HUMAI SERVICE

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-track type=CommunityLevels&null=Comm	ter/#county-view?list_select_state=Arkansas&data- unityLevels,
statewide due to this current status of COVID	in the red zone. As a result, these waivers are being made available cases in Arkansas. AR DHS will continue to monitor and re-evaluate this he waivers are no longer needed due to COVID, additional communication ning to normal operations.
To qualify for the waiver, the Institution must deficiencies. Is your institution in good standing	be in good standing, no debt owed to AR DHS, and no current serious ag?
Louise.Fenton@dhs.arkansas.gov, Linda.F.Pip Jerrod.Dorsey@dhs.arkansas.gov, Robert.Majo	application Coordinator: Aurora.Blake@dhs.arkansas.gov, apins@dhs.arkansas.gov, Sandra.West@dhs.arkansas.gov, bors@dhs.arkansas.gov. vide a list of sites (addresses, days, and meal service times for each site –
must match information submitted for site appropriate appropriate appropriate for additional sites, please scroll to page 4.	roval through the SNP site). For additional sites please scroll to page 4.
Site Name:	
Davs of Meal Service: Sun Mon	Tue Wed Thurs Fri Sat
Meal Service Times: Breakfast Lunch	Supper AM Snack PM Snack
	Supper AM Snack PM Snack ** SELECT WAIVER(S) *****
Sponsoring Organization On-Site Mon Parent/Guardian Pick-Up	itoring Visits Non-Congregate Meal Service Meal Service Times Waiver
Site Name:	County of Site:
Site Address:	
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Parent/Guardian Pick-Up	itoring Visits Non-Congregate Meal Service Meal Service Times Waiver

Please attach additional site sheets for sites as necessary.

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Parent/Guardian Pick up): Grab-n-Go	
This question is for Enroll	ed Programs – CACFP Enr	olled
By checking this box,	I understand I must require	parents picking up meals to complete and sign the parent attestation
form.	•	
	I have reviewed the follow	ng page related to compliance and integrity and ensure that I am
•		the appropriate checked boxes for compliance/integrity.
Signature by Authorized R	lepresentative	Title
Date		
Date		
	For AR DH	S/HNU Official Use Only
Approved:	Denied:	Date:
Tippie vous		
Signature State Agency	Representative:	Title:
	•	
Reason for denial:		

P PART H

Child and Adult Care Food Program COVID Waiver Request

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.	
	ensure integrity and compliance through its records to ount forms, bank statements, general ledger, employee etc.
Institution ensures all meals claimed for reimburses	
Institution ensures all site staff are trained to provide	
	nitored to document meals served accurately at the point
Institution ensures all meals will be kept at a safe to site.	emperature until served, including transportation to meal
Institution ensures safe food handling including san distribution.	nitizing/washing of hands during meal prep and
Institution ensures social distancing will be maintain	ined as necessary depending on the waiver.
	ty and program integrity during parent pick up of meals.
Institution ensures the meals provided are accurate	
Institution ensures social distancing during Parent of	*
Institution ensures maintenance of daily attendance documentation of meals provided.	e records (where applicable), meal count records and
Institution ensures enrichment activity is provided	for CACFP At Risk sites.
Institution ensures that it will update their Program of waiver implementation.	application to include the budget if needed as a result
If the institutions or its sites are found to be out of appropriate staff will be held accountable.	compliance, it is understood the institution and
If sponsor staff do not conduct on-site monitoring/or regulation and appropriate waiver(s).	oversight, it will ensure sites are operating in compliance with the
It is understood this waiver may be rescinded stated the red zone.	vide if the COVID data tracker indicates Arkansas is no longer in
By signing this form, I accept responsibility to ensure the Child Nutrition Programs for which this waiver application	e institution is compliant and accountable for all aspects of the on is made.
Signature by Authorized Representative	Title
 Date	

DEPARTMENT OF HUMAN SERVICES

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Additional Site Requests if needed:

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A R K A N S A S DEPARTMENT OF HUMAN SERVICES

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