

South Carolina Department of Social Services  
Child and Adult Care Food Program

**APPLICATION FOR PARTICIPATION  
FOR CHILD CARE HOMES**

**Facility Info Tab**

**Facility Name:** \_\_\_\_\_ **Agreement Number:** \_\_\_\_\_  
**Operation Start Date:** \_\_\_\_\_ **Operation End Date:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_  
**Responsible Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**License Type:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**General Info Tab**

Does this facility now participate, or has it previously participated in a program(s) funded by the Food and Nutrition Service (or any other Federally Funded Program) within the past seven (7) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name of program(s) and operation dates. \_\_\_\_\_

**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): \_\_\_\_\_

Drop-In Participants: \_\_\_ Yes \_\_\_ No 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 be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. 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: \_\_\_\_\_

**Racial Breakdown** (actual enrollment)

American Indian or Alaska/Native: \_\_\_\_\_ Asian: \_\_\_\_\_ Black or African: \_\_\_\_\_  
Hawaiian or Pacific Islander: \_\_\_\_\_ White: \_\_\_\_\_

**Operations Tab**

**Operations Data**

\_\_\_\_\_ 24 Hour Facility

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: October \_\_\_\_ November\_\_\_\_ December\_\_\_\_ January\_\_\_\_ February\_\_\_\_  
March\_\_\_\_ April\_\_\_\_ May\_\_\_\_ June\_\_\_\_ July\_\_\_\_ August\_\_\_\_ September\_\_\_\_

Does the facility provide care in shifts: yes\_\_\_\_ no \_\_\_\_

**Shifts**

**Hours of Operation**

**Shift one** \_\_\_\_ Overnight Hours

Establish service period: (Check all that apply)

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_ Saturday\_\_\_\_ Sunday\_\_\_\_

Service Period Start Time: \_\_\_\_\_ Service Period End Time: \_\_\_\_\_

Monday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Tuesday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Wednesday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Thursday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Friday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Saturday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Sunday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

**Shift two**

Establish service period: (Check all that apply)

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_ Saturday\_\_\_\_ Sunday\_\_\_\_

Service Period Start Time: \_\_\_\_\_ Service Period End Time: \_\_\_\_\_

Monday \_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Tuesday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Wednesday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Thursday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Friday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Saturday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Sunday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

**Shift three**

Establish service period: (Check all that apply)

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Service Period Start Time: \_\_\_\_\_ Service Period End Time: \_\_\_\_\_

Monday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Tuesday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Wednesday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Thursday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Friday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Saturday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Sunday \_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

**Meals Tab**

**Meal Service Info**

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

Yes \_\_\_ No \_\_\_

**Menu Variances**

Variation for religion \_\_\_\_\_ Unavailability of Fluid Milk \_\_\_\_\_ Other \_\_\_\_\_ Explain below:

**Meal Providers**

Central Kitchen: \_\_\_\_\_

Local School System(s): \_\_\_\_\_

Food Service Management Co. (s): \_\_\_\_\_

## Meals

### Add New Meal (Only fill in the meals being served)

Meal Type: Breakfast Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

Meal Type: AM Snack Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

Meal Type: Lunch Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

Meal Type: PM Snack Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

Meal Type: Supper/Dinner Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

Meal Type: Evening Snack Service Type: \_\_\_\_\_ Number of Meals per Day: \_\_\_\_\_  
Service Periods: \_\_\_\_\_ Meal Time: \_\_\_\_\_

### Tiering Info Tab

#### Tier I

Is your home eligible for Tier I reimbursement? Yes \_\_\_ No \_\_\_

If yes, check the Source of Determination: School Data \_\_\_\_\_ Census Data \_\_\_\_\_

Income-Eligible/Categorical \_\_\_\_\_

#### Tier II

If no, complete options for reimbursement:

\_\_\_\_\_ Provider elects to receive reimbursement at the Tier II rate for all children in the home.

\_\_\_\_\_ Provider elects to require the sponsoring organization to collect income eligibility applications and determine eligibility of enrolled children.

\_\_\_\_\_ Provider elects to have the sponsoring organization identify only those children in Tier II homes who are considered categorically eligible by virtue of their participation, or their parent's participation, in a Federally or state supported program with an income eligibility limit that does not exceed the standard for free or reduced price meals (This option is only possible in those limited situations where the provider knows which enrolled children are categorically eligible or when the sponsoring organization has direct access to eligibility information for other qualifying programs.)

#### Tier II Rate

Tier II Low Rate \_\_\_\_\_ Tier II High Rate \_\_\_\_\_ Tier II Mixed Rates \_\_\_\_\_

Is family size and income information available at the sponsoring organization to establish eligibility of children in a Tier II home receiving Tier I rates and providers own children? Yes \_\_\_\_\_

No \_\_\_\_\_ N/A \_\_\_\_\_

**Closures (Holidays or days the facility will be closed)**

**Federal Holidays – check all that apply**

	Monday, October 11, 2021	Columbus Day
	Thursday, November 11, 2021	Veterans Day
	Thursday, November 25, 2021	Thanksgiving Day
	Friday, December 24, 2021	Holiday for Christmas Day
	Friday, December 31, 2021	Holiday for New Year’s Day
	Monday, January 17, 2022	Birthday of Martin Luther King, Jr.
	Monday February 21, 2022	Washington’s Birthday (President’s Day)
	Monday, May 30, 2022	Memorial Day
	Monday, June 20, 2022	Holiday for Juneteenth National Independence Day
	Monday, July 4, 2022	Independence Day
	Monday, September 5, 2022	Labor Day

**State Holidays – check all that apply**

	Thursday, November 11, 2021	Veterans Day
	Thursday, November 25, 2021	Thanksgiving Day
	Friday, November 26, 2021	Day after Thanksgiving Day
	Friday, December 24, 2021	Christmas Eve
	Monday, December 27, 2021	Holiday for Christmas Day
	Tuesday, December 28, 2021	Day after Christmas
	Friday, December 31, 2021	Holiday for New Year’s Day
	Monday, January 17, 2022	Birthday of Martin Luther King, Jr.
	Monday, February 21, 2022	President’s Day
	Tuesday, May 10, 2022	Confederate Memorial Day
	Monday, May 30, 2022	Memorial Day
	Monday, July 4, 2022	Independence Day
	Monday, September 5, 2022	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, 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: \_\_\_\_\_