Introductions
Terms
SFSP

Responsibilities

Meal Service

Compliance

**Civil Rights** 

Food Safety

Questions



# Kids Café Sun Meals (SFSP) Training

Year: 6.9.25-8.1.25

#### **Access Program Team**

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# 5 Others Treated Louisville Youngster, 9, Dies of Malnutrition

#### By STEPHEN FORD Courier-Journal Staff Writer

On the eve of Thanksgiving-America's traditional day of feast-a 9-year-old Louisville boy was carried into General Hospital last night, dead of malnutrition. He weighed only about 30 pounds.

Treated for the same condition were the boy's five brothers and sisters, all drastically underweight. They ranged in

Robert Drew Ellis, son of Mrs. Estelle age from 1 to 11 years old. Ellis, was pronounced dead on arrival about 7 p.m. by Deputy Coroner Lloyd Roemele, who said the child had been dead since 1 p.m. An autopsy will be

Investigating officers said they were performed this morning. called to 2116 Eddy St., in the Russell area of Western Louisville, about 6:30 p.m. on a report that a child had died. The officers said they asked Mrs. Ellis, 29, and her husband, R. Cecil White, 38, where the dead child was. The

couple pointed to a bed containing children. One of them Robert. "It looked like the pictures the on TV for CARE," one of the

said later.

Police took the dead boy and other children to the hospital. are recuperating in the hospit atrics ward and will be sent la Sunshine Lodge, a county hom pendent children in Jeffersontow The five surviving children are

Mary Ann, 11, about 35 poun Jane, 8, about 30 pounds; Vic about 15 pounds; Nicky, 2, a pounds, and Marie, 1, about 10 Mrs. Ellis told police that she r

a monthly welfare check for \$175 husband said he makes between \$4 \$10 a day as an odd-job repairman. The parents said they have lit

money left for food after paying oth The Rev. Charles Elliott Jr., pastor

King Solomon Bantist Church, said la





# Mission

Working together to provide pathways to end hunger in our community.

## Vision

A nourished community where everyone can thrive.

Belonging

Innovation

Respect

Safety

We nurture an inclusive culture where all feel valued, supported, and have a meaningful voice. We embrace diversity and ensure equitable access to resources and opportunities.

We are curious problem-solvers. We challenge assumptions, collaborate, and pursue excellence through continuous learning, improvement, and reflection.

We uphold the dignity of every person. We treat others with kindness, listen actively, acknowledge contributions, steward resources, and are thoughtful in our interactions and relationships.

We prioritize safety in all its forms: food- related as well as environmental, psychological, and physical.

Values



Dare to Care serves 13 Counties in the Kentuckiana area, offering a variety of food service programs through 220 Partners.





#### Locations

- Fern Valley Warehouse 5803 Fern
   Valley Rd, Louisville, KY 40228
  - Monday-Thursday 7:30am 1:30pm
  - •Friday 7:30am 12pm
- Community Kitchen 1200 S 28<sup>th</sup> St, Louisville, KY 40211
- CSFP Warehouse 3360 Commerce
   Center Pl, Louisville, KY 40211



#### Closures

- New Year's Day
- Martin Luther King Jr's Day
- Oaks Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving & Following Friday
- Christmas Eve
- Christmas Day





Kentucky				
Bullitt County, KY	12.9%			
Jefferson County, KY	13.1%			
Spencer County, KY	11.2%			
Shelby County, KY	11.3%			
Henry County, KY	15.6%			
Oldham County, KY	8.4%			
Carroll County, KY	16.8%			
Trimble County, KY	15.3%			



1 in 5 children faces food insecurity.

Indiana	
Clark County, IN	12.7%
Crawford County, IN	18.3%
Harrison County, IN	12.4%
Floyd County, IN	12.4%
Washington County, IN	14.6%



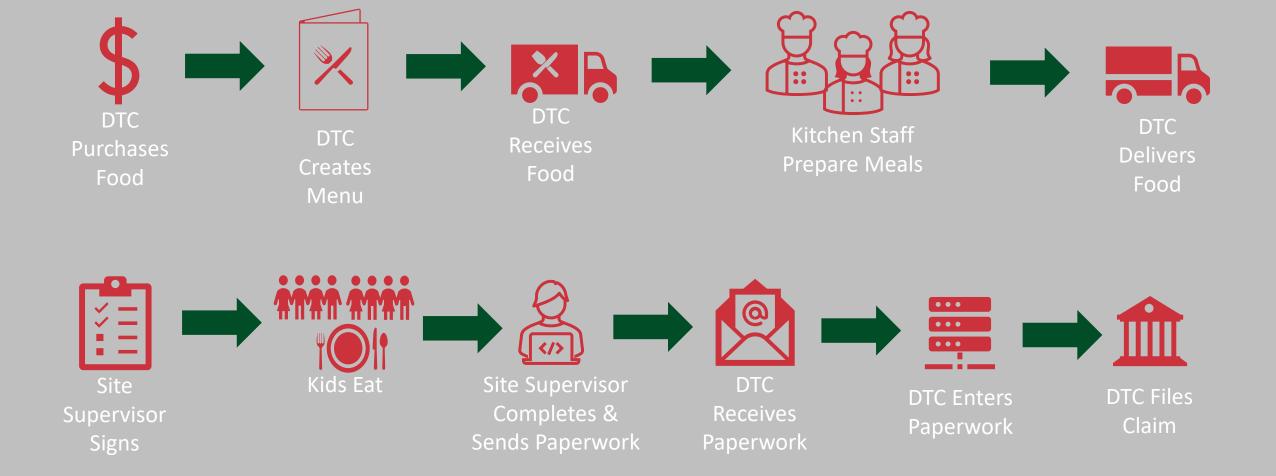
**Food Insecurity Rate** 

# Terms Acronyms & Definitions

- Agency Partners/Sites organizations that partner with Dare to Care (also referred to as Partners).
- CACFP Child & Adult Care Food Program.
- Community Kitchen DTC's kitchen in the Parkland Neighborhood.
- DOE Dept. of Education
- DTC Dare to Care Food Bank
- Kids Café Sites/Partners that host the CACFP/SFSP Program.
- Neighbors/Participants/Kids people we serve
- SFSP Summer Food Service Program aka Sui Meals
- USDA United States Department of Agriculture

# What is the Sun Meals (SFSP) Program?

- Sun Meals, formerly known as Summer Food Service Program(SFSP), is a federally funded program provided by the Food and Nutrition Service of the USDA that provides reimbursements for nutritious meals and snacks served to eligible children.
- The Department of Education oversees the program in KY.
- DTC is the Sponsor for the Sun Meals Program.



# How Does SM Work?

#### **Your Responsibilities (Site Supervisor)**

- Attend Yearly Training.
- Comply with Civil Rights laws and Regulations.
- Stay at the Site for the entire Meal Service.
- Provide paper plates/bowls, utensils and thermometers.
- Clean and sanitize food service area.
- Practice Food Safety and ensure safe and sanitary conditions at your Site.
- Receive and Account for Delivered Meals(Driver& Site must sign the Daily Meal count sheet).
- Serve Meals & Ensure Children Eat Onsite.
- Plan, Organize & Post Daily Activities/Programs.
- Have a Backup Supervisor.
- Turn Daily Meal Count Sheets in each Week by 11:59pm on Friday.
- Turn Record of Meals Served in by last day of the Month at 11:59pm.
- Update DTC on any Changes.
- Clean and return Cambro's/Pans/Utensils.
- Post Menu, "And Justice For All Poster", and Entry Signage.

#### **DTC Responsibilities (Sponsor Site)**

- Visit the site at least once during the first four weeks of operation after opening day.
- DTC Staff will arrive without prior notice at any time.
- Check on Site Operations to Ensure Site Supervisor Maintains all Records.
- Conduct Pre-Op Visit (must view Site prior to approval).
- Review Food Service Operations.
- Prepare Report of Visits and Reviews-Revisit Site if Necessary-Conduct Trainings.
- If Issues are Found, a Corrective Plan will be Developed with Site Staff.
- Email Site copy of Monitoring Form.
- Collect Meal Count Reports
- Submit claims to the DOE.

## SPONSOR & STATE REVIEWS



#### DTC will Monitor 1 time during the Summer:

- To ensure Food Safety is being followed.
- To ensure paperwork is in order.
- To ensure Meal Service is being counted correctly.
- To ensure Race/Ethnic Data has been collected.
- To answer any questions/concerns.
- Noncompliance will result in a Corrective Action Plan.
- Immediate Termination if health, safety or wellbeing of children is threatened.

KY Dept. of Education may choose to visit your Site at any point during the summer.







### WHEN, WHERE, AND WHO CAN YOU SERVE?

- Meals must be served only during approved Meal Service times.
- If a Meal Service time must be changed, DTC must get it approved by the State before it can be changed.
- Any Meals Served outside the approved Meal Service window cannot be claimed for reimbursement by DTC.
- All Meals must be served at the Site's location and cannot be changed/moved without approval.
  - Sites must be easily accessible and safe for kids to gather.
- Meals must be eaten in the presence of Site Staff.
  - Meals cannot be taken offsite.
- Children between the ages of 6yrs 18yrs are eligible to be served a Meal.

## Meal Service

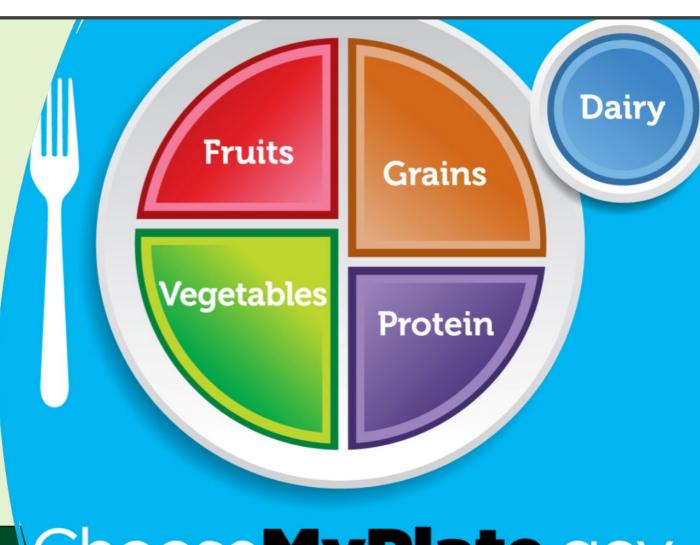


## FOOD DELIVERY & PICKUP

- Someone MUST be present to receive Food Delivery between 9am 11am.
- Delivery drivers will not make calls to Sites regarding orders.
- Delivery Tickets should be signed after Cambro is checked and kept in your files.
- Check the Food Temperature 30 minutes prior to serving and right before Meal Serve Time(135+ Degrees for Hot Food & 41 Degrees and below for Cold Food).
- Pans and Utensils MUST be free of food debris after Meal Service and before they are put back into the Cambro.
- All unused product MUST be removed from the Cambro's and thrown in the trash(Cooked Food Must be thrown out).

## MEAL PATTERN & MENUS

- Menu must be posted.
- Meals served at approved time.
- Children **MUST** take ALL items.
- Milk is required.
- Do not add food.
- Water may be served, but it does not replace milk.
- DTC may change the menu as needed – we will communicate any changes on the Delivery Ticket.



Choose My Plate.gov

#### Winter 2023 Rotating Menu

Monday	Tuesday	Wednesday	Thursday	Frida
Chicken and Rice Bake - 3.5 oz WG Rice - 1 oz Seasoned Broccoli- 1/2 cup Fresh Pear-1 each Skim Milk - 8 fl. oz.	Beef fajita with peppers and onions- 2 oz WG flour tortilla- 2 each Refried pinto beans 1/2 cup Fresh Apple-1 each Skim Milk – 8 FL oz	Orange Chloken- 4 oz WG Dinner Roll -(1 each) Seasoned Broccoli- 1/2 <u>cup</u> Mandarin Cup - 1 each Skim Milk - 8 fl. Oz.	Beof and Bean Chill – 6 oz  WG Crackers - 1 oz  Baked Potato – 1 each  Grapes – ½ cup  Skim Milk – 8 fl. Oz.	Fried Chloken Drumstiok WG goldfish crackers - 1 oz Mashed Potatoes and Gravy - ½ cup Fresh Pineapple - 4 oz Skim Milk - 8 fl. Oz.
Beef Nachos  WG Nacho Chips – 1 oz  Four-Way Vegetables -1/2 cup  Fresh Pineapple – 4 oz  Skim Milk – 8 fl. Oz.	Honey Mustard Chloken  WG Twisted Breadstick – I each  Crinkle Cut carrots - 1/2 cup  Fresh Orange – I each  Skim Milk – 8 fl. Oz.	Cheeseburger - Burger with Cheese Slice - I each WG Bun - I each Potato Wedges - ½ cup Fresh Apple - I each Skim Milk - 8 fl. Oz.	Chicken, Cheese, & Pasta  WG Rice - I oz  Seasoned broccoli - ½ cup  Fresh Pear- 1 each  Skim Milk - 8 fl. Oz.	Beef Lasagna- 4 oz WG Lasagna Sheets -½ cup Garden Veg blend –½ cup Fresh Grapes –½ cup Skim Milk –8 fl. Oz.
Chicken Fajita Soft Tacos w peppers and onion 1/2 oz shredded cheese Seasoned Corn - ½ cup Fresh orange - 1 each Skim Milk - 8 fl. Oz.	Spagnetti Bolognese 6 oz meat and pasta WG Dinner Roll – 1 each Seasoned Veg Mix - ½ cup Fresh Banana- 1 each Skim Milk – 8 fl. Oz.	Fried Chloken  WG Mac & Cheese - 6 oz  Green Beans- ½ cup  Fresh Grapes - ½ cup  Skim Milk - 8 fl. Oz.	Sallsbury Steak - 1 each WG Twisted Breadstick - 1 each Mashed Potatoes - ½ cup Brown Gravy - 1 oz Fresh Plum - 1 each Skim Milk - 8 fl. Oz.	Becf Enchilada Casserole (1 each) WG Flour Tortilla Pinto Beans – ½ Cup Fresh Orange – 1 each Skim Milk – 8 fl. Oz.
Naples Meatball Sub-1 each 2 Meatballs WG Bun – 1 each Seasoned Broccoli – ½ cup Mandarin Cup-1 each Skim Milk – 8 fl. oz.	Morocoan Chlokpeas & Orzo 3.5 oz WG Pita Bread – I each Ginger Carrots – ½ cup Fresh Apple – I each Skim Milk – 8 fl. oz.	Beef Naches – 2.5 oz WG Tortilla Chips – 1 oz Corn Cobette – 1 each Fresh Pineapple – ½ cup Skim Milk – 8 fl. oz.	Baked Rotisserie Chioken- l each WG Twisted Breadstick – l each Collard Greens – ½ cup Fresh Orange – l each Skim Milk – 8 fl. oz.	Turkey Sausage Bratwurst – 1 each WG Hot Dog Bun – I each Kevin's Famous Baked Beans– ½ cup Fresh Pear – I each Skim Milk – 8 fl. oz.

# Sample Menu

# Food Allergies

Doctors' note stating child has confirmed disability and that a substitution is required.

If doctor marks that the child has special dietary needs but does not have a disability, no accommodations will be made.

If a child never brings a doctor's note, you are required to serve the entire meal.

If a child is lactose intolerant and does not bring a note, they must still be served milk. They are not required to drink it, but they must take it.

# Meal Serve Guidelines

#### **Sanitation**

Staff must wash hands and use gloves to serve food.

Children must wash hands or use hand sanitizer before eating.

Tables must be washed and sanitized before meal service.

Food Temperature must be checked and recorded.

#### **Meal Service**

Each Meal Served must meet the Meal Pattern to be counted as a Meal.

The Meal Count must happen as the Children go through the line and are served.

The Count cannot happen before or after Meal Service.

#### **Share Table**

Must have a designated area.

All Food Safety Guidelines must be followed.

Food must be kept at the appropriate temperature.

Shelf stable food left on the share table may be served at another time.

#### **Food Waste**

Children may take a fruit, grain, or vegetable off site.

Whole or unopened fruits, grains, or vegetables may be served at another time.

Everything else MUST be discarded – cannot be donated or eaten elsewhere.

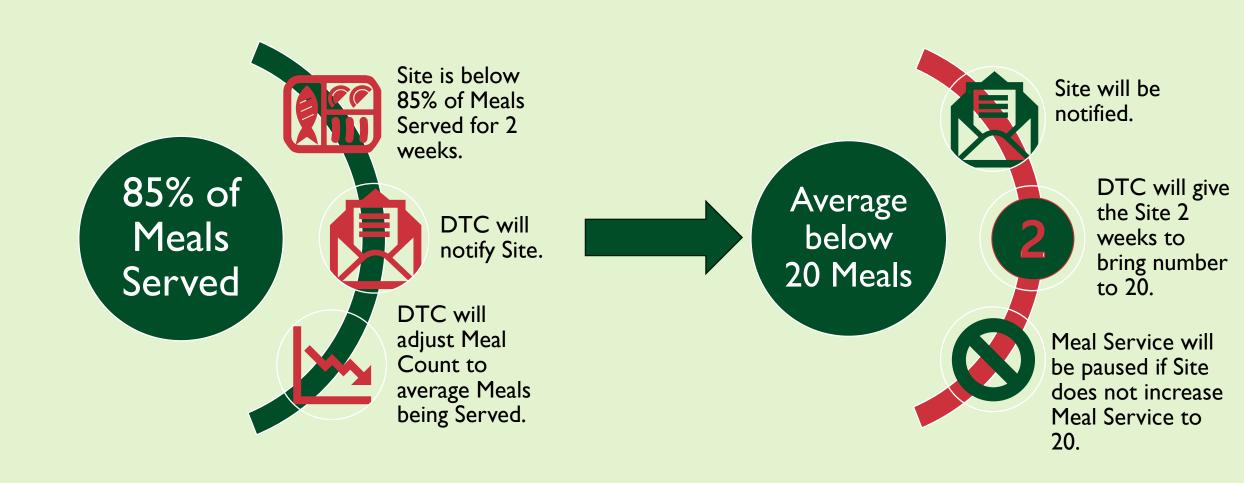
### **Site Expectations:**

- Serve at least 85% of all Meals Delivered.
- Maintain Meal Count at 85% or higher over any two (2) week period.
- Modify Meal Count as needed in a timely fashion to stay above the 85% Meal Service rate.
- If your Site is unattended during delivery, the food will be returned to our Kitchen, and you will need to arrange pickup.

#### **DTC Enforcement:**

- Will send an email to let the Site know when they fall below 85%.
- Site will receive a notification when average is below 85%, and adjustments will be made.
- If a Site is still below 85% the 2<sup>nd</sup> Month, then the Site will receive a Corrective Action.
- DTC may modify your numbers without prior authorization.

## 85% Meal Serve Rule



## 85% Meal Serve Rule

#### **Required Cleaning Steps**

- 1. Empty all food contents completely from the Cambros and Pans.
- 2. Pre-rinse Pans and Utensils with warm water to remove food debris.
- 3. Wash both thoroughly with appropriate dish detergent and warm water.
- 4. Rinse completely with clean water until all soap residue is removed.
- 5. Empty ALL liquid completely containers must be returned empty.
- 6. Dry Pans/Utensils thoroughly with clean towels or air dry.
- 7. Stack and store properly for return.

# Cambro Cleaning Policy

#### **Safety Alerts**

- NEVER return Cambro's containing any cleaning solutions (including bleach).
- NEVER return Cambro's with standing water.
- ALL Pans/Utensils must be completely empty and dry before return.

#### **Why This Matters**

- Returning containers with bleach creates a serious food safety hazard.
- Chemical solutions can damage equipment over time.
- Proper cleaning protects food safety and extends equipment life.
- This protocol is part of your signed agreement.

# Cambro Cleaning Policy

# COMMUNICATION & Collaboration



#### When should you reach out to us?

- Changes to your order
- Food quality issue
- Location changes
- Staff changes
- Temporary closures
- Changes in distribution hours or days
- Changes to your distribution model
- Complaints
- Technical support
- Capacity building
- Complements/Testimonials



Site: NUMBER:

Wednesday

MM/DD/2025

Scan Me!

Salsa Verde Chicken ( 1 Drumstick )
WG Tortilla Chips ( 1 oz each )
Corn Salad ( 4 oz spoodle )
Banana ( 1 each )
Milk ( 1 each )



Cambros keep meals at temperature for 4-6 hours. Do not open door except once to quickly take food temperatures.

Take temperatures of meat/meat alternative components twice. Once 30 minutes prior to serving, and again at serving. Hot meals must register at 140F or higher; cold foods must register at 40F or lower.

Record meal temperatures TWICE daily. Check the temperature of all meat/meat alternative components.

Sanitize the thermometer each time prior to taking temperature by using alcohol pads, sanitizing solution, or 1 ounce of bleach diluted with 1 gallon of water.

If temperatures are below 140F, the meat/meat alternative must be reheated to 165F, in either an oven (remove the film) or microwave. Record both temperatures on POS form as soon as they are taken.

# Food Delivery

### **Kids Cafe Partners** | Dare to Care

BREAKFAST ORDERS

SUBMITTING PAPERWORK

CHANGING MEAL COUNTS

CLOSURES
AND/OR
CHANGES IN
MEAL SERVICE

NEW STAFF & STAFF CHANGES

Breakfast Order | Dare to Care

Kids Cafe File
Upload | Dare to
Care

Meal Count
Change Request |
Dare to Care

Kids Cafe Closures

| Dare to Care

Kids Cafe New Site
Staff | Dare to
Care

# Online Forms Process

#### **Breakfast Cereal Order Request Form**

All breakfast cereal orders must be submitted no later than 5:00 PM every Tuesday to receive a delivery for the following week!

Site Name *	Contact Email *
Beechmont Community Center	

#### Breakfast Cereal- How many do you need?

All breakfast orders (include milk) must be submitted by 5:00 PM every Tuesday to receive a delivery for the following week! Please read all directions before placing an order for breakfast cereal and milk. Please order breakfast cereal by the case. In the dropdown menu, choose how many breakfast cereal cases you need based on the below directions.

# Breakfast Orders

#### How to Order If your site needs 30 breakfast cereals daily and serves Monday- Friday. Your site will need to order 150 breakfast cereals for one week as we only accept orders for one week at a time. For example: for 150 cereal, you will need 2 cases of Coco Puffs, and 1 case of Cinnamon Toast Crunch. This order will equate to 156 breakfast cereals for that week. You will have 6 cereal left over. Those 6 left over will be used for the next week. When you place an order for Tuesday next week, you will subtract the left over cereal. If you do not need any, please enter 0 in the field. Start Date Breakfast Kits are needed mm/dd/yyyy What week do you need your breakfast kits for? Please select the start date for when you need breakfast kits. Remember one order/week. For example, if you need breakfast kits starting June 10th, this would be the date entered here. The amount you ordered would be for the duration of the week. Apple Jacks - 1 case = 36 breakfast meals \* Please enter a number from 0 to 10.

Enter case number.

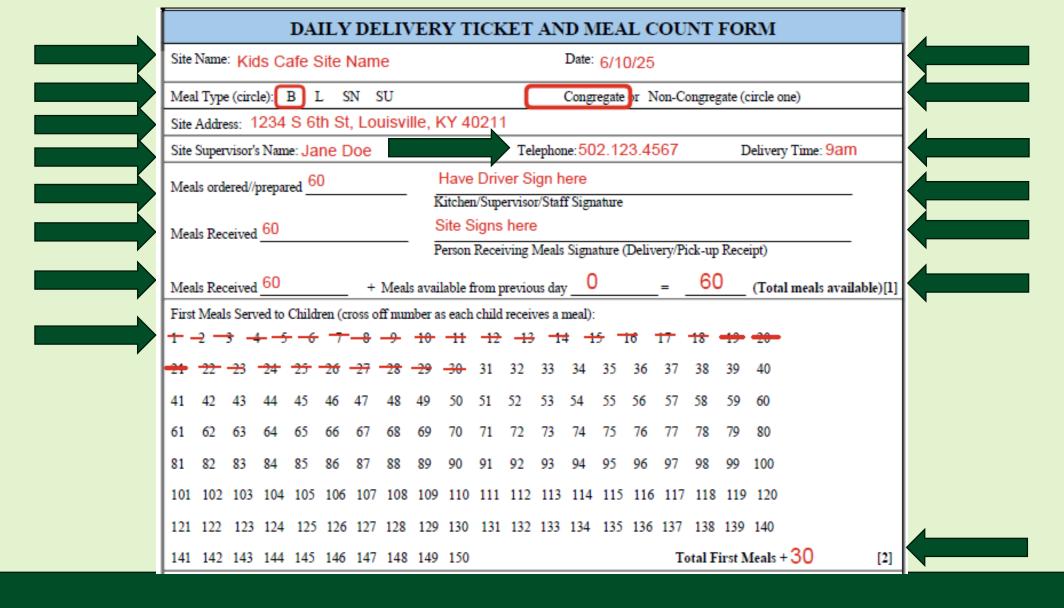
Cinnamon Toast Crunch - 1 case = 36 count breakfast meals \*

oco Puffs - 1 case = 60 breakfast meals *
lease enter a number from <b>0</b> to <b>10</b> .
nter case number.
ucky Charms - 1 case = 60 breakfast meals *
lease enter a number from <b>0</b> to <b>10</b> .
nter case number.
filk - 1 case = 27 servings of milk *
lease enter a number from <b>0</b> to <b>35</b> .
lease order by the case. This order will be very similar to ordering the breakfast cereal. For example, if you need 30 milk

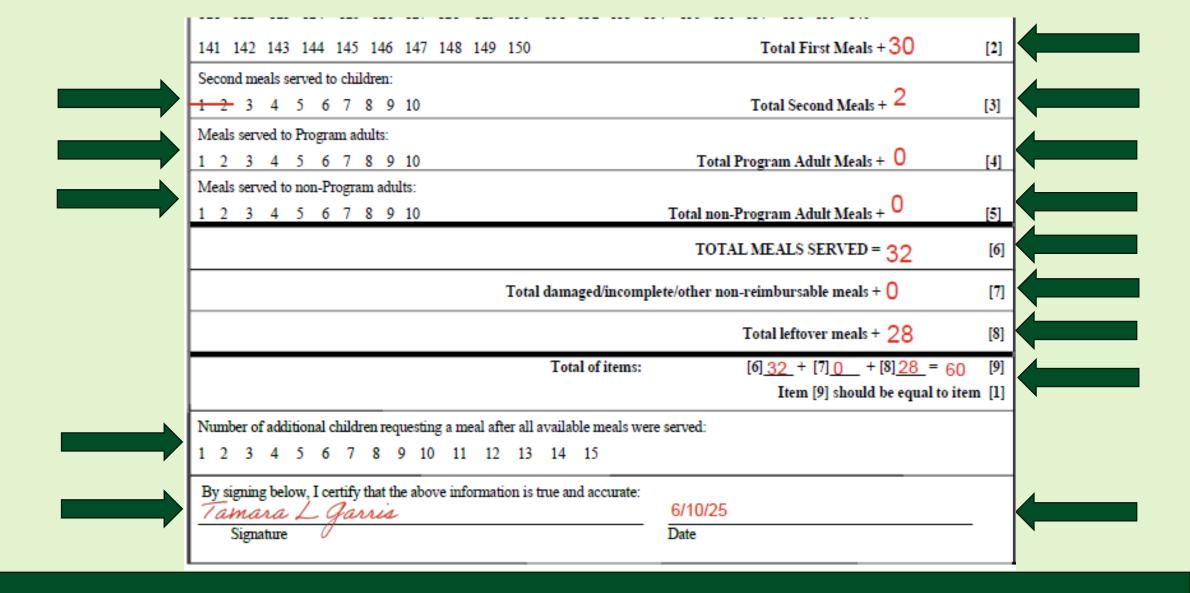
per day for one week to accompany the 30 breakfast cereals, please order 8 cases. This order would be 160 counts of milk. You will have 10 left over, and these can be used for next week.

Submit

# Breakfast Orders



## Meal Count Form



## Meal Count Form

#### SUN Meals (SFSP) Site Record of Meals Served



		Note: A copy of this form <u>mast be</u> maintaine			
DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
6/9/25	Monday	60	30	2	28
	Tuesday				
6/11/25	Wednesday	40	35	0	5
	Thursday				
	Friday				
	Saturday				
	Sunday				
6/16/25	Monday	40	36	0	4
	Tuesday				
6/18/25	Wednesday	40	36	0	4
	Thursday				
	Friday				
	Saturday				
	Sunday				
		4.0	^-		4
6/23/25	Monday	40	37	2	1
	Tuesday				
6/25/25	Wednesday	40	35	Ü	5
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

DATE	DAY	#OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
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	Thursday				
	Friday				
	Saturday				
	Sunday	·		·	

## Record of Meals Served Form

#### SUN Meals (SFSP) Ethnicity/Race Data Collection for Parent/Guardian Completion

<u>Instructions:</u> Complete sections 1 and 2. <u>No children's, parent or guardian names are to be collected</u>. Completion of this information is voluntary and will not impact a child's eligibility for meals. The data collected will be used to ensure compliance with USDA nondiscrimination requirements only. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.

If you have difficulty communicating with us or understanding this information because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request.

<u>Section 1:</u> Is the child participating in the summer meals Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino.") Check one selection in this section.

	No, not Hispanic/Latino	Yes, Hispanic/Latino
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

Section 2: Check any racial categories that apply (choose at least one, but more than one can be indicated)

American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American. A person having origins in any of the black race groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa. or other Pacific Islands

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

• • • • • • • • • • • • • • • • • • • •	For Sponsor Use		
Site Name:	Sponsor Name:	Date:	
	Site Name:	_	
SUN Meals 10/24			SUN Meals 10/24

#### SUN Meals Civil Rights Data Collection Site Summary Report Form

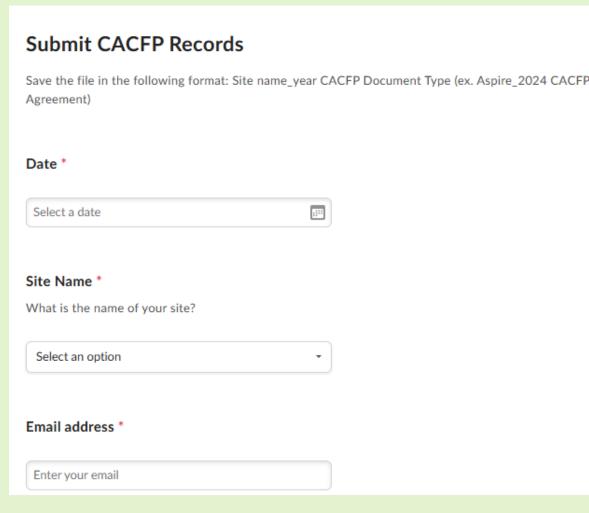
	510	e Summary Report Fo	1111
ponsor Name:			Date:
ite Name:			
# children participating			es only. Residential camps or closed
# completed forms		enrolled sites in a non-needy area do not complete this.	
# E/R unknown			
serves. Residential camps a	nd closed-enrolled sites		data, or census data for the area the site numbers for ethnicity/race categories based from participant applications.
	Ethnicity Categori	es	Number of Participating Children
Hispanic or Latino. A pers Central American, or othe term "Spanish origin" can	r Spanish culture or ori		
Non-Hispanic or Latino			
Total			
	Race Categories		
American Indian or Alask original peoples of North who maintains tribal affili	and South America, (inc		
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."			
Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
White. A person having o Middle East or North Afric			
Signature:			
Date:			

Race/Ethnic Form

Keep a Daily Attendance Form Record Onsite

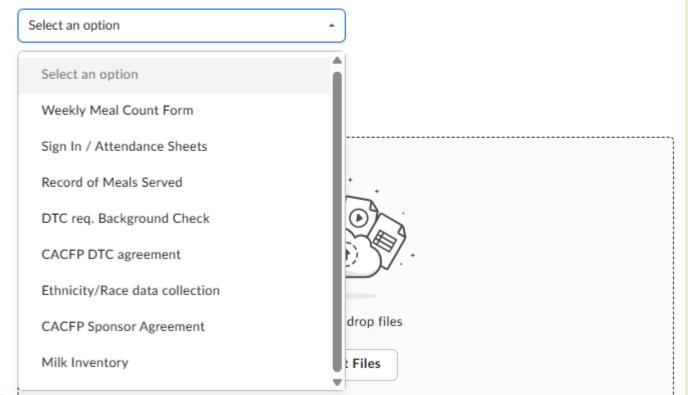
Do Not Submit the Attendance Form to DTC

# Daily Attendance Form



#### What file are you submitting? \*

Please select only one option. We are asking that paperwork types (specified below) are submitted individually and labeled. For example, meal counts should be submitted separately than the attendance.



# **Uploading Files**

## **Staff Changes**

Closures

**Meal Count** 

Change

- Submit any Staff Changes online: Name, email, and phone number.
- Submit Closures online at least 24 hours in advance.
- Meal Count Changes must be submitted at least 2 days in advance, allowing the kitchen time to adjust ordering and food preparation schedule.
- Meal Counts should be adjusted as needed.

# Estimated Annual Savings to Site

Children Served	Number of Meals 5 days/wk/8 wks	Annual Savings (Est.)
25	1,000	\$8,293
50	2,000	\$16,585
80	3,200	\$26,536
100	4,000	\$33,170

\*The Kitchen staff prepares 1,000 meals daily. Failure to report changes may result in DTC billing your Site for wasted food.

# Site Supervisor Recap

- Someone Must be Present to receive food.
- A Trained Site Supervisor(s) **Must** be Present during **ALL** Meal Services to Serve the Kids.
- Ensure Accurate Meal Count & Attendance Documentation.
- Clean Pans & Utensils.
- Ensure Site follows Civil Rights Compliance.
- Submit Weekly Meal Count Form to DTC by Friday each Week.
- Submit **Record of Meals Served** on the last day of the Month.
- Inform DTC of ALL Changes Immediately.
  - Keep ALL Necessary Forms Onsite for 3yrs plus the current year.

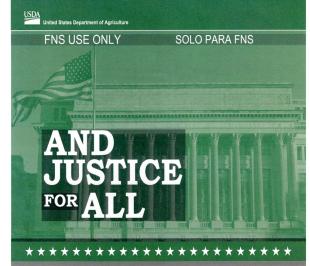
# Documents to Keep

- Corrective Action plans
- Paperwork DTC has sent
- Income applications (closed only sites)
- Menus changes
- Ethnicity/Race Data Collection
- Site reviews
- Meal Counts
- Record of Meals
- Attendance
- Delivery Tickets









n accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race. color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotage, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and deben comunicarse con la agencia estatal o local responsable que TTY) or contact USDA through the Federal Relay Service at (800) 877-8339

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at

https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

(833) 256-1665 or (202) 690-7442; or

program.intake@usda.gov

This institution is an equal opportunity provider

onforme a la ley federal y las políticas y regulaciones d derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluvendo identidad de genero y orientacion de sexual), edad, discapacidad, venganza represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación, alternativos, para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en linea, en https://www.usda.gov/sites/default/files/ documents/ad-3027s.pdf, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SV Washington, D.C. 20250-9410; o'

(833) 256-1665 o' (202) 690-7442; o'

correo electrónico: program.intake@usda.gov

Esta institución ofrece igualdad de oportunidades







# Civil Rights Training



Treating individuals differently based on legally protected characteristics as prohibited by laws, regulations, or executive orders—whether such differential treatment occurs intentionally, through neglect, or via specific actions or inactions—that results in distinguishing one person or group from others.

## **Six Protected Classes:**

Race, Color, National Origin, Age, Sex, Disability

## What is Discrimination?

# What is the Goal of Civil Rights

- Understanding rights and responsibilities.
- Removing illegal obstacles that block access to benefits.
- Ensuring dignity and respect for everyone.
- Providing <u>Equal</u> treatment to <u>ALL</u> applicants and recipients

- Accept verbal or written grievances.
- Complaint must be made in 180 days.
- Form available on DTC or USDA website. <u>Civil Rights Grievance</u>
   Form
- Keep procedures and report forms at Site.
- Never try to discourage a complaint.
- Complaint goes directly to USDA information is on the form.

If yes, please provide the following information about your representative:  First Name:  Last Name:  Address:  City:  State:  Zip Code:  Telephone:  E-mail:		D STATES DEPARTME fice of the Assistant Program Discrimin		Rights
City: State: Zip code: E-mail address (if you have one): Telephone Number starting with area code: Alternate Telephone Number starting with area code: Best Time of the Day to Reach You  Best Way to Reach You, (check one): Mail Phone E-mail Other: Do you have a representative (lawyer or other advocate) for this complaint? Yes If yes, please provide the following information about your representative: First Name: Last Name: Address: City: State: Zip Code: Telephone: E-mail: Use additional pages, if necessary	First Name:	Middle Initi	ial: Last Name	:
E-mail address (if you have one):  Telephone Number starting with area code:  Alternate Telephone Number starting with area code:  Best Time of the Day to Reach You  Best Way to Reach You, (check one): Mail Phone E-mail Other:  Do you have a representative (lawyer or other advocate) for this complaint? Yes If yes, please provide the following information about your representative:  First Name:  Last Name:  Address:  City: State: Zip Code:  Telephone: E-mail:	Mailing Address:			
Telephone Number starting with area code:  Alternate Telephone Number starting with area code:  Best Time of the Day to Reach You  Best Way to Reach You, (check one): Mail Phone E-mail Other:  Do you have a representative (lawyer or other advocate) for this complaint? Yes If yes, please provide the following information about your representative:  First Name:  Last Name:  Address: City: State: Zip Code:  Telephone: E-mail:  1. Who do you believe discriminated against you? Use additional pages, if necessary	City:	State:	Zip code:	
Telephone Number starting with area code:  Alternate Telephone Number starting with area code:  Best Time of the Day to Reach You  Best Way to Reach You, (check one): Mail Phone E-mail Other:  Do you have a representative (lawyer or other advocate) for this complaint? Yes If yes, please provide the following information about your representative:  First Name:  Last Name:  Address:  City: State: Zip Code:  Telephone:  E-mail:  1. Who do you believe discriminated against you? Use additional pages, if necessary	E-mail address (if vo	u have one):		
Alternate Telephone Number starting with area code:  Best Time of the Day to Reach You  Best Way to Reach You, (check one): Mail Phone E-mail Other:  Do you have a representative (lawyer or other advocate) for this complaint? Yes Name:  Last Name:  Address: City: State: Zip Code:  Telephone: E-mail:  1. Who do you believe discriminated against you? Use additional pages, if necessary				
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Do you have a representative (lawyer or other advocate) for this complaint? Yes N  If yes, please provide the following information about your representative:  First Name: Last Name:  Address: City: State: Zip Code:  Telephone: E-mail:  1. Who do you believe discriminated against you? Use additional pages, if necessary	Rest Way to Deach V	out (check one): Mail	Phone E-mail	Other
If yes, please provide the following information about your representative:  First Name:  Last Name:  Address:  City:  State:  Zip Code:  Telephone:  E-mail:  1. Who do you believe discriminated against you? Use additional pages, if necessary				
First Name: Last Name: Address: City: State: Zip Code: E-mail: Last Name: State: Zip Code: Last Name: State: Zip Code: State: Zip Code: Last Name: Last Na				- Contraction -
Telephone: E-mail: Use additional pages, if necessary  1. Who do you believe discriminated against you? Use additional pages, if necessary	Do you have a repre	sentative (lawyer or ot	her advocate) for this	complaint? Yes
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	Do you have a repre If yes, please provid First Name: Address:	sentative (lawyer or oti e the following informa City:	her advocate) for this tion about your repre Last Name: State:	complaint? Yesf sentative:  Zip Code:
Name(s) of person(s) involved in the alleged discrimination (if known):	Do you have a repre If yes, please provid First Name: Address: Telephone:	sentative (lawyer or ot e the following informa City:	her advocate) for this tion about your repre Last Name: State:	complaint? Yes f sentative:  Zip Code:
	Do you have a repre If yes, please provid First Name: Address: Telephone:	sentative (lawyer or ot e the following informa City:	her advocate) for this tion about your repre Last Name: State:	complaint? Yes f sentative:  Zip Code:
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	Do you have a repre If yes, please provid First Name: Address: Telephone:	sentative (lawyer or ot e the following informa City: e discriminated agains	her advocate) for this tion about your repre Last Name: State: -mail: -mail: Use additional	complaint? Yesf sentative:  Zip Code:
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## Grievance Procedures

### **How Food Becomes Unsafe**

- Hazards from the environment
- How people can make food unsafe
- Understanding food allergies

## **Maintaining a Clean Space**

- Cleaning and sanitizing
- Pest control



## **How to Keep Food Safe**

- Preventing Contamination
- Practicing good personal hygiene
- •Temperature Control

**Policies** 

## Food Safety Training

## Hazards from the Environment

### **BIOLOGICAL HAZARDS**

- Bacteria
- Viruses
- Parasites
- Fungi

### **PHYSICAL HAZARDS**

- Jewelry
- Glass
- Brittle plastics
- Ceramics
- Bandages

### **CHEMICAL HAZARDS**

- Cleaners
- Sanitizers
- Pesticides

# What is your role in keeping food safe?

## **Practice Good Personal Hygiene**

DON'T transfer pathogens from your body to food.

## **Control the Time & Temperature of Food**

 DON'T let food stay too long at temperatures that are good for pathogen growth.

### **Prevent Cross-Contamination & Contact**

- DON'T transfer pathogens from one food to another.
- DON'T transfer pathogens from one surface to another.
- DON'T transfer allergens to non-allergen foods

## **Clean & Sanitize Surfaces Correctly**

- Keep everything clean.
- Clean and sanitize anything that touches food.

## UNDERSTANDING FOOD ALLERGENS

THE BIG **FOOD ALLERGENS** 



**MILK** 



**EGGS** 



**PEANUTS** 



SOY



**SESAME** 



**WHEAT** 



TREE NUTS almonds, walnuts, & pecans



**SHELLFISH** crab, shrimp, clams



**FISH** bass, flounder, and cod

## PREVENTING FOOD ALLERGEN CONTAMINATION



CONTAINS SESAME

### **Prevent Cross-Contact:**

- Clean and sanitize
- Inspect food packaging
- > Store separately
- Wash your hands

TIP: Labeling is the most important way to help keep people with food allergies safe.



## STORE FOOD SAFELY

## Store food in a way that prevents cross-contamination

## Store food away from toxic chemicals and products.

Store food only in designated food-storage areas. Store food off the floor and away from the walls and ceiling.

## Store food at proper temperatures.

Store refrigerated food between 36-40°F. Keep frozen food frozen solid at 0°F or below. Keep dry storage rooms between 50-70°F.

## **How to Wash Your Hands**



5. Dry hands and arms

# When to Wash Your Hands

Before you start working and after any of these activities

Using the restroom

Touching your face, hair, or body

Touching or aprons

Handling raw meat, poultry or seafood (before and after)

Taking out the garbage Sneezing, coughing, or using a tissue Handling chemicals that can make food unsafe

Smoking or vaping

Touching anything else that may contaminate your hands

Chewing gum or tobacco

Eating or drinking

Before putting on gloves at the start of a new task

Leaving and returning to the foodhandling area

## RECORDING TEMPERATURES

KY-FD-8-FB

			TEM	PERATURE R	ECORDI	NG CI	HART		
	1. 1	Name (	of Agency:						
	2. :	Storage	Type & Name (	e.g., Freezer #1	):				
		Storage Type & Name (e.g., Freezer #1):  requency: Food pantries must record temps weekly; kitchens must record temps daily.							
	Freque	ncv. F	ood pantries mt	ist record temp	s weekly;	kitche	ns must re	cora	temps dany.
	RECO	RECOMMENDED TEMPERATURES:			Freezers				F to 0°F
+					Coolers Dry Storage		< 41	F to 70 °F	
+					Dij bio	i age		20 7	10701
	Year:								
	Month	Day	Temperature	Checked By	Month	Day	Tempera	ture	Checked By
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## COLD & DRY STORAGE UNIT REQUIREMENTS:

#### LABELS & NAMES

"Fridge #1"
"Freezer #1"
"Dry Storage #1"

#### **THERMOMETERS**

Inside all cold storage units.

Don't forget the dry storage!

#### **TEMPERATURES**

Recorded DAILY for kitchens and WEEKLY for pantries.

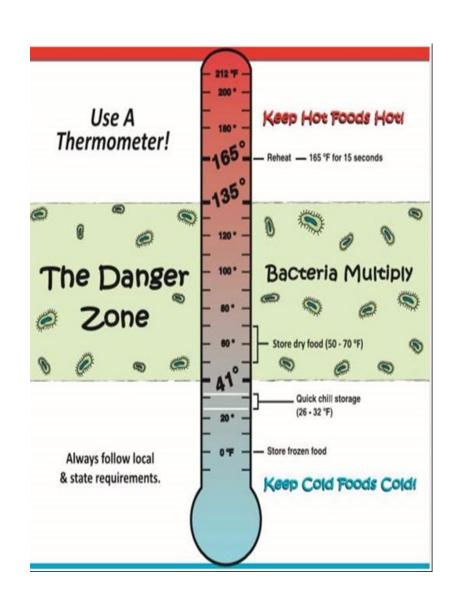
**Temperature Recording Charts** 

Must be kept on file for 3 years plus the current year.

## READING THERMOMETERS



**BETWEEN 40 - 135°F** 



Have at least 2 staff people trained on how to properly read a thermometer.



BLUE = SAFE ZONE

# Clean & Sanitize



- 1. Remove food from surface
- 2. Wash the surface
- 3. Rinse the surface
- 4. Sanitize the surface
- 5. Allow the surface to air dry

## When to Clean & Sanitize Surfaces

- After four hours if the surfaces have been in constant use
- Any time the item has become contaminated
- Before and after use
- When changing to a new product or between allergens

## SPOTTING & CONTROLLING PESTS

Look for droppings, nests, and damages to products, packaging, and the facility.



#### **Delivery**

- If staff is not at site, driver will bring food back to kitchen to be picked up by 3pm.
- Drivers will not call site.
- DTC drivers will deliver to the main floor.
- Pathways must be clear.
- Post Signage for Drivers & Kids

#### **Paperwork**

- Weekly Meal Counts turned in weekly by 11:59pm.
- Record of Meals Served turned in by the 1<sup>st</sup> of each Month.

#### **Program Staffing**

- Have a minimum of 2 trained people at meal service.
- A person to collect Driver's Signature.

#### **Food Safety**

- Thermometers in cold & dry storage
- Keep a Temperature log.
- Site will provide paper plates, bowls & plastic utensils.

### **New Site Probation Policy**

• 30/60/90-day probation- requirements must be met to be released from probation.

#### 85% accuracy

Serve 85% of Meals Delivered.

## Policies

#### **Suspension & Termination Policy**

- Suspension Temporary removal of a Site's eligibility to receive and distribute Kids
   Café hot meals.
- Termination Permanent end of a Site's participation in DTC's CACFP and SFSP youth programs for a minimum of one year.
- Corrective action A severe occurrence that requires immediate attention and action due to its potential to harm participants, staff, or significantly compromise the program's integrity or compliance. (i.e.: not present for monitoring, food safety issues, unsafe Site, failure to follow policies.)
- Incident An event that deviates from standard operating procedures or regulatory requirements but does not pose immediate serious risk to participants, staff, or the program's integrity. (i.e.: not present for delivery, not submitting required reporting documents by weekly deadline, falling below 85% of Meal Serve.)

## Policies

# Questions? Contact Alexus Richardson Director of Communications

alexus.richardson@daretocare.org





Do not stretch

Do not make larger than your Site logo

## Branding & Identity



Kids Café Summer Meal Entrance

Hours 10am – 4pm

**Meal Serve Time:** 

Breakfast - 9am - 10am

**Lunch – 12pm – 1pm** 



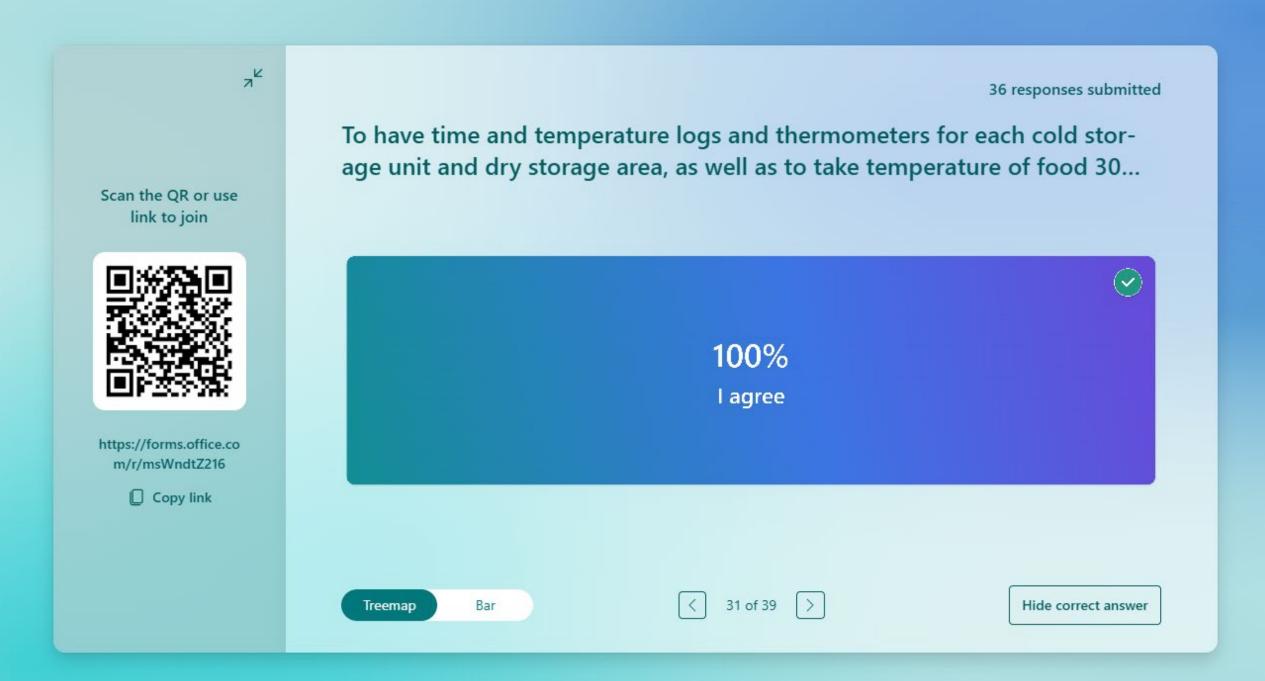
# Dare to Care Food Bank

## Branding & Identity

# QUESTIONS?



## Quiz Time



# Thank you!