

Summer Food Service Program Waiver, Summer 2022



Name of Institution: _____ Agreement #: _____ Date of Request: _____

Person Submitting Request: _____ Phone Number: _____

Expected Implementation Date: _____

To qualify for the waiver, the Institution must be in good standing, no debt owed to AR DHS and no current serious deficiencies. Is your institution in good standing? _____

Please submit this request to: Nora.Fawcett@dhs.arkansas.gov, Sharon.Hagen@dhs.arkansas.gov, and JoEllen.Collin@dhs.arkansas.gov

In order to participate, each institution must submit this form for approval. These Waivers will be allowed through the end of your approved SFSP 2022 participation.

For each Program, please check the waiver(s) for which you are applying for the remaining SFSP operations:

- Nationwide Waiver #108:** Area Eligibility Waiver for Closed Enrolled sites
- Nationwide Waiver #111:** Non-Congregate Meal Service
- Nationwide Waiver #112:** Parent/Guardian Pick-Up
- Nationwide Waiver #113:** Meal Service Times Waiver

To apply for this waiver, please provide a list of sites (addresses, days, and meal service times for each site – must match information submitted for site approval through the SNP site as approved by your assigned Applications Program Coordinator). Please attach additional site requests as needed.

Site Name: _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

Site Name: _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

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Site Address: _____

Days of Meal Service: Sun___ Mon___ Tue___ Wed___ Thurs___ Fri___ Sat___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

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Days of Meal Service: Sun___ Mon___ Tue___ Wed___ Thurs___ Fri___ Sat___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

Parent/Guardian Pick up: Grab-n-Go

___ By checking this box, I understand I must require parents/guardians picking up meals to complete and sign the parent/guardian attestation form.

___ By checking this box, I have reviewed the following page related to compliance and integrity and ensure that I am responsible for compliance and integrity of the SFSP including compliance when implementing the waivers.

Signature by Authorized Representative

Title

Date: _____

For AR DHS/HNU Official Use Only

Approved: _____ Denied: _____ Date: _____

Signature State Agency Representative: _____ Title: _____

Reason for denial:

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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 meal per type per day is served to each eligible participant.
- Institution ensures documentation is maintained to ensure integrity and compliance through its records to include, but not limited to: invoices, daily meal count forms, bank statements, general ledger, employee compensation records, mileage, check register, etc.
- Institution ensures all meals claimed for reimbursement meet the meal pattern.
- Institution ensures all site staff are trained to provide meals approved through this waiver.
- Institution ensures all site staff are trained and monitored to document meals served accurately at the point of service.
- Institution ensures all meals will be kept at a safe temperature until served, including transportation to meal site.
- Institution ensures safe food handling including sanitizing/washing of hands during meal prep and distribution.
- Institution ensures social distancing will be maintained as necessary depending on the waiver.
- Institution ensures each site maintains accountability and program integrity during parent pick up of meals.
- Institution ensures meals are provided to parent or guardians only for eligible children.
- Institution ensures meals no more than one approved meal type per day are provided to children or parents.
- Institution ensures the meals provided are accurately documented for each site.
- Institution ensures social distancing during Parent or Guardian Pickup.
- Institution ensures maintenance of daily attendance records (where applicable), meal count records and documentation of meals provided.
- Institution ensures enrichment activity is provided for CACFP At Risk sites.
- Institution ensures that it will update the Program application to include the budget if needed as a result of waiver implementation.
- If the institutions or its sites are found to be out of compliance, it is understood the institution and appropriate staff will be held accountable.

By signing this form, I accept responsibility to ensure the institution is compliant and accountable for all aspects of the Child Nutrition Programs for which this waiver application is made.

Signature by Authorized Representative

Title

Date: _____

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For additional site info if needed:

Site Name: _____ **County of Site:** _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

Site Name: _____ **County of Site:** _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

Site Name: _____ **County of Site:** _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Meal Service Times: Breakfast _____ Lunch _____ Supper _____

AM Snack _____ PM Snack _____

Site Name: _____ **County of Site:** _____

Site Address: _____

Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

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