



Division of Child Care & Early Childhood Education  
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## MEMORANDUM

TO: ALL 2021 CACFP CENTERS AND AT-RISK PARTICIPANTS  
FROM: DCCECE / HNU  
DATE: August 25, 2021  
SUBJECT: FFY 2021CACFP WAIVER REQUEST

Attached is important information regarding the Nationwide Waiver to Allow Non-congregate Feeding in the Child Nutrition Programs-Extension #2 for CACFP centers and At-Risk afterschool meals. Under extension #2, facilities are allowed to offer “Grab and Go” meals and “Parent Guardian pick-up” through June 30, 2021. Every sponsor wanting to participate must submit a “Federal Fiscal year 2021 CACFP Waiver Request Form”. These requests must be submitted to the following staff: Pamela Burton, Perry Hunter, Rhonda Betzner and Thomas Sheppard. Sponsors must have parents to complete the Parent Attestation form and keep it in your records at each site, to be reviewed by state agency

After school “At Risk” programs require an educational/enrichment activity component. USDA has clarified that during this pandemic the educational /enrichment component may be conducted virtually or in other non-congregate ways. Although children are not required to participate in or complete the activity in order to receive an afterschool meal or snack, the “At Risk” afterschool program must offer the activity to every child. You will be asked to provide an explanation as to how the virtual educational/enrichment activity will be provided to every child. *We are highly encouraging activities that involve the parents and the families. During this stressful time, it is imperative that these children are participating in family engagement for their own social emotional wellbeing.*

You will also be required to maintain daily attendance records and meal count. If you choose to participate in multi-meal distribution, you must outline a comprehensive plan as to how you will carry this out. All waivers must be submitted to the state agency for approval prior to operating.

We look forward to working with you, and do not hesitate to reach out for any type of assistance you need. Thank you so much for all that you do to feed the children of Arkansas. If you have any questions, please contact Health and Nutrition at: 501-682-8869.

## COVID-19 WAIVER REQUEST FORM

<b>Name of Facility</b>			
<b>Facility Agreement Number</b>		<b>Date of Request</b>	
<b>Person Submitting Request</b>		<b>Phone Number</b>	

<p><b>Please check the appropriate program:</b></p> <p><input type="checkbox"/> CACFP                      <input type="checkbox"/> NSLP</p> <p><input type="checkbox"/> CACFP At-Risk</p>	<p><b>Please check the waivers that apply:</b></p> <p><input type="checkbox"/> Grab and Go                      <input type="checkbox"/> Parent or Guardian Pick Up</p> <p><input type="checkbox"/> CACFP At-Risk                      <input type="checkbox"/> Home Delivery (Programs with Enrolled Participants Only)</p> <p><input type="checkbox"/> Multi-Day Meal                      <input type="checkbox"/> Meal Time Flexibility</p>
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**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.*

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

**Grab and Go Meals (CACFP or CACFP At-Risk)**

**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. 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)**

## 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-Meal Distribution (CACFP or CACFP At-Risk)

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**

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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

<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

Comments:

Denied

<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

Comments:

DCCECE Health and Nutrition Assistant Director or Administrator Signature

Date of Approval/Denial

Upload APPROVED document to the SNP system.





## Parent Attestation Form

**Instructions**-This parent attestation form is to be completed, signed and dated by the parent or guardian picking up meals for students participating in Child and Adult Care Food Programs (CACFP) or At-Risk Afterschool. CACFP Centers and At-Risk Afterschool Sites must keep record of this form, at the center/site, to be reviewed by state agency upon request.

Parent Name \_\_\_\_\_ Program Receiving meals for:  CACFP  At-Risk

Entity Name \_\_\_\_\_ Program Agreement Number: \_\_\_\_\_

Child's Name \_\_\_\_\_  Breakfast

Child's Name \_\_\_\_\_  Lunch

Child's Name \_\_\_\_\_  Snack

Child's Name \_\_\_\_\_  Supper

I understand that I can't receive more the daily maximum of two meals and one snack for each enrolled participant from CACFP or the maximum of one meal and one snack from At-Risk. I further understand that I cannot receive duplicate meals from any USDA Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_