

PUBLIC NOTICE OF:

CHILD NUTRITION PROGRAM STATE WAIVER REQUEST

Non-Congregate Feeding during Unexpected Building Closures and Virtual Learning in the NSLP/SBP due to the Jackson Municipal Water Crisis

The Mississippi Department of Education-Office of Child Nutrition is requesting a waiver to allow non-congregate feeding models in the NSLP/SBP for Hinds County SFAs affected by the Jackson Municipal Water Crisis.

The full waiver request is attached.

For any questions, please contact Scott Clements at sclements@mdek12.org.

Posted: August 30, 2022



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 (CNP), 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.

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

- 2. Region:**

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

- 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]:**

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

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

- 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]:**

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

- 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]:**

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

- 11. Proposed monitoring and review procedures:**

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

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]:

14. Signature and title of requesting official:



Signature

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(I)(1)(A)(ii) of the NSLA

- **Regional Office Analysis and Recommendations:**