

Student Nutrition Program Suspension and/or Closure

Purpose: To provide local service providers and the lead agency with status updates of local nutrition programs in the event that a program is suspended and/or closed.

Area

School or Program Name and Address:

School Based

Community Based

School / Program Telephone Number:

School /Program Fax Number:

Program Contact Name:

Date of Closure:

Date of Suspension and/or Closure Report:

If Date of Report is more than 24 hours from Date of Closure, please explain:

Anticipated Start Date:

Reason for Suspension and/or Closure:

Communication Strategy to Notify Parents, Volunteers, Staff, Community Partners:

Alternative Program Availability:

Follow up: (To be completed within 5 days of original notice)

Confirmed Start Date:

Current Status:

Further Action:

Expectation for further reports: