

South Carolina Department of Social Services

Child and Adult Care Food Program

Institution Request to Participate in USDA Meal Pattern Flexibility 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 Meal Pattern Flexibility Waiver. This waiver allows States to waive specific meal pattern requirements as needed to support access to nutritious meals when certain foods are not available due to COVID-19.

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

Approved Facility covered under Waiver Request

Estimated Number of  
Participants Served Daily

\_\_\_\_\_

FNS expects and strongly encourages Program operators to maintain and meet the nutrition standards for each Program to the greatest extent possible. Waiver requests must be targeted and justified based on disruptions to availability of food products.

Describe the institution's challenges to meeting the CACFP meal pattern requirement due to COVID 19. Identify specific food items that are not available, the reason why the items are not available and the efforts the institution has made to purchase the specified food items.

If an alternative food or foods have been identified, identify the alternative (substitute) and the impact of the substitute on the meal(s).

Meal Service: BREAKFAST

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on Breakfast

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Meal Service: AM Snack

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on AM Snack

Meal Service: LUNCH

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on Lunch

Meal Service: PM Snack

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on PM Snack

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Meal Service: SUPPER

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on Supper

Meal Service: Evening Snack

List food(s) by component you are unable to purchase

List alternative (substitute) food

Milk: \_\_\_\_\_

\_\_\_\_\_

Meat/Meat Alternates: \_\_\_\_\_

\_\_\_\_\_

Vegetables: \_\_\_\_\_

\_\_\_\_\_

Fruits: \_\_\_\_\_

\_\_\_\_\_

Grains: \_\_\_\_\_

\_\_\_\_\_

Impact on Evening Snack

If approved, describe the impact this waiver will have on the institution's operation.

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)