CHILD AND ADULT CARE FOOD PROGRAM
CENTER NUTRITION EDUCATION DOCUMENTATION

Sponsor Name:_____ Agreement # _____

Center Name (if different from above):_____ # of Centers:_____

Person Conducting Activity: _____ Title:_____ _____

Name of Activity: _____ Month & Date of Activity: _____/_____

Learning Outcome (s): *Children will be able to* _____

_____

_____ *after this activity.*

What did you do?: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What did children like best?: _____

_____

_____

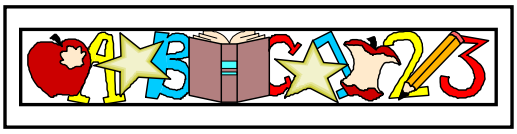
_____

_____

ACTIVITY INCLUDED:

(check all that apply)

___ Cooking Experience
___ Discussion Group
___ Encourage Whole Grains
___ Flannel Board Story
___ Food Guide Pyramid
___ Food Safety
___ Game
___ Gardening
___ Hands On
___ Make Healthier Choices
___ Physical Activity
___ Puppet Show
___ Taste Testing
___ Try New Food
___ Other:



Creditable foods used for activity:

_____

_____

_____

_____

_____

_____

REMEMBER ! !

√ Each center must have a nutrition education activity at least once a month.

√ All activities must be documented and kept in center files for State Agency Reviewers.

√ Mail or fax one copy of the November, January and April Nutrition Education Documentation form for each center to: NMCYFD/ Family Nutrition Bureau
3401 Pan American Freeway, NE
Albuquerque, NM 87107
(505) 841-4856 FAX: (505) 841-4858