**Waiver Request for Off-site Monitoring Attestation Form**

State agency must complete all fields

MA Department of Elementary and Secondary Education, Office for Food and Nutrition Programs (MA DESE FNP)

**Name of State agency**

Robert M. Leshin

Director, Office for Food and Nutrition programs

**Name and Title of State Director**

[Shannon.Raymond@mass.gov](mailto:Shannon.Raymond@mass.gov)

**Contact E-mail**

I, [Robert M. Leshin, Director of the Office for Food and Nutrition Programs] attest that [MA Department of Elementary and Secondary Education] is not requesting any additional requirements to be added to the waiver requested on [June 25,2024], submitted on [June 25, 2024], and approved on [August 21, 2024]. MA DESE FNP has notified the public of this waiver extension request here: [https://www.doe.mass.edu/cnp/nprograms/rural-communities-waiver.docx]. [MA DESE FNP] understands that FNS is renewing my current waiver request for the upcoming fiscal year (FY) 2025. [MA DESE FNP] understands that the current waiver request is to waive one of three on-site monitoring portions of the annual requirements listed at 7 CFR 226.16(d)(4)(iii) for SOs of DCHs, and two of three on-site monitoring portions of the annual requirements listed at 7 CFR 226.16(d)(4)(iii) for sponsoring organizations of DCHs that are located on Nantucket and Martha’s Vineyard. Therefore, [MA DESE FNP] understands that all other monitoring requirements apply, including compliance with conducting an on-site meal observation review as required at 7 CFR 226.16(d)(4). Additionally, [MA DESE FNP] understands that a written report quantifying the impact of the waiver extension for FY’25 must be provided to FNS no later than one-year from the date of extension approval. [MA DESE FNP] understands that the written report must include:

* A description of how the waiver impacted meal service operations and eligible participants’ access to nutritious meals and snacks;
* A description of how the waiver has facilitated sponsoring organizations’ oversight abilities and responsibilities;
* A summary of how many sponsoring organizations were recruited or retained as a result of the waiver approval;
* A summary of how many DCHs were monitored offsite during the waiver period;
* A summary of the State-approved sponsor specifications for conducting virtual monitoring reviews, and procedures for video/photographic reviews, addressing missed unannounced reviews, and serious deficiency determinations;
* A summary comparison of common findings for onsite and offsite monitoring reviews, including serious deficiencies;
* A summary of program integrity measures taken to identify any misuse of Federal funds and identify fraudulent activities, and, if anything was identified, any actions taken;
* A description of how the waiver impacted the quantity of paperwork necessary to administer the Program(s); and,
* A summary of any technical assistance measures that were provided.

**Director Signature**

10/11/2024

**Date**