

SFA/School District: _____

LEA #: _____

Request for Waiver to Allow Meal Pattern Flexibility in National School Lunch and School Breakfast Programs Administered by the Child Nutrition Unit, DESE, ADE During Public Health Emergency Due to COVID-19 (Covid-19 CN Response #36)

To apply for Meal Pattern Flexibility, the district must have checked yes to opt into the waiver on the Schedule D. This form is required for each specific meal pattern requirement that is requested to be waived. Return this form to CNU by email to ADE.CNU-A-PS@arkansas.gov

Section 1

CNU is allowing program operators to opt into the below meal pattern flexibilities allowed as a result of the flexibilities for milk, whole grains, and sodium Final Rule released December 12, 2018. Additional documentation is not required for Section 1. Check below to opt into the individual flexibilities for the entire School Food Authority (SFA).

- _____ Milk Component: SFAs may serve flavored, low-fat milk for the milk component at each meal service.
-This flexibility does not apply to the PreK program. PreK programs must follow the CACFP meal pattern.
-SFAs must also offer an unflavored low-fat or fat-free milk choice at the same meal if a flavored milk choice is offered.
- _____ Grain Component: SFAs may serve a combination of whole grain-rich and enriched grain products to fulfill the grain component weekly requirements.
-At least 50% of the grains served each week must be whole grain-rich with the remaining percentage must be enriched.
- _____ Sodium, Dietary Specifications: SFAs may serve within Target 1 Sodium limits through the end of School Year 2020-2021.
-Target 1 sodium limits:
Breakfast: $\leq 540\text{mg}$ (K-5), $\leq 600\text{mg}$ (6-8), $\leq 640\text{mg}$ (9-12); Lunch: $\leq 1230\text{mg}$ (K-5), $\leq 1360\text{mg}$ (6-8), $\leq 1420\text{mg}$ (9-12)

Section 2

Additional meal pattern requirements not mentioned in Section 1 may be waived. Documentation of correspondence that supports the SFAs justification for these components must be submitted with the request for waiver or the request will not be considered. Submission of this form is not an approval of the waiver. Waiver requests will be approved on a case by case basis per USDA guidance for Section 2. Districts will receive approval/denial of request by email.

What is the specific meal pattern requirement (pick one) that is requested to be waived:

- _____ Meat/Meat Alternate
- _____ Vegetable or Vegetable Sub Group (specify which sub-group) _____
- _____ Whole Grain Rich / Grain (specify which) _____
- _____ Fruit
- _____ Milk

Describe why the waiver request is necessary: _____

Describe what measures the district has taken to try to meet the meal pattern requirements: _____

Superintendent Signature

Date

Child Nutrition Director Signature

Date

This waiver is effective immediately upon submission for Section 1 and upon approval for Section 2 and may remain in effect until June 30, 2021.

CNU Use Only: Approved Denied

Initials of Reviewer Date SFA Notified: _____