

STEP 1

Description of Child Nutrition Program Food Safety Plan

District Name _____ LEA Number _____

Date Developed _____ Child Nutrition Director _____

School Name _____ LEA Number _____

Child Nutrition Training Record

School Staff	Date Training

Average Daily Participation (ADP)

Child Nutrition Program	ADP
Breakfast	
Lunch	
Afterschool Snack	
Seamless Summer	
Breakfast	
Lunch	
Snack	
Milk	

Attach a copy of the school's equipment inventory.

Attach a copy of the school's cycle menus.