

COVID-19 WAIVER REQUEST FORM

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

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 Form Must Be Emailed To The Following Individuals

Maurice Anderson	maurice.anderson@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 or Meal Time Flexibility

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)

COVID-19 WAIVER REQUEST FORM

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. At-Risk only: Please explain in detail how the REQUIRED enrichment component will be provided to children. (A Detailed Plan is required and must explain virtual enrichment components if being provided.)

COVID-19 WAIVER REQUEST FORM

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?

COVID-19 WAIVER REQUEST FORM

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?

COVID-19 WAIVER REQUEST FORM

Multi-Day 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?

COVID-19 WAIVER REQUEST FORM

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.

COVID-19 WAIVER REQUEST FORM

DO NOT WRITE BELOW THIS LINE!

HEALTH AND NUTRITION UNIT USE ONLY

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

Grab and Go

Parent or Guardian Pick Up

Multi-Day Meal

Home Delivery (Programs with Enrolled Participants Only)

SFSP

Meal Time Flexibility

Comments:

Denied

Denied

N/A SFSP Justification Submitted

Grab and Go

Parent or Guardian Pick Up

Multi-Day Meal

Home Delivery (Programs with Enrolled Participants Only)

SFSP

Meal Time Flexibility

Comments:

DCCECE Health and Nutrition Assistant Director or Administrator Signature

Date of Approval/Denial

Upload APPROVED document to the SNP system.