

Meal Service Waiver Form Information

This form should be used to request to offer meal services in response to an H1N1 school dismissal. The primary goal of meal services being offered during an H1N1 dismissal is to ensure that low-income children will still have access to meals. Each school food authority (SFA) may complete this form in advance of a school dismissal to limit delays in meal service to low-income students.

Any SFA using this waiver request agrees to operate the summer Food Service program (SFSP) or Seamless Summer Option (SSO) in accordance with Federal regulations, except:

1. The requirement for serving and consuming meals in a congregate meal setting is waived.
2. Pre-operational training and monitoring requirements are waived.
3. Limitation of the operation during an unexpected school dismissal during the school year to non-school sites is waived.

Please note:

1. This waiver request may be implemented only by an SFA with a current agreement with the Illinois State Board of Education (ISBE) for participation in the SFSP or SSO.
2. The SFA must notify ISBE of the dates the waiver will go into effect before serving meals.

All sections of the following waiver form must be completed for it to be approved by ISBE, with the following exception: if completing the waiver form prior to actual dismissal, *Date of Dismissal* and *Meal Service to Begin* sections may remain blank. The SFA should contact ISBE when and if a dismissal is needed so appropriate dates can be filled in on waiver form.

The superintendent and authorized representative listed on the yearly sponsor application are the only allowable signatures on this waiver form.

When completed, fax or e-mail this form to ISBE at:

Illinois State Board of Education
Nutrition Programs Division
100 North First Street W-270
Springfield, Illinois 62777-0001
Fax: 217-524-6124

Illinois State Board of Education

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100 North First Street, W270
Springfield, Illinois 62777-0001

Meal Service Waiver for Schools Dismissing During H1N1 Outbreak

SPONSOR NAME	AGREEMENT NUMBER
CONTACT NAME	TELEPHONE
SCHOOL NAME*	DATE OF DISMISSAL
MEAL SERVICE TO BEGIN	*If multiple school/sites are affect by H1N1 dismissal, please complete Attachment 1 of this waiver form.

1. Was a summer feeding program operating during the summer of 2009?

- Yes, Seamless Summer Option (SSO)
- Yes, Summer Food Service Program (SFSP)
- No. Contact Illinois State Board of Education summer food staff at 217-782-2491 or 800-545-7892 to add the SSO or SFSP.

2. What meal distribution method(s) will be used? (Check all that apply.)

- On-site pick-up
- School, if different than above, please list:
- Non-school, location:
- Delivery

How does the meal distribution method(s) chosen target low-income children?

- School location centrally located within low-income population.
- Non-school location centrally located within low-income population.
- Delivery routes planned in low-income areas.
- Other, please describe:

3. What meal(s) will be served during the school dismissal? (No more than two may be selected.)

- Breakfast
- Lunch
- Snack

4. How will families be notified of available meal service during school dismissal? (Check all that apply.)

- Phone
- Mail
- E-Mail
- Other, please describe:

5. How will proper food safety procedures be ensured? (Check all that apply.)

- Staff member with State of Illinois Food Service Sanitation Manager's Certification.
- Currently have an implemented Hazard Analysis and Critical Control Point-based food safety program.
- Developed standard operating procedure specific to meal service during school dismissal.
- We will ensure proper temperatures are maintained for delivery and/or on-site pick-up.
- Other, please describe:

6. To ensure proper meal counting and claiming, the following will be done. (Check all that apply.)

- Meal count taken and recorded at time of pick-up.
- Meal count taken and recorded at time of delivery.

7. Only reimbursable meals will be served and meals will be *Serve only*, not *Offer versus Serve*.

- Agree

8. Per meal rates and fees will not exceed per meal rates and fees agreed upon for current contract year.

- Agree
- Not applicable

9. Please briefly clarify or give further detail as needed, describing how proper operation of the program will be achieved. For example, what additional change(s) will need to be made to standard food service operations during H1N1 related school dismissal? (This may include issues of staff, supply availability, and limitations imposed by current SFA contracts with suppliers or food service management companies, etc.)

I certify that all state and federal meal guidelines and requirements will be met for meals served during a school dismissal due to an H1N1 outbreak.

_____ Date

_____ Printed Name of Superintendent or
Authorized Representative

_____ Signature of Superintendent or
Authorized Representative

