



Dare to Care
Community
Kitchen

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

SFSP
TRAINING
2022

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

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?

- 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

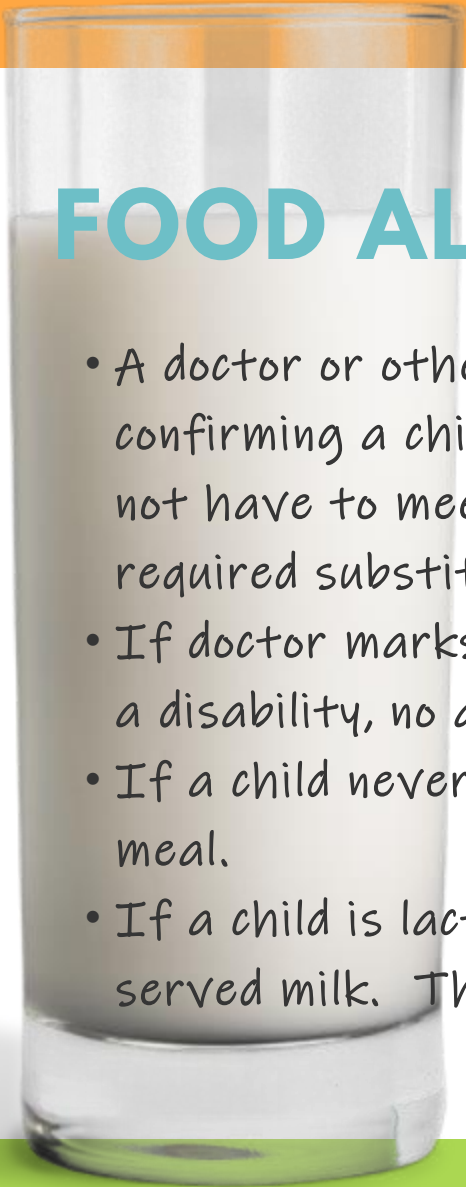
WHERE?

- 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
- 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.



SITE RULES

Personnel Change

If there are any changes in personnel that work with the Summer Meals Program in any way, you must let Dare to Care know so that we may update our contact and be certain that every new member is trained.

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	34	67	100	133	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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?

Weekly Meal Count Form

Meal Type is required for claiming!

Site name is important!!



Dare to Care
Food Bank

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:				
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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					
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32	65	98	131	164	32	65	98	131	164	32	65	98	131	164	32	65	98	131	164					
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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 1st meals, 2nd 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

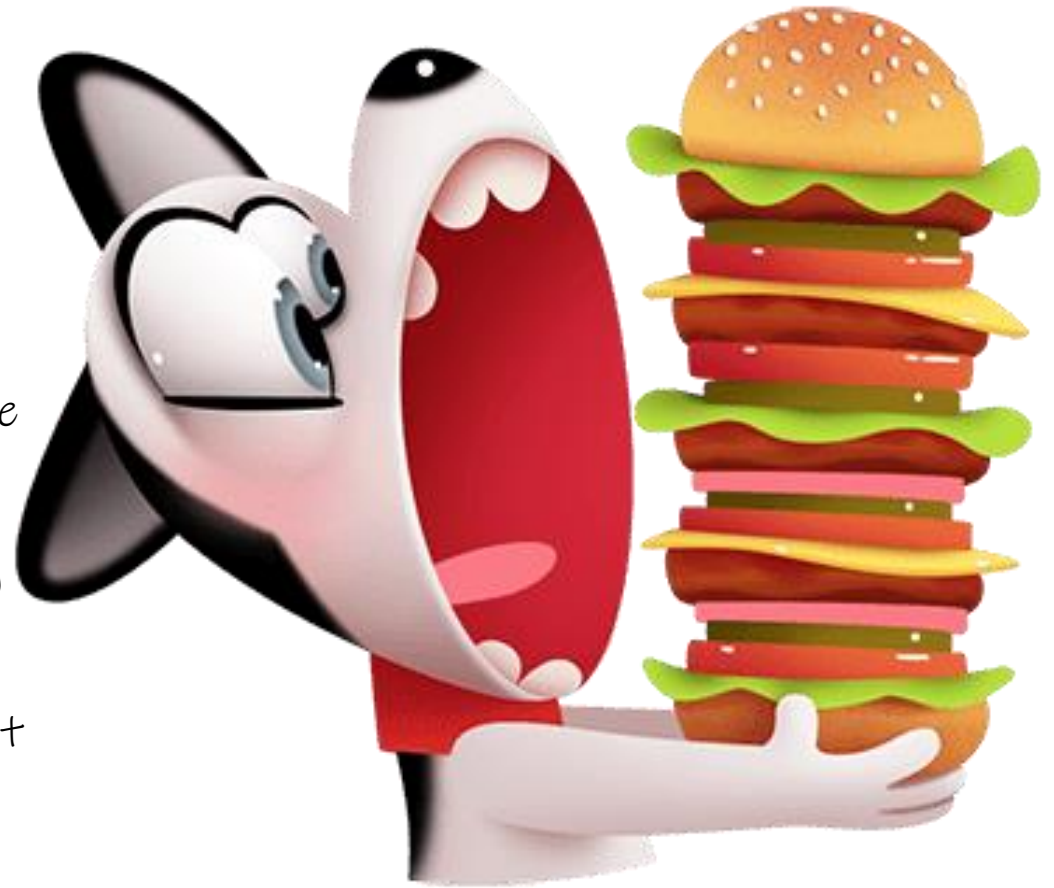
4

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

Must Claim 85% Meals Delivered

Maintain 85% Reimbursement

The expectation is that a minimum of 85% of meals delivered will be served....we know that attendance fluctuates, but we ask that you keep the 85% goal in mind and make adjustments as soon as one is needed to avoid wasting food and a possible invoice. Please reach out to Mary Jo 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

PAPERWORK RECAP

**Reminder: Dare to Care is
only reimbursed for meals if
you submit ALL required
paperwork**

1

Menu posted for each
day

2

Weekly meal count form

3

Site Record of Meals
Served (monthly)

BREAKFAST KITS



1

Place order each week to prevent overstock - order full weekly amount needed

2

First meals only - do not order enough for seconds

3

Don't forget to add milk!

Breakfast kit will consist of a fruit, cereal, and milk to meet the meal pattern requirement.

Cafeteria Style MEALS



1

Only serve as congregate meals – may take one whole item offsite
(whole fruit, vegetable, or grain)

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 and put back into cambros

4

Changes and Closures must be submitted at least two business days, in advance

ONLINE PROCESSES

<https://daretocare.org/community-kitchen-partners/>



01

Ordering Breakfast &
Changing Meal Counts

02

Cancellations/Changes in
Meal Service

03

Submitting Paperwork

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

2

KDE may choose to visit your site at any point during the summer, as well.

3

Any areas of noncompliance will be addressed in a corrective action plan. 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?

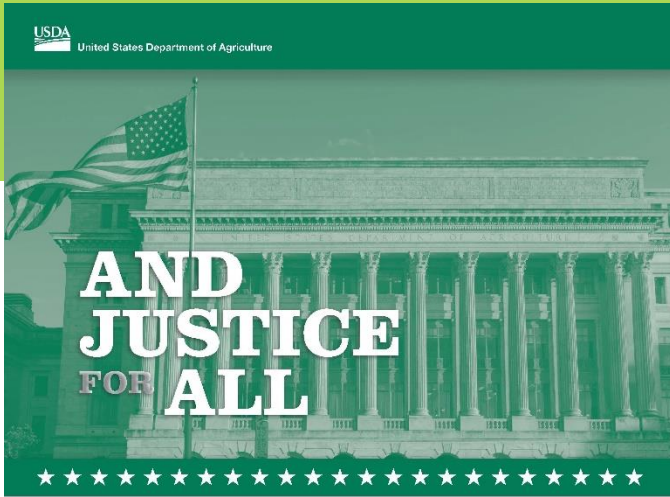
Different treatment which makes a distinction of one person or group of persons from others; either intentionally, by neglect, or by actions or lack of actions based on any persons or group who has characteristics for which discrimination is prohibited based on the law, regulation, or executive order.

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) 832-9992, 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.
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) 832-9992, 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.
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®