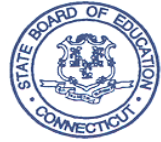




STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Sponsors of the National School Lunch and Breakfast Programs that have Certified for Six Cents Certification in School Years 2012-13 and 2013-14

FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: September 9, 2014

SUBJECT: Operational Memorandum #54-14
Addendum to Agreement for Child Nutrition Programs (ED-099):
Attestation of Compliance with Meal Pattern Requirements for School Year 2014-15

As of October 1, 2012, the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) required that an additional six cents per lunch reimbursement be provided to school food authorities (SFAs) certified by the State Agency to be in compliance with the new meal pattern requirements of the final meal pattern rule published in the *Federal Register* on January 26, 2012.

All SFAs that became Six Cents Certified during the 2012-13 and 2013-14 school years, must attest that all schools under its jurisdiction operating the National School Lunch Program authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. §1751 et seq.), and/or the School Breakfast Program authorized under the Child Nutrition Act of 1966 (42 U.S.C. §1773), **are in compliance with the meal pattern requirements in effect for school year 2014-15**, as set forth in 7 C.F.R. Parts 210.10 and 220.23, as applicable.

The *Addendum to Agreement for Child Nutrition Programs (ED-099): Attestation of Compliance with Meal Pattern Requirements* is attached and posted on our website. Please note that this form must be submitted prior to **October 1, 2014**, to attest full compliance with meal pattern requirements. **Failure to respond by this date will result in Claims for Reimbursements being withheld.** This addendum covers the period **from the start of the 2014-15 school year through the start of the next school year.**

Please mail a signed original to Maria Santini, Child Nutrition Programs, 25 Industrial Park Road, Middletown, CT 06457.

Questions may be directed to:

COUNTY ASSIGNMENTS	CONSULTANT	E-MAIL AND PHONE
Fairfield County	Fionnuala Brown	fionnuala.brown@ct.gov 860-807-2129
Hartford County (towns/cities beginning with A-R)	Teri Dandeneau	teri.dandeneau@ct.gov 860-807-2079

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Hartford County (towns/cities beginning with S-W) Windham County	Susan Alston	susan.alston@ct.gov 860-807-2081
Litchfield County	Allison Calhoun- White	allison.calhoun-white@ct.gov 860-807-2008
Middlesex County Tolland County	Andy Paul	andrew.paul@ct.gov 860-807-2048
New Haven County	Jackie Schipke	jackie.schipke@ct.gov 860-807-2123
New London County	Monica Pacheco	monica.pacheco@ct.gov 860-807-2073

JF:saa

Attachment

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition Web site at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320676>.

Connecticut State Department of Education
Addendum to Agreement for Child Nutrition Programs (ED-099)
Attestation of Compliance with Meal Pattern Requirements

Section 1 – Background

As of October 1, 2012, the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) requires an additional 6 cents per lunch reimbursement be provided to school food authorities (SFAs) certified by the State Agency to be in compliance with the new meal pattern requirements of the final meal pattern rule published in the *Federal Register* on January 26, 2012.

Section 2 – Attestation Statement

I, , as the duly authorized representative of the
(Authorized Representative)

, do hereby attest that the
(Name of Board of Education of Governing Authority)

aforementioned SFA and all schools under its jurisdiction operating the National School Lunch Program authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. §1751 *et seq.*), and/or the School Breakfast Program authorized under the Child Nutrition Act of 1966 (42 U.S.C. §1773), are in compliance with the meal pattern requirements in effect for school year 2014-15, as set forth in 7 C.F.R. Parts 210.10 and 220.23, as applicable. In addition, for school year 2014-15,

, attests that:
(Name of Board of Education of Governing Authority)

- documentation submitted for certification is representative of the ongoing meal service within the SFA;
- the minimum required food quantities for all meal components are available to students in every serving line;
- all labels and/or manufacturer specifications for food products and ingredients used to prepare school meals indicate zero grams of trans fat per serving;
- the minimum calories required for breakfast served under the Food Based Menu Planning option are offered and available to every student, as applicable; and
- all pre-K meals are compliant with the current meal patterns for the age/grade group being served, as applicable.

I certify that this attestation is true and correct, and therefore, I believe the

, is eligible for the performance-based
(Name of Board of Education of Governing Authority)

reimbursement.

I understand that if the Connecticut State Department of Education (CSDE) determines the SFA to be noncompliant with one or more of the requirements set forth in this attestation statement, fiscal action will include: deactivating the performance-based reimbursement; disallowance of meals; and/or withholding of payment. In addition, I understand that an attestation of compliance must be submitted annually to the CSDE prior to October 1, to attest full compliance with meal pattern requirements. This addendum covers the period **from the start of the 2014-15 school year through the start of the next school year.**

Signature: _____
(Signature of the Authorized Representative) *(Printed Name of the Authorized Representative)*

Title (Superintendent of Schools, Business Manager, etc.) *(Date of Authorization)*

FOR STATE USE ONLY • DO NOT SIGN BELOW THIS LINE

Connecticut State Department of Education

Signature: _____
(Signature of the Authorized Representative) *(Printed Name of the Authorized Representative)*

_____ _____
(Title) *(Date of Authorization)*

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