



**Miami-Dade County Public Schools  
Department of Food and Nutrition  
School Information Sheet  
2024-2025**



**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 THE MANAGER/SATELLITE ASSISTANT OFFICE.**

SCHOOL INFORMATION	MANAGER/SATELLITE ASSISTANT/ASSISTANT MANAGER INFORMATION
School Name: _____ Loc. #: _____	Begin Work: _____ A.M.
Cafeteria Phone #: _____	Manager/Sat. Asst.: _____ Leave Work: _____ P.M.
Principal Name: _____ Phone #: _____	Begin Work: _____ A.M.
School Administrator in Charge of Cafeteria: _____	Assistant Manager: _____ Leave Work: _____ P.M.
Food Service Supervisor: _____	Begin Work: _____ A.M.
School Type: ___ Self-Contained Base of: _____	Alternate: _____ Leave Work: _____ P.M.
Satellite of: _____	<i>A standard work-day for full-time employees is 8 hours of work plus a mandatory thirty minute lunch break.</i>
Peanut Free Site : Yes _____ No _____	

BREAKFAST AND LUNCH PROGRAM INFORMATION		
Average Daily Participation: Breakfast: _____ Lunch: _____ ALC \$: _____	Total # of Registers: _____	Pre-K Program ? Yes _____ No _____
Serving Times: Breakfast From: _____ To: _____	Total # of Serving Lines: _____	<b>Do all grades go through the serving line?</b> <b>Breakfast:</b> Yes _____ No _____ If no, list classes/grades: _____
From: _____ To: _____	# of Reimbursable Lines: _____	
Lunch* From: _____ To: _____	# of Non-Reimbursable Lines: _____	
From: _____ To: _____	# of Breakfast Lines: _____	
From: _____ To: _____	Salad Bar: Yes _____ No _____	<b>Lunch:</b> Yes _____ No _____ If no, list classes/grades: _____
*If lunch begins prior to 10:00 a.m., state the reason: _____	Seating Capacity of Dining Room: _____	
*Waiver must be on file at the Department of Agriculture.		

SPECIAL PROGRAM INFORMATION		
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: \_\_\_\_\_