Miami-Dade County Public Schools
Department of Food and Nutrition
School Information Sheet
2023-2024

Submit to respective Region Food Service Supervisor via e-mail by the Friday before the school year starts. PLCs, MLCs, etc. must submit a separate form.
PLEASE POST THIS SHEET IN MANAGER/SATELLITE ASSISTANT OFFICE.

SCHOOL INFORMATION

School Name: _____ Loc. #: _____

Cafeteria Phone #: _____

Principal Name: _____ Phone #: _____

School Administrator in Charge of Cafeteria: _____

Food Service Supervisor: _____

School Type: _____ Self-Contained   Base of:_____

Satellite of:_____

Peanut Free Site : Yes_____   No_____

MANAGER/SATELLITE ASSISTANT/ASSISTANT MANAGER INFORMATION

Begin Work: _____ A.M.

Manager/Sat. Asst.: _____ Leave Work: _____ P.M.

Begin Work: _____ A.M.

Assistant Manager: _____ Leave Work: _____ P.M.

Begin Work: _____ A.M.

Alternate: _____ Leave Work: _____ P.M.

A standard work-day for full-time employees is 8 hours of work plus a mandatory thirty minute lunch break.

BREAKFAST AND LUNCH PROGRAM INFORMATION

Average Daily Participation: Breakfast: _____ Lunch: _____ ALC $: _____

Serving Times: Breakfast   From: _____ To: _____
                                  From: _____ To: _____

                      Lunch*   From: _____ To: _____
                                  From: _____ To: _____
                                  From: _____ To: _____

*If lunch begins prior to 10:00 a.m., state the reason: _____

Waiver must be on file at the Department of Agriculture.

Total # of Registers: _____

Total # of Serving Lines: _____

   # of Reimbursable Lines: _____

   # of Non-Reimbursable Lines: _____

   # of Breakfast Lines: _____

Salad Bar: Yes_____   No_____

Seating Capacity of Dining Room: _____

Pre-K Program ? Yes_____   No_____

Do all grades go through the serving line?

   Breakfast:: Yes _____ No _____

If no, list classes/grades: _____

   Lunch: Yes _____ No _____

If no, list classes/grades: _____

SPECIAL PROGRAM INFORMATION

(After Care Snack, Extended Day Snack, Etc. Sites with more than three special programs will need to use an additional School Information Sheet.)

Special Program Name: _____	Special Program Name: _____	Special Program Name: _____
Program Code: _____	Program Code: _____	Program Code: _____
Serving Times: From: _____ To: _____	Serving Times: From: _____ To: _____	Serving Times: From: _____ To: _____
From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Average Daily Participation: _____	Average Daily Participation: _____	Average Daily Participation: _____
Person in charge of the program: _____	Person in charge of the program: _____	Person in charge of the program: _____
Contact Number: _____	Contact Number: _____	Contact Number: _____

Date Submitted: _____   Submitted By: _____

FM-5622 (07-23)