



Dare to Care  
**Community**  
Kitchen

in partnership with **Lift a Life**  
NOVAK FAMILY FOUNDATION

**SFSP**  
**COVID19**  
**TRAINING**

# WHAT IS SFSP?

The Summer Food Service Program is a federally funded and regulated program that provides free meals to children and teens age 18 and under during the summer months when school is not in session.



# SITE RULES

## WHO CAN EAT?

- Children and teens 18 and younger
- A person age 19-21 who has a mental or physical disability and still participates in a school program

Parent or guardian may pickup a meal for a child during COVID19 Waivers through June 30

## CAN ADULTS EAT?

Program adults

Hot Kitchen Meals ONLY

- An employee or volunteer who works with SFSP
- A monitor, kitchen staff, supervisor, etc.

Non-program adults

- A person over the age of 18 who does not work with SFSP
- Parents, guardians, staff that doesn't work with meal service

Children must wash hands or use hand sanitizer before meal service.

# SITE RULES

## WHEN CAN I SERVE?

Exempt during COVID-19  
waivers through June 30

- Meals must be served during approved meal service times
- Any change in meal service time must be approved by DTC prior to meal service.
- Any meals served outside of the approved meal service time may not be claimed for reimbursement



# SITE RULES

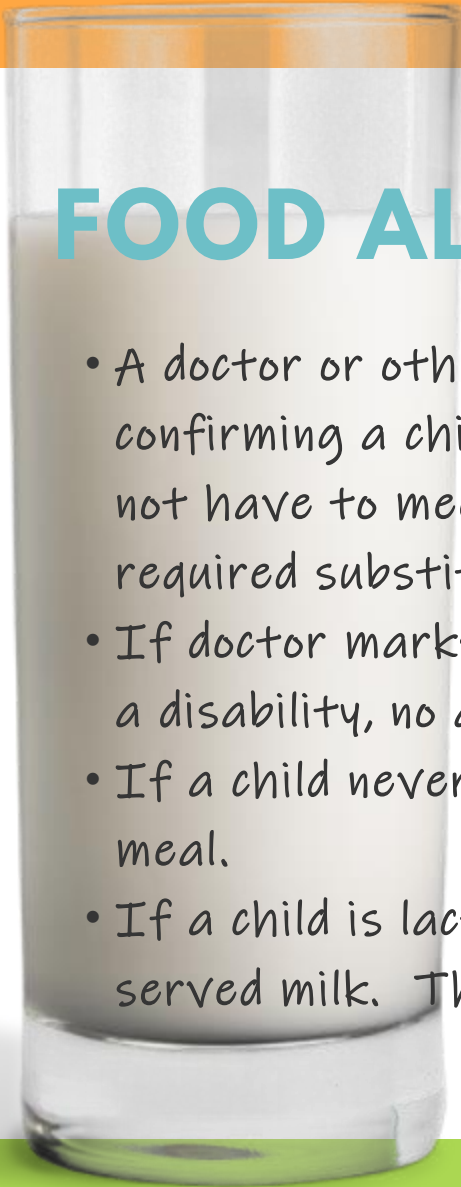
## WHERE?

- Locations in approved meal service areas are determined by Dare to Care
  - Location may not be changed or moved without prior approval
  - Locations should be easily accessible and a safe place for children to gather
- Exempt during COVID-19 waivers through June 30
- Congregate feeding is a federal requirement
  - Meals must be eaten in the presence of site staff
  - Any meal taken off site may not be claimed for reimbursement

# SITE RULES

## FOOD ALLERGIES

- A doctor or other who can write prescriptions, must complete a form confirming a child has a disability to omit or substitute an item. This does not have to meet the meal pattern. Dare to Care will reimburse you for required substitution.
- 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 PATTERN & MENUS

## Breakfast:



## Lunch:



## Snack:

(2 of the 4 Groups)



Fruit or Vegetable

Milk

Bread or Grains

Protein



Menus must be posted at all times



Children must take all items



Milk is a requirement and must be taken



May serve water with meals



Do not add food



Make changes to menu, as needed

# Serve EVERYTHING and a FULL PORTION

# MEAL COUNTING

Accuracy is Important!!!



01

Each meal served **MUST** meet the meal pattern to be counted on the Meal Count form

02

The count is to be taken as the children go through the line at the point of meal service.

03

The count can't be completed before or after meal service, it must be completed during the meal service.



# MEAL COUNT FORM BEST PRACTICES

- Designate one person to take the meal count at the end of the service line
- Look over meal count form to ensure completeness and accuracy before signing and before submitting each week



### Weekly Meal Counts

Site Name: \_\_\_\_\_ Circle One: **Breakfast** Lunch Snack Supper

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Meals Received:	Meals Received:	Meals Received:	Meals Received:	Meals Received:
Meals Leftover:	Meals Leftover:	Meals Leftover:	Meals Leftover:	Meals Leftover:
Meal Temp 30 min:	Meal Temp 30 min:	Meal Temp 30 min:	Meal Temp 30 min:	Meal Temp 30 min:
Meal Temp:	Meal Temp:	Meal Temp:	Meal Temp:	Meal Temp:

First Meals Served to Children (Cross off number below as each child receives a COMPLETE meal)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	
67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134
135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202
203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236
237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304
305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338
339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372
373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406
407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440
441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474
475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508
509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542
543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576
577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610
611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644
645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678
679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712
713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746
747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780
781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814
815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848
849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882
883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916
917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950
951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984
985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018
1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052
1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086
1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120
1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154
1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188
1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	1222
1223	1224	1225	1226	1227	1228	1229	1230	1231	1232	1233	1234	1235	1236	1237	1238	1239	1240	1241	1242	1243	1244	1245	1246	1247	1248	1249	1250	1251	1252	1253	1254	1255	1256
1257	1258	1259	1260	1261	1262	1263	1264	1265	1266	1267	1268	1269	1270	1271	1272	1273	1274	1275	1276	1277	1278	1279	1280	1281	1282	1283	1284	1285	1286	1287	1288	1289	1290
1291	1292	1293	1294	1295	1296	1297	1298	1299	1300	1301	1302	1303	1304	1305	1306	1307	1308	1309	1310	1311	1312	1313	1314	1315	1316	1317	1318	1319	1320	1321	1322	1323	1324
1325	1326	1327	1328	1329	1330	1331	1332	1333	1334	1335	1336	1337	1338	1339	1340	1341	1342	1343	1344	1345	1346	1347	1348	1349	1350	1351	1352	1353	1354	1355	1356	1357	1358
1359	1360	1361	1362	1363	1364	1365	1366	1367	1368	1369	1370	1371	1372	1373	1374	1375	1376	1377	1378	1379	1380	1381	1382	1383	1384	1385	1386	1387	1388	1389	1390	1391	1392
1393	1394	1395	1396	1397	1398	1399	1400	1401	1402	1403	1404	1405	1406	1407																			

# Weekly Meal Count Form

Site name is important!!

Meal Type is required for claiming!



## Weekly Meal Counts

<b>Site Name:</b>					<b>Circle One: Breakfast</b>					<b>Lunch</b>					<b>Snack</b>					<b>Supper</b>				
<b>Monday:</b>					<b>Tuesday:</b>					<b>Wednesday:</b>					<b>Thursday:</b>					<b>Friday:</b>				
Meals Received:					Meals Received:					Meals Received:					Meals Received:					Meals Received:				
Meals Leftover:					Meals Leftover:					Meals Leftover:					Meals Leftover:					Meals Leftover:				
Meal Temp 30 min:					Meal Temp 30 min:					Meal Temp 30 min:					Meal Temp 30 min:					Meal Temp 30 min:				
Meal Temp:					Meal Temp:					Meal Temp:					Meal Temp:					Meal Temp:				
<b>First Meals Served to Children (Cross off number below as each child receives a COMPLETE meal):</b>																								
1	34	67	100	133	1	34	67	100	133	1	34	67	100	133	1	34	67	100	133	1	34	67	100	133
2	35	68	101	134	2	35	68	101	134	2	35	68	101	134	2	35	68	101	134	2	35	68	101	134
3	36	69	102	135	3	36	69	102	135	3	36	69	102	135	3	36	69	102	135	3	36	69	102	135

Date is required

The number of meals received/Meal Leftover must be completed daily. You can not claim more meals than are listed here.

Meal Temp only needs to be recorded for hot entrée item.



# Weekly Meal Count Form

First Meals Served to Children (Cross off number below as each child receives a COMPLETE meal):																								
1	34	67	100	133	1	34	67	100	133	1	34	67	100	133	1	34	67	100	133					
2	35	68	101	134	2	35	68	101	134	2	35	68	101	134	2	35	68	101	134					
3	36	69	102	135	3	36	69	102	135	3	36	69	102	135	3	36	69	102	135					
4	37	70	103	136	4	37	70	103	136	4	37	70	103	136	4	37	70	103	136					
5	38	71	104	137	5	38	71	104	137	5	38	71	104	137	5	38	71	104	137					
6	39	72	105	138	6	39	72	105	138	6	39	72	105	138	6	39	72	105	138					
7	40	73	106	139	7	40	73	106	139	7	40	73	106	139	7	40	73	106	139					
8	41	74	107	140	8	41	74	107	140	8	41	74	107	140	8	41	74	107	140					
9	42	75	108	141	9	42	75	108	141	9	42	75	108	141	9	42	75	108	141					
10	43	76	109	142	10	43	76	109	142	10	43	76	109	142	10	43	76	109	142					
11	44	77	110	143	11	44	77	110	143	11	44	77	110	143	11	44	77	110	143					
12	45	78	111	144	12	45	78	111	144	12	45	78	111	144	12	45	78	111	144					
13	46	79	112	145	13	46	79	112	145	13	46	79	112	145	13	46	79	112	145					
14	47	80	113	146	14	47	80	113	146	14	47	80	113	146	14	47	80	113	146					
15	48	81	114	147	15	48	81	114	147	15	48	81	114	147	15	48	81	114	147					
16	49	82	115	148	16	49	82	115	148	16	49	82	115	148	16	49	82	115	148					
17	50	83	116	149	17	50	83	116	149	17	50	83	116	149	17	50	83	116	149					
18	51	84	117	150	18	51	84	117	150	18	51	84	117	150	18	51	84	117	150					
19	52	85	118	151	19	52	85	118	151	19	52	85	118	151	19	52	85	118	151					
20	53	86	119	152	20	53	86	119	152	20	53	86	119	152	20	53	86	119	152					
21	54	87	120	153	21	54	87	120	153	21	54	87	120	153	21	54	87	120	153					
22	55	88	121	154	22	55	88	121	154	22	55	88	121	154	22	55	88	121	154					
23	56	89	122	155	23	56	89	122	155	23	56	89	122	155	23	56	89	122	155					
24	57	90	123	156	24	57	90	123	156	24	57	90	123	156	24	57	90	123	156					
25	58	91	124	157	25	58	91	124	157	25	58	91	124	157	25	58	91	124	157					
26	59	92	125	158	26	59	92	125	158	26	59	92	125	158	26	59	92	125	158					
27	60	93	126	159	27	60	93	126	159	27	60	93	126	159	27	60	93	126	159					
28	61	94	127	160	28	61	94	127	160	28	61	94	127	160	28	61	94	127	160					
29	62	95	128	161	29	62	95	128	161	29	62	95	128	161	29	62	95	128	161					
30	63	96	129	162	30	63	96	129	162	30	63	96	129	162	30	63	96	129	162					
31	64	97	130	163	31	64	97	130	163	31	64	97	130	163	31	64	97	130	163					
32	65	98	131	164	32	65	98	131	164	32	65	98	131	164	32	65	98	131	164					
33	66	99	132	165	33	66	99	132	165	33	66	99	132	165	33	66	99	132	165					
Total 1st Meals:					Total 1st Meals:					Total 1st Meals:					Total 1st Meals:					Total 1st Meals:				
2nd Meals: 1 2 3 4 5 6 7 8					2nd Meals: 1 2 3 4 5 6 7 8					2nd Meals: 1 2 3 4 5 6 7 8					2nd Meals: 1 2 3 4 5 6 7 8					2nd Meals: 1 2 3 4 5 6 7 8				
Program Adults: 1 2 3 4 5					Program Adults: 1 2 3 4 5					Program Adults: 1 2 3 4 5					Program Adults: 1 2 3 4 5					Program Adults: 1 2 3 4 5				
Damaged:					Damaged:					Damaged:					Damaged:					Damaged:				
Leftovers:					Leftovers:					Leftovers:					Leftovers:					Leftovers:				
Sign & Date					Sign & Date					Sign & Date					Sign & Date					Sign & Date				

Only first meals are counted here! Each meal must be marked individually. Do not draw a line through multiple numbers. The meals must be marked at the time of meal service.

This number must match the number of individual meal count marks.

Daily Check: Is this form filled out completely? Is the "At-Risk Record of Meals Served" up-to-date?

# Weekly Meal Count Form

Individual meal counting is still required. These must be complete meals, not only one component or leftovers.

33   66   99   132   165	33   66   99   132   165	33   66   99   132   165	33   66   99   132   165	33   66   99   132   165
Total 1st Meals:	Total 1st Meals:	Total 1st Meals:	Total 1st Meals:	Total 1st Meals:
2nd Meals: 1 2 3 4 5 6 7 8	2nd Meals: 1 2 3 4 5 6 7 8	2nd Meals: 1 2 3 4 5 6 7 8	2nd Meals: 1 2 3 4 5 6 7 8	2nd Meals: 1 2 3 4 5 6 7 8
Program Adults: 1 2 3 4 5	Program Adults: 1 2 3 4 5	Program Adults: 1 2 3 4 5	Program Adults: 1 2 3 4 5	Program Adults: 1 2 3 4 5
Damaged:	Damaged:	Damaged:	Damaged:	Damaged:
Leftovers:	Leftovers:	Leftovers:	Leftovers:	Leftovers:
Sign & Date	Sign & Date	Sign & Date	Sign & Date	Sign & Date

Daily Check: Is this form filled out completely? Is the "At-Risk Record of Meals Served" up-to-date?

Don't forget to Sign/Initial and Date

Damaged meals include any that you need to throw away due to expiration.

Subtract total 1<sup>st</sup> meals, 2<sup>nd</sup> meals, program adult meals, and damaged meals from Meals Delivered + Leftovers from previous day.

# WEEKLY MEAL COUNT FORM RULES

For meals  
to be  
reimbursable:



1

Meals must be counted individually, not one line through many numbers

2

All required information must be completed & turned in weekly ONLINE

3

Can't claim more meals that the number of meals available - except kitchen meals

4

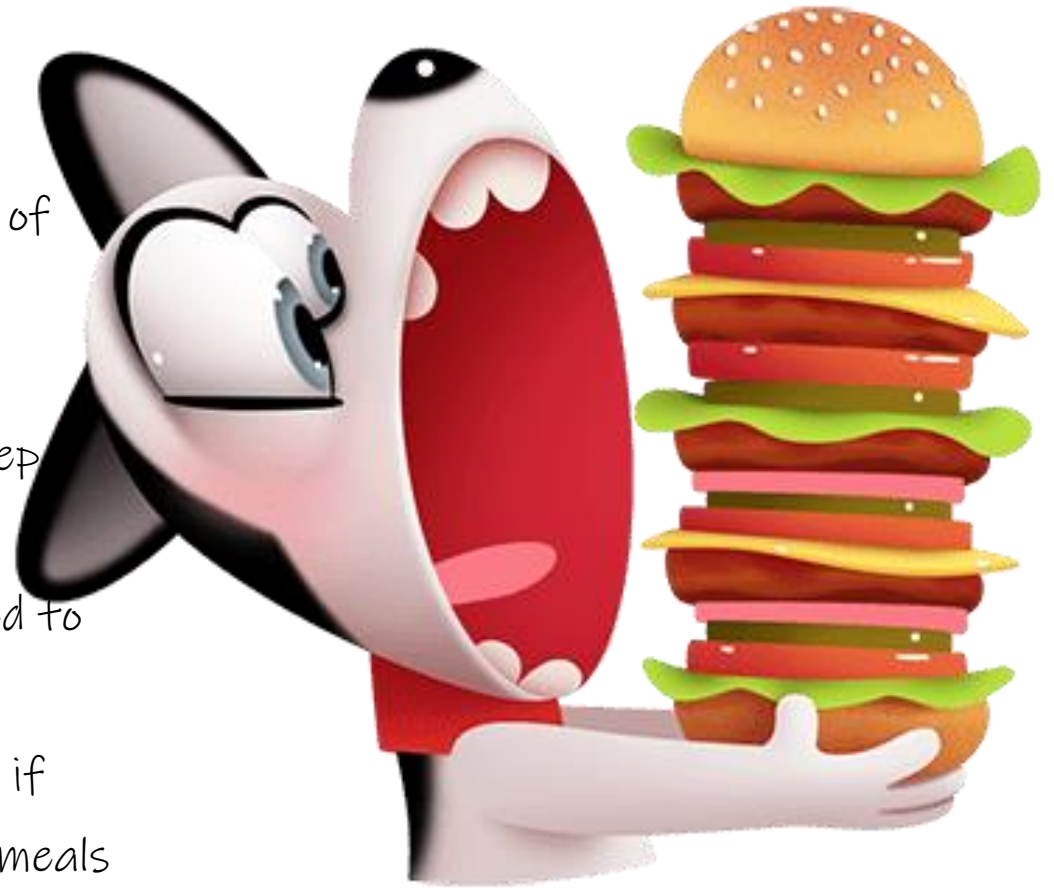
The meal count shouldn't repeat daily with no variation.

**Must Claim 80% Meals Delivered**



# Maintain 80% Reimbursement

The expectation is that a minimum of 80% of meals delivered will be served....we know that attendance fluctuates, but we ask that you keep the 80% goal in mind and make adjustments as soon as one is needed to avoid wasting food and a possible invoice. Please reach out to Johnna if you have concerns about your % of meals served





# SITE RECORD OF MEALS SERVED

Kentucky Department of Education  
School and Community Nutrition  
SFSP SITE RECORD OF MEALS SERVED

Site Name: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Meal Service:  Breakfast  A.M. Snack  Lunch  P.M. Snack  Supper Date: \_\_\_\_\_

Note: A copy of this form *must* be maintained at the site for the duration of the site's operations.

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

**FILL OUT COMPLETELY**

# Meals Available = Meals Delivered + Leftovers from previous day

# RECORD OF MEALS SERVED RULES

For meals to be reimbursable:



1

Complete Daily & Turn in Monthly ONLINE

2

Must be available for monitoring

3

Must have a Site Record for each meal service type

4

Must match Weekly Meal Count Form

# COVID -19 Grab N Go



1

Reported as Supper until hot meals start – will then be snack. Add protein to bag.

2

May serve for up to 3 days after delivery. Date all leftovers.

3

You may give out meals for up to 5 days in advance. Count all as first meals.

4

Email by 6pm on any changes in numbers or if you need to cancel.

\*Can get protein only

# BREAKFAST KITS



1

Starting in June - DTC needs to know ASAP if you would like to serve w/ Grab N Go meals

2

Place order each week to prevent overstock - order by case

3

First meals only - do not order enough for seconds

4

Changes in counts may take up to three days

# KITCHEN MEALS



1

Will restart once congregate meals are required and hot meals can be served

2

Check temperatures 30 minutes prior to serving and at serve time

3

Pans and utensils **MUST** be free of any food debris after meal service

4

Closures must be submitted one week in advance



# ONLINE PROCESSES

<https://daretocare.org/partner-agencies/>



01

Ordering Breakfast &  
Changing Meal Counts

02

Cancellations/Changes in  
Meal Service

03

Submitting Paperwork





Dare to Care  
Food Bank

*Hope is what we here.*

partner agencies | contact us

need  
food?

donate  
now!

▶ Learn More

▶ Get Involved

▶ Donate

## Partner Agencies

### Working together to feed our community

Dare to Care Food Bank reaches individuals facing hunger through our network of over 200 dedicated partner agencies, that are committed to ending hunger in Kentuckiana.

Partner agencies include food pantries, shelters, emergency kitchens and other organizations in our community. Dare to Care donates food from our inventory to these agencies. In turn, these agencies are on the front lines, directly providing food assistance to community members in need.

- Emergency Kitchens and Shelters prepare meals and serve them at their location to anyone who comes to their site.
- Food Pantries serve people in need of food assistance, by providing them food to take home to prepare.

AGENCY TOOLS

FAQS

Agency Login

Agency Ref

Password

Remember Me

LOG IN

# SPONSOR & STATE REVIEWS

This program  
relies on you!



1

DTC will conduct a review of the site to make sure the site is following program rules and regulations – Exempt during COVID-

2

19 waivers but may be done online  
Any areas of noncompliance will be addressed in a corrective action plan.

3

The site must indicate the immediate corrective action that was taken and identify the plan in place to ensure future compliance.

4

A site must be terminated from participation if many violations are found and/or if the health, safety, or wellbeing of children is threatened.



# Civil Rights

What is Discrimination?

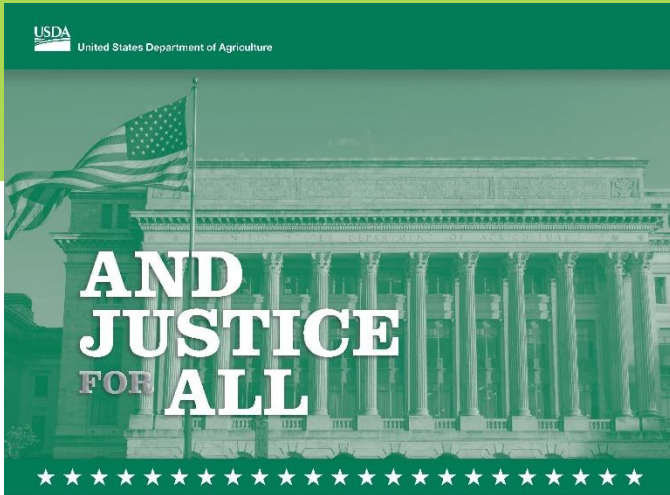
Different treatment which makes a distinction of one person or group of persons from others; either intentionally, by neglect, or by actions or lack of actions based on any persons or group who has characteristics for which discrimination is prohibited based on the law, regulation, or executive order.

# Goals of Civil Rights

1. Knowledge for rights and Responsibilities
2. Elimination of illegal barriers that prevent or deter people from receiving benefits
3. Dignity and Respect for All
4. Equal treatment for all applicants and beneficiaries

**Protected Classes: Race, Color, National Origin, Age, Sex, Disability**

# CIVIL RIGHTS PUBLIC NOTIFICATION



In 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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, audiotape, 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 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.ascr.usda.gov/sites/default/files/USDA-CASCR%20P-Complaint-Form-0508-0002-508-11-26-11Fax2Mail.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:

**mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
**fax:**  
(833) 256-1665 or (202) 690-7442;  
**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que 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 línea, en <https://www.ascr.usda.gov/sites/default/files/USDA-CASCR%20P-Complaint-Form-0508-0002-508-11-26-11Fax2Mail.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:

**correo postal:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; o  
**fax:**  
(833) 256-1665 o (202) 690-7442;  
**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).  
Esta institución ofrece igualdad de oportunidades.

01

Include full USDA non-discrimination on all materials

02

Prominently display the "And Justice for All" poster in the food service area. The full size 11"x17" poster must be used.

# CIVIL RIGHTS GRIEVANCE PROCEDURES



OMB Control Number 0508-0002

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
Program Discrimination Complaint Form**

First Name:  Middle Initial:  Last Name:   
Mailing Address:   
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  No   
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  
Name(s) of person(s) involved in the alleged discrimination (if known):  
  
Please name the program you applied for (if known/if applicable):

- Accept verbal or written grievances.
- Complaint must be made in 180 days.
- Available on DTC website or USDA
- Keep procedures and report forms at site.
- Never try to impede or "work it out"
- Complaint goes directly to USDA - information is on the form.

# SITE SUPERVISOR RESPONSIBILITIES



Trained site supervisor must be present during ALL meal services and serve ALL children.



Ensure Accurate Meal Count documentation and Civil Rights Compliance.



Submit all forms to DTC each week and inform sponsor of any changes.





Questions?



Dare to Care  
*community kitchen*

in partnership with **Lift a Life**  
FOUNDATION®



**THANK  
YOU AND  
HAVE A  
GREAT  
SUMMER!**



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