Board of County Commissioners, Broward County, Florida

HUMAN SERVICES DEPARTMENT

Community Partnerships Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Child Care Provider:		
Name of Child:		
Date:	Address:	
Dear Parent/Guardian:		
		s/guardians and Child Care Providers are urged to worl tritious snacks and meals when they are not offered by
The Provider agrees to offer a n (Operator/Director che		
☐ Breakfast ☐ Mid-morn ☐ Lunch ☐ Mid-afterr ☐ Dinner		
☐ Evening sr☐ No meals	or snack	
The parent agrees to provide a (Parent checks those w		
☐ Breakfast ☐ Mid-morn ☐ Lunch ☐ Mid-afterr ☐ Dinner ☐ Evening sr	noon snack	
I have read the preceding and a	gree to meet the child's nuti	ritional needs as defined above.
		Parent/Guardian Print
		Parent/Guardian Signature
		Operator/Director Print
		Operator/Director Signature