Waiver Request to Provide Meal Service During an H1N1 Outbreak

Who May Submit a Waiver:

This form may be used to submit a waiver request to offer meal services in response to H1N1 related unanticipated school dismissals under a declared public health emergency as outlined in section 319 of the Public Health Service Act. The Nebraska Department of Education - Nutrition Services requires the submission of this Waiver Request Form.

This waiver request is implemented in accordance with United States Department of Agriculture (USDA) memoranda SP 31-2009, SFSP 05-2009, SP 33-2009 and SFSP 06-2009. These memoranda outline how School Food Authorities (SFAs) and Community Organizations (COs) may continue to provide reimbursable meals to low-income children through the Summer Food Service Program (SFSP) or the Seamless Summer Option (SSO) of the National School Lunch Program during a school closure related to the H1N1 influenza virus.

The waiver request should be in a concise narrative form.

The primary goal of meal service offered during an H1N1 related school dismissal is to address the loss of school meals for the low-income children enrolled in the closed school. Any SFA or CO seeking to implement this waiver request agrees to operate the SFSP/SSO in accordance with Federal regulations with these noted exceptions:

1. The requirement for serving and consuming meals in a congregate setting is waived.
2. Pre-operational training and monitoring requirements are waived.
3. Limitation of the operation during an unexpected school closure during the school year to non-school sites is waived.
4. This waiver request may be implemented only by SFAs/COs with a current Agreement with the State agency for participation in the SFSP/SSO.
5. The SFA/CO must notify the State agency that they are implementing the waiver before serving meals.
Name of SFA or CO: __________________________________________________________

Agreement Number (6 digits): ________________________________________________

Name of Contact Person: ____________________________________________________

Telephone Number: ________________________________________________________

Complete the following for each school covered by this waiver request:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Street Address</th>
<th>Percentage of Free and Reduced Price Eligible Students by Site</th>
<th>Check (✓) if Site Operated the SFSP in 2009</th>
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At what point after the declaration of a public health emergency and school closing would the meal service start?

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______________________________________________________________________________

Describe what meal distribution method(s) will be used.

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______________________________________________________________________________

______________________________________________________________________________
What meals will be served? Estimate the average number of daily meals to be served. (One meal, or a combination of one meal and one snack, or two meals may be served. Lunch and supper cannot be served to a child on the same day).

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________________________________________________________________________________________________________

Describe how the meal service will be operated, including whether closed schools will be served by a central site and whether schools will be served by the SFA or CO.

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Provide the name, address and telephone number for each meal preparation site.

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________________________________________________________________________________________________________
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Describe how the SFA/CO will ensure food safety requirements are met, including maintaining food at proper temperatures.

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________________________________________________________________________________________________________
________________________________________________________________________________________________________
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Describe how the SFA/CO will target the meal service to low-income children from the closed school(s), including children that may not have free or reduced price eligibility information on file (i.e., children new to the SFA).
Describe how the SFA/CO will communicate the availability of meals to eligible families.

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_________________________________________________________________________________________________________
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Describe how the SFA/CO will ensure proper operation of the program including meal content, meal counts, oversight, etc.

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Describe any additional changes to standard meal service operations that will be necessary when serving meals during an H1N1-related school closing. (This may include issues of personnel and staffing, availability of suppliers, procurement requirements and any limitations imposed by current SFA contracts with suppliers or food service management companies, etc.)

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Please return to:

Nebraska Department of Education
Nutrition Services
P.O. Box 94987
Lincoln, NE  68509