

South Carolina Department of Social Services

Child and Adult Care Food Program

Institution Request to Participate in USDA Parent/Guardian Pickup Waiver Due to COVID-19 Emergency

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

Institution Name: \_\_\_\_\_ Institution Agreement Number: \_\_\_\_\_

USDA Nationwide Parent/Guardian Meal Pickup Waiver. This allows States approved for non-congregate feeding to waive the rule preventing parents and guardians from picking up meals for children, as long as they protect accountability and integrity of program.

Waiver Implementation Date: \_\_\_\_\_ Waiver Anticipated End Date: \_\_\_\_\_

Approved Facility covered under Waiver Request  
(Attach additional sheet if necessary.)

Estimated Number of  
Participants Served Daily

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What approved meal type are you wanting to serve? (Check all that apply and submit menu.)

- Breakfast       AM Snack       Lunch       PM Snack       Supper

Describe the method(s) to be used to communicate with families changes in non-congregate delivery of meal service to participants that would normally attend child care/adult and afterschool programs:

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Describe the institution's plan for distributing meals to parents/guardians. Address how institution will ensure that meals are only distributed to parents or guardians of eligible children and that duplicate meals are not distributed to any child.

Will all approved meal types be distributed at the same time?  Yes  No

If No, please explain how meals will be distributed by meal type.

How will meal(s) be distributed? *(check all that apply)*

Daily       Weekly       Other (please be specific)

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: \_\_\_\_\_

Submit waiver via email: [cacfp@dss.sc.gov](mailto:cacfp@dss.sc.gov)