

## CHILD NUTRITION PROGRAM STATE WAIVER REQUEST

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

Alaska Department of Education and Early Development  
Child Nutrition Programs  
Jo Dawson, Program Manager  
PO Box 110500  
Juneau, AK 99811-0500  
907-465-8708

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

Alaska Department of Education and Early Development, Child Nutrition Programs is requesting a state-wide waiver for all NSLP, SBP, and CACFP sponsors in good standing.

- **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(I)(2)(A)(iii) and 12(I)(2)(A)(iv) of the NSLA]:**

**Challenge:** To mitigate exposure to COVID-19, program sponsor mitigation plans request children to bring water bottles and reduce use of frequently touched items such as water fountains, water carafes, and water pitchers. This element in mitigation plans is not in compliance with USDA FNS regulations.

**Goal:** To reduce frequently touched items and mitigate expose to COVID-19.

**Expected Outcome:** Children will have access to water by bringing it in a water bottle.

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

7 CFR 210.10(a)(1)(i), 7 CFR 220.8(a)(1), and 7 CFR 226.25(i) requiring the availability of water.

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

There are no impacts on technology, State systems, or monitoring.

- **Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(I)(2)(A)(ii) of the NSLA]:**

No barriers have been identified at the state agency level. There are currently no state-level regulatory barriers related to this specific issue.

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

There are no anticipated challenges with this waiver request.

- **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]:**

Alaska DEED CNP does not anticipate that this waiver will increase the overall cost of the grant program to the Federal government.

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

To be effective for school year 2020-2021.

- **Proposed monitoring and review procedures:**

During administrative reviews, if water is not made available to children, Alaska CNP will verify an approved waiver is in place. Sites electing to opt-in to the waiver will be required to inform the State Agency of their intention to do so prior to implementing.

- **Proposed reporting requirements (include type of data and due date(s) to FNS);**

DEED CNP will report to FNS by the following information by December 31<sup>st</sup> each year that the waiver is in place:

1. The number of recipient agencies monitored under the waiver
2. The number of sites monitored under the waiver

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

[Alaska Department of Education and Early Development, Child Nutrition Programs \(https://education.alaska.gov/cnp\)](https://education.alaska.gov/cnp)

- **Signature and Title of requesting official:**



Name: [Jo Dawson](#)

Title: Child Nutrition Programs Manager

Alaska Department of Education and Early Development

**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:**