**FOR CHARTER 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** | **FSManager** | **Coordinator** |  |
| **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** | **Use FFVP Worksheet to track costs and submit FFVP claims** |  |  |  |  |
| **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, the SFA, and State DOH.

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

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

**SFSManager (if applicable): *(Print/Sign)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_

**Coordinator (if applicable):** ***(Print/Sign)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_

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