

**Community Eligibility Option Evaluation**  
**LEA Foodservice Director Web Survey for Eligible  
Participating LEAs**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

*Prepared for:*  
U.S. Department of Agriculture  
Food and Nutrition Service  
Office of Research and Analysis

*Prepared by:*  
Abt Associates Inc.

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include a fact sheet about the Community Eligibility Option Evaluation, the advance email sent to respondents of this survey describing details about this survey, and a worksheet that describes information you will need to collect in order to complete this survey. **To complete this survey you will need to access your records – see details under worksheet link below.** Note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 30 minutes to complete.

[Community Eligibility Option Evaluation fact sheet](#)

[Advance email about the Local Education Agency \(LEA\) Foodservice Director Web Survey](#)

[Worksheet for the LEA Foodservice Director Web Survey](#)

**Programming Note (PN):** When respondent clicks on above link, the appropriate document will be displayed in a PDF format, which the respondent may then print if desired.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or [CommunityEligibility@abtassoc.com](mailto:CommunityEligibility@abtassoc.com).

**CONTACT INFORMATION**

PN: Q1, 3, 4, 5 will be populated with information specific to the LEA from the sampling frame. Survey will allow respondent to update/edit the prepopulated information.

Confirm or correct your contact information below and fill in any missing information

Q1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Q2. Job title:  
 Foodservice Director  
 Business Manager/Chief Financial Officer  
 Superintendent  
 Other, specify: \_\_\_\_\_

Q3. Name of your Local Education Agency (LEA): \_\_\_\_\_

Q4. Email address: \_\_\_\_\_  Decline to respond

Q5. Phone number: (\_\_\_\_\_) \_\_\_\_\_  Decline to respond

PN: Ensure standard email address and 10 digit phone number

PN: An indicator of whether a LEA is a Year 1 LEA or a Year 2 LEA will be provided from the sampling frame. A Year 1 LEA is an LEA that started CEO in Year 1 of the Option (SY 2011/12). A Year 2 LEA is an LEA that started CEO in year 2 of the Option (SY 2012/13).

## DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a box up pop with the definition will appear on the screen.

**PN:** display list of terms and definitions in definition box below. Throughout the web survey allow pop up boxes for the following (except LEA, SBP, NSLP) when respondent clicks on the word.

### DEFINITION BOX

**LEA:** Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

**SBP:** School Breakfast Program

**NSLP:** National School Lunch Program

**Free and reduced price (FRP) meals:** The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

**Direct certification:** Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

**Identified from other agency lists:** Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

**Identified Student Percentage (ISP):** Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

Identified students are identified by:

- Direct certification, or
- identified from other agency lists

**Traditional:** Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal eligibility category.

**Provision 1:** Under Provision 1 schools with at least 80% of children approved for free or reduced price meals are allowed to extend the eligibility of the children receiving free meals for 2 years. There is no requirement to serve meals at no charge to all students. Schools must continue to record daily meal counts by type as a basis for calculating reimbursement claims.

**Provision 2:** Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

**Provision 3:** Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

**Note to reviewers:** Each survey question identifies the associated research question(s) with blue text in parentheses. This information is for review and will be removed before the survey is administered.

**COMMUNITY ELIGIBILITY OPTION SCHOOLS**

First we would like to collect some information about the schools in your LEA.

Q6. What is the number of schools in your LEA for the 2012-2013 School Year? \_\_\_\_\_ (RQ1, RQ5)

Q7. What is the number of schools in your LEA eligible to participate in the Community Eligibility Option? \_\_\_\_\_ (RQ1, RQ5)

Q8. What is the number of schools in your LEA participating in the Community Eligibility Option? \_\_\_\_\_ (RQ1, RQ5)

Q9. Are there any sites within your LEA that participate in the Community Eligibility Option not counted in the response to question 8?

- Yes (ask Q9a)
- No (go to Q10)
- Don't know (go to Q10)

Q9a. What is the number of sites (not including schools reported in Q8) in your LEA participating in the Community Eligibility Option?

\_\_\_\_\_

PN: present intro statement and Q6-9 on same screen. Format 0000, numerical only for all questions. Logic: 7=or<6, 8=or<7

Q10. Is the Community Eligibility Option being implemented for all schools within the LEA? (Select one)

- Yes (go to Q11)
- No

PN: If "yes", this LEA is considered "all CEO LEA" for the purpose of this survey, else it is considered "mixed LEA" for the purpose of this survey.

Q10a. The Community Eligibility Option can be implemented for some schools on an individual basis, where each school is eligible for the Option and is reimbursed based on only that school's identified student percentage , or for groups of schools where eligibility for the Option and reimbursement rate may be determined using pooled data from the group of schools. Is the Community Eligibility Option being implemented for one or more schools on an individual basis, for groups of schools, or both? (Select one) (RQ8)

- one or more schools on an individual basis
- groups of schools
- both individual and groups of schools

PN: If mixed LEA, display "only" in Q11.

Q11. Thinking about [only] the schools that took up the Community Eligibility Option, what types of reimbursement systems were used prior to implementing the Community Eligibility Option? (Select all that apply) (RQ5)

- [Traditional](#)       [Provision 1](#)       [Provision 2](#)       [Provision 3](#)       Other, specify\_\_\_\_\_

PN: If more than one response selected in Q11, display Q11a. For each response selected in Q11, ask for the appropriate information in Q11a. If one response selected in Q11, go to Q12.

Q11a. Of the schools in your LEA that took up the Community Eligibility Option, how many used the following?

[Traditional](#) reimbursement: \_\_\_\_\_

[Provision 1](#): \_\_\_\_\_

[Provision 2](#): \_\_\_\_\_

[Provision 3](#): \_\_\_\_\_

[TEXT FROM OTHER SPECIFY in Q11]: \_\_\_\_\_

PN: If LEA is mixed, ask Q12, else skip to Q13. If Year 1 LEA, display 2010-2011. If Year 2 LEA, display 2011-2012.

Q12. Now thinking about only the schools that did not take up the Community Eligibility Option, what types of reimbursement systems were used in school year [2010-2011/2011-2012]? (Select all that apply) (RQ5)

- Traditional       Provision 1       Provision 2       Provision 3       Other, specify\_\_\_\_\_

PN: If more than one response selected in Q12, display Q12a. For each response selected in Q12, ask for the appropriate information in Q12a. If one response selected in Q12, go to Q13.

Q12a. Of the schools in your LEA that did not take up the Community Eligibility Option, how many used the following?

Traditional reimbursement: \_\_\_\_\_

Provision 1: \_\_\_\_\_

Provision 2: \_\_\_\_\_

Provision 3: \_\_\_\_\_

[TEXT FROM OTHER SPECIFY in Q12]: \_\_\_\_\_

PN: pre-fill Q13 with number of schools from Q8

Q13. You have (NUMBER OF SCHOOLS IN Q8) schools participating in the Community Eligibility Option. How many of these (NUMBER OF SCHOOLS IN Q8) schools were serving breakfast before the Community Eligibility Option was implemented? (RQ10) \_\_\_\_\_

PN: If response in Q13 is greater than number of schools reported in Q8 display an error message



**CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP)**

The Identified Student Percentage (ISP) is defined as the number of students directly certified plus the number of students identified as eligible for free meals through other agency lists (such as, runaway, homeless, migrant, foster children) divided by the number of students enrolled. To be eligible for the Community Eligibility Option, a LEA or school must have an ISP of 40% or more.

Q14. What is the identified student percentage (ISP) that was most recently calculated for your LEA?

\_\_\_\_\_ % (IDENTIFIED STUDENT PERCENTAGE)

- Not applicable – LEA only has ISPs for individual schools (Go to Q16)
- Don't know

Q14a. Who calculated the most recent identified student percentage (ISP) for your LEA? (Select one)

- The State calculated the ISP without input from the LEA (Go to Q15)
- The LEA provided information to the State to calculate the ISP
- The LEA calculated the ISP using its own data
- Other, specify: \_\_\_\_\_
- Don't know

Q14b. When was the most recent ISP calculated for your LEA?

|\_|\_| / |2|0|\_|\_|  
M M Y Y Y Y

- Don't know

Q14c. What data were used to calculate the most recent [ISP](#) for your LEA? (Fill in the numbers and indicate the date the data were collected in the table below).

If unable to complete this section, check here

Data Category	Number of Students	Are these data as of April 1, 2012? If not, specify date.	Source of Data Retrieval
<p><a href="#">Directly Certified</a> <i>(based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)</i></p>	<p>_____</p>	<p><input type="checkbox"/> Yes, as of April 1, 2012  <input type="checkbox"/> No, data as of:             __ __  /  2 0 __ __             M M Y Y</p>	<p><input type="checkbox"/> POS or other electronic system  <input type="checkbox"/> Direct Certification list  <input type="checkbox"/> Other agency list  <input type="checkbox"/> School enrollment file  <input type="checkbox"/> Other</p>
<p><a href="#">Identified from other agency lists</a> <i>(homeless ,runaway, migrant, Head start, foster children, or approved by local authorities)</i></p>	<p>_____</p>	<p><input type="checkbox"/> Yes, as of April 1, 2012  <input type="checkbox"/> No, data as of:             __ __  /  2 0 __ __             M M Y Y</p>	<p><input type="checkbox"/> POS or other electronic system  <input type="checkbox"/> Direct Certification list  <input type="checkbox"/> Other agency list  <input type="checkbox"/> School enrollment file  <input type="checkbox"/> Other</p>
<p>Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)</p>	<p>_____</p>	<p><input type="checkbox"/> Yes, as of April 1, 2012  <input type="checkbox"/> No, data as of:             __ __  /  2 0 __ __             M M Y Y</p>	<p><input type="checkbox"/> POS or other electronic system  <input type="checkbox"/> Direct Certification list  <input type="checkbox"/> Other agency list  <input type="checkbox"/> School enrollment file  <input type="checkbox"/> Other</p>

PN: if mixed LEA, go to 16

Q15. [PN: Ask only for all CEO LEA] Does your LEA use the same [ISP](#) for NSLP and SBP reimbursement for all schools in your LEA?

- Yes
- No (go to Q16)

Q15a. Does your LEA use the most recently calculated [ISP](#) for its claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

- Yes (go to Q17)
- No
- Don't know (go to Q17)

Q15b. What [ISP](#) does your LEA use in claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

- \_\_\_\_\_
- Don't know (Go to Q17)

Q15c. When was this [ISP](#) calculated?

|\_|\_| / |\_|\_|\_|\_|  
M M Y Y Y Y

(Go to Q17)

- Don't know (Go to Q17)

Q16. [PN: Ask only if mixed LEA or Q15=no] Who calculated the most recent identified student percentages (ISP) for individual schools or groups of schools in your LEA? (Select one)

- The State calculated the ISPs without input from the LEA (go to Q17)
- The LEA provided information to the State to calculate the ISPs
- The LEA calculated the ISPs using its own data
- Other, specify: \_\_\_\_\_
- Don't know

Q16a. When were the most recent ISPs calculated for individual schools or groups of schools in your LEA?

|\_|\_| / |2|0|\_|\_|  
M M Y Y

- Don't know

Q16b. Does your LEA use the most recently calculated ISPs for all participating schools for its claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

- Yes (go to Q17)
- No
- Don't know (go to Q17)

Q16c. For how many schools does your LEA use the most recently calculated ISP?: \_\_\_\_\_

Q16d. For how many schools does your LEA use a previously calculated ISP?: \_\_\_\_\_

Q16d1. [PN: If Q16d>0, then ask] For schools that use a previously calculated ISP, when was this ISP calculated?

|\_|\_| / |2|0|\_|\_|  
M M Y Y

Q17. Prior to implementing the Community Eligibility Option, household applications and [direct certification](#) with SNAP were required to determine eligibility for [free and reduced price meals](#) in your LEA. What additional sources did your LEA use in School Year 2011-2012 for determining eligibility for [free and reduced price meals](#)? (Select all that apply) (RQ5)

- [Direct certification](#) using TANF       [Direct certification](#) using FDPIR
- Extended eligibility benefits for other children in household of [directly certified](#) child
- Identified as homeless     Identified as runaway       Identified as migrant youth       Identified as foster child
- Identified as Head Start    Identified as Even Start     Identified in state-funded pre-kindergarten programs
- Other, specify \_\_\_\_\_       None of the above

**OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION**

Q18. Prior to implementing the Community Eligibility Option, did your LEA use **free and reduced price meals** eligibility data for any purpose other than for school meals eligibility (such as, for other funding eligibility, allocating funds among schools, or identifying economically disadvantaged students)? (Select one)

- Yes       No (go to Q19)       Don't know (go to Q19)

PN: In Q18a show responses in one column unless scrolling is necessary, then show in two columns (6 responses each)

Q18a. Aside from school meals eligibility, what did your LEA use **free and reduced-price (FRP) meals** eligibility data for prior to implementing the Community Eligibility Option? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other, specify: \_\_\_\_\_
- None of the above

Q19. After implementing the Community Eligibility Option, does your LEA still collect student-level household income data similar to what was previously collected using the Household Application for [free and reduced price meals](#)? (Select one)

- Yes
- No (go to Q20)
- Don't Know (go to Q20)

Q19a. If Yes, for what programs does your LEA use this household income data? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other, specify: \_\_\_\_\_
- None of the above

Q19b. What parts of your LEA are involved with collecting and processing this household income data? (Select all that apply)

- Schools
- Foodservice department
- Other LEA department
- Other, specify: \_\_\_\_\_

Q20. Aside from the School Breakfast Program and National School Lunch Program, in what other food assistance or USDA Food and Nutrition Service programs does your LEA participate? (Select all that apply) (RQ5)

- Summer Feeding Program
- Afterschool Snack Program option under National School Lunch Program (NSLP)
- Healthier US Challenge
- Team Nutrition
- Fresh Fruit and Vegetable Program
- Child and Adult Care Food Program
- Other
- None of the above



Q21. Indicate whether the following duties with regard to school meals are the responsibility of the school, the LEA, or the State. If the duty is not the responsibility of the school, district, or State, select “Other Agency Responsibility”. If the responsibility does not apply, select “not applicable”. If the responsibility is shared across levels, check all levels that shared responsibility. (RQ5)

DUTY WITH REGARD TO SCHOOL MEALS	SCHOOL-LEVEL RESPONSIBILITY	LEA-LEVEL RESPONSIBILITY	STATE-LEVEL RESPONSIBILITY	OTHER AGENCY RESPONSIBILITY	NOT APPLICABLE
<a href="#">Direct certification</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying eligible students from <a href="#">other agency lists</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Free or reduced-price</a> eligibility verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal counting and claiming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of payment for student meals and/or non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu planning and recipe development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food purchasing and inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution and monitoring of foodservice funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: For each duty where “Other Agency Responsibility” was selected, ask Q21a:

Q21a. Specify the agency responsible for [INSERT DUTY FROM Q21]: \_\_\_\_\_

## COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place after the LEA was initially informed about the Community Eligibility Option.

22. How did your LEA first hear about the Community Eligibility Option? (Select all that apply) (RQ16)

- In-person meeting/presentation    In-person training    Letter/mail    Email    Phone call  
 Webinar    Press release    Other LEAs    Other    Don't know (go to Q24)

Q22a. Who provided this information? (Select one)

- USDA/FNS    State Official    Other, specify: \_\_\_\_\_    Don't know

Q23. Who within your LEA first learned about the Community Eligibility Option? (Select all that apply?) (RQ16)

- USDA/FNS    State official    Superintendent    Foodservice Director  
 Foodservice Contract Management Company    Other LEA administrator    Other , specify: \_\_\_\_\_    Don't know

Q24. Do you feel that the information your LEA received about the Community Eligibility Option was sufficient to make an informed decision? (Select one)

- Yes    No    Don't know

Q25. How did your LEA initially inform the schools about the Community Eligibility Option? (Select all that apply) (RQ4)

- In-person meeting/presentation    In-person training    Letter/mail    Email    School website    Phone call  
 Webinar    Press release    Other    Does not apply – did not inform schools (go to Q27)    Don't know

Q26. Who was responsible at the LEA-level for initially communicating with the individual schools regarding the Community Eligibility Option? (Select one) (RQ4)

- Superintendent                       Foodservice Director                       Foodservice Contract Management Company  
 Other LEA administrator                       Other, specify \_\_\_\_\_                       Don't know

Q27. How did your LEA inform the community about the Community Eligibility Option? (Select all that apply) (RQ4)

- In-person meeting/presentation     Letter/mail     Email     School website     Phone call  
 Notice/letter sent home with students     Local newspaper     Other                       Does not apply – did not inform community (go to Q29)  
 Don't know

Q28. Who was responsible for informing the community about the Community Eligibility Option? (Select all that apply) (RQ4)

- Superintendent                       Foodservice Director                       Foodservice Contract Management Company  
 Other LEA administrator                       Principals of individual schools                       Other, specify: \_\_\_\_\_                       Don't know

**DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION**

Now, we'd like to understand how the decision was made to adopt the Community Eligibility Option.

Q29. How involved were each of the following groups in the decision to adopt the Community Eligibility Option in your LEA? Think of involved as displaying interest and/or providing input. (RQ1)

GROUP	VERY INVOLVED	MODERATELY INVOLVED	SOMEWHAT INVOLVED	NOT INVOLVED	DON'T KNOW
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other LEA administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30. To what extent were you personally involved in the decision to adopt and implement the Community Eligibility Option? (Select one) (RQ1)

- Very involved       Moderately involved       Somewhat involved       Not involved

Q31. Who ultimately made the final decision to adopt the Community Eligibility Option in your LEA? (Select one) (RQ1)

- State Department of Education       LEA Superintendent       School Board       LEA Foodservice Director
- Other LEA Administrator       Other, specify: \_\_\_\_\_       Don't know

Q32. To what extent were you personally involved in deciding which schools would participate in the Community Eligibility Option? (Select one) (RQ1)

- Very involved       Moderately involved       Somewhat involved       Not involved

Q33. What types of stakeholders had a role in the decision about which schools participate in the Community Eligibility Option? (Select all that apply) (RQ1)

- Foodservice Director or staff
- School board
- Other elected officials
- LEA administrators or staff (such as, Superintendent, Finance Officer)
- School administrators or staff (such as, Principal, teachers)
- Parent organizations (such as, PTA) or individual parents
- Community-based organizations
- Other, specify: \_\_\_\_\_
- Don't know

PN: Allow respondent option of up to 5 other specify in Q34

Q34. Which of the following expected benefits of the Community Eligibility Option did your LEA consider in deciding whether to adopt the Community Eligibility Option? (Select all that apply) (RQ1)

**Expected Benefits to Adopting the Community Eligibility Option**

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Other, specify: \_\_\_\_\_
- None of the above
- Don't know (go to Q35)

PN: In Q34a, list each possible benefit selected in Q34

Q34a. Shown below are the expected benefits of the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these expected benefits in the decision to adopt the Community Eligibility Option.

Expected Benefits to Adopting the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
EXPECTED BENEFIT SELECTED IN Q34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: Allow respondent option of up to 5 other specify in Q35

Q35. Which of the following possible barriers did your LEA see as making implementation of the Community Eligibility Option difficult or causing hesitation in adopting the Option? (Select all that apply) (RQ1)

**Possible Barriers to Adopting the Community Eligibility Option**

- Community Eligibility Option not financially viable
- Uncertainty or concern about how much reimbursement the LEA would receive
- Uncertainty or concern about how the Option will affect funding for educational programs
- Not enough time to implement the Option and train staff
- Concern about schools participating in the Option being treated differently than other schools
- LEAs participating in the CE Option may be viewed as poor
- Difficulty establishing a School Breakfast Program
- Community not supportive
- Key LEA and/or school officials not supportive
- Other, specify: \_\_\_\_\_
- None of the above
- Don't know (go to Q36)

PN: In Q35a, list each perceived barriers selected in Q35

Q35a. Shown below are the barriers to adopting the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these possible barriers in the decision to adopt the Community Eligibility Option.

Possible Barriers to Adopting the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
POSSIBLE BARRIERS TO ADOPTING THE COMMUNITY ELIGIILITY OPTION IN Q35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: Only allow 3 choices for Q36

Q36. What were the most important determining factors that were considered in deciding whether or not to participate in the Community Eligibility Option? (Select up to 3 choices) (RQ1)

- Poverty of the community
- Identified Student Percentage or rate of reimbursement for school meals
- Staffing needs
- Financial impact
- Rate of participation in school meals programs
- Logistics or ease of implementation
- Considerations around schools being labeled as low income
- Consideration around students being labeled as low income
- Availability of Community Eligibility Option for the long term
- Eligibility of individual schools and/or entire district to participate
- Other, specify: \_\_\_\_\_
- Don't know

PN: In Q37, for Year 1 LEAs, display "2011-2012"; for Year 2 LEAs, display "2012-2013"

Q37. Once your LEA became a participant in the Community Eligibility Option, how much lead time did you have to prepare for the implementation for school year [2011-12/2012-13]? (Select one) (RQ16)

- Less than 2 weeks     2 weeks to 1 month     1 to 2 months     2 to 3 months     More than 3 months

Q37a. Do you feel that this was enough time? (Select one)

- Yes (go to Q38)     No     Don't know (go to Q38)

Q37b. How much lead time do you feel would be enough to prepare for the implementation of the Community Eligibility Option? (Enter number of weeks or months)

- (Select one)  
NUMBER: \_\_\_\_\_     weeks     months



**BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION**

Now, we'd like to understand your LEA's experience in operating the Community Eligibility Option.

PN: Allow respondent option of up to 5 other specify in Q38

Q38. Now that the Community Eligibility Option has been operating in your LEA, what benefits has your LEA experienced? (Select all that apply)  
(NO SPECIFIC RQ)

**Benefits of Implementing the Community Eligibility Option**

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Improved harmony among students
- Other, specify: \_\_\_\_\_
- None of the above (go to Q42)
- Don't know (go to Q42)

PN: In Q38a, list each benefit selected in Q38

Q38a. Shown below are the benefits of the Community Eligibility Option that you indicated your LEA has experienced. Rate the importance of each of these benefits.

Benefits of Implementing the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
BENEFIT SELECTED IN Q38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39. [If "Decreased administrative burden" selected in Q38, ask Q39-40A, else go to Q41] Specifically whose burden has been reduced by implementing the Community Eligibility Option? (Select all that apply) (RQ10 &RQ9)

- School Administrators (such as, Principal, administrative assistants, etc.)
- LEA Foodservice administrative staff (such as, Director, bookkeeper, clerical, etc.).
- Other LEA administrative staff
- Cafeteria Managers
- School foodservice workers (such as, cashiers, cooks, etc.)
- Other, specify: \_\_\_\_\_

PN: In Q40 if respondent chooses "None..." do not allow other choices.

Q40. What activities are you or your foodservice staff able to spend more time on now that your LEA is operating under the Community Eligibility Option? (Select all that apply) (RQ10)

- None – not able to spend more time on any activities (ask Q40a)
- Conducting professional development or training
- Conducting other administrative tasks
- Implementing new School Breakfast Program
- Planning nutrition/meal services
- Overseeing foodservice operations
- Developing recipes
- Researching purchasing options for food and supplies
- Developing nutrition education materials/activities
- Assessing student nutritional needs and/or food preferences
- Other, specify \_\_\_\_\_

PN: Display Q40 and Q40a on same page.

Q40a. [If "None" selected in Q40, ask Q40a, else go to Q41] Why have you and your staff been unable to spend more time on other activities? (Select all that apply) (RQ10)

- No time saved for foodservice staff
- Have to reduce staffing
- Still have to complete a form/application to collect required student data for other funding programs
- Demand on foodservice staff time is still high
- Other, specify \_\_\_\_\_
- Don't know

Q41. [If “Decreased costs” selected in Q38, ask Q41, else go to Q42] In what form has cost savings occurred due to the Community Eligibility Option? (Select all that apply) (RQ9)

- Reduced Foodservice expenditures
- Reduced total LEA expenditures
- Other, specify \_\_\_\_\_
- Don't know

PN: Allow respondent option of up to 5 other specify in Q42

Q42. Now that the Community Eligibility Option has been operating in your LEA, what problems has your LEA experienced? (Select all that apply) (NO SPECIFIC RQ)

**Problems Implementing the Community Eligibility Option**

- Community Eligibility Option not cost effective
- No decrease in administrative burden
- Negative impact of the Option on funding for educational programs
- More time than expected to implement the Option and train staff
- Schools participating in the Option are treated differently than other schools
- LEAs participating in the CE Option are viewed as low-income
- Difficulty establishing a School Breakfast Program
- Confusion over how to submit claims
- Increased meal participation strains the capacity to serve meals
- Community not supportive
- Other, specify: \_\_\_\_\_
- No problems encountered (go to Q43)
- Don't know (go to Q43)

PN: In Q42a, list each problem selected in Q42

Q42a. Shown below are the problems that you indicated your LEA has experienced with the Community Eligibility Option. Rate the importance of each of these problems.

Problems Implementing the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
PROBLEM SELECTED IN Q42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43. Has your LEA changed its meal service in any of the participating schools due to the Community Eligibility Option? NOTE: This question is in reference to changes from the Community Eligibility Option, and not as a result of other new school meal regulations and rules.

- Yes                       No (go to Q44)                       Don't know (go to Q44)

Q43a. In general, due to the Community Eligibility Option, our LEA has... (Select all that apply) (RQ10)

- implemented or expanded the school breakfast program
- increased the variety of foods served at school breakfast and lunch
- decreased the variety of foods served at school breakfast and lunch
- increased the use of pre-prepared foods
- decreased the use of pre-prepared foods
- increased nutrition education activities through the foodservice department
- decreased nutrition education activities through the foodservice department
- other

Q44. Thinking about the schools that implemented the Community Eligibility Option, how does the total meal reimbursement under the Community Eligibility Option compare with the total meal reimbursement in prior years? (RQ11)

The Community Eligibility Option provides... (Select one)

- much more reimbursement                       moderately more reimbursement                       the same amount of reimbursement                       moderately less reimbursement                       Much less reimbursement

PN: If provision 2 or provision 3 selected in Q11, display following sentence and ask Q45-47, else go to Q48.

For the following text and Q45, 46, 47, if only Provision 2 selected in Q11, display "Provision 2"; if only provision 3 selected in Q11, display "Provision 3"; if both provision 2 and provision 3 selected is Q11, display "Provision 2 or Provision 3"

Now we like to ask about your LEA's experience in transitioning schools from [[Provision 2 /Provision 3/Provision 2 or Provision 3](#)] to the Community Eligibility Option.

Q45. On a scale of 1 to 5, with 1 being very easy and 5 being very difficult, how easy or difficult was it for schools that used [[Provision 2 /Provision 3/Provision 2 or Provision 3](#)] reimbursement systems to implement the Community Eligibility Option? (Select one) (RQ7)

VERY EASY

VERY DIFFICULT

1

2

3

4

5

Q46. Why did your LEA choose to adopt the Community Eligibility Option for schools that previously used [[Provision 2 /Provision 3/Provision 2 or Provision 3](#)]? (Select all that apply)

- Eliminate household application
- Eliminate the need to count meals by free, reduced price, or paid category in base year
- Possibility of changing claiming percentage every year rather than every 4 years
- Higher reimbursement rate per meal with Community Eligibility Option
- Other, specify: \_\_\_\_\_

Q47. What difficulties were encountered when switching from [Provision \[2/3/2 or Provision 3\]](#) to the Community Eligibility Option? (Select all that apply). (RQ7)

- Calculating the [ISP](#)
- Communicating changes to school foodservice staff
- Other, specify: \_\_\_\_\_
- No problems were encountered

**COMMUNITY ELIGIBILITY OPTION CHANGES**

PN: Year 2 LEAs skip to Q52

Q48. [IF YEAR 1 LEA, ask] Have any schools that implemented the Community Eligibility Option gone back to the previous reimbursement method? (Select one) (RQ14)

- Yes (ask Q48a)
- No (go to Q50)

Q48a. How many schools have gone back to the previous reimbursement method? (RQ14)

\_\_\_\_\_ (NUMBER OF SCHOOLS)

- Don't know

PN: If number entered in 48a is = or > number of participating schools in Q8, then display an error message (The number of schools that you have indicated is equal or greater than the number of schools participating in the Community Eligibility Option. Is this entry correct?) If yes, then no schools are currently participating in the CE Option and the survey is terminated.

PN: Allow respondent option of up to 5 other specify in Q49

Q49. What were the reasons the schools counted in question 48a ended participation in the Community Eligibility Option? (Select all that apply) (RQ14)

**Reasons for Ending Participation in the Community Eligibility Option**

- Community Eligibility Option not cost effective
- No decrease in administrative burden
- Negative impact of the Option on funding for educational programs
- Schools participating in the Option are treated differently than other schools
- Difficulty establishing a School Breakfast Program
- Too difficult to meet demands of increased meal participation
- Community not supportive
- Key LEA and/or school officials not supportive
- Other, specify: \_\_\_\_\_
- Don't know (go to Q50)

PN: In Q49a, list each reason selected in Q49

Q49a. Show below are the reasons you indicated that some schools in your LEA ended participation in the Community Eligibility Option. Rate the importance of each of these reasons.

<b>Reasons for Ending Participation in the Community Eligibility Option</b>	<b>Very Important</b>	<b>Moderately Important</b>	<b>Not Very Important</b>	<b>Not at All Important</b>	<b>Don't Know</b>
REASON SELECTED IN Q49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: Display Q50, 50a, 50b, and 51 on same page

Q50. Has the Community Eligibility Option been implemented in any schools that were eligible in School Year 2011-2012 but did not participate then? (Select one) (NO SPECIFIC RQ)

- Yes (go to Q50a)       No (go to Q52)

Q50a. How many schools were eligible for the Community Eligibility Option in School Year 2011-2012 but did not participate then ? (NO SPECIFIC RQ)

\_\_\_\_\_ (NUMBER OF SCHOOLS)

Q50b. How many of these schools implemented the Community Eligibility Option in School Year 2012-2013?

\_\_\_\_\_ (NUMBER OF SCHOOLS)

Q51. Why did these schools implement the Community Eligibility Option? (Select all that apply) (NO SPECIFIC RQ)

**Reason for Now Implementing the Community Eligibility Option**

- Wanted to phase in the Community Eligibility Option gradually
- Recognized the success in other schools
- Considered the costs and benefits in more detail
- Parents and community urged school to do so
- Instructed to by state
- Other, specify: \_\_\_\_\_
- Don't know (go to Q52)

PN: In Q51a, list each reason selected in Q51

Q51a. Shown below are the reasons you indicated that some schools first implemented the Community Eligibility Option beginning in School Year 2012-2013, although they were eligible in School Year 2011-2012. Rate the importance of each of these reasons for now implementing the Community Eligibility Option.

<b>Reasons for now Implementing in the Community Eligibility Option</b>	<b>Very Important</b>	<b>Moderately Important</b>	<b>Not Very Important</b>	<b>Not at All Important</b>	<b>Don't Know</b>
REASON SELECTED IN Q51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION

The following questions are about the multiplier that the Community Eligibility Option applies to the ISP to obtain the claiming percentage for free meals. If you require further explanation about the multiplier, click here: [Explanation of the multiplier](#)

PN: If respondent clicks on “Explanation of the multiplier” the description and example in the box below appears.

The Community Eligibility Option reimbursement is based on the **identified student percentage (ISP)**. To determine how much each school is reimbursed, the **Identified student percentage** is multiplied by a factor of 1.6. This new percentage is applied to the total number of meals served to determine how many meals are reimbursed at the free rate. The rest of the meals are reimbursed at the paid rate.

Example: A school under the Community Eligibility Option has an ISP of 50%. The ISP is multiplied by 1.6 to for an 80% free reimbursement rate ( $50 \times 1.6 = 80$ ). The remaining meals (20%) will be reimbursed at the paid reimbursement rate.

At the end of the month if the school counted and served 10,000 reimbursable meals, 8,000 would be claimed at the free reimbursement rate and 2,000 at the paid reimbursement rate.

The factor of 1.6 is called the “multiplier”.

Q52. Would your LEA participate in the Community Eligibility Option if the multiplier was less than 1.6? (RQ8) (Select one)

- Yes
- No (go to Q54)
- Don't know (go to Q54)

Q53. For each of the multipliers listed below, would your LEA continue to participate in the Community Eligible Option? (For example, at an ISP of 50 and a multiplier of 1.6, the average reimbursement per lunch would be about \$2.27, whereas, if the multiplier was 1.3, the average reimbursement per lunch would be \$1.89.) (RQ8)

	Yes	No	Don't know
1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q54. Do you think a 4-year term is an appropriate amount of time for a LEA to be eligible to participate in the Community Eligibility Option? (Select one) (RQ12)

- Yes (go to Q55)       No       Don't know

Q54a. What term length would be better? (Select one) (RQ12)

- 2 years       3 years       5 years       6 years       7 years       8 years       More than 8 years       Don't know

Q55. To what extent is your LEA concerned about meeting eligibility requirements for the Community Eligibility Option for a second 4-year term, once the current 4-year term is up?(Select one) (RQ12)

- Very concerned       Moderately concerned       Slightly concerned       Not concerned at all       Don't know

Q56. To what extent will you be involved in the decision to continue the Community Eligibility Option next year in your LEA? (Select one)

- Very involved       Moderately involved       Somewhat involved       Not involved       Don't know

Q57. How likely are you to continue the Community Eligibility Option next year in your LEA? (Select one) (NO SPECIFIC RQ)

- Very likely       Somewhat likely       Somewhat unlikely       Very unlikely       Don't know

Q58. How likely is it that your LEA will still be using the Community Eligibility Option 4 years from now? (Select one) (RQ14)

- Very likely       Somewhat likely       Somewhat unlikely       Very unlikely       Don't know

**END SCRIPT:** That concludes our survey. Thank you very much for your participation. Your input is very valuable. If you have any questions about this survey, contact us at 855-759-5752 (toll-free) or [CommunityEligibility@abtassoc.com](mailto:CommunityEligibility@abtassoc.com).