THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234



SFA Name:

Child Nutrition Program Administration 89 Washington Avenue, Room 375 EBA, Albany, NY 12234 (518) 473-8781 Fax (518) 473-0018 www.cn.nysed.gov

Child Nutrition Programs Unanticipated School Closure Waiver Form

Complete this form and submit to CN@nysed.gov. A Child Nutrition Program representative will review the information and provide technical assistance.

SFA LEA Code:

SFA Contact Name:	SFA	Contact Phone:
Please indicate reason for school closure:		
List Recipient Agencies (RAs) closed:		
Will virtual learning be available during closure?	Yes No	
Select which meal(s) will be offered during the unanti	cipated closure: Breakfas	t Lunch
What date do you anticipate meal service operations *USDA approval is required to serve meals for more than 10 cons		to cipated school closure
How will meals be distributed to students: Pick-	up Delivery	
Will all enrolled students have access to meals?	Yes No	
How will the SFA record meals that are served during the unanticipated closure?		
Provide any additional details:		
I understand that submission of this form indicates that the SFA is electing to use the unanticipated school closure waiver and the necessary operational flexibility waivers, as permitted by SED. I understand the requirement to adhere to all applicable regulations and policies governing the federal Child Nutrition Programs, including accommodating children with special dietary needs, as applicable.		
Name of SFA Representative		
Title of SFA Representative		Date
SED USE ONLY:		