

Beanstalk Child Care Food Program

“UNAVAILABLE FORM”

DATE (S) ARE FOR THE MONTH OF:

(List month/year)

3325 Myrtle Avenue North Highlands, Ca 95660

Provider Name: _____ **Zip Code** _____

This form must be completed and submitted to our program in advance (at least seven days prior) to when a provider **will not** be “available” for an unannounced visit during their regularly scheduled meal time(s) for the month. This form is also to be completed and submitted to our program in advance (before the 1st of the month) if a provider is “inactive” and will not be claiming meals for the entire month (a provider can go inactive up to three months before being dropped from the program.) **ANY CHANGES** - If you need to make changes, (example: adding or canceling a date, changing the time etc.) after submitting the form, you will have to call at least 48 hour in advance of the date to be changed. You can call our office at 344-8818 and report any changes to your monitor. If your monitor is not available, you can leave a message on their voicemail line giving the changes or you can ask to speak to one of our food clerks. **PLEASE NOTE:** If a provider fails to submit an “Unavailable Form” and a monitor goes out to the home for a visit, the provider will be declared “Seriously Deficient” and issued a “Notice of Serious Deficiency.”

DAY/DATE	TIME (S)	MEAL(S) – (B,L,S,D)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Unavailability: _____

Provider Signature _____

Revised 1-1-2008
(Please discard all other copies of this form)