

## **Split Shift Request Form**

A split shift is needed to demonstrate you are within your *license capacity* at a meal or snack when it would otherwise appear you are over capacity. For example, you are licensed for 10 children, but 11 children are served lunch. At first glance it would appear you are over license capacity, but because of the times the children come and go, you are not. Betty eats lunch and leaves your care at 11:30 to go to preschool, while Barney arrives at your home at 12:00 and eats lunch at that time. There are never more than 10 children in your care at one time. A split shift is how you let ACA know this situation is occurring. To request approval for a split shift, complete the following.

shift? Beginning time	: Ending time:
nd shift? Beginning time:	: Ending time:
your care before the 2 <sup>nd</sup> shi contact our office before so	ift children listed above arrive: ubmitting this request.)
AFTER the 1 <sup>st</sup> shift children l contact our office before so	-
urning (or arriving) as listed a urn times. To update enrolli arents correct the times and paper forms, have the pare	sted in questions 4 and 5. The parents above. If not, you will need to update ment forms on-line, you need to print I initial the changes. The parents nt complete a new enrollment form
	ts that may be needed. Split shifts val for a Food Program claim you have
	orded in each shift. You will be paid for bust be recorded at all shifts for which
	ed by someone from our office. You will ow to complete the split shift in Minute
Provider Number	 Date (month/day/year)
	AFTER the 1 <sup>st</sup> shift children is contact our office before so ent forms for the children listerning (or arriving) as listed arents correct the times and paper forms, have the pared sign and date the forms.  With any updated Enrollment request a split shift approximates are served should be recompactly purposes children makes also receive direction on here