

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: Love N Cherish Academy County: York

Address: 2199 Mt. Holly Road Rock Hill, SC 29730  
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.**

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

2. 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

Dental Care Provider: \_\_\_\_\_

Name

Street Address

City, State, Zip

Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**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

Love N Cherish Academy

Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Operator/Staff Designee



**Love N Cherish Academy (LNCA)**  
 2199 Mt. Holly Road  
 Rock Hill, Sc 29730  
 Phone: 803-327-3761 • Fax: 803-327-3762  
 www.lovancherish.org  
**Hours of operation:**  
**Monday-Friday 6:00am-5:30pm**  
 (Please print using blue or black ink)

**FOR OFFICE USE ONLY**

Date of application: \_\_\_\_\_

Requested start date: \_\_\_\_\_

Weekly Rate: \_\_\_\_\_

## Application for Student Enrollment

### SECTION I: Child's Information

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Program to be enrolled:**  
 Teenie Turtles (6wks-12mon)      Chipper Chipmunks (3-4 years)      Before & After School  
 Busy Bees (1 year)      Before School      Camp R.O.C.K. (Summer Camp)  
 Awesome Ants (2 years)      After School  
**Approximate drop-off time:** \_\_\_\_\_ **Approximate pick-up time:** \_\_\_\_\_  
**Before/After School Children only:**  
**Name of school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Start time:** \_\_\_\_\_ **End time:** \_\_\_\_\_

### Section II Parent/Guardian Information

**Primary Parent/Guardian:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:**  Same as child \_\_\_\_\_  
**Relationship to child:**  Mother  Father  Grandmother  Grandfather  Other: \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Cell phone carrier:** \_\_\_\_\_  
**Work phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Secondary Parent/Guardian:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:**  Same as child \_\_\_\_\_  
**Relationship to child:**  Mother  Father  Grandmother  Grandfather  Other: \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **Cell phone carrier:** \_\_\_\_\_  
**Work phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

### SECTION III: Authorized Pick-up

My child can be dropped off and/or released to the following people whom will show ID and register in the ProCare Check-In System with fingerprint when picking up my child. **When dropping off for the first time please, allow 10 minutes for initial registration into the system.** **Family code word:** \_\_\_\_\_

Name	Address	Contact Number	Relationship
			<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: _____

### SECTION IV: Developmental History (Infants, Preschool & Kindergarten children only)

My child began	Age	Does your child have any difficulties speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sitting		If yes, explain: _____
Crawling		Does your child have any special leaning needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Walking		If yes, explain: _____
Talking		Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
List serious illnesses or hospitalizations: _____		
<b>Health</b>		
List physical disabilities, allergies, or therapies. _____		
List all medications taken on a regular basis _____		
<b>Eating</b>		
Does your child have any eating problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have a favorite food? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child dislike a particular food? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's Name: \_\_\_\_\_

**SECTION IV cont: Developmental History (Infants, Preschool & Kindergarten children only)**

Does your child eat with a spoon?  Yes  No  
 Does your child eat with his/her hands?  Yes  No

Does your child eat with a fork?  Yes  No  
 Does your child drink  breast milk  formula  whole milk

**Toileting Habits**  
 Does your child indicate his/her toileting needs?  Yes  No If yes, how? \_\_\_\_\_  
 Does your child remain dry during naps?  Yes  No  
 Does your child have a fear of the restroom?  Yes  No Is yes, what is the fear? \_\_\_\_\_  
 Does your child have frequent accidents?  Yes  No  
 Does your child remain dry overnight?  Yes  No  
 Family words for Urination: \_\_\_\_\_ Bowel movement: \_\_\_\_\_

**SECTION V: CHILDCARE EMERGENCY MEDICAL TREATMENT CONSENT & HEALTH INFORMATION**

I give permission for my child, \_\_\_\_\_ born \_\_\_\_\_ to have medical treatment if necessary by emergency medical professionals.

Parent/guardian signature: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_  
 (Please see page 1 for parent/guardian contact information.)

Child medical conditions: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier	Name of insured	Group Number	Policy number
1.			
2.			
3.			

Read each state below. After reading each statement initial in the space provided. Your signature at the end of this application and signature at the end of this application will acknowledge that you have read and understand each of the items.

<p><b>CPR and First-Aid Administration</b></p> <p>_____ Initials      Date</p>	<p>I LNCA my permission to administer CPR or First-Aid to my child while in attendance at Love n Cherish Academy during his/her regular school day.</p> <p>The person to administer CPR/First-Aid must be currently certified to administer treatment and their certification must be on file in the office.</p> <p>LNCA will call 911 and the parent or legal guardian at the time the CPR/First-Aid is needed as well as a written incident report signed by the director by the end of the incident day.</p>
<p><b>Medication Administration</b></p> <p>_____ Initials      Date</p>	<p><b>ONLY PRESCRIPTION MEDICATIONS WILL BE ADMINISTERED. THESE MEDICATIONS ARE LIMITED TO EPI-PEN/AUVI -Q PEN, AND NEBULIZER TREATMENTS.</b></p> <p>I give LNCA my permission to administer the above types of prescription medication to my child while in attendance at LNCA during his/her school day.</p> <p>The medication must be in its original prescribed container, bottle, or tube. The medication must be labeled with the child's name, medication name, dosage, and time to be given.</p> <p>I will complete a Medication Administration Form each time my child needs to receive medication. A copy of this medication administration form will be in my child's file for 1 year. I may request a copy at any time.</p>
<p><b>Sunscreen, Insect Repellent and Moisturizer</b></p> <p>_____ Initials      Date</p>	<p>LNCA <u>will not</u> apply a sunscreen product to my child while in attendance at LNCA during his/her school day. I will apply to my child prior to drop off.</p> <p>LNCA <u>will not</u> apply an insect repellent to my child while in attendance at LNCA during his/her school day. I will apply to my child prior to drop off.</p> <p>LNCA <u>will not</u> apply a moisturizer (over-the-counter diaper rash product, petroleum jelly) to a child while in attendance at LNCA during his/her school day. I will apply to my child prior to drop off.</p>

Child's Name: \_\_\_\_\_

**SECTION VI: GENERAL AUTHORIZATIONS**

Read each state below. After reading each statement initial in the space provided. Your signature at the end of this application and signature at the end of this application will acknowledge that you have read and understand each of the items.

<p><b>Parent/Teacher Organization (PTO) Statement</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>I will attend and participate in parent/teacher meetings and other PTO activities throughout the academic year.</p>														
<p><b>Field trip/transportation Permission</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>I understand that field trips are an integral part of LNCA curriculum and that I will be informed of such trips as they are planned. Travel for trips will be in an authorized vehicle that is equipped with required child safety devices.</p> <p>Please check all that apply:</p> <p><input type="checkbox"/> From Love n Cherish Academy to/from school Name of school: _____</p> <p><input type="checkbox"/> On field trips with additional signature to obtained when destination has been arranged.</p>														
<p><b>Photograph Consent and Release</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>I hereby consent to have my child, photographed, videotaped, audio taped, and/or interviewed by Love N Cherish Academy the news media on the school premises when school is in session or when my child is under the supervision of Love N Cherish Academy. Additionally, the above-mentioned photograph, video, or audio may appear on social media, internet, television, and /or educational DVD /CD, due to the center being a non-profit 501c3 cooperative organization and the use of such material may or may not be for fundraising.</p> <p>I consent to the school's use of my child's photograph or likeness or voice on social media, internet, television, and/or educational DVD/CD, or any other electronic/digital media. As the child's parent or legal guardian,</p> <p>I agree to release and hold harmless the Love N Cherish Academy, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph or likeness or voice on social media, internet, television, and/or educational DVD/CD, or any other electronic/digital media.</p> <p>It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of the use of my child's photograph, likeness or voice.</p>														
<p><b>Registration Fee</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>Registration Fees are required for enrollment, are non-refundable, and is valid for 60 days. This is an annual fee which is due in August of each year.</p>														
<p><b>1<sup>st</sup> weeks Tuition</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>The first week of tuition must be arranged and paid in full prior to enrollment or on the Friday before.</p>														
<p><b>Rates</b></p> <p>_____</p> <p>Initials                  Date</p>	<table border="0"> <tr> <td>Registration (due upon enrollment and every August)</td> <td>1<sup>st</sup> child \$100.00 \$80.00 for each additional child</td> </tr> <tr> <td>Waiting List</td> <td>\$25.00 per child</td> </tr> <tr> <td>Infants-5k</td> <td>\$150.00 per week</td> </tr> <tr> <td>Before School</td> <td>\$25.00 per week</td> </tr> <tr> <td>After School</td> <td>\$60.00 per week</td> </tr> <tr> <td>Before and After school</td> <td>\$85.00 per week</td> </tr> <tr> <td>Camp R.O.C.K. (Summer Camp)</td> <td>\$100.00 per week</td> </tr> </table> <p><small>*Carowinds Season Pass is required prior to the 2<sup>nd</sup> week of Camp R.O.C.K. Fee nor included.</small></p>	Registration (due upon enrollment and every August)	1 <sup>st</sup> child \$100.00 \$80.00 for each additional child	Waiting List	\$25.00 per child	Infants-5k	\$150.00 per week	Before School	\$25.00 per week	After School	\$60.00 per week	Before and After school	\$85.00 per week	Camp R.O.C.K. (Summer Camp)	\$100.00 per week
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Child's Name: \_\_\_\_\_

**SECTION VI: GENERAL AUTHORIZATIONS** *continued*

<p><b>Sibling Discount</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>Members with two or more students enrolled in a full time program will receive a 10% discount off the total weekly tuition billing. (Does not apply to before school, afterschool, or summer camp programs).</p>								
<p><b>Tuition Billing/Payment Methods</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>All tuition/fees are billed in advance and must be paid prior to service. Tuition is billed on Friday of each week. Tuition payments must be cleared through direct draft/ach billing before Friday prior to the following scheduled enrollment week. <b>LNCA does not accept cash, checks, money orders, or any method of payment outside of the required Tuition Express billing method.</b> Payments will be made through our Tuition Express automated billing system, using an approved Visa, Mastercard, Discover, or direct checking/savings account. Enrollment forms for Tuition Express are provided with the tuition agreement and must be completed prior to attendance. Tuition must be made in full, regardless of attendance.</p>								
<p><b>Declined Payment Fees</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>There will be a \$40.00 fee added to accounts for payments that are declined.</p>								
<p><b>Unresolved Payments</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>Any payment unresolved as a result of returned/declined payment will be turned over for legal processing through the local magistrate courts in the county of residence for collection. This will include all court cost and accumulated fees associated with the unpaid balance.</p>								
<p><b>Attendance Policy</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>Love N Cherish Academy hours of operation are Monday-Friday 6:00am-5:30pm. Children are required to arrive to school each day before 9:30am, with the exception of a doctor's note, which has to be provided to avoid late fees. All children must be picked up by 5:30pm each day to avoid late fees. See additional fees.</p>								
<p><b>Vacation Week</b></p> <p>_____</p> <p>Initials                  Date</p> <p>(Not applicable for Before/After School or Camp R.O.C.K.)</p>	<p>Each student is allotted (1) vacation week per calendar school year, after the first 6 months of continuous enrollment. Eligibility of this week requires a written advanced 2-week notice of vacation request submitted to the director and approved. The week must be taken during 1 billing week and cannot split weeks. All account tuition and fees must be current, to be eligible for the vacation week. The vacation week must be used within your enrollment year and, the child cannot be in attendance during the vacation week. Any unused/unrequested vacation weeks remaining at the end of your enrollment year, will no longer be available. They cannot be used in the following year. Vacation week cannot be used as a substitution for tuition payment. Any lapse in enrollment or withdrawals from the program will forfeit any vacation weeks and the 6 months of consecutive attendance will be required for eligibility of the vacation week. The vacation week is not eligible for inclusion in a 2 week notice of withdrawal from the program.</p>								
<p><b>Additional Fees</b></p> <p>_____</p> <p>Initials                  Date</p>	<table border="0"> <tr> <td>Declined payment</td> <td>\$40.00</td> <td>Late Payment</td> <td>\$40.00</td> </tr> <tr> <td>Late arrival</td> <td>\$5.00</td> <td>Late pick-up</td> <td>\$2.00 per minute</td> </tr> </table>	Declined payment	\$40.00	Late Payment	\$40.00	Late arrival	\$5.00	Late pick-up	\$2.00 per minute
Declined payment	\$40.00	Late Payment	\$40.00						
Late arrival	\$5.00	Late pick-up	\$2.00 per minute						
<p><b>Holidays/Closings</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>Love N Cherish Academy will close holidays and professional development classes. These days do not constitute a change in scheduled attendance or tuition cost.</p> <p><b>Holiday Closings:</b> New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Wednesday before Thanksgiving, Thanksgiving Day, Friday After Thanksgiving, Christmas Eve, Christmas Day, Day after Christmas</p> <p><b>Professional Development Closing:</b> SCECA Conference (January dates TBA), 1 Friday per year. Schedule TBA</p>								
<p><b>Inclement Weather</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>LNCA closing during inclement weather is based solely on the decision of the administration in effort to ensure the safety of our children, families, and staff. Inclement weather closing does not constitute a change in scheduled attendance or tuition cost.</p> <p>WSOC-TV news will be notified for all changes in schedule due to inclement weather. We will also send out email and text notifications.</p>								
<p><b>Academic Calendar</b></p> <p>_____</p> <p>Initials                  Date</p>	<p>LNCA has an Academic calendar that is posted on the website. Our Academic Calendar is reviewed and updated in July for the upcoming school year.</p>								

Child's Name: \_\_\_\_\_

**SECTION VI: GENERAL AUTHORIZATIONS** *continued*

**Correspondences**

LNCA requires that all parents/guardians give a valid email or cell phone number for email and text notifications and reminders of upcoming LNCA events.

\_\_\_\_\_  
Initials                      Date

**Parent Handbook**

Parents/guardians are responsible for reviewing and printing (if so desired) from our website ([www.lovencherish.org](http://www.lovencherish.org)).

**SECTION VII: ACKNOWLEDGEMENT AND SIGNATURE**

I certify that all information given is true and complete to the best of my knowledge. I hereby acknowledge that I understand and concur with guidance and/or policies contained in the Enrollment Application and any attachments thereof.

**NOTE:** Signatures to this agreement indicate that you have read, understand, and fully agree to adhere to all terms and conditions as outlined in the contract. This agreement certifies you are indeed requesting enrollment in the program, agree to provide all requested information/documents and agree to pay all tuitions and fees associated with enrollment, as requested & outlined by Love N Cherish Academy, in accordance to the set requirements, fees, and schedules listed in Love N Cherish Academy's written: Student Enrollment and Parent Handbook..

**Please Read:**

The below referenced Arbitration Claus must be read and signed. This Claus explains Love N Cherish Academy's process in handling any circumstance arising due to lack of: accurate, timely, or intent to submit payments, including but not limited to tuition, fees, etc., incurred while enrolled at Love N Cherish Academy.

**Arbitration Claus**

I UNDERSTAND THAT I AM AGREEING AND ACCEPTING TO THESE TERMS AS A LEGAL AND BINDING CONTRACT. I AGREE TO FOLLOW ALL RULES AND REGULATIONS OF THIS CONTRACT REGARDING ADMISSION, ATTENDANCE, TUITION, AND COMPLIANCE IN ACCORDANCE WITH ENROLLMENT AT LOVE N CHERISH ACADEMY AS OUTLINED IN THE POLICIES. AS REQUIRED BY I AGREE TO PROVIDE FULL LEGAL NAME, SOCIAL SECURITY NUMBER, AND LEGALPHOTO IDENTIFICATION. I UNDERSTAND THAT ALL LEGAL AND SECURE INFORMATION RECEIVED IS FOR THE SOLE PURPOSE OF LEGALLY BINDING THIS CONTRACT. ON BEHALF OF MYSELF, MY CHILD, AND ANY PERSON'S THAT I GIVEWRITTEN OR VERBAL PERMISSION TO REPRESENT MY ACCOUNT, I AGREE THAT ANY SORT, STATUTORY, OR CONTRACTUAL CLAIM OR DISPUTE THAT MAY ARISE OUT OF SERVICES PROVIDED BY THIS CONTRACT, INCLUDING NON SETTLEMENT OF DEBT ARE INDEED VALID AND BY RIGHT WILL BE SETTLED FOR COLLECTIONS BY MEANS OF LOCAL AND/OR JURISDICTIONAL LEGAL ACTIONS, INCLUDING SUBMISSION OF CLAIM THROUGH MAGISTRATE COURT, CREDIT REPORTING, AND ARBITRATION. BY SIGNING THIS CONTRACT I AGREE TO ALL AFOREMENTIONED TERMS ON BEHALF OF ALL PARTIES INVOLVED

I also understand that I may further review the handbook by visiting Love N Cherish academy's website ([www.lovencherish.org](http://www.lovencherish.org)) and print a copy for my records if so desired. I agree to read the handbook thoroughly and after the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the director.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

**SECTION VIII: ABC CHILD CARE VOUCHER PROGRAM RECIPIENTS**

I have applied or my child is receiving child care assistance from South Carolina ABC Child Care Voucher Program (ABCCCV). I understand that I will be responsible for paying the following amounts until confirmation of enrollment in the ABCCCV and reimbursement rates have been received by LNCA.

- \$30.00 Registration fee
- \$50.00 per week co-pay

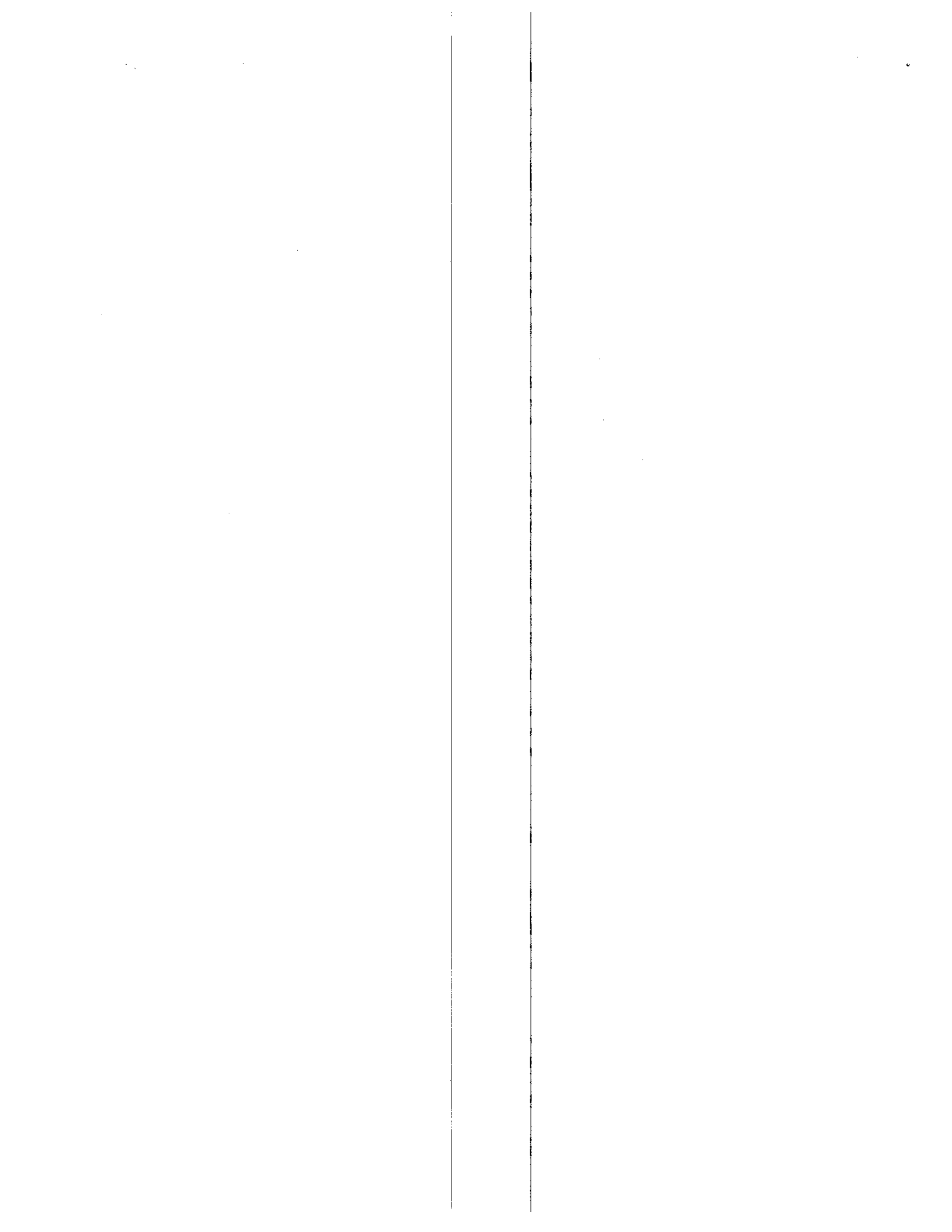
I understand that my weekly co-pay will be adjusted accordingly once reimbursement rates have been received from ABCCCV. I further understand that if my co-pay is less than \$50.00 per week, my account will be credited. If my co-pay is more than \$50.00 per week, my account will be billed for the difference. If I do not have a co-pay, all amounts paid (excluding registration co-pay) will be credited to my bank account or credit card on file within 7-10 business days.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date





# Love N Cherish Academy Discipline Policy

(Must be reviewed and updated annually)

## Policy Statement

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-concepts, problem solving abilities, and self-discipline. Based on this belief, *Love N Cherish Academy* uses a positive approach to discipline and practices the following discipline and behavior management techniques.

<b>WE DO</b>	<b>WE DO NOT</b>
<ul style="list-style-type: none"> <li>◆ Communicate to children using positive statements.</li> <li>◆ Communicate with children on their level.</li> <li>◆ Talk with children in a calm quiet manner.</li> <li>◆ Explain unacceptable behavior to children.</li> <li>◆ Give attention to children for positive behavior.</li> <li>◆ Praise and encourage the children.</li> <li>◆ Reason with and set limits for the children.</li> <li>◆ Apply rules consistently.</li> <li>◆ Model appropriate behavior.</li> <li>◆ Set up the classroom environment to prevent problems.</li> <li>◆ Provide alternatives and redirect children to acceptable activity.</li> <li>◆ Give children opportunities to make choices and solve problems.</li> <li>◆ Help children talk out problems and think of solutions.</li> <li>◆ Listen to children and respect the children's needs, desires and feelings.</li> <li>◆ Provide appropriate words to help solve conflicts.</li> <li>◆ Use storybooks and discussion to work through common conflicts.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)</li> <li>◆ Use any strategy that hurts, shames, or belittles a child.</li> <li>◆ Use any strategy that threatens, intimidates, or forces a child.</li> <li>◆ Use food as a form of reward or punishment.</li> <li>◆ Use or withhold physical activity as a punishment.</li> <li>◆ Shame or punish a child if a bathroom accident occurs.</li> <li>◆ Embarrass any child in front of others.</li> <li>◆ Compare children.</li> <li>◆ Place children in a locked and/or dark room.</li> <li>◆ Leave any child alone, unattended or without supervision.</li> <li>◆ Allow discipline of a child by other children.</li> <li>◆ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.</li> </ul>

Conferences will be scheduled with parents if particular 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 child care services for that particular child.

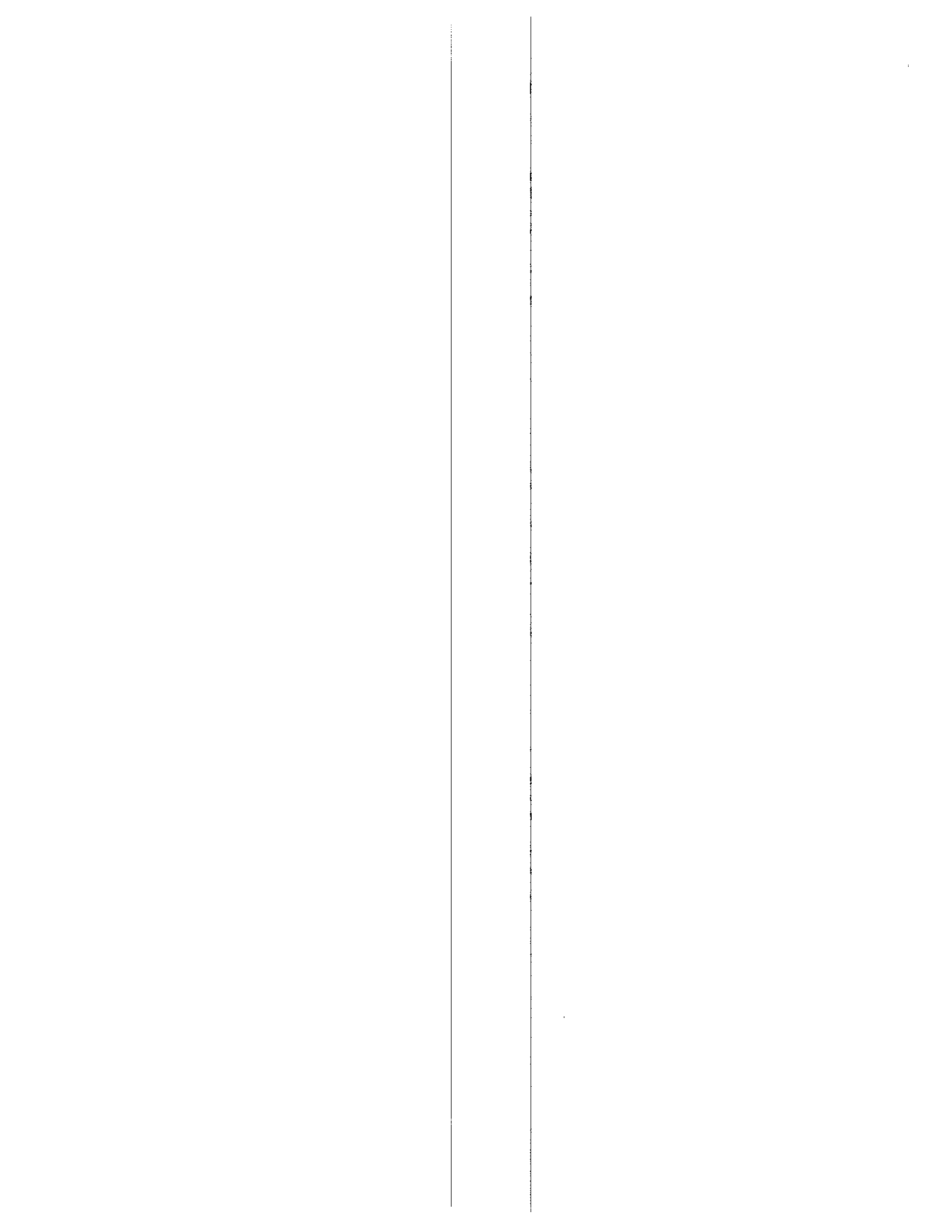
Note: If, at any point, there is an indication/suspicion that a child may have special needs, *Love N Cherish Academy* will inform the child's family and make contact with Baby Net for assessment and assistance.

*My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please circle as appropriate:                      **Parent**                      **Teacher**

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



**ACKNOWLEDGEMENT OF PARENT RECEIPT  
OF  
CENTER POLICIES**

Name of Facility: Love N Cherish Academy

By signing below I acknowledge that I have received a copy of the child care facility's handbook outlining the center's policies and resources for children with different abilities/needs. They have been explained to me and I have an understanding of the center policies and resources for children with different abilities/needs based on the information received. I agree to read the handbook thoroughly and after reading the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the Director.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF PARENT ORIENTATION**

Name of Facility: Love N Cherish Academy

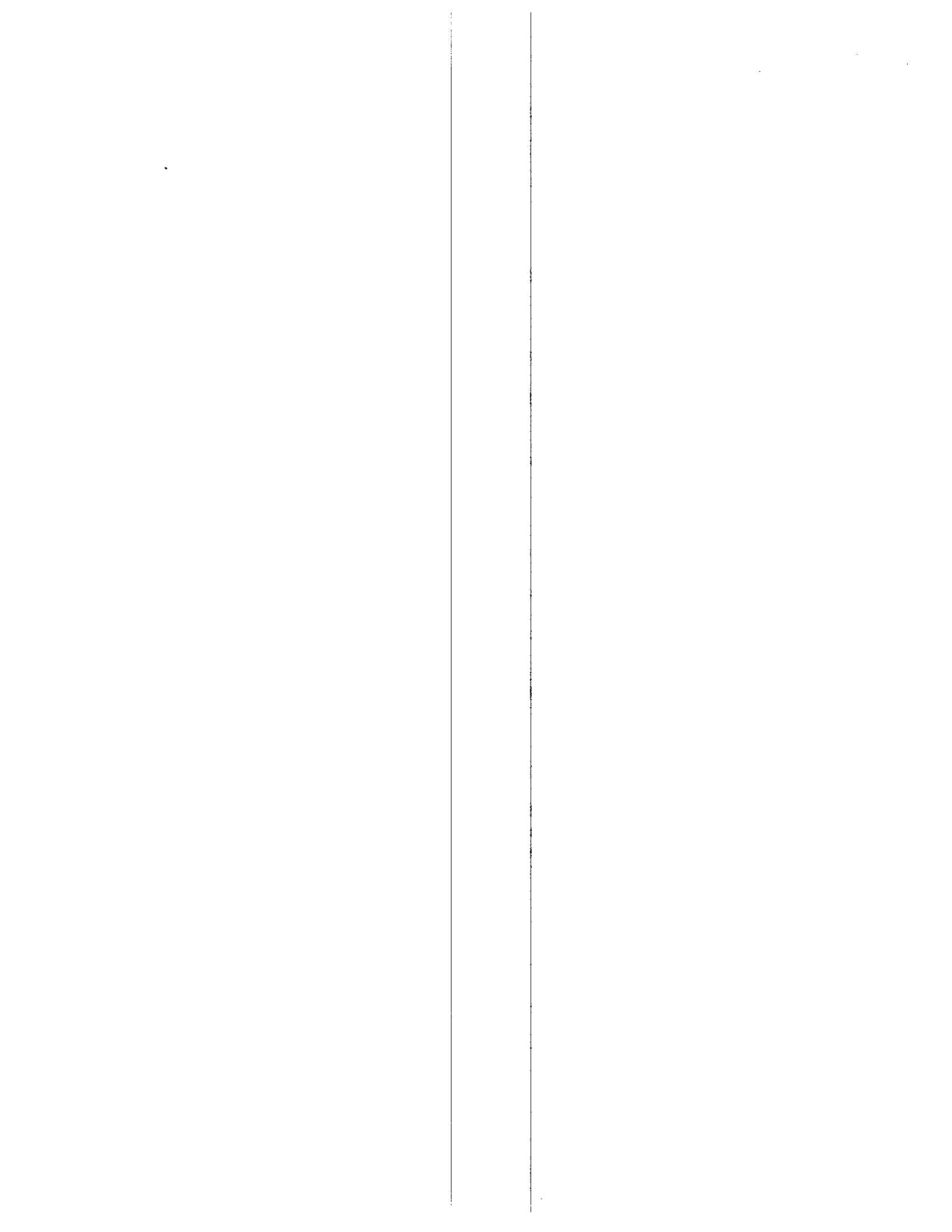
By signing below I acknowledge that an orientation about the child care facility and child care services offered was held with me on the date indicated below and that all areas outlined in the orientation plan were discussed with me by the Director of the child care facility. I also received a copy of the center's written policies and procedures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*To be placed in child's file*



# PLEASE KEEP FOR YOUR RECORDS



## 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. Love N Cherish Academy 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 Programs form (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:** Erica Roseborough
- 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. A letter from the Head Start agency is sufficient.
- 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 Income Chart on the attached DSS 16160, 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.

**Dear Parent Letter**

**Page 2**

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 or disability.

If you have other questions or need help, call Erica Roseborough.

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, Homeless, Migrant 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.	Foster	Homeless	Migrant	Head Start

**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 <b>only</b> household members with income)  (Example) 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 (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.

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**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.

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**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 is homeless, migrant, Head Start or a foster child 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	\$ 21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	+ 7,696

**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 Law "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish)."

**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.

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

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

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

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# Women, Infants, and Children

## WIC

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### I. BACKGROUND:

WIC is a targeted Special Supplemental Food Program established by Congress in 1972, and federally funded (USDA) through monetary grants to assist states in safeguarding the health and nutritional well-being of our low income women, infants, and children during critical growth periods. DHEC has been designated to administer the program in South Carolina.

### II. HOW SERVICES ARE PROVIDED:

Application for WIC is made available at 165 Health Departments, Primary Care Centers and Physicians Offices. In most cases eligibility is determined at the time of application. Applicants must (1) show that they live within the state. (2) In South Carolina, a household's income must fall below 185% of the poverty level. Income is defined as cash income, such as wages, unemployment compensation or cash welfare. (3) WIC participants must also be certified as having a "nutritional risk" by a nurse, doctor or nutritionist etc. Nutritional risk is defined as abnormal weight gain during pregnancy; history of high risk pregnancies, growth problems, iron-deficiency anemia, an inadequate dietary pattern, or other similar problems.

Eligible applicants are "certified" for the program for a set length of time. Guidelines are as follows: pregnant women are certified for the length of their pregnancy and for up to six weeks postpartum; postpartum women are certified for six month periods, ending with their breast-fed infant's first birthday; infants are certified for six-month periods or for the time period up until their first birthday; children are certified for six-month periods, up until the end of the month in which they turn five years old.

Participation in the WIC Program has no effect on eligibility for other entitlement programs such as AFDC, Food Stamps, and Medicaid. Applicants who present ID cards for these programs are considered to be adjuntively income eligible for WIC.

### III. SERVICES OFFERED:

The applicant is, at a minimum weighed, measured for height and assessed for iron deficiency anemia by a blood test in order to determine nutritional risk. In addition, an evaluation of the diet of the applicant is completed.

Following a health assessment, the program provides specific nutritious foods, (milk, cheese, cereal, fruit juices, eggs, beans, and infant formula) in quantities tailored to meet the needs of the participant.

Participants obtain these foods by use of vouchers in their local grocery store. Participants are never required to pay for their benefits. Visits to the health department to receive food vouchers also serve as an opportunity to provide follow-up for health problems.

#### **IV. NUTRITION EDUCATION:**

Nutrition education must be offered to each participant at least two times as one on one counseling or in a group setting. In most cases participants with the most serious nutrition/health problems receive individual counseling, in which the information is specifically related to the participant's dietary needs, and health problems. Group education sessions are designed to encourage discussion and interaction between and among the nutrition educator and the participants. Receipt of the food package is not conditional on participation in nutrition education sessions. The supplemental foods in the WIC food package were specifically chosen to provide protein, iron, calcium and vitamins A and C - the nutrients most often missing from the diets of low-income women and children.

Prenatal and postpartum women are counseled on the benefits and advantages of breastfeeding and are offered classes, referral to community resources, support groups and educational materials.

#### **V. WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP):**

The South Carolina WIC Farmers' Market Nutrition Program (FMNP) is sponsored jointly by the South Carolina Department of Agriculture and the South Carolina WIC Program. In counties that have a viable and authorized farmers' market, WIC clinics provide coupons on a one time basis to women and children enrolled on WIC. Clients not only purchase fresh fruits and vegetables at the market, but learn how to select, store, and prepare fresh produce during WIC education classes.

#### **VI. VENDOR MANAGEMENT:**

Grocery stores (vendors) are monitored for program compliance. Although these activities are not health care services, they are important. If voucher redemptions transpire according to procedures, participants are best able to realize the full intended benefit of the program and program funds are less likely to be lost through fraud and abuse.

#### **VII. WIC'S HEALTH IMPACT AND COST-EFFECTIVENESS:**

The WIC Program has often been called the "gateway" to health care and serves to enhance participants' access to medical care. In South Carolina this is facilitated through an integrated Maternal and Children's Health Service approach allowing clinics to schedule WIC appointments in conjunction with medical appointments, e.g., immunizations, family planning, prenatal care and child health exams.

The WIC Program has been found to be very effective. The results of numerous federal, state and local studies conducted both by government and citizen groups point to the positive impact of the WIC Program. Specific findings include an increase in early (first trimester) prenatal care, increased length of gestation, decreased rate of pre-term delivery, significant increases in birth weight, reduced late fetal deaths and increased infant head circumferences. WIC participation was also associated with improved dietary intakes of protein, calories and other nutrients which often are inadequate in the diets of low-income pregnant women and children.

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#### ***Contact Person:***

*Burnese Walker, M.S., R.D., Director  
Division of WIC Services  
Bureau of Maternal and Child Health  
(803) 898-0743*

# Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

## Eligibility

- State agencies reimburse facilities that offer non-residential day care to the following children:
- children age 12 and under,
  - migrant children age 15 and younger, and
  - youths through age 18 in afterschool care programs in needy areas.

## Contact Information

If you have questions about CACFP, please contact one of the following:

### Sponsoring Organization/Center

**Love N Cherish Academy**  
2199 Mt. Holly Road  
Rock Hill, SC 29730  
803-327-3761

### State Agency Director:

SC Department of Social Services  
Division of Early Care and Education  
Post Office Box 1520  
Columbia, SC 29202-1520  
803-898-0959



USDA is an equal opportunity provider and employer

English Version

# Construyendo Para El Futuro

Esta guardería infantil diurna participa en el Programa de Alimentación Para Niños y Adultos en Guarderías (CACFP por sus siglas en inglés: Child and Adult Care Food Program) un programa Federal que provee comidas y bocadillos saludables a niños y a adultos en guarderías diurnas.

Todos los días, más de 2.6 millones de niños participan en el programa del CACFP en centros y en hogares de familia para el cuidado de niños. Los proveedores son reembolsados por servir comidas nutritivas que cumplen con los requisitos establecidos por el Departamento de Agricultura de los Estados Unidos (USDA). El programa juega un papel vital al mejorar la calidad de las guarderías y al poner las guarderías al alcance económico de familias de bajos recursos.

## Alimentos

Hogares y centros del CACFP siguen los patrones alimentarios establecidos por USDA.

Desayuno	Almuerzo o Comida	Bocadillos (Dos de los cuatro grupos)
Leche Fruta o verdura Granos o pan	Leche Carne o un alternativo de carne Granos o pan Dos porciones diferentes de frutas o verduras	Leche Carne o un alternativo de carne Granos o pan Fruta o verdura

## Establecimientos del CACFP

Muchos tipos de establecimientos diferentes operan el CACFP, compartiendo todos el objetivo común de brindar comidas y bocadillos nutritivos a sus participantes. Estos incluyen:

- **Centros de Cuidado de Niños (Child Care Centers)** Centros para el cuidado de niños, ya sean públicos o privados pero no lucrativos, que hayan sido licenciados o aprobados; programas del Head Start, y algunos centros para por lucro.
- **Hogares de Familia Para el Cuidado de Niños (Family Day Care Homes)** Hogares privados licenciados o aprobados.
- **Programas Escolares Después de Clases (Afterschool Care Programs)** Centros en áreas geográficas de bajos ingresos que proveen bocadillos gratis a niños de edad escolar y a jóvenes.
- **Centros de Refugio Para Gente Sin Hogar (Homeless Shelters)** Centros de emergencia de refugio que proveen servicios residenciales y de comidas a niños sin hogares.

## Elegibilidad

Agencias estatales reembolsan establecimientos que ofrecen cuidado no residencial a los siguientes niños:

- niños hasta los 12 años de edad,
- niños de familias migratorias hasta los 15 años de edad,
- jóvenes hasta los 18 años de edad en programas escolares después de clases en áreas de necesidad.

## Para Más

Si usted tiene alguna pregunta acerca del CACFP, por favor pongase en contacto con uno de los siguientes:

## Información

### Organización Patrocinadora/Centro

Love N Cherish Academy  
2199 Mt. Holly Road  
Rock Hill, SC 29730  
803-327-3761

### State Administering Agency:

SC Department of Social Services  
Division Early of Care and Education  
Post Office Box 1520  
Columbia, SC 29202-1520  
803-898-0859



USDA es un proveedor y empleador que ofrece oportunidad igual a todos

Spanish