SPLIT SHIFT

Provider's Name:	Write "B L D S" on the appropriate time line for each child.																																	
	ONLY for those meals served in shifts																																	
	B = Breakfast D = Dinner																																	
For the Month of:		L	- = l	_uno	ch		S	= 5	Sna	cks																								
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CHILDREN'S NAMES:	6:00		6:30	7:00		7:30	8:00	8.30	200	00:6	9:30		10:00	10:30	11.00	00.11	11:30	12.00	20.4	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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