

CHILD & ADULT CARE FOOD PROGRAM

WHERE HEALTHY EATING BECOMES A HABIT

CACFP Provider Update

Month/Year Effective _____ / _____ Name of Child Care Provider: _____

Mealtime/meal service change: _____

Occasional suppers, weekends, etc: _____

Children Enrolling/Withdrawing change: _____

Days-off, Holiday/Vacation, Field-trips: _____

Other notes, updates and changes: _____

Day Care Provider Signature

Date signed



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