



## FY 26 CACFP STATE WAIVER REQUEST TEMPLATE FOR SPONSORING ORGANIZATIONS TO CONDUCT OFFSITE MONITORING OF DAY CARE HOMES

### Background

Child Nutrition Programs **must** be administered in accordance with all statutory and regulatory requirements; waivers to the requirements are exceptions. However, Section 12(l) of the Richard B. Russell National School Lunch Act (NSLA), 42 U.S.C. 1760(l), provides USDA authority to waive requirements for State agencies or eligible service providers under certain circumstances.

The longstanding interpretation of the authorizing statutory provisions and regulations in the Child and Adult Care Food Program (CACFP) require sponsoring organizations to conduct monitoring reviews onsite. Food and Nutrition Service (FNS) understands that the use of offsite monitoring in prior years was effective for many sponsoring organizations of day care homes (DCH). This optional waiver request form was designed to streamline the process for State agencies requesting a waiver for sponsoring organizations to conduct one offsite monitoring review of DCHs participating in the CACFP.

State agencies and eligible service providers are encouraged to submit complete waiver requests as soon as possible. Implementation of this waiver will begin on the date of approval through September 30, 2026.

**FY 26 CACFP OFFSITE MONITORING OF DCHs WAIVER REQUEST**

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

**State agency:**

**Date (Click on box to select date):**

**Mailing Address:**

**Name and Title of person completing this form:**

**Name and Title of person to whom the response should be addressed:**

**2. Region (Click on box to select region):**

**3. Affirmation that eligible service providers participating in the waiver are in good standing:**

**Please check one:**      Yes ☐ No ☐

**If No, please explain:**

i. How many sponsoring organizations, in good standing, are eligible to apply for this waiver?

ii. How many DCH providers, in good standing, are eligible to receive **one** offsite monitoring visit?

**4. Description of the challenge the State agency is seeking to solve as it relates to conducting onsite monitoring visits, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Sections 12(l)(2)(A)(iii) and 12(l)(2)(A)(iv) of the NSLA]:**

☐ Allow sponsoring organizations to conduct one offsite monitoring visit of DCHs participating in the CACFP to reduce administrative burden while ensuring all review elements are met within the timeframes set forth in regulation.

- i. Please select the current challenges and burdens that impact the sponsoring organization's ability to monitor their DCHs onsite.
- ii. If citing distance criteria, provide description of travel burden such as mile radius, travel time, or multiple modes of transportation required to review the DCH.
- iii. Please describe how this waiver will address the challenges and burdens selected above.

- iv. Please describe how the implementation of this waiver will sustain participation in the Program for sponsoring organizations and DCHs.

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

*Child and Adult Care Food Program (CACFP):*

☐ [7 CFR 226.16(d)(4)(iii)]. Frequency and type of required facility reviews.

- Specifically, that all three monitoring reviews must be conducted on-site.

**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]:**

☐ No regulatory barriers are expected at the State level.

If regulatory barriers are expected at the State level, please list steps taken to address them in the box below:

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

☐ No challenges to the State or eligible providers are anticipated with this waiver implementation.

If the State or eligible service providers anticipate challenges implementing this waiver, please explain in the box below:

**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 by non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]:**

☐ No anticipated increase in Federal Government costs.

☐ Other, please specify:

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

This waiver will be in effect from Date of Approval through **September 30, 2026**.

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

State agencies should provide, in detail, a plan for offsite monitoring visits by sponsoring organizations. Please note that in all cases, sponsoring organizations of DCHs must conduct at least one unannounced review on-site annually which includes the observation of meal service.

- i. What oversight measures will the State agency implement to ensure Program integrity?

ii. Please describe the alternative monitoring plan.

- Please describe which technology platform(s) will be used to conduct the offsite monitoring visit.
- Please describe how sponsoring organizations will address findings during their offsite monitoring visit.
- How will sponsoring organizations address providers that miss their virtual visit?
- Additional information:



**12. Affirmation that the State agency will require eligible sponsoring organizations to submit a monitoring plan prior to the approval of utilizing offsite strategies for one monitoring review.**

**Please check one:**      Yes ☐ No ☐

**If No, please explain:**

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

Upon approval, the State agency must report the following on their annual waiver report:

- A description of how this waiver allowed the Program(s) to provide nutritional meals and/or snacks to Program participants;
- A description of how this waiver improved services for the Program(s) participants;
- A description of how the waiver reduced the administrative burden necessary to operate the Program(s);
- A description of how the waiver has facilitated sponsoring organizations' oversight abilities and responsibilities;
- A summary of how many sponsoring organizations utilized this waiver and how many 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; and
- A summary of any technical assistance measures that were provided by the State agency to sponsoring organizations and to DCH providers by the sponsoring organizations.

**14. 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]:**

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

Title:

Requesting officials 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:**