

Early Head Start Parent Request to Provide Food

Center:	Child name:		
Head Start Program Performance Standards rethat meet USDA requirements at no cost to the Start Learning Centers follow LARA Child Care Lachild and Adult Care Food Program (CACFP). nutritious and safe meal service. Additionally, the cultures and be high in nutrients and low in fat,	e family. To ensure nutritional needs are r Licensing Rules, Head Start Program Perf These rules and requirements provide mi he foods provided must reflect the home	met, NMCAA Early Head ormance Standards, and inimum standards for	
Parents who have concerns about the food pro Specialist and then with program administration specialized diets, parents may elect to provide expected. The food provided from home must food allergies/intolerances or family beliefs pro	on to improve food choices. In the event food or breastmilk from home for their c also meet nutritional requirements exce	families chose to adopt child although this is not	
If you wish to send food or breastmilk from hom	ne for your child, please check all that ap	oply:	
□ I understand the decision to provide food for child is optional.	my 🗆 I will provide certain food	s for my child.	
□ I will provide food for all meals for my child.		$\hfill\Box$ I will provide breastmilk for my child in place of formula or milk provided by the center.	
□ I will provide food for all snacks for my child.	□ I will provide a milk substit	□ I will provide a milk substitute.	
 I understand the foods I provide must meet understand that if the foods I provide do not them; and if I continue to provide foods that home for my child may be withdrawn. I decided to provide these items for my child for 	t meet the requirements, program staff v t do not meet the requirements, my opti	will support me to meet	
In the event that I do not provide the food/bre forgotten, dropped, etc), I grant permission for accordance with the food service plan for all a documented food allergies or intolerances pro staff will provide the agreed upon alternative list	NMCAA staff to provide my child meals children, including formula if applicable. Shibit consumption from the center's foo	and snacks in If medically	
Parent signature	Parent name (print)	Date	
$\hfill \square$ I have explained that the choice to provide f	iood for the child is optional.		
Teacher signature	Teacher name	Date	