



# Mid Michigan Child Care Food Program

P.O. Box 610 • Freeland, MI 48623 • 989-695-2683 • 1-800-PIC-FOOD (742-3663)

## Shift Change Form

# SAMPLE

Meal Served Breakfast

Provider's Name Jane Doe

First Shift: 7:15 a.m. - 7:45 a.m.

Second Shift: 8:15 a.m. - 8:45 a.m.

Time Arrive	Children's Names	Time Leave	M	T	W	Th	F
7:00am	Mary Contrary	7:45am	X	X	X	X	X
7:15am	Jack Horner	12:00pm	X	X	X	X	X
7:00am	Georgie Porgie	7:45am	X	X	X	X	X
7:30am	Bonnie Ocean	12:00pm	X	X	X	X	X
7:15am	Mary Lamb	5:30pm	X	X	X	X	X
7:00am	Boyd Blue	7:45am	X	X	X	X	X

Time Arrive	Children's Names	Time Leave	M	T	W	Th	F
8:00am	Jack Nimble	4:00pm	X	X	X	X	X
8:00am	Sara Lee	5:00pm	X	X	X	X	X

### Instructions to Use This Form

1. Use this form only if you are claiming meals in shifts.
2. Fill one sheet out for each meal you serve in shifts.
3. Fill in the children's names, the times they arrive and leave and the days they are in attendance.
4. The form must be filled out completely for full reimbursement.
5. A provider may be approved to claim no more than double his/her capacity per meal/snack without exceeding his/her license capacity at any given time.
6. If you have any questions about this form, please call (517) 695-2683 locally or 1-800-742-3663, Monday through Friday, 8:00 a.m. - 5 p.m.