



Angels Child Care Food Program
 13200 Crossroads Parkway North, Suite 155
 City of Industry, CA 91746-3423
 Phone: 888 - 375-5155 FAX 562 - 908-0501

I hereby certify that this information is true and correct. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under state and federal statutes.

IF any changes occur with meal service time we **MUST** be ***notified before the change occurs** with a phone call and a new meal service must be received in our office for your file.

Provider Signature: _____ Provider Number _____
 Print Name _____ Date: _____

MEAL SERVICE TIMES

Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Dinner _____

PROVIDERS MUST SERVE MEALS WITHIN THE STATE AGENCY'S MEAL TIME POLICY

1. **A minimum of 2 hours** shall elapse between the beginning of one meal service and the beginning of another meal service when supplements (snacks) are served.
2. If **NO** supplement (snack) is served between major meals (breakfast, Lunch or Supper), a minimum of 3 hours shall elapse between the serving of major meals.
3. **BREAKFAST MAY NOT BE SERVED LATER THAN 9:00 AM**
4. **LUNCH MAY NOT BE SERVED BEFORE 11:00 AM OR AFTER 1:30 PM**
5. **SUPPER MAY NOT BE SERVED BEFORE 4:00 PM OR LATER THAN 7:00 PM**
6. Meals for infants, up to one year of age may be served during a span of time consistent with the infant's eating habits.

TRANSPORT TIMES & DAYS

Circle transport days:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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*School Drop Off: _____ to _____ *School Pick Up: _____ to _____
 *School Drop Off: _____ to _____ *School Pick Up: _____ to _____
 *School Drop Off: _____ to _____ *School Pick Up: _____ to _____

* It is your responsibility to **notify our office within 5 days** should a change occur or it may be cause for disallowance.



PROVIDER COPY

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