



CHILD CARE RESOURCE AND REFERRAL AGENCY

CACFP PARTICIPANT MEAL SCHEDULE

PROVIDER NAME: _____

ADDRESS: _____

PHONE: _____

ARE MEALS/SNACKS SERVED IN SHIFTS?	YES	NO
TIME SERVED	2 ND SHIFT	
BREAKFAST : _____ AM	_____	_____ AM
AM SNACK : _____ AM	_____	_____ AM
LUNCH : _____ AM/PM	_____	_____ PM
PM SNACK : _____ PM	_____	_____ PM
DINNER : _____ PM	_____	_____ PM
EVE SNACK: _____ PM	_____	_____ PM

You are responsible for notifying us of any meal changes. Meal times may only fluctuate 15 minutes either way. If we arrive to inspect a meal and the meal is not being served or you are not there, the meals will be disallowed. NO EXCEPTIONS.

PROVIDER SIGNATURE

DATE

CACFP REPRESENTATIVE SIGNATURE

DATE