

Tiny Treasures Childcare Center
400 Main Street S
New Ellenton, SC 29809

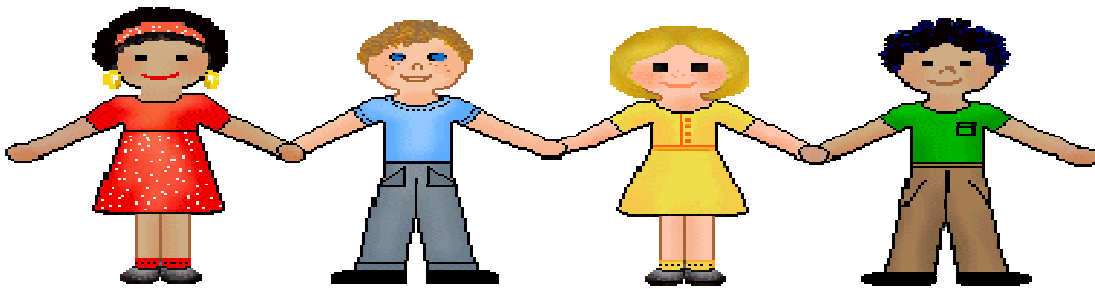
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Education is not the filling of a pail, but the lighting of a fire. [William Butler Yeats](#)

Parent Handbook

Our Mission:

At Tiny Treasures we strive to help your children learn in a comfortable yet educational atmosphere. We provide a safe developmentally appropriate environment for children ages

6wks -11 years old. Our focus is to provide an engaging educational experience which promotes each child's social emotional, cognitive, and physical development, all the while encouraging the students to become lifelong learners.

Our Philosophy

At Tiny Treasures our educational philosophy is based on the understanding that children learn by being actively engaged and using as many senses as possible. We believe this is best accomplished during developmentally appropriate experiences at center or "play" time. During these times we are able to address the whole child (using every developmental domain) individually. We place special emphasis on social emotional growth.

Our Curriculum

Tiny Treasures Curriculum consist of teacher-directed and child directed activities. At Tiny Treasures the teachers plan developmentally appropriate activities daily that give the children many opportunities for self-direction. Self-direction and completing a chosen task helps to build confidence which encourages learning.

Teacher Directed activities are implemented through units and themes. The activities each month are planned around a theme to help develop developmentally appropriate skills in the child.

Child directed activities are set up in interest center. Each center has supplies and equipment which are necessary for developing your child's interest in learning, as well as to stimulate their imagination.

Welcome to Tiny Treasures Childcare Center

One of the most frequently asked questions parents and guardians have is what do I bring on the first Day. We always answer this question but realize in the excitement of everything it is often hard to remember everything. We have compiled this checklist to help.

What you bring on the Monday Before the First Day of School

Packet of Paperwork
CACFP Paperwork
Immunization Records

What you bring on the First Day of School

Infants- a Pacifier (if using one) and already prepared labelled bottles

We ask that parents stop in before the first day to drop off diapers wipes two changes of clothes and shoes if their child is wearing them.

Toddlers (-the following items will remain at school)blanket- diapers- wipes- two seasonally appropriate changes of clothing and closed toed shoes

2-5 year olds- (-the following items will remain at school)blanket-diapers-wipes-two seasonally appropriate changes of clothing and closed toed shoes.

School aged- a book bag, and pencil, and a favorite blanket on days school is out

If Tiny Treasures loans any of these items to your child -there will be a replacement fee for all items not returned within seven days.

Upon Arrival

A staff member will greet you. Older children are encouraged to go to their cubbies, and put their belongings away neatly. Parent may leave any refrigerated items with a staff member. Label all items to be refrigerated. **Check bulletin Boards sand folders for any news.**

Payment box is located outside office door. If you are paying cash place payment in a sealed envelope. Put the following information on the envelope: Your name and child's name, the amount of cash enclosed, and what dates you are paying for.

If you have any questions Please Call us. EVERYTHING MUST BE LABELED. THIS CAN BE DONE INEXPENSIVELY WITH TAPE< PERMANENT MARKER< OR FINGERNAIL POLISH>

Hours- Our educational program starts at 8:30am

Drop off hours are between 6:00am and 9:00am

Pick up is at 6:00 pm

Meal Times Breakfast is served from 7:30am until 8:00am. If you would like your child to eat breakfast at the center please have them here at that time. Lunch is served between the hours of 10:45 am and 11:15 am. Snacks are served at 2:00 pm. All of our meals are in compliance with the CACFP.

Please do not bring in any outside food.

If your child has any allergies please let us know immediately.

Nap Time Naptime is from 11:30 am until 1:30 pm classroom times may vary. If your child normally does not take a nap they will be asked to remain quiet until all the other children are awake. They will be asked to do activities that do not disturb the sleeping children. If your child has special needs concerning naptime please let us know in advance. Please schedule pick up times before or after nap.

Visiting the Center you are always welcome to visit the center. However, we do ask you to be considerate of the other children while visiting. **We also ask for you not to visit at naptime.**

Parent Conferences Formal parent conferences can be arranged at the request of either the parent or the teacher. Informal Conferences are held when you drop off or pick up your child throughout the year. Please remember that the teacher may be involved with children at this time and it may be difficult to discuss your child at length. Please do not hesitate to set up another time for discussion. **We strongly believe in open communications. Please contact us if you have any concerns.**

Arrival and Departure Parents should hold the child's hand while walking them directly to the teacher. We are not responsible for your child until YOU bring them to a teacher and **clock them in.** Please do not block other vehicles as drop off and pick times are very busy. Always make sure the teacher is aware you are leaving with your child. **NEVER leave a child unattended in a vehicle.**

Clothing Your child should dress comfortably for rugged outdoor and messy play. We ask that you keep at least two spare sets of clothing at the center. Because of the danger to themselves, as well as, other children **Open toed shoes, cowboy boots, and sandals are not allowed.**

We ask that girls wear shorts beneath their dresses.

Birthday Parties and Celebrations

Your child is welcome to share his/her birthday or any other celebration with the children at the center. Please contact their teacher and she will assist you. We no longer celebrate with cakes and cupcakes, but you are welcomed to bring your child's favorite fruit to share with their classmates.

Parties for other celebrations will be held throughout the year a "note" detailing the event will be sent home and posted in your child's classroom.

If you do not want your child to participate in any of these activities please let us know.

Parent Activities

Tiny Treasures is a place for parents as well as children. We welcome your participation in Center activities.

We also accept donations of books, clothing, toys, craft supplies, etc.

Field Trips- We at Tiny Treasures do not transport children.

Children's Records-We at Tiny treasures practice strict confidentiality of all children's personal records. The only person allowed to view these files is the center's director, assistant director, the child's teacher, DSS, and the child's parent or guardian

Child Attendance Procedures

Clock In

Children will be clocked in at the parent information area located to the outside of the office.

Each child and person/s on the contact list will receive a code for the child and password for themselves.

The child will then be counted in on the data base in the office.

Clock Out

When the child is picked up the person picking them up must clock them out using

The password and code provided at registration.

Master Role

Attendance forms are also used in the office for attendance. It contains a list of all children in the center.

In class Attendance

- Each class has a form that is used for attendance. The form has a list of all of the children in that particular class

This form is taken wherever the class goes including outside to play and during fire drills.

Release of child

If there is anyone on the child's list that you want the child to be released to you must call and tell us the name and brief description of the person and they must show a picture ID, or your child will NOT be released to them.

Per DSS:

If there is a court order keeping one parent away from the child, Tiny Treasures Childcare Center must have a copy of the order on file in our center. Otherwise, Tiny Treasures Childcare Center cannot prevent the non-custodial parent from picking up their child.

Tiny Treasures Childcare Center cannot release any child to an individual who appears to be under the influence of drugs or alcohol, or any other substance that may alter their ability to safely care for the child

Rates and Fees (updated July 31, 2017)

Return Check Fee-\$35.00

Late Payment Fee- \$30.00

*Fees are per week, per child and are non-negotiable.

*Tuition are Due no Later Than Tuesday at 6:00pm every week

* \$10 discounts are offered for siblings in the same family

~Full-time ~

Infant Room: \$135.00/Week

ages one to four children not attending school : \$125.00/week

After School Care

\$70 a week (during school year)

additonal \$10 for early release days)

additional \$15 per days for days school is out
and half days

\$125.00 a week (during summer,Christmas break,Spring break)

~ **Drop-In Care** ~

\$30.00 Per Day/Per Child \$35 for infants

Your spot will NOT be guaranteed Unless Full Amount is

Paid In Advance..

st

~**Other Fees**~

Annual Registration- There will be a registration fee in the amount of \$70.00 per child payable along with the Deposit of 1 Weeks Tuition upon enrollment, and on January 15 each year thereafter.

Annual Supply Fee of \$55.00 is due on September 15St of each year.

Late Pick up fee: \$2.00 Per Minute per child and amount is due before your child may return to the center.

There will be a replacement fee for all loaned clothes that are not returned within 7 days of issuance to the center.

~**Misc.**~

Two Weeks' Notice is required for any enrollment changes

End of Year Tax Statement will be provided by January 25th

Every Child will receive one week vacation after attending Tiny Treasures for a full year.

Child Guidance Policy

Philosophy:

At Tiny Treasures, We strive to help your child develop positive self-esteem. To do so, we follow discipline techniques which allow your child to feel good about him/her self, develop self-control, and still learn to respect limits. The following techniques are used in guiding a child's behavior.

1. Setting up an environment which minimizes behavior problems.
2. Redirecting a child's interest away from acting – out situation.
3. Anticipating behaviors before they happen and preventing them.
4. Letting children know what is expected of them and how to succeed.
5. Explain rules and their purpose.

Developmental approach to discipline as follows:

Ages 0-2

1. Prevention
2. Diversion Activities
3. Removal from situation

Ages 2-3

1. Prevention
2. Diversion
3. Use clear simple language
4. Age appropriate choices are given
5. Explanation of consequences
6. Removal from situation

Ages 4-5

1. Prevention
2. Diversion
3. Use of clear language, directions, and explanations
4. Age appropriate choices
5. Problem solving- have the child suggest alternate solutions for change
6. Have the child explain consequences of his/her behavior and take responsibility
7. Provisions of challenging activities

School Age Children

1. Use of clear directions
2. Communication of age appropriate positive expectations
3. Listening to the child/Explanations for reason of action
4. Positive reinforcement
5. Avoid labeling of children

Provisions of challenging activities

Discipline Measures:

1. Problem solving with child
2. Use of natural and logical consequences
3. Commitment to follow through
4. Restriction of privileges

We do not use any form of corporal punishment.

I have read and understand the above policies.

Parent/Guardian Signature _____

Date _____

Health Care Policies

Our program understands that it may be difficult for parents to leave work, therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness.

If your child has any of the following symptoms or illnesses we will call for you to pick up your child from the center (within 1-1.5 hours) in order to prevent contagion of other children and the staff, and to provide comfort to your child.

- Fever of 101⁰ or more, fever, diarrhea, unusual eye or nasal discharge, etc.
- Any rash suspicious of contagious childhood disease.
- Vomiting accompanied by other symptoms
- Diarrhea accompanied by other symptoms
- Any skin rash, lesion, or wound with bleeding or oozing of clear fluid or puss
- Conjunctivitis, also called "pink eye" , with white or yellow discharge
- Mouth sores with drooling
- Any condition preventing the child from participating comfortably in regular classroom activities.
- Any illness or condition requiring one on one care
- Scabies, head lice, or other infestations
- Constant nasal discharge or constant coughing with phlegm.
- Any contagious illness which is reportable to the Department of Public Health

After the child was excluded for any of the above reasons, in order to return to the program the child must be

- Free from fever vomiting or diarrhea (without symptoms) for 24 hours.
- Any child prescribed an antibiotic for a bacterial infection must take the antibiotic a full 24 hours before returning to the program.
- Must be able to participate in all regular activities including outdoor play
- Free from open oozing skin conditions unless
 - a healthcare provider signs a note stating the condition is not contagious
 - The involved area can be covered with a bandage without seepage
- A child excluded because of scabies, lice, or other infestations may return 24 hours after treatment is begun with a note from the doctor* stating the child is larvae or nit free
- If a child is excluded because of a reportable contagious illness, a doctor's note stating the child is no longer contagious is required prior to readmission.
- In circumstances where the child's parent is a doctor, the note must be from a physician who is not the child's parent.
- Any medication taken at the school must be in its original, clearly labeled with your child's name, and be accompanied by a signed medication form (which will be sent home at end of the day). A new form must be filled out daily. All medication is kept in a locked box labeled 'medication'
- Each state publishes a list of communicable diseases (such as measles, tuberculosis, whooping cough, etc.), which must be reported to the Department of Public Health upon diagnosis.

The final decision as to whether a child may attend or is to be excluded from the program is made by the childcare center.

Parent's Signature _____

Director's Signature _____

South Carolina Department of Social Services
 Child Care Regulatory Services
**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR
 ADMISSION
 TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Tiny Treasures Childcare Center County: Aiken
 Address: 400 Main Street S New Ellenton, SC 29809
 Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
 Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
 Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

Person responsible if parent/guardian unavailable for emergency medical services:
 Full Name _____ Relationship _____

Address: _____
 Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name _____ Relationship _____

Address: _____
 Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility:

Mon **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack**

Lunch Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____

Emergency Facility Name
Street Address City, State, Zip Telephone

DSS Form 2900 (MAR 10) Edition of OCT 07 is obsolete.

Dental Care Provider: _____

Name
Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A please explains: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or

takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

Is in good mental and physical health and able to participate in the child care program at

Tiny Treasures Childcare Center 400 Main Street S New Ellenton, SC 29809

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

DSS Form 2900 (MAR 10) Edition of OCT 07 is obsolete.

1. Tuition Policy

I/We _____ have read, Understand, and agree with the tuition policy of Tiny Treasures Childcare Center and have been given a copy of this form for review and retention.

Parent Signature &Date _____

Parent Signature & Date _____

2. Parent Handbook

I/We _____ have Received a copy of the parent handbook; and have read, understand, and agree with the tuition policy of Tiny Treasures Childcare Center. I have been given a copy of this form for review and retention.

Parent Signature &Date _____

Parent Signature & Date _____

3. Disciplinary Procedures

The parent or legal guardian signature verifies the parent or guardian have been notified in writing of the disciplinary procedures of this childcare facility. Please complete the following.

I _____ have received the disciplinary practices used by This childcare facility.

Parent Signature &Date _____

Parent Signature & Date _____

Child's Name _____

4. Permission to Photograph

Occasionally your child may be photographed for classroom activities, and occasional videotaping of birthday parties or special class activities. By signing below you are authorizing us to display these photos within our center. /

Parent Signature &Date _____

Parent Signature & Date _____

Child's Name _____

Administering Medication

If any medication is to be given to my child, _____, it must be brought in its original container and clearly labelled with child's name. Medication forms must be filled out in order for medication to be given. A copy of the medication form will be maintained in your child's file. If there is an error in administering medication the parent or guardian will be notified immediately, and it will be documented in writing.

Authorization for Administering Emergency Medical First Aid

I hereby authorize the staff representing Tiny Treasures Childcare Center to give consent for any and all necessary emergency medical and First Aid care for _____ (name of Child) In the event of an emergency. I give consent to transport by ambulance if situation warrants.

Family Physicians _____ Phone Number _____

Hospital preference _____

Allergies _____

Date of DPT or tetanus _____

Insurance Company covering child _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Number _____

Ibuprofen/ Acetaminophen permission slip

Occasionally your child may become ill while attending Tiny Treasures Childcare Center. In the case of a high fever we need to be able to bring down the fever while waiting for a parent to arrive. With your signature staff will be able to administer Children's Ibuprofen or Acetaminophen according to your instructions. . If you like your child to be treated for a fever in this manner please sign below.

Parent/Guardian Signature _____ Date _____

Radiological Evacuation Plan-If a mandatory evacuation is ordered because of radiological emergency Children will be transported **To South Aiken High School/Kennedy Middle School By staff** on site. The children will remain at the evacuation location under the care of the childcare staff while parent or guardians or contacted, they will be made aware of the situation and make arrangement to pick up their child. If children are injured during the emergency or the evacuation, they will be transported to **Aiken Regional Hospital** by EMS (Emergency Medical Services). Where they will be examined by a healthcare professional and a parent/guardian will be contacted.*Evacuation locations are designated by the SC Emergency Management Division.

Parent/Guardian Signature _____ Date _____

Evacuation Plan

In the event of an evacuation I hereby grant, Tiny Treasures childcare Center 400 Main Street S New Ellenton, SC 29809, permission to transport my child, _____, to the following location. New Ellenton Middle School I understand that I will be notified as soon as possible and that my child will be cared for until I can pick him/her up.

Parent/Guardian Signature _____ Date _____

Emergency Regulation Plan 114-505 C.

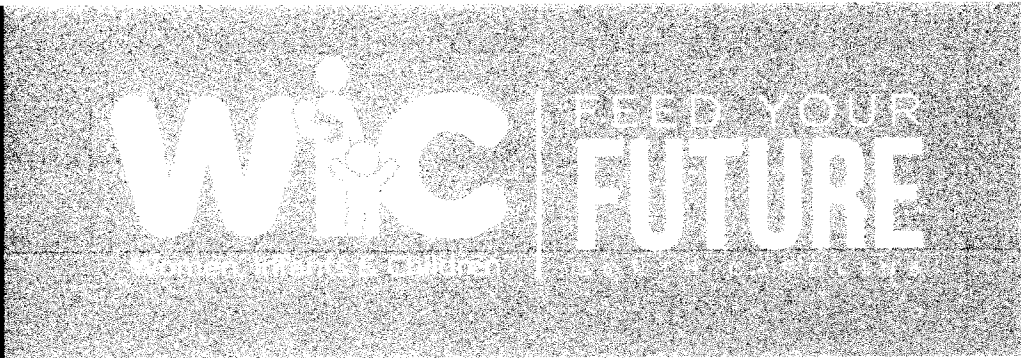
If your child is injured while in our care at Tiny Treasures Childcare Center and we are made aware of this we will fill out an incident report to the best of our knowledge with all known information. We will provide necessary on site first aid treatment. If required we will call 911 immediately and attempt to contact a parent or guardian. If the child is transported to a facility a qualified staff member will accompany child until parent or guardian arrives.

Communicable Diseases

If a communicable disease that DHEC requires to be reported occurs within our center it will be posted in writing.

I have read and understand the above policy.

Parent/Guardian Signature _____ Date _____



WIC has the answers to all of these questions:

- What kind of food should your children be eating?
- Where can your children get immunizations (shots)?
- How can you learn more about breastfeeding?

WIC helps:

- **Women:** Pregnant, recently pregnant, breastfeeding, or who have a new baby
- **Infants:** Newborn to age 1
- **Children:** Ages 1 to 5

Even if you are working, you might be eligible for healthy foods and personalized nutrition information.

To apply for WIC or make an appointment, call 1-800-868-0404.

Visit www.scdhec.gov/wic.

WIC INCOME ELIGIBILITY GUIDELINES			
Effective July 1, 2017 to June 30, 2018			
FAMILY SIZE	INCOME (185% POVERTY)		
	YEARLY	MONTHLY	WEEKLY
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
For each additional family member add:	\$7,733	\$645	\$149

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_guid.html) found online at: http://www.ascr.usda.gov/complaint_filing_guid.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



**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. _____ 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:** _____
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Family Independence (FI), or Food Distribution Program on Indian Reservations (FDPIR) can qualify 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.
- 3. 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.
- 4. 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.
- 5. 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.

6. **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.
7. **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 the DSS Form 16160, but are not required to include payments received for the foster child as income.
8. **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.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, 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 _____.

Thank you for your cooperation.

Institution Representative



South Carolina Department of Social Services
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 IN CHILD CARE FOOD PROGRAMS**

Part 1. Name of Enrolled Child(ren): _____

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last)	Check if No Income	If all children listed in Part 2 are Foster or Head Start skip to Part 5 to sign this form. Attach an approval letter from the Head Start agency for all Head Start children.	Check if Foster Child	Check if Head Start Child

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDPIR provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200 Weekly	\$150 Twice a Month	\$100 Monthly	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. The adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 3 of this form.)

I certify that all information on this form is true and that all income is reported. I understand that the center or child care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

INSTRUCTIONS FOR DSS Form 16160

Follow these instructions, if your household gets SNAP (formerly Food Stamps), Family Independence (FI) or Food Distribution on Indian Reservations (FDPIR):

Part 1: List all enrolled child(ren).

Part 2: List all household members including enrolled children.

Part 3: List the case number for any household members (including adults) receiving SNAP or FI or FDPIR benefits.

Part 4: Skip this part.

Part 5: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all enrolled child(ren).

Part 2: List all foster children. Check the box indicating that the child is a foster child.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is **not** necessary.

If some of the children in the household are foster children.

Part 1: List all enrolled child(ren).

Part 2: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 3: If the household does not have a case number, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled child(ren).

Part 2: List all and household members including enrolled children. For any people, including children, with no income, you must check the "No Income Box." If you are applying for a child(ren) who participates in the Head Start program check the appropriate box. Attach a copy of the Head Start approval letter for all Head Start children.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

The participant in the child care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$ 22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each additional person:	+ 7,733

Privacy Act Statement: 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, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. 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), Family Independence (FI) or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier, 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 if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

For Sponsoring Organization or Child Care Facility Use ONLY.

FOSTER CHILDREN: Are there foster children listed on page 1? Yes No

Foster Children are categorically eligible for free. Centers should mark these children free on the Master Roster. Sponsors of homes should mark these children Tier I.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

For All Other Children: Eligibility: Free _____ Reduced _____ Paid _____ For Child Care Homes Only: Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING DSS Form 16160

ALL HOUSEHOLDS:

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

For Sponsoring Organization or Child Care Use ONLY: To be complete by CACFP Institutions only.

South Carolina Department of Social Services *Tiny Treasures Daycare Ctr*
INFANT STATEMENT 400 S. Main St
New Ellenton, SC 29809

From: Child Care Center/Provider: _____
Sponsoring Organization: CACFP

To: Parent/Guardian of Infant(s) in Day 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. A copy of the CACFP infant meal pattern is attached.

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 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 and other food items.

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

- I would like the child care provider to serve my infant the iron fortified infant formula listed above. 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.
- I will provide breast milk/infant formula and all other meal items to my child care provider to serve to my infant.

Name of Infant: _____ Birth Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____