



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**WAIVER TO ALLOW PARENT/GUARDIAN MEAL PICK UP  
UNANTICIPATED SCHOOL CLOSURE EMERGENCY MEAL SERVICE IN SFSP/SSO**

USDA has issued a nationwide waiver to allow parents and guardians to pick up meals without children being present. Under this waiver, Program operators with an approved waiver allowing non-congregate meal distribution during COVID-19-related operations may distribute meals to a parent or guardian to take home to their children.

By completing this attestation, the Sponsor agrees to implement the following steps to ensure that meals are distributed only to parents or guardians of eligible children, and that duplicate meals are not distributed to any child.

<b>Sponsor:</b>	<b>WINS ID:</b>
<b>Program Contact:</b>	<b>Email:</b>
<p><b>Please make a selection(s) from the following options, or select other:</b></p> <p><input type="checkbox"/> Parent/guardian meal pick up will take place at designated sites only, where a by-name student roster or electronic software will be used for point of service (POS) meal counts.</p> <p><input type="checkbox"/> A pre-order meal system that includes a cross-check with student enrollment information.</p> <p><input type="checkbox"/> Maintain a daily POS form that documents the names of children and total number of breakfasts and lunches picked up, signed and dated by the parent/guardian, that states:</p> <p><i>"This is a federally funded CHILD nutrition program. Meals must ONLY be consumed by eligible children (age 0-18 or an adult with a disability attending an education institution). Per day, ONE breakfast and ONE lunch is the maximum amount of meals allowed to collect and distribute to each child. By signing this form, you agree that you are the parent or guardian of eligible children and that the meal collected will be provided ONLY to eligible children, and duplicate meals will not be obtained or distributed to any child."</i></p> <p><input type="checkbox"/> Obtain a verbal attestation by parent/guardian documented on a daily meal count tally form and signed by school staff member.</p> <p><input type="checkbox"/> Other (please describe):</p>	
<p><b>As signature authority, I agree to follow the above procedures. In addition, I understand that supporting documentation must be retained according to record retention requirements and may be requested for future review purposes.</b></p> <p><b>SFA Name and Signature:</b> _____ <b>Date:</b> _____</p>	

Please return this form to [summermeals@k12.wa.us](mailto:summermeals@k12.wa.us).

This institution is an equal opportunity provider.