SPLIT SHIFT

Provider's Name:

For the Month of:

Write "B L D S" on the appropriate time line for each child.

ONLY for those meals served in shifts

B = Breakfast D = Dinner

L = Lunch S = Snacks

DRAW A LINE ACROSS TO SHOW EACH CHILD'S SCHEDULE

CHILDREN'S NAMES:	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00
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