

2022-23 School Year COVID-19 Waiver Flexibility Request

FNS has provided nationwide approval for states to allow the flexibility of the items listed below to help support access to nutritious meals during the school year. FNS recognizes that in this public health emergency, waiving requirements is vital to ensure appropriate safety measures for the purpose of providing meals and meal supplements during upcoming school year. The following flexibilities are valid **October 1, 2022- April 30, 2023**.

Please complete this form and email to Sandy Dawes at Sandy.Dawes@tn.gov and copy your regional consultant. The state director will sign electronically and return to the School Nutrition supervisor via email to retain for his/her records.

On behalf of _____, I, _____, am requesting the following flexibilities to be waived for the following date range _____ during the 2022-23 school year due to the disruption of meal service due to COVID-19.

Flexibilities requested:

Unanticipated School Closures

The waivers in this section apply to SFSP and SSO during unanticipated school closures. FNS expects that flexibilities under these waivers will only be implemented by program operators when congregate meal service is limited by the COVID-19 pandemic.

- Waiver 16: Non-Congregate Meal Service during Unanticipated School Closures in SY 2022-23 [42 U.S.C. 1753(b)(1)(A), 42 U.S.C. 1761(a)(1)(D), and 7 CFR 225.6(e)(15)] (*October 1, 2022 – April 30, 2023*)
- Waiver 17: Parent and Guardian Meal Pick-Up during Unanticipated School Closures (SFSP/SSO) [42 U.S.C. 1761(f)(3) and 7 CFR 210.10(a), 220.2 (Breakfast), 220.8(a), 225.2, and 225.9(d)(7)] (*October 1, 2022 – April 30, 2023*)
- Waiver 18: Meal Service Times for Unanticipated School Closures in SY 2022-23 [7 CFR 225.16(c)(1) and 225.16(c)(2)] (*October 1, 2022 – April 30, 2023*)
- Waiver 19: Meals at School Sites for Unanticipated School Closures in SY 2022-23 [42 U.S.C. 1761(c)(1) and 7 CFR 225.6(d)(1)(iv)] (*October 1, 2022 – April 30, 2023*)

Justification of how flexibilities improve services to program participants:

Signature of SFA Representative: _____ **District:** _____ **Date:** _____

Electronic Signature of State Director- Indication of Approval: