



**INTENDED ABSENCES/TEMPORARY CLOSURE OF DAY CARE FACILITY**

According to Child Care Food Program regulations, a notification of intended absences from the home during meal times is required. Please mark the reason for absence or temporary closure and the dates correlating with the absence or closure.

NAME OF PROVIDER: \_\_\_\_\_ PROVIDER ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF ABSENCE TEMPORARY CLOSURE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

VACATION

FIELD TRIP/PARK

MEDICAL LEAVE

OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_