**Interest of Services Form**

**Office of the State Superintendent of Education**

**FY 2023 HEALTHY TOTS WELLNESS GRANT**

A required component of the Healthy Tots Act Wellness Grant Program is providing wellness programming and services to a minimum number of community-based child care facilities during the grant period.

Grantee service minimums:

* Physical Activity and Education – 7 early learning facilities
* Farm to Childcare & Local Food Procurement – 15 early learning facilities
* Outdoor Learning/Environment Education – 7 early learning facilities
* Staff Wellness Culture and Program – 7 early learning facilities

Please have each child care center administrator included as partners 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 Action Wellness Grant Program.

Child Care Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Information** | **Yes** | **No** | **Don’t Know** | **Comments** |
| **Does the center operate in wards 1, 4, 5, 6, 7, or 8?** |  |  |  |  |
| **Is the center licensed by OSSE, has not been grandfathered in/ as exempt from certain licensing standards, or received a waiver from any licensing requirements, and have no substantiated reports of licensing violations within the last year** |  |  |  |  |
| **Is the center serving children between birth and age three, of these 25% must be below the federal poverty level?** |  |  |  |  |
| **Does the center accept child care subsidy as payment for at least 50% of existing infant/toddler slots?** |  |  |  |  |
| **Does the center have the capacity to serve children with special needs?** |  |  |  |  |
| **Does the facility participate in the OSSE Quality Improvement Network? Does the center have the capacity and dedication to implement the federal Head Start Program Performance Standards and prioritize Early Head Start eligible children?** |  |  |  |  |
| **Does the center participate in CACFP?** |  |  |  |  |
| **Does the center receive reimbursement for Local5?** |  |  |  |  |
| **Does the Center receive reimbursement for FullDay4?** |  |  |  |  |
| **Short Answer Questions** | | | | |
| **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? 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”[[1]](#footnote-1) area?** |  | | | |
| **What is racial/ethnic % breakdown at the center?** |  | | | |
| **How would the center rank the following wellness areas (from highest priority to lowest priority) for implementing at your center?**   * **Nutrition Education** * **Physical Activity** * **Gardening/Environment Sustainability** * **Procuring Local Food** * **Staff Wellness Program/Policy** * **Family Style Dining** |  | | | |

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 care center to receiving services, but indicates that the center is capable of receiving support in the implementation of the project.

Child Care Center Administrator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care Center Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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> [↑](#footnote-ref-1)