

## Forms Section

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## Notice of Direct Certification

Dear Parent/Guardian:

We want to let you know that the child(ren) listed below will receive free lunches, breakfasts, and snacks at school because they receive **[State SNAP]** or **[State TANF]**.

Name of Child	Name of School

If there are other children in your household who aren't listed above, *they also qualify for free meals.*

Please contact the school your child/children attend in the following situations:

- If there are other children in your household who are not listed above and you would like them to receive free meals at school
- You do not want your children to have free meals
- You have any additional questions

**[name]**

**[phone number]**

**[e-mail address]**

Sincerely,

**[signature]**

Non-Discrimination Statementn accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

## Notice to Households of Approval/Denial of Benefits

Dear Parent/Guardian:

You applied for free or reduced-meals for the following child(ren);


Your application was:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at \$ \_\_\_\_\_ for lunch, \$ \_\_\_\_\_ for breakfast, and \$ \_\_\_\_\_ for snacks
- ☐ Denied for the following reason(s):
- ☐ Income over the allowable amount
  - ☐ Incomplete application because \_\_\_\_\_
  - ☐ Other \_\_\_\_\_

If you do not agree with the decision, you may discuss it with [school official's name] at [phone number] or at [e-mail address]. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Sincerely

Name	Title	Date
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3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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### Sharing Information with Medicaid/Chip

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

-----  
☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**

### Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

-----

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]** or e-mail at **[e-mail address]**.

Return this form to: **[address]** by **[date]**.

## We Must Check Your Application

*You must send the information we need, or contact [name] by [date], or your child(ren) will stop getting free or reduced price meals.*

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. You must send us information to prove that **[name(s) of child(ren)][is/are]** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **[State SNAP]**, **[State TANF]** OR **[FDPIR]** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **[State SNAP]** or **[State TANF]** or **[FDPIR]** Certification Notice that shows dates of certification.
- Letter from **[State SNAP]** or **[State TANF]** or **[FDPIR]** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU GET THIS LETTER FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **[school, homeless liaison, or migrant coordinator]** FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **[State SNAP]** or **[State TANF]** or **[FDPIR]** benefits:

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address]**

### Acceptable papers include:

**Jobs:** Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

**Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.

**Unemployment, Disability, or Worker's Comp:** Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

**Welfare Payments:** Benefit letter from the **[State TANF]** office.

*Child Support or Alimony:* Court decree, agreement, or copies of checks received.

*Other income (such as rental income):* Information that shows the amount of income received, how often it is received, and the date received.

*No income:* A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

*Military Housing Privatization Initiative:* Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

**Timeframe of Acceptable Income Documentation:** Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call [name] at [phone number]. The call is free. **[Toll free or reverse charge explanation]**. You may also e-mail us at [e-mail address].

Sincerely,

[signature]

-----

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals. Pursuant to Section of 7 of the Privacy Act, disclosure of your Social Security number is not required. We do not need and are not requesting any Social Security numbers that may appear on documents you submit.

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3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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## We Have Checked Your Application

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We checked the information you sent us to prove that **[name(s) of child(ren)]** are eligible for free or reduced price meals and have decided that:

- ☐ Your child(ren)'s eligibility has not changed.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from reduced price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- ☐ Starting **[date]**, your child(ren)'s eligibility for meals will be changed **from free to reduced price** because your income is over the limit. Reduced price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your child(ren) is/are no longer eligible** for free or reduced price meals for the following reason(s):

- \_\_\_ Records show that no one in your household received **[State SNAP]** or **[State TANF]** benefits.
- \_\_\_ Records show that the child(ren) is/are not homeless, runaway, or migrant.
- \_\_\_ Your income is over the limit for free or reduced price meals.
- \_\_\_ You did not provide: \_\_\_\_\_
- \_\_\_ You did not respond to our request.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may apply again. If you were previously denied benefits because no one in the household received **[State SNAP]**, **[State TANF]** or **[FDPIR]** benefits, you may reapply based on income eligibility. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your child(ren) will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**, or **[e-mail]**.

Sincerely,

**[signature]**

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## Forms Section

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the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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Office of the Assistant Secretary for Civil Rights  
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## Form 4-A

## Civil Rights Training Roster

<b>School Name</b>		
<b>School Year</b>		
<b>Date</b>		
<b>Location</b>		
<b>Instructor</b>		
<b>Name (Please Print)</b>	<b>Signature</b>	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**4-B**

**Discrimination Complaint Form**

*Any person or representative alleging discrimination based on race, color, national origin, sex, age, or disability has the right to file a complaint within **180 days** of the alleged discriminatory action. Complaints received by a School Food Authority or state agency must be forwarded to USDA within five working days. This form must be printed front to back and not on separate pages.*

1. Your Name:
2. Your Address (street, city, state, zip)
3. Your telephone-Home : (\_\_\_\_\_) \_\_\_\_\_ Work: \_\_\_\_\_
4. Name, phone and address of person(s) discriminated against, if different from above:
5. Name and address of the person(s) or organization(s) you are filing a complaint against:
6. List date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions:
7. Describe as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional paper as needed and attach them and any other materials pertaining to your case to this form.)
8. State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).
9. Provide contact information for any person(s) who may have knowledge of the actions described above:
  - a) Name:
  - b) Title:
  - c) Phone:
  - d) Address:

10. Do you have any other information that you think is relevant to the investigation? (Use additional paper if needed.)

What remedy are you seeking for the alleged discrimination?

---

Signature

---

Date

***Forward Civil Rights complaints to:***  
Office of Health and Nutrition  
South Carolina Department of Education  
7<sup>th</sup> Floor Rutledge Building  
1429 Senate Street.  
Columbia, SC 29201  
Phone: (803) 734-8188

***OR***

Director, Civil Rights  
Food and Nutrition Service, USDA  
Southeast Regional Office  
61 Forsyth St., S.W.  
Atlanta, GA 30303-3427 Phone: (404) 562-1801

**OFFICE USE ONLY:**

Date Complaint Received: \_\_\_\_\_

Person Receiving Complaint: \_\_\_\_\_

Action(s) Taken:

**Seamless Summer Option Review Form**

Sponsor/SFA: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Address: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Meals Served: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayType of site: ☐ Open ☐ Restricted Open ☐ Migrant ☐ Closed Enrolled ☐ Camp

Info. From Application Time of Service: \_\_\_\_\_ Estimated Participation: \_\_\_\_\_

Program Requirements	Answers marked with an asterisk (*) must be explained.	Comments/Explanation
<b>1. Site Eligibility</b> a. Is site eligibility determined and documented correctly? b. Enrolled and Camp Sites: Are the applications approved correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
<b>2. Monitoring</b> a. Have all corrections requested during last review been made? b. Meal observed c. Was the meal offered at the advertised and approved time? d. How many children were observed participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No* Brk AM Snk Lnc PM Snk Sup <input type="checkbox"/> Yes <input type="checkbox"/> No* _____	
<b>3. Counting and Claiming</b> a. Are meal counts taken at the point of service? b. Does Daily Meal Count form accurately record all meals served? c. Are only reimbursable meals claimed? d. Camps only: Does the meal count system prevent overt identification of children's eligibility status (paid vs. free or reduced-price)?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
<b>4. Menus and Production Records</b> Traditional Food Based Menu a. Is "Offer vs. Serve" used? If yes, how many items are required for a reimbursable meal? b. Does the meal offered on the day of review contain the required menu items/components for the applicable menu planning system? c. Are production records and menus maintained for each day? d. Do production records reflect that menus meet requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No Lunch/Supper: _____ Breakfast: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> No*	

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<b>5. Safety and Sanitation</b> a. Are facilities/equipment adequate to allow good sanitation practices? b. Do personnel use good hygiene and sanitation practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No*  <input type="checkbox"/> Yes <input type="checkbox"/> No*															
<b>6. Civil Rights</b> a. Is the USDA-approved poster displayed in a prominent place and visible to recipients? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> b. Is access to the program at the site non-discriminatory with regard to age, gender, disability, race, color, or national origin, religion and political beliefs? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> c. Is the correct non-discrimination statement included on appropriate program materials? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> d. Are foreign language translations available when a significant number of persons speaking only a foreign language are in the population? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> e. Are procedures established to receive complaints alleging discrimination? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> f. Have there been any written or verbal complaints alleging discrimination? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No*</span> g. Actual current attendance by racial/ethnic group: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Black or African American</td> <td style="text-align: center;">Asian</td> <td style="text-align: center;">American Indian or Alaska Native</td> <td style="text-align: center;">Native Hawaiian or Other Pacific Islander</td> <td style="text-align: center;">White</td> <td style="text-align: center;">Hispanic or Latino</td> <td style="text-align: center;">Total</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> h. If all program participants at the site are only one race/ethnic group, indicate the general racial composition of the site which the area serves. _____ Comments: _____			Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Total	_____	_____	_____	_____	_____	_____	_____
Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Total										
_____	_____	_____	_____	_____	_____	_____										
<b>7. Program Promotion</b> a. Is the site adequately advertised in the community surrounding the site? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach copies of all marketing efforts to this review form. Comments: _____																

**Additional/General Comments:**

**Areas in Need of Improvement:**

Reviewer's Title: _____	Site Supervisor's Title: _____
Reviewer's Signature _____	Site Supervisor's Signature _____

### Summer Feeding Pre Operational Site Visit

<b>Sponsor Name:</b>				
<b>Site Name:</b>				
<b>Site Address:</b>				
<b>Site Phone</b>		<b>Site Contact Person:</b>		
<b>Type of Site:</b>		<input type="checkbox"/> Open <span style="margin-left: 100px;"><input type="checkbox"/> Enrolled</span> <input type="checkbox"/> Recreation Center <span style="margin-left: 100px;"><input type="checkbox"/> School</span> <input type="checkbox"/> Playground <span style="margin-left: 100px;"><input type="checkbox"/> Home</span> <input type="checkbox"/> Residential Camp <span style="margin-left: 100px;"><input type="checkbox"/> For-Profit</span> <input type="checkbox"/> Migrant <span style="margin-left: 100px;"><input type="checkbox"/> NYSP</span> <span style="margin-left: 100px;"><input type="checkbox"/> Church</span> <span style="margin-left: 100px;"><input type="checkbox"/> Park</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other _____</span>		
<b>Type of Visit</b>	<input type="checkbox"/> Telephone Interview	<input type="checkbox"/> On-Site Visit (New Site)	<input type="checkbox"/> On-Site Visit (Problematic Site)	
<b>Estimate the number of children the site can serve?</b>				
<b>Estimate the number of supervisory personnel needed to adequately control food serve?</b>				
<b>Does the site have:</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comment</b>
<b>A shelter or alternate site for inclement weather?</b>				
<b>Hand washing facilities for the food handlers and participants?</b>				
<b>Adequate refrigeration for storage of meals?</b>				
<b>Adequate cooking facilities for preparation of meals, if applicable?</b>				
<b>A place to store delivered food to maintain appropriate food</b>				
<b>Is another site needed in the area?</b>				
<b>Are present facilities adequate for an organized meal service?</b>				
<b>If no, explain:</b>				
<b>What types of organized activities are planned at this site?</b>				
<b>Signature of Authorized Representative</b>			<b>Date</b>	

**Summer Feeding First Week Site Visit Form**  
(Complete within seven calendar days of the site's start date)

<b>Date of site visit:</b>		<b>Monitor's arrival time:</b>		<b>Departure time:</b>	
<b>Site Name:</b>			<b>Site Address:</b>		
<b>Site Staff (list names):</b>					
<b>Areas of</b>				<b>Notes and Observations</b>	
<b>Has the site supervisor attended a training session?</b>					
<b>Are meals being counted and signed for?</b>					
<b>Are all required records being completed?</b>					
<b>Are meals served as second meals excessive?</b>					
<b>Do meals meet meal pattern requirements?</b>					
<b>Is there proper sanitation/storage?</b>					
<b>Is the site supervisor following procedures established to make meal order adjustments?</b>					
<b>Are meals served at the time approved by SCDE?</b>					
<b>Are all meals served and consumed on-site? (Note fruits/vegetables/grains can be taken off site).</b>					
<b>Is each meal served as a unit?</b>					
<b>Are there any problems with delivery?</b>					
<b>Is there documentation of children's income eligibility, if applicable?</b>					
<b>Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?</b>					
List any problems that were noted during the visit, and any corrective actions that were initiated to eliminate the problems:					
<b>Site Supervisor Signature</b>		<b>Date</b>	<b>Monitor's Signature</b>		<b>Date</b>



**Summer Feeding Second Site Review Form**

(Complete within the first four weeks of operation.)

<b>Sponsor:</b>			<b>Site:</b>			
<b>Site Contact:</b>						
<b>Site Address:</b>						
<b>Telephone:</b>			<b>Date of Review:</b>			
<b>Monitor's arrival time:</b>			<b>Departure time:</b>			
<b>Site Type:</b>			<b>Average Daily</b>			
<b>Today's Attendance:</b>			<b>Approved meal service time:</b>			
<b>Type(s) of meal(s)</b>	D Breakfast   D AM Snack   D Lunch   D PM Snack   D Supper					
<b>Approved level(s) of meal service</b>						
<b>Day of</b>	<b>Breakfast</b>	<b>AM</b>	<b>Lunch</b>	<b>PM Snack</b>	<b>Supper</b>	
<b># Meals delivered (if applicable)</b>						
<b># Meals/milk from previous day</b>						
<b>Time meals delivered (if applicable)</b>						
<b>Time meals served</b>						
<b># First meals served to children</b>						
<b># Second meals served to children</b>						
<b># Meals served to Program adults</b>						
<b># Meals served to non-Program adults</b>						
<b>Discarded meals (dropped, spoiled, incomplete meal, test)</b>						
<b># Meals leftover</b>						

\* Test meal cannot be claimed for reimbursement but should be recorded

YES	NO	EXPLAIN ANY “NO” ANSWERS BELOW
		1. Does the staffing pattern correspond to that listed on the approved site
		2. Has the site supervisor attended training session?
		3. Does the site have sufficient food service supervision?
		4. Are meals counted/checked before signing delivery receipt?
		5. Are accurate meal counts taken of meals served?
		6. Are meals served as second meals excessive?
		7. Are records of adult meals being kept?
		8. Do meals meet approved menu?
		9. Do meals meet meal pattern requirements?
		10. Are meals checked for quality?
		11. Is there proper sanitation/storage?
		12. Is the site supervisor following procedures established to make meal order adjustments?
		13. Are meals served within approved time frames?
		14. Are all meals served and consumed on-site? (Note fruits/vegetables/grains can be taken off-site.)
		15. Does site have a place to serve children meals in case of inclement
		16. Is each meal served as a unit?
		17. Is the meal delivery schedule followed?
		18. Are there provisions for storing or returning excess meals?
		19. Is there documentation of children's income eligibility, if applicable?
		20. Is there an “And Justice for All” poster, provide by the sponsor, on display in a prominent place?
		21. Are meals served to all attending children regardless of the child’s race, color, national origin, sex, age, or disability?
		22. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin.
		23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate
		24. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?
		25. Are there reasonable steps in place to ensure meaning access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the program?
Explanations:		

Program Violations		Actual Count	Type of Meal
1. Adult meals included in count of meals served to children.			
2. Offsite consumption. (Do not include fruits/vegetables/grains if allowed by State agency and sponsor.)			
3. More than one meal served at one time to children.			
4. Meal pattern not met (specify):			
5. Meals not served as a unit.			
6. Meal serving times not met.			
7. Other Program violations (specify):			
Check the following if apply (Explain any checked items):	Explanation:		
8. No records			
9. Incomplete records			
10. Poor sanitation			
11. Other			
Corrective action discussed with:			
Corrective action taken:			
Site Supervisor's comments:			
Further action needed by (date):			
I Certify that the above information is correct:			
Monitor's Signature:		Date:	
Site Supervisor's Signature:		Date:	
Sponsor Representative's Signature:		Date:	

### Instructions for Completing Racial Ethnic Data Form

- The sponsor must complete this form at each site. Sponsors of residential camps must collect this information for each camp session. For all other sites, the sponsor must count the participating children at least once during the site's operation.
- The sponsor may use visual identification to determine a participant's racial or ethnic category, or the parents of a participant may be asked to identify the racial or ethnic group of their child. A participant may be included in the group that he/she appears to belong, identifies with, or is regarded as a member by the community.
- To ensure data quality, ethnicity and racial information will be collected and reported separately. Ethnicity data should equal the total number of first meals served during the entire meal service. Racial data may be greater than the total number of first meals served during the meal service as sponsors may select one or more racial designations.
- The sponsor must retain racial or ethnic data and documentation for the data for three (3) years. This information must be safeguarded to prevent its use for discriminatory purposes. Access to Program records containing racial or ethnic data should be limited to authorized personnel.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail To: U.S. Department of Agriculture  
Office of the Assistant Secretary  
for Civil Rights 1400  
Independence Avenue, SW  
Washington, D.C. 20250-9410; fax: 202-690-7442; or email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

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### Summer Feeding Racial Ethnic Data Form

GENERAL INFORMATION		
Visit Date:	Monitor Name:	
Site Name:	Site #	
Site Address:		
Site Contact Name:	Site Contact Phone #:	
MEAL SERVICE		
Total number of First Meals Served during <b>entire</b> meal service:		
<b>Total A:</b>		
ETHNIC CATEGORIES		Participating Children
<b>Number of children identified as Hispanic or Latino</b> (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."):		
<b>Number of children identified as Non-Hispanic or Latino:</b>		
<b>Total B:</b>		
RACIAL CATEGORIES		Participating Children
<b>Number of children identified as American Indian or Alaska Native</b> (a person having origins in any of the original peoples of North or South America, (including Central America), and who maintains tribal affiliation or community recognition):		
<b>Number of children identified as Asian</b> (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam):		
<b>Number of children identified as Black or African American</b> (a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"):		
<b>Number of children identified as Native Hawaiian or Other Pacific Islander</b> (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands):		
<b>Number of children identified as White</b> (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa):		
<b>Total C:</b>		
EDIT CHECK		
<input type="checkbox"/> <b>Check that A = B</b> <input type="checkbox"/> C must be equal to or greater than A or B as any one person could identify with more than one Racial Category, but only one Ethnic Category <input type="checkbox"/> In most cases, all three will be equal		
SIGNATURES		
Monitor Signature:	Date:	Time:
Site Contact Signature:	Date:	Time:

### Request for Meal Accommodation

This form may be used to request meal modifications for students who have a physical or medical impairment and participate in the National School Lunch & School Breakfast Programs. The district will work collaboratively with parents to ensure equal opportunity to participate in the School Meal Programs and receive program benefits. However, if the district is unable to accommodate your student's request within the meal pattern requirements; a *Medical Statement* completed by a State licensed Medical Professional will be needed (SP 59-2016).

#### Parent/Guardian:

Completing the *Request for Meal Accommodation* form helps the school provide meal modifications within the meal pattern requirements for students with a mental or physical impairment. Your participation in this process is very important and communication with the school team allows for advanced planning and preparation needed to provide the accommodation. The district is not required to provide a specific substitution (such as a particular brand name), but offer a reasonable modification that effectively accommodates your child's needs.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Describe the student's physical or mental impairment:		
Specify any dietary restrictions or special instructions for meals:		
Signature of Parent/Guardian:		Date:
<p><b>IMPORTANT:</b> The only fluid cow's milk substitutions allowed by USDA are (1) Lactose-free fluid cow's milk or (2) a non-dairy beverage with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. To see the non-dairy beverages that meet the this requirement visit <a href="#">link to milk requirements</a></p>		

**Non-Discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**Medical Statement**

Parent/Guardian: You have requested a meal accommodation for your child that cannot be achieved within the federal meal pattern requirements for school meals (SP 59-2016). Therefore, in order to meet your child's needs, this form must be completed and returned to the school. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.

Name of Child:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:	School Building Child Attends:	Grade:
Description of student's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:		If applicable, list foods to substitute:
Texture Modifications:		Thickness Modifications:
Signature of State Licensed Health Care Professional:		Name of referring physician working with LMNT (if applicable):
Printed Name and Title:	Phone Number:	Date:

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## After School Snack Review Form

### On-Site Review of Afterschool Snack Program

**Directions:** School Food Authorities (SFAs) must review each Afterschool Snack Program (ASP) site two times per school year. The first review must be conducted within the first four weeks of the snack program's operation. This form may be used for both reviews. File the completed forms for audit and review purposes.

School District/SFA: \_\_\_\_\_ Program Name: \_\_\_\_\_

ASP Operational Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ASP Operational End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASP Contact Person: \_\_\_\_\_ Reviewer: \_\_\_\_\_

ASP Operates: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri Time Snack is Served:                     

Site is: ☐ Area Eligible (all snacks claimed as free) OR ☐ Individual Eligible (claimed according to child's eligibility status)  
☐ Non-pricing (no students charged for snacks) OR ☐ Pricing (reduced-price and paid students charged for snacks)

Program Requirements:	1 <sup>st</sup> Review Date			2 <sup>nd</sup> Review Date		
	Yes	No	NA	Yes	No	NA
<b>1. Monitoring:</b>						
a. Have all corrections requested during last site monitoring been implemented?						
<b>2. Accountability:</b>						
a. Are daily attendance rosters maintained?						
b. Are snack counts taken at the point of service?						
c. Do all students take all required food components?						
d. If no, are the snacks which do not meet requirements recorded as non-reimbursable snacks?						
e. Are students claimed in the correct eligibility category? (If Area Eligible, all students are free.)						
f. If site is an Individual Eligible program, does the meal count system prevent overt identification of students' eligibility status?						
g. Were daily income records maintained for cash collected, if applicable?						
h. Were claims for reimbursement correctly filed (i.e. only one snack per child per day in the correct eligibility category)?						
i. Are all snacks claimed served only to enrolled students?						
<b>3. Menus and Production Records:</b>						
a. Does the menu on the day of monitoring meet requirements? Specify below:						
<div style="display: flex; justify-content: space-between;"> <span>1<sup>st</sup> REVIEW</span> <span>2<sup>nd</sup> REVIEW</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Menu</span> <span>Portion Size</span> <span>Menu</span> <span>Portion Size</span> </div>						
b. Are production records and menus maintained for each day?						
c. Do production records reflect that menus meet component and serving size requirements?						
<b>4. Safety and Sanitation:</b>						
a. Are facilities/equipment adequate to allow good sanitation practices?						
b. Do personnel use good hygiene and sanitation practices?						
<b>5. Educational Component:</b>						
a. Is there an education component during afterschool care? Describe.						
<b>1<sup>st</sup> Review</b> Corrections Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____  _____ Signature and Title of ASP Reviewer      Date	<b>2<sup>nd</sup> Review</b> Corrections Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____  _____ Signature and Title of ASP Reviewer      Date					





## Afterschool Snack Program Count Sheet

## Daily Afterschool Snack Count Form

Program Name: \_\_\_\_\_

<b>DATE:</b>	<b>Total snacks received/ prepared:</b>
<b>TODAY'S SNACK MENU</b>	Mark each number as a snack is served. Count only one snack per child per day.
	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
Snack Supervisor's Initials:	Total Snacks Served to Students: No. Snacks Served to Adults:

<b>DATE:</b>	<b>Total snacks received/ prepared:</b>
<b>TODAY'S SNACK MENU</b>	Mark each number as a snack is served. Count only one snack per child per day.
	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
Snack Supervisor's Initials:	Total Snacks Served to Students: No. Snacks Served to Adults:

<b>DATE:</b>	<b>Total snacks received/ prepared:</b>
<b>TODAY'S SNACK MENU</b>	Mark each number as a snack is served. Count only one snack per child per day.
	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
Snack Supervisor's Initials:	Total Snacks Served to Students: No. Snacks Served to Adults:



## South Carolina Production Record (Sample)

<b>Date:</b>			<b>Menu #1</b>	<b>Menu #2</b>		<b>Menu #3</b>		Meal/Snack: <input type="checkbox"/> SBP <input type="checkbox"/> NSLP <input type="checkbox"/> ASP <input type="checkbox"/> FFVP				
<b>District:</b>			Entrée:	Entrée:		Entrée:		<b>Students:</b>				
<b>School:</b>			Other menu items:						<b>In Kind:</b>			
<b>Grades:</b>									<b>Adults:</b>			
<b>Manager:</b>									<b>Other:</b>			
									<b>Total Meals Served:</b>			
<b>(1) Menu Items</b>	<b>(2) Recipe #</b>	<b>(3) Meal Contribution</b>	<b>(4) Portion Size</b>	<b>(5) Total Servings</b>	<b>(6) Quantity Prepared (Recipe #, lbs, #10 can, ea, etc.)</b>		<b>(7) Start Temp &amp;</b>	<b>(8) Servings Leftover</b>	<b>(9) Servings Used</b>	<b>(10) Comments</b>		
				Planned	Total Food Needed	Actual Servings						

Meat/Meat Alternate (M/MA)    Vegetable (V)    Fruit/Juice (F)    Grains/Breads (G/B)    Milk (M)

**South Carolina Statewide Food Production Record** ContinuedPage        of       [illegible]

Meat/Meat Alternate (M/MA)

Vegetable (V) Fruit/Juice (F)

Grains/Breads (G/B)

Milk (M)

**Sample Fruit and Vegetable Planner (Production Records)**

School \_\_\_\_\_

Menu Week \_\_\_\_\_

District \_\_\_\_\_

Grades \_\_\_\_\_

Manager \_\_\_\_\_

Component	Weekly Requirement (daily)	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
<b>Vegetable</b>	Grade K-5: 3¾ cups (¾) Grade 6-8: 3¾ cups (¾) Grade 9-12: 5 cups (1)						
<i>Dark Green</i>	½ cup (1 cup leafy greens = ½cup)						
<i>Red / Orange</i>	Grade K-5: ¾ cup Grade 6-8: ¾ cup Grade 9-12: 1¼ cups						
<i>Legumes</i>	½ cup						
<i>Starchy</i>	½ cup						
<i>Other</i>	K-5: ½ cup Grade 6-8: ½ cup Grade 9-12: ¾ cup						
<b>Fruit</b>							
	Grade K-5: 2 ½ cups (½) Grade 6-8: 2 ½ cups (½) Grade 9-12: 5 cups (1)						
<b>Other</b>							