SPOKANE COLLEGES SCC | SFCC

Spokane Colleges Head Start and ECEAP
Nutrition Learning Experience

Team _____ Site/room _____ **Date needed** _____

Date submitted _____ What are you making? _____

What meal/snack will this be a part of: ☐ Breakfast ☐ Lunch ☐ Supper

☐ PM snack ☐ None (*If none, must use classroom budget funds*

Numbers to plan for: Infant/toddler _____ Preschool _____ Adults _____

Is this harvest-of-the-month food? ☐ Yes ☐ No

Will this be procured from a Washington farm/orchard? ☐ Yes ☐ No

Ingredients/supplies needed: *(If unusual, include where to purchase.)*

_____

_____

_____

_____

Cook can purchase local food through a vendor with two weeks' notice. Anyone can buy Washington-grown produce from a farmers' market with the correct paperwork in place. Contact the Nutrition Specialist.

BRIEFLY DESCRIBE

1. Procedure of experience *(how children are involved)*:

_____

_____

2. Parent(s) involved/consulted *(include cultural focus if relevant)*:

_____

_____

3. USDA quantities—**kitchen completes amount provided:**

Fluid Milk _____ Meat/Meat Alternate _____

Fruit _____ Vegetable _____

Grain _____ Other _____

Nutrition Specialist Approval _____ _____

(Signature) (Date)

Washington Grown Food? ☐ Yes ☐ No

USDA Eligible Good? ☐ Yes ☐ No

Budget Coding _____

Copy to: ☐ Kitchen (if providing food) ☐ Nutrition Specialist ☐ Transaction Log