



Menu Substitution Checklist

Agency: _____

Nutrition Site: _____

Date of Substitution: _____

Original Menu Item: _____

Substitution made: _____

Reason for Substitution: _____

	Yes	*No
1. Is the substitution from same food group?		
2. Is the substitution from a menu substitution list approved by dietician prior to use? If yes, skip to #6.		
3. Does substitution provide equivalent nutritional value? (If no, Nutrition Analysis to ensure meal is in compliance must be attached)		
4. Does substitution meet compliance with the current Dietary Reference Intake/Adequate Intake (DRI/AI) and Dietary Guidelines for Americans?		
5. Approved by licensed dietitian and/or licensed registered dietician prior to use?		
6. 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) Dietician

Date

Reviewed by WCFAAA Program Manager

Date