



**NUTRITION PROGRAM – CHILD CARING INSTITUTIONS,
PRIVATE SECURE FACILITIES, GROUP HOMES, AND
EMERGENCY SHELTERS**

State Form 46683 (R5 / 2-21)

**INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE SERVICES – MS 47
302 West Washington Street, Room E306
Indianapolis, IN 46204-2739**

INSTRUCTIONS: For sections 1 through 11, check Yes for each item if it is a statement of the practice at your facility.
Check No if the statement does not agree with your practice.
If you check No, please attach documentation explaining why, and what the practice of your facility is regarding the specific statement.

The following items must be attached to the Nutrition Program review:

1. Four (4) weeks of menus.
2. One (1) main dish casserole recipe which includes protein with appropriate quantity of food and serving sizes noted.
The recipe must be one listed on the menus supplied for review.
3. Simple drawing of the kitchen (either included in Section 7 or attached).
4. Vendors contract (if applicable). The contract must be currently dated and signed. It must specify the following: which meals and food components will be provided by the vendor; if food is to be delivered in bulk or unitized; if the vendor or the facility supplies milk.
5. Emergency Food Plan (only for facilities with a vendor contract). The plan must include one of the following:
 - a. A Secondary Vending Contract with an alternative vendor for emergency situations, which must meet the specified items listed in the Primary Vendor's Contract detailed above;
 - b. A written plan to prepare and administer meals along with two (2) additional weeks of emergency use menus.
- c. Copy of the vendors certificate to operate (if applicable).
- d. Most recent water sample report (only if utilizing well water).

Name of facility		Facility number		Date (month, day, year)	
Address (number and street, city, state, and ZIP code)					County
Mailing address (if different from above)					
Address of food preparation site (if different from above)					
Facility is licensed as: (Check one.)					
<input type="checkbox"/> Institution <input type="checkbox"/> Private Secure Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Emergency Shelter Institution <input type="checkbox"/> Emergency Shelter Group Home					
Number of children licensed for		Ages licensed for		Gender(s) of census	
				Average number in census	
Does the facility participate in the Residential Child Care Institutions (RCCI) National School Lunch program?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Facility receives its water supply from which service?		What type of sewage system does the facility have?		If Private, type of sewage system	
<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Private Well		<input type="checkbox"/> Public <input type="checkbox"/> Private			
Name of administrator					
Name of person completing form			Title of person completing form		
Contact telephone number of person completing form ()		E-mail address of person completing form			

SECTION 1 – NUTRITION EDUCATION

- A. Nutrition education for children is provided and documented within thirty (30) days of admission, and annually thereafter. Yes No
- B. *Briefly explain the nutrition education provided to children.*
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- C. Nutrition education for staff is provided and documented within thirty (30) days of employment, and annually thereafter. Yes No
- D. *Briefly explain the nutrition education provided to staff.*
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- E. Sanitation education for staff is provided and documented within thirty (30) days of employment, and annually thereafter. Yes No
- F. *Briefly explain the sanitation education provided to staff.*

SECTION 2 – MENUS

- A. Menus are prepared at least one (1) week in advance. Yes No
- B. Who prepares the weekly menu?
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- C. Menu is posted in the kitchen and eating areas. Yes No
- D. Special diets are approved in writing by physician / nurse practitioner and posted in the kitchen. Yes No

SECTION 3 – NUTRITION REQUIREMENTS

A. At least two (2) ounces of protein food is served at lunch and dinner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Protein is served independently of casserole at least two (2) times per week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Two vegetables / fruit / salad servings are included at lunch and dinner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Desserts are limited to two (2) times per week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Vitamin A foods are served at least four (4) times per week a dinner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. A bread serving or grain food item is served at every meal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Vitamin C fruit or 100% fruit juice fortified with vitamin C is provided daily.	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Milk is served at all meals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Milk is 2% or whole milk only.	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. A competing beverage is not served with milk at lunch and dinner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Snacks served include two (2) different food groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Snacks are nutritious in content.	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Variety is provided in the menu.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – MEAL SERVICE

A. Staff eat with children and receive the same food.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Lunch is served at the facility on school days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Additional portions of food will be available for children.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Milk is served from the original container.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Amount of milk purchased each week (<i>gallons</i>)	

SECTION 5 – FOOD PREPARATION AND STORAGE

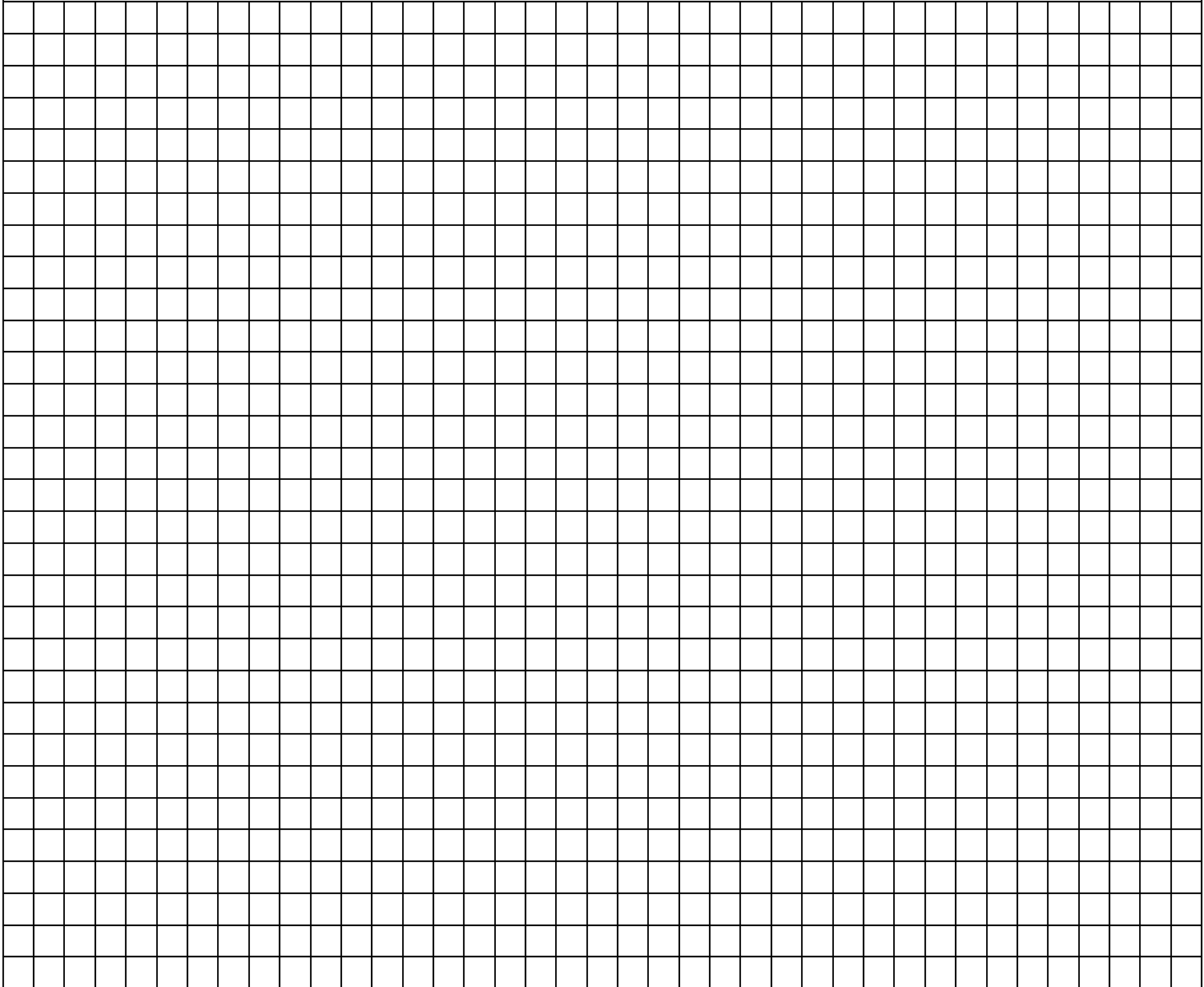
A. Kitchen walls and ceilings are smooth and easily washable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Kitchen counters, surfaces are smooth and free of cracks and seams.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Eating and food preparation surfaces are properly sanitized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Food is covered while in storage and while being transported.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Single service items are not reused.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. The kitchen / food service area is free from tobacco use and staff dining.	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Thermometer is present in both the refrigerator and freezer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Type of refrigerator (<i>description and name</i>)	
I. Type of freezer (<i>description and name</i>)	
J. Temperature of refrigerator	K. Temperature of freezer

SECTION 6 – DISHWASHING

A. How is dishwashing done? <input type="checkbox"/> Manually (<i>Complete B-D.</i>) <input type="checkbox"/> Machine (<i>Complete E-H.</i>) <input type="checkbox"/> Both (<i>Complete entire section.</i>)		
B. How many compartments are in your sink?		
C. Explain your method of sanitizing.		
D. Explain your method of drying.		
E. Name and model of dishwashing machine used		
F. Method of sanitizing <input type="checkbox"/> 170 degree F hot water <input type="checkbox"/> Chemical		If chemical, list type.
G. If a chemical is utilized, how is it tested to ensure concentration is appropriate?	How often is it tested?	Who performs the testing?
H. If 170 degree F hot water is utilized, how is it tested to ensure temperature is appropriate?	How often is it tested?	Who performs the testing?

SECTION 7 – KITCHEN LAYOUT

Complete a simple drawing which shows the areas in your facility where you receive and serve food, locations of hand washing sinks, refrigerator, freezer, food storage, and utensil storage. It may be drawn below or included in an attachment.



SECTION 8 – PRIMARY VENDING CONTRACT (To be completed only if food is prepared outside of your facility.)

Name of primary vendor		Telephone number ()
Address (number and street, city, state, and ZIP code)		
A. Potentially hazardous hot foods remain at or above 140 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Potentially hazardous cold foods remain at or below 45 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Frozen foods remain at or below 0 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
D. The temperature of food is checked and recorded upon arrival.		<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Where is the approval temperature recorded?	Who records the temperature?	
F. Transport equipment is easily sanitized.		<input type="checkbox"/> Yes <input type="checkbox"/> No
G. All reusable food service equipment, utensils, and dishes and washed and sanitized by:		<input type="checkbox"/> Facility <input type="checkbox"/> Vendor

If your facility utilizes a vending contract, an Emergency Food Plan must also be submitted. The plan must include one of the following: a) A Secondary Vending Contract with an alternative vendor for emergency situations – please fill out Section 9 and include a copy of the Vendor's certificate to operate; b) A written plan to prepare and administer meals along with two (2) additional weeks of emergency use menus.

SECTION 9 – SECONDARY VENDING CONTRACT (To be completed only if food is prepared outside of your facility.)

Name of secondary vendor		Telephone number ()
Address (number and street, city, state, and ZIP code)		
H. Potentially hazardous hot foods remain at or above 140 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Potentially hazardous cold foods remain at or below 45 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Frozen foods remain at or below 0 degrees F.		<input type="checkbox"/> Yes <input type="checkbox"/> No
K. The temperature of food is checked and recorded upon arrival.		<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Where is the approval temperature recorded?	Who records the temperature?	
M. Transport equipment is easily sanitized.		<input type="checkbox"/> Yes <input type="checkbox"/> No
N. All reusable food service equipment, utensils, and dishes and washed and sanitized by:		<input type="checkbox"/> Facility <input type="checkbox"/> Vendor

SECTION 10 – To be completed by Child Caring Institutions and Private Secure Facilities only.

A. The kitchen and any other food preparation and service areas shall operate in compliance with 410 IAC 7-24.		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. With the exception of birthdays and holidays, food prepared in a home kitchen will not be served.		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Food is prepared, maintained, and stored to assure flavor, appearance, and nutritive value.		<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Foods once served or placed in non-temperature controlled serving dishes are disposed of.		<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Working and cleaning schedules are posted and followed.		<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Kitchen is enclosed if licensed after 1991.		<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Kitchen is not used for children's play activities, dining / recreation area for adults, or as an office.		<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Food service personnel wear clean clothing and hair restraints.		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 11 – To be completed by Private Secure Facilities only.

A. All sharps are kept locked when not in use by staff.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 12 – APPROVAL AND UNDERSTANDING

The above information and attached documentation are correct, accurate, and serve as a written commitment to follow the content and practices referred to within our facility's Nutrition Program.		
Original signature		Date signed (month, day, year)
Printed name	Title <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Board of Directors <input type="checkbox"/> Administrator	