South Carolina Department of Social Services Child and Adult Care Food Program Institution Request to Participate in CACFP Waivers Due to COVID-19 Emergency

Note: Institutions must receive approval from SCDSS CACFP before implementing any of the waivers listed below.

Institution Name:	Agreement Number:
Institution is requesting to participate in the following	waivers (check all that apply):
☐ USDA Nationwide Waiver to Allow Meal Service Time Fl	exibility in the Child Nutrition Programs
☐ USDA Nationwide Waiver to Allow Non-Congregate Fee	ding in the Child Nutrition Programs
☐ USDA Nationwide Waiver of the Activity Requirement in	n Afterschool Care Child Nutrition Programs
Waiver Implementation Date:	Waiver Anticipated End Date:
Facility covered under Waiver Request (Attach additional sheet if necessary.)	Estimated Number of Participants Served Daily
Briefly describe how meals will be provided (meal dis	tribution method) and how the waiver will target
the children that would normally attend the child care	

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Describe the method(s) to be used to communicate with families:	
Describe how the institution will ensure proper operation of the program including meal content, meal counts, attendance records, food safety, compliance with civil rights requirements, oversight, etc.	
Submit a sample menu, for approved meal types, with this waiver application. * Attach a separate sheet of paper if additional space is need for a response.	
The institution certifies all required records for the CACFP will be maintained in accordance with federal regulations and the agreement between the institution and the South Carolina Department of Social Services. This includes but is not limited to dated menus, attendance records, meal count records and purchase receipts/invoices.	
Submitted by:	
Title:	
Date Submitted:	
Phone Number:	
Email Address:	
Signature:	

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