

Child Care & Nutrition, Inc. Provider Notes

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 Website: www.childcarenutrition.com - Email: ccnikids@mediacombb.net

Provider Name: _____ Provider ID: _____ Date: _____

Check one or more of the following below to notify the CCNI

	My License Capacity will be changing from: _____ to: _____ effective date: _____
	My Helper's Name: _____
	I'm sending a variance with this claim which affects the following month's claims: _____
	I am moving (move date & address): _____
	I am sending enrollments with this claim (child(s) name): _____
	I will be inactive for the following time frame: from _____ to _____ Reason: _____
	My daycare will be closing: effective date: _____ Reason: _____
	I am in need of the following forms (Indicate Quantity Needed): Meal Counts: _____ 30 Day Menus: _____ Regular Menus: _____ Infant Menus: _____ Enrollment Forms: _____ Provider Notes: _____ Other: _____
	Other: _____

Meal approval changes/updates

Meal	Shift 1		Shift 2		Shift 3	
	From	To	From	To	From	To
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Eve Snack						

My own children were absent from my daycare the following days this month:
School aged children in care when normally they would be in school (list names, dates, & reasons)
School schedule (circle one) – Child Name (age 5 & older): *Attends 4 Days/Week *Home schooled *Held back not attending school *Other (Please Specify)
Kindergarten schedule (circle one) – Child Name (age 5 & older): * Attends full day/every day *Attends ½ day, every day *Attends full day every other day *Other
Holiday schedule: I was open on the following Holiday(s) this month:

