

**South Carolina Department of Social Services
Child and Adult Care Food Program
Institution Request to Participate in CACFP Milk Availability Waiver 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:** _____

- Per 7 CFR 226.20(e) Unavailability of fluid milk— (1) Temporary. When emergency conditions prevent an institution or facility normally having a supply of milk from temporarily obtaining milk deliveries, the State agency may approve the service of breakfasts, lunches, or suppers without milk during the emergency period.

The institution is requesting a waiver for the service of whole milk/1% or skim milk due to COVID-19. (Check all that apply.)

- CACFP Waiver to Allow Temporary Meal Service without serving Whole milk.
- CACFP Waiver to Allow Temporary Meal Service without serving 1% or skim milk.

Waiver Implementation Date: _____ **Waiver Anticipated End Date:** _____

Facility covered under Waiver Request (Attach additional sheet if necessary.)	Estimated Number of Participants Served Daily
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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Briefly describe circumstances in your geographic area that would permit your institution's use of this waiver for your child care/adult care or afterschool facility.

**Attach a separate sheet of paper if additional space is needed 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: _____