**CHILD NUTRITION PROGRAM**

**STATE WAIVER REQUEST TEMPLATE**

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](https://www.fns.usda.gov/child-nutrition-program-waiver-request-guidance-and-protocol-revised), *Child Nutrition Program Waiver Request Guidance and Protocol* - Revised, May 24, 2018.

**Subject of waiver request**: Family Day Care Home monitoring requirements, four week follow-up for new providers

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

MA Department of Elementary and Secondary Education (MA DESE)

Office for Food and Nutrition Programs (FNP)

Shannon Raymond

Training Specialist, Special Nutrition Programs

135 Santilli Highway

Everett, MA, 02149

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781-338-6471

1. **Region:**

Northeast Regional Office (NERO)

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

All MA DESE FNP approved CACFP Sponsoring Organizations of Family Day Care Homes in good standing.

1. **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]:**

In August 2024, one of the largest FDC Sponsors in the state informed MA DESE of their decision to terminate their CACFP agreement effective November 30, 2024. At the time of their notice, this sponsor had over 1,000 sponsored homes across Massachusetts. MA DESE is working closely with this sponsor and our other sponsoring organizations to limit the impact of this change on those providers so they can continue to operate the CACFP in their homes. All parties involved want the CACFP to continue to be offered in these family day care homes to ensure infants and children have access to the healthy meals and snacks. Additionally, with the high cost of food and childcare, MA DESE does not want parents to shoulder the burden of their child FDC provider no longer offering meals or snacks because of change in sponsor administration.

However, this puts a significant strain on the existing FDC SO who are already facing staffing and administrative challenges to provide sponsorship to the standard growth of FDC homes in the CACFP. Sponsors may be limited in their capacity to onboard new providers if they are not adequately staffed to complete all the necessary onsite monitoring requirements. Specifically, this burden is acutely felt in the months surrounding the closure of this sponsor as new sponsoring organizations are onboarding hundreds of providers, which requires hundreds of new provider follow up monitoring visits to occur within 4 weeks of their onboarding.

As the providers moving from the terminating sponsor to a new agency are not considered new to the CACFP, the need for the standard initial support to ensure CACFP regulations are adhered to is not as applicable for this subset of providers. Therefore, MA DESE is requesting to waive new provider follow up visit (also referred to as a “4 week follow up visit”) to occur for these providers only. Any other new provider onboarded during this time period would be treated as a standard new provider and would receive the 4 week follow up visit.

If granted, this will significantly reduce the burden on the sponsoring organizations to coordinate the onsite visits alongside the onboarding process during these months most affected by the closure.

By allowing the new provider follow up monitoring visit to be waived, FDC Sponsors would be able to onboard more of these providers from the closing sponsorship, which will prevent homes from not being able to continue to participate in the CACFP.

1. **Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]:**
* 7 CFR 226.16(d)(4)(iii)(C): At least one review must be made during each new facility's first four weeks of Program operations
1. **Detailed description of alternative procedures and anticipated impact on Program operations, including *technology, State systems, and monitoring*:**

If granted, sponsoring organizations would identify all providers transitioning from the closing agency and identify in their monitoring tracking systems that those providers specifically do not require a 4 week follow up. Sponsoring organizations would work to ensure that those providers received their first standard onsite visit in the home as soon they can, when considering the provider caseload and monitor capacity.

There would be no impact on State systems.

1. **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]:**

MA DESE does not anticipate any regulatory barriers at this time.

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

MA DESE does not anticipate any challenges with the implementation of this waiver.

1. **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]:**

MA DESE does not anticipate that this waiver will increase the overall cost of the program to the Federal Government.

1. **Anticipated waiver implementation date and time period:**
* Waiver Request Start Date: Upon approval
* Waiver Request End Date: January 31, 2025
1. **Proposed monitoring and review procedures:**

MA DESE will alert sponsoring agencies of the waiver and when reviewed, MA DESE will ensure that all new providers receive their 4 week follow up, except for the providers from the terminated agency.

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

MA DESE will report the number of CACFP sponsors participating in this waiver, as well as the challenges and successes associated with this waiver, by February 28, 2025.

1. **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]:**

Link to public notice: <https://www.doe.mass.edu/cnp/newsletter.html>

1. **Signature and title of requesting official :**
* Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_
* Title: \_Assistant Director, Office for Food and Nutrition Programs \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title:
Requesting official’s email address for transmission of response: kristina.webber@mass.gov

**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**
* Link**:**
* **Regional Office Analysis and Recommendations:**

☐ Recommend Approval

☐ Recommend Denial

**Explanation:**