***Child Nutrition Program Waiver Request***

***Maine Child Nutrition DOE***

***Master waiver request for multi-programs***

***January 6, 2021***

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

Maine Department of Education, Child Nutrition:

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1. **Region:** North East

1. **Eligible service providers participating in waiver and affirmation that they are in good standing:** This would be for the Maine State Agency, Maine Department of Education Child Nutrition (MDOE) and eligible sponsors of CACFP in good standing.
2. **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]:** CACFP At Risk Afterschool Programs require attendance and point of service (POS) meal counts to be tracked separately. Tracking attendance is burdensome to the sponsors and to participants and their families currently. Currently, Schools and Afterschool Childcare facilities are flipping in and out of “in-person” and virtual instruction/childcare. Tracking “in-person daily attendance” (First and Last names) separately from meal counts requires some type of physical interaction, be it, a sign-in sheet or point of service pin pad system. With the non-congregate and multiple meal waivers currently in place, tracking attendance for meals not eaten on site, is time consuming. Tracking attendance adds increased administrative burden on the sponsors, and increased time waiting at meal pick up sites (staff must document POS meal counts and attendance). The only reason a child or parent would be there is to pick up a meal(s). This has potential to cause large groups waiting for meals. Requiring families to pre-order meals daily, is burdensome to Maine families, especially those families without technology. Requiring daily attendance limits easy access to nutritious meals and again puts an increase burden on administration of the program. The Maine State Agency wants to protect our CACFP At Risk Sponsors and participating families by limiting exposure and keeping interactions with participants as brief as possible, while also providing nutritious meals to those children in need. With the still climbing positive cases we need to minimize contact time.
3. **Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]:**  7 CFR 226.17a(o)(1) Recordkeeping requirements: it reads as follows:(o) Recordkeeping requirements. In addition to the other records required by this part, at-risk afterschool care centers must maintain: (1) Daily attendance rosters, sign-in sheets or, with State agency approval, other methods which result in accurate recording of daily attendance.
4. **Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**

Maine Child Nutrition would like permission for CACFP At Risk Sites to operate like Summer Food Service Program, by only requiring documentation of POS meal counts.

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]:** Request a waiver.
2. **Anticipated challenges State or eligible service providers may face with the waiver implementation:** None anticipated.

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]:**

None anticipated.

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

Immediately, once approved until 9/31/2021 or emergency ends which comes first.

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

State Agency will validate meals claimed using point of service meal counts, like the Summer Food Service Program.

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

None.

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]:**

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

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Title:

Requesting official’s email address for transmission of response:

**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:**