

Head Start

Nutrition Service Work Plans

2011-2012

Approved by Health Service Advisory Committee

Chairperson's Signature _____ Date _____

Approved by Policy Council

Chairperson's Signature _____ Date _____

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Introduction to 1304.23

Child Nutrition

Objective: To provide nutrition services that promote child wellness through staff, parents, community involvement and collaboration of all Head Start components.

The Head Start Program helps children grow in both body and mind. Mental development requires an alert mind. Physical development requires a healthy body. Therefore, a healthful diet is necessary for both the physical and mental development of children.

In Head Start, children acquire attitudes and information that they carry with them throughout life. Nutrition awareness is an essential part of their education. This education takes place in the classroom, at play and during meals. The meals these children are served and the information and skills they acquire help to form lifelong eating habits.

Meals served in the Head Start program may be the only nutritionally balanced meal some children eat. That is why it is important to teach good nutrition habits that can extend to eating patterns outside of Head Start.

Creating enthusiasm among children and their teachers for nutritious food choices will improve the acceptance of different foods. In Head Start, promoting nutrition with posters, logos, and themes encourages children to eat healthy. Also, in Head Start having children assist with some preparation increases their willingness to try a variety of foods.

It takes effort to get nutrition information into the curriculum. Support is needed from everyone. Food service personnel, teachers, staff, directors, and parents should encourage healthful food choices.

1304.23 **Child Nutrition**

1304.23 (a) **Identification of nutritional needs. Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions / concerning:**

1304.23 (a)(1) **Any relevant nutrition-related assessment data (height, weight, hemoglobin / hematocrit) obtained under 45 CFR 1304.23 (a);**

Plan of Action: In collaboration with health services, children will be screened for anemia, height and weight will be assessed and information will be recorded in child's file and enter into Child Plus. The Family Advocates will review information recorded on child's Health/Nutrition Form and if there is a problem, appropriate action can be taken. Parents will be given information on iron rich foods if their child is anemic (a hemoglobin of 11 or below or hematocrit of 34 or below). Any child that is anemic will be rechecked as necessary and referred to appropriate resource for follow-up. For underweight children, additional food servings are available. Overweight children are encouraged to learn healthier eating habits. Children are referred to further medical consultation as necessary.

Procedure to Identification of Nutritional Needs and Problems

1. Hemoglobin / Hematocrit levels will be determined within 30 days of enrollment. A child with a Hemoglobin of 11 or below or Hematocrit of 34 or below is considered anemic.
 - A. The Family Worker will review results of the Hemoglobin / Hematocrit screening with the parent / guardian within two weeks of the screening.
 - B. The Family Worker with guidance from the Nutrition Specialist will provide information to the parents on iron-rich foods. Parents will be encouraged to do any necessary follow-up.
 - C. A child considered anemic will be referred to the appropriate resource for the follow-up.
 - D. The Hemoglobin / Hematocrit will be rechecked as necessary.
2. Evaluation of the nutrition-related problems such as under height, underweight, overweight, diabetes, food allergies, etc., will be conducted during the screening or physical exam by the Health Care Provider.
 - A. Information regarding specific nutrition problems will be entered on the child's health record by the Health Care Provider at the time of the physical exam or the Family Worker within two weeks of the screening.
 - B. The Family Worker will contact other nutrition education resources (i.e., University of Missouri Extension, Health Department, etc.) requesting follow-up as necessary.
3. The Teaching Staff will complete growth assessments (heights and weights) twice per year. The child's height and weight will be recorded on the child's growth chart and entered into the computer.

>95% Weight/Height

- A. Emphasize meal and snack timing structure and nutritional adequacy of menus offered by family. Child is to decide amount and if she/he'll eat.
- B. Recommend nutritionally adequate meal and snacks offered at the same

time each day and providing 3 meals and 2 snacks. Snack times should be at least two hours before the next meal.

- C. Encourage regularly scheduled physical activity during the day, unless contraindicated by other health problems or handicaps.
- D. Help parents find other ways to express concern and caring than by giving food. Encourage parents to spend quality time with child to meet social and emotional needs of the child.
- E. Suggest use of appropriate food to meet nutritional need for meals and snacks.

In addition to the above, guides for classroom use are:

- A. Teach all children to be sensitive to feelings of being full or hungry.
- B. Encourage interest in and taste for all foods.
- C. Staff sets example for healthful eating habits, by tasting new food, eating with children and showing interest in all the children, but not undue interest in any one child.
- D. Encourage calorie burning physical exercise as part of the school day.
- E. Staff will attend in-services on nutrition education.

<5% Weight/Height

- A. Suggest frequent meals and snacks, interesting food presentations, variety and encourage child to help with food preparation.
- B. Reduce or eliminate mealtime diversions, such as turning off TV and having the family sit down with child while eating.
- C. Refer to nutrition goals set for each child and encourage progress toward goals.

Time Frame: Ongoing

Personnel: Teachers, Health Specialist, Family Workers, Area Coordinators, Nutrition Specialist and Deputy Department Head

Documentation: Child Health/Nutrition History Form

1304.23 (a)(2) *Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems and the feeding requirements of infants and toddlers and each child with disabilities. (See 45 CFR 1308.20);*

Plan of Action: Complete Child Health/Nutrition History Form for each child and then review child's nutrition checklist. Special Care Plan form completed when needed. Nutrition related health problems such as obesity, underweight, iron deficiency, food allergies and intolerance's (such as lactose) require a diagnoses and a signed form by a health professional located in the children's file. Cultural, religious, ethnical or personal food preferences or medically prescribed diets will be taken into consideration and also any disability a child may have. Information obtained from the Child Health/Nutrition History Form will be used to plan nutrition education for the child and family on home visits, to plan for center and home based activities, to assume that dietary needs are being met and to provide nutrition education for the parents.

Time Frame: Final Enrollment.

Personnel: Family Workers, Teachers, Nutrition Specialist and Deputy Department Head.

Documentation: Child Health/ Nutrition History, Special Care Plan

1304.23 (a)(3) *For infants and toddlers, current feeding schedules and amounts and types of food are provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerance's and preferences; voiding patterns, and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and*

Plan of Action: N/A

1304.23 (a)(4) *Information about major community nutritional issues as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.*

Plan of Action: Information about major community nutrition problems is obtained from the demographic characteristics of the target group. Such information includes family income, education all level and ethnic composition. State and local health department nutritionists are helpful in obtaining information about the quality of the water supply and whether it is fluoridated. In addition, they can assist in determining the quality, quantity and availability of food in the community. The information obtained should be used for developing the nutrition program by determining the need for food supplementation, fluoridation of water, iodized salt, control of sale of uncertified raw milk, utilization and distribution of food stamps, and using food outlets or co-ops to ensure that food is available. Use demographic information from state and local health agencies and county extension offices. Assessment will set the characteristics for the eight counties involved. Nutritionist Specialist will obtain any information concerning any major community nutrition problems in conjunction with the community needs assessment survey. Our area is currently conducting lead screenings. Any children found to have high lead levels will be given nutritional consideration and parents will be given appropriate counseling on how to decrease lead levels. Other areas to be considered will be accessible food markets and transportation, availability of a clean and fluoridated water supply, idolized salt, dental care and referrals to food and financial assistance programs.

Time Frame: Ongoing

Personnel: Family Workers, Area Coordinators, Deputy Department Head and Nutrition Specialist.

Documentation: Completed Community Needs Assessment forms on file at Central Office.

1304.23 (b) *Nutritional Services*

1304.23 (b)(1) *Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods, which consider cultural and ethnic preferences and which broaden the child's food experiences.*

Plan of Action: To claim a meal for reimbursement, the child must be served the required minimum components. Exceptions to this requirement occur under the following circumstances:

Head Start will make substitution for participants who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case by case basis. Children with medical or special dietary needs may have substitution to the meal pattern only when supporting documentation is on file. Medical Food Substitution form Appendix J. The documentation must be signed by a recognized medical authority such as a licensed physician, physician assistant, or nurse practitioner and must include the following:

- *An identification of the medical or other special dietary need which restricts the child's diet; and
- *The food or foods to be omitted from the child's diet, and the food or foods that may be substituted.

Substitutions for Fluid Milk (cow's milk) Non-dairy beverages, such as soy milk, rice milk, or almond milk, may be served in lieu of fluid milk provided the following:

*Non-dairy beverages **must be nutritionally equivalent to milk** and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk only approved through the Nutrition Specialist using CACFP guidelines.

*Parents or guardians **may request in writing** a non-dairy milk substitution without providing a medical statement. Any reasonable request could be accepted. For example, a request due to milk intolerance, vegan diet as well as religious, cultural or ethical reasons would be acceptable and be accommodated. If the request only states that a child does not like milk, this would not be reasonable request for a milk substitute.

Special eating utensils/equipment will be provided for the disabled child to ease feeding oneself.

Time Frame: Ongoing.

Personnel: Cooks, Family Advocates, Teachers, Site Managers and Nutrition Specialist

Documentation: Medical Food Substitution Record, Food Production Worksheets, Menus, Child Health/Nutrition History.

1304.23 (b)(1)(i) *All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by USDA.*

Plan of Action: The Child and Adult Care Food Program require records to be maintained to support monthly claims for reimbursement. The Nutrition Specialist shall retain all CACFP records for a period of three years at Central Office.

- * Copies of all menus. Menus must be dated and indicate all components that were served.
- * Food production records. Food Production records indicates the food item used, the amount of food prepared, and the actual number of children and adults served. (APPENDIX A, B, C)
- * Enrollment documents for each child claimed. Complete enrollment form for Child Care Centers developed by MDHSS-CACFP. (Appendix I)
- * Daily attendance records. The attendance form is to be completed upon arrival of the children. The attendance records can not be used as a basis for completing the meal count record. However, the attendance records should support the meal count records. (APPENDIX D)
- * Meal count records. Meal count records must support each monthly claim for reimbursement for each meal served during the month. The meal count record must indicate the daily number of meals served to children by type of meal (breakfast, lunch or snack). The meal count is to be completed by the cooks during the actual meal. For donated meals leave appropriate columns blank according to indicate source providing meal and where meal was eaten. (APPENDIX D)
- * Civil rights racial / ethnic data. Display the “And Justice for All” poster
- * Documentation of training to staff. Staff must be trained at least annually with regard to the CACFP. Documentation must include:
 - Session dates
 - Location(s)
 - Topics
 - Names of participants
- * Documentation of monitoring. Head Start centers must be monitored for program compliance at least 3 times annually; two of the visits are unannounced. Date of the review, problems noted and corrective action prescribed must be documented.
- * Miscellaneous documentation. The following miscellaneous documentation must be retained:
 - Child care center license
 - Copies of all applications and supporting documents submitted to MDOH-CACFP
 - Copies of all claims for reimbursement submitted to the MDOH-CACFP

Time Frame: Daily Monday through Friday.

Personnel: Cooks, Teachers, Nutrition Specialist, Deputy Department Head, Family Workers and Site Managers.

Documentation: CACFP Claim Forms, Meal Count Form, Attendance Record, Child's File, Monitoring Reports, Menus and Food Production Records.

1304.23 (b)(1)(ii) Each child in a part day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the lengths of the program day.

Plan of Action: The Missouri Department of Health - Child and Adult Care Food Program (MDOH-CACFP) regulations are used to insure that 1/3 of the child's recommended daily allowance are being met. Center Based programs will each have their own menus. Menus will be provided by the Nutrition Specialist based on CACFP guidelines with a good source of vitamin A served every other day and vitamin C source daily. Meals are planned so that they are balanced with regard to temperature, color, flavor and nutrients. The menu will include cultural and ethnic foods. Acceptance of meals and specific food items will be assessed on an ongoing basis. The 1/3 requirement will necessitate the use of the lunch pattern plus breakfast or a snack, which contains fluid milk.

Time Frame: Ongoing (School Year).

Personnel: Nutrition Specialist, Parents, Children, Teachers, Cooks, Family Advocates and Site Managers.

Documentation: Monthly Attendance Report, Meal Count Form, Food Production Record and Menus.

1304.23 (b)(1)(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.

Plan of Action: All children attending morning programs will receive breakfast upon arrival at the center, if a child arrives late they are to be offered breakfast. Children will be provided breakfast or snack and lunch regardless of arrival or departure from medical, dental, field trips or other appointments away from the center. Children in the extended day program may be offered additional am and pm snack.

Time Frame: Immediately upon arrival.

Personnel: Cooks, Area Coordinator and Site Manager.

Documentation: Monthly Attendance Report, Meal Count Form and Food

Production Record.

1304.23 (b)(1)(iv) *Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal patterns or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220 and 226.*

Plan of Action: N/A

1304.23 (b)(1)(v) *For 3 to 5 year olds in center based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.*

Plan of Action: Menus are planned according to Head Start and CACFP minimum meal pattern standards by the Nutrition Specialist with input from Head Start parents, staff and Health Service Advisory Committee. Milk served will be fat free (skim) or low-fat (1%) fluid milk that is recommend in the 2110 Dietary Guidelines for Americans for this age. Meal pattern: Breakfast will include the following meal components as established by the USDA and supervised by the CACFP in quantities recommended for 3 - 5 year olds.

Juice or Fruit 1/2 cup
Bread (1/2 slice) or Bread Alternate
Fluid Milk 3/4 cup
Margarine or Butter as needed

The above represents the minimum requirements. Frequently our breakfast meal exceeds the minimum recommended standards.

Two child size glasses are to be available to each child when milk and juice are both served. Where milk and juice are both on the menu, children should be served both at the same time.

Lunch will be planned as to include the following minimum meal requirements.

Meat / Meat Alternative or Cheese 1 1/2 oz.
Vegetables and / or Fruits at least to total 1/2 cup
Bread / Bread Alternative enriched or whole grain 1/2 slice
Fluid Milk 3/4 cup
Margarine or Butter as needed

Snacks will include two of four components.

Fluid Milk 1/2 cup
Juice, Fruit, Vegetable 1/2 cup
Meat / Meat Alternative 1/2 oz.
Grains / Bread 1/2 slice

Snack of fruit juice, milk, raw fruit or vegetables, crackers, cheese, peanut butter or similar nutritious foods shall be served. Water is available for children at all times. Foods served will be high in nutrients, low in fat, sugar and salt as mentioned above. (APPENDIX E)

Time Frame: Ongoing

Personnel: Nutrition Specialist, Parent, Cook, Cook Aides, Teachers and Site Managers.

Documentation: Menus, Food Production Record.

1304.23 (b)(1)(vi) For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.

Plan of Action: Meals are planned to be nutrient dense and conform to USDA Dietary Guidelines. Any meal substitutions will meet the same guidelines. The addition of fat, sugar, and sources of sodium will be minimized in food preparation. The food served to children aged 2 years or older should enable them to follow the recommended eating patterns for healthy American. These recommendations include target of no more than 30% of energy from fat, less than 10% of energy for saturated fat, less than 300-mg dietary cholesterol per day and avoidance to too much sugar and sodium. Dietary excess can contribute to dental disease, obesity, and chronic disease such as cancer and heart disease. The Dietary Guideline specify that healthy Americans should “choose a diet low in fat” and “use sugars, salt, and sodium only in moderation” All ready-to-eat and hot cereals served contain 6 grams of sugar or less per serving as listed on the Nutrition Facts label. Whole grains increased in the menu. Only fat free (skim) or low-fat (1%) milk will be served. In addition, we ask that any donation from parents, community, etc. will follow the low sugar, fat, salt policy. Although all donations will be accepted, (Exception-no edible homemade food) items that do not follow the above guidelines will be divided and sent home so parents can use at their discretion.

Time Frame: Ongoing

Personnel: Nutrition Specialist, Site Managers, Teachers, Cooks and Parents.

Documentation: Menus, Food Production Record.

1304.23(b)(1)(vii) Meal and snack periods in center-based settings must be appropriately scheduled adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals.

Plan of Action: Head Start children are never forced to eat. Nutritious snacks often provide an important part of a child’s daily food intake. Snacks such as fruit, peanut butter, vegetable sticks and whole grain products are available at all times, so hungry children can select nutritious food for snacks.

Meal Time Duration using CACFP guidelines:

Breakfast- The duration of the breakfast meal service may take no more than two hours from start to finish. Breakfast service may start no earlier than 6:30 AM and must be completed by 10:00AM.

Snack- The duration of the snack service may take no more than two hours from start to finish. A snack may be scheduled no earlier than 2 hours after the completion of the previous meal or snack.

Lunch – The duration of the lunch meal service may take no more than 2 hours from start to finish. The lunch may not be served before 10:30AM and must end by 1:30 PM. The lunch may be scheduled no earlier than 2 hours after the completion of the previous meal or snack.

At least two hours must elapse between the end of one meal or snack service and the start of the following meal or snack. (Example of times: Breakfast 8:45-9:15, lunch 11:15-12:00, pm snack 2:00-2:30)

Time Frame: Ongoing school year

Personnel: Site Managers, Cooks and Teachers.

Documentation: Daily Schedule, Meal Count and Attendance Form.

1304.23 (b)(2) *Grantee and delegate agencies operating home based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).*

Plan of Action: N/A

1304.23 (b)(3) *Staff must promote effective dental hygiene among children in conjunction with meals.*

Plan of Action: In collaboration with health services, children are served foods low in sugar. Staff discusses low sugar snacks. Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for tooth brushing and good dental hygiene follow:

- Each preschool child is taught to brush his or her own teeth with a “pea-size” amount of fluoridated toothpaste. Staff supervises toothbrushing after each meal, ensuring that
- Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
- Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Follow the proper storage and disposal of toothbrushes;
- Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and
- Children are taught proper tooth brushing techniques, and children with disabilities are supported with any needed adaptation.

- When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water help to remove particles from teeth and prevent cavities;and
- Staff serves as role models by bushing their own teeth after meals.

Guidance for classroom tooth brushing

Staff will prepare a small cup for each child, staff and volunteer by putting a small smear of fluoridated toothpaste close to the rim of the cup. Each person will use their toothbrush to pick up the toothpaste. The teeth will be brushed with full participation of staff and volunteers. After the brushing process, children and staff will spit the toothpaste into the cup and dispose of in the proper manner. Staff will collect the brushes and each brush will be rinsed separately and stored in the proper manner. Staff will use proper gloving techniques when assisting children in the tooth brushing process.

Time Frame: On- going School Year

Personnel: Site Managers, Teachers, Center Aides, Cooks and Cook Aides.

Documentation: Daily Schedule.

1304.23 (b)(4) *Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.*

Plan of Action: Parents will be encouraged to participate in nutrition program activities, whether it is nutrition activity in the classroom, a party or volunteering in the kitchen. Parents will receive a copy of the menu for each month and are encouraged to participate in the ongoing monitoring of the nutrition component through year-end evaluations, and helping with peer review. Appropriate agencies will provide professional input and resources for training teachers, staff and food service personnel as well as meeting the needs of parents.

TEN WAYS FOR PARENTS TO BE INVOLVED IN CHILD NUTRITION PROGRAMS

1. Help establish or update statements of philosophy or policies.
(Attend Health Service Advisory Meeting and/or Policy Council)
2. Participate in planning the menus within established guidelines.
3. Volunteer in kitchen.
4. Contribute favorite recipes.
5. Act as a chaperone for nutrition-related field trips.
6. Work with groups of children on cooking projects.
7. Make materials for nutrition learning activities.
8. Collect appropriate food packages and other props to be used in role-playing activities.
9. Be the supervising adult at meal tables.
10. Confer with caregivers or teachers about feeding problems.

Time Frame: School Year.

Personnel: Parents, Community Members.

Documentation: Menus, Lesson Plans.

1304.23 (c) Meal Service

Grantee and delegate agencies must ensure that nutritional services in center based setting contribute to the development and socialization of enrolled children by providing that:

1304.23 (c)(1) *A variety of food is served which broadens each child's food experience;*

Plan of Action: The people of America arrived here from all parts of the world. Most often these groups kept their traditional foods and food preparation alive in their own homes. They continue to celebrate their cultural traditions. The children from these different cultures are probably acquainted with their own specific foods and have little knowledge or acceptance of other foods. This can provide an opportunity to broaden a child's food acceptance, especially where unfamiliar foods are consumed and the child can see that other people readily accept these foods.

Children learn to appreciate the foods of other cultures when:

- * We plan meals that have cultural diversity.
- * We ask parents to contribute recipes from their own heritage.
- * We have books and posters that show foods eaten by people in different cultures.
- * We have a lesson about a certain culture.

Familiar and unfamiliar foods will be incorporated into the menu cycle. Special ethnic days will be included in menu planning. Snack time is a good time to introduce new food.

Time Frame: School Year.

Personnel: Nutrition Specialist, Cooks, Teachers and Site Managers.

Documentation: Menus, Food Production Records.

1304.23 (c)(2) *Food is not used as punishment or reward and that each child is encouraged, but not forced, to eat or taste his or her food;*

Plan of Action: Children are encouraged to eat during meals but are not forced to eat. Gimmicks such as "try a bite" or "clean your plate" or "no dessert until you eat your food", are not to be used. Food will be introduced again and the children will have a chance to try it then. Teaching children about new foods is a gradual process and should be a positive process.

Time Frame: Ongoing -- School Year

Personnel: Staff sitting with children at the table.

Documentation: Nutrition Plan, Nutrition Policies & Procedures.

1304.23 (c)(3) *Sufficient time is allowed for each child to eat;*

Plan of Action: Sufficient time will be allowed for the children to eat. Slow eaters will not be rushed and will be given sufficient time. Usually 30 minutes is ample time. Children finishing earlier will be excused to clean their plates and eating area. Supervising of cleaning is recommended. Mealtime should include quiet conversation with a relaxed and pleasant environment.

Meal Time Duration using CACFP guidelines:

At least two hours must elapse between the end of one meal or snack service and the start of the following meal or snack. (Example of times: Breakfast 8:45-9:15, lunch 11:15-12:00, pm snack 2:00-2:30)

Time Frame: Ongoing school year

Personnel: Staff eating at table and Site Managers

Documentation: Daily Schedule

1304.23 (c)(4) *All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;*

Plan of Action: Family style is a group of 5 - 7 persons including children and staff together at the same table. Table talk is child centered, not limited to food and nutrition. If staff member is unable to eat a certain food(s) due to health/medical reasons, staff must provide a diet prescription form completed and signed by their Physician, indicating what food(s) is/are not allowed and the reason. This form will be kept on file at Central office. Staff will take a small amount of the food(s) on his/her plate to set an example for the children. A child size knife, fork, and spoon will be provided at the tables for each child at lunch daily. All three pieces of silverware does not have to utilized at breakfast or snack, unless necessary per foods served

Under the family style method of meal service, each child receives a portion of each meal component. Replenishments of each meal component are readily available at each table. Family style meal service is allowable for CACFP if:

- * Enough food is placed on each table to provide minimum portions of the family style components for all children at the table and to accommodate program adults supervising meal service at the table if they eat with the children
- * Some amount of each required component must be served to each child and at least the minimum regulatory portion must be offered to the child
- * When the full regulatory portion is not initially served to the child, participating supervising adults must assume the responsibility of actively asking the child if

they would like the full portion during the course of the meal

- * Tables are to be cleaned and sanitized before and after children by: wiping, rinsing, sanitizing and air dry.

Any food placed on the table may not be reused or served as a leftover at a later time. Food, which has been prepared, but not placed on the table, may be reused if properly stored and reheated to at least 165^o Fahrenheit. Under the Missouri Department of Health Sanitation standards, milk should not be set on the table to sit for any period of time. Milk should be poured just before the meal service begins.

All food items must be placed on a child's plate in order to insure that a reimbursement meal or supplement is served. If the child is not served all required components, the meal may be claimed for reimbursement.

Children are to serve themselves the first serving. The adult at the table must serve extra helpings. This is to prevent cross contamination by the serving spoon touching food already on the plate. A serving should never come in contact with a used plate. (APPENDIX F)

Time Frame: Ongoing -- School Year

Personnel: Staff at tables, Volunteers.

Documentation: Monitoring Reports.

1304.23 (c)(5) *Infants are held while being fed and are not laid down to sleep with a bottle;*

Plan of Action: N/A

1304.23 (c) (6) *Medically-based diets or other dietary requirements are accommodated; and*

Plan of Action: To claim a meal for reimbursement, the child must be served the required minimum components. Exceptions to this requirement occur under the following circumstances:

Head Start will make substitution for participants who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case by case basis. Children with medical or special dietary needs may have substitution to the meal pattern only when supporting documentation is on file. Medical Food Substitution form Appendix J. The documentation must be signed by a recognized medical authority such as a licensed physician, physician assistant, or nurse practitioner and must include the following:

- *An identification of the medical or other special dietary need which restricts the child's diet; and

- *The food or foods to be omitted from the child's diet, and the food or foods that may be substituted.

Substitutions for Fluid Milk (cow's milk) Non-dairy beverages, such as soy milk, rice milk, or almond milk, may be served in lieu of fluid milk provided the following:

*Non-dairy beverages **must be nutritionally equivalent to milk** and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow’s milk only approved through the Nutrition Specialist using CACFP guidelines.

*Parents or guardians **may request in writing** a non-dairy milk substitution without providing a medical statement. Any reasonable request could be accepted. For example, a request due to milk intolerance, vegan diet as well as religious, cultural or ethical reasons would be acceptable and be accommodated. If the request only states that a child does not like milk, this would not be reasonable request for a milk substitute.

Time Frame: Ongoing

Personnel: Family Advocates, Kitchen Staff, Teachers, Site Managers and Nutrition Specialist.

Documentation: Medical Food Substitution Record, Child Health/Nutrition History and Special Care Plan.

1304.23 (c)(7) *As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.*

Plan of Action: The Education staff will plan and conduct at least one food experience (Nutrition Activity) each week. The experience will be included on the Weekly Activity Plan and the Staff Meeting Report.

Nutrition Activities are to be “nutritious” to promote growth and good habits. A list of food needed must be given to the cook during the weekly staff meeting. Foods containing large amounts of sugar are not acceptable. Use nutritious wholesome foods, such as, fruits, vegetables, cheese, etc. Refer to “Foods Not to Use List” posted in the kitchen.

Also, Children are involved in setting the tables, serving themselves, clearing the tables and assisting the cooking staff on a regular basis under education and cooking staff supervision.

Time Frame: Ongoing

Personnel: Teachers, Site Managers and Area Coordinator

Documentation: Weekly Activity Plan.

1304.23 (d) *Family assistance with nutrition*

Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

Plan of Action: Identify the nutrition information and food needs to develop a plan in

response to their specific needs. Many ways are used for parent involvement in education formal and informal presentation by the Nutrition Specialist and /or other community speaker; such as WIC or extension service. (Parent meetings)

Pamphlets including a wide variety of nutrition topics will be available at the centers. Teachers will also provide nutrition displays. Family Advocates will distribute specific nutrition pamphlets to address family needs.

Assessment of family eating habits, special dietary needs, and any feeding problems will be obtained from the Child Health/Nutrition History Form, and from talking with parents.

- A. The Family Worker will fill out the Child Health/ Nutrition History Form at final enrollment and update it in February.
- B. The Family Worker will use this information to plan nutrition education for the child and family on home visits.
- C. The Nutrition Specialist will use the information from the Child Health/ Nutrition History Form to:
 1. Assure that special dietary needs are planned for and met.
 2. Provide nutrition education for parents.
 3. Assessment of additional information concerning family eating habits and educational interests will be obtained from the Family Needs Assessment / Family Partnership Agreement.

Addressing Identified Family Needs

- A. The Nutrition Specialist will address the identified needs through the following:
 1. Pre-service and in-service training sessions for staff on relating to parents concerning their needs.
 2. The Nutrition Specialist will confer individually with parents on specific problems and / or interest areas.
 3. The Nutrition Specialist will provide nutrition information and recipes to parents as needed or requested.
- B. The Family Worker will be responsible for the nutrition education program for individual families.
- C. The Family Worker will assist families to obtain access to benefits of local financial and food assistance program, if needed and eligible. The Family Worker will provide both encouragement and training in obtaining needed food assistance.

Time Frame: Ongoing

Personnel: Teachers, Parents and Family Advocates.

Documentation: Child Health/Nutrition History.

1304.23 (e) Food Safety and Sanitation

1304.23 (e)(1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food

handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal, or local laws.

Plan of Action: Centers will comply with the Missouri Department of Health food safety rule CSR 20-1.025 Sanitation of Food Establishment. Compliance in this area is essential to protect the health and safety of the children served.

Inspections of the food service area will take place at least once a year. The inspection will be arranged with the County Health Department. Existing violations will be corrected immediately. Written evidence of the inspection will be posted and a copy sent to the Nutrition Specialist. (Appendix I)

All cooking staff is required to have a yearly physical and tuberculosis test. In addition, all food handlers must be immunized against Hepatitis A. Each employee must be in good physical and emotional health in order to perform all job duties. All staff will use the physical form provided by Head Start. The original will be kept in the personal file in the administration office of East Missouri Action Agency and a copy will be kept in a locked file at the facility where employed. Employees are responsible for all cost of their physical and TB test. Head Start will arrange and pay for vaccinations of Hepatitis A for cooking staff. Hepatitis A proof must be obtained before any food service in Head Start. The Hepatitis A, yearly physical and yearly TB will be monitored by the area coordinators. Any volunteer that will be helping in the food service of Head Start children must also have a physical, TB, and be immunized against Hepatitis A.

The cooking staff will receive pre-service and in-service training on sanitation, food purchasing, safety, food preparation, food storage, personal hygiene, waste disposal, and fire safety throughout the course of the school year. The training will be provided by the Nutrition Specialist or other designated health/safety/sanitation providers. Other staff members, parents, and the Nutrition Specialist will monitor safety and sanitation on an on-going basis. The Training Specialist will maintain a record of training sessions.

Food service employees will be familiar with the acceptable handling of leftovers. The only acceptable handling methods are freezing (or keeping in a manner to preserve quality and nutrition) or disposal. Staff members or participant's families will not remove food from the centers. This is in keeping with local health policy. Likewise, the staff will eat the foods provided to the children during appropriate meal and snack but not in between. Food is to be consumed by staff only when scheduled as part of the center's routine. Staff (except kitchen staff) not sitting at the tables with children assisting with the meal must wait till all children are through eating before they may eat the food that is left.

Kitchen staff shall follow the- Policy on Personal Sanitation. (APPENDIX H)

Time Frame: Ongoing.

Personnel: All staff, Cooks, Cook Aides, Site Managers, Area Coordinators, Nutrition Specialist, Health Specialist and Training Specialist.

Documentation: Sanitation Inspection Report, Personnel File, Child Plus reports and Training Record.

1304.23 (e)(2) *For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.*

Plan of Action: N/A



**PRODUCTION RECORD
BREAKFAST**

CENTER

DATE

<p style="text-align: center;">Menu</p> <p>VEGETABLE/ FRUIT</p> <p>BREAD/BREAD ALTERNATE</p> <p>MILK</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NUMBER PLANNED FOR</td> <td style="text-align: center;">AGE 3-6</td> <td style="text-align: center;">ADULT</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> <p style="text-align: center; font-size: small;">AMOUNT NEEDED(7) = # OF SERVINGS NEEDED DIVIDE BY SERVING PER PRUCHASE UNIT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ACTUAL # OF MEALS SERVED</td> <td style="text-align: center;">AGE 3-6</td> <td style="text-align: center;">ADULT</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	NUMBER PLANNED FOR	AGE 3-6	ADULT				ACTUAL # OF MEALS SERVED	AGE 3-6	ADULT			
NUMBER PLANNED FOR	AGE 3-6	ADULT											
ACTUAL # OF MEALS SERVED	AGE 3-6	ADULT											

Component Requirements	(3) Food Items Used Age Factor				(4) # of Servings Needed	(5) Purchase Unit	(6) Serving Per Purchase Unit	(7) Amount Needed	(8) Amount Used
VEGETABLES AND/OR FRUITS	3-6		X 2 =	+	¼ CUP				
	ADULT		X 2 =	+=					
BREAD OR BREAD ALTERNATE	3-6		X 1 =	+	½ SLICE				
	ADULT		X 2 =	+=					
FLUID MILK	3-6		X 1.5=	+	½ CUP				
	ADULT		X 2 =	+=					
OTHER									

Procedure for Attendance and Meal Count

Appropriate staffs (teachers or cooks) need to make sure to accurately complete meal count and attendance.

The codes for the Meal Count (report 2315) are as follows:

B for Breakfast **L** for Lunch

P for PM Snack

The codes for the Attendance (report 2315) are as follows:

A for Absent **P** for Present

On both reports, circle the appropriate code. Draw a line down the column on days when classes are not scheduled. (Example- holidays)

A child will be marked present when they arrive at the center. A child should be marked for the appropriate meal when they have been served all of the meal components. No matter what time a child arrives or departs the center for medical, dental, field trips or other appointment they will be provided the appropriate meals. If a child is present and leaves early without being served a meal a reason must be written in the comments on the report.

When a child arrives at the center, mark them as present. If a child is not present at the beginning of class wait to mark absent till the end of class because a child may show up late. Make sure not to leave blank lines.

If you change anything on the reports you must initial it. For example, if you change an “A” to a “P” put your initial beside it.

The data entry staff needs to highlight all absentees in both reports. This is to quickly see what children are absent when the Site manager and I check to see if the reports agree.

Data entry staff will total reports, if reports do not agree return reports to the site manager, to address to appropriate staff for correction. Site manager will review again and return to data entry for entry.

Data entry staff must make sure to stamp entered/date and initial each report.

Site Managers are to compare meal count and attendance on Friday of each week before giving to data entry staff making sure they agree and initial in the bottom right side of each page.

Missouri Department of Health and Senior Services - Child and Adult Care Food Program

Food Chart – Children

		Age 1 through 2	Age 3 through 5
Breakfast	Fluid Milk	½ cup	¾ cup
	Juice or Fruit or Vegetable	¼ cup	½ cup
	Grains/Bread	½ slice	½ slice
Snack <small>Serve 2 of 4 components.</small>	Fluid Milk	½ cup	½ cup
	Juice or Fruit or Vegetable ¹	½ cup	½ cup
	Meat or Meat Alternate	½ ounce	½ ounce
	Grains/Bread	½ slice	½ slice
Lunch or Supper	Fluid Milk	½ cup	¾ cup
	Meat, Poultry, Fish, Cheese, or Egg, or	1 ounce	1 ½ ounces
	Cooked Dry Beans, Peas, or Peanut Butter	¼ cup	3/8 cup
	Vegetables and/or Fruits (must serve at least two different varieties ²)	2 Tbsp.	3 Tbsp.
	Grains/Bread	¼ cup total	½ cup total
		½ slice	½ slice

¹Juice may not be served if milk is the only other component at snack.

²A minimum of 1/8 cup of each must be served.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

MDHSS-CFNA 12/01

East Missouri Action Agency, Inc.
Head Start

Foods Not Allowed

The following foods, although acceptable in moderation, will not be used in the Head Start classroom. Reasons for their exclusion are explained below.

Food	Reason
Coffee, Tea, Soda, Kool-Aid, Ice	Not creditable for CACFP
Prepared Box Mixed	Any kind, including bisquick, pizza crust, pancake, cake, or mac & cheese. Should be homemade.
Any commercial food for which the amounts of component cannot be determined	Most have high sodium and /or fat content. Homemade products are preferred for their superior nutritional quality and lower cost. Including pre-made French toast stick, pre-made pizza crust.
Cheese spread/ cheese food	Processed cheeses are often high in sodium. Added ingredients make cheese food and spread lower in protein than natural cheeses.
Donuts/Pastries/Desserts	High fat and sugar content. Including pop tarts, snack cakes, sherbet, sorbet, frozen fruit flavored bars, ice cream bars and sandwiches, canned pudding
Pre-made Dips	High in salt and fat content.
Fruit Fillings (Cherry, Apple, Blueberry, etc.)	These items contain added sugar and are not as nutrient dense as non-processed fruits.
Pre-Breaded Chicken Strips, Nuggets, Patties or Pre-breaded Fish	Not creditable for CACFP as amount of meat cannot be determined unless product has CN label
Processed meat products (potted, bacon bits, jerky, imitation crab meat)	Processed meat products are high in sodium and fat.
Candy	High in sugar. Including gummy worms, caramel sauce, chocolate chips.
Croutons or Bread crumbs	Pre-made are expensive. Homemade only.
Sweetened Flavor Yogurt	High in sugar. Can purchase unsweetened plain yogurt
Pre-Sweetened Cereal	High in sugar.

Revised August 2008

East Missouri Action Agency, Inc.
Head Start

Limited Foods

The following foods are to be used in limited amounts in our Head Start centers. All foods, when used in moderation, fit in a balanced diet. However, our goal is to ensure that children are receiving the most nutrient dense foods possible while they are in our Head Start classrooms.

<i>Food</i>	<i>Approved Use</i>
Gelatin (Jell-O)	May only be served when it contains at least ¼ cup of fruit per serving per child. May be offered up to two times a year only.
Fruit canned in heavy syrup	Purchase fruits canned in heavy syrup only when fruits canned in water or their own juice is not available. Rinse fruit.
Nuts, all kinds	Serve only ground or finely chopped nuts and seeds to children under the age of 5 to avoid choking
Snack chips (Corn, Potato, Popcorn)	Most are high in salt and /or fat content and low in nutrients. Also, can be a choking hazard.
Bacon, Hot Dogs	High in fat and sodium. Limit use.
Plain Ice Cream, Pudding	May be offered up to two times a year only. Must be called in to inform Nutrition Specialist.
Cream Cheese	To be used as a condiment only. It is high in fat and low in protein in comparison to other cheeses. No pre-made soft or pre-made flavored
Sour Cream, Margarine, Butter, Mayonnaise	To be used as a condiment to enhance the flavor of food.
Sugar, Honey, Syrups, Molasses, Jelly	May be used in cooking when recipe call for it, but may not be served alone to children.

Post in kitchen-anyone buying food should be familiar with this list.

Mealtime: Growing Time

Staff will:

- Sit with children during mealtime, with one staff at each table.
- Share the same menu as children, including beverages.
- Actively encourage and allow all children to serve themselves food and beverages at mealtime. This promotes small muscle development, eye-hand coordination and a feeling of competence.
- Have Children clean their own spills during the meal.
- Through role modeling teach children manners, such as passing serving containers and requesting politely for a food item.
- Encourage, but not force, all children to taste each food item.
- Not use any games, such as “Clean Your Plate” gimmicks, to encourage children to eat, nor will eating dessert be dependent on cleaning one’s plate.
- Explain to children reasons why another may not be eating the same meal due to health conditions.
- Interact verbally with all children at mealtime, speaking in friendly, reassuring tones.
- Use food as objects of sensory, intellectual and vocabulary development.
- Encourage each child to socialize and communicate with staff and other children.
- See that the mealtime atmosphere is enjoyable and relaxed with each child setting his/her own pace according to personal preferences.
- Encourage children as they finished eating, to scrape their plate and then go back to the classroom where an adult is present to supervise. If this is not possible, an adult at each table will lead a “quiet” activity with the children to foster learning.
- Not use food as punishment or reward.

Policy on Personal Sanitation and Dress Code for Kitchen Staff

1. Any personnel or volunteers working with or near food should be neat, clean, and free of communicable disease. Anyone with an infected cut or burn should not handle food. If you have a cold, sore throat, diarrhea or skin eruption you should notify your supervisor.
2. Clean, washable clothing should be worn to do cooking as well as cleaning up. Clean, white aprons with no pockets should be worn.
3. No tank top, short, short dresses, or short skirts should be worn.
4. Wear comfortable, closed-toed sturdy shoes. Sandals and open-toed shoes can be dangerous if object are accidentally dropped on the foot.
5. Restrain hair by using a hair net or cover at all times.
6. Keep fingernails, short, trimmed and free of fingernail polish. Wear gloves at all times when handling ready-to-eat food.
7. Jewelry can cause accidents. Limit rings, especially large rings and long necklaces that could get caught on hot pans, etc.
8. There should be no use of chewing gum or tobacco in the kitchen. Eating and drinking areas should be away from food preparation areas.
9. Employees must always thoroughly wash their hands and arms up to the elbow for 20 seconds before starting work and after the following:
 - a. Handling raw food
 - b. Touching their hair, face or body
 - c. Sneezing or coughing
 - d. Smoking and chewing tobacco or gum
 - e. Eating or drinking
 - f. Taking out the garbage
 - g. After the toilet
 - h. Touching anything that may contaminate their hands

After washing their hands, employees should never:

- Use their aprons to dry their hands
- Do anything that could recontamination their hand before returning to work.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (MDHSS)
 COMMUNITY FOOD AND NUTRITION ASSISTANCE – CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS

NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ()
NAME OF CHILD CARE CENTER		PHONE NUMBER ()	
CENTER CONTACT PERSON'S NAME		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE ■	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?		WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
	CIRCLE AM OR PM		CIRCLE AM OR PM		
MON		AM PM		AM PM	
TUES		AM PM		AM PM	
WED		AM PM		AM PM	
THURS		AM PM		AM PM	
FRI		AM PM		AM PM	
SAT		AM PM		AM PM	
SUN		AM PM		AM PM	

CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> FULL DAY CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> EVENING CARE
<input type="checkbox"/> HALF DAY – MORNING	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> OVERNIGHT CARE
<input type="checkbox"/> HALF DAY – AFTERNOON	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER

<input type="checkbox"/> BREAKFAST	<input type="checkbox"/> LUNCH	<input type="checkbox"/> SUPPER
<input type="checkbox"/> MORNING SNACK	<input type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> EVENING SNACK

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> NEW YEAR'S DAY (JANUARY 1)	<input type="checkbox"/> INDEPENDENCE DAY (JULY 4)
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)
<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> THANKSGIVING DAY (NOVEMBER)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25)

SIGNATURE OF PARENT OR GUARDIAN	DATE
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ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM.

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
MEDICAL FOOD SUBSTITUTION RECORD

1 Adult Care Food Program Requirements for Meal Pattern Substitutions Section 7.5 require food substitutions to be authorized by a recognized medical authority. Recognized medical authority includes physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PATIENT'S NAME:

MEDICAL DIAGNOSIS / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:

FOOD SUBSTITUTION LIST:

Fluid Milk	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Meat & Meat Alternative (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.)	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Bread, Cereal or Whole Grain Products	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Fruit & Vegetables or Juice	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

SIGNATURE	TITLE	DATE
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