New Jersey State Department of Agriculture

**Meal Pattern Exception Request Form**

**for Residential Child Care Institutions (RCCI)**

Name of RCCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_

Indicate type of RCCI Facility by checking appropriate box:

**Juvenile Detention Center**:  **Correctional Facility**:

**Other RCCI Facility:**  **If other facility, indicate type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As required by the United States Department of Agriculture (USDA), the above named residential child care institution (RCCI) is requesting an exception to the National School Lunch Program (NSLP) and School Breakfast (SBP) meal pattern grade groupings as defined by the Healthy, Hunger-Free Kids Act of 2010. This request is based on the reasons below.

1. Indicate the age/grade groups and meal service times for **each location**. (Attach additional sheets if there are more than 3 sites)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1. Location** | **2. Location** | **3. Location** |
| **Age/Grade Group** |  |  |  |
| **Service Time** | **Service Time** | **Service Time** |
| **K-5** |  |  |  |
| **6-8** |  |  |  |
| **9-12** |  |  |  |

2. Describe your **legitimate safety concerns** (or state juvenile justice laws or regulations)

related to offering meals with varying amounts of food within the same meal period:

3. Describe your **operational limitations** to separating students in the three age/grade

groups (K-5, 6-8 and 9-12):

4. Due to the safety concerns and operational limitations specified above, the above named institution agrees to serve meals meeting the highest age/grade group represented to all students in the location(s) identified above.

YES NO

**Meal Pattern Exception Request Form, continued**

In accordance with USDA Policy Memorandums SP 38-2012 and SP 48-2013, the above named institution requests an exception to the new meal patterns due to the safety concerns specified above. The individual signing below certifies that all information on this form is complete and accurate.

Any change to the safety concerns related to the serving of different age/grade groups will be communicated to the New Jersey Department of Agriculture, Division of Food & Nutrition, School Nutrition Programs Unit, within 15 days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director/Administrator** **Signature**  **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NJDOA SNP Staff Approval Signature Date**

*The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*