

Institution Instructions for Hurricane Helene Waiver Requests

The Waiver Request Form can be found here: <https://fs24.formsite.com/cacfp/rshybegek8/index>



**NC CACFP Disaster Relief for Hurricane Helene:
Waiver Request Form**

Participation in these waivers ends November 1, 2024.

The North Carolina (NC) Child and Adult Care Food Program (CACFP) has been granted eight waivers by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) to provide CACFP operators the maximum flexibility following the devastation of Hurricane Helene in NC. Please complete the waiver request form below to request one or more waivers for your institution and/or facility(ies). Each waiver request form must be approved by the State agency prior to the institution implementing any or all the flexibilities listed below.

The following list of waivers provided to the NC CACFP are available to request for all participating CACFP institutions and sponsoring organizations that are currently in good standing with the State Agency (SA).

- Non-Congregate Meal Service
- Parent and Guardian Meal Pick-Up
- Meal Service Time Flexibility
- Meal Pattern Flexibility
- Record Retention Exemption
- Claim Deadline Extension
- Sponsoring Organizations Review Requirements
- Disbursement Timeline Requirements for Sponsoring Organizations

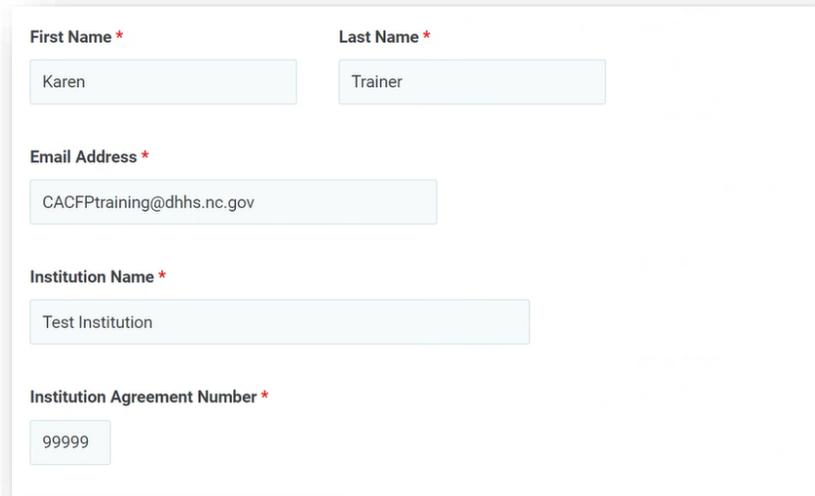
Institutions **MUST** apply and be approved for each waiver they would like to use, on behalf of the institution and/or facility(ies).

Sponsoring Organizations can list up to 10 facilities on one waiver request form. If waiver requests are needed for more than 10 facilities, please submit this form again for the additional facilities.

The form must be completed by a responsible individual from the institution. All items in with a “Red” asterisk must be completed.

Enter the following:

- First name and Last name
- Email address of the individual completing the waiver request
- Name of Institution
- Agreement number of the Institution



The image shows a screenshot of a web form with the following fields and values:

Field Label	Value
First Name *	Karen
Last Name *	Trainer
Email Address *	CACFPtraining@dhhs.nc.gov
Institution Name *	Test Institution
Institution Agreement Number *	99999

- Confirm the Institution's agreement number
- Using the drop down select the county of the institution
- Confirm the institutions contact information in NC CACFP CONNECTS is accurate.

Confirm Institution Agreement Number *

Institution Type *

Independent Center

Sponsoring Organization

Institution County *

BUNCOMBE ▾

Confirm your contact information in NC CACFP CONNECTS is accurate: *

Yes

No

Please complete the below email address field(s) **IF the institution would like for copies of the email notifications about this Waiver Request to go to any of the below contacts the institution has listed in NC CACFP CONNECTS.** Please note that this is optional.

ALAMANCE

ALEXANDER

ALLEGHANY

ANSON

ASHE

AVERY

BEAUFORT

BERTIE

BLADEN

BRUNSWICK

BUNCOMBE

BURKE

CABARRUS

Confirm your contact information in NC CACFP CONNECTS is accurate: *

Yes

No

Please complete the below email address field(s) **IF the institution would like for copies of the email notifications about this Waiver Request to go to any of the below contacts the institution has listed in NC CACFP CONNECTS.** Please note that this is optional.

- Provide the email address of the institution’s primary contact as well as the authorized individual for the institution. NOTE: This is optional. The email addresses provided will be used to receive copies of correspondence regarding the waiver request.

Please complete the below email address field(s) IF the institution would like for copies of the email notifications about this Waiver Request to go to any of the below contacts the institution has listed in NC CACFP CONNECTS. Please note that this is optional.

Primary Contact Email Address ⓘ

CACFPtraining@dhhs.nc.gov

Authorized Individual Email Address ⓘ

CACFPtraining@dhhs.nc.gov

- Select all waivers the institution is requesting. (NOTE: Sponsoring Organizations will be permitted to enter waiver requests for up to 10 facilities within one Waiver Request Form)

Which waiver(s) is/are the institution/facility(ies) requesting? (Select all that apply) *

Non-Congregate Meal Service

Parent and Guardian Meal Pick-Up

Meal Service Time Flexibility

Meal Pattern Flexibility

Record Retention Exemption

Claim Deadline Extension

Sponsoring Organizations Review Requirements

Disbursement Timeline Requirements for Sponsoring Organizations

- Respond to the question, by selecting all that apply

Why is the institution applying for the waiver(s) selected above? *

- Institution closed
- Facility closed
- Flood damage
- Limited access to food sources
- Limited safe food storage and handling options
- Limited staff
- Loss of power
- No safe/running water
- Staff unable to access facility
- Structural damage of facility
- Other

Each waiver request will have its own section and questions pertaining to that individual waiver. Additionally, under each waiver there will be guidance regarding the waiver written in red.

- Independent institutions provide the name of your institution under facility name and county.
- Sponsoring Organizations can request waivers for up to 10 facilities in each section.

Independent Institution

1. Non-Congregate Meal Service

This waiver allows institutions/facilities to serve meals in a non-congregate setting.

Facility Name	Facility County
<input type="text" value="Mickey Mouse Child Care"/>	<input type="text" value="BUNCOMBE"/> ▼

Sponsoring Organization

1. Non-Congregate Meal Service

This waiver allows institutions/facilities to serve meals in a non-congregate setting.

Facility Name	Facility County
<input type="text" value="Mickey Mouse Child Care"/>	<input type="text" value="BUNCOMBE"/> ▼
Facility Name	Facility County
<input type="text" value="ABC Child Care"/>	<input type="text" value="BUNCOMBE"/> ▼
Facility Name	Facility County
<input type="text" value="Jack & Jill Child Care"/>	<input type="text" value="HAYWOOD"/> ▼
Facility Name	Facility County
<input type="text" value="123 Child Care"/>	<input type="text" value="ASHE"/> ▼

- Respond to all questions within the section.

What is the intended outcome of the facility being granted this waiver? (Select all that apply)

- Improve participants' access to meals
- Improve safety of participants
- Improve safety of staff
- Ease meal preparation
- Ease meal service
- Provide an option for meal service
- Other

What meal options is the facility planning to offer? (Select all that apply)

- Full week (5 days) of meals at one time
- 2-3 days of meals at one time
- Weekend meals
- Bulk food packages (Food packages that contain items that could be used for multiple meals or portion sizes)
- Frozen meals
- Shelf-stable meals
- Supper and a snack (ARAM only)
- Other (please specify)

What meal distribution delivery methods is the facility planning to use? (Select all that apply)

- Walk-sites at schools, center or other buildings
- Curbside pick-up/drive through service
- Mobile sites at which a bus or van delivers meals at pre-set times
- Delivery with stops at individual homes
- Other home delivery methods
- Other (please specify)

What meal counting methods is the facility planning to use? (Select all that apply)

- Standard point of service system
- Mobile technology (for example: laptop, tablet or cell phone apps)
- Paper rosters
- Clickers
- Other (please specify)

The State agency is required to review the performance of approved waivers. Therefore, by January 31, 2025, institutions must provide the State agency a report quantifying the impact of the waiver.

IF APPROVED for this waiver, how does the facility anticipate the waiver will improve services to the facility/participants? (Select all that apply)

- Increase alternative meal delivery methods
- Allow pick up of multiple meals at one time
- Allow distribution of bulk food packages
- Allow service of available foods when supply issues occurred
- Improve safety for participants by not requiring congregate feeding or meal pick-up
- Reduce barriers to receiving meals
- Increase participation
- Other (please specify)

Meal Service Time

3. Meal Service Time Flexibility

Facility Name <input type="text" value="ABC Child Care"/>	Facility County <input type="text" value="BUNCOMBE"/>
Facility Name <input type="text" value="Jack & Jill Child Care"/>	Facility County <input type="text" value="HAYWOOD"/>
Facility Name <input type="text" value="CACFP Child Care"/>	Facility County <input type="text" value="CALDWELL"/>
Facility Name <input type="text" value="123 Child Care"/>	Facility County <input type="text" value="ASHE"/>
Facility Name <input type="text"/>	Facility County <input type="text"/>
Facility Name <input type="text"/>	Facility County <input type="text"/>

Example Response:

What days, meals, and/or times will be adjusted due to this waiver?

ABC Child Care- All days approved on facility record- B-8am-9am L-12:15pm-1pm & PMS-3:00pm-4:00pm,
123 Child Care- All days approved on facility record- B-8am-9am L-12:15pm-1pm & PMS-3:00pm-4:00pm,
CACFP Child Care- All days approved on facility record- B-8am-9am L-12:15pm-1pm & PMS-3:00pm-4:00pm
Jack & Jill Child Care- All days approved on facility record- B-8am-9am L-12:15pm-1pm & PMS-3:00pm-4:00pm

IF APPROVED for this waiver, how does the facility anticipate the waiver will improve services to the facility/participants? (Select all that apply)

Reduce barriers to receiving meals

Increase participation

Other (please specify)

Meal Patten Flexibility

4. Meal Pattern Flexibility

Facility Name	Facility County
<input type="text" value="ABC Child Care"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="BUNCOMBE"/>
Facility Name	Facility County
<input type="text" value="123 Child Care"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="ASHE"/>
Facility Name	Facility County
<input type="text" value="Jack & Jill Child Care"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="HAYWOOD"/>
Facility Name	Facility County
<input type="text" value="CACFP Child Care"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="CALDWELL"/>
Facility Name	Facility County
<input type="text"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text"/>
Facility Name	Facility County
<input type="text"/>	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text"/>

Example Response:

What food components are requested to be waived? Explain why and if you are substituting anything in place of the food component.

ABC Child Care, Jack & Jill Child Care, 123 Child Care and CACFP Child Care- Milk Component- They have had a hard time keeping milk cold due to damage to the refrigerator. They have tried locating alternative sources but had no luck due to limited road access. They would like to replace milk with an additional meat/meat alternate.

IF APPROVED for this waiver, how does the facility anticipate the waiver will improve services to the facility/participants? (Select all that apply)

- Allow service of available foods when supply issues occurred
- Reduce barriers to receiving meals
- Other (please specify)

Record Retention

This section will function differently from all other sections within the waiver.

- Independent institutions provide the name of your institution and county.
- Sponsoring Organizations can request waivers for up to 10 facilities in each section.

Institution will be required to complete and upload the Document Damage or Loss Report for each facility. Please note a maximum of 10 files can be uploaded per facility.

5. Record Retention Exemption

This waiver allows approved institutions to waive the requirements regarding document retention when all or part of the required documentation that been destroyed by this disaster event.

1. Facility Info

1. Facility Name

1. Facility County

1. Upload Document Damage & Loss Report

No file chosen

2. Facility Info

2. Facility Name

2. Facility County

2. Upload Document Damage & Loss Report

No file chosen

3. Facility Info

3. Facility Name

3. Facility County

3. Upload Document Damage & Loss Report

No file chosen

- Completed the Document Damage or Loss Report and save it to your computer. NOTE: It may be good to save the document using the facility's name.

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being, Community Nutrition Services Section
Waiver Request for Hurricane Helene
Document Damage or Loss Report



Institution Name		Agreement #	
Facility Name:			
Address of Where Damage or Loss Occurred		County	
Date(s) that Damage of Loss Occurred			
Description of Damage or Loss			
Was the damage for Multiple Months?	Yes	If "Yes" List all months effected	
	No		

- Click Choose File

1. Facility Info

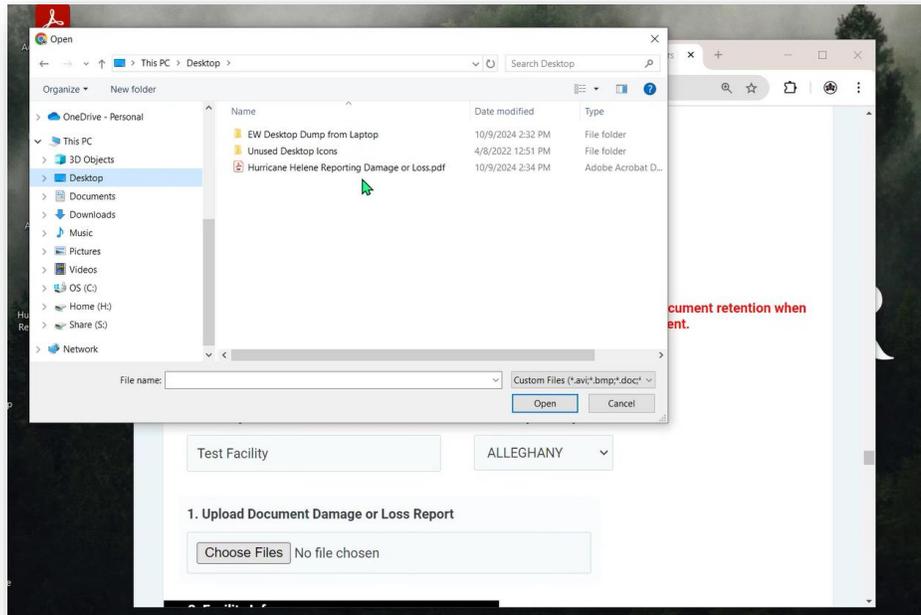
1. Facility Name

1. Facility County

1. Upload Document Damage & Loss Report

No file chosen

- Locate the file that was saved by the institution for the individual facility



- Once the file is selected it will be uploaded to the waiver request form.

1. Facility Info

1. Facility Name Mickey Mouse Day Care

1. Facility County BUNCOMBE

1. Upload Document Damage & Loss Report

Choose Files

Hurricane_Helene_Reporting_Damage_or_Loss.pdf (181 KB) X

Claim Deadline Extension

Example Response:

6. Claim Deadline Extension

Which flexibility is the institution requesting?

File monthly claim within 60 calendar days

What is preventing the institution from filing a timely claim?

Institution's equipment has been damaged we are unable to view the list of facilities and track their payment information.

Sponsoring Organizations

Waiver Request #7 Sponsoring Organization Review Requirements and #8 Disbursement Timeline Requirements for Sponsoring Organization

Sponsoring Organizations are required to provide a detailed description that explains why the waiver request is necessary.

7. Sponsoring Organization Review Requirements

This waiver allows sponsoring organizations to waive review requirements including the pre-approval visit, 4-week review for new facilities, allow more than 6 months to elapse between reviews and regular onsite monitoring.

Which flexibility(ies) is/are the institution requesting? (Select all that apply)

Pre-approval visits

4 week review for new facilities

Allow no more than 6 months to elapse between reviews

Regular onsite monitoring

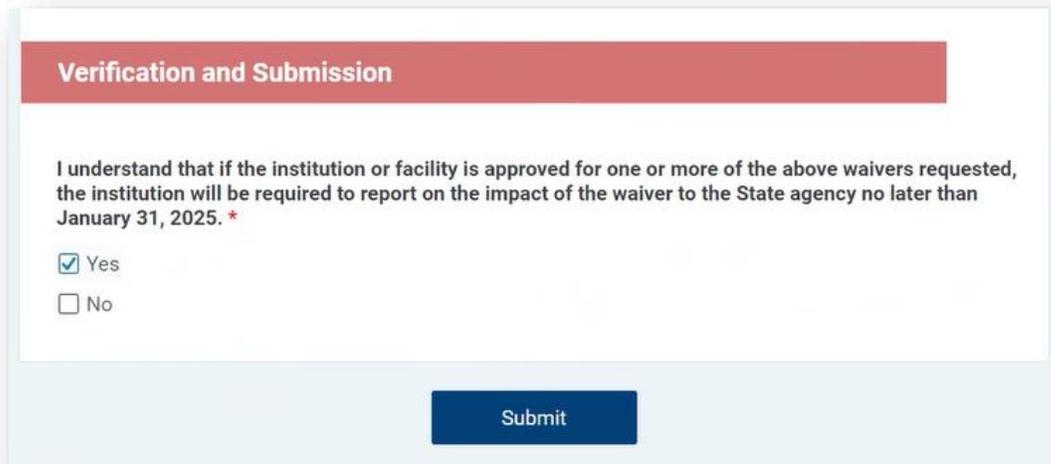
What is preventing the institution from completing pre-approval visits?

What is preventing the institution from completing 4 week reviews of new facilities?

What is preventing the institution from ensuring that no more than 6 months elapse between reviews?

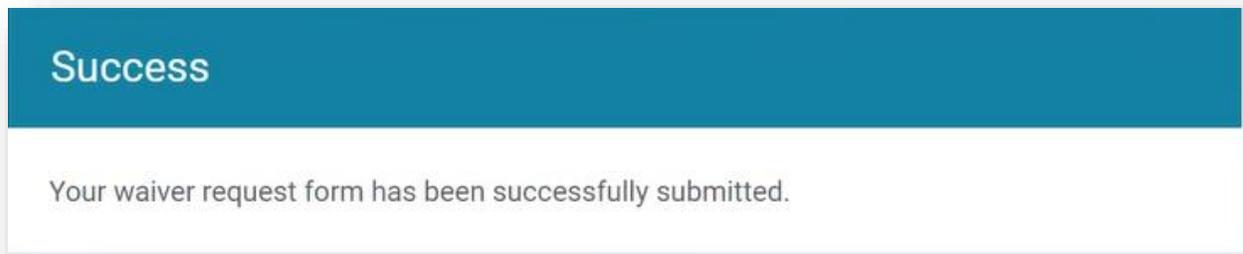
Verification and Submission

- Read the verification statement
 - Select the appropriate response
 - Click Submit



The screenshot shows a web form titled "Verification and Submission". The form contains a red header bar with the title. Below the header, there is a paragraph of text: "I understand that if the institution or facility is approved for one or more of the above waivers requested, the institution will be required to report on the impact of the waiver to the State agency no later than January 31, 2025. *". Below this text are two radio button options: "Yes" (which is selected) and "No". At the bottom of the form is a blue "Submit" button.

Once the waiver has been submitted, a success screen will populate.



The screenshot shows a success screen with a blue header bar containing the word "Success". Below the header, the text reads: "Your waiver request form has been successfully submitted."

Once the waiver request form has been submitted, it is sent to the CACFPwaiver@dhhs.nc.gov email address. Staff will process each request as it is received. Institutions will receive an email from Formsite indicating if the waiver request has been approved or denied.

If the waiver request is denied, institutions will receive instructions within the email comments section of each waiver request if additional information needed in order to approve the waiver request. Institutions will have to submit another waiver request with the corrections.

When the waiver request is approved, a note of the approval will be added to the “Notes” section of the Institution’s Profile screen in NC CACFP CONNECTS. A PDF of the approval will be saved in the Institution’s Documents in the additional attachments section.