**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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email the completed form to: [snpspecialprojects@ag.nj.gov](mailto:snpspecialprojects@ag.nj.gov%20) with the subject line**:**

**SFA Name\_ Agreement #\_ RCCI Meal Pattern Exception Request.** An email will be returned to the Authorized Representative regarding approval or denial of the exception.

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**

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

**NJDA SNP Staff Approval Signature Date**

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

This institution is an equal opportunity provider.