**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**
**CHILD AND ADULT CARE FOOD PROGRAM**

**Memorandum**

TO: Child and Adult Care Food Program Administrators

FROM: Mary A. Young, Director
Child and Adult Care Food Program

DATE: August 3, 2026

SUBJECT: Reimbursement Rates

As with the income eligibility guidelines, the reimbursement rates are subject to change every year. Attached are the reimbursement rates and a current reimbursement worksheet for the period of **July 1, 2026** to **June 30, 2027.**

Additional information on how the rates changed can be found by clicking **here**

Should you have any questions, please feel free to contact the CACFP staff at (803) 898-0959, toll free at (888) 834-8096 or cacfp@dss.sc.gov.

Source: Federal Register/Vol.91, No. 142/July 27,2026 for reimbursement rates; Vol. 91, No. 133/Tuesday, July 14,2026 for CIL rate

South Carolina Department of Social Services
CHILD AND ADULT CARE FOOD PROGRAM

REIMBURSEMENT RATES FOR
**JULY 1, 2026 - JUNE 30, 2027**

## Meals Served in Day Care Centers (Adult or Childcare)

**Per Meal Payment Rates in Cents**

| Breakfast | | Lunch and Supper* | | Supplement | |
|---|---|---|---|---|---|
| Free | $2.54 | Free | $5.08 | Free | $1.30 |
| Reduced | $2.24 | Reduced | $4.68 | Reduced | $0.65 |
| Paid | $0.42 | Paid | $0.77 | Paid | $0.12 |

***** These rates **do include** the value of commodities **(or cash-in-lieu of commodities)** which institutions receive as additional assistance for each lunch or supper served to participants under the program. The cash-in-lieu is **$0.32** per lunch/supper.

## Meals Served in Child Care Homes

**Per Meal Payment Rates in Cents**

| | **Tier I** | **Tier II** |
|---|---|---|
| Breakfast | $1.74 | $0.62 |
| Lunch and Supper | $3.31 | $1.99 |
| Supplement | $0.98 | $0.27 |

Administrative Reimbursement Rates for Sponsoring Organizations of Day Care Homes – Per Home/Per Month Rates **in Dollars:**

| | |
|---|---|
| Initial 50 day care homes | $157 |
| Next 150 day care homes | 119 |
| Next 800 day care homes | 93 |
| Additional day care homes | 82 |

## Meals Served In Emergency Shelters and the Afterschool Meal Program

**Per Meal Payment Rates in Cents**

| Breakfast | Lunch and Supper * | Supplement |
|---|---|---|
| $2.54 | $5.08 | $1.30 |

Source: Federal Register/Vol.91, No. 142/July 27,2026 for reimbursement rates; Vol. 91, No. 133/Tuesday, July 14,2026 for CIL rate

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES**
**CHILD AND ADULT CARE FOOD PROGRAM**
**CLAIMING PERCENTAGE METHOD**

## REIMBURSEMENT WORKSHEET

For Institution use in computing reimbursement claim data reported on facility application in SC CACFP - Claims.

**July 1, 2026** to **June 30, 2027**

| | Enrollment | Claiming Percentages **(do not round)** |
|---|---|---|
| Free | _____ | _____% of Total Enrollment |
| Reduced | _____ | _____% of Total Enrollment |
| Paid | _____ | _____% of Total Enrollment |
| Total | _____ | |

**Breakfast**

| Total Breakfasts | | Free Percentage | | Free Breakfast Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $2.54 | = _____ |

| Total Breakfasts | | Reduced Percentage | | Reduced Breakfast Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $2.24 | = _____ |

| Total Breakfasts | | Paid Percentage | | Paid Breakfast Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $0.42 | = _____ |

1) **Total Breakfast Earnings =** _____

Source: Federal Register/Vol.91, No. 142/July 27,2026 for reimbursement rates; Vol. 91, No. 133/Tuesday, July 14,2026 for CIL rate

**Lunch**

| Total Lunches | | Free Percentage | | Free Lunch Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $5.08 | = _____ |

| Total Lunches | | Reduced Percentage | | Reduced Lunch Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $4.68 | = _____ |

| Total Lunches | | Paid Percentage | | Paid Lunch Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $0.77 | = _____ |

2) **Total Lunch Earnings =** _____

**Supplement**

| Total Supplements | | Free Percentage | | Free Supplement Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $1.30 | = _____ |

| Total Supplements | | Reduced Percentage | | Reduced Supplement Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $0.65 | = _____ |

| Total Supplements | | Paid Percentage | | Paid Supplement Rate | |
|---|---|---|---|---|---|
| _____ | x | _____ | x | $0.12 | = _____ |

3) **Total Supplement Earnings =** _____

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**(Sum of 1+2+3 above) Maximum Rate of Earnings =** _____

Note: Reimbursement for supper is computed at the lunch rate.