

CHILD & ADULT CARE FOOD PROGRAM



WHERE HEALTHY EATING BECOMES A HABIT

Meal Time Update

Please tell me what time you serve each of your meals. If you serve meals in shifts, please write what time you serve it in the right hand column. Thank you!

Meal	Time	Shift Time
Breakfast		
A.M. Snack		
Lunch		
P.M. Snack		
Supper		
Evening Snack		

Provider Name _____ Signature _____ Date _____



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