



NUTRITION SUBSTITUTION STAFFING PLAN

PURPOSE: This plan is to be used for personal, religious, and cultural food substitution requests to ensure children are receiving a variety of nutritious foods. **This form is NOT for milk substitutions.**

Date: _____ Site: _____

Child's Name: _____

In Attendance: _____

What happens if the child has _____ ? _____

What foods do you serve at home? _____

Menu substitution ideas:

_____	_____
_____	_____
_____	_____
_____	_____

Classroom Plan: _____

Submit form to Health Program Manager for approval process.
48 hours are required for approval of food substitution.

A variety of foods will be offered based on the parent/guardian input and approval of substitutions from the Health Program Manager and/or Registered Dietician.

Parent/Guardian signature: _____ Date: _____

Lead Teacher signature: _____ Date: _____

Assistant Teacher Signature: _____ Date: _____

Original in Health Section of Child's File.
Copy goes to Health Program Manager