

Child and Adult Care Food Program COVID Waiver Request



IMPORTANT: Authorized Representative for The Institution Must Sign This Waiver Request
Please submit one request per agreement number

Name of Institution: _____ Agreement #: _____ Date of Request: _____
 Person Submitting Request: _____ Phone Number: _____
 Email to send questions/approval: _____
 Expected Implementation Date: _____ Expected Conclusion Date: _____
(Must conclude by June 30, 2023)

The COVID data tracker link,

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Arkansas&data-type=CommunityLevels&null=CommunityLevels,

currently shows the majority of Arkansas to be in the red zone. As a result, these waivers are being made available statewide due to this current status of COVID cases in Arkansas. AR DHS will continue to monitor and re-evaluate this situation for Arkansas. If the results indicate the waivers are no longer needed due to COVID, additional communication will be provided for next steps regarding returning to normal operations.

To qualify for the waiver, the Institution must be in good standing, no debt owed to AR DHS, and no current serious deficiencies. Is your institution in good standing? _____

Please submit this Waiver request to your Application Coordinator: Aurora.Blake@dhs.arkansas.gov,
Louise.Fenton@dhs.arkansas.gov, Linda.F.Pippins@dhs.arkansas.gov, Sandra.West@dhs.arkansas.gov,
Jerrod.Dorsey@dhs.arkansas.gov, Robert.Majors@dhs.arkansas.gov.

To apply for the waiver at each site, please provide a list of sites (addresses, days, and meal service times for each site – must match information submitted for site approval through the SNP site). For additional sites please scroll to page 4.

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Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____	
Meal Service Times: Breakfast _____ Lunch _____ Supper _____ AM Snack _____ PM Snack _____	
***** SELECT WAIVER(S) *****	
_____ Sponsoring Organization On-Site Monitoring Visits	_____ Non-Congregate Meal Service
_____ Parent/Guardian Pick-Up	_____ Meal Service Times Waiver

Site Name: _____	County of Site: _____
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Please attach additional site sheets for sites as necessary.

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Parent/Guardian Pick up: Grab-n-Go

This question is for Enrolled Programs – CACFP Enrolled

By checking this box, I understand I must require parents picking up meals to complete and sign the parent attestation form.

By checking this box, I have reviewed the following page related to compliance and integrity and ensure that I am responsible for compliance and integrity and provided the appropriate checked boxes for compliance/integrity.

Signature by Authorized Representative

Title

Date

For AR DHS/HNU Official Use Only

Approved: _____

Denied: _____

Date: _____

Signature State Agency Representative: _____

Title: _____

Reason for denial:

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It is very important to maintain compliance and integrity during operations using COVID Waivers. Each institution is accountable to ensure meals are provided for program participants and accounted for with the following in mind –one meal per child per day for each meal type approved.

Check all that apply:

- Institution ensures that only one approved meal per type per day is served to each eligible participant or for parent pick up.
- Institution ensures documentation is maintained to ensure integrity and compliance through its records to include, but not limited to invoices, daily meal count forms, bank statements, general ledger, employee compensation records, mileage, check register, etc.
- Institution ensures all meals claimed for reimbursement meet the meal pattern.
- Institution ensures all site staff are trained to provide meals approved through this waiver.
- Institution ensures all site staff are trained and monitored to document meals served accurately at the point of service.
- Institution ensures all meals will be kept at a safe temperature until served, including transportation to meal site.
- Institution ensures safe food handling including sanitizing/washing of hands during meal prep and distribution.
- Institution ensures social distancing will be maintained as necessary depending on the waiver.
- Institution ensures each site maintains accountability and program integrity during parent pick up of meals.
- Institution ensures the meals provided are accurately documented for each site.
- Institution ensures social distancing during Parent or Guardian Pickup.
- Institution ensures maintenance of daily attendance records (where applicable), meal count records and documentation of meals provided.
- Institution ensures enrichment activity is provided for CACFP At Risk sites.
- Institution ensures that it will update their Program application to include the budget if needed as a result of waiver implementation.
- If the institutions or its sites are found to be out of compliance, it is understood the institution and appropriate staff will be held accountable.
- If sponsor staff do not conduct on-site monitoring/oversight, it will ensure sites are operating in compliance with the regulation and appropriate waiver(s).
- It is understood this waiver may be rescinded statewide if the COVID data tracker indicates Arkansas is no longer in the red zone.

By signing this form, I accept responsibility to ensure the institution is compliant and accountable for all aspects of the Child Nutrition Programs for which this waiver application is made.

Signature by Authorized Representative

Title

Date

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Additional Site Requests if needed:

Site Name: _____	County of Site: _____
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