CHILD NUTRITION PROGRAM
STATE WAIVER REQUEST
FIRST WEEK SITE VISITS WAIVER REQUEST
For Hawaii Child Nutrition Programs

Child Nutrition Programs are expected to be administered according to all statutory and regulatory requirements; waivers to the requirements are exceptions. However, Section 12(l) of the Richard B. Russell National School Lunch Act, 42 U.S.C. 1760(l), provides authority for USDA to waive requirements for State agencies or eligible service providers under certain circumstances. When requesting the waiver of statutory or regulatory requirements for the Child Nutrition Programs (CNPs), including the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), the National School Lunch Program (NSLP), the Fresh Fruit and Vegetable Program (FFVP), the Special Milk Program (SMP), and the School Breakfast Program (SBP), State agencies and eligible service providers should use this template. State agencies and eligible service providers should consult with their FNS Regional Offices when developing waiver requests to ensure a well-reasoned, thorough request is submitted. State agencies and eligible service providers are encouraged to submit complete waiver requests at least 60 calendar days prior to the anticipated implementation date. Requests submitted less than 60 calendar days prior to the anticipated implementation should be accompanied by an explanation of extenuating circumstances.


Subject of waiver request: Summer Food Service Program – First Week Site Visit

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

Hawaii Child Nutrition Programs
Daniel Sutcharitkul – Program Specialist
650 Iwilei Road, Ste. 270, Honolulu, HI 96817
(808) 587-3600
Daniel.sutcharitkul@k12.hi.us

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

   Eligible service providers include all Summer Food Service program (SFSP) sponsors and School Food Authorities (SFAs) who are in good standing in Hawaii.

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]:**

   Problems that sponsors in Hawaii will face without this waiver include:
   - The first week visit monitoring requirement 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.

   This waiver will help sponsors address these problems by:
   - Waiving the first week site monitoring requirement for sponsors and SFAs in good standing in the SFSP keeps program integrity while decreasing the workload for sponsors during the first week of operation.

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

   Hawaii Child Nutrition Programs requests a waiver of regulations at 7 CFR 225.15(d)(2), which require sponsors to visit each of their sites at least once during the first week of SFSP operation. This request applies to:

   - Sites that have operated successfully in the previous year
   - Sponsors that successfully participate in the Child and Adult Care Food Program
   - Sponsors that successfully participate in the National School Lunch Program
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 of their SFSP sites were reviewed by HCNP as part of an Administrative Review for NSLP or SBP within the last 12 months or the site monitoring from the previous PY.
2. Determine which of these reviewed sites did not have serious deficiencies in Program operation.
3. Make a copy of the review form and write on top of the form “1st Week Visit Waived for 20XX”, with the correct waiver year listed.
4. Place this waiver documentation in the current year’s 1st week monitoring file.

HCNP staff will review this documentation when a sponsor/SFA 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 has 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:

HCNP does not anticipate any challenges with the waiver implementation. 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 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 no additional staff hours are needed at the state level to support implementation and monitoring for this waiver.

10. Anticipated waiver implementation date and time period:

Requested Waiver Timeframe: 1 year and 11 months
- Waiver Request Start Date: 5/28/2020
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 the 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 December 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):
  - 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. Proposed reporting requirements (include type of data and due date(s) to FNS):

HCNP will report the following data points by December 31 each year the waiver is in place:

1. Names of sponsors/SFAs using the waiver.
2. Impact of the waiver on meal service operations, children’s access to nutritious meals, and participation in SFSP.
3. Impact of the waiver on the quantity of paperwork necessary to administer the program.
4. Challenges experienced when implementing the waiver.
5. Administrative Review data:
   a. Sponsors reviewed in PY 20XX
   b. Total number of sites reviewed
   c. Number of 1st week visits completed
   d. Number of sites that used the first week visit waiver
   e. Number of findings related to first week monitoring visits.
   f. Corrective actions related to first week monitoring visits.
14. Signature and title of requesting official:

- Signature: [Signature]
- Title: Daniel Sutcharitkul, Summer Food Service Program, Program Specialist, Hawaii Child Nutrition Programs

Title: Summer Food Service Program Hawaii
Requesting official’s email address for transmission of response:
Daniel.Sutcharitkul@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:

- Date Received: __________________________

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:

☐ Recommend Approval
☐ Recommend Denial

Explanation:

----------------------------------------------------------------------------------------