

**INSTRUCTIONS FOR
FOOD & NUTRITION DIVISION
WAIVER FORM FOR SCHOOL CLOSURES DUE TO H1N1
FND# 129**

SECTION A

1. SCHOOL FOOD AUTHORITY (SFA)/COMMUNITY ORGANIZATION (CO) INFORMATION

(Entities that contract with the Texas Department of Agriculture to provide meal service to children.)

- **SFA/CO Name** – Fill in the name of the entity which contracts with the Texas Department of Agriculture to offer the National School Lunch Program, the School Breakfast Program, the Seamless Summer Option or the Summer Food Service Program.
 - **County-District Number** - Enter your six-digit county-district number (XXX-XXX) **OR**
 - **UCN Number**– Enter your seven-digit UCN number (75XXXXXX).
 - **SFA/CO Mailing Address** – Enter the address for the SFA/CO.
 - **City/Zip** – Enter the city and zip code in which the main SFA/CO is located.
 - **Telephone/Fax number** (XXX) XXX-XXXX – Enter the telephone number and the fax number, including area code, for the SFA/CO.
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SECTION B

2. PROGRAM INFORMATION

- **Programs Operated by the SFA/CO** – Check the type of program currently operated by the SFA/CO: NSLP, SBP, SFSP, SSO. Check all that apply.
- **Programs SFA/CO is applying for** – If the SFA/CO does not currently have an agreement to operate one of the summer programs, an amendment to the permanent agreement (attached to this document) must be completed and submitted to TDA by the SFA/CO. Check the box of the summer program that you would operate in the event of an H1N1-related school closure.
- **Check the box of the meal service preparation type operated in the case of an H1N1 related school closure** – On-site Kitchen, Central Kitchen, Food Service Management Company, Vended Meals, Other (Please describe other methods, if used.)
- **Check the box of the menu planning system to be used in the case of an H1N1 related school closure.** – Traditional Food Based, Enhanced Food Based, Nutrient Standard, Assisted Nutrient Standard (Must have prior TDA permission to operate), Other (Must have permission from TDA to operate another Menu Planning System.) In the case of a school closure, the SFA/CO can operate a different menu planning system than the one operated during the regular school year. Traditional Menu Planning system is recommended by TDA.
- **Describe at what point after the declaration of a public health emergency and school closure would the meal service start** – Waivers must be in place and approved prior to the declaration of a public health emergency. Describe the length of time it will take for you to respond to an H1N1 public emergency declaration and what processes will you put in place to ensure adequate meals in a timely manner.
- **Describe the method(s) to be used to communicate with families in the event of a school closures** – Examples include television, radio, newspaper, websites and sending notes home with students in the event of a closure.

- **Describe the method(s) and schedule(s) of distribution to be used in the event of an H1N1-related school closure. (Methods must meet the needs of social distancing during an H1N1 outbreak.)** – Anticipate that meal distribution methods should be either pick-up or delivery models in order to meet the need for social distancing during a declared emergency. Describe how you will prepare for such requirements?
 - **If your student population is 50 percent or more free and/or reduced-price, describe how you will ensure that meal distribution will target low-income students in the event of an H1N1-related school closure** – For closed schools with 50 percent or more students certified as free and reduced meals, SFAs/COs must develop meal distribution methods in which meals are available to all families with students enrolled in that school.
 - **If the closed school does not have 50 percent or more free or reduced-price children enrolled, Describe how you will ensure that meal distribution will target low-income students in the event of an H1N1-related school closure** – For closed schools with less than 50 percent free and reduced price certified, meal distribution methods must make efforts to more directly target the household of enrolled students eligible for free or reduced price meals.
 - **Describe how the meal service will be operated.** – Eligible children is defined as all children age 18 and under in a household where, at least, one child in the household is enrolled in a closed school. Adults picking up meals must have one enrolled student in a closed school and the distribution site must be able to verify that the parent picking up the meals has at least one student enrolled in the closed school prior to taking meals for all children in the household.
 - **Describe how the SFA/CO will ensure food safety requirements will be met, including maintaining food at proper temperatures.** – The SFA/CO is responsible for obtaining all required permits from local or state authorities and must also ensure proper safety and sanitation requirements.
 - **Describe how the SFA/CO will ensure proper operation of the program including meal counts, ensuring service of complete reimbursable meals, oversight of the programs, etc.** The SFA/CO is required to maintain program oversight and provide all requirements such as meal counts and food production records and ensure that a complete reimbursable meal is served.
 - **Describe any additional changes to standard meal service operations that will be necessary when serving meals during an H1N1-related school closure.** - The SFA/CO should include issues of personnel and staffing, availability of supplies/suppliers, procurement requirements and any limitations imposed by current SFA/CO contracts with suppliers or food service management companies. Milk must be served with each reimbursable meal and offer vs. serve will not apply in the event of an H1N1 related school closure. USDA will allow shelf stable milk to be provided.
 - **Will you be working with any community organizations to provide meal service during an H1N1-related school closure?** – Please list the names of partnering organization and define the roles of each organization. Who will be responsible for food preparation, meal delivery, program requirements and food safety requirement?
 - **If you will not be able to provide meals during an H1N1-related school closure and will not be requesting a Waiver, is there an organization(s) in the community that could provide meal service?** – Provide the name of the organization and contact information on the separate, enclosed document so TDA can follow up with that organization in case of school closures.
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SECTION C

3. WAIVER SIGNATURES

- **Title of authorized representative/superintendent submitting waiver** – Job title of authorized representative/superintendent submitting waiver.
 - **Signature of authorized representative/superintendent submitting waiver** – Signature of authorized representative/superintendent submitting waiver.
 - **E-mail address of authorized representative/superintendent submitting waiver** – TDA will email approval of this waiver to the authorized representative/superintendent.
 - **Date submitted** – Date waiver submitted.
 - **Title of TDA official approving waiver** – Job Title of TDA official approving waiver.
 - **Signature of TDA official approving waiver** – Signature of TDA official approving waiver.
 - **Date approved** – Date TDA official approved waiver.
 - **Confirmation of e-mail.** – TDA will email the authorized representative/superintendent once the waiver has been approved.
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SECTION D

4. SITE ELIGIBILITY AND MEAL INFORMATION

- **Complete the attached list for all sites that may be affected by an H1N1-related school closure.** – List the name of the school; the address of the school; a contact name and phone number of someone at the actual school site; the free/reduced-price (F/R) eligibility (expressed as a percentage); which meals will be served and what type of entity will be responsible for meal service.
- **Identify which sites may be determined as a feeding site in the event of an H1N1-related school closure.** - Include the free and reduced-price eligibility percentages of each site.
- **Check the box of the types of meals you plan to provide in the event of an H1N1-related school closure (contractor is limited to claiming only two meals daily)** – Breakfast, AM or PM Snack (indicate which by putting AM or PM in the box, Lunch, or Supper. SFAs/COs may only claim 2 meals per day or one meal and one snack per day and may not claim lunch and supper for the same child for one day.
- **Check the end box if and SFA and a CO are working together; identify which entity will be responsible for providing meals at each site.** – This will identify which entity will be responsible for meals served at a particular site in the event of an H1N1-related school closure.
- (If you have more than 26 sites, make a copy of this form. A copy of the Schedule A may be attached if the you are an SFA. Include on the Schedule A the type of meal to be served in the event of an H1N1-related school closure.
- Mail the completed, signed, hard copy of the form to:

Texas Department of Agriculture
Food & Nutrition Division
P.O. Box 12847
Austin, Texas 78701