

WILLOWS UNIFIED SCHOOL DISTRICT
Office of the Superintendent

Date: 03/01/11

Request For Placement on Board Agenda:

AGENDA TOPIC: Waiver Request – Summer School Meal Waiver

PRESENTER: Betty Skala, Director of Business Services

Background Information:

Per Ed Code 49550, we shall provide for each needy pupil one nutritionally adequate free or reduced-priced meal during each school day. We can waive this meal mandate during summer school sessions if certain conditions are met.

Conditions include

1. There is a Summer Food Service Program for Children within ½ mile or one mile and the site either a) begins serving meals ½ hour after the summer session end or b) finishes serving meals one hour after the summer session; or
2. Serving meals during the summer school session would result in a financial loss; or
3. The site operates summer school days of two hours or less (including breaks and recess).

This year's summer school will be held at Willows Community High School and the Willows Community Day School and we will only have two hour sessions at each site. Therefore we are eligible to waive based on condition 3.

Recommendations:

Approved the attached waiver to be submitted to the Waiver Office of California Department of Education for the 2010-11 summer school program.

SPECIFIC WAIVER REQUEST

SSM-1 (Rev. 01-13-2011) <http://www.cde.ca.gov/re/lr/wr/>

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Send original plus one copy to:

Waiver Office, California Department of Education
1430 N Street, Suite 5602
Sacramento, CA 95814

**SUMMER SCHOOL MEAL WAIVER
DISTRICT INFORMATION**

Send electronic copy in **Word** and
back-up material to: waiver@cde.ca.gov

| CDS CODE | | | | | | |
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| Local educational agency: Willows Unified School District | | Contact name and recipient of approval/denial notice: Betty Skala | | Contact person's e-mail address: bskala@willowsunified.org | |
| Address: 823 West Laurel Street | (City) Willows | (State) CA | (ZIP) 95988 | Phone (and extension, if necessary): (530) 934-6600 x 5 Fax number: (530) 934 - 6609 | |
| Period of request: (Summer School Session) From: 6/17/11 To: 7/22/11 | | | Local board approval date: (Required) 3-10-11 | | |

LEGAL CRITERIA

- Authority for the waiver:** *Education Code (EC) Section 49548 (a):* The State Board of Education, in order to comply with legislation findings expressed in Section 49547, shall restrict the criteria for the issuance of waivers from the requirements of Section 49550 to feed children during a summer school session. A waiver shall be granted for a period not to exceed one year with specific conditions. (New: AB 1392, Statutes of 2005)
- Education Code (EC) Section to be waived:** 49550 (*whole section*)
Brief description of the topic of the waiver: State Meal Mandate for meals during summer school sessions.
49550 (a) Notwithstanding any other provision of law, each school district or county superintendent of schools maintaining any kindergarten or any of grades 1 to 12, inclusive, shall provide for each needy pupil one nutritionally adequate free or reduced-price meal during each school day, except for family day care homes that shall be reimbursed for 75 percent of the meals served.
- Desired outcome/rationale.**
Our agency would like to receive a waiver of the requirement to serve meals to students at this year's summer school session for (2) school sites. We understand that we must meet one of the three conditions of EC 49548(a):

Condition One: There is a Summer Food Service Program for Children (SFSP) within one-half mile (elementary site) or one mile (middle, junior high, or high school) and the SFSP site either: a) begins serving meals one-half hour after the summer session ends, or b) finishes serving meals one hour after the summer session; OR

Condition Two: Serving meals during the summer school session would result in a financial loss (as specifically defined); OR

Condition Three: The site operates summer school days of two hours or less (including breaks and recess).

ATTACH SITE INFORMATION FORM TO COMPLETE WAIVER REQUEST

District or County Certification – I hereby certify that the information provided on this application is correct and complete.

| | | |
|--|--------------------------|------------------|
| Signature of Superintendent or Designee: | Title: Superintendent | Date: 3/11/11 |
|--|--------------------------|------------------|

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

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|---|------------------------------|-------|
| Staff Name (<i>type or print</i>): | Staff Signature: | Date: |
| Unit Manager (<i>type or print</i>): | Unit Manager Signature: | Date: |
| Division Director (<i>type or print</i>): | Division Director Signature: | Date: |
| Deputy (<i>type or print</i>): | Deputy Signature: | Date: |

SPECIFIC WAIVER REQUEST

SI-1 (Rev. 01-13-2011) <http://www.cde.ca.gov/re/lr/wr/>

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SUMMER SCHOOL MEAL WAIVER

SITE INFORMATION

List all sites for this waiver request. If you check Conditions One or Two, the paperwork can be found here: <http://www.cde.ca.gov/re/lr/wr/documents/conditionone.doc> for Condition One and <http://www.cde.ca.gov/re/lr/wr/documents/updatecondition2.xls> for Condition Two. Attach additional sheets if more sites are included.

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|--|--|---|
| Site Name: Willows Community High School | | |
| Summer School day at this site begins: 8 am and ends: 10 am. | | |
| Total Time: 2 hours (Hrs/Min) | | |
| Meal time at this site for the summer session begins: 8 am and ends: 10 am | | |
| Check which condition below meets your circumstances: | | |
| Condition ONE <input type="checkbox"/> | Condition TWO <input type="checkbox"/> | Condition THREE <input checked="" type="checkbox"/> |

| | | |
|---|--|---|
| Site Name: Willows Community Day School | | |
| Summer School day at this site begins: 10:15 am and ends: 12:15 Pm. | | |
| Total Time: 2 hours (Hrs/Min) | | |
| Meal time at this site for the summer session begins: and ends: | | |
| Check which condition below meets your circumstances: | | |
| Condition ONE <input type="checkbox"/> | Condition TWO <input type="checkbox"/> | Condition THREE <input checked="" type="checkbox"/> |

| | | |
|---|--|--|
| Site Name: | | |
| Summer School day at this site begins: and ends: | | |
| Total Time: (Hrs/Min) | | |
| Meal time at this site for the summer session begins: and ends: | | |
| Check which condition below meets your circumstances: | | |
| Condition ONE <input type="checkbox"/> | Condition TWO <input type="checkbox"/> | Condition THREE <input type="checkbox"/> |

| | | |
|---|--|--|
| Site Name: | | |
| Summer School day at this site begins: and ends: | | |
| Total Time: (Hrs/Min) | | |
| Meal time at this site for the summer session begins: and ends: | | |
| Check which condition below meets your circumstances: | | |
| Condition ONE <input type="checkbox"/> | Condition TWO <input type="checkbox"/> | Condition THREE <input type="checkbox"/> |

For more details on the conditions, please see the California Department of Education (CDE) website at: <http://www.cde.ca.gov/re/lr/wr/othertopics.asp#summermeal>.

Summer meal waivers must be received by the CDE Waiver Office no later than 30 days prior to the last regular meeting of the State Board of Education (SBE) and before the commencement of the summer school session for which the waiver is sought. Therefore, please have your completed summer school meal waiver into the CDE Waiver Office by February 11, 2011 or April 13, 2011 at the latest.

If you have questions on the waiver form, timeline or process, please call the waiver office at 916-319-0824. If you have questions regarding the attachments to the waiver or how to meet the waiver criteria, please contact Donna Reedy, School Nutrition Programs Analyst, Nutrition Services Division, at 916-327-5866 or by e-mail at dreedy@cde.ca.gov.