

**CHILD NUTRITION PROGRAM  
STATE WAIVER REQUEST  
SUMMER FOOD SERVICE PROGRAM/SEAMLESS SUMMER OPTION  
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.

For more information on requests for waiving Program requirements, refer to [SP 15-2018, CACFP 12-2018, SFSP 05-2018, \*Child Nutrition Program Waiver Request Guidance and Protocol\* - Revised, May 24, 2018.](#)

**Subject of waiver request:** Summer Food Service Program and Seamless Summer Option – Congregate Feeding

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

Name of State agency: Hawaii Child Nutrition Programs  
State agency staff contact: Sharlene Wong  
Mailing address: 650 Iwilei Road, Suite 270, Honolulu, HI 96817  
Telephone number: (808) 587-3600  
Email address: Sharlene.Wong@k12.hi.us

**2. Region:** Western Region

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

The State Agency Hawaii Child Nutrition Programs (HCNP) requests this waiver for SFSP and Seamless Summer Option (SSO) participants, in good standing, to provide meals during an unanticipated school closure due to COVID-19 in a non-congregate

setting. This will enable approved participants to allow meals to be taken away from the site and consumed elsewhere, thereby allowing for social distancing.

**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]:**

The number of confirmed cases of COVID-19 has continued to grow throughout the country and though Hawaii only has two confirmed cases as of March 12, 2020, the Hawaii Department of Education is already taking steps towards slowing the spread of the virus by halting all travel both internationally and to the mainland US. Hawaii has one school district and should there be a district-wide closure to prevent the spread of COVID-19, the waiver will allow program participants to either serve meals to students at a school site that has closed or serve meals via non-congregate feeding at school and non-school sites.

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

HCNP is requesting a waiver of the requirement found at 7CFR 225.6(e)(15), that participants must maintain children on site while meals are consumed, due to the COVID-19.

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

Sponsors and School Food Authorities(SFA) who are willing to participate in the SFSP during an unanticipated closure may submit a request to HCNP to serve meals in a non-congregate setting.

To be approved to operate during an unanticipated district wide school closure, participants and SFAs must:

- Be in good standing
- Be an approved SFSP/SSO participant
- Justify their process and procedures
- Meet the SFSP/SSO meal pattern
- Explain how eligibility will be determined for all students

**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]:**

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 that the establishment of this statewide waiver will pose any challenges at the state or participant level. Since schools operating under the waiver would essentially operate the same as a normal school day. Alternatively, we anticipate this waiver will reduce challenges by regular sites that experience unanticipated school closures because of COVID -19. Children will still benefit from meal service and sites can still use encumbered resources.

**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 statewide waiver will not increase the overall cost of the program to the federal government. These programs would be operating in a situation where normal USDA Child Nutrition programs are closed due to COVID-19. All meals will be required to meet the federal meal patterns.

**10. Anticipated waiver implementation date and time period:**

The anticipated waiver implementation start date is March 13, 2020 to remain in effect through March 31, 2021.

There is currently no foreseeable solution to COVID-19 at this time and HCNP would like to request the authority to waive congregate feeding for SFSP and SSO participants during an unanticipated school closure until the health emergency has passed and schools are re-opened.

**11. Proposed monitoring and review procedures:**

HCNP will approve individual school districts/sites written request to implement the waiver. HCNP will track and provide oversight to all SFSP and SSO participants who are approved to operate during the unanticipated school closures and are approved to provide meals in a non-congregate setting. HCNP will ensure that all participants approved for the waiver provide evidence of the duration of the waiver.

HCNP will work with all participants to keep documentation of all school closures.

**12. Proposed reporting requirements (include type of data and due date(s) to FNS):**

HCNP will report the following data points once the health emergency has passed and schools are re-opened.

- A description of the impact the waiver had on meal service operations, children's access to nutritious meals, and participation in SFSP and SSO
- The number of participants and sites that used the waiver
- The number of meals provided at school sites during unanticipated school closures



- The number of meals provided at non-school sites during unanticipated school closures
- A summary of findings associated with the waiver

**13. Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(I)(1)(A)(ii) of the NSLA]:**

Link to public notice: <https://hcnp.hawaii.gov/overview/sfsp>

**14. Signature and title of requesting official :**

- Signature: Sharlene Wong
- Title: Program Administrator

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 Title: Sharlene Wong, SNS  
**Program Administrator**  
**Hawaii Child Nutrition Programs**  
**(808)587-3600**

Requesting official's email address for transmission of response:  
 Sharlene.Wong@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(I)(1)(A)(ii) of the NSLA**

• **Regional Office Analysis and Recommendations:**

- Recommend Approval
- Recommend Denial

**Explanation:**