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: Cutie Pies Inc. County: Horry
Address: 712, South Poplar Drive Surfside, SC 29575
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 ___________________________
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 ___________________________
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: ___________________________

______________________________ Street Address ___________________________ City, State, Zip ___________________________

Emergency Care Provider: ___________________________

______________________________ Street Address ___________________________ City, State, Zip ___________________________

Emergency Facility Name ___________________________

Telephone ___________________________

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 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

__________________________ Cutie Pies Inc. ____________________________ Name of Child Care Facility

Signature: ____________________________ Parent or Guardian Date: ____________________________

Signature: ____________________________ Director/Operator/Staff Designee Date: ____________________________
Child’s pick-up information

Child’s name_________________DOB_________________

Mother’s name______________________________

Cell_________________________work #_________________

Father’s name______________________________

Cell_________________________work#_________________

Emergency person in case we can’t get a hold of parent

Name_________________________phone #_________________

Name_________________________phone#_________________
Cutie Pies Inc.

Child's information

Child's name ___________________________ Date ___________________________

Mother's Name ___________________________

Mother's last four of social security XXX-XX ___________________________

Cell Phone ___________________________ Work phone ___________________________

Mother's Email ___________________________

Mother's employment ___________________________

Father's Name ___________________________

Cell Phone ___________________________ Work Phone ___________________________

Father's employment ___________________________

Father's Email ___________________________

I, ___________________________ give Cutie Pies permission to obtain medical treatment for my child.

I, ___________________________ agree with the discipline policies of the daycare, which states, no corporal punishment.

Authorized individuals allowed to pick up your child/children from the facility with proper ID.

Name ___________________________ Number ___________________________

Name ___________________________ Number ___________________________

Name ___________________________ Number ___________________________

Name ___________________________ Number ___________________________

I, ___________________________ authorize Cutie Pies Inc. to administer medication for my child only if there the child’s name is on the medication and there is a doctor note stating the child is not contagious.

I, ___________________________ allow for swimming activities on field trips at Cutie Pies Inc.

I, ___________________________ allow for my child to go on field trips and to be taken on Cutie Pies Busses.
SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)
COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

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

<table>
<thead>
<tr>
<th>CHILD'S FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>ENROLLED IN CHILD CARE</th>
<th>FOSTER CHILD</th>
<th>HEAD START</th>
<th>HOMELESS/MIGRANT/RUNAWAY</th>
</tr>
</thead>
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</tbody>
</table>

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of Homeless, Migrant or Runaway, are eligible for free meals.

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

**IF NO** > Go to **STEP 3**  
**IF YES** > Write case number here and proceed to **STEP 4** (do not complete **STEP 3**)

**CASE NUMBER:**
Write only one case number in this space.

**STEP 3** Total Household Gross Income

Are you unsure what income to include here? Turn to page 3 and review the charts titled, "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

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

<table>
<thead>
<tr>
<th>Child Income</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Tri-Weekly</th>
<th>Bi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
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<td>$</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
<th>Earnings from Work</th>
<th>How often?</th>
<th>Public Assistance</th>
<th>How often?</th>
<th>Child Support</th>
<th>How often?</th>
<th>VA Benefits</th>
<th>How often?</th>
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<tr>
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</tbody>
</table>

Total Household Members (Children and Adults)  
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

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

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

**PRINT NAME OF ADULT SIGNING FORM**

<table>
<thead>
<tr>
<th>SIGNATURE OF ADULT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DSS Form 16160 (JUNE 19) Edition of JULY 18 is obsolete.
OPTIONAL  Children’s Ethnic and Racial Identities (Optional)

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

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

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPR) case number or other FDPR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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:

MAIL*:  U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-0410

*Only use this address if you are filing a complaint of discrimination.  
This institution is an equal opportunity provider.

DO NOT FILL OUT  For official use only

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

<table>
<thead>
<tr>
<th>Total Income</th>
<th>How often?</th>
<th>Household Size</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Biweekly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

For Child Care Homes Only:

Tier I  
Tier II

DSS Form 16160 (JUNE '19) Edition of JULY 18 is obsolete.
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.

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch or Supper</th>
<th>Snacks (Two of the four groups: )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Fruit or Vegetable</td>
<td>Meat or meat alternate</td>
<td>Meat or meat alternate</td>
</tr>
<tr>
<td>Grains or Bread</td>
<td>Grains or bread</td>
<td>Grains or bread</td>
</tr>
<tr>
<td></td>
<td>Two different servings of fruits or vegetables</td>
<td>Fruit or vegetable</td>
</tr>
</tbody>
</table>

**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**

- **State Agency Director,**
  SC Department of Social Services
  Child and Adult Care Food Program
  Post Office Box 1520
  Columbia, SC 29202
  803-896-0959

**USDA**

USDA is an equal opportunity provider and employer

English Version
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

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WIC INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2019 to June 30, 2020

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>INCOME (185% POVERTY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YEARLY</td>
</tr>
<tr>
<td>1</td>
<td>$23,107</td>
</tr>
<tr>
<td>2</td>
<td>$31,284</td>
</tr>
<tr>
<td>3</td>
<td>$39,461</td>
</tr>
<tr>
<td>4</td>
<td>$47,638</td>
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<tr>
<td>5</td>
<td>$55,815</td>
</tr>
<tr>
<td>6</td>
<td>$63,992</td>
</tr>
<tr>
<td>7</td>
<td>$72,169</td>
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<tr>
<td>8</td>
<td>$80,346</td>
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</tbody>
</table>

For each additional family member add: $8,177

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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 1-855-4-SCDHEC (1-855-472-3432).

Visit www.scdhec.gov/wic.

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.

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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. Cutie Pies Inc. 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: Director.

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 receive 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 or disability.

If you have other questions or need help, call **843-839-9882**.

Thank you for your cooperation.

**Cutie Pies Inc.**

Institution Representative