**FOR DOE PUBLIC SCHOOL**

**FRESH FRUIT & VEGETABLE PROGRAM**

**TASK CHART - CERTIFICATION OF SUPPORT**

**DIRECTIONS:** Read the tasks below and check off who will be responsible for completing the task. Sign the form below to certify that all parties have agreed to their roles to assure FFVP success.

One person could have multiple roles and several persons could share the same task(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **TASKS** | **Admin** | **Coordinator**  | **SFSManager** |  |
| **A** | **Oversee FFV Program** |  |  |  |  |
| **B** | **Create FFVP serving schedule** |  |  |  |  |
| **C** | **Inform & train teachers/staff**  |  |  |  |  |
| **D** | **Collect nutrition educ. resources**  |  |  |  |  |
| **E** | **Integrate FFVP in curriculum** |  |  |  |  |
| **F** | **Create FFVP menu** |  |  |  |  |
| **G** | **Assess and Accommodate Special Dietary needs** |  |  |  |  |
| **H** | **Monitor FFVP expenses** |  |  |  |  |
| **I** | **Hire FFVP staff if needed** |  |  |  |  |
| **J** | **Order FFVP** |  |  |  |  |
| **K** | **Order supplies as needed** |  |  |  |  |
| **L** | **Receive/store FFV\*** |  |  |  |  |
| **M** | **Prep: Separate/Clean/Wash/Cut/ FFV if needed\*** |  |  |  |  |
| **N** | **Distribute FFV\*** |  |  |  |  |
| **O** | **Send FFV invoices and Time/Effort sheets to SFSB** |  |  |  |  |
| **P** | **Evaluate FFVP** |  |  |  |  |

We agree to implement the program as outlined above and will work together to implement the project in a manner consistent with the policies and procedures established by USDA, HCNP and SFSB.

Please print your name then sign and date. A person could have multiple roles.

**School Admin/Principal: (Print/Sign)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

**SFSManager (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

**FFVP Coordinator (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_

\*Person(s) responsible for any of these tasks (L, M, & N) must have a Safe Food Handing certificate and follow the school’s HACCP plan in regard to FFVP.