

Community Eligibility Option Evaluation

LEA Foodservice Director Web Survey for Near Eligible Non-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 24 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 24 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.

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.

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.

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 types of reimbursement systems for school meals did your LEA use in School Year 2011-2012? (Select all that apply) (RQ5)

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

PN: If more than one response selected in Q7, display Q7a. For each response selected in Q7, ask for the appropriate information in Q7a. If one response selected in Q7, go to Q8.

Q7a. Of these 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 Q7]: _____

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.

Q8. 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 8d)
- Don't know

Q8a. 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 Q9)
- 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

Q8b. When was the most recent ISP calculated for your LEA?

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

- Don't know

Q8c. 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
Directly Certified <i>(based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)</i>	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of: __ __ / 2 0 __ __ M M Y Y	<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
Identified from other agency lists <i>(homeless ,runaway, migrant, Head start, foster children, or approved by local authorities)</i>	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of: __ __ / 2 0 __ __ M M Y Y	<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
Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of: __ __ / 2 0 __ __ M M Y Y	<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

Q8d. 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 Q9)
- The LEA provided information to the State to calculate the **ISPs**
- The LEA calculated the **ISPs** using its own data
- Other, specify: _____
- Does not apply—**ISP** not calculated for individual schools or groups of schools (go to Q9)
- Don't know

Q8e. When were the most recent [ISPs](#) calculated for individual schools or groups of schools in your LEA?

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

Don't know

Q9. Household applications and [direct certification](#) with SNAP are required to determine eligibility for [free and reduced price meals](#). 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

Q10. Does 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 Q11](#)) Don't know ([go to Q11](#))

PN: In Q10a show responses in one column unless scrolling is necessary, then show in two columns (6 responses each)

Q10a. Aside from school meals eligibility, for what other purpose does your LEA use [free and reduced-price \(FRP\) meals](#) eligibility data? (Select all that apply) ([NO ASSOC RQ](#))

- 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

Q11. 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

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place regarding the Community Eligibility Option.

Q12. Prior to being contacted for this survey, was your LEA informed about the Community Eligibility Option? (Select One) (RQ16)

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

Q13. 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 Q15)

Q13a. Who provided this information? (Select one)

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

Q14. 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

Q15. Did your LEA inform individual schools about the Community Eligibility Option? (Select one) (RQ4)

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

Q16. 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 Don't know

Q16a. Who provided this information? (Select one) (RQ4)

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

Q17. Did your LEA inform the community about the Community Eligibility Option? (Select one)

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

Q18. 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 Don't know

Q18a. Who provided this information? (Select one) (RQ4)

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

COMMUNITY ELIGIBILITY OPTION

Now, we'd like to understand your impressions about the Community Eligibility Option.

PN: Allow respondent option of up to 5 other specify in Q19

Q19. If your LEA were eligible to participate in the Community Eligibility Option, which of the following would your LEA consider to be its benefits? (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 Q20)

PN: In Q19a, list each expected benefit selected in Q19

Q19a. Shown below are the benefits of the Community Eligibility Option that you indicated your LEA might expect. Rate the importance your LEA might place on each of these expected benefits.

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 Q19	<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 Q20

Q20. If your LEA was eligible to participate in the Community Eligibility Option, which of the following possible barriers would your LEA see as making implementation 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 Q21)

PN: In Q20a, list each possible barrier selected in Q20

Q20a. Shown below are the possible barriers to adopting the Community Eligibility Option that you indicated your LEA might consider. Rate the importance your LEA might place on of each of these possible barriers if they were deciding 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 Q20	<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"/>

Q21. To what extent do you agree with each of the following statements about the Community Eligibility Option? (Provide a response for each statement) (RQ6)

I believe that the Community Eligibility Option would...	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
...be more costly to implement than what is currently in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...be well-received by school staff and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...be confusing to implement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in increased meal participation that would be overwhelming to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in increased meal participation that would benefit students (access to more foods, healthy foods).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...create issues for determining eligibility for other assistance programs due to lack of free and reduced price data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in a lot more work to serve breakfast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...increase plate waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22. If your LEA were eligible to participate in the Community Eligibility Option, 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

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”.

Q23. Do you feel that the Community Eligibility Option multiplier of 1.6 is too high, about right, or too low? (Select one) (RQ8)

- Too high
- About right
- Too low (go to Q26)
- Don't know

Q24. If eligible to participate in the Community Eligibility Option, would your LEA participate if the multiplier was less than 1.6? (RQ8) (Select one)

- Yes
- No (go to Q26)
- Don't know (go to Q26)

Q25. For each of the multipliers listed below, would your LEA, if eligible, 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"/>

Q26. 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 Q27) No Don't know

Q26a. 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

Q27. If your LEA were eligible to participate in the Community Eligibility Option, how concerned would your LEA be about meeting the eligibility requirements for a second 4-year term, once the first 4-year term was up?(Select one) (RQ12)

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

Q28. If eligible for the Community Eligibility Option, how likely is it that your LEA would participate?

- 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.