

Free and Healthy Meals

Summer Food Service Program

Provides good food for your children



- FREE healthy meals are served to school age children 18 years or younger and persons 21 or older with physical or mental disability that are enrolled in school.
- Children get the foods they need to learn, play, and grow when school is not in session.

EAST END ELEMENTARY SCHOOL

505 East Second Street | Easley / 397-1708

PICKENS ELEMENTARY SCHOOL

567 Hampton Avenue | Pickens / 397-2308

LIBERTY PRIMARY SCHOOL

940 Chastain Road | Liberty / 397-4808

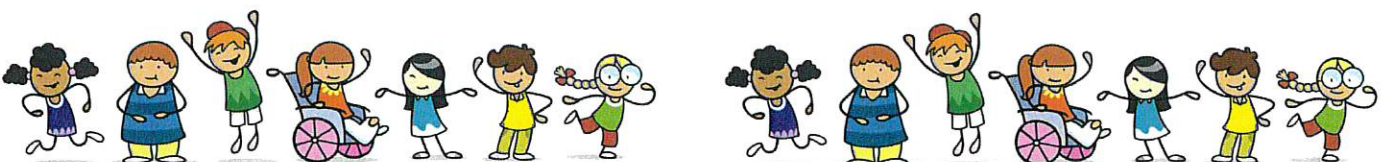
Breakfast and lunch are served Monday through Friday
June 6 -July 22, 2022 (except July 4)

Breakfast—7:00 a.m. until 9:00 a.m.

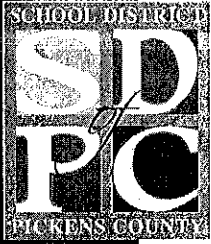
Lunch—11:00 a.m. until 1:00 p.m.

For more information, contact Jenaffer Stevenson | 864-430-8368
or Crysti Pilgrim – 864-518-9926

Food That's In When School Is Out!



“This institution is an equal opportunity provider.”



School District of Pickens County

Building success beyond the classroom

SEAMLESS SUMMER FEEDING PROGRAM PROCEDURES FOR SITE OPERATION

WHAT ARE THE OPERATING DATES FOR THE PROGRAM?

- June 6 – July 22, 2022
- Program will operate Monday through Friday
- All locations will be closed July 4, 2022 in observation of Independence Day

WHAT IS REQUIRED?

- A complete Seamless Summer Program Application
- Complete a Daily Meal Count Form each day to account for the meals received and served.
- Free meals may ONLY be served to children ages 2 to 18 years and disabled children up to 21 years old. Adults may participate for a meal price of \$2.60 for breakfast and \$4.10 for lunch.
- Arrange transportation to pick-up meals from one of the approved sites:
 - East End Elementary School – 505 Second Street, Easley, SC (864-397-1708)
 - Pickens Elementary – 567 Hampton Avenue, Pickens, SC (864-397-2308)
 - Liberty Primary – 940 Chastain Road, Liberty, SC (864-397-4808)
- Coolers to transport meals to distribution site to ensure food safety
- "Justice for All" posters displayed in a public area – Student Nutrition Services will provide the poster.
- MANDATORY training this year will be on WEBEX. You or your representative MUST join the meeting for regulations. An email will be sent later for the date and time of the WEBEX meeting.

WHO IS ELIGIBLE TO RECEIVE FREE MEALS?

- Children ages 2 to 18 years old and disabled persons/children up to age 21 if enrolled in school

Student Nutrition Services

1400 Griffin Mill Road • Easley, SC 29640 • P 864-397-1167 • F 864-898-5815

www.pickens.k12.sc.us

HOW WILL THE PROGRAM OPERATE?

- Meal pickup will be discussed in WEBEX.
- Meals must be consumed on site with the exception of field trips.
- Field trips must be arranged at least 1 week in advance. Contact pick up site for field trip arrangements
- Daily Meal Count Form must be completed daily (see attachment).
- Previous day Daily Meal Count Form must be turned in when picking up current day meals.
- All food must be properly stored under refrigeration.
- Coolers required will be based on program site enrollment with a minimum of two coolers per program.
- Each site will be subject to an onsite visit.
 - Evaluation to assess the site's ability to receive, distribute and store meals (i.e. proper refrigeration, sinks, record keeping, hand washing facilities, etc.)
 - Sites will be notified of violations and repeated violations may result in termination from the program.

WHAT IS THE DAILY ROUTINE?

- Call your meal count a day ahead into the appropriate school from which you will be picking up meals. If you are beginning on a Monday, you must call your count in on the Friday by 10:00 a.m. before you begin
 - East End Elementary (Misty Jones at 397-1708)
 - Pickens Elementary (Kristie Martinez at 397-1908)
 - Liberty Primary (Taffie Hellams 397-4808 / Lisa Hayes at 420-5585)
 - Toni Wood (SNS Food Truck)
- Each site will be responsible for completing a Daily Meal Count Form daily.
- Daily Meal Count Forms from the previous day must be turned in at the location where the meals are picked up. Repeated failure to turn in the forms may result in termination of services.
 - Each site will be responsible for accurately reporting meals served and adjusting counts when there are leftovers.

WHO SHOULD BE CONTACTED FOR QUESTIONS OR CONCERNS?

- Jenaffer Stevenson or Crysti Pilgrim
110 West Jones Avenue
Pickens, SC 29671
864-430-8368 864-518-9926

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SEAMLESS SUMMER FEEDING OPTION DAILY MEAL COUNT FORM	SFA NUMBER: (NUMBER USED IN SNACS CLAIM SYSTEM)
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Use this form to count the number of meals served to children. All counts may be continued and totaled on the next page.

SITE NAME	*MEAL TYPE (CIRCLE) B L D S	
ADDRESS	TELEPHONE NUMBER	
NAME OF SUPERVISOR	DELIVERY TIME	DATE

Meals Received/Prepared _____ + Meals Available From Previous Day _____ = (A) _____ (Total Meals Available)

Meals Served to Children (Cross Off a Number as a Child Receives a Complete Meal):

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
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160

	(B)	Total Children Meals This Side	
	(C)	Total From (B) on Continuation Page	+
	(D)	Total Meals Served (B + C)	
	(E)	Total Damaged/Incomplete or Non-Reimbursable Meals	+
	(F)	2 ND Breakfast Served	+
	(G)	Leftovers	+
	(H)	Total Meals (D + E + F + G) (This Number Should Equal (A))	

I certify that the above meal count information is true and correct.

SIGNATURE	DATE
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*B = Breakfast L = Lunch D = Dinner S = Snack

**SEAMLESS SUMMER FEEDING OPTION
DAILY MEAL COUNT FORM**

SFA NUMBER:
(NUMBER USED IN SNACS CLAIM SYSTEM)

STOP AND READ THE NOTE BELOW

NOTE: If necessary, a sponsor may continue the meal count on this page. Failing to use the first page may cause loss of reimbursement. If the site does not have a first page, contact the sponsoring agency to obtain a copy before serving any meals.

SITE NAME

DATE

*MEAL TYPE (CIRCLE)

*B L D S

Meals Served to Children (Cross Off a Number as a Child Receives a Complete Meal):

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
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160

CARRY THIS TOTAL TO THE FIRST PAGE

*B = Breakfast

L = Lunch

D = Dinner

S = Snack

DIRECTIONS FOR "DAILY MEAL COUNT" FORMS

DAILY MEAL COUNT FORM

- Meal Count forms **MUST** be turned in **DAILY**
 - Keep copy for your records and return original to the school the same day or at the latest, the next day

- **Site Name, Address, Contact Person, Phone Number**
 - Write site name, address, contact person and phone number
 - (Fill out this part and make copies. It will make it easier for you each day to have this done.)
- **Meal Type**
 - Circle breakfast or lunch
- **(A) Total Meals available**
 - Write number of meals received
- **Meals served to children**
 - Hash mark the actual number of students
- **(B) Total Children Meals This Side**
 - Write last number you hash marked
- **(C) Total From (B) on Continuation Page**
 - This is if you have more than 160 children (page 2 of the Daily Meal Count form)
- **(D) Total Meals Served**
 - Add B and C
- **(E) Total Damaged Food**
 - Write 0
- **(F) 2nd Breakfast Served**
 - If you have extra breakfast, you may serve a second breakfast. Mark on the form "second breakfast" and indicate on the form by using a different mark for the second breakfast numbers.
- **(G) Leftovers**
 - Write the number of leftovers (You may give leftovers to children but you may not claim these)
- **(H) Total Meals**
 - Add (D) + (E) + (F). Should equal (A).
- **Signature and Date**
 - Sign and date at the bottom of the form.
- **Meal counts MUST be taken at the end of the line.**
 - Make a hash mark as each child receives a **COMPLETE** meal.
 - A **Complete** meal **MUST** have:
 - a fruit at breakfast and
 - a fruit or vegetable at lunch.



AND JUSTICE FOR ALL



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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 www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.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:

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.

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La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran 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 www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, en cualquier oficina del USDA, llamando al (866) 632-9992, 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.