

DOÑA ANA COUNTY HEAD START

Nutrition Education/Cooking Experience Approval

Center: _____ Today's Date: _____

Proposed Date of Cooking Experience: _____

Teacher/Teacher Assistant: Please submit this form to Nutrition Assistant on the last working day of the month, in the Nutrition Folder that goes to Nutrition Assistant, for the following month the cooking experience is to take place. **ATTACH COPY OF RECIPE or COPY OF RESOURCE USED.** You must receive this form back signed **BEFORE** food items can be ordered by Nutrition Assistant.*

DON'T FORGET TO DOCUMENT THE FOOD EXPERIENCE IN YOUR MENU LOG BOOK and online using the CACFP Center Nutrition Education Documentation POG form (include resources used) and send to Nutrition Assistant by email.

Name of the Activity: _____ Center Representative _____

***Requirement for snack is 2 different creditable components.**

<u>Components</u>	<u>Food Item</u>	<u>Amount</u>
milk		
meat or meat alternate		
fruit or vegetable		
bread and/or cereal,		
extras		

Approved ___ Not Approved ___	Reviewed By: _____
Comments/Suggestions _____	Date Returned: _____

