

Interest of Services Form  
Office of the State Superintendent of Education  
FY 2020 HEALTHY TOTS WELLNESS GRANT

A required component of the Healthy Tots Wellness Grant Program is providing wellness programming and services to at least 10 community based child care facilities during the grant period. Please have each child development facility administrator included as sites in your application complete and sign the form below indicating that they are aware of the applying organization(s) and are interested in receiving services provided by the Healthy Tots Wellness Grant Program.

Child Development Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ward: \_\_\_\_\_ Current total enrollment: \_\_\_\_\_

Program Information	Yes	No	Don't Know	Comments
Does the facility operate in wards 1, 4, 5, 6, 7, or 8?				
Is the facility licensed by OSSE?				
Does the facility meet the following requirements? <ul style="list-style-type: none"> <li>• Has not been grandfathered in and/or as exempt from certain licensing standards</li> <li>• Has not received a waiver from any licensing requirements</li> <li>• Has no substantiated reports of licensing violations within the last year</li> </ul>				
Is the facility serving children between birth and age three, of these 25% must be below the federal poverty level?				
Does the facility accept child care subsidy as payment for at least 50% of existing infant/toddler slots?				
Does the facility have the capacity to serve children with special needs?				
Does the facility participate in the OSSE Quality Improvement Network?				

Meal program Information	Yes	No	Don't Know	Comments
Does the facility participate in CACFP?				
Does the facility receive reimbursement for Local5?				
Does the facility receive reimbursement for FullDay4?				
<b>Short Answer Questions</b>				
What is the highest level of education completed by teachers at the center?				
How would the center rate the level of parent engagement? Provide some examples.				
Does the center have any existing community partnerships with nonprofit organizations? If so, please list all current and past partners that assist the center with wellness programming.				
How many children enrolled at the center reside in an "at-risk" <sup>1</sup> area?				
What is racial/ethnic % breakdown at the center?				

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<sup>1</sup> Defined as located in an attendance area of school where at least 50 percent or more of the children are eligible for free or reduced price meals, from *At-Risk Afterschool Meals: A Child and Adult Care Food Program Guide*. USDA. Revised December 2016. To find out if your area is considered "at-risk" visit the USDA Area Eligibility Map: <https://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=sfp>

**How would the facility rank the following wellness programs, from highest priority to lowest priority for implementing at your facility?**

- **Nutrition education**
- **Family style dining**
- **Physical activity**
- **Gardening/environment sustainability**
- **Procuring local food**
- **Staff wellness program**
- **Center Wellness policy**

By signing below, both parties are indicating that they are aware of the Healthy Tots Wellness Grant Program, and the services provided by the applying organization. This is only a letter of interest and does not the commit the child development facility to receiving services, but indicates that the facility is capable of receiving support in the implementation of the project.

Child Development Facility Administrator Name \_\_\_\_\_

Child Development Facility Administrator Signature \_\_\_\_\_

Applicant Representative Name and Title: \_\_\_\_\_