

## 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) 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.

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**Director/Administrator**

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**Signature**

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**Date**

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**NJDA SNP Staff**

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**Approval Signature**

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**Date**

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- (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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