



**COUNTY OF SAN BERNARDINO  
PRESCHOOL SERVICES DEPARTMENT  
POLICY**

**NO. 01      ISSUE 1**  
**EFFECTIVE: 07-01-10**  
PAGE 1 of 2  
Updated

**SUBJECT:**  
INSTRUCTIONS FOR THE SPECIAL DIET SUBSTITUTION  
LOG

**APPROVED: 10-19-10**

  
**BY: Ron Griffin, Director**

**PURPOSE**

To document substitutions made for children with allergies that require a special Diet Menu.

**POLICY**

Medically based diets or other dietary requirements are accommodated.

**REFERENCE**

Head Start Performance Standards 1304.23(c)(6), 1308.5(d)

**PROCEDURE**

1. The food service worker (or individual responsible for food service) will complete this form when a substitution is needed.
2. Complete one Menu Substitution Log per child. (Refer to the example)
3. List the child's name and the food the child is allergic to
4. Fill in the date (mm/dd /yy ) a substitution is needed
5. Write in the food served, the substitution provided and the amount. The amount provided should meet the CCFP guideline.
6. At the end of the month, attach the completed log to the menu production record and send to the main office Attn: Nutrition Services

\*\*\* **Note:** Only complete if you have a child with a special diet.

**PRESCHOOL SERVICES DEPARTMENT**  
**NUTRITION SERVICES**  
**Menu Substitution Log**

CENTER: Family Head Start      NAME OF CHILD: Joe Smith

ALLERGY/FOOD CANNOT EAT: Milk, Pineapple

IS THERE AN ALLERGY STATEMENT ON FILE?      YES / NO

DATE	MEAL (Breakfast, Lunch or Snack)	FOOD SERVED	SUBSTITUTION FOOD PROVIDED	AMOUNT PROVIDED/SERVED
1/21/10	Breakfast	Milk	Apple Juice	6 oz.
1/21/10	Lunch	Milk	Grape Juice	6 oz.
1/22/10	Breakfast	Milk Pineapple Cup	Orange juice Fresh banana	6 oz. one whole
1/22/10	Lunch	Milk	Apple Juice	6 oz.
1/23/10	Breakfast	Milk	Orange juice	6 oz
1/23/10	Lunch	Milk	Apple Juice	6 oz.

INSTRUCTIONS FOR THE SPECIAL DIET SUBSTITUTION LOG ( Cont)