

Connecticut State Department of Education
Addendum to Agreement for Child Nutrition Programs (ED-099)
Healthy Food Certification Statement

Section 1 – Background

Section 10-215e of the Connecticut General Statutes (C.G.S.) directs the Connecticut State Department of Education (CSDE) to develop and publish nutrition standards (hereinafter, Connecticut Nutrition Standards (CNS)) for food items offered for sale to students at school separately from reimbursable meals sold as part of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). Section 10-215f of the C.G.S. requires that each participant in the NSLP, including each local and regional board of education, the Connecticut Technical High School System and the governing authority for each state charter school, interdistrict magnet school and endowed academy, must certify each year in its annual application to the CSDE whether all food items made available for sale to students will meet the CNS. Section 10-215b of the C.G.S. further provides additional funding to NSLP participants who annually certify compliance with the CNS.

Section 2 – Certification Statement

► ***Must be completed by all Connecticut public school districts that participate in the NSLP.***

On behalf of the Derby Board of Education and
(Name of the Board of Education or Governing Authority)


pursuant to Section 10-215f of the Connecticut General Statutes, I hereby certify that all food items offered for sale to students in the school(s) under our jurisdiction, and not exempted from the Connecticut Nutrition Standards published by the Connecticut State Department of Education, *(select appropriate box)*

will *(must complete Sections 3 and 4 on page 2)*

will not *(sign below and return form)*

comply with the CNS during the period of **July 1, 2016 through June 30, 2017**. Such certification shall include all food offered for sale to students separately from reimbursable meals at all times and from all sources, including but not limited to, school stores, vending machines, school cafeterias, and any fundraising activities on school premises, whether or not school sponsored.

**Local or Regional Board of Education or
Governing Authority**

Signature: 
(Signature of the Authorized Representative)

Matthew Conway
(Printed Name of the Authorized Representative)

Superintendent of Schools
Title (Superintendent of Schools, President or Chairperson of the Board)

May 17, 2016
Date of Authorization

Section 3 – Exemption Statement

► *To be completed only by districts/schools choosing the healthy food option, i.e., those districts/schools that checked “will” in Section 2.*

Pursuant to Section 10-215f of the Connecticut General Statutes, I hereby acknowledge that the board of education or governing authority, *(select appropriate box)*

- will** exclude from certification food items that do not meet the CNS, provided that (1) such food is sold in connection with an event occurring after the end of the regular school day or on the weekend, (2) such sale is at the location of the event, and (3) such food is not sold from a vending machine or school store.
- will not** exclude from certification food items that do not meet the CNS.

Section 4 – Amendment to Agreement for Child Nutrition Programs (ED-099)

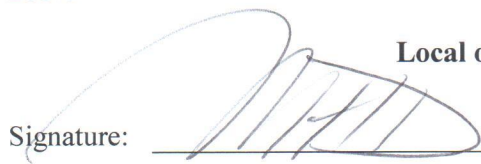
► *To be completed only by districts/schools choosing the healthy food option, i.e., those districts/schools that checked “will” in Section 2.*

Pursuant to Section 10-215f of the Connecticut General Statutes, the Agreement for Child Nutrition Programs (ED-099) with

Derby Board of Education

(Name of the Board of Education or Governing Authority)

is hereby amended to include the above certification statement of compliance with the CNS and application for funding related to those standards. This addendum covers the period from **July 1, 2016 through June 30, 2017.**

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

Superintendent of Schools _____ **May 17, 2016** _____
Title (Superintendent of Schools, President or Chairperson of the Board) *Date of Authorization*

FOR STATE USE ONLY • DO NOT SIGN BELOW THIS LINE

Connecticut State Department of Education

Signature: _____ **Kathy Demsey** _____
(Signature of State Agency Representative) *(Printed Name of State Agency Representative)*

Chief Financial Officer _____
Title *Date*

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District Contact and Information Sheet

for 2016-17 Healthy Food Certification

This form must be completed by all public school districts that choose to implement Healthy Food Certification (HFC) under Section 10-215f of the Connecticut General Statutes (C.G.S.). Contact information is used to generate mailing lists and e-mail groups to provide districts with important information regarding HFC implementation. Submit the completed form to the Connecticut State Department of Education (CSDE) with the district's annual HFC Statement by **July 1, 2016**.

Please type or print clearly and provide complete contact information for items 1 through 8.

School District: Derby Public Schools ED-099 Agreement Number: 03700

1. DISTRICT CONTACT PERSON FOR HEALTHY FOOD CERTIFICATION*

Name: Dominick Golia Title: Food Director
E-mail: dgolia@derbyps.org Phone: (203) 736-5009
Mailing Address: 8 Nutmeyer Avenue
City: Derby State: CT Zip Code: 06418

* The **district contact person** is the point person identified by the district for coordinating the implementation and monitoring of HFC under C.G.S. Section 10-215f. This person will field questions, organize trainings and contact the CSDE for assistance when necessary. The district may consider using the team leader for School Wellness Policy in this capacity. For more information, see *Responsibilities of District Contact Person for Healthy Food Certification*.

2. DISTRICT SUPERINTENDENT

Name: Matthew Conway Title: Superintendent
E-mail: mconway@derbyps.org Phone: (203) 736-5027
Mailing Address: 35 Fifth Street
City: Derby State: Ct Zip Code: 06418

3. DISTRICT SCHOOL FOOD SERVICE DIRECTOR

Name: Dominick Golia Title: Food Director
E-mail: dgolia@derbyps.org Phone: (203) 736-5009
Mailing Address: 8 Nutmeg Avenue
City: Derby State: CT Zip Code: 06418

4. DISTRICT BUSINESS MANAGER

Name: Mark Izzo Title: Business Manager
E-mail: mizzo@derby.org Phone: (203) 736-5027
Mailing Address: 35 Fifth Street
City: Derby State: Ct Zip Code: 06418

◀ Continued on Next Page ▶

District Contact and Information Sheet, continued

5. Does your school district provide lunches through a CSDE-approved **interschool agreement** to another **PUBLIC** school outside of your school district, e.g., another public school district, charter school, interdistrict magnet school or endowed academy?

No Yes ► *List only **PUBLIC** school(s) that have indicated on the interschool agreement that they will comply with HFC under C.G.S. Section 10-215f. Provide **complete contact information for each school.** Attach additional pages as necessary.*

Do not include agreements with private schools.

Name of School	Address	Town	State	Zip	Contact Person
					Name: _____
					Title: _____
					E-mail: _____
					Phone: () - _____
					Name: _____
					Title: _____
					E-mail: _____
					Phone: () - _____

6. For each entity listed in Question 5 above, does your school district have an approved Interschool Agreement** on file with the CSDE?

No Yes

** Lunches served at recipient schools are only included in the sponsoring district's total lunches for HFC funding if 1) the recipient school certifies on the CSDE interschool agreement that they will comply with HFC; and 2) the CSDE receives the 2016-17 interschool agreement by **July 1, 2016**. For a sample interschool agreement, see the CSDE Forms for School Nutrition Programs Web page.

7. Does your school district operate a **school store** or similar school-based enterprise that sells food or beverages to students?

No Yes ► *Provide the **contact information** for the person responsible for the school store, e.g., teacher advisor.*

Name of School _____

Store Contact: _____ Title: _____

E-mail: _____ Phone: () - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

8. Does your school district operate a **culinary arts program** that sells food or beverages to students?

No Yes ► *Provide the **contact information** for the person responsible for the culinary program.*

Name of Culinary _____

Arts Contact: _____ Title: _____

E-mail: _____ Phone: () - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____