Waiver Request First Week Waiver for Returning Sites

1. State agency submitting waiver request and responsible State agency staff contact information:

   State Agency: Hawaii Department of Education - Hawaii Child Nutrition Programs
   
   State Agency Staff: Daniel Sutcharitkul – SFSP Program Specialist
   
   E-mail: Daniel_Sutcharitkul@notes.k12.hi.us
   
   Phone: (808) 587-3600

2. Region: Western Regional Office

3. Eligible service providers participating in waiver and affirmation that they are in good standing:

   Eligible service providers include all returning Summer Food Service Program (SFSP) sites that operated successfully in the previous year and did not have any serious deficiency findings.

4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(l)(2)(A)(iii) and 12(l)(2)(A)(iv) of the NSLA]:

   Challenge:
   The first week visit monitoring requirement, as indicated in 7 CFR 225.15(d) and described in SP 07-2013, SFSP 04-2013, SP 06-2014, CACFP 03-2014, and SFSP 06-2014 greatly impacts operation of the SFSP due to staffing limitations of sponsors of multiple sites in Hawaii. Prior to the rescission of the first week waiver flexibility, Hawaii Child Nutrition Programs (HCNP) permitted all approved SFSP sponsors in good standing, including SFAs, NSLP sponsors, CACFP sponsors, and returning SFSP sponsors, to implement the first week waiver at their discretion, by following our prescribed procedures. Since the implementation of these waivers, HCNP has not identified any negative outcomes in Program implementation as a result of a first week waiver being implemented at sites in good standing.

   Goal:
   Waiving the first week site monitoring requirement for returning sites that operated successfully in the previous year keeps program integrity while decreasing the workload for sponsors during the first week of operation.
Expected Outcomes:
HCNP expects to see maintained, if not increased numbers in summer meal sites in Hawaii.

5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]:

HCNP requests to waive the requirements, stated in 7 CFR 225.1S(d), for SFSP sponsors to conduct site visits during the first week of program operations. We request this waiver for returning SFSP sites that operated successfully during the previous year and had no serious deficiency findings.

6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:

Sponsors choosing to implement this waiver must:
   1. Determine which returning sites did not have serious findings during their 4th week review or HCNP site review from the previous summer.
   2. Make a copy of the review form and write on top of form "1st Week Visit Waived for 20XX."
   3. Place the copy in the current year's 1st week file.

HCNP Administrative Review staff will review this documentation when a Program is reviewed for SFSP.

7. Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(l)(2)(A)(ii) of the NSLA]:

HCNP had not addressed any Program regulatory barriers at the State level. There are currently no State level regulatory barriers related to this specific issue.

8. Anticipated challenges State or eligible service providers may face with the waiver implementation:

Our agency does not anticipate that the establishment of this state-wide waiver will pose any challenges at the state or sponsor level since this option was already well established in state and sponsor operations prior to the SFSP waiver rescission for SP 10-2017, SFSP 06-2017. Alternatively, we anticipate this waiver will significantly reduce the administrative burden on sponsors operating the SFSP and reduce barriers for sponsors to operate multiple meal sites.
9. Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]:

The establishment of this state-wide waiver will not increase the overall cost of the Program to the Federal Government because HCNP has existing state-developed training and state-developed Program materials to support implementation of this waiver and negligible staff time is needed at the state level to support implementation and monitoring for this waiver.

10. Anticipated waiver implementation date and time period:

The anticipated waiver implementation start date is April 1, 2019 and the waiver is to remain in place through March 31st, 2020.

11. Proposed monitoring and review procedures:

Sponsors choosing to implement this waiver will be required to collect and file the appropriate documentation, which will be monitored during Administrative Review, as described above in our planned procedures. Components of the state SFSP review form intended to review and document the waiver of the first week monitoring requirement will be maintained.

HCNP will annually report to FNS the following information by March 31st, each year the waiver is in place:

- Number of SFSP sponsors that were reviewed who implemented the first week monitoring waiver
- Sponsor feedback summary regarding the following key points (will be collected via optional sponsor feedback survey provided to all SFSP sponsors):
  - Did the first week monitoring waiver positively impact your operation of the SFSP? If, so, how?
  - What barriers would your SFSP face if the first week monitoring waiver was not reinstated?

12. Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(l)(1)(A)(ii) of the NSLA]: http://hcnp.hawaii.gov/overview/sfsp/
13. **Signature and title of requesting official**: Daniel Sutcharitkul, Summer Food Service Program Specialist for Hawaii

   [Signature]

   Title: Summer Food Service Program Hawaii  
   Requesting official’s email address for transmission of response:  
   Daniel_Sutcharitkul@notes.k12.hi.us

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.*

**Date request was received at Regional Office:**

- Check this box to confirm that the State agency has provided public notice in accordance with Section 12(l)(1)(A)(ii) of the NSLA

- Regional Office Analysis and Recommendations: