

## **NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS**

Any interested person may review a copy of the policy by contacting

**Nancy Geary  
Guardian Catholic School  
4920 Brentwood Ave.  
Jacksonville, FL 32206  
904 765-6522**

Household size and income criteria will be used to determine eligibility. An application can not be approved unless it contains complete eligibility information. Once approved, meal benefits are good for an entire year. You need not notify the organization of changes in income and household size.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for Free or Reduced-Price Meals, households must complete the application and return it to the school. Additional copies are available at the principal's office in each school. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year. Applications may be submitted at any time during the year.

Households that receive SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families) are required to list on the application only the child's name, SNAP/TANF case number, and signature of adult household member.

Foster children will receive free benefits regardless of the child's personal income or the income of the household.

Households with children who are considered migrants, homeless, or runaway should contact the district liaison **[Nancy Geary]** at **[904 765-6522 ext. 112]**.

For the purpose of determining household size, deployed service members are considered a part of the household. Families should include the names of the deployed service members on their application. Report only that portion of the deployed service member's income made available to them or on their behalf to the family. Additionally, a housing allowance that is part of the Military Housing Privatization Initiative is not to be included as income.

All other households must provide the following information listed on the application:

- Total household income listed by gross amount received, type of income (e.g., wages, child support, etc.) and how often the income is received by each household member;
- Names of all household members – check the “no income” box if applicable; if household member is a child, list school name for each;
- Signature of an adult household member certifying the information provided is correct; and
- Social security number of the adult signing the application or the word “NONE” for this household member if he or she does not have a social security number.

If a household member becomes unemployed or if the household size changes, the school should be contacted. Children of parents or guardians who become unemployed should also contact the school.

Under the provisions of the Free and Reduced-Price meal policy

**Nancy Geary**

will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he or she may wish to discuss the decision with the determining official on an informal basis. If the parent wishes to make a formal appeal, he or she may make a request either orally or in writing to

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Unless indicated otherwise on the application, the information on the Free and Reduced-Price Meal application may be used by the school system in determining eligibility for other educational programs.

**\*Meals served at this school are available at no cost regardless of the eligibility determination. \***

# Florida Department of Health

## Child Care Food Program

### INCOME ELIGIBILITY GUIDELINES

#### FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2023 – June 30, 2024

#### FREE MEAL SCALE

Hsehid	ANNUAL	MONTHLY	TWICE PER MONTH	BIWKLY	WKLY
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166
For each additional family member, add	+6,136	+512	+256	+236	+118

**REDUCED-PRICE MEAL SCALE**

HSEHLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	+8,732	+728	+364	+336	+168

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.

**To determine annual income:**

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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  
fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

A Public Release notice can be found on the school website [www.guardiancatholic.com](http://www.guardiancatholic.com) and the notice has been mailed on July 1, 2023 to

The Florida Times Union  
1 Independent Drive, Suite 200 Jacksonville, Florida 32202

The Florida Star  
P.O. Box 40629  
Jacksonville, FL 32203

CareerSource Northeast Florida  
5000 Norwood Avenue  
Suite 2  
Jacksonville, FL 32208





**STANDARDS OF ETHICAL CONDUCT**  
**Guardian Catholic School**  
**Diocese of St. Augustine**  
***Instructional Personnel, Educational Support Personnel,***  
***and School Administrators***

In keeping with the Diocese of St. Augustine's Code of Conduct for Adults and the National Catholic Education Association's Code of Ethics for Catholic Educators, I will adhere to the following principles and statements:

1. I value the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.
2. My primary professional concern will always be for the student and for the development of the student's potential. I will therefore strive for professional growth and will seek to exercise the best professional judgment and integrity.
3. I am aware of the importance of maintaining the respect and confidence of my colleagues, students, parents, and other members of the community. I will strive to achieve and sustain the highest degree of ethical conduct.
4. **Duty to Report Misconduct** - I understand that I have an affirmative duty and legal responsibility to report any alleged instructional personnel, educational support personnel, or school administrator misconduct that affects the health, safety, or welfare of a student. I also understand that a failure to report such misconduct may result in penalties up to termination of employment and/or revocation of any applicable licenses or certifications. I understand that examples of misconduct that may affect the health, safety, or welfare of a student include, but are not limited to, the following: drug and alcohol use, disparaging comments, prejudice or bigotry, sexual innuendo, cheating, testing violations, physical aggression, or accepting favors from students.
5. **Reporting Misconduct by instructional personnel, educational support personnel, and administrators** - I further agree to abide by the following procedures when reporting alleged misconduct of instructional personnel, educational support personnel, or school administrators:
  - Immediately report all allegations or any suspicion of misconduct that affects the health, safety, or welfare of a student engaged in by any instructional personnel or educational support personnel to the **Head of School, Sr. Dianne Rumschlag or School Principal, Sr. Cynthia Shaffer**; or
  - Immediately report all allegations or any suspicion of misconduct that affects the health, safety, or welfare of a student engaged in by any school administrator to the **Head of School, Sr. Dianne Rumschlag or School Principal, Sr. Cynthia Shaffer**; or
  - Immediately report all allegations or any suspicion of misconduct that affects the health, safety, or welfare of a student engaged in by the school principal or supervising principal to the **Superintendent of Catholic Schools, Deacon Scott J. Conway, at [sconway@dosafll.com](mailto:sconway@dosafll.com)**; and
  - Legally sufficient allegations of misconduct by Florida certified educators will be reported to the Office of Professional Practices Services. Policies and procedures for reporting misconduct by instructional personnel educational support personnel, or school administrators which affects the health, safety, or welfare of a student are posted at <http://www.guardiancatholic.com/>,

- and on the Diocesan website, <https://www.dosaeducation.org/reporting-misconduct>.
  - Thoroughly document the activities and details of the allegations or event; and
  - Secure evidence (if applicable).
6. **Duty to Report Child Abuse, Abandonment or Neglect** - I further understand that I have an affirmative duty to report all actual or suspected cases of child abuse, abandonment, or neglect to the Florida Department of Children and Families either by phone at 1-800-96Abuse or online at [www.dcf.state.fl.us/abuse/report/](http://www.dcf.state.fl.us/abuse/report/).
- **Signs of Physical Abuse:** The child may have unexplained bruises, welts, cuts, or other injuries; broken bones; or burns. A child experiencing physical abuse may seem withdrawn or depressed, seem afraid to go home or may run away, shy away from physical contact, be aggressive, or wear inappropriate clothing to hide injuries.
  - **Signs of Sexual Abuse:** The child may have torn, stained, or bloody underwear, trouble walking or sitting, pain or itching in the genital area, or a sexually transmitted disease. A child experiencing sexual abuse may have unusual knowledge of sex or act seductively, fear a particular person, seem withdrawn or depressed, gain or lose weight suddenly, shy away from physical contact, or run away from home.
  - **Signs of Neglect:** The child may have unattended medical needs, little or no supervision at home, poor hygiene, or appear underweight. A child experiencing neglect may be frequently tired or hungry, steal food, or appear overly needy for adult attention.
  - **Patterns of Abuse:** Serious abuse usually involves a combination of factors. While a single sign may not be significant, a pattern of physical or behavioral signs is a serious indicator and should be reported.
7. **Liability Protections** - I understand that consistent with Fla. Stat. 39.203, any person, official, or institution, including employees, who report in good faith any instance of misconduct, child abuse, abandonment, or neglect will be immune from any civil or criminal liability. Additionally, as provided by Fla. Stat. 768.095, any employer who discloses information about a former or current employee in response to a request or inquiry is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed was knowingly false or violated any civil right of the employee.
8. I further understand that every school that accepts scholarship students under the scholarship program sponsored by the State of Florida must comply with the terms of the Ethics in Education Act.
9. **Training Requirement** - I acknowledge that all instructional personnel, educational support personnel, and school administrators are required as a condition of employment to complete training on these Standards of Ethical Conduct.

*Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *School*







**CIVIL RIGHTS – TRAINING AGENDA**  
For School Year: 22/23

- Intro
- Civil Rights – Purpose
- What is Discrimination?
- Six Areas of Civil Rights Compliance
- Public Notification System
- Data Collection
- Training
- Compliance Reviews
- Handling Complaints
- Assurances
- Q&A



# Food Service Management Company (FSMC) Monitoring Tool

Twice a year an official of the school sponsor should conduct a monitoring visit of *each* food service site. Complete a copy of this form for each site monitored. Keep these completed forms with your records.

Sponsor #/Name: \_\_\_\_\_ Site Name Same #1597  
586 Guardian Catholic School

FSMC Name: SHA Review Date: 04.26.23 Base Year of Contract: 2021-2022 Renewal Year (1,2,3,4): 3

Meal Type	Fixed Fee Per Meal	Meal Type	Fixed Fee Per Meal
Student Lunches	\$ 3.49	SFSP Lunch/Supper Meals	\$ NA
Student Breakfasts	\$ 1.74	SFSP Snacks	\$ NA
Meal Equivalent Fee	\$	FFVP Meal Equivalent Fee	\$ NA
Meal Equivalent Factor (breakfast, snack, adult, etc.)	Breakfast 0.50 \$ Snack 0.25		\$
Student Afterschool Snacks	\$ 0.87		
SFSP Breakfast	\$ NA		

Menus and Service	Yes	No	NA	Comments
1. Has the FSMC followed the 21-day cycle menu, as described in Exhibit B of the contract, for the first 21 days of the contract? (Monitor during the first year of contract only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If changes were made to menus following the first 21 days of the contract, did the sponsor approve them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do cycle menus meet requirements for all grade groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are production records completed each day for all meals claimed for reimbursement and component contributions available for each menu item?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If the "Offer vs Serve" provision was implemented, are students required to take the minimum number of menu items (including 1/2 cup fruit and/or vegetable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are meal modifications provided to students? Is appropriate meal modification documentation on file at the serving site?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Does the FSMC provide fluid milk substitutions as Sponsor as indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are fluid milk substitutions compliant with USDA substitution criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Are the Smart Snacks In Schools regulations being followed by the FSMC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the FSMC complying with Vending as stated in the Contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Does the FSMC comply with the Sponsor's Local Wellness Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Are meals monitored after the last food or menu item is served/selected to ensure only reimbursable meals are claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Do the foods purchased meet the quality specification standards indicated in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Is FSMC complying with Buy American Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

<b>Financial Accountability Procedures</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Comments</b>
1.	Do the school food service daily income records accurately reflect the revenue received by meal type? (Student meals, adult meals, a la carte, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do the school food service daily meal count record forms accurately reflect the counts of student and adult meals by meal type and eligibility category?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
✓ 3.	Are all records being maintained that are needed to support the Claim for reimbursement, reports with claim information (promptly at the end of each month), and meal count records for meals not covered by the Claim, such as adult meals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Are all invoices monitored to assure the FSMC invoices per the current pricing agreement indicated in the contract or addendum and have not double-invoiced or included costs which are not allowed by the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.	Do the records show a la carte, adult, and other food sales are being invoiced at the meal equivalency rate or accurately per the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.	Are all discounts, rebates, and credits for food and supplies received, where applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sanitation and Safety Procedures</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
✓ 1.	Are facilities and equipment adequately maintained for safety and sanitation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
✓ 2.	Do employees practice safe food handling procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
✓ 3.	Is a Food Safety (HACCP) plan available at the serving site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.	If yes, is the plan being implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.	Has the plan been reviewed and revised annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.	Are health licenses maintained as required by the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sponsor responsibility <input type="checkbox"/> FSMC responsibility
✓ 7.	Has the Sponsor/FSMC met the food safety training requirements for their employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Other Contractual Requirements</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1.	Has the advisory committee of parents, students and teachers met to assist in menu planning? (Attach documentation - Agendas, Surveys, Taste Testing Results, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.	If recommendations or concerns have been noted as a result of the meetings, has the FSMC implemented recommendations or addressed the concerns brought forth by the advisory committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	If the Sponsor has requested that the FSMC representative participate in the advisory committee meetings has the FSMC complied with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.	Have all corrections been made as required if problems were noted during a sponsor review, the administrative review, or a program audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Contractual Requirements Cont.	Yes	No	N/A	Comments
5. Were the Sponsor's Civil Rights policies followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Have there been any Civil Rights complaints this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Is the FSMC performing any Sponsor special functions/catering outside the nonprofit school food service account? List functions in the comments section.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. If yes to the above, is there a method which delineates the cost allocation for Sponsor special functions/catering conducted outside the nonprofit school food service? (i.e. ensures labor costs are not double invoiced)				
9. Is the FSMC performing any special functions/catering for entities other than the Sponsor? (Any external catering-not for the benefit of the district requires a separate contract.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. If yes to the above, what process is in place to ensure that any and all resources of the school food service department, which are to be used by the FSMC, produce revenue to fully fund the costs of the non-school catering. Are all costs related to the use of the school district's facilities (including food service facilities for catering) paid for by a source other than the food service fund? Please describe process.				
11. Is the FSMC adhering to the Sponsor's free and reduced priced policy statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Staffing and Professional Development	Yes	No	N/A	Comments
✓ 12. Is FSMC complying with Professional Standards requirements for its employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
✓ 13. Is FSMC providing appropriate and timely training for FSMC staff? List training in comments section at end of monitoring form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Comments
Renewal Process (If Applicable)	Yes	No	N/A	Comments
14. Do all the invoices match the prices with the current renewal addendum prices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Did the renewal adhere to CPI meal rate increases as described in the contract?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
USDA Foods (If Applicable)	Yes	No	N/A	Comments
16. Did the FSMC credit the full value of all donated foods received for use in the meal service as required by contract requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is the FSMC complying with contract requirements that the procurement of processed end products on behalf of the recipient agency, as applicable, complies with the requirements in subpart C of 7 CFR part 250 and with the provisions of distributing or recipient agency processing agreements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Other Comments:**

Training - Staffing and Development Question #13  
Safety and Sanitation  
12 hour Food Service Worker Program  
Justice for All  
Food Manager Certification

**List any Corrective Actions Required of the Food Service Management Company**

**Date of Implementation**

NA

Honey M Geary

Signature of Sponsor's Monitoring Official

Operations Manager

Title

04.26.23

Date

Amador Leefer

Signature of FSMC Official

Kitchen  
Manager SLA

Title

04.26.23

Date