Enhanced Commodity Supplemental Food Program (CSFP) Food Package Survey

OMB Number: 0584-0611 Expiration Date: 09/30/2022

The Enhanced CSFP Food Package was implemented February 1, 2020. USDA is aware that the initial implementation delay and food availability issues created challenges for many programs. While we understand that these issues may have impacted your program operations initially, we would like you to consider your CURRENT operation and views of the food package changes when answering the questions below. There will be space at the end of the survey to share additional feedback about the overall process.

Information collected in this survey will be used for USDA internal evaluation only and individual responses will not be shared. We plan to use the information to evaluate the successes and challenges of the enhanced CSFP Food Package implementation, as well as to tailor training and technical assistance to better support States and programs in the future. Thank you in advance for taking the time to provide this valuable feedback to USDA!

This information is being collected to assist the Food and Nutrition Service in obtaining feedback related to the Enhanced CSFP Food Package. This is a voluntary collection and FNS will use the information to improve training and technical assistance related to the changes in the food package. The collection does not request personally identifiable information under the Privacy Act of 1974. 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 0584-0611. The time required to complete this information collection is estimated to average 20 minutes (0.33 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. 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, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0611). Do not return the completed form to this address.

Program Background Information

- 1. What type of agency do you work for?
- State agency
- Local site that packs/distributes CSFP food boxes/bags

O	Local site that distributes pre-packaged food boxes/bags
2.	In which state is your agency/program located? (Please spell out the complete name, not an abbreviation.)
3.	What is your fiscal year 2020 caseload level? (States should enter the caseload assigned by USDA and local programs should enter the caseload assigned to your program by the State)
4.	Who places the food orders for your CSFP program?
Q	We order food directly from USDA/multifood warehouses
O	Our state agency orders on our behalf
Q	A food bank/other local agency orders on our behalf
Q	Don't know
5.	How do you receive CSFP foods? (Select all that apply)
	Receive full truckloads of single food items from USDA vendors
	Receive mixed truckloads from the Nampa multifood warehouse
	Receive mixed truckloads from the Kansas City multifood warehouse
	Receive mixed truckloads from the Syracuse multifood warehouse
	Receive deliveries from a State-managed warehouse
	Receive pre-packaged boxes/bags of food delivered to our site
	Don't know
6.	How does your program pack/distribute food boxes/bags? (Select all that apply)
	Pre-pack the same box for each client
	Custom pack boxes based on client preferences/choices
	Pre-pack different box options and allow clients to choose
	Offer a client-choice model (clients select foods within each category)

	Not applicable/I work with a s	State agency					
Enł	nanced CSFP Food Package Fee	dback					
7.	Prior to the implementation o clients/program sites about the		=	-	ou cc	llect	feedback from
Q	Yes, we collected feedback fro	om clients/progr	am sites via survey				
Q	Yes, we collected feedback from	om clients/progr	am sites verbally				
Q	No, we did not collect feedba	ck but plan to do	o so in 2020				
Q	No, we did not collect feedba	ck and do not ha	ave plans to do so				
Q	Don't know						
	On a scale of 1-5 (1= very unsa have received from CLIENTS a clients or do not have client for 1 [] 2 [] 3 [] 4 [] 5 [] Considering feedback received frequently you received this for applicable/not heard" Please	bout the enhand eedback to share d from CLIENTS, eedback. If you c	eed CSFP Food Package, please skip to quest indicate the types of lid not hear feedback	ge. If tion (com abo	you 9. men	do no	ot interact with
		Not applicable/ not heard	1- Received feedback from one or few clients	2	3	4	5- Received feedback from many clients
	Like: new food options/variety	O	Q	Q	Q	Q	C
	Like: the additional amount of food	C	C	Q	Q	Q	C
	Like: Package better meets health needs	C	C	Q	Q	Q	C
	Package provides too much food	Q	C	Q	Q	Q	Q

	Not applicable/ not heard	1- Received feedback from one or few clients	2	3	4	5- Received feedback from many clients
Package does not provide enough food	Q	Q	Q	Q	Q	O
Dislike: new food options	Q	Q	Q	Q	Q	C
Dislike: additional quantity of food (e.g. box is too heavy)	Q	Q	Q	Q	Q	Q
Dislike: Package does not meet health needs	Q	Q	Q	Q	Q	O

10. On a scale of 1-5 (1= very unsatisfied, 5= very satisfied), rate the feedback you have received from State/local agency STAFF about the enhanced CSFP Food Package.
1[] 2[] 3[] 4[] 5[]

11. Considering all feedback received from State/local agency STAFF, indicate the types of comments heard and mark how frequently you received this feedback. If you did not hear feedback about a topic, mark "Not applicable/not heard" Please select a response for each statement.

	Not applicable/not heard	1- Received feedback from one or few clients	2	3	4	5- Received feedback from many clients
Like: There are more food options to choose from	O	Q	Q	Q	Q	Q
Like: Foods no longer have to be distributed bi-monthly (e.g. nonfat dry milk, grits)	C	Q	Q	Q	Q	Q
Like: Package aligns better with nutrition needs of clients	Q	Q	Q	Q	Q	Q

		Not applicable/not heard	1- Received feedback from one or few clients	2	3	4	5- Received feedback from many clients
	Like: Clients are receiving more food each month	Q	Q	Q	Q	Q	O
(Dislike: There are too many food options and that makes it harder to order	Q	Q	Q	Q	Q	C
(I	Dislike: There are too many different combinations and that makes it harder to train volunteers packing boxes	Q	C	Q	Q	0	Q
	Dislike: The food no longer fits nicely in the boxes/bags	Q	Q	Q	Q	Q	C
ļ	Dislike: The boxes are too heavy	Q	Q	Q	Q	Q	Q
	On a scale of 1-5 (1= not enough var tions available through the CSFP Prog		ount of variety), r	ate t	he aı	moui	nt of food
	Please select any food categories in enhance the CSFP program (Select all		e additional food	optic	ons/v	/ariet	ties would help
_	Canned/dried fruit						
	Juice						
	Canned/packaged vegetables and se	oup					
	Canned/packaged meat/poultry/fish						
	Plant-based protein (e.g. beans and peanut butter)						

Milk				
Cheese				
Grains (e.g. rice and pas	sta)			
Cereal				
None. There is enough	variety in all	categories.		
14. Please list any foods not made available.	currently of	fered that you believe wo	ıld enhance the CSFP food pack	cage if
4 b	▲			
15. Please indicate your Star response for each food item		plan for ordering the new	CSFP food options. Please sele	ect a
	Ordered	/distributedPlan to order	n the futureDo not plan to ord	er
Raisins	Q	Ç	Q	
Vegetable Soup	Q	Q	Q	
Dehydrated Potatoes	Q	Q	Q	
Dried lentils	Q	C	O	
Canned kidney beans	Q	C	Q	
Canned pinto beans	Q	C	C	
Canned black beans	Q	Q	Q	

Ordered/distributedPlan to order in the futureDo not plan to order

E	Brown rice	Q	Q	Q		
1	pound white rice	C	C	O		
1	pound dry beans	C	C	O		
	.8 ounce oatmeal canister	C	C	Q		
2	2 pound grits	C	C	Q		
16.	For the fruit category, whic	h option(s) does you	r State/program offer to cl	lients?		
Q	1 juice and 3 units of cannot	ed fruit/raisins				
Q	2 juice and 2 units of cannot	ed fruit/raisins				
Q	Alternate between these options monthly					
Q	Individual sites choose/Don't know					
do	Assuming full availability of you plan to include in the CS orn is considered two differ	SFP Food Package ea	ch month? For example, 4	=		
Q	1-2 different types					
Q	3-4 different types					
Q	5-6 different types					
Q	7-8 different types					
Q	Determined monthly based	d on availability on h	and			
Q	Individual sites choose/Don't know					

	Assuming full availability of all food options, which types of plant-based protein foods do you plan to r clients in the CSFP Food Package during the year (select all that apply)
	Canned Beans
	Dry Beans
	Peanut Butter
	Individual sites choose/Don't know
19. I	For the milk category, which option does your State/program offer clients?
Q	2 Ultra High Temperature (UHT) milk
O	1 UHT and 1 nonfat dry milk
Q	Alternate options monthly
Q	Individual sites choose/Don't know
	Please identify any areas in which your State/program site is currently experiencing challenges eck all that apply):
	Warehouse slots/space needed
	Inventory levels
	Volunteer/staff training
	Amount of time to pack boxes/bags
	Managing ordering/food needs
	Box/bag used does not fit all food items
	Clients are concerned about the weight of the box/bag
	Foods available limit our ability to offer variety
	Reporting issues (e.g. FNS 153)
	Other

21. On a scale of 1-5 (1= not very useful, 5= very useful), rate the training/resources (e.g. webinars, handouts) that were available to support the implementation of the enhanced CSFP Food Package.
1[] 2[] 3[] 4[] 5[]
22. Please select any topic areas in which additional training/resources would be helpful to support your program operations (check all that apply)
Managing food ordering with new category flexibilities
Managing inventory
Caseload management
Understand how USDA Foods move through the system to our program
Nutrition education
Other
23. Please share any additional feedback you have for USDA about the enhanced CSFP Food Package: