**Healthy Tots – Child and Adult Care Food Program**

**Full Day4 Registration**

**Email this form to your CACFP specialist and** **suzanne.henley@dc.gov****.**

|  |
| --- |
| **Name of Organization** |
| Click here to enter text. |
| **Name and title of person completing this form.** |
| Click here to enter text. |

|  |
| --- |
| **Full Day4 Plan** |
| **Which meals are currently served during the full day program?** (breakfast, am snack, lunch, pm snack, supper) |
| Click here to enter text. |
| **Which meal or snack will your organization add to the full day program meal service?**  |
| Click here to enter text. |
| **What are the serving times for each meal?** (Provide the time the meal service begins and ends.) |
| Click here to enter text. |
| **Does your organization need to request an exception to the meal service time frame** (less than 1 hour between meals)**? If yes, explain.**  |
| Click here to enter text. |
| **Full Day4 Eligibility Verification –** Attach the Master Enrollment List (MEL) for the previous month including residency and child care subsidy status for each infant and child served by CACFP. |
| **In the previous month, were at least 75% of your organization’s enrolled children D.C. residents?** (Yes or No)  |
| Click here to enter text. |
| **In the previous month, were at least 50% of your organization’s enrolled children eligible for the child care subsidy program?** (Yes or No)  |
| Click here to enter text. |
| **Are children enrolled in the full day program receiving the additional Full Day4 meal?** To participate in Full Day4 your organization must serve 3 meals and 1 snack per child per day or 2 meals and 2 snacks per child per day to the full day children. (Yes or No)  |
| Click here to enter text. |