

**G11. SFA FOLLOW-UP WEB SURVEY (GROUP 3 & FULL AND LIMITED
OUTLYING AREAS)**

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**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
SFA Follow-up Web Survey**



INTRODUCTION

FNS has contracted with Mathematica Policy Research, Insight Policy Research, Decision Information Resources, and Agralytica to conduct the School Nutrition and Meal Cost Study-II (SNMCS-II) for school year 2019–2020.

Your participation is vital to informing future policies for school meals to ensure the meals contribute to a healthy future for all children.

[GROUP 3: This important study will (1) describe the food and nutritional quality of school meals and afterschool snacks, (2) update information on the school food environment and food service policies and practices, (3) estimate the cost to produce school meals and snacks, and (4) collect information about student participation, satisfaction, and dietary intake. Having updated information about the school meals programs will help States, SFAs, and schools better serve students.]

[OACS: This important study will estimate the cost to produce school meals in your [State/Territory].]

All information gathered for this study is for research purposes only and will not affect meal reimbursements to participating schools or school meal program benefits of participating households. All information will be kept private under the Privacy Act to the extent allowed by law.

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-xxxx. The time required to complete this information collection is estimated to average 30 minutes per response for SFA directors and 7 minutes per response for FSMC respondents, 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

PART 1 – RESPONDENT INFORMATION

1. What is your name, job title, telephone number, and email address?

Name: _____

Job title: _____

Telephone Number: _____

E-mail: _____

[IF FSMC, SKIP TO Q20]

PART 2 – SY 2019-2020 OPERATIONS DATA

2. How many SBP breakfasts, NSLP lunches, and NSLP afterschool snacks were claimed in SY 2019-2020 for this SFA overall, by school type (elementary, middle, and high), and for each study school listed below?

Note: Report the number of meals claimed for reimbursement during SY 2019-2020 even if your SFA uses claiming percentages or a blended rate for NSLP and SBP.

Use the following definitions for elementary, middle, and high schools:

- **Elementary schools** are schools where the lowest grade is K-3 or where the highest grade is ungraded or lower than 8.
- **Middle schools** are schools where the grade span is from grades 4 or 5 to grades 8 or higher and those serving only grades in the range 6–9.
- **High schools** are schools where the lowest grade is 6 or higher and where the highest grade is 10 or higher.

LEVEL	SBP BREAKFASTS	NSLP LUNCHES	NSLP AFTERSCHOOL SNACKS
SFA total (all grades and schools)	<input type="text"/>	<input type="text"/>	<input type="text"/>
SFA Total (elementary schools)	<input type="text"/>	<input type="text"/>	
SFA Total (middle schools)	<input type="text"/>	<input type="text"/>	
SFA Total (high schools)	<input type="text"/>	<input type="text"/>	
ONLY FOR THE STUDY SCHOOLS:			
Sample school 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample school 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample school 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample school 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample school 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample school 6	<input type="text"/>	<input type="text"/>	<input type="text"/>

[IF G3 OR FULL OA, SKIP TO Q3]

2a. Did this SFA serve meals to food service employees or other adults during the school year?

Yes

.....
1
.....

No

.....
0
.....

(GO TO 3)

2b. How many meals did this SFA serve to food service employees or other adults during SY 2019-2020?

NO. OF ADULT BREAKFASTS SERVED

NO. OF ADULT LUNCHESES SERVED

Don't know

.....
d

3. Was this SFA a Summer Food Service Program sponsor during SY 2019-2020? *The Summer Food Service Program (SFSP) is also known as the Summer Meals Program.*

Yes

.....
1
.....

(GO TO 4)

No

.....
2
.....

(GO TO 6)

Refused

.....
3
.....

(GO TO 6)

Don't know

.....
d
.....

(GO TO 6)

4. In how many sites did this SFA operate the SFSP?

NO. OF SUMMER FOOD SERVICE PROGRAM SITES

Don't know

.....
d

5. How many breakfasts, lunches, suppers, and snacks did this SFA serve through the SFSP during SY 2019-2020? For example, if the school year started on July 1, 2019, do not count summer meals served in May or June 2019. Enter 0 if none/not applicable.

NO. OF SUMMER FOOD SERVICE PROGRAM BREAKFASTS

NO. OF SUMMER FOOD SERVICE PROGRAM LUNCHESES

NO. OF SUMMER FOOD SERVICE PROGRAM SUPPERS

NO. OF SUMMER FOOD SERVICE PROGRAM SNACKS

Don't know

.....
d

[IF G3 OR FULL OA, SKIP TO Q6]

5a. Did this SFA participate in the Child and Adult Care Food Program (CACFP) during SY 2019-2020?

Yes

.....
1
.....

No

.....
0
.....
(GO TO 6)

5b. How many CACFP snacks and suppers did this SFA serve during SY 2019-2020?

NO. OF CACFP SNACKS SERVED

NO. OF CACFP SUPPERS SERVED

Don't know

.....
d

6. Did the number of days the SBP and NSLP operated in this SFA in SY 2019-2020 vary by school?

Yes

.....
1
.....
(GO TO 8)

No

.....
0

7. How many days did the SBP and NSLP operate in this SFA in SY 2019-2020?

SBP OPERATING DAYS

NSLP OPERATING DAYS

[GO TO Q9]

8. How many days did the SBP and NSLP operate in this SFA in SY 2019-2020 for each of the following schools?

	SBP OPERATING DAYS	NSLP OPERATING DAYS
[Sample school 1]	<input type="text"/>	<input type="text"/>
[Sample school 2]	<input type="text"/>	<input type="text"/>
[Sample school 3]	<input type="text"/>	<input type="text"/>
[Sample school 4]	<input type="text"/>	<input type="text"/>
[Sample school 5]	<input type="text"/>	<input type="text"/>
[Sample school 6]	<input type="text"/>	<input type="text"/>

[IF ENTIRE SFA IS CEP (SFA CEP STATUS=X OR A4=2 IN SFADS), OR IF SFA IS FULL OR LIMITED OA, GO TO Q12.]

9. What did your SFA do for SY 2019-2020 in response to the paid lunch equity provision in the Healthy, Hunger-Free Kids Act of 2010?

		<i>Select one per row</i>	
		YES	NO
a.	Nothing, paid lunch pricing already complied with the provision	1 <input type="radio"/>	0 <input type="radio"/>
b.	Increased paid lunch prices in all schools	1 <input type="radio"/>	0 <input type="radio"/>
c.	Increased paid lunch prices in some schools	1 <input type="radio"/>	0 <input type="radio"/>
d.	Added funds from non-Federal sources to the nonprofit school food service account	1 <input type="radio"/>	0 <input type="radio"/>
e.	Requested an exemption from the paid lunch equity requirement from the State	1 <input type="radio"/>	0 <input type="radio"/>
f.	No action was taken	1 <input type="radio"/>	0 <input type="radio"/>
g.	Other (<i>Specify</i>): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	1 <input type="radio"/>	0 <input type="radio"/>

10. Does your SFA use any non-Federal revenue sources to mitigate potential price increases in paid meals?

Yes
.....
1

No
.....
0
.....
GO TO Q12

11. What non-Federal revenue sources were used to mitigate potential price increases in paid meals?

		YES	NO
a.	Per-meal State reimbursement for <i>any</i> paid meals (breakfast, lunch, etc.)	1 <input type="radio"/>	0 <input type="radio"/>
b.	Per-meal reimbursement by local sources for <i>any</i> paid meals	1 <input type="radio"/>	0 <input type="radio"/>
c.	Funds provided by organizations, such as school-related or community groups, for <i>any</i> paid meals	1 <input type="radio"/>	0 <input type="radio"/>
d.	State revenue matching funds that exceed the minimum requirement for paid lunches	1 <input type="radio"/>	0 <input type="radio"/>
e.	Share of direct payments made from school district funds to support meal services attributable to <i>any</i> paid meals (for example, pro rata share of general funds used to support meal service)	1 <input type="radio"/>	0 <input type="radio"/>

f. Other (*Specify*)

1

0

12. In SY 2019-2020, did this SFA provide any food to school districts or independent schools that are not part of this SFA, such as independent charter or private schools, or other public school districts?

Note: Do not include charter schools that are part of this SFA.

Yes

.....
1

No

.....
0

.....
GO TO Q14

13. What are the names of the school districts or independent schools that this SFA provided meals to in SY 2019-2020? How many NSLP lunches, NSLP afterschool snacks, and SBP breakfasts were provided to each entity? Were the reimbursable meals vended to another district/school claimed by the district/school, or was there another payment arrangement?

Note: Do not include charter schools that are part of this SFA.

NAME OF DISTRICT/SCHOOL	MEALS PROVIDED IN SY 2019-2020			PAYMENT ARRANGEMENT		
	NSLP LUNCHES	NSLP AFTERSCHOOL SNACKS	SBP BREAKFASTS	VENDED	CLAIMED	OTHER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In SY 2019-2020, did this SFA provide meals for facilities or programs other than schools?

Yes

.....
1

No

.....
0

.....
GO TO Q16

15. In the table below, please identify the number of sites this SFA provided meals to, the annual number of meals produced for this site during the SFA's 2019-2020 school year, and the annual revenue from those meals during the SFA's SY 2019-2020.

Note: If this SFA does not provide meals to a facility or program that's listed below, enter "0" for the number of sites.

PROGRAMMER BOX

IF ENTER "0" INTO NUMBER OF SITES, GRAY OUT ANNUAL MEALS PRODUCED AND ANNUAL REVENUE FROM MEALS FOR THAT ROW.

TYPE OF FACILITY/PROGRAM	SCHOOL YEAR 2019-2020		
	NUMBER OF SITES	ANNUAL MEALS PRODUCED	ANNUAL REVENUE FROM MEALS
a. Senior citizen's center	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. On-site senior citizen feeding program	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Day care/Head Start	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Meals on Wheels	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other (Specify): <input style="width: 150px; height: 20px;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Other (Specify): <input style="width: 150px; height: 20px;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FFVP Cost Table

16. Did your SFA participate in the Fresh Fruit and Vegetable Program (FFVP) in SY 2019-2020?

- Yes
.....
1
- No
.....
0
.....
GO TO Q20

17. Are you able to provide the SFA's SY 2019-2020 FFVP expenses reported to the State for the full year or some other frequency (for example, quarterly, monthly)?

- Annual
.....
1

- A different frequency

.....
2

18. **What are this SFA’s SY 2019-2020 expenses for the FFVP, as reported to your State? If possible, break out the expenses between food, other operating costs, and administrative costs. Please provide the total food, operating, and administrative costs for the [year/period]. [IF Q17=2: Please first specify what period (e.g., Quarter 1) and then the costs associated with that period. Provide the periodic costs to cover the entirety of SY 2019-2020.]**

Food Cost – Please include the cost of FFVP food only

Other Operating Cost – Please include the cost of purchases of nonfood items like napkins, paper plates, etc. for FFVP, as well as the cost of services such as staff time to prepare and distribute fresh fruits and vegetables, restocking, and cleaning up, for FFVP only.

Administrative Cost – Please include expenses you have for FFVP planning, managing FFVP paperwork, planning menus, ordering produce, nutrition promotion, and any other work not related to the preparation and service of fresh fruits and vegetables. Please include both the cost of staff time for these tasks (including the cost of any fringe benefits), as well as the portion of purchasing or leasing equipment for the Program.

PROGRAMMER BOX

IF ANNUAL EXPENSES (Q17=10), ONLY DISPLAY FIRST LINE.
ELSE DISPLAY UP TO 12 ROWS, OPEN TEXT TO SPECIFY PERIODS

PERIOD (LIST MONTHLY OR QUARTERLY PERIOD IF SY TOTAL NOT AVAILABLE)	FFVP COSTS			
	FOOD COST	OTHER OPERATING COST	ADMINISTRATIVE COST	TOTAL COST
SY 2019-2020 total	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

19. (For SFAs that participated in the FFVP in SY2019-2020) List all of the schools in the SFA that participated in FFVP and the overall average student enrollment (not just students participating in FFVP) in each of the participating schools.

SCHOOL NAME	AVERAGE STUDENT ENROLLMENT
	(SY 2019-2020)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>
12. <input type="text"/>	<input type="text"/>
13. <input type="text"/>	<input type="text"/>
14. <input type="text"/>	<input type="text"/>
15. <input type="text"/>	<input type="text"/>
16. <input type="text"/>	<input type="text"/>
17. <input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>
20. <input type="text"/>	<input type="text"/>

20. **We request that you upload your SFA's SY 2019-2020 statements of food service revenues and expenses, if they are available. These statements may be either part of a report that you submit to the State Child Nutrition Agency or part of the general financial statements for your school district. If you have both types of reports, please submit both. For general financial statements, please provide only the pages that report revenues and expenses for school food service. An unaudited report is acceptable if it is the most current. See details below for the desired information. If you have additional documentation that provides any of the below pieces of information, please submit that as well.**

Expense statement: These are also sometimes called a loss statement. We want to work from the version of your expense statement that has the most detail for SY 2019-2020. We are most interested in the breakdown of expenses among the following categories:

- A. Labor (including salaries and wages, and the employer's share of payroll taxes and employee benefits)
- B. Food, including purchased food, the value of USDA Foods, and processing fees for USDA Foods
- C. Other direct operating costs (including supplies, utilities, rent, and contracted services)
- D. Capital equipment purchases and equipment depreciation
- E. Indirect or overhead costs
- F. Any separate documents that include the change in value of purchased food inventory or USDA Foods over SY 2019-2020

Revenue statement: These are also sometimes called a profit statement. We are most interested in the breakdown of revenues among the following categories:

- A. Student payments for reimbursable meals (preferably separate for NSLP lunches, SBP breakfasts, and NSLP afterschool snacks)
- B. Other sales (student a la carte/extra meals, adult meals, external sales, vending, etc.)
- C. USDA reimbursements (preferably separate for NSLP lunches, SBP breakfasts, NSLP afterschool snacks, CACFP snacks and suppers, and other programs)
- D. State and local government funds
- E. Other revenue (interest, sale of equipment, compensation for loss, sales tax receipts, etc.)

Off-budget documentation: In the on-site cost interview you listed this documentation that will help us understand off-budget costs:

- A. [OFF BUDGET DOCUMENT]
- B. [OFF BUDGET DOCUMENT]
- C. [OFF BUDGET DOCUMENT]

Select all that apply

- Statement(s) of total revenues and expenses for State CN Agency will be uploaded now.....1
- Statement(s) of total food service revenues and expenses from SFA financial statement will be uploaded now.....2
- Statement of school food service revenues and expenses will be available on the following date (your best estimate is fine):.....3

		202__
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MONTH DAY YEAR

Thank you for providing this information for the School Nutrition and Meal Cost Study-II. Please call us toll-free at [NUMBER] if you have any questions about this study.

PROGRAMMER BOX

UPON SUBMITTING THE ABOVE PAGE, DISPLAY THE SFA FOLLOW-UP COST INTERVIEW REFERENCE GUIDE (G14) FOR DOWNLOAD, WITH THE BELOW TEXT.

FOR HARDCOPY SURVEYS, INCLUDE PRINTOUT OF REFERENCE GUIDE IN MAILED PACKET.

The below document will be referenced during your Follow-Up Cost Interview. Please print or otherwise have this document available during your scheduled interview.

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