|  |  |  |
| --- | --- | --- |
| Department of Education and Early Development Logo | **Agreement to Waive Regulatory Requirement of Non-Congregate Feeding, Meal Time Flexibility, and Parent Pick-Up due to COVID-19** **for CACFP through June 30, 2021** | *Child Nutrition Programs**Finance and Support Services**P.O. Box 110500**Juneau, Alaska 99811-0500**Phone (907) 465-8711**Fax (907) 465-8910* |

Alaska Child Nutrition Programs has been authorized to provide waivers for CACFP sponsors **for non-congregate feeding for enrolled students (and eligible participants for At-Risk/OSHC)** for program flexibility to support access to nutritious meals while minimizing potential exposure to the novel coronavirus (COVID-19). To qualify for this wavier Sponsors/Institutions must develop meal distribution methods to ensure accountability and integrity. Procedures must be submitted with the waiver. This would include attendance and meal count recordkeeping. Meal distribution methods may vary by community risk levels. This is a waiver of federal regulation 7 CFR 226.19(b)(6)(iii): Maintain children on-site while meals are consumed.

Alaska Child Nutrition Programs has been authorized to provide waivers for CACFP sponsors for **meal service time flexibility**, this waiver allows CACFP sponsors the flexibility to align meal service times as necessary. Under Program regulations at 7 CFR 226.20(k), Child Nutrition Programs meals must follow meal service time requirements. However, FNS recognizes that for school year 2020-2021, waiving the meal service time requirements will support safer access to nutritious meals.

Alaska Child Nutrition Programs has been authorized to provide a waiver for CACFP sponsors to **distribute meals to a parent or guardian for their enrolled children**. Sponsors will need to notify the State of their plan to maintain accountability and program integrity, which includes tracking system to ensure only meals provided for children (or adult participants if sponsor of Adult Care). This is a waiver of federal regulation 7 CFR 226.2 (Meals).

| **Sponsor Name** |
| --- |
| Click or tap here to enter sponsor name. |

**Non-Congregate Feeding**

Sites that will participate in non-congregate feeding as a result of the waiver (*attach additional page for additional sites*):

| **Site Name** |
| --- |
| Click or tap here to enter site name. |
| Click or tap here to enter site name. |
| Click or tap here to enter site name. |

| **Non-congregate Feeding: Describe below: 1) meals to be offered; and, 2) recordkeeping including attendance, meal counts, where records will be located *(attach written procedures)*** |
| --- |
| Click or tap here to enter meals to be offered. |

**Meal Service Time Flexibility**

| **Meal Service Time Flexibility: If different frequency or time at multiple locations please list each site separately** |
| --- |
| Click or tap here to enter the frequency of meals to be offered (days/times). |

**Parent/Guardian Pick-Up**

| **Parent/Guardian Pick-up: Describe processes in place to ensure that meals are distributed only to parents or guardians of enrolled and eligible children (or adult participants of adult day care), and that duplicate meals are not distributed: *(attach written procedures)*** |
| --- |
| Click or tap here to enter the method of service/delivery of meals. |

**Meal Delivery**

| **Explain how you will: 1) obtain written consent from households that they want to receive meals, 2) confirm current contact information, 3) maintain health and safety, 4) ensure only allowable meals to be delivered, 5) how will you document if serving meals in bulk format vs. individual pre-plated meals.** |
| --- |
| Click or tap here to enter the frequency of meals to be offered (days/times). |

**The sponsor agrees to provide DEED Child Nutrition Programs with the following information at the end of the school year. Failure to comply may result in the State Agency denying future waiver requests.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative Date

A signature below signifies approval of the waiver request by DEED Child Nutrition Programs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of DEED Child Nutrition Programs Date

USDA is an equal opportunity provider and employer.