

## Food Ingredient Check and Substitutions Form

**Purpose:** For Nutrition Service Providers to outline specific kitchen plans to inspect ingredients and make secure substitutions to ensure the safety of children.

Site & Class: \_\_\_\_\_

**1<sup>st</sup> Checker: NSP**

**2<sup>nd</sup> Checker: Classroom Staff Member (serving the food)**

<b>Date</b>	<b>Meal</b>	<b>Allergy/ Intolerance <i>(If applicable)</i></b>	<b>Class</b>	<b>Child's Name</b>	<b>Food to Omit</b>	<b>Substitution</b>	<b>Classroom Staff (Initial)</b>

Site/Assistant Site Director Signature \_\_\_\_\_

**\*Please send form with production records each Friday**