

APPENDIX C

State Child Nutrition Director Survey Year 2

Child Nutrition Program Operations Study-II CNOPS

State Child Nutrition Director
Survey 2016-2017

FOR PLANNING PURPOSES ONLY

Please complete the survey at:

<http://www.2mresearch.com/cnops2state>

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0607. The time required to complete this information collection is estimated to average 2 hours 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.



U.S. Department of Agriculture
Food and Nutrition Service

This survey is being conducted for the Food and Nutrition Service, U.S. Department of Agriculture as part of a study of the National School Lunch Program (NSLP), School Breakfast Program (SBP), and other USDA food programs throughout the country. All responses will be treated in strict privacy; no names will be used in our reports, and only aggregated results will be reported.

The study is authorized by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA) and participation by selected states, local education agencies, and schools is required under Section 305 of the HHFKA. Section 305 of the Healthy, Hunger-Free Kids Act of 2010 states that "States, State educational agencies, local educational agencies, schools, institutions, facilities, and contractors participating in programs authorized under this Act and the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) shall cooperate with officials and contractors acting on behalf of the Secretary, in the conduct of evaluations and studies under those Acts."

Send comments regarding this burden estimate (2 hours) or any other aspect of this collection of information, including suggestions for reducing this burden, to:

U.S. Department of Agriculture
Food and Nutrition Service
Office of Policy Support
Alexandria, VA 22302
Attn: Dr. Devin Wallace-Williams

If you have any questions about completing this survey, please email support@2mresearch.com or call toll-free at 865.464.7738.

We thank you for your cooperation and participation in this very important study.

Instructions for Completing the Survey

- Click the **"Save & Continue"** button to progress in the survey. You must click this button to save your responses. **If you cannot complete the survey in one sitting, click the "Save & Continue" button before you close your browser.** Your answers will be saved.
- Click the **"Back"** button to go to the previous question. Please note that clicking the "Back" button will not save your response to the current question. You must first click the "Save & Continue" button to save your response.
- Use the **"Table of Contents"** on the left hand side of your page to navigate to different sections in the survey. **To hide and unhide** the "Table of Contents" click the icon with the three lines. Please note that **if you use the "Table of Contents" to navigate to a partially completed section you will be brought to the first incomplete question.** You can use the "back" button to navigate to previous questions.
- **If you need a colleague to complete a section of the survey, you should provide them with the same login credentials.** They do not need separate login credentials.
- **Avoid having multiple people logged into the survey at once.** Responses may not be recorded correctly if multiple users are logged in the survey at the same time.
- If you or a colleague are returning to finish your saved survey, the user will return to the point where you left off. You can use the "Table of Contents" menu to return to previous questions.
- **Use the buttons and links within the survey.** For example, using "Enter" on your keyboard or your browser's "Back" function may cause errors.
- **Questions will not always be numbered sequentially,** and some may be skipped because they do not apply to you.
- If you have any questions about the study or about completing this survey, please email support@2mresearch.com or call **1-866-465-7738 (toll-free)**.

Back (Button)

Save & Continue (Button)

Contact Information

Before starting the survey please fill in the requested contact information below. If the information below is prefilled please review and update the information as necessary.

MONTH DAY YEAR

Please fill in the contact information for the Child Nutrition Director below:

First Name:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Phone Number: Ext.

Email:

If you are not the Child Nutrition Director please fill out your name and contact information:

First Name:

Last Name:

Title:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Phone Number: Ext.

Email:

1. FOOD SERVICE ADMINISTRATION

1.1 The Healthy, Hunger-Free Kids Act of 2010 requires Local Education Agencies (LEAs) with high levels of, or a high risk for, certification error to have an independent review of initial eligibility determinations for free and reduced price school meals. State agencies are to use two criteria to select LEAs for independent review, including (1) all LEAs with 10 percent or more of the certification/ benefit issuances in error based on administrative review, and (2) other LEAs not identified in Criterion 1 that are determined "at risk" based on State agency discretion.

Which of the following criteria, if any, does your State use to determine LEAs that require an Independent Review of Applications under the "at risk" criterion?

SELECT ALL THAT APPLY OR NA

- LEAs with more than 5 percent but less than 10 percent certification/ benefit issuance error
.....
1
.....
 - LEAs that are newly participating in NSLP or SBP
.....
2
.....
 - LEAs that have recently hired new administrative staff
.....
3
.....
 - LEAs that recently implemented a new electronic system
.....
4
.....
 - Other (specify)
.....
99
.....
- Specify (STRING (NUM))
- N/A - Our State has no established criteria at this time
.....
5
.....

The next few questions are about SFAs and schools in your State currently operating under Provision 2 and Provision 3 in 2016-2017 school year. The questions will ask separately about those operating both NSLP and SBP, NSLP only, and SBP only. We understand that you may have been asked to provide similar information to the USDA, however, providing this information in the current survey is very important because it will help improve the accuracy of this study's analysis. We thank you in advance for your understanding and the time you put into answering these questions.

1.2 Please provide the number of SFAs and schools in your State that are currently operating both NSLP and SBP under Provision 2 and Provision 3.

IF NONE, PLEASE ENTER 0.

PROVISION 2	PROVISION 3
-------------	-------------

a. SFAs

b. SCHOOLS

1.3 Please provide the number of SFAs and schools in your State that are currently operating NSLP only under Provision 2 and Provision 3.

IF NONE, PLEASE ENTER 0.

PROVISION 2

PROVISION 3

a. SFAs

b. SCHOOLS

1.4 Please provide the number of SFAs and schools in your State that are currently operating SBP only under Provision 2 and Provision 3.

IF NONE, PLEASE ENTER 0.

	PROVISION 2	PROVISION 3
a. SFAs	<input type="text"/>	<input type="text"/>
b. SCHOOLS	<input type="text"/>	<input type="text"/>

1.5 How many SFAs and schools in your State that are currently operating under the Community Eligibility Provision (CEP)?

IF NONE, PLEASE ENTER 0.

	CEP
a. SFAs	<input type="text"/>
b. SCHOOLS	<input type="text"/>

SKIP TO 1.7 IF 1.5b = 0 OR MISSING

1.6 Of the [FILL 1.5b VALUE] CEP schools, how many have operated under CEP continuously for less than 1 year, 1 year, or 2 or more years?

IF NONE, PLEASE ENTER 0.

	LESS THAN 1 YEAR	1 YEAR	2 OR MORE YEARS	TOTAL
CEP	<input type="text"/>	<input type="text"/>	<input type="text"/>	FILLS WITH SUM

The next few questions are about charter schools and residential child care institutions (RCCIs) in your State. RCCIs are any distinct part of a public or non-profit private institution which maintains children in residence, operates principally for the care of children, and if private, is licensed by the State or local government to provide residential childcare services under the appropriate licensing code.

1.7 Does your State have any charter schools? Charter schools are independent public schools that operate within a school district.

- Yes..... 1
- No..... 2 SKIP TO 1.12

1.8 How many charter schools are currently operating in your State?

CHARTER SCHOOLS

1.9 How many of these charter schools currently participate in **both NSLP and SBP** programs?

CHARTER SCHOOLS PARTICIPATING IN BOTH NSLP AND SBP

1.10 How many of these charter schools currently participate in **NSLP program only?**

CHARTER SCHOOLS PARTICIPATING IN NSLP ONLY

1.11 How many of these charter schools currently participate in **SBP program only?**

CHARTER SCHOOLS PARTICIPATING IN SBP ONLY

1.12 How many residential child care institutions (RCCIs) in your State currently participate in the NSLP and/or SBP programs? RCCIs are any distinct part of a public or non-profit private institution which maintains children in residence, operates principally for the care of children, and if private, is licensed by the State or local government to provide residential childcare services under the appropriate licensing code. Please include RCCIs with *and* without schools on location.

IF NONE, PLEASE ENTER 0.

RCCIs PARTICIPATING IN NSLP AND/OR SBP

2. SUBSIDIES, RESOURCES, AND FUNDING

The following questions are about subsidies and resources your State provides to SFAs.

2.1 Does your State provide subsidies for breakfasts to SFAs?

- Yes..... 1
 No..... 2 SKIP TO 2.4

2.2 Which of the following subsidies does your State provide to SFAs for breakfasts?

SELECT ALL THAT APPLY

- Per-meal reimbursement
.....
1
.....
- Annual lump sum
.....
2
.....
- Supplement to cover specific costs
.....
3
.....
- Amount based on a percentage of low-income students
.....
4
.....
- Other (specify)
.....
99
.....

Specify (STRING (NUM))

2.3 What was the total dollar amount of subsidies given to all SFAs in your State for breakfast during school year (SY) 2015-2016?

.00 DOLLAR AMOUNT OF SUBSIDIES

2.4 Does your State provide subsidies for lunches to SFAs?

- Yes..... 1
 No..... 2 SKIP TO 2.7

2.5 Which of the following subsidies does your State provide to SFAs for lunches?

SELECT ALL THAT APPLY

- Per-meal reimbursement
.....
1
.....
- Annual lump sum

.....
2
.....

Supplement to cover specific costs

.....
3
.....

Amount based on a percentage of low-income students

.....
4
.....

Other (specify)

.....
99
.....

Specify (STRING (NUM))

2.6 What was the total dollar amount of subsidies given to all SFAs in your State for lunches during school year (SY) 2015-2016?

.00 DOLLAR AMOUNT OF SUBSIDIES

2.7 Does your State provide financial or personnel support to SFAs for any of the following school food service operations?

Select one per row

YES	NO
-----	----

a. Preparation of reimbursable meals	1 <input type="radio"/>	2 <input type="radio"/>
b. Preparation of non-reimbursable meals	1 <input type="radio"/>	2 <input type="radio"/>
c. Equipment	1 <input type="radio"/>	2 <input type="radio"/>
d. Preparing claims	1 <input type="radio"/>	2 <input type="radio"/>
e. Storage	1 <input type="radio"/>	2 <input type="radio"/>
f. Contracted services	1 <input type="radio"/>	2 <input type="radio"/>
g. Overhead/indirect costs	1 <input type="radio"/>	2 <input type="radio"/>
h. Other (Specify)	1 <input type="radio"/>	2 <input type="radio"/>
<input type="text"/>	(STRING (NUM))	

The next questions ask about staff who are responsible for monitoring school meal operations. School meal operations include the school breakfast and lunch program, summer meals programs, and CACFP. While your State should ultimately define the activities that are related to monitoring, some of these activities may include (but are not limited to) program compliance, technical assistance and training.

2.8a. How many State agency staff engage in any monitoring activities for school meal operations? Please include any staff who monitor school meal operations regardless of whether or not this is their main responsibility.

NUMBER OF STATE STAFF

2.8b. Of these [FILL NUMBER] State agency staff, how many of them spend half of their time or more monitoring school meal operations?

NUMBER OF STATE STAFF WHO SPEND MORE THAN HALF OF THEIR TIME MONITORING

2.8c. On average, what percentage of their total hours worked is devoted to monitoring school meal operations? Please provide your best estimate.

PERCENTAGE OF TOTAL HOURS WORKED

2.9 Is State agency staffing for monitoring program operations adequate?

- Yes.....1
- No.....2

The following questions are about State Administrative Expense (SAE) funds your State received during Federal Fiscal Year (FY) 2016 (October 1, 2015 to September 30, 2016). SAE funds are Federal funds that USDA provides to State agencies to administer Child Nutrition programs.

2.10 Has your State fully obligated (that is, received and committed) FY 2016 SAE funds that will expire September 30, 2017? SAE funds are available for use by the State agency for two FYs.

- Yes..... 1
- No..... 2

2.11 Were any of the following challenges to your State’s ability to fully obligate all FY 2016 SAE funds?

Select one per row

YES	NO
-----	----

a. State policy	1 <input type="radio"/>	2 <input type="radio"/>
b. Governor’s mandates	1 <input type="radio"/>	2 <input type="radio"/>
c. State legislation	1 <input type="radio"/>	2 <input type="radio"/>
d. Union agreements	1 <input type="radio"/>	2 <input type="radio"/>
e. Hiring freezes	1 <input type="radio"/>	2 <input type="radio"/>
f. Work furloughs	1 <input type="radio"/>	2 <input type="radio"/>
g. Travel restrictions	1 <input type="radio"/>	2 <input type="radio"/>
h. Work shutdowns	1 <input type="radio"/>	2 <input type="radio"/>
i. Other (<i>Specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>
<input type="text"/>	(STRING (NUM))	

2.12 Did your State obligate any of the SAE funds to improve the USDA Foods program’s operations?

- Yes..... 1
- No..... 2 SKIP TO 2.14
- Not Applicable..... n SKIP TO 2.14

2.13 How did your State obligate SAE funds to improve the USDA Foods program's operations?

SELECT ALL THAT APPLY

- USDA Foods storage
.....
1
.....
- USDA Foods distribution
.....
2
.....
- Staff skills to administer USDA Foods (for example, training)
.....
3
.....
- Salaries or fringe benefits for staff administering USDA Foods
.....
4
.....
- Other (specify)
.....
99
.....

Specify (STRING (NUM))

The next few questions are about reallocation of SAE funds. Reallocation pertains to requesting additional SAE funds above the initial authorized funding level or returning unneeded funds.

2.14. Did your State request additional SAE funds above the initial authorized level?

- Yes.....1 SKIP TO 2.16
- No.....2

2.15 What was the primary reason your State did not request SAE funding reallocation?

SELECT ONE ONLY

- Requesting reallocated funds would exceed the 20 percent carryover limitation.....1
- Did not have eligible projects or activities to fund.....2
- Would have been unable to spend reallocated funds in the specified time limit...3
- Reallocation request process was too burdensome.....4
- Alternate funding sources were available.....5
- Reallocation reporting process was too burdensome.....6
- Other (specify)
.....
99
.....

Specify (STRING (NUM))

2.16 Did your State return any unneeded SAE funds?

- Yes.....1
- No.....2

2.17 Is your State currently using contracted staff for any of the following functions?

Select one per row

YES	NO
-----	----

a. Training/Technical assistance

1 2

b. Monitoring

1 2

c. Nutrition education

1 2

d. 6-cent certification

1 2

e. Nutrient analysis

1 2

f. Claims processing

1 2

h. Other (*Specify*)

1 2

(STRING (NUM))

3. SFA PROCUREMENT PRACTICES

The following questions are about food service management companies (FSMCs), cooperative purchasing agreements, and other procurement practices.

3.1 In your State, how many SFAs are using FSMCs? If none, enter 0.

SFAs

If none of the SFAs in your State are using FSMCs then SKIP TO 3.4.

3.2 How many of these SFAs are using one of the following national FSMCs (that is, operating within states from several regions)?

IF NONE, PLEASE ENTER 0.

	SFAS
a. Sodexo	<input type="text"/>
b. Chartwells	<input type="text"/>
c. Aramark	<input type="text"/>
d. Preferred Meal Systems	<input type="text"/>
e. Other national FSMC (<i>Specify</i>)	<input type="text"/>
<input type="text"/> (STRING (NUM))	
f. Other national FSMC (<i>Specify</i>)	<input type="text"/>
<input type="text"/> (STRING (NUM))	

3.3 How many SFAs are using regional FSMCs (that is, operating within states from a single region)? If none, enter 0.

SFAs

3.4 How many SFAs are using local FSMCs (that is, within your State)? If none, enter 0.

SFAs

3.5 Have all SFAs in your State received procurement training in SY 2016-2017 for any of the following contract types, agreements, or solicitation types?

SELECT ALL THAT APPLY

- FSMC contracts (fixed-price and cost-reimbursable).....1
 - Cooperative purchasing agreements (for a group with SFAs only).....2
 - Group Purchasing Organization (GPO) contracts (for a group with SFAs and a third party provider)..... 3
 - Small purchase procedures.....4
 - Micro-purchases..... 5
 - Sealed bids.....6
 - Competitive proposals.....7
 - Other (*Specify*)
.....
99
.....
- Specify (STRING (NUM))
- SFAs have not received procurement training on any agreement or contract types.....6

The next set of questions are about your State’s contract monitoring procedures, the frequency with which your State reviews SFA procurement contracts and agreements, whether your State has prototype documents or models for these contracts or agreements, and contract elements for which SFAs are required to use the prototype documents or models.

Examples of goods and services include food, equipment, and supplies purchased for use in the production of school meals, or personnel hired to serve school meals. By school meals, we mean the meals provided under the School Breakfast Program (SBP), the National School Lunch Program (NSLP), the Child and Adult Care Feeding Program (CACFP), and summer meals provided in summer through the Seamless Summer Option (SSO) and/or the Summer Food Service Program (SFSP).

3.6 Does [FILL WITH SFA’S STATE] have State-level policies on SFA procurement of goods and services?

- Yes..... 1
- No..... 2

3.6a In addition to reviewing FSMC contracts, does your State monitor SFA policies and/or practices, through contract review or other methods, as they relate to procurement of goods and services used for school meals?

- Yes..... 1
- No..... 2

3.7 Please indicate whether your State reviews all, some, or none of the SFA contracts listed in the table below.

Select one per row

	ALL	SOME	NONE	N/A
a. FSMCs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	n <input type="radio"/>
b. Cooperative Purchasing Agreements (for a group with SFAs only)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	n <input type="radio"/>
c. Group Purchasing Organizations (GPOs) (for a group with SFAs and a third party provider)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	n <input type="radio"/>

Continue to 3.8 if you selected “some” for FSMCs, Cooperative Purchasing Agreements or Group Purchasing Organizations (GPOs). Otherwise, skip to 3.9.

3.8 In the table below, please indicate under which circumstances your State reviews SFA contracts prior to their execution. Only select a response for the contract types for which your State reviews some of the contracts (please refer to your answer in Q3.7).

Select all that apply

	CONTRACT TYPE		
	FSMCs	Cooperative Purchasing Agreements	Group Purchasing Organizations
a. Dollar value of contract	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. SFA history	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. New vendor	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. New FSMC, co-op, or GPO	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Length of contract term	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Contract types (e.g. cost-reimbursable, fixed-price contracts)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Scope of services, including changes in programs operated	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Replacement, improvement, or investment in equipment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Reporting requirements in the contract	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Other method (<i>Specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<input type="text"/>			

(STRING (NUM))

3.9 How often does your State review SFA FSMC contracts that include the procurement of goods and services for school meals?

SELECT ONE ONLY

- More than once a year..... 1
- Once a year..... 2
- Less than once a year..... 3
- Never..... 4

3.10 Does your State have a prototype procurement document or model contract that SFAs can use for FSMC contracts?

SELECT ONE ONLY

- Yes, and use is required under all circumstances..... 1 SKIP TO 3.12
- Yes, and use is required under some circumstances..... 2
- Yes, but use is not required..... 3 SKIP TO 3.12
- No..... 4 SKIP TO 3.12

3.11 For which contract elements are SFAs required to use the prototype procurement document or model contract for FSMC contracts?

SELECT ALL THAT APPLY

- Dollar value of contract..... 1
- SFA history..... 2
- New vendor..... 3
- Length of contract term..... 4
- Potential co-op size..... 5
- Contract types (e.g. cost-reimbursable, fixed-price contracts)..... 6
- Scope of services..... 7
- Reporting requirements..... 8
- If FSMC replaces, improves, or invests in equipment..... 9
- Other (*Specify*)
.....
99
.....

Specify (STRING (NUM))

The next questions are about your State's monitoring of SFA small purchases for the procurement of goods and services for school meals.

3.12 What is your State's small purchase threshold?

ENTER DOLLAR AMOUNT

3.13 Does your State review SFA small purchases?

- Yes..... 1
- No..... 2 SKIP TO 3.19

3.14 How often does your State review SFA small purchases?

SELECT ONE ONLY

- More than once a year.....1
- Once a year.....2
- Less than once a year.....3

3.15 Does your State review all or some of the small purchases made by SFAs?

SELECT ONE ONLY

- Yes, all are reviewed.....1 SKIP TO 3.19
- Yes, some are reviewed.....2

3.16 Which elements of SFA small purchases does your State review?

SELECT ALL THAT APPLY

- Name of vendor.....1
- Goods/services provided.....2
- Dollar value paid to vendor.....3
- Number of purchases made from vendor during school year.....4
- Involvement of a purchasing group in the small purchase.....5
- If more than one bidder responded to solicitation.....6
- Equitable distribution among qualified vendors.....7
- Documentation to support why a lower-priced bid wasn't chosen.....8
- If contract cost splitting occurred to avoid a formal contract.....9
- Other (*Specify*)
.....
99
.....

Specify (STRING (NUM))

3.17 Does your State have a prototype procurement document or model solicitation that SFAs can use for small purchases?

SELECT ONE ONLY

- Yes, and use is required under all circumstances.....1 SKIP TO 3.19
- Yes, and use is required under some circumstances.....2
- Yes, but use is not required.....3 SKIP TO 3.19
- No.....0 SKIP TO 3.19

3.18 For which elements are SFAs required to use the prototype procurement document or model solicitation for small purchases?

SELECT ALL THAT APPLY

- Name of vendor..... 1
- Goods/services provided..... 2
- Dollar value paid to vendor..... 3
- Number of purchases made from vendor during school year..... 4
- Involvement of a purchasing group in the small purchase..... 5
- If more than one bidder responded to solicitation..... 6
- Equitable distribution among qualified vendors..... 7
- Documentation to support why a lower-priced bid wasn't chosen..... 8
- If contract cost splitting occurred to avoid a formal contract..... 9
- Other (*Specify*)..... 99

Specify (STRING (NUM))

The next questions are about your State's monitoring of SFA micro-purchases for the procurement of goods and services for school meals.

3.19 What is your State's micro-purchases threshold?

Enter Dollar Amount

- Uses the Federal threshold of \$3,500..... 1

3.20 Does your State review all SFA micro-purchases after the fact?

- Yes..... 1
- No..... 2 SKIP TO 3.22

3.21 Which elements of SFA micro-purchases does your State review?

SELECT ALL THAT APPLY

- Name of vendor..... 1
- Goods/services provided..... 2
- Dollar value paid to vendor..... 3
- Number of purchases made from vendor during school year..... 4
- Involvement of a purchasing group in the small purchase..... 5
- Equitable distribution among qualified vendors..... 6
- Documentation to support why micro-purchasing was used..... 7
- If contract cost splitting occurred to avoid a formal contract..... 8
- Other (*Specify*)..... 99

Specify (STRING (NUM))

The next questions are about your State's monitoring of SFA contracts with commercial food processors to convert raw/bulk USDA Foods into selected processed end products.

- 3.22 Does your State review SFA contracts with any commercial food processors?**
- Yes..... 1
 - No..... 2 SKIP TO 3.26

- 3.23 How often does your State review SFA contracts with commercial food processors?**
SELECT ONE ONLY

- More than once a year..... 1
- Once a year..... 2
- Less than once a year..... 3

- 3.24 Does your State review SFA contracts with commercial food processors?**
SELECT ONE ONLY

- Yes, all are reviewed..... 1 SKIP TO 3.26
- Yes, some are reviewed..... 2
- No..... 0 SKIP TO 3.26

- 3.25 Which elements of SFA contracts with commercial food processors does your State review?**
SELECT ALL THAT APPLY

- Dollar value of contract..... 1
- SFA history..... 2
- New vendor..... 3
- Length of contract term..... 4
- Contract type (e.g. cost-reimbursable, fixed-price contracts)..... 5
- Scope of services..... 6
- Reporting requirements in the contract..... 7

The next questions are about your State's monitoring of SFA contracts with commercial distributors to sell end products of processed USDA Foods and commercial foods.

- 3.26 Does your State review SFA contracts with any commercial distributors?**
- Yes..... 1
 - No..... 2 SKIP TO NEXT SECTION

- 3.27 How often does your State review SFA contracts with commercial distributors?**
SELECT ONE ONLY

- More than once a year..... 1
- Once a year..... 2
- Less than once a year..... 3

3.28 Does your State review SFA contracts with commercial distributors?

SELECT ONE ONLY

- Yes, all are reviewed.....1 SKIP TO NEXT SECTION
- Yes, some are reviewed.....2
- No.....0 SKIP TO NEXT SECTION

3.29 Which elements of SFA contracts with commercial distributors does your State review?

SELECT ALL THAT APPLY

- Dollar value of contract.....1
- SFA history.....2
- New vendor.....3
- Length of contract term.....4
- Contract type (e.g. cost-reimbursable, fixed-price contracts).....5
- Scope of services.....6
- Reporting requirements in the contract.....7

3.30. Is there anything you would like FNS to know about how procurement is being implemented by SFAs in your State? (*Please describe*)

Specify (STRING (NUM))

4. THE FREE AND REDUCED PRICE MEAL APPLICATION

The next few questions are about your State's prototype application for free and reduced price (F/RP) meals. This section begins with questions about your State's hard copy application form and then follows with questions about materials your State may provide to accompany the hard copy form (i.e. instructions, letters, FAQs, and any other information),

4.1a. Does your State agency have a policy in place governing the use of your State's hard copy F/RP meal application?

- Yes..... 1
- No..... 2 SKIP TO 4.2

4.1b. Which of the following describes your State's policy for SFA use of the State's hard copy F/RP meal application?

SELECT ONE ONLY

- Our State endorses or encourages the use of the State F/RP meal application..... 1 SKIP TO 4.2
- Our State requires some SFAs to use the State F/RP meal application..... 2
- Our State requires all SFAs to use the State F/RP meal application, no modifications allowed..... 3 SKIP TO 4.2
- Our State requires all SFAs use the State F/RP meal application, with State-approved modifications..... 4 SKIP TO 4.2
- Other (*Specify*)..... 99 SKIP TO 4.2

Specify (STRING (NUM))

4.1c. What criteria determine that an SFA is required to use your State's hard copy F/RP meal application?

Specify (STRING (NUM))

4.2. Is your State agency's hard copy prototype application identical to the *USDA Prototype Application for Free and Reduced Price School Meals*? By identical, we mean that your State's Application and the USDA Prototype application are exactly the same.

- Yes..... 1 SKIP TO 4.4
- No..... 2

4.2a. Is your State agency's hard copy prototype application closely modeled after the *USDA Prototype Application for Free and Reduced Price School Meals*? By closely modeled, we mean that your State's application draws heavily from the USDA's Prototype Application, but your State has made state-specific changes to the application.

- Yes..... 1
- No..... 2 SKIP TO 4.3

4.2b What elements of your State's hard copy prototype F/RP meal application are different from the *USDA Prototype Application for Free and Reduced Price School Meals*?

SELECT ALL THAT APPLY

- The content.....1 SKIP TO 4.4
 - The formatting.....2 SKIP TO 4.4
 - Other (*Specify*).....99
- Specify (STRING (NUM))

4.3. Whose materials contributed to the design or layout of your State's hard copy prototype F/RP meal application?

SELECT ALL THAT APPLY

- USDA Prototype Application for Free and Reduced Price School Meals*1
 - The State's design/layout.....2
 - State contractor design/layout.....3
 - Other (*Specify*).....99
- Specify (STRING (NUM))
- Don't know.....d

4.4. In which other format(s) is your State's prototype F/RP meal application?

SELECT ALL THAT APPLY OR NONE

- Electronic or web-based application (that is, information is entered and submitted electronically and not printed out for hard copy completion).....1
 - Other (*Specify*).....99 SKIP TO 4.8
- Specify (STRING (NUM))
- None - our State just uses a hard copy prototype F/RP meal application.....0 SKIP TO 4.8

Answer 4.5a,b, c if 4.4 = 1

4.5a. Does your State agency have a policy in place governing the use of your State's electronic or web-based F/RP meal application?

- Yes.....1
- No.....2 SKIP TO 4.8

4.5b. Which of the following describes your State's policy for SFA use of the State's electronic or web-based F/RP meal application?

SELECT ONE ONLY

- Our State endorses or encourages the use of the State F/RP meal application.....1 SKIP TO 4.6a
- Our State requires some SFAs to use the State F/RP meal application.....2
- Our State requires all SFAs to use the State F/RP meal application, no modifications allowed.....3 SKIP TO 4.6a
- Our State requires all SFAs use the State F/RP meal application, with State-approved modifications.....4 SKIP TO 4.6a
- Other (*Specify*).....99 SKIP TO 4.6a

Specify (STRING (NUM))

4.5c. What criteria determine that an SFA is required to use your State's electronic or web-based F/RP meal application?

Specify (STRING (NUM))

The next set of questions is about the design of your State's prototype materials that accompany the F/RP meal application. Examples of accompanying materials include instructions, letters and FAQs, plus other information like charts about family and income size.

4.6a. Does your State agency have a policy in place governing SFAs' use of your State's prototype materials that accompany your State's F/RP meal application?

- Yes..... 1
- No (SFAs may develop or select their own materials to accompany the FR/P meal application).....2 SKIP TO NEXT SECTION

4.6b. Which of the following describes your State's policy governing SFA use of your State's prototype materials that accompany your State's F/RP meal application?

SELECT ONE ONLY

- Our State endorses or encourages the use of some/all materials that accompany our State's F/RP meal application.....1
..... SKIP TO 4.7
- Our State requires some SFAs to use the State F/RP meal application.....2
- Our State requires the use of some/all materials that accompany our State's F/RP meal application, no modifications allowed.....3
.....SKIP TO 4.7
- Our State requires the use of some/all materials that accompany our State's F/RP meal application, State-approved modifications allowed.....4
..... SKIP TO 4.7
- Other (*Specify*).....99
..... SKIP TO 4.7

Specify (STRING (NUM))

4.6c. What criteria determine that an SFA is required to use your State's prototype materials that accompany your State's F/RP meal application?

Specify (STRING (NUM))

4.7. Which of the following prototype materials that accompany your State's F/RP meal application does your State agency issue or endorse?

SELECT ALL THAT APPLY

- Application instructions.....1
- Letter for households.....2
- FAQ for households.....3
- Other communications with households (*Specify*).....99

Specify (STRING (NUM))

IF 4.7=1, ANSWER 4.10. OTHERWISE, SKIP TO 4.12.

4.8. Are your State agency's accompanying application instructions identical to the *USDA Prototype Application for Free and Reduced Price School Meals*? By identical, we mean that your State's instructions and the USDA Prototype instructions are exactly the same.

- Yes..... 1 SKIP TO 4.11
- No..... 2

4.9a. Is your State agency's accompanying application instructions closely modeled after the *USDA Prototype Application for Free and Reduced Price School Meals*? By closely modeled, we mean that your State's application draws heavily from the USDA's Prototype, but your State has added some state-specific components to the instructions.

- Yes..... 1
- No..... 2 SKIP TO 4.10

4.9b. What elements of your State's prototype FIRP meal application instructions are different from the *USDA Prototype Application for Free and Reduced Price School Meals*?

SELECT ALL THAT APPLY

- The content..... 1
- The formatting..... 2
- Other (*Specify*)..... 99

Specify (STRING (NUM))

4.10. Whose materials contributed to the design or layout of the instructions that accompany your State's FIRP meal application?

SELECT ALL THAT APPLY

- USDA Prototype Application for Free and Reduced Price School Meals* 1
- The State's design/layout 2
- State contractor design/layout..... 3
- Other (*Specify*)..... 99

Specify (STRING (NUM))

- Don't know..... d

IF 4.7=2, ANSWER 4.12. OTHERWISE, SKIP TO 4.13.

4.11. Are your State agency's accompanying letter for households identical to the *USDA Prototype Application for Free and Reduced Price School Meals*? By identical, we mean that your State's accompanying letter and the USDA Prototype accompanying letter are exactly the same.

- Yes..... 1 SKIP TO 4.13
- No..... 2

4.11a. Is your State agency's accompanying letter closely modeled after the *USDA Prototype Application for Free and Reduced Price School Meals*? By closely modeled, we mean that your State's accompanying letter draws heavily from the USDA's Prototype accompanying letter, but your State has added some state-specific components to the letter.

- Yes..... 1
- No..... 2 SKIP TO 4.12

4.11b. What elements of your letter that accompanies the State's prototype F/IRP meal application are different from the *USDA Prototype Application for Free and Reduced Price School Meals*?

SELECT ALL THAT APPLY

- The content.....1
- The formatting.....2
- Other (*Specify*).....99

Specify (STRING (NUM))

4.12. Whose materials contributed to the design or layout of the prototype letter that accompanies your State's F/IRP meal application?

SELECT ALL THAT APPLY

- USDA Prototype Application for Free and Reduced Price School Meals*1
- The State's design/layout2
- State contractor design/layout.....3
- Other (*Specify*).....99

Specify (STRING (NUM))

- Don't know.....d

IF 4.7=3, ANSWER 4.13, OTHERWISE SKIP TO 4.15.

4. 13. Are your State agency's FAQs for households identical to the *USDA Prototype Application for Free and Reduced Price School Meals*? By identical, we mean that your State's FAQs for households and the *USDA Prototype* FAQs for households are exactly the same.

- Yes.....1 SKIP TO 4.15
- No.....2

4.13a. Is your State agency's accompanying FAQ for households closely modeled after the *USDA Prototype Application for Free and Reduced Price School Meals*? By closely modeled, we mean that your State's FAQ for households draws heavily from the *USDA's Prototype Application*, but your State has added some state-specific components to the FAQ.

- Yes.....1
- No.....2 SKIP TO 4.14

4.13b. What elements of your State's FAQ for households are different from the *USDA Prototype Application for Free and Reduced Price School Meals*?

SELECT ALL THAT APPLY

- The content.....1
- The formatting.....2
- Other (*Specify*).....99

Specify (STRING (NUM))

4.14. Whose materials contributed to the design or layout of the prototype FAQ for households that accompanies your State's F/IRP meal application?

SELECT ALL THAT APPLY

- USDA *Prototype Application for Free and Reduced Price School Meals*1
 - The State's design/layout 2
 - State contractor design/layout..... 3
 - Other (*Specify*)..... 99
- Specify (STRING (NUM))
- Don't know..... d

IF 4.7=99, ANSWER 4.15, OTHERWISE GO TO NEXT SECTION.

4.15. Whose materials contributed to the design or layout of other prototype communications that accompany your SFA's primary F/IRP meal application?

SELECT ALL THAT APPLY

- USDA *Prototype Application for Free and Reduced Price School Meals*1
 - The State's design/layout 2
 - State contractor design/layout..... 3
 - Other (*Specify*)..... 99
- Specify (STRING (NUM))
- Don't know..... d

5. USDA Grants

The next set of questions asks about Team Nutrition Training Grants, which have funded State agencies to establish or enhance sustainable infrastructures for implementing Team Nutrition's goal of improving children's lifelong eating and physical activity habits since 1994.

5.1 Have you heard about Team Nutrition Training Grants before now?

- Yes..... 1
 No..... 2 SKIP TO 5.6

5.2 Has your State ever received a Team Nutrition Training Grant?

- Yes..... 1
 No..... 2 SKIP TO 5.4
 Don't know..... d SKIP TO 5.4

5.3 What is the date of your State's most recent Team Nutrition Training Grant award?

AWARD DATE
MONTH YEAR

- Don't know..... d

5.4 Has your State encouraged schools to become Team Nutrition schools?

- Yes..... 1
 No..... 2 SKIP TO 5.6

5.5 What communication channels has your State used to encourage schools to become Team Nutrition schools?

SELECT ALL THAT APPLY

- Mailings..... 1
 Emails..... 2
 Newsletters..... 3
 Social media (Facebook, Twitter, YouTube)..... 4
 Posting information on your State's website..... 5
 Webinars and/or trainings..... 6
 Meetings with key school staff, such as nurses and physical education teachers..... 7
 Other (*Specify*)..... 99

Specify (STRING (NUM))

NO RESPONSE..... M

The next set of questions asks about the Administrative Review and Training (ART) Grants, which help State agencies to identify, review, monitor and train LEAs with high levels (or high risk) of school meal program administrative error. ART Grants may be for planning or implementation.

- 5.6 Have you heard about ART Grants before now?**
- Yes..... 1
 - No..... 2 SKIP TO 5.11

- 5.7 Has your State ever received funding from an ART Planning Grant?**
- Yes..... 1
 - No..... 2 SKIP TO 5.9
 - Don't know..... d SKIP TO 5.9

- 5.8 What is the date of your State's most recent ART Planning Grant award?**
- AWARD DATE
 MONTH YEAR
- Don't know..... d

- 5.9 Has your State ever received funding for an ART Implementation Grant?**
- Yes..... 1
 - No..... 2 SKIP TO 5.11
 - Don't know..... d SKIP TO 5.11

- 5.10 What is the date of your State's most recent ART Implementation Grant award?**
- AWARD DATE
 MONTH YEAR
- Don't know..... d

The next set of questions asks about the Direct Certification Improvement Grant, which funds State agencies as they plan and implement direct certification improvement projects. These projects help States reach and maintain the direct certification rate benchmarks mandated by the Healthy Hunger-Free Kids Act (HHFKA) of 2010. Direct Certification Improvement Grants may be Tier 1 (Limited Scope Planning and Implementation) or Tier 2 (Full-Scope Implementation) Grants.

- 5.11 Have you heard about the Direct Certification Improvement Grant before now?**
- Yes..... 1
 - No..... 2 SKIP TO NEXT SECTION

- 5.12 Has your State ever received a Direct Certification Improvement Tier 1 Limited Scope Planning and Implementation Grant?**
- Yes..... 1
 - No..... 2 SKIP TO 5.14
 - Don't know..... d SKIP TO 5.14

5.13 **What is the date of your State's most recent Direct Certification Improvement Tier 1 Limited Scope Planning and Implementation Grant award?**

AWARD DATE

MONTH YEAR

Don't know.....d

5.14 **Has your State ever received a Direct Certification Improvement Tier 2 Full-Scope Implementation Grant?**

Yes.....1

No.....2 SKIP TO NEXT SECTION

Don't know.....d SKIP TO NEXT SECTION

5.15 **What is the date of your State's most recent Direct Certification Improvement Tier 2 Full-Scope Implementation Grant award?**

AWARD DATE

MONTH YEAR

Don't know.....d

6. STATE CHILD NUTRITION DIRECTOR BACKGROUND

This section asks about the background of the current State Child Nutrition Director. If you are responding on behalf of the State Child Nutrition Director, please obtain the information from the State Child Nutrition Director and enter it here.

6.1 How would you describe your role as State Child Nutrition Director?

SELECT ALL THAT APPLY

- I am the State director of school nutrition programs
.....
1
.....
- I am the State director of food distribution programs
.....
2
.....
- I am an interim State director.....3
- Other (*Specify*)
.....
99
.....

Specify (STRING (NUM))

6.2 In what month and year did you start your position as the State Child Nutrition Director?

MONTH YEAR

6.3 Prior to your position as the State Child Nutrition Director, how much experience did you have in institutional food service operations, management, business, and/or nutrition education?

Please enter the number of years and months of experience below. For example, if you have two years of prior experience, enter 2 years and 0 months

AND
YEARS MONTHS

6.4 What is the highest level of education you completed?

SELECT ONE ONLY

- Less than high school
.....
1
.....
SKIP TO 6.6
- High school (or GED)
.....
2

.....
SKIP TO 6.6

- Some college, no degree

.....
3
.....

.....
SKIP TO 6.6

- Associate's degree

.....
4
.....

- Bachelor's degree

.....
5
.....

- Master's degree

.....
6
.....

- Graduate credits beyond a Master's degree but no degree

.....
7
.....

- Doctorate

.....
8
.....

6.5 What was your major in college?

SELECT ONE ONLY

- Food and Nutrition
.....
1
.....
- Foodservice Administration/Management
.....
2
.....
- Family and Consumer Sciences
.....
3
.....
- Dietetics
.....
4
.....
- Culinary Arts
.....
5
.....
- Nutrition Education
.....
6
.....
- Business
.....
7
.....
- Other (*Specify*)
.....
99
.....

Specify (STRING (NUM))

6.6 What is the current minimum education requirement for the Child Nutrition Director position in your State?

SELECT ONE ONLY

- High school diploma (or GED)
.....
1
.....
SKIP TO SURVEY

- Some college, no degree

VERIFICATION SCREEN

.....
2
.....

Associate's degree

.....
3
.....

Bachelor's degree

.....
4
.....

Graduate degree

.....
5
.....

6.7 What types of college majors are currently accepted for the Child Nutrition Director position in your State?

SELECT ALL THAT APPLY

Food and Nutrition

.....
1
.....

Foodservice Administration/Management

.....
2
.....

Family and Consumer Sciences

.....
3
.....

Dietetics

.....
4
.....

Culinary Arts

.....
5
.....

Nutrition Education

.....
6
.....

Business

.....
7
.....

Other (*Specify*)

.....
8
.....

Specify (STRING (NUM))

Other (*Specify*)
.....

9
.....

Specify (STRING (NUM))

Other (*Specify*)
.....

10
.....

Specify (STRING (NUM))

SURVEY SECTION VERIFICATION SCREEN

Are you ready to complete?

Please review the list below. A check next to the survey section indicates that you have viewed all of the questions in the section.

Before you click "Submit" please make sure you have completed all sections of the survey. You can click the section links below to navigate back into the survey. Once you click the "Submit" button you will not be able to edit your survey.

Submit (Button)

THANK YOU SCREEN

Thank you for completing this survey! If you have any questions about this survey, please email support@2mresearch.com or call toll-free at 865.464.7738.