# Attachment A

# Superintendent’s Memo #068-23

# April 14, 2023

## **Certification of New School Nutrition Program Director**

By signing this form, I certify that the newly hired school nutrition program director (or designated person responsible for the operation of the school nutrition program) meets the hiring standards as outlined in 7 CFR §210.30. The newly hired director will complete the minimum annual training requirements and attend the Virginia Department of Education sponsored New Director’s Training. Submit this form to Dr. Sandy Curwood, RDN, Director of School Nutrition Programs, via email at [Sandra.Curwood@doe.virginia.gov](mailto:sandra.curwood@doe.virginia.gov).

**New Director Name**: Click or tap here to enter text.

**School Division**: Click or tap here to enter text.

**Date of Hire:** Click or tap here to enter text.

**Student enrollment:** Click or tap here to enter text.

### **Hiring Standards for New School Nutrition Program Directors**

*Using the chart below, indicate how the new director listed above meets the minimum hiring standards. Based on your student enrollment, the new director must meet one education requirement from either column and experience as indicated.*

**Director must meet at least one education standard listed in the chart below:**

| **Student Enrollment** | **Choose One Education Standard** | **Bachelor’s Degree** | **Alternative Education** | **School Nutrition/Food Service Experience** |
| --- | --- | --- | --- | --- |
| **2,499 or less** | **☐**  **☐**  **☐**  **☐** | Specific Major  Any Major  None  None | None  None  Associate’s Degree, Specific Major  High School Diploma or GED | None  One Year  One Year  Three Years |
| **2,500 - 9,999** | **☐**  **☐**  **☐** | Specific Major  Any Major | None  None  Associate’s Degree, Specific Major | None  Two Years  Two Years |
| **10,000 or more** | **☐**  **☐** | Specific Major  Any Major | None  None | None  Five Years |

**Signature of Division Superintendent: Line for Division Superintendent's signature**

**Name of Superintendent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Line for adding the date the document is signed**