

APPENDIX C.1
STATE CHILD NUTRITION DIRECTOR SURVEY 2020-2021



State Agency Child Nutrition Director COVID-19 Waiver Collection School Year 2020–2021

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

The Food and Nutrition Service (FNS) is collecting this information in order to satisfy the congressionally mandated reporting requirements from State agencies on 21 COVID-19 nationwide waivers pursuant to section 2202 of the Families First Coronavirus Response Act (P.L. 116-127). This is a mandatory collection and FNS will use the information to assess how the waivers improved services to children and to inform FNS's planning, policy, and guidance related to state and local meal service operations during future emergency situations and unanticipated school closures. Because the personally identifiable information (PII) requested under this collection will not be used to retrieve survey records or data, requirements of the Privacy Act of 1974 do not apply. Responses will be kept private to the extent provided by law and FNS regulations. 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 3 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 (0584-0607). Do not return the completed form to this address.

Introduction

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica to conduct the School Meals Operations (SMO) Study. This survey is collecting information on the statutory reporting requirements for the nationwide COVID-19 Child Nutrition waivers that FNS authorized from March through September 2020 during the federally declared COVID-19 public health emergency. If your State Agency received individual Child Nutrition waivers to support meal service during COVID-19 closures in early March, please respond considering those waivers as well as the nationwide waivers that were authorized following enactment of the Families First Coronavirus Response Act.

These waivers apply to the following Child Nutrition Programs:

- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Seamless Summer Option (SSO)
- Summer Food Service Program (SFSP)
- Child and Adult Care Food Program (CACFP)*

Federal statute requires each State Agency that oversees these programs to report on:

1. The use of each waiver by the State Agency and local program operators, and
2. A description of whether and how each waiver resulted in improved services to children.

In addition, three waivers have additional reporting requirements. State Agencies must report:

- For the Nationwide Waiver to Extend Area Eligibility Waivers, how new meal sites were selected to serve children who were previously eligible or newly eligible for program benefits due to the economic impacts of COVID-19;
- For the Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children, plans taken to ensure that meals were distributed only to parents or guardians of eligible children and that duplicate meals were not distributed to any child; and
- For the Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs, information on when and where this waiver was in effect and for what food components.

** This study is focused on Child Nutrition Programs and is not collecting information on use of the waivers for CACFP operations in adult day care centers.*

Full participation in the SMO Study will satisfy your State Agency's mandatory reporting requirements for 21 nationwide COVID-19 Child Nutrition waivers.

The final section of this survey includes questions about Child Nutrition Program meal service operations during the COVID-19 pandemic months of March through September 2020. FNS is seeking this information to better understand implementation processes, challenges, and impacts of the waivers to inform future Child Nutrition Program policy, procedures, and guidance. Although FNS provided additional options and flexibilities to feed children from March through September 2020 during the COVID-19 public health emergency, including Pandemic-EBT and the Meals to You public-private partnership, this study is focused on the use and impact of the 21 nationwide COVID-19 Child Nutrition waivers.

The information you provide about yourself and other individuals in your organizations will be kept private to the full extent allowed by law. This means that your personal information will be kept private and not associated with any of your responses about your agencies' operations. The responses you provide about operations may be tabulated by State so that the public will be able to determine how your agency operates within the Child Nutrition Programs.

We thank you in advance for your time and cooperation in this important study. If you have any questions about the study, please email [STUDY EMAIL] or call Mathematica toll-free at [STUDY PHONE LINE].

Waivers

1. [COVID-19: Child Nutrition Response #2: Nationwide Waiver to Allow Non-congregate Feeding in the Child Nutrition Programs](#)
2. [COVID-19: Child Nutrition Response #1: Nationwide Waiver to Allow Meal Service Time Flexibility in the Child Nutrition Programs](#)
3. [COVID-19: Child Nutrition Response #3: Nationwide Waiver of the Activity Requirement in Afterschool Care Child Nutrition Programs](#)
4. [COVID-19: Child Nutrition Response #4: Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](#)
5. [COVID-19: Child Nutrition Response #5: Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children](#)
6. [COVID-19: Child Nutrition Response #6: Nationwide Waiver of Community Eligibility Provision Deadlines in the National School Lunch and School Breakfast Programs](#)
7. [COVID-19: Child Nutrition Response #32: Nationwide Waiver to Extend Area Eligibility Waivers](#)
8. [COVID-19: Child Nutrition Response #12: Nationwide Waiver of 60 Day Reporting Requirements for January and February 2020](#)
9. [COVID-19: Child Nutrition Response #18: Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the NSLP and SFSP](#)
10. [COVID-19: Child Nutrition Response #20: Nationwide Waiver of Annual Review Requirements for State Agencies in the Child and Adult Care Food Program](#)
11. [COVID-19: Child Nutrition Response #7: Nationwide Waiver of Monitoring Requirements for Sponsors in the Child and Adult Care Food Program](#)
12. [COVID-19: Child Nutrition Response #8: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program](#)
13. [COVID-19: Child Nutrition Response #9: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised](#)
14. [COVID-19: Child Nutrition Response #10: Nationwide Waiver of Onsite Monitoring Requirements for Sponsoring Organizations in the Summer Food Service Program](#)
15. [COVID-19: Child Nutrition Response #11: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Summer Food Service Program](#)
16. [COVID-19: Child Nutrition Response #17: Nationwide Waiver of Meal Service Time Restrictions in the Summer Food Service Program and the National School Lunch Program Seamless Summer Option](#)
17. [COVID-19: Child Nutrition Response #16: Nationwide Waiver to Allow Offer Versus Serve Flexibilities in the Summer Food Service Program](#)
18. [COVID-19: Child Nutrition Response #15: Nationwide Waiver to Waive First Week Site Visits in the Summer Food Service Program](#)
19. [COVID-19: Child Nutrition Response #14: Nationwide Waiver to Allow Area Eligibility for Closed Enrolled Sites in SFSP and the NSLP Seamless Summer Option](#)

20. [COVID-19: Child Nutrition Response #19: Nationwide Waiver of Food Service Management Contract Duration in the National School Lunch Program and Summer Food Service Program](#)
21. [COVID-19: Child Nutrition Response #21: Nationwide Waiver to Extend Unanticipated School Closure Operations](#)

In addition, the SMO study will meet the reporting requirements associated with the following waivers, which were applied during March-September 2020:

- Extensions of any nationwide waiver listed above;
- Any statewide waiver under Section 12(l) of the NSLA allowing area eligibility flexibility in the Summer Food Service Program (SFSP) and National School Lunch Program Seamless Summer Option (SSO);
- Any statewide waiver approval under Section 12(l) of the NSLA allowing non-congregate feeding;
- Any statewide waiver approval under Section 12(l) of the NSLA allowing SFSP/SSO operations during unanticipated school closures at school sites that was applied during COVID-19-related closures;
- [COVID-19: Child Nutrition Response #37: Nationwide Waiver to Allow Offer Versus Serve Flexibility for Senior High Schools in the NSLP for SY 2020-21](#); and,
- [COVID-19: Child Nutrition Response #57: Nationwide Waiver to Allow Reimbursement for Meals Served Prior to Notification of Approval and Provide Flexibility for Pre-Approval Visits in the Summer Food Service Program](#).

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.

Please fill in the contact information for the State Child Nutrition Director below:
(Update where necessary)

First Name:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Phone Number: Ext.

Email:

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

First Name:

Last Name:

Title:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Phone Number: Ext.

Email:

Glossary

PROGRAMMER NOTE: INCLUDE A LINK FOR THE GLOSSARY IN LOWER LEFT CORNER OF EVERY PAGE.

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Institutions: Any independent center or sponsoring organization of day care homes or child care centers that enters into an agreement with the State Agency to assume responsibility for CACFP operations.

Local Program Operators: SFAs, sponsors, or institutions that operate NSLP, SBP, SSO, SFSP, or CACFP.

School food authority (SFA): The governing body that has the legal authority to operate a lunch or breakfast program in one or more public or private schools.

Sponsors: A public or private non-profit SFA or another public or private non-profit organization that is approved by the State Agency to participate in the SFSP.

A. Questions for each access waiver

Waiver	NSLP	SBP	SSO	SFSP	CACFP
1. Non-congregate Feeding Nationwide Waiver	X	X	X	X	X
2. Meal Times Nationwide Waiver	X	X	X	X	X
3. Nationwide Afterschool Activity Waiver	X				X
4. Nationwide Meal Pattern Waiver	X	X	X	X	X
5. Nationwide Parent/Guardian Meal Pick-Up Waiver	X	X	X	X	X
7. Area Eligibility Waiver			X	X	
16. Nationwide Waiver of Meal Service Time Restrictions in the SFSP and the NSLP SSO			X	X	
17. Nationwide Waiver to Allow Offer Versus Serve Flexibilities in the SFSP				X	

ALL

A_intro. This section asks about use of the [WAIVER]. Please answer the following questions focusing on use of the waiver from March through September 2020.

WAIVERS 1, 2, 3, 4, 5, 7, 16 (WAIVERS THAT APPLY TO MULTIPLE PROGRAMS- ALL EXCEPT 17)

A1. For which Child Nutrition Programs did local program operators use the [WAIVER]?

Local program operators include School Food Authorities (SFAs), Summer Food Service Program (SFSP) sponsors, or Child and Adult Care Food Program (CACFP) institutions.

[DISPLAY AS HOVER TEXT OVER "SFAs": The governing body that has the legal authority to operate a lunch program in one or more public or private schools.]

[DISPLAY AS HOVER TEXT OVER "Sponsors": A public or private non-profit SFA or another public or private non-profit organization that is approved by the State Agency to participate in the SFSP.]

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

DISPLAY EACH PROGRAM ONLY FOR LISTED WAIVERS.

SELECT ALL THAT APPLY

- [WAIVERS 1, 2, 3, 4, 5] National School Lunch Program.....1
- [WAIVERS 1, 2, 4, 5] School Breakfast Program.....2
- [WAIVERS 1, 2, 4, 5, 7, 16] Seamless Summer Option.....3
- [WAIVERS 1, 2, 4, 5, 7, 16] Summer Food Service Program.....4
- [WAIVERS 1, 2, 3, 4, 5] Child and Adult Care Food Program.....5
- NO RESPONSE.....M

WAIVERS 1, 2, 3, 4, 5
IF ASKED A1: A1=1

A2a. How many SFAs used the [WAIVER] for NSLP anytime between March and September 2020? Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAs

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 1, 2, 4, 5
IF ASKED A1: A1=2

A2b. How many SFAs used the [WAIVER] for SBP anytime between March and September 2020?

Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAS

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 1, 2, 4, 5, 7, 16
IF ASKED A1: A1= 3

A2c. How many SFAs used the [WAIVER] for SSO anytime between March and September 2020?

Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAS

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2

- Don't know- data not collected..... d
- NO RESPONSE..... M

WAIVERS 1, 2, 4, 5, 7, 16, 17

IF ASKED A1: A1= 4

A2d. How many sponsors (including SFAs) used the [WAIVER] for SFSP anytime between March and September 2020?

Please enter the number of sponsors (including SFAs) that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SPONSORS

- Actual number of sponsors, data provided by all sponsors1
- Estimated number of sponsors, data not provided by all sponsors.....2
- Don't know- data not collected..... d
- NO RESPONSE..... M

WAIVERS 1, 2, 3, 4, 5

IF ASKED A1: A1=5

DISPLAY A2e AND A2f ON SAME PAGE.

A2e. How many institutions that operate childcare centers used the [WAIVER] for CACFP anytime between March and September 2020?

Please enter the number of childcare centers that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

NUMBER OF INSTITUTIONS THAT OPERATE CHILDCARE CENTERS

- Actual number of institutions that operate childcare centers, data provided by all childcare centers..... 1
- Estimated number of institutions that operate childcare centers, data not provided by all childcare centers.....2
- Don't know- data not collected..... d
- NO RESPONSE..... M

WAIVERS 1, 2, 3, 4, 5
 IF ASKED A1: A1=5

DISPLAY A2e AND A2f ON SAME PAGE.

A2f. How many institutions that operate family daycare homes used the [WAIVER] for CACFP anytime between March and September 2020?

Please enter the number of family daycare homes that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF INSTITUTIONS THAT OPERATE FAMILY DAYCARE HOMES

- Actual number of institutions that operate family daycare homes, data provided by all family daycare homes.....1
- Estimated number of institutions that operate family daycare homes, data not provided by all family daycare homes.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 1, 2, 3, 4, 5, 7, 16, 17
 IF A2 A, B, C, D, E OR F=D

A3. [IF WAIVERS 1, 2, 3, 4, 5, 7, OR 16, FILL: For each program,] approximately what proportion of local program operators that provided meal service during the federally declared COVID-19 public health emergency used the [WAIVER]?

ONLY DISPLAY PROGRAM IF CORRESPONDING A2 QUESTION=D.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVERS 1, 2, 3, 4, 5, 7, 16, 17

A4. [IF WAIVERS 1, 2, 3, 4, 5, 7, OR 16, FILL: For each program,] approximately what proportion of local program operators that provided meal service during the federally declared COVID-19 public health emergency requested technical assistance with the [WAIVER]?

DISPLAY PROGRAM IF SELECTED IN A1 FOR WAIVERS 1, 2, 3, 4, 5, 7, 16, DISPLAY ONLY SFSP FOR WAIVER 17.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVERS 4 AND 7 (NATIONWIDE MEAL PATTERN WAIVER AND AREA ELIGIBILITY WAIVER)

A5. For which local program operators did your agency provide technical assistance to support compliance with program requirements prior to their implementation of the [WAIVER]?

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

- SFAs for NSLP, SBP, or SSO.....1
- Sponsors for SFSP.....2
- [WAIVER 4 ONLY] Institutions for CACFP.....3
- None- No technical assistance or support provided prior to implementation of waiver.....0
- NO RESPONSE.....M

WAIVERS 4 AND 7 (NATIONWIDE MEAL PATTERN WAIVER AND AREA ELIGIBILITY WAIVER)

A5=1, 2, OR 3

A5a. Please briefly describe the technical assistance or support your agency provided to local program operators prior to their implementation of the [WAIVER].

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A6. States that implemented the *Nationwide Meal Pattern Waiver* are required to report when and where the waiver was in effect and for what food components. Please follow the instructions provided for the administrative data request to submit a file with this information to the SMO secure file transfer site .

If you need assistance accessing the SMO secure file transfer site, please email [STUDY EMAIL] or call toll-free at [STUDY PHONE LINE].

- File submitted.....1 GO TO A7
- Unable to submit file- need assistance accessing secure file transfer site.....2 GO TO A7
- Unable to submit file- data not available.....0 GO TO A8
- NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A6=1

A7. What extent of information on *Nationwide Meal Pattern Waiver* use by local program operators is included in the file?

Select one per row
Extent of information included

	None	Some	All	Don't Know
a. When used	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
b. Where used	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
c. Food components used for	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A6=0

A8. Why are you not able to provide a file with this information?

SELECT ALL THAT APPLY

- Did not collect this information.....1
- Other (*Specify*).....2

NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A6=0

A9. For each program, please indicate which food component requirements local program operators waived with the *Nationwide Meal Pattern Waiver*.

DISPLAY EACH PROGRAM SELECTED IN A1.

Select all that apply

	Grain s	Fruit s	Vegetable s	Meat/ meat alternates	Mil k	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A9 A OR C=2

A10. For each program, please indicate which vegetable subgroup requirements local program operators waived with the *Nationwide Meal Pattern Waiver*.

DISPLAY EACH PROGRAM WHERE A1=2.

Select all that apply

	Dark Green	Red/Orange	Starchy	Legumes	Other	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)
 A6=0 AND MORE THAN ONE COMPONENT SELECTED IN A9A, B, C, D, OR E

A11. Approximately what proportion of local program operators waived requirements for two or more food components in each program with the *Nationwide Meal Pattern Waiver*?

DISPLAY EACH PROGRAM SELECTED IN A1.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)
 A1=1

A12a. For SFAs that used the *Nationwide Meal Pattern Waiver* for NSLP, approximately what proportion implemented it in the following ways?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Component requirements were waived primarily in the early months of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Component requirements waived changed over the course of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Component requirements were waived for the entirety of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A1=2

A12b. For SFAs that used the *Nationwide Meal Pattern Waiver* for SBP, approximately what proportion implemented it in the following ways?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Component requirements were waived primarily in the early months of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Component requirements waived changed over the course of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Component requirements were waived for the entirety of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A1=3

A12c. For SFAs that used the *Nationwide Meal Pattern Waiver* for SSO, approximately what proportion implemented it in the following ways?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Component requirements were waived primarily in the early months of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Component requirements waived changed over the course of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Component requirements were waived for the entirety of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A1=4

A12d. For sponsors that used the *Nationwide Meal Pattern Waiver* for SFSP, approximately what proportion implemented it in the following ways?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Component requirements were waived primarily in the early months of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Component requirements waived changed over the course of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Component requirements were waived for the entirety of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 4 (NATIONWIDE MEAL PATTERN WAIVER)

A1=5

A12e. For institutions that used the *Nationwide Meal Pattern Waiver* for CACFP, approximately what proportion implemented it in the following ways?

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Component requirements were waived primarily in the early months of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Component requirements waived changed over the course of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Component requirements were waived for the entirety of the pandemic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 1, 2, 4, 5, 7, 16

A1=1, 2, OR 3

A13a. For SFAs that used the [WAIVER], approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for NSLP, SBP or SSO?

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Select one per row

Proportion of local program operators

None	Less than half	About half	More than half	All	Don't Know
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Meal delivery methods

a. Walk-up sites at schools, centers, or other buildings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Curbside pick-up/ drive through service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Mobile sites at which a bus or van delivers meals at pre-set times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivery with stops at individual homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other home delivery methods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal options

f. Full week (5 days) of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. 2-3 days of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Weekend meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Bulk food packages*	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Frozen meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Shelf-stable meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal counting methods

l. Standard point of service system	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Mobile technology (for example, laptop, tablet, or cell phone apps)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Paper rosters	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Clickers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
p. Other meal delivery method, option, or counting method (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 1, 2, 4, 5, 7, 16, 17

A1=4

A13b. For sponsors that used the [WAIVER], approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for SFSP?

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Select one per row

Proportion of local program operators

None	Less than half	About half	More than half	All	Don't Know
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Meal delivery methods

a. Walk-up sites at schools, centers, or other buildings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Curbside pick-up/drive-through service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Mobile sites at which a bus or van delivers meals at pre-set times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivery with stops at individual homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other home delivery methods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal options

f. Full week (5 days) of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. 2–3 days of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Weekend meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Bulk food packages*	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Frozen meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Shelf-stable meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal counting methods

l. Standard point of service system	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Mobile technology (for example, laptop, tablet, or cell phone apps)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Paper rosters	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Clickers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
p. Other meal delivery method, option, or counting method (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						

NO RESPONSE.....M

WAIVERS 1, 2, 4, 5
A1=5

A13c. For institutions that used the [WAIVER], approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for CACFP?

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Select one per row

Proportion of local program operators

None	Less than half	About half	More than half	All	Don't Know
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Meal delivery methods

a. Walk-up sites at schools, centers, or other buildings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Curbside pick-up/drive-through service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Mobile sites at which a bus or van delivers meals at pre-set times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivery with stops at individual homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other home delivery methods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal options

f. Full week (5 days) of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. 2–3 days of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Weekend meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Bulk food packages*	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Frozen meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Shelf-stable meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
l. Supper and a snack through CACFP at-risk	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal counting methods

m. Standard point of service system	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Mobile technology (for example, laptop, tablet, or cell phone apps)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Paper rosters	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
p. Clickers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
q. Other meal delivery method, option, or counting method (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=1, 2 OR 3

A14a. For SFAs that used the *Nationwide Parent/Guardian Meal Pickup Waiver* for NSLP, SBP, or SSO, approximately what proportion used the following methods to ensure that meals were distributed only to parents or guardians of eligible children?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Scanned children's meal cards or asked for children's personal identification numbers used for meal service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Requested children's names, ages or dates of birth, or grade levels when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's school names or a copy of school correspondence when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Requested the number of children for which the parent/guardian was picking up meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Posted signage to indicate who is eligible to pick up and receive meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						
h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=4

A14b. For sponsors that used the *Nationwide Parent/Guardian Meal Pickup Waiver for SFSP*, approximately what proportion used the following methods to ensure that meals were distributed only to parents or guardians of eligible children?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Scanned children's meal cards or asked for children's personal identification numbers used for meal service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Requested children's names, ages or dates of birth, or grade levels when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's school names or a copy of school correspondence when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Requested the number of children for which the parent/guardian was picking up meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Posted signage to indicate who is eligible to pick up and receive meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 150px;"></div>						
h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=5

A14c. For institutions that used the *Nationwide Parent/Guardian Meal Pickup Waiver for CACFP* approximately what proportion used the following methods to ensure that meals were distributed only to parents or guardians of eligible children?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Scanned children's meal cards or asked for children's personal identification numbers used for meal service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Requested children's names, ages or dates of birth, or grade levels when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's school names or a copy of school correspondence when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Requested the number of children for which the parent/guardian was picking up meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Posted signage to indicate who is eligible to pick up and receive meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 150px;"></div>						
h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=1, 2, OR 3

A15a. For SFAs that used the *Nationwide Parent/Guardian Meal Pickup Waiver* for NSLP, SBP, or SSO, approximately what proportion used the following methods to ensure that duplicate meals were not distributed to any child?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Told parents/guardians picking up meals that children are not eligible to receive duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Asked parents/guardians to self-attest that they were not picking up duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's names or other identifying information when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other method to ensure duplicate meals were not distributed (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						
f. Did not use any methods to ensure that duplicate meals were not distributed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=4

A15b. For sponsors that used the *Nationwide Parent/Guardian Meal Pickup Waiver for SFSP*, approximately what proportion used the following methods to ensure that duplicate meals were not distributed to any child?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Told parents/guardians picking up meals that children are not eligible to receive duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Asked parents/guardians to self-attest that they were not picking up duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's names or other identifying information when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other method to ensure duplicate meals were not distributed (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						
f. Did not use any methods to ensure that duplicate meals were not distributed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 5 (NATIONWIDE PARENT/GUARDIAN MEAL PICKUP)

A1=5

A15c. For institutions that used the *Nationwide Parent/Guardian Meal Pickup Waiver for CACFP*, approximately what proportion used the following methods to ensure that duplicate meals were not distributed to any child?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Told parents/guardians picking up meals that children are not eligible to receive duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Asked parents/guardians to self-attest that they were not picking up duplicate meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Requested children's names or other identifying information when meals were picked up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other method to ensure duplicate meals were not distributed (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						
f. Did not use any methods to ensure that duplicate meals were not distributed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 7 (AREA ELIGIBILITY WAIVER)

A1= 3

A16. For SFAs that used the *Area Eligibility Waiver* for SSO, approximately what proportion used the following methods to target children who were previously or newly eligible for benefits using the following approaches?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. No methods used- all sites approved as area eligible	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Analyzed unemployment data	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Analyzed prior year school meals eligibility data	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Identified site(s) that were area eligible in prior years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Targeted near-eligible sites, such as sites where 40% of children were eligible for free or reduced-price meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other approach to select meal sites (specify) <input style="width: 150px; height: 20px;" type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Did not use any methods to target new meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVER 7 (AREA ELIGIBILITY WAIVER)

A17 For sponsors that used the Area Eligibility Waiver for SFSP, approximately what proportion targeted new meal sites to serve children who were previously or newly eligible for benefits using the following approaches?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. No methods used- all sites approved as area eligible	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Analyzed unemployment data	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Analyzed prior year school meals eligibility data	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Identified site(s) that were area eligible in prior years	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Targeted near-eligible sites, such as sites where 40% of children were eligible for free or reduced-price meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other approach to select meal sites (specify) <input style="width: 150px; height: 20px;" type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Did not use any methods to target new meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 1, 2, 3, 4, 5, 7, 16

A1=1, 2, OR 3

A18a. While not required, SFAs may have provided reasons for using the waiver. Approximately what proportion of SFAs gave the following reasons for use of the [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Improve children's access to meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Improve access to meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Improve safety of children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Ease meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Ease meal delivery	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. [WAIVER 4] Food item(s) not available for purchase	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. [WAIVER 4] Purchased food item(s) could not be delivered	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. [WAIVER 4] Purchased food item(s) could not be delivered timely	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Help manage meal service costs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Other (specify) <input type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 1, 2, 3, 4, 5, 7, 16, 17

A1=4

A18b. While not required, SFSP sponsors may have provided reasons for using the waiver. Approximately what proportion of sponsors gave the following reasons for use of [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Improve children's access to meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Improve access to meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Improve safety of children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Ease meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Ease meal delivery	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. [WAIVER 4] Food item(s) not available for purchase	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. [WAIVER 4] Purchased food item(s) could not be delivered	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. [WAIVER 4] Purchased food item(s) could not be delivered timely	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Help manage meal service costs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Other (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						

NO RESPONSE

M

WAIVERS 1, 2, 3, 4, 5

A1=5

A18c. While not required, CACFP institutions may have provided reasons for using the waiver. Approximately what proportion of institutions gave the following reasons for use of [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Improve children's access to meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Improve access to meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Improve safety of children	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Ease meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Ease meal delivery	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. [WAIVER 4] Food item(s) not available for purchase	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. [WAIVER 4] Purchased food item(s) could not be delivered	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. [WAIVER 4] Purchased food item(s) could not be delivered timely	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Help manage meal service costs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Other (specify) <input type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE

M

WAIVERS 1, 2, 3, 4, 5, 7, 16, 17

A19. [IF WAIVER 1, 2, 3, 4, 5, 7, OR 16, FILL: For each program,] did use of the [WAIVER] improve services to children in the following ways?

DISPLAY PROGRAM IF SELECTED IN A1 FOR WAIVERS 1, 2, 3, 4, 5, 7, 16, DISPLAY ONLY SFSP FOR WAIVER 17.

Select all that apply

NSLP	SBP	SSO	SFSP	CACFP	Don't Know
------	-----	-----	------	-------	------------

Site Options

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Greater geographic distribution of sites | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| b. Increased number of sites | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| c. Increased alternative meal delivery methods | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |

Meal Options

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| d. Allowed pick up of multiple meals at one time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| e. Allowed distribution of bulk food packages | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| f. Allowed service of available foods when supply issues occurred | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |

Other

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| g. Improved safety for children by not requiring congregate feeding or meal pick-up | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| h. Reduced barriers to receiving meals | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |
| i. Increased participation | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | d <input type="checkbox"/> |

j. Other way services to children improved in *NSLP*

(specify)

k. Other way services to children improved in *SBP*

(specify)

l. Other way services to children improved in *SSO*

(specify)

m. Other way services to children improved in *SFSP*

(specify)

n. Other way services to children improved in

CACFP (specify)

NO RESPONSE.....M

B. Questions for each administrative waiver that provides flexibility to local program operators

Waiver	NSLP	SBP	SSO	SFSP	CACFP
6. Nationwide Community Eligibility Provision (CEP) Data Waiver	X	X			
8. Waiver of 60-Day Reporting Requirements	X	X		X	X
9. Nationwide Waiver of Local School Wellness Assessments	X	X			
11. Nationwide Waiver of Monitoring Requirements for Sponsors in the CACFP					X
13. Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs	X	X			
14. Nationwide Waiver of Onsite Monitoring Requirements for Sponsoring Organizations in the SFSP				X	
18. Nationwide Waiver to Waive First Week Site Visits in the SFSP				X	
19. Nationwide Waiver to Allow Area Eligibility for Closed Enrolled Sites in the SFSP and the NSLP SSO			X	X	
20. Nationwide Waiver of Food Service Management Company Contract Duration Requirements	X			X	
21. Nationwide Waiver to Extend Unanticipated School Closure Operations through June 30, 2020			X	X	

ALL

B1_intro. This section asks about use of the [WAIVER]. Please answer the following questions focusing on use of the waiver from March through September 2020.

WAIVERS 6, 8, 9, 13, 19, 20, 21 (WAIVERS THAT APPLY TO MULTIPLE PROGRAMS- ALL EXCEPT 11, 14, 18)

B1. For which Child Nutrition Programs did local program operators use the [WAIVER]?

Local program operators include School Food Authorities (SFAs), Summer Food Service Program (SFSP) sponsors, or Child and Adult Care Food Program (CACFP) institutions.

[DISPLAY AS HOVER TEXT OVER "SFAs": The governing body that has the legal authority to operate a lunch program in one or more public or private schools.]

[DISPLAY AS HOVER TEXT OVER "Sponsors": A public or private non-profit SFA or another public or private non-profit organization that is approved by the State Agency to participate in the SFSP.]

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

DISPLAY EACH CN PROGRAM ONLY FOR LISTED WAIVERS.

SELECT ALL THAT APPLY

- [WAIVERS 6, 8, 9, 13, 20] National School Lunch Program.....1
- [WAIVERS 6, 8, 9, 13] School Breakfast Program.....2
- [WAIVERS 19, 21] Seamless Summer Option.....3

<input type="checkbox"/> [WAIVERS 8, 19, 20, 21] Summer Food Service Program.....	4
<input type="checkbox"/> [WAIVER 8] Child and Adult Care Food Program.....	5
NO RESPONSE.....	M

WAIVERS 6, 8, 9, 13, 20
IF ASKED B1, B1=1

B2a. How many SFAs used the [WAIVER] for NSLP?

Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAS

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 6, 8, 9, 13
IF ASKED B1, B1=2

B2b. How many SFAs used the [WAIVER] for SBP?

Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAS

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 19, 21
IF ASKED B1, B1= 3

B2c. How many SFAs used the [WAIVER] for SSO?

Please enter the number of SFAs that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SFAS

- Actual number of SFAs, data provided by all SFAs1
- Estimated number of SFAs, data not provided by all SFAs.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 8, 14, 18, 19, 20, 21
IF ASKED B1, B1= 4

B2d. How many sponsors used the [WAIVER] for SFSP?

Please enter the number of sponsors that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF SPONSORS

- Actual number of sponsors, data provided by all sponsors1
- Estimated number of sponsors, data not provided by all sponsors.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 8, 11
IF ASKED B1, B1=5

DISPLAY B2e AND B2f ON SAME PAGE.

B2e. How many institutions that operate CACFP in childcare centers used the [WAIVER]?

Please enter the number of institutions that operate CACFP in childcare centers that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

[DISPLAY AS HOVER TEXT OVER "institutions": Any independent center or sponsoring organization of day care homes or child care centers.]

NUMBER OF INSTITUTIONS THAT OPERATE CHILDCARE
CENTERS

- Actual number of institutions that operate childcare centers, data provided by all childcare centers.....1
- Estimated number of institutions that operate childcare centers, data not provided by all childcare centers.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 8, 11
IF ASKED B1: B1=5

DISPLAY B2e AND B2f ON SAME PAGE.

B2f. How many institutions that operate CACFP in family daycare homes used the [WAIVER]?

Please enter the number of institutions that operate CACFP in family daycare homes that used the waiver during this timeframe and then select a corresponding response option to indicate whether this is the actual number or your best estimate. If you do not have enough information to provide a reasonably close estimate, please select "Don't Know."

NUMBER OF INSTITUTIONS THAT OPERATE FAMILY DAYCARE HOMES

- Actual number of institutions that operate family daycare homes, data provided by all family daycare homes.....1
- Estimated number of institutions that operate family daycare homes, data not provided by all family daycare homes.....2
- Don't know- data not collected.....d
- NO RESPONSE.....M

WAIVERS 6, 8, 9, 11, 13, 14, 18, 19, 20, 21
IF B2 A, B, C, D, E, OR F=D

B3. [IF WAIVERS 6, 8, 9, 13, 19, 20, OR 21, FILL: For each program,] approximately what proportion of local program operators used the [WAIVER]?

ONLY DISPLAY PROGRAM IF CORRESPONDING B2 QUESTION=D.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 6, 8, 9, 11, 13, 14, 18, 19, 20, 21

B4. [IF WAIVERS 6, 8, 9, 13, 19, 20, OR 21, FILL: For each program,] approximately what proportion of local program operators requested technical assistance with the [WAIVER]?

ONLY DISPLAY PROGRAM IF SELECTED IN B1 FOR WAIVERS 6, 8, 9, 13, 19, 20, AND 21. DISPLAY ONLY SFSP FOR WAIVERS 14 AND 18. DISPLAY ONLY CACFP FOR WAIVER 11.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. National School Lunch Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. School Breakfast Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Seamless Summer Option	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Summer Food Service Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Child and Adult Care Food Program	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 11, 13, 14, 18 (ONSITE MONITORING WAIVERS)

B5. Following implementation of the [WAIVER], approximately what proportion of [IF WAIVER 13, FILL: SFAs; IF WAIVER 14 OR 18, FILL: sponsors; IF WAIVER 11, FILL: institutions] conducted the following types of monitoring?

Select one per row

	None	Less than half	About half	More than half	All	Don't Know
a. Desk audit- paperwork review	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Desk audit- interviews with site operators	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Virtual observations conducted through live stream video	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Virtual observations through review of site photos	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. On-site while assisting with or observing meal service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other type of monitoring (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						
g. No monitoring conducted	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 11, 13, 14, 18 (ONSITE MONITORING WAIVERS)

B6. What were best practices used by local program operators for conducting monitoring during the federally declared COVID-19 public health emergency, from March through September 2020?

WAIVERS 6, 8, 9, 13, 19, 20, 21

IF ASKED, B1=1, 2, OR 3

B7a. While not required, SFAs may have provided reasons for using the waiver. Approximately what proportion of SFAs gave the following reasons for use of the [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Reduce administrative burden	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Focus resources on identifying meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Focus resources on providing meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Focus resources on other priority areas	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. [WAIVER 6] Provide additional time to gather relevant data for CEP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. [WAIVER 6] Increase the likelihood of qualifying for CEP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Schools or centers were closed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. [WAIVER 13] Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. [WAIVERS 6, 8] Improve data quality	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Other (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 8, 14, 18, 19, 20, 21
 IF ASKED, B1=4

B7b. While not required, SFSP sponsors may have provided reasons for using the waiver. Approximately what proportion of sponsors gave the following reasons for use of the [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Reduce administrative burden	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Focus resources on identifying meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Focus resources on providing meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Focus resources on other priority areas	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Schools or centers were closed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. [WAIVER 1] Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. [WAIVER 8] Improve data quality	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Other (specify) <input style="width: 150px; height: 20px;" type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

WAIVERS 8, 11
 IF ASKED, B1=5

B7c. While not required, CACFP institutions may have provided reasons for using the waiver. Approximately what proportion of institutions gave the following reasons for use of the [WAIVER]?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Reduce administrative burden	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Focus resources on identifying meal sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Focus resources on providing meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Focus resources on other priority areas	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Schools or centers were closed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. [WAIVER 11] Improve safety of staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. [WAIVER 8] Improve data quality	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Other (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						

NO RESPONSE.....M

WAIVERS 6, 8, 9, 11, 13, 14, 18, 19, 20, 21

B8. For each program, did use of the [WAIVER] improve services to children in the following ways?

ONLY DISPLAY PROGRAM IF SELECTED IN B1 FOR WAIVERS 6, 8, 9, 13, 19, 20, AND 21. DISPLAY ONLY SFSP FOR WAIVERS 14 AND 18. DISPLAY ONLY CACFP FOR WAIVER 11.

Select all that apply

	NSL P	SB P	SS O	SFS P	CACFP	Don't Know
a. Increased administrative resources for identifying meal sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Increased administrative resources for addressing food supply issues and other challenges in preparing meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. Increased administrative resources for providing meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. Increased ability to focus administrative resources on other priority areas to improve services to children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. Increased ability of local program operators to begin operations more quickly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other way services to children improved in NSLP (specify) <input type="text"/>						
g. Other way services to children improved in SBP (specify) <input type="text"/>						
h. Other way services to children improved in SSO (specify) <input type="text"/>						
i. Other way services to children improved in SFSP (specify) <input type="text"/>						
j. Other way services to children improved in CACFP (specify) <input type="text"/>						

NO RESPONSE.....M

C. Questions for each administrative waiver that provides flexibility to SAs

Waiver	NSLP	SBP	SSO	SFSP	CACFP
10. Nationwide Waiver of Annual Review Requirements for State Agencies in the CACFP					X
12. Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the CACFP					X
13. Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs	X	X			
15. Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the SFSP				X	

ALL

C1_intro. This section asks about use of the [WAIVER]. Please answer the following questions focusing on use of the waiver from March through September 2020.

WAIVERS 10, 12, 13, 15

C1. Recognizing that your agency may have conducted some on-site monitoring visits between September 2019 and March 2020, for approximately what percentage of all [IF WAIVER 13, FILL: SFAs; IF WAIVER 15, FILL: sponsors; IF WAIVER 10 OR 12, FILL: institutions] in your State did your agency not conduct planned on-site monitoring visits under the [WAIVER]?

- Less than 10 percent..... 1
- 10–20 percent..... 2
- 21–30 percent..... 3
- 31–40 percent..... 4
- 41–50 percent..... 5
- More than 50 percent..... 6
- Don't know..... d
- NO RESPONSE..... M

WAIVERS 10, 12, 13, 15

C2. Following your State agency's implementation of the [WAIVER], in what ways, if any, did your State agency conduct monitoring?

SELECT ALL THAT APPLY

- Desk audit- paperwork review.....1
- Desk audit- interviews with [IF WAIVER 13, FILL: SFAs; IF WAIVER 15, FILL: sponsors; IF WAIVER 10 OR 12, FILL: institutions].....2
- Virtual observations through review of site photos.....3
- Virtual observations conducted through live stream video.....4
- On-site socially distanced observations5
- Other (*Specify*).....6
-
- No monitoring conducted.....0
- NO RESPONSE.....M

WAIVERS 10, 12, 13, 15

C2a. What were best practices used by your agency for conducting monitoring during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE.....M

WAIVERS 10, 12, 13, 15

C3. Why did your State agency use the [WAIVER]?

SELECT ALL THAT APPLY

- Improve safety of staff.....1
- State travel restrictions.....2
- Reduce administrative burden.....3
- Focus State administrative resources on approving meal sites.....4
- Focus State and local administrative resources on identifying meal sites.....5
- Focus State administrative resources on other priority areas6
- Provide technical assistance to local program operators.....7
- Allow local program operators to focus their administrative resources on providing meals to children.....8
- Allow local program operators to focus their administrative resources on other priority areas to improve services to children.....9
- Other (*Specify*).....10

NO RESPONSE.....M

C4. Did use of the [WAIVER] improve services to children in the following ways?

Select one per row

	Yes	No	Don't Know
a. Increased State Agency administrative resources for approving meal sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
b. Increased State and local administrative resources for identifying meal sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
c. Increased State Agency ability to focus administrative resources on other priority areas to improve services to children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
d. Increased State Agency ability to provide technical assistance to local program operators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
e. Increased local program operators' administrative resources for providing meals to children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
f. Increased local program operators' ability to focus administrative resources on other priority areas to improve services to children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other way services to children improved (specify) <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

D. Questions for all State Agencies

IF SA USED WAIVER 22

D0a. Please describe how your State Agency used the *Nationwide Waiver to Allow Offer Versus Serve Flexibility for Senior High Schools in the NSLP* for SY 2020–21 between March and September 2020, and how it helped improve services to children.

NO RESPONSE.....M

IF SA USED WAIVER 23

D0b. Please describe how your State Agency used the *Nationwide Waiver to Allow Reimbursement for Meals Served Prior to Notification of Approval and Provide Flexibility for Pre-Approval Visits in the Summer Food Service Program* between March and September 2020, and how it helped improve services to children.

Please include in your response, for example, whether sponsors resubmitted meal claims or submitted claims retroactively, and whether the waiver increased available meal sites.

NO RESPONSE.....M

ALL

D1_info. Now we have a few questions about your State Agency's overall experience using the waivers and providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020.

ALL

D1. What methods did local program operators indicate were the most effective at providing the greatest number of meals to the greatest number of children during the federally declared COVID-19 public health emergency, from March through September 2020?

SELECT ALL THAT APPLY

- Walk-up sites at schools, centers, or other buildings1
 - Curbside pick-up/drive-through services.....2
 - Mobile sites at which a bus or van delivers meals at pre-set times.....3
 - Delivery with stops at individual homes.....4
 - Other home delivery methods.....5
 - Distribution of a full week (5 days) of meals at one time.....6
 - Distribution of 2–3 days of meals at one time.....7
 - Distribution of weekend meals.....8
 - Replacing individual meals with bulk food packages.....9
 - Distribution of frozen meals.....10
 - Distribution of shelf-stable meals.....11
 - Allowing parents/guardians to pick-up meals without children present.....12
 - Other (*Specify*).....13
-
- NO RESPONSE.....M

ALL

D2. What proportion of local program operators indicated that they experienced financial challenges providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

Please respond thinking separately about (a) SFAs for NSLP, SBP, SSO, (b) SFA sponsors for SFSP, (c) non-SFA sponsors for SFSP, and (d) all institutions for CACFP.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. SFAs for NSLP, SBP, or SSO	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. SFA sponsors for SFSP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Non-SFA Sponsors for SFSP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Institutions for CACFP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

D2A, B, OR C= 1, 2, 3, OR 4

D2a. What factors contributed to the financial challenges local program operators experienced providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

Please respond thinking separately about (a) SFAs for NSLP, SBP, SSO, (b) SFA sponsors for SFSP, (c) non-SFA sponsors for SFSP, and (d) all institutions for CACFP.

Select all that apply

	SFAs for NSLP, SBP, or SSO	SFA sponsors for SFSP	Non-SFA sponsors for SFSP	Institutions for CACFP	Don't Know
a. Meal packaging costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Purchase of personal protective equipment for staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Meal transportation and delivery costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Purchase of equipment for alternate meal service approaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Staff overtime or hazard pay	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Increased food costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Fixed staff-related costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Other fixed costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Decreased federal reimbursement because of decreased participation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

D2A.J= 1, 2, 3, OR 4

D2oth. What other factors contributed to the financial challenges local program operators experienced providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE.....M

ALL

D3. What types of meal service methods did local program operators indicate were most costly for local program operators providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

Please respond thinking separately about (a) SFAs for NSLP, SBP, SSO, (b) SFA sponsors for SFSP, (c) non-SFA sponsors for SFSP, and (d) all institutions for CACFP.

Select all that apply

	SFAs for NSLP, SBP, or SSO	SFA sponsors for SFSP	Non-SFA sponsors for SFSP	Institutions for CACFP	Don't Know
a. Providing meals at walk-up sites at schools, centers, or other buildings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Providing meals through curbside pick-up/drive-through service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Operating mobile sites at which a bus or van delivers meals at pre-set times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivering meals with stops at individual homes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other methods for providing home delivery of meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Distributing a full week (5 days) of meals at one time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Distributing 2–3 days of meals at one time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Distributing meals daily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Distributing weekend meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Replacing individual meals with bulk food packages	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Providing frozen meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
l. Providing shelf-stable meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>					

NO RESPONSE.....M

D3M= 1, 2, 3, OR 4

D3oth. What other types of meal service methods did local program operators indicate were most costly for local program operators providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE..... M

ALL

D4. Did the financial challenges experienced by local program operators in rural areas differ from those experienced by local program operators in urban or suburban areas? If so, please describe.

Financial challenges experienced by local program operators in rural areas did not differ from those experienced by local program operators in urban or suburban areas. 0

NO RESPONSE..... M

ALL

D5. What proportion of local program operators indicated that they experienced operational challenges providing meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

Please respond thinking separately about (a) SFAs for NSLP, SBP, SSO, (b) SFA sponsors for SFSP, (c) non-SFA sponsors for SFSP, and (d) all institutions for CACFP.

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. SFAs for NSLP, SBP, or SSO	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. SFA sponsors for SFSP						
c. Non-SFA Sponsors for SFSP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Institutions for CACFP	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
NO RESPONSE.....						M

D5A, B, OR C= 1, 2, 3, OR 4

D5a. What factors contributed to operational challenges local program operators experienced providing alternate meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

Please respond thinking separately about (a) SFAs for NSLP, SBP, SSO, (b) SFA sponsors for SFSP, (c) non-SFA sponsors for SFSP, and (d) all institutions for CACFP.

	SFAs for NSLP, SBP, or SSO	SFA sponsors for SFSP	Non-SFA sponsors for SFSP	Institutions for CACFP	Don't Know
a. Completing waiver request forms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Identifying site locations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Obtaining approval for new sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Establishing new meal delivery methods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Obtaining needed meal delivery equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Redistributing staff to manage meal sites and delivery methods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Ensuring staff safety and obtaining personal protective equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Continuity of operations during staff absences	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Providing meals during food shortages or supply chain issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Obtaining meal packaging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>					

NO RESPONSE.....M

D5A.K= 1, 2, 3, OR 4

D5oth. What other factors contributed to operational challenges local program operators experienced providing alternate meal service during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE.....M

ALL

D6. Did the operational challenges experienced by local program operators in rural areas differ from those experienced by local program operators in urban or suburban areas? If so, please describe.

NO RESPONSE.....M

ALL

D7. Did your State agency experience any financial challenges with administering Child Nutrition Programs during the federally declared COVID-19 public health emergency, from March through September 2020?

- Yes..... 1
- No..... 0 GO TO D8
- NO RESPONSE..... M GO TO D8

D7=1

D7a. What factors contributed to financial challenges your State agency experienced with administering each program during the federally declared COVID-19 public health emergency, from March through September 2020?

Select all that apply

	NSLP	SBP	SS O	SFS P	CACF P	Don't Know
a. Added new staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Increased staff hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. Staff overtime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. IT system changes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE..... M

D7A.E= 1, 2, 3, OR 4

D7oth. What other factors contributed to financial challenges your State agency experienced with administering each program during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE..... M

ALL

D8. Did your State agency experience any operational challenges with administering Child Nutrition Programs during the federally declared COVID-19 public health emergency, from March through September 2020?

- Yes..... 1
- No..... 0 GO TO D9
- NO RESPONSE..... M GO TO D9

D8=1

D8a. What factors contributed to operational challenges your State agency experienced administering each program during the federally declared COVID-19 public health emergency, from March through September 2020?

Select all that apply

	NSLP	SBP	SS O	SFS P	CACF P	Don't Know
a. Resources needed to review and approve waiver requests from providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Resources needed to approve meal sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. Resources needed to assist providers with identification of meal sites	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. Resources needed to provide technical assistance to local program operators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. Limitations on ability to hire new staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. Unexpected staff training needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
g. Redesigning monitoring approaches (for example, from onsite to virtual)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
h. Implementing IT system changes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
i. Office closures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
j. Unclear guidance from FNS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
k. Untimely guidance from FNS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
l. Insufficient technical assistance from FNS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
m. Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
NO RESPONSE.....						M

D8A.M= 1, 2, 3, OR 4

D8oth. What other factors contributed to *operational* challenges your State agency experienced administering each program during the federally declared COVID-19 public health emergency, from March through September 2020?

NO RESPONSE..... M

ALL

D9. Did your State agency experience any challenges with implementing or using the COVID-19 Child Nutrition waivers during the federally declared COVID-19 public health emergency, from March through September 2020?

- Yes..... 1
- No..... 0 GO TO D11
- NO RESPONSE..... M GO TO D11

D9=1

D9a. What factors assisted your State agency's efforts to overcome challenges with implementing or using the COVID-19 Child Nutrition waivers?

SELECT ALL THAT APPLY

- Timely technical assistance from FNS Regional Office..... 1
- Comprehensive technical assistance from FNS Regional Office..... 2
- Timely guidance and clarification from FNS National Office..... 3
- Comprehensive guidance and clarification from FNS National Office..... 4
- Collaboration with local program operators..... 5
- Collaboration with suppliers or food vendors..... 6
- Other (*Specify*)..... 7

NO RESPONSE..... M

D8=1 OR D9=1

D10. Of the challenges your State agency experienced in implementing or using the COVID-19 Child Nutrition waivers, which were you unable to overcome?

NO RESPONSE..... M

IF OVERSEE NSLP/SBP/SSO

D11a. Of the SFAs that provided NSLP, SBP, or SSO meal service during the federally declared COVID-19 public health emergency, from March through September 2020, approximately what proportion established meal sites at locations with the following characteristics?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Central locations respective to children's homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Locations with higher levels of participation in Child Nutrition Programs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Facilities with central kitchens	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Facilities with larger spaces for meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Continued offering meals at all sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other location characteristics (specify)						
<input type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

IF OVERSEE SFSP

D11b. Of the sponsors that provided SFSP meal service during the federally declared COVID-19 public health emergency, from March through September 2020, approximately what proportion established meal sites at locations with the following characteristics?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Central locations respective to children's homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Locations with higher levels of participation in Child Nutrition Programs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Facilities with central kitchens	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Facilities with larger spaces for meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Continued offering meals at all sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other location characteristics (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>						

NO RESPONSE.....M

IF OVERSEE CACFP

D11c. Of the *institutions* that provided CACFP meal service during the federally declared COVID-19 public health emergency, from March through September 2020, approximately what proportion established meal sites at locations with the following characteristics?

Select one per row

Proportion of local program operators

	None	Less than half	About half	More than half	All	Don't Know
a. Central locations respective to children's homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Locations with higher levels of participation in Child Nutrition Programs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Facilities with central kitchens	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Facilities with larger spaces for meal preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Facilities caring for children of essential workers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Continued offering meals at all sites	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other location characteristics (specify)						
<input type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

IF OVERSEE SSO

D12a. For SFAs operating closed-enrolled SSO sites, approximately what proportion implemented the following meal delivery methods, meal options, and approaches for identifying enrolled students?

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Select one per row

Proportion of local program operators

None	Less than half	About half	More than half	All	Don't Know
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Meal delivery methods

a. Walk-up sites at schools, centers, or other buildings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Curbside pick-up/drive-through service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Mobile sites at which a bus or van delivers meals at pre-set times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivery with stops at individual homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other home delivery methods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal options

f. Full week (5 days) of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. 2–3 days of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Weekend meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Bulk food packages*	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Frozen meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Shelf-stable meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Student identification approaches

l. Identified students receiving meals using a reference list of enrolled students	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Required students to be present during meal pick-up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Requested parents/guardians present documentation of student enrollment during meal pick-up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Other meal delivery method, meal option, or approach for identifying enrolled students (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

NO RESPONSE.....M

IF OVERSEE SFSP

D12b. For sponsors operating closed-enrolled SFSP sites, approximately what proportion implemented the following meal delivery methods, meal options, and approaches for identifying enrolled students?

Bulk food packages: Food packages that contain more than one Child Nutrition Program meal.

Select one per row

Proportion of local program operators

None	Less than half	About half	More than half	All	Don't Know
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Meal delivery methods

a. Walk-up sites at schools, centers, or other buildings	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Curbside pick-up/drive-through service	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Mobile sites at which a bus or van delivers meals at pre-set times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivery with stops at individual homes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Other home delivery methods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Meal options

f. Full week (5 days) of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. 2–3 days of meals at one time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Weekend meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Bulk food packages*	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Frozen meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Shelf-stable meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Student identification approaches

l. Identified students receiving meals using a reference list of enrolled students	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Required students to be present during meal pick-up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Requested parents/guardians present documentation of student enrollment during meal pick-up	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Other meal delivery method, meal option, or approach for identifying enrolled students (specify)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

NO RESPONSE.....M

ALL

D13. Our records indicate you did not use the following waivers: [FILL BULLETED LIST OF WAIVERS RESPONDENT OVERSEES BUT DID NOT USE] Why did your State agency choose not to use these waivers?

ALL

D14. Is there anything else FNS should know about the waiver implementation process or State and local efforts to provide Child Nutrition Program meals during the federally declared COVID-19 public health emergency, from March through September 2020?

ALL

VERIFICATION SCREEN.

You have just completed the Child Nutrition Director COVID-19 Waiver Collection Survey for School Year 2020–2021. Are you ready to submit your responses?

If you are ready, select "Yes" and press the "Next" button below and your survey will be submitted. If you need to double check an answer, press the "Back" button below or click the "Survey Sections" above and select the section you would like to review.

Yes

ALL

You have answered all the questions. Thank you for completing this survey!