



# YMCA OF SNOHOMISH COUNTY CHILD CARE INDIVIDUAL FOOD PLAN

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please speak with your Child Care Program Director prior to completing this food plan. S/he will answer questions you may have and provide instruction related to specific requirements and indicate steps that may need to be taken including when a physician's instructions may be needed and what specifically to ask for.

Reason for Food Plan: Provide details in the space provided: (ex. Medical: dairy intolerance or celiac disease)  
\*Be sure to distinguish between allergies and intolerances when applicable.

- Medical\* \_\_\_\_\_
- Cultural \_\_\_\_\_
- Religious \_\_\_\_\_
- Family Choice \_\_\_\_\_
- Other: \_\_\_\_\_

\*Additional forms with the child's health care provider's instructions and signature are required for special diets due to medical reasons. For minor conditions, such as dairy intolerance, a Special Diet Authorization Form is required. An Emergency Action Plan is also required when the child has a food allergy that has the potential to be life threatening.

\*If for medical reasons, this Food Plan is for a condition that  IS  is NOT potentially life threatening.  N/A

Request a copy of our rotation menu and examine closely for foods your child may not have. Indicate this by high-lighting all foods the child must not be served. Indicate a suitable replacement for each item. Some components/food items may be substituted by the program, others will be required to be brought in from home. The program director may assist with determining the process for substitution in your child's case. Attach the highlighted menu to this food plan.

Simple substitution needs, such as "chicken or fish" for "no red meat", may be indicated below instead. When indicating a food to avoid, note with detail all forms of that food. Dairy for example, is the restriction for only liquid cow's milk or all forms in whole or as an ingredient, "casein, butter, ghee, cream, lactoferrin, lactose..." etc. for example.

Restricted Food(s)	Appropriate Substitutions (nutritionally equivalent)
_____	_____
_____	_____
_____	_____

Instructions for implementation of the Food Plan:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

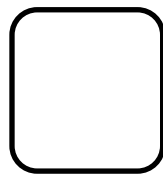
Details of the steps and actions required to fulfill this plan have been thoroughly reviewed, discussed and agreed upon. In addition to the above agreed upon actions, site staff will be trained in the implementation of this plan and a system is in place at the site to ensure all staff are aware of the child's plan. Staff alerts are kept in food storage, preparation and service areas. Staff and parent(s) will keep open communication and address any concerns immediately. Staff will alert the parent when the menu changes. The parent will review menus frequently and provide notations to menus as needed and update staff to any changes and provide current documents and resources needed to implement the child's plan as soon as possible.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Site Coordinator \_\_\_\_\_ Date \_\_\_\_\_

CURRENT PHOTO OF CHILD



ANNUAL UPDATES AND STAFF TRAINING INFORMATION ON REVERSE.

