

SouthEast Child Development Center Registration Package

1540 Elmtree Road
Columbia, SC 29209
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Office: 803-776-0177
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SC DSS License Number: 17,892



Child's First Name: _____

Child's Last Name: _____

Child's Birthday: _____

Start Date: _____

Items Needed:

- Copy of child's birth certificate
- Copy of child's Social Security Card
- Copy of child's health insurance card
- Immunization Record (DHEC Form 1148)
- SCDC Handbook Acknowledgment Form
- Two sets of clothes (for children through 4 year old class)

For Office Use Only

Date of Interview: ____ / ____ / ____

Interviewer: _____

Date of Enrollment: ____ / ____ / ____

Class Assignment: _____

How did you hear about SCDC?

Someone I know. Please give us their name: _____

Web search

Flyer. Please tell us where you saw our flyer: _____

Other. Please give us some details: _____

Enrollment Agreement

1. This is an agreement between _____ (“the parent”) and SouthEast Child Development Center (“SCDC”). The parent agrees to enroll a child whose name is _____ (“the child”) in the SCDC program indicated in this enrollment form. The parent agrees to pay the following fees:

Amount	Due Date	Parent’s Initials
Weekly rate of: _____	First school day of the week, in advance	
Monthly rate of: _____	First school day of the month , in advance	
Registration fee: \$50/family	At time of this registration	
Other:		

2. SCDC and the parent agree that the parent may change the payment option with a one week notification to SCDC
3. Should the parent use a third party to pay a portion of the SCDC fees, the parent agrees to pay any remainder due after the third party makes payment. The parent is responsible for establishing the relationship between SCDC and the third party and for assuring that the third party makes timely payments to SCDC. Should the third party fail to pay SCDC fees for any reason, the parent agrees to pay the balance due within 30 days of the due date agreed in paragraph 1 above.

The parent intends to use the following third party to pay part or all of the SCDC fees:

SC ABC Veterans Administration Other _____

4. The parent agrees that there are no other agreements, written or verbal, regarding this enrollment.

_____ (the parent) _____ (SCDC)

Date: _____

Supplemental Information Required by SCDC

Child's Name: _____

The following persons are authorized to pick up my child (we will require a photo ID until we recognize the person(s) picking up your child). We will record the person's fingerprint in our sign-in/sign-out system the first time he or she picks up your child.

<i>First Name</i>	<i>Last Name</i>	<i>Relationship to Child</i>	<i>Cell phone</i>	<i>9-6 Land line(s), if any</i>

Church affiliation: _____

Child's special interests: _____

Any additional information that might be useful in working with your child:

EMERGENCY MEDICAL CARE

Child's Name: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize SouthEast Child Development Center staff to take my child to an emergency room, or to the following physician or his or her associates, for medical care:

Dr: _____ Hospital: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Special instructions:

I consent for any and all treatment deemed necessary by the attending physician. (Attach a photocopy of your insurance card.)

Signature of parent or guardian _____

Date signed ____ / ____ / _____

Affidavit/Jurat

State of South Carolina
County of Richland

Before me, the undersigned authority, personally appeared _____,
who being duly sworn, testified under oath that the attached instrument is true and correct.

Signature of affiant: _____

Subscribed and sworn to (or affirmed) before me this ____ day of _____, _____

Signature of Notary: _____

Name of Notary: _____

My commission expires on: ____ / ____ / _____ (Seal)

SCDC Handbook Receipt

I acknowledge receipt of the SCDC Handbook for this year.

- I chose to download the Handbook from the SCDC Web Site
- I received the Handbook in hard copy

Signature _____

Printed Name: _____

Date: ____ / ____ / ____

Child's Name: _____

FIELD TRIP PERMISSION

I give my permission for my child to go on any field trip that is to be taken while my child is enrolled at SCDC (applies only to elementary aged children) Yes No

I would be able to help by accompanying my child’s group as a helper when asked. Yes No

Parent’s or Guardian’s Signature _____

PERMISSION TO PHOTOGRAPH (INCLUDING VIDEO) CHILD

I give permission for my child to be photographed (including video) by SCDC staff for the following purposes:

Yes – documenting injuries or illnesses incurred prior to arriving at SCDC or while attending SCDC. These pictures will only be used to document the injury or illness and will be attached to the corresponding incident report. Parents must give permission for SCDC to take these photographs.

Yes, No – Regular photographs of child activities at SCDC. These pictures will be used for advertising SCDC to prospective parents or for display within the SCDC facility or on the SCDC web sites. In the case of advertising photographs, the child will not be identified by name, age, address or any other personal information. Parents may request copies of these pictures, including digital copies, at no additional cost.

Parent’s or Guardian’s Signature _____

PERMISSION FOR CHILD TO VIEW VIDEOS

I give permission for my child to view videos at SCDC. SCDC staff will only select videos appropriate for the age of the child and will only show videos rated “G” or the equivalent and that have a theme and lesson consistent with a Christian world view. All staff-selected videos are approved by the Director prior to showing to the children.

Parent’s or Guardian’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: SouthEast Child Development Center County: Richland

Address: 1540 Elmtree Road Columbia, SC 29209
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

SouthEast Child Development Center
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

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

SouthEast Child Development Center
Child Care Discipline Policy

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, SouthEast Child Development Center uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- ◆ Communicate to children using positive statements.
- ◆ Communicate with children on their level.
- ◆ Talk with children in a calm quiet manner.
- ◆ Explain unacceptable behavior to children.
- ◆ Give attention to children for positive behavior.
- ◆ Praise and encourage the children.
- ◆ Reason with and set limits for the children.
- ◆ Apply rules consistently.
- ◆ Model appropriate behavior.
- ◆ Set up the classroom environment to prevent problems.
- ◆ Provide alternatives and redirect children to acceptable activity.
- ◆ Give children opportunities to make choices and solve problems.
- ◆ Help children talk out problems and think of solutions.
- ◆ Listen to children and respect the children's needs, desires and feelings.
- ◆ Provide appropriate words to help solve conflicts.
- ◆ Use storybooks and discussion to work through common conflicts.

WE DO NOT

- ◆ 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.)
- ◆ Use any strategy that hurts, shames, or belittles a child.
- ◆ Use any strategy that threatens, intimidates, or forces a child.
- ◆ Use food as a form of reward or punishment.
- ◆ Use or withhold physical activity as a punishment.
- ◆ Shame or punish a child if a bathroom accident occurs.
- ◆ Embarrass any child in front of others.
- ◆ Compare children.
- ◆ Place children in a locked and/or dark room.

9/23/2013

- ◆ Leave any child alone, unattended or without supervision.
- ◆ Allow discipline of a child by other children.
- ◆ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

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, SouthEast Child Development Center 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 _____

Printed Name _____

Name of child _____

SouthEast Child Development Center Child Care Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, SouthEast Child Development Center has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

SouthEast Child Development Center follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- √ We serve fruit at least 2 times a day.
- √ We offer a vegetable other than white potatoes at least once a day.

Grains

- √ We serve whole grain foods at least once a day.

Beverages

- √ We limit juice intake to less than once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- √ We do not serve sugar sweetened beverages.
- √ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- √ We do not serve high fat meats, such as bologna, bacon, and sausage.
- √ We do not serve pork products in any form.
- √ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- √ We limit sweet food items to no more than once per week.

Role of Staff in Nutrition Education

- √ Staff provide opportunities for children to learn about nutrition at least once per week.
- √ Staff act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

We ask that parents cooperate with us in providing children with foods that follow these guidelines. If you send your child with foods that conflict with our standards, we will ask you to take the food with you when you leave your child or we will place the food in the child's cubby or backpack until you pick the child up.

9/23/2013

Weekly Menu

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a SouthEast Child Development Center week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. If you would like to recognize your child's birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed on the classroom door.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

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

Signature _____ Date _____

Printed Name _____

Name of child _____

SouthEast Child Development Center
Child Care Physical Activity Policy

Policy Statement

SouthEast Child Development Center recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day SouthEast Child Development Center will:

Daily Outdoor Play

- ▶ Encourage a least restrictive, safe environment for infants and toddlers at all times.
- ▶ Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- ▶ Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time.
- ▶ Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- ▶ Will encourage children to be physically active indoors and outdoors at appropriate times.
- ▶ Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- ▶ Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

9/23/2013

Appropriate Dress for Physical Activity

We at SouthEast Child Development Center have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

For safety, children cannot wear open-toe shoes, sandals or flip-flops. In winter, provide a warm jacket, snowsuit, hat, mittens and boots. In spring and fall, provide a jacket or sweater, and boots and rain jacket on rainy days. In summer, provide light clothing, swimsuit, towel, hat and sunscreen. Please label all outer garments with your child's name!

It is our expectation that children will go outside EVERYDAY! (Exceptions are heat index is too high, temperature or wind chill is too cold, thunderstorms are in progress, etc) If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

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

Signature _____ Date _____

Printed Name _____

Name of child _____



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 only household members with income)	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
<i>(Example)</i> Jane Smith	\$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.

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 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	\$ 21,590
2	29,101
3	36,612
4	44,123
5	51,634
6	59,145
7	66,656
8	74,167
Each additional person:	+ 7,511

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, 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. 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.

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.
