

## CHILD NUTRITION PROGRAM 2025 RAMADAN WAIVER STATE REQUEST FORM

USDA Food and Nutrition Service (FNS) Child Nutrition Programs are expected to 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 FNS authority to waive requirements for State agencies or eligible service providers under certain circumstances.

This optional form is designed to streamline the process for State agencies to request a waiver to provide non-congregate meal service during Ramadan in 2025. This waiver is available in the National School Lunch Program (NSLP), School Breakfast Program (SBP), and the Child and Adult Care Food Program (CACFP). In CACFP, this waiver is available in emergency shelters, adult day care centers, outside-school-hours care centers (OSHCC), and the at-risk afterschool component. This waiver may be used when participants observing Ramadan are fasting during typical meal service times.

State agencies that use this form must continue to provide notice and information to the public about their applications for a waiver in accordance with the requirements at Section 12(l)(1)(A)(ii) of the NSLA.

| Date (Click on box to select date.):  Mailing Address:  Name and Title of person completing this form:  2. Region: Select Your Region  3. Affirmation that eligible service providers participating in the waiver(s) are in good standing Please check one: Yes No  If No, please explain: | 1. | State agency submitting waiver request and responsible State agency staff contact information |  |  |  |  |
|--|----|---|--|--|--|--|
| Mailing Address:  Name and Title of person completing this form:  2. Region: Select Your Region  3. Affirmation that eligible service providers participating in the waiver(s) are in good standing Please check one: Yes No   |    | State Agency:   |  |  |  |  |
| Name and Title of person completing this form:  2. Region: Select Your Region  3. Affirmation that eligible service providers participating in the waiver(s) are in good standing Please check one: Yes No   |    | Date (Click on box to select date.):  |  |  |  |  |
| <ol> <li>Region: Select Your Region</li> <li>Affirmation that eligible service providers participating in the waiver(s) are in good standing Please check one: Yes No</li> </ol>   |    | Mailing Address:  |  |  |  |  |
| 3. Affirmation that eligible service providers participating in the waiver(s) are in good standing Please check one: Yes No  |    | Name and Title of person completing this form:  |  |  |  |  |
| Please check one: Yes No   | 2. | Region: Select Your Region  |  |  |  |  |
| If No, please explain:   | 3. |   |  |  |  |  |
|  |    | If No, please explain:  |  |  |  |  |
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| improve services under the Program, and the expected outcomes if the waiver is grante [Section 12(l)(2)(A)(iii) and (iv) of the NSLA]:   |  |  |  |  |
|--|--|--|--|--|
| ☐ Allow local Program operators to offer non-congregate meals to participants fasting during Ramadan. The NSLA, Child Nutrition Act, and Program regulations require school food authorities (SFAs) and institutions to operate congregate meal services at specific times. SFAs and institutions that serve meals to participants observing Ramadan often experience a drop in participation and would benefit from offering alternative meal service options. This waiver would allow SFAs and institutions to offer meals that participants in attendance can take off-site and consume after fasting, providing participants that observe Ramadan access to healthy and wholesome meals. |  |  |  |  |
| □ Other, please specify:   |  |  |  |  |
| 5. Specific Program requirements to be waived. [Section 12(l)(2)(A)(i) of the NSLA] Please check only the requirements you are requesting to waive: National School Lunch Program (NSLP) and School Breakfast Program (SBP) The waivers in this section are intended to provide needed flexibility to support SFAs in continuing to offer nutritious meals to participants fasting to observe Ramadan.   |  |  |  |  |
| □ Non-Congregate Meal Service (NSLP and SBP)  Under the NSLA, 42 U.S.C. 1753(b)(1)(A), and the Child Nutrition Act, 42 U.S.C. 1773(b)(1)(A), NSLP and SBP meals must be served in a congregate setting and must be consumed by participants on site.   |  |  |  |  |
| ☐ <u>Meal Service Times (NSLP and SBP)</u> Under Program regulations at 7 CFR 210.10(l) and 7 CFR 220.8(l), meals served in the NSLP and SBP must follow meal service time requirements.   |  |  |  |  |
| ☐ <u>Offer Versus Serve (NSLP)</u> Under the NSLA, 42 U.S.C. 1758(a)(3), and Program regulations at 7 CFR 210.10(e), Program operators of senior high schools (as defined by the State education agency) must participate in offer versus serve at lunch.  |  |  |  |  |
| Child and Adult Care Food Program  The waivers in this section apply to emergency shelters, adult day care centers, OSHCC, and the at-risk afterschool component of CACFP only. These waivers are intended to provide needed flexibility to support institutions in continuing to offer nutritious meals to participants fasting to observe Ramadan.   |  |  |  |  |
| ☐ <u>Non-Congregate Meal Service (CACFP)</u> Under the NSLA, 42 U.S.C. 1766(f)(1)(A), and Program regulations at 7 CFR 226 19(b)(6)(iii) CACFP meals must be served in a congregate setting and must be  |  |  |  |  |

4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to

|           | ☐ <u>Meal Service Times (CACFP)</u> Under Program regulations at 7 CFR 226.20(k), meals served in the CACFP must followed service time requirements.  |  |  |  |
|-----------|---|--|--|--|
| <b>6.</b> | Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:   |  |  |  |
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|           |   |  |  |  |
| 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]:  |  |  |  |
|           | <ul> <li>□ No regulatory barriers expected at the State level.</li> <li>□ If regulatory barriers are expected at the State level, please list steps taken address them in the box below:</li> </ul> |  |  |  |
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| 8.        | Anticipated challenges State or eligible service providers may face with the waive  |  |  |  |
| 8.        | Anticipated challenges State or eligible service providers may face with the waive implementation:  |  |  |  |

| =  | ow the waiver will not increase the overall cost of the Program to the nent. If there are anticipated increases, confirm that the costs will be  |
|--|--|
| □ No anticipa<br>normally re<br>they are fas | ederal funds. [Section 12(I)(1)(A)(iii) of the NSLA]:  ated increase of Federal Government costs. Participants in attendance woul eccive meals but are unable to consume meals at standard meal times because sting as part of their religious observance. Therefore, providing a meal that as can consume later, at a time that honors their religious principles, does no sts. |
| □ Other, plea                                | ase specify:   |
| -  | ected to take place from approximately February 28 – March 30, 2025. er implementation dates:  |
| Start Date:                                  |  |
| End Date:                                    |  |
|  | ring and review procedures:  |
| 1. Proposed monito                           |  |
| 1. Proposed monito                           |  |

| 12. Link to or a copy of the public notice informing the public about the [Section 12(l)(1)(A)(ii) of the NSLA]:  | e proposed waiver      |
|---|------------------------|
|   |                        |
| 13. Signature and Title of Requesting Official:   |                        |
| 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 added the State agency and formulate an opinion and justification for a response based on their knowledge, experience and work with the State. |                        |
| Date request was received at Regional Office (Click on box to select d  | ate.):                 |
| ☐ Check this box to confirm that the State agency has pro-<br>accordance with Section 12(l)(1)(A)(ii) of the NSLA   | vided public notice in |
| • Regional Office Analysis and Recommendations:   |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |

**Signature from FNS Regional Office:**