



4-C Community Coordinated Child Care

Meal Schedule Adjustment Form- 2 Meal Servings

This form is to be used when a home childcare provider needs to adjust scheduled mealtimes or days.

All meal start times must be at least 2 hours apart.

Meal Service Times

Breakfast (1 hour)

Start Time: _____/_____

End Time: _____/_____

PM Snack (30 minutes)

Start Time: _____/_____

End Time: _____/_____

AM Snack (30 minutes)

Start Time: _____/_____

End Time: _____/_____

Dinner (1 hour)

Start Time: _____/_____

End Time: _____/_____

Lunch (1 hour)

Start Time: _____/_____

End Time: _____/_____

Evening Snack (30 minutes)

Start Time: _____/_____

End Time: _____/_____

Days of Meal Service (Check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Provider Certification

I certify that the above information reflects accurate meal service time changes and that all meals are offered at least **two hours apart**.

Provider Signature: _____

Date: _____

Return to [EMAIL](#) or mail to CACFP 4-C Community Coordinated Child Care, 444 East Hillcrest Dr Suite 300, Dekalb IL, 60115