

## COVID-19 WAIVER REQUEST FORM

Name of Facility			
Facility Agreement Number		Date of Request	
Person Submitting Request		Phone Number	

**Please check the appropriate program:**

CACFP                       NSLP  
 CACFP At-Risk             SFSP

***If requesting to operate SFSP, please complete the Justification Form.***

**Please check the waivers that apply:**

Grab and Go                       Parent or Guardian Pick Up  
 Multi-Day Meals               Home Delivery (Programs with Enrolled Participants Only)  
 Meal Time Flexibility       

**Select your facility type: (Check all that apply)**

ABC                       Head Start                       Voucher Children                       School Age Children

*The following children are not approved for participation in CACFP Grab and Go and Home Delivery: ABC and Voucher Children.*

**Completed Forms Must be Emailed to the following Individuals:**

Kimberly Cogshell	kimberly.cogshell@dhs.arkansas.gov
Rhonda Betzner	rhonda.betzner@dhs.arkansas.gov
Sharon Hagen	sharon.hagen@dhs.arkansas.gov

*Please complete the section below that corresponds with the Waiver you are requesting.*

**Grab and Go Meals**

**1. What date is the sponsor planning to start the program?**

**2. What site(s) is the sponsor planning to serve meals at? Please list the address, day, and times for each site. (Address, day, and times for each site must match the information located in the SNP site)**

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3. How will meals actually meet the meal pattern? How will you ensure temperatures are maintained during transport and/or serving of credible meals? Please also indicate how sanitizing/washing of hands will be monitored and maintained during meal prep and distribution?

4. How will you ensure social distancing?

5. Please explain in detail how the enrichment component will be provided to children. (A Detailed Plan is required and must explain Virtual Enrichment Components if being provided.)

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6. Explain the process for maintaining daily attendance records, meal count records, and documentation of meals provided?

7. Explain in detail how the sponsor will ensure children are only served the maximum number of USDA meals.

8. If providing a combination of Grab & Go and Congregate Feeding, please explain in detail how the sponsor will ensure each child receives the exact same meal?

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## Parent or Guardian Pick Up

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

1. How will the sponsor plan to ensure site maintains accountability and program integrity during the parent pick up?

2. How will the sponsor ensure meals are provided to parent or guardians of eligible children?

3. How will the sponsor ensure meals are not duplicated to children?

4. How will the sponsor document the number of meals provided?

5. How will the sponsor ensure social distancing during Parent or Guardian Pickup?

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## Multi-Meal Distribution

1. Provided a copy of the Public Notice within 48 hours before starting the program.  YES  NO

2. Notified enrolled families through electronic or written letter.

Electronic Letter

Written Letter

Other:

3. Explain how the meals will be packaged with directions explaining to families how to properly store, heat, refrigerate, and days of the week for each meal. Explain how breakfast/lunch/snack/dinner will be placed on each meal so children understand how and when to eat each meal or snack.

4. Explain the process for maintaining daily attendance records, meal count records, and documentation of meals provided?

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## Home Delivery (CACFP Child or Adult Care ONLY)

1. Describe how the sponsor will contact households of enrolled children/adult participants and verify families have proper warming and refrigeration techniques.

2. Describe how the sponsor will obtain written or electronic consent from the household of enrolled children/adults giving permission for delivery of meals to the verified address of the enrollee.

3. Describe how the sponsor will maintain records and confidentiality of children and their households throughout the process.

4. Describe the process for delivery to include time of delivery, number of meals delivered at one time, method of delivery, method of regulating temperature during delivery process, and process for ensuring sanitizing, handwashing, and masks are maintained during delivery of meals to homes.

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**DO NOT WRITE BELOW THIS LINE!**

**HEALTH AND NUTRITION UNIT USE ONLY**

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Your Request has been reviewed and the following items have been APPROVED or DENIED. If your waiver request was denied, please make the appropriate changes, if applicable, and resubmit your request.

Approved

Approved  N/A SFSP Justification Submitted

<input type="checkbox"/> Grab and Go	<input type="checkbox"/> Parent or Guardian Pick Up
<input type="checkbox"/> CACFP At-Risk	<input type="checkbox"/> Home Delivery (Programs with Enrolled Participants Only)
<input type="checkbox"/> Multi-Day Meal	<input type="checkbox"/> Meal Time Flexibility
<input type="checkbox"/> SFSP	

Comments:

Denied

Denied  N/A SFSP Justification Submitted

<input type="checkbox"/> Grab and Go	<input type="checkbox"/> Parent or Guardian Pick Up
<input type="checkbox"/> CACFP At-Risk	<input type="checkbox"/> Home Delivery (Programs with Enrolled Participants Only)
<input type="checkbox"/> Multi-Day Meal	<input type="checkbox"/> Meal Time Flexibility
<input type="checkbox"/> SFSP	

Comments:

DCCECE Health and Nutrition Assistant Director or Administrator Signature

Date of Approval/Denial

Upload APPROVED document to the SNP system.