



The 4 Steps to Becoming a Better Choice Eatery

- 1. Submit recipes for at least 3 entrees that fit the 6 Traits of a Better Choice.** While the nutritional guidelines below are not all encompassing, they do fall in line with the recommendations put forth in the 2015-2020 USDA Dietary Guidelines for Americans. Meals meeting these standards are comparatively healthier choices than those exceeding these standards.

Six traits of a Better Choice:

1. Less than 750 calories
2. Less than 35% total fat
3. 0g (0.5g or less) trans fat
4. Less than 10% saturated fat
5. Include at least one lean protein
6. Include at least 1 serving of fruit or vegetable

It is also strongly recommended sodium levels not exceed 1,000mg in submitted entrees; however, recipes will not be excluded if they do not meet this criterion. All Americans consume more sodium than they need. To encourage reduced sodium consumption, it is requested the establishment be willing to cater to requests from patrons that salt not be added to their food, should the request be made.

We also feel it important to stress, all recipes submitted will remain confidential and will only be used for nutritional analysis purposes.

- 2. Identify Additional Supports for Healthy Behavior that are in place or will be implemented.** Better Choice Eateries don't just boast a few healthy options, they support healthy living. Participating establishments can select from the following list or submit their own ideas. "Additional Supports" need to total ≥ 5 points.

1	Offer vegan or vegetarian options	2	Welcome breastfeeding in your restaurant
2	Use serving plates that are 9 to 10 inches in diameter	2	Offer "half" portions of select entrees
2	Promote a "We'll pack half" policy	2	Have a bike rack accessible for your patrons
1	Offer 1% or skim milk as a default dairy product	2	Serve whole grain bread as default bread
3	Offer a children's meal that has less than 30% of calories from fat, 2 servings of fruits and vegetables and a whole grain	1	No free refills on sugar sweetened beverages (soda, sports drinks, less than 100% juice and sweetened teas)
2	Provide healthy substitutions at no extra cost (grilled, baked, broiled instead of fried; side salad, fruit or vegetable instead of fries)	1	Other: _____



Clinton County Health Department
Health Planning & Promotion
133 Margaret Street
Plattsburgh, NY 12901



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3. Comply with environmental health standards. Participating restaurants must comply with standards established by the Clinton County Health Department’s Division of Environmental Health and Safety for safe food handling and safe water.

SAFE FOOD HANDLING

In each of the last three inspections, a Better Choice Eatery must not have exceeded:

- 3 critical environmental health violations (Red Violations)
- 1 bare hand contact violation (considered a critical violation)
- 5 environmental health violations (Blue Violations)

Meeting these standards means the establishment has received a health grading of B or higher on each of its last three inspections per the Clinton County Health Department Environmental Health and Safety Division’s Restaurant Inspection Grades/Ratings System.

CCHD’s Restaurant Inspection Grade/ Rating System

Non – Critical Violations (Blue)	Critical Violations (Red)				
	0-2	3	4	5	6+
0-5	A	B	C	D	E
6-9	B	C	D	E	E
10-12	C	D	E	E	E
13-15	D	E	E	E	E
16+	E	E	E	E	E

For a detailed explanation of Red and Blue Zone violations, the complete Clinton County Health Department Environmental Health and Safety Division’s Restaurant Inspection Grades/Ratings system can be found at:

<http://www.clintoncountygov.com/Departments/Health/pdf%20files/FSEInspection.pdf>

SAFE WATER

In addition, if the establishment is not connected to municipal water, the site must:

- Be taking all required water samples within the required timeframes
- Continually maintain its water disinfection system (UV or Chlorination) and
- Notify the Clinton County Health Department’s Division of Environmental Health and Safety of any water emergencies and comply with the boil water order requirements.

4. Complete the application packet. The final step to becoming a Clinton County Better Choice Eatery is completing and submitting the paperwork! This short application tells us that your establishment has met Steps 1, 2, and 3. It also contains the Better Choice recipe submission form. Once you complete the application you can sign the mutual agreement and you are ready to submit!

Please note: Accepted and approved applications allow restaurants to participate with the program for one year. A reapplication process will be completed each year to ensure restaurants continue to meet all program criteria.

Completed applications, including the mutual agreement, can be submitted by email, fax or mail to:

Email: Lisa.Turner@ClintonCountyGov.com Fax: 518-565-4472, Attn: Lisa Turner

Mail: Clinton County Health Department, Division of Health Planning and Promotion
133 Margaret St., Plattsburgh, NY 12901



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Better Choice Eatery Application 2016

A Clinton County Health Department Health Planning and Promotion Division Initiative

Name of Establishment _____

Address of Establishment _____

Contact Name _____ Contact Phone Number _____

Contact Email _____ Contact Fax Number _____

Website Address _____ Best Time to be Contacted _____

Initial Certification Recertification with unchanged recipes Recertification with changed/new recipes

Better Choice Checklist

Yes **No**

Are you submitting at least 3 healthy entrees for nutritional analysis?
(Enter recipes on the back side of this form.)

Does your establishment meet the environmental health standards for
participation in the program? *(Please contact us if you are unsure; we
can help.)*

Have you identified “*additional supports for healthy behavior*” that your
establishment is willing to implement?
Enter your chosen criteria here:

Are you willing to post all Better Choice materials (window decals,
certificate, table tents, etc.) and have nutritional information available
for your Better Choice Entrees?

Have you signed the Better Choice Mutual Agreement?

For Office Use Only

Date Application Received: _____

Initial Certification

Recertification

For Year: _____

Environmental Health Standards met. Verified _____

Nutrition standards met. Verified _____

Additional Support for Healthy Behavior
criteria in place. Verified _____

Mutual Agreement signed. Verified _____

Copy sent to EHS Division Verified _____



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Better Choice Eatery Mutual Agreement

By signing this agreement, I understand that Better Choice Eatery is a voluntary program which aims to proactively endorse healthy foods and healthy eating and this establishment has agreed to adhere to the program guidelines aforementioned in this packet, including the requirements of the Environmental Health and Safety Division of the Clinton County Health Department.

If this establishment is recognized as a Better Choice Eatery, I understand we will receive promotional materials and we agree to utilize and display these items so they are easily visible to patrons. In addition, I understand that this establishment's participation will be listed on the Clinton County Health Department's web page and may also be recognized on various media outlets such as Facebook, for as long as participation is verified.

If the ownership, physical facility or menu at this establishment changes in any way I will notify the Clinton County Health Department. I understand that a change in ownership, the addition or deletion of any part of the facility and/or the addition, deletion or substitution of any menu item may impact the establishment's participation in the Better Choice Program. I understand that a change in any of the aforementioned may warrant an additional inspection by the Environmental Health and Safety Division of the Clinton County Health Department.

Lastly, I understand to maintain participation in the program, the establishment must resubmit an application on an annual basis. If this establishment fails to meet any of the criteria outlined in this packet, the establishment will no longer be recognized as a Better Choice Eatery and will be asked to forfeit all promotional materials.

I confirm that all information in this application is complete and accurate.

Establishment Name _____

Responsible Party _____

Signature _____ Date _____



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Healthy Entrée Submission Form

(Example submission)

<p><u>Dish Title:</u> Turkey Vegetable Meatloaf with Mashed Potatoes and Green Beans</p> <p><u>Serving Size:</u> 4 oz Meatloaf, ½ cup mashed potatoes, ½ cup green beans</p>			
<u>Quantity</u>	<u>Measurement</u> <small>(Cup, Tsp, Tbsp etc.)</small>	<u>Ingredient</u>	<u>Method:</u> Please provide any specifics regarding how the dish is prepared (Baked, broiled, grilled, fried)
<u>Meatloaf</u>			<p>Meatloaf: Baked</p> <p>Mashed Potatoes: Boiled Potatoes</p> <p>Fresh Green Beans: Boiled</p>
2	Cups	Chopped zucchini	
1 ½	Cups	Chopped Onion	
1	Whole	Red Bell Pepper	
1	Pound	Ground Turkey	
½	Cup	Uncooked Couscous	
1		Egg	
2	Tablespoon	Worcestershire sauce	
1	Tablespoon	Dijon Mustard	
<u>Mashed Potatoes</u>			
2	Pounds	Potatoes	
2	Tablespoon	Butter	
1	Cup	Skim Milk	
To Taste		Salt and Pepper	
<u>Fresh Green Beans</u>			
2	Cups	Fresh Green Beans	

<p><u>Dish Title:</u></p> <p><u>Serving Size:</u></p>			
<u>Quantity</u>	<u>Measurement</u> <small>(Cup, Tsp, Tbsp etc.)</small>	<u>Ingredient</u>	<u>Method:</u> <small>Please indicate how the dish is prepared (Baked, broiled, grilled, fried)</small>

Dish Title:
Serving Size:

Quantity	Measurement (Cup, Tsp, Tbsp etc.)	Ingredient	Method: Please indicate how the dish is prepared (Baked, broiled, grilled, fried)

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