

Child Supplemental Food Plan

Center: _____ Early Head Start Head Start ECEAP

Child's Name: _____ DOB: _____ Gender: M / F

Special food arrangements are needed for my child due to a:

Food Allergy/Intolerance to: _____

Preference to avoid: _____

Special Diet: _____

Food to be provided by:

Food Service: _____

Early Learning Program: _____

Parent/caregiver: _____

Special Instructions: _____

Staff, Food Service and parent/caregiver will:

- Review Center menus as needed
- Follow safe food handling practices for perishable foods, including proper temperature control
- Make sure frozen food is delivered to the Center in frozen condition
- Make sure refrigerated foods are kept cold until delivery to the Center
- Make sure prepackaged foods are in the original packaging and prepared according to package directions
- Make sure foods are reheated to 165° F, if necessary
- Parent agrees to provide foods that meet the requirement of being low in fat, sugar, and salt
- Label food brought to the Center with the child's name.

If your child has been exposed to, or has eaten an inappropriate food item:

For Food Allergies see *Child Health Plan and Provider Orders Form - Dietary Accommodations - Food Allergies/Intolerances* form for action needed

Call parent

Provide a note along with child

No notification is needed

Other: _____

Parent/Guardian Signature

Date

Staff Signature

Date

Reviewed by: Nurse Consultant, if applicable

Date