to children)

- _____ Prepared at the childcare facility
- _____ Prepared at a Central Kitchen: (Identify the address) _____
- _____ Prepared by a Local School System(s): (Identify the school) _____
- _____ Prepared by a Food Service Management Co. (s): (Identify the name) _____

Meals

First Service Period (First Shift) (Only fill in the meals being served)

Meal Type: **Breakfast** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **AM Snack** Service Type: (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Lunch** Service Type: (Meal Provider) _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **PM Snack** Service Type: (Meal Provider) _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Supper/Dinner** Service Type: Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Evening Snack** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Second Service Period (Second Shift) (Only fill in the meals being served)

Meal Type: **Breakfast** Service Type (Meal Provider): _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **AM Snack** Service Type: (Meal Provider): _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Lunch** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **PM Snack** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Supper/Dinner** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Evening Snack** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Third Service Period (Third Shift) (Only fill in the meals being served)

Meal Type: **Breakfast** Service Type (Meal Provider): _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **AM Snack** Service Type: (Meal Provider): _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Lunch** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **PM Snack** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Supper/Dinner** Service Type: Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Evening Snack** Service Type: (Meal Provider) _____
Number of Meals per Day: _____ Meal Time: _____

Closures (Holidays or days the facility will be closed)

Federal Holidays – check all that apply

	Monday, October 10, 2022	Columbus Day
	Friday, November 11, 2022	Veterans Day
	Thursday, November 24, 2022	Thanksgiving Day
	Monday, December 26, 2022	Holiday for Christmas Day
	Monday, January 2, 2023	Holiday for New Year’s Day
	Monday, January 16, 2023	Birthday of Martin Luther King, Jr.
	Monday February 20, 2023	Washington’s Birthday (President’s Day)
	Monday, May 29, 2023	Memorial Day
	Monday, June 19, 2023	Holiday for Juneteenth National Independence Day
	Tuesday, July 4, 2023	Independence Day
	Monday, September 4, 2023	Labor Day

Closures (Holidays or days the facility will be closed)

State Holidays – check all that apply

	Friday, November 11, 2022	Veterans Day
	Thursday, November 24, 2022	Thanksgiving Day
	Friday, November 25, 2022	Day after Thanksgiving Day
	Friday, December 23, 2022	Christmas Eve
	Monday, December 26, 2022	Holiday for Christmas Day
	Tuesday, December 27, 2022	Day after Christmas
	Monday, January 2, 2023	Holiday for New Year’s Day
	Monday, January 16, 2023	Birthday of Martin Luther King, Jr.
	Monday, February 20, 2023	President’s Day
	Wednesday, May 10, 2023	Confederate Memorial Day
	Monday, May 29, 2023	Memorial Day
	Tuesday, July 4, 2023	Independence Day
	Monday, September 4, 2023	Labor Day

Other closures:

Description _____ Start Date _____ End Date _____
 Description _____ Start Date _____ End Date _____
 Description _____ Start Date _____ End Date _____
 Description _____ Start Date _____ End Date _____

Certification Tab

I HEREBY CERTIFY that to the best of my knowledge, this home is not participating in the Child and Adult Food Care Program under any other sponsoring organization. I further **CERTIFY** that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization’s office.

Provider Signature: _____ Date: _____

Institution’s Representative’s Signature: _____ Date: _____