



## CACFP PARTICIPANT MEAL SCHEDULE

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ARE MEALS/SNACKS SERVED IN SHIFTS?

YES

NO

TIME SERVED

2<sup>ND</sup> 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