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
- ☐ CACFP At-Risk
- ☐ Home Delivery (Programs with Enrolled Participants Only)
- ☐ Multi-Day Meal
- ☐ 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.

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

☐ Grab and Go	☐ Parent or Guardian Pick Up
☐ CACFP At-Risk	☐ Home Delivery (Programs with Enrolled Participants Only)
☐ Multi-Day Meal	☐ Meal Time Flexibility
☐ SFSP	

Comments:

☐ Denied ☐ Denied ☐ N/A SFSP Justification Submitted

☐ Grab and Go	☐ Parent or Guardian Pick Up
☐ CACFP At-Risk	☐ Home Delivery (Programs with Enrolled Participants Only)
☐ Multi-Day Meal	☐ Meal Time Flexibility
☐ SFSP	

Comments:

DCCECE Health and Nutrition Assistant Director or Administrator Signature

Date of Approval/Denial

Upload APPROVED document to the SNP system.