

Child and Adult Care Food Program

APPLICATION FOR PARTICIPATION FOR CHILD CARE HOMES

Note: This application will cover periods during Federal Fiscal Year October 2025 – September 2026.

Sponsor Name: _____ Sponsor Agreement #: _____

Facility Info Tab

Operation Start Date: _____ Operation End Date: _____

Full Name Listed on Registration/License: _____

Physical Address: _____

Telephone Number: _____ Email: _____

License Type: _____ License Number: _____ Expiration: _____

Responsible Person*: _____ Title: _____

*If this person is different from the individual on the registration/license, explain.

Date of Birth: _____ Last Four of Social Security Number: _____

General Info Tab

Does this facility now participate, or has it previously participated, in a program(s) funded by the Food and Nutrition Service (Child and Adult Care Food Program, Summer Food Service Program) or any other Federally Funded Program (ABC Quality, SC Scholarship (formerly SC Voucher), First Steps – 4K, etc.) within the past seven years? ☐ Yes ☐ No

If yes, provide name of program(s) and operation dates: _____

Participants Tab

Residents

Number of Provider's own children eligible to be claimed for reimbursement: _____

Number of Provider's foster children: _____

Disabled (must be over 12 years old): _____

Non-Residents

Non-Resident: _____

Migrant (must be over 12 years old): _____

Disabled (must be over 12 years old): _____

Does the facility accept Drop-In Participants? ☐ Yes ☐ No

Registration/License Capacity: _____

Age of participants accepted in facility (enter infants under 1 year as 0)

From: _____ To: _____ years old

Actual Ethnic Makeup

Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institutions each year. Visual identification may not be used by institutions or facilities to determine an enrollee's ethnic/racial category. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand the collection of this information is strictly for statistical reporting requirements.

Institution's **actual enrollment data** by ethnic/racial category for each facility under its jurisdiction **must be reported in whole numbers only**.

Ethnic Breakdown (actual enrollment)

Hispanic: _____ Non-Hispanic: _____ Unknown: _____

Racial Breakdown (actual enrollment)

American Indian or Alaska/Native: _____ Asian: _____ Black or African American: _____

Hawaiian or Pacific Islander: _____ White: _____ Unknown: _____

Operations Tab

Operations Data

Enter the number of operating days per week and select the operating days

Number of operating days per week: _____

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Select operating months based on the Federal fiscal year:

☐ Oct. ☐ Nov. ☐ Dec. ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ Jun.

☐ Jul. ☐ Aug. ☐ Sept.

Does the facility provide care in shifts? ☐ Yes ☐ No

Hours of Operation

Note: Operating Hours must agree with the information provided to Child Care Licensing for Civilian Homes.

☐ Facility Operates 24 Hours

_____AM/PM to _____AM/PM

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

_____AM/PM to _____AM/PM

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Shifts

Shift One (identify service period and select all that apply)

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Service Period Start Time: _____

Service Period End Time: _____

Shift Two (identify service period and select all that apply)

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Service Period Start Time: _____

Service Period End Time: _____

Shift Three (identify service period and select all that apply)

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Service Period Start Time: _____

Service Period End Time: _____

Meals Tab

Meal Service Info

Is the facility requesting approval for more than two meals and one snack or two snack and one meal?

☐ Yes ☐ No

Menu Variances (select box if the facility makes accommodations for any of the following and explain):

☐ Variation for Religion ☐ Unavailability ☐ Other

Meal Providers (select and identify how meals are provided to children):

☐ Prepared at the childcare facility

☐ Prepared at a central kitchen (list name and address):

☐ Prepared by Local School System (list name and address):

☐ Prepared by Food Service Management Co. (list name and address):

Meals

First Service Period (First Shift) (only fill in meals being served) (if meals are prepared on site, enter self-prep)

Meal Type: **Breakfast** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **AM Snack** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Lunch** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **PM Snack** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Supper/Dinner** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Evening Snack** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Second Service Period (Second Shift) (only fill in meals being served) (if meals are prepared on site, enter self-prep)

Meal Type: **Breakfast** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **AM Snack** Service Type (Meal Provider): _____

Number of Meals per Day: _____ Meal Time: _____

Meal Type: **Lunch** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **PM Snack** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **Supper/Dinner** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **Evening Snack** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____

Third Service Period (Third Shift) (only fill in meals being served) (if meals are prepared on site, enter self-prep)

Meal Type: **Breakfast** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **AM Snack** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **Lunch** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **PM Snack** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **Supper/Dinner** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____
 Meal Type: **Evening Snack** Service Type (Meal Provider): _____
 Number of Meals per Day: _____ Meal Time: _____

Closures (holidays or days the facility will be closed)

Federal Holidays – select all that apply

<input type="checkbox"/>	Monday, October 13, 2025	Columbus Day
<input type="checkbox"/>	November 11, 2025	Veterans Day
<input type="checkbox"/>	November 27, 2025	Thanksgiving Day
<input type="checkbox"/>	Thursday, December 25, 2025	Christmas Day
<input type="checkbox"/>	Thursday, January 1, 2026	New Year's Day
<input type="checkbox"/>	Monday, January 19, 2026	Martin Luther King Jr. Day
<input type="checkbox"/>	Monday, February 16, 2026	Washington's Birthday/President's Day
<input type="checkbox"/>	Monday, May 25, 2026	National Memorial Day
<input type="checkbox"/>	Friday, June 19, 2026	Juneteenth
<input type="checkbox"/>	Friday, July 3, 2026	Independence Day (observed)
<input type="checkbox"/>	September 7, 2026	Labor Day

Closures (holidays or days the facility will be closed)

State Holidays – select all that apply

<input type="checkbox"/>	Thursday, November 11, 2025	Veterans Day
<input type="checkbox"/>	Thursday, November 27, 2025	Thanksgiving Day
<input type="checkbox"/>	Thursday, November 28, 2025	Day after Thanksgiving
<input type="checkbox"/>	Wednesday, December 24, 2025	Christmas Eve
<input type="checkbox"/>	Thursday, December 25, 2025	Christmas Day
<input type="checkbox"/>	Friday, December 26, 2025	Day after Christmas
<input type="checkbox"/>	January 1, 2026	New Year's Day
<input type="checkbox"/>	January 19, 2026	Martin Luther King Jr. Day
<input type="checkbox"/>	February 16, 2026	Presidents Day
<input type="checkbox"/>	May 11, 2026	Confederate Memorial Day
<input type="checkbox"/>	May 25, 2026	National Memorial Day
<input type="checkbox"/>	July 3, 2026	Independence Day (observed)
<input type="checkbox"/>	September 7, 2026	Labor Day

Other Closures

Description: _____ Start Date: _____ End Date: _____

Description: _____ Start Date: _____ End Date: _____

Description: _____ Start Date: _____ End Date: _____

Description: _____ Start Date: _____ End Date: _____

Certification Tab

I HEREBY CERTIFY, to the best of my knowledge, this home is not participating in the Child and Adult Food Care Program under any other sponsoring organization. Further, I **CERTIFY** that all the above information is true and correct. I understand this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution or civil action under applicable state and criminal statutes. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, or retaliation for prior civil rights activity in any pro-gram or activity conducted or funded by USDA.

By submitting this information, the sponsor is verifying it has a signed application/agreement for this provider on file at its organization's office.

Provider Signature: _____ Date: _____

Institution's Representative's Signature: _____ Date: _____