

# Better Beginnings Form F Written Daily Plans

Name of Facility: \_\_\_\_\_

License/Registration # \_\_\_\_\_

List each age group served.

Identify the time frame for each set of plans (example: January 15-30, 2010).

Be sure to clearly separate and label EACH set of plans with the age group served.

**AGE GROUP SERVED**

**TWO WEEKS DAILY PLANS ATTACHED**

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Administrator

\_\_\_\_\_  
Date