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

**Full Day4 Registration**

**Family Day Care Home providers must submit this form to their CACFP Sponsor.**

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

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| **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 one 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 percent 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 percent 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 three meals and one snack per child per day or two meals and two snacks per child per day to the full day children. (Yes or No) |
| Click here to enter text. |