



Menu Substitution Checklist

Agency: _____

Nutrition Site: _____

Date of Substitution: _____

Original Menu Item: _____

Substitution made: _____

Reason for Substitution: _____

| | Yes | *No |
|---|-----|-----|
| Is the substitution from same food group? | | |
| Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached) | | |
| Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans? | | |
| Approved by licensed dietitian and/or licensed registered dietician prior to use? | | |
| How many times has this substitution been made during the last quarter? | | |

*Any no answer above requires further explanation. Please provide steps agency/nutrition site are taking to be compliant with requirement(s) in the future:

Signature of approved licensed (registered) dietitian

Date

Reviewed by WCFAAA Program Manager

Date