East Missouri Action Agency, Inc
A Community Action Agency
Head Start Program

MENU SUBSTITUTION

Center _____ Month _____

DATE	Menu Item(s) Being Substituted	Replacement Item(s)	Reason for Substitution

Indicate under column labeled "Menu Item(s) Being Substituted" whether substitution is for Breakfast by placeing a (B) in perenthesis or Lunch (L) beside the menu item.