**Appendix C.1**

**State Child nutrition Director Survey 2020-2021**



OMB Clearance Number: 0584-0607

Expiration Date: XX/XX/20XX

 Logo, company name

Description automatically generated

**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](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-NonCongregateNationwideWaiver.pdf)
2. [COVID-19: Child Nutrition Response #1: Nationwide Waiver to Allow Meal Service Time Flexibility in the Child Nutrition Programs](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-MealTimesNationwideWaiver.pdf)
3. [COVID-19: Child Nutrition Response #3: Nationwide Waiver of the Activity Requirement in Afterschool Care Child Nutrition Programs](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-AfterschoolActivityNationwideWaiver.pdf)
4. [COVID-19: Child Nutrition Response #4: Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](https://fns-prod.azureedge.net/sites/default/files/media/file/COVID19MealPatternNationwideWaiverFINAL.pdf)
5. [COVID-19: Child Nutrition Response #5: Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children](https://fns-prod.azureedge.net/sites/default/files/media/file/COVID19ParentPickupNationwideWaiver.pdf)
6. [COVID-19: Child Nutrition Response #6: Nationwide Waiver of Community Eligibility Provision Deadlines in the National School Lunch and School Breakfast Programs](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-CEPDeadlinesNationwideWaiver.pdf)
7. [COVID-19: Child Nutrition Response #32: Nationwide Waiver to Extend Area Eligibility Waivers](https://www.fns.usda.gov/cn/covid19/area-eligibility-extension-august-2020)
8. [COVID-19: Child Nutrition Response #12: Nationwide Waiver of 60 Day Reporting Requirements for January and February 2020](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-monitoring-nationwide-waiver-60-day%20.pdf)
9. [COVID-19: Child Nutrition Response #18: Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the NSLP and SFSP](https://www.fns.usda.gov/cn/nationwide-waiver-local-school-wellness-policy-triennial-assessments-nlsp-sbp)
10. [COVID-19: Child Nutrition Response #20: Nationwide Waiver of Annual Review Requirements for State Agencies in the Child and Adult Care Food Program](https://www.fns.usda.gov/sites/default/files/resource-files/CN-COV-NationwideWaiverCACFPStateAgencyMonitoring.pdf)
11. [COVID-19: Child Nutrition Response #7: Nationwide Waiver of Monitoring Requirements for Sponsors in the Child and Adult Care Food Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/CN-COV-NationwideWaiverCACFPSponsorMonitoring.pdf)
12. [COVID-19: Child Nutrition Response #8: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/CN-COV-NationwideWaiverCACFPStateMonitoring.pdf)
13. [COVID-19: Child Nutrition Response #9: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19-monitoring-nationwide-waiver-schools.pdf)
14. [COVID-19: Child Nutrition Response #10: Nationwide Waiver of Onsite Monitoring Requirements for Sponsoring Organizations in the Summer Food Service Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/CN-COV-NationwideWaiverSFSPSponsorMonitoring.pdf)
15. [COVID-19: Child Nutrition Response #11: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Summer Food Service Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/CN-COV-NationwideWaiverSFSPStateMonitoring.pdf)
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](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19%20SFSP_SSOMealServiceTimeNationwideWaiver.pdf)
17. [COVID-19: Child Nutrition Response #16: Nationwide Waiver to Allow Offer Versus Serve Flexibilities in the Summer Food Service Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19_SFSP_OVS_Nationwide%20Waiver.pdf)
18. [COVID-19: Child Nutrition Response #15: Nationwide Waiver to Waive First Week Site Visits in the Summer Food Service Program](https://fns-prod.azureedge.net/sites/default/files/resource-files/FNS.2020.09.COVID19%20SFSP%20First%20Week%20SIte%20Visits%20Nationwide%20Waiver.pdf)
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](https://fns-prod.azureedge.net/sites/default/files/resource-files/FNS.2020.07.COVID19%20SFSP%20Closed%20Enrolled%20Nationwide%20Waiver%20CLEAN.pdf)
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](https://fns-prod.azureedge.net/sites/default/files/resource-files/CN-COV-FSMCNationwideWaiver.pdf)
21. [COVID-19: Child Nutrition Response #21: Nationwide Waiver to Extend Unanticipated School Closure Operations](https://fns-prod.azureedge.net/sites/default/files/resource-files/COVID19ExtensionofUnanticipatedSchoolClosuresNationwideWaiver.pdf)

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](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fns.usda.gov%2Fcn%2Fnationwide-waiver-offer-versus-serve-flexibility-senior-high-schools&data=04%7C01%7CVSevern%40mathematica-mpr.com%7Cbdc381da68594f0a8f5908d895420295%7C13af8d650b4b4c0fa446a427419abfd6%7C0%7C0%7C637423458039359675%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=T8ABL2Vw1GyV2WZHBHFthUPwJap%2FQ8%2BLPphok2tuZTs%3D&reserved=0); 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](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fns.usda.gov%2Fcn%2Fnationwide-waiver-allow-reimbursement-meals-served-prior-notification-approval-sfsp&data=04%7C01%7CVSevern%40mathematica-mpr.com%7Cbdc381da68594f0a8f5908d895420295%7C13af8d650b4b4c0fa446a427419abfd6%7C0%7C0%7C637423458039369633%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=4S%2FUDLJ4k4iXGefkFc8lNFW2Xmon3ec7MLOz8I1IfR0%3D&reserved=0).

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 SFAs 1

 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 SFAs 1

 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 SFAs 1

 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 sponsors 1

 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 OPERATECHILDCARE CENTERS

 Actual number of institutions that operatechildcare centers, data provided by all childcare centers 1

 Estimated number of institutions that operatechildcare 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 operatefamily 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 operatefamily daycare homes, data provided by all family daycare homes 1

 Estimated number of institutions that operatefamily 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  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

|  |
| --- |
| 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  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

|  |
| --- |
| 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  | 1  | 2  | d  |
| b. Where used | 0  | 1  | 2  | d  |
| c. Food components used for | 0  | 1  | 2  | d  |

|  |
| --- |
| 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* | | | | | |
|  | Grains | Fruits | Vegetables | Meat/meat alternates | Milk | Don’t Know |
| a. National School Lunch Program | 0  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

|  |
| --- |
| 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  | 1  | 2  | 3  | 4  | d  |
| b. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |

|  |
| --- |
| 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  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

|  |
| --- |
| Waiver 4 (Nationwide Meal Pattern Waiver)  A1=1 |

**A12a. For SFAs that used the *Nationwide Meal Pattern Waiver* for NSLP*, a*pproximately 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  | 1  | 2  | 3  | 4  | d  |
| b. Component requirements waived changed over the course of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |
| c. Component requirements were waived for the entirety of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| Waiver 4 (Nationwide Meal Pattern Waiver)  A1=2 |

**A12b. For SFAs that used the *Nationwide Meal Pattern Waiver* for SBP*, a*pproximately 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  | 1  | 2  | 3  | 4  | d  |
| b. Component requirements waived changed over the course of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |
| c. Component requirements were waived for the entirety of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| Waiver 4 (Nationwide Meal Pattern Waiver)  A1=3 |

**A12c. For SFAs that used the *Nationwide Meal Pattern Waiver* for SSO*, a*pproximately 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  | 1  | 2  | 3  | 4  | d  |
| b. Component requirements waived changed over the course of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |
| c. Component requirements were waived for the entirety of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| Waiver 4 (Nationwide Meal Pattern Waiver)  A1=4 |

**A12d. For sponsors that used the *Nationwide Meal Pattern Waiver* for SFSP*, a*pproximately 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  | 1  | 2  | 3  | 4  | d  |
| b. Component requirements waived changed over the course of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |
| c. Component requirements were waived for the entirety of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Component requirements waived changed over the course of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |
| c. Component requirements were waived for the entirety of the pandemic | 0  | 1  | 2  | 3  | 4  | d  |

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 |
| **Meal delivery methods** |  |  |  |  |  |  |
| a. Walk-up sites at schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| b. Curbside pick-up/ drive through service | 0  | 1  | 2  | 3  | 4  | d  |
| c. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| d. Delivery with stops at individual homes | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** |  |  |  |  |  |  |
| f. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| g. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| h. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| i. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| j. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| k. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** |  |  |  |  |  |  |
| l. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| m. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| n. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| o. Clickers | 0  | 1  | 2  | 3  | 4  | d  |
| p. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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 |
| **Meal delivery methods** |  |  |  |  |  |  |
| a. Walk-up sites at schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| b. Curbside pick-up/drive-through service | 0  | 1  | 2  | 3  | 4  | d  |
| c. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| d. Delivery with stops at individual homes | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** |  |  |  |  |  |  |
| f. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| g. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| h. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| i. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| j. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| k. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** |  |  |  |  |  |  |
| l. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| m. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| n. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| o. Clickers | 0  | 1  | 2  | 3  | 4  | d  |
| p. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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 |
| **Meal delivery methods** |  |  |  |  |  |  |
| a. Walk-up sites at schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| b. Curbside pick-up/drive-through service | 0  | 1  | 2  | 3  | 4  | d  |
| c. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| d. Delivery with stops at individual homes | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** |  |  |  |  |  |  |
| f. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| g. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| h. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| i. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| j. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| k. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| l. Supper and a snack through CACFP at-risk | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** |  |  |  |  |  |  |
| m. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| n. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| o. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| p. Clickers | 0  | 1  | 2  | 3  | 4  | d  |
| q. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Requested children’s names, ages or dates of birth, or grade levels when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s school names or a copy of school correspondence when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Requested the number of children for which the parent/guardian was picking up meals | 0  | 1  | 2  | 3  | 4  | d  |
| e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes | 0  | 1  | 2  | 3  | 4  | d  |
| f. Posted signage to indicate who is eligible to pick up and receive meals | 0  | 1  | 2  | 3  | 4  | d  |
| g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Requested children’s names, ages or dates of birth, or grade levels when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s school names or a copy of school correspondence when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Requested the number of children for which the parent/guardian was picking up meals | 0  | 1  | 2  | 3  | 4  | d  |
| e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes | 0  | 1  | 2  | 3  | 4  | d  |
| f. Posted signage to indicate who is eligible to pick up and receive meals | 0  | 1  | 2  | 3  | 4  | d  |
| g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Requested children’s names, ages or dates of birth, or grade levels when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s school names or a copy of school correspondence when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Requested the number of children for which the parent/guardian was picking up meals | 0  | 1  | 2  | 3  | 4  | d  |
| e. Provided parents/guardians with rear view mirror hangers, placards, or QR codes | 0  | 1  | 2  | 3  | 4  | d  |
| f. Posted signage to indicate who is eligible to pick up and receive meals | 0  | 1  | 2  | 3  | 4  | d  |
| g. Other method to ensure meals distributed only to parent/guardians of eligible children (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| h. Did not use any methods to ensure meals were distributed only to parents/guardians of eligible children | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Asked parents/guardians to self-attest that they were not picking up duplicate meals | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s names or other identifying information when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other method to ensure duplicate meals were not distributed (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| f. Did not use any methods to ensure that duplicate meals were not distributed | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Asked parents/guardians to self-attest that they were not picking up duplicate meals | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s names or other identifying information when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other method to ensure duplicate meals were not distributed (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| f. Did not use any methods to ensure that duplicate meals were not distributed | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Asked parents/guardians to self-attest that they were not picking up duplicate meals | 0  | 1  | 2  | 3  | 4  | d  |
| c. Requested children’s names or other identifying information when meals were picked up | 0  | 1  | 2  | 3  | 4  | d  |
| d. Used the same staff at multiple delivery sites (that provided meals at different times) located in a geographic area | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other method to ensure duplicate meals were not distributed (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| f. Did not use any methods to ensure that duplicate meals were not distributed | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Analyzed unemployment data | 0  | 1  | 2  | 3  | 4  | d  |
| c. Analyzed prior year school meals eligibility data | 0  | 1  | 2  | 3  | 4  | d  |
| d. Identified site(s) that were area eligible in prior years | 0  | 1  | 2  | 3  | 4  | d  |
| e. Targeted near-eligible sites, such as sites where 40% of children were eligible for free or reduced-price meals | 0  | 1  | 2  | 3  | 4  | d  |
| f. Other approach to select meal sites (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| g. Did not use any methods to target new meal sites | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Analyzed unemployment data | 0  | 1  | 2  | 3  | 4  | d  |
| c. Analyzed prior year school meals eligibility data | 0  | 1  | 2  | 3  | 4  | d  |
| d. Identified site(s) that were area eligible in prior years | 0  | 1  | 2  | 3  | 4  | d  |
| e. Targeted near-eligible sites, such as sites where 40% of children were eligible for free or reduced-price meals | 0  | 1  | 2  | 3  | 4  | d  |
| f. Other approach to select meal sites (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| g. Did not use any methods to target new meal sites | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Improve access to meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Improve safety of children | 0  | 1  | 2  | 3  | 4  | d  |
| d. Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| e. Ease meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| f. Ease meal delivery | 0  | 1  | 2  | 3  | 4  | d  |
| g. [WAIVER 4] Food item(s) not available for purchase | 0  | 1  | 2  | 3  | 4  | d  |
| h. [WAIVER 4] Purchased food item(s) could not be delivered | 0  | 1  | 2  | 3  | 4  | d  |
| i. [WAIVER 4] Purchased food item(s) could not be delivered timely | 0  | 1  | 2  | 3  | 4  | d  |
| j. Help manage meal service costs | 0  | 1  | 2  | 3  | 4  | d  |
| k. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Improve access to meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Improve safety of children | 0  | 1  | 2  | 3  | 4  | d  |
| d. Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| e. Ease meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| f. Ease meal delivery | 0  | 1  | 2  | 3  | 4  | d  |
| g. [WAIVER 4] Food item(s) not available for purchase | 0  | 1  | 2  | 3  | 4  | d  |
| h. [WAIVER 4] Purchased food item(s) could not be delivered | 0  | 1  | 2  | 3  | 4  | d  |
| i. [WAIVER 4] Purchased food item(s) could not be delivered timely | 0  | 1  | 2  | 3  | 4  | d  |
| j. Help manage meal service costs | 0  | 1  | 2  | 3  | 4  | d  |
| k. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Improve access to meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Improve safety of children | 0  | 1  | 2  | 3  | 4  | d  |
| d. Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| e. Ease meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| f. Ease meal delivery | 0  | 1  | 2  | 3  | 4  | d  |
| g. [WAIVER 4] Food item(s) not available for purchase | 0  | 1  | 2  | 3  | 4  | d  |
| h. [WAIVER 4] Purchased food item(s) could not be delivered | 0  | 1  | 2  | 3  | 4  | d  |
| i. [WAIVER 4] Purchased food item(s) could not be delivered timely | 0  | 1  | 2  | 3  | 4  | d  |
| j. Help manage meal service costs | 0  | 1  | 2  | 3  | 4  | d  |
| k. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 2  | 3  | 4  | 5  | d  |
| b. Increased number of sites | 1  | 2  | 3  | 4  | 5  | d  |
| c. Increased alternative meal delivery methods | 1  | 2  | 3  | 4  | 5  | d  |
| **Meal Options** |  |  |  |  |  |  |
| d. Allowed pick up of multiple meals at one time | 1  | 2  | 3  | 4  | 5  | d  |
| e. Allowed distribution of bulk food packages | 1  | 2  | 3  | 4  | 5  | d  |
| f. Allowed service of available foods when supply issues occurred | 1  | 2  | 3  | 4  | 5  | d  |
| **Other** |  |  |  |  |  |  |
| g. Improved safety for children by not requiring congregate feeding or meal pick-up | 1  | 2  | 3  | 4  | 5  | d  |
| h. Reduced barriers to receiving meals | 1  | 2  | 3  | 4  | 5  | d  |
| i. Increased participation | 1  | 2  | 3  | 4  | 5  | d  |
| 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

* [WAIVERS 8, 19, 20, 21] Summer Food Service Program 4
* [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 SFAs 1

 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 SFAs 1

 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 SFAs 1

 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 sponsors 1

 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  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. Summer Food Service Program | 0  | 1  | 2  | 3  | 4  | d  |
| e. Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Desk audit- interviews with site operators | 0  | 1  | 2  | 3  | 4  | d  |
| c. Virtual observations conducted through live stream video | 0  | 1  | 2  | 3  | 4  | d  |
| d. Virtual observations through review of site photos | 0  | 1  | 2  | 3  | 4  | d  |
| e. On-site while assisting with or observing meal service | 0  | 1  | 2  | 3  | 4  | d  |
| f. Other type of monitoring (specify) | 0  | 1  | 2  | 3  | 4  | d  |
| g. No monitoring conducted | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Focus resources on identifying meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Focus resources on providing meals | 0  | 1  | 2  | 3  | 4  | d  |
| d. Focus resources on other priority areas | 0  | 1  | 2  | 3  | 4  | d  |
| e. [WAIVER 6] Provide additional time to gather relevant data for CEP | 0  | 1  | 2  | 3  | 4  | d  |
| f. [WAIVER 6] Increase the likelihood of qualifying for CEP | 0  | 1  | 2  | 3  | 4  | d  |
| g. Schools or centers were closed | 0  | 1  | 2  | 3  | 4  | d  |
| h. [WAIVER 13] Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| i. [WAIVERS 6, 8] Improve data quality | 0  | 1  | 2  | 3  | 4  | d  |
| j. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Focus resources on identifying meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Focus resources on providing meals | 0  | 1  | 2  | 3  | 4  | d  |
| d. Focus resources on other priority areas | 0  | 1  | 2  | 3  | 4  | d  |
| e. Schools or centers were closed | 0  | 1  | 2  | 3  | 4  | d  |
| f. [WAIVER 1] Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| g. [WAIVER 8] Improve data quality | 0  | 1  | 2  | 3  | 4  | d  |
| h. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Focus resources on identifying meal sites | 0  | 1  | 2  | 3  | 4  | d  |
| c. Focus resources on providing meals | 0  | 1  | 2  | 3  | 4  | d  |
| d. Focus resources on other priority areas | 0  | 1  | 2  | 3  | 4  | d  |
| e. Schools or centers were closed | 0  | 1  | 2  | 3  | 4  | d  |
| f. [WAIVER 11] Improve safety of staff | 0  | 1  | 2  | 3  | 4  | d  |
| g. [WAIVER 8] Improve data quality | 0  | 1  | 2  | 3  | 4  | d  |
| h. Other (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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* | | | | | |
|  | NSLP | SBP | SSO | SFSP | CACFP | Don’t Know |
| a. Increased administrative resources for identifying meal sites | 1  | 2  | 3  | 4  | 5  | d  |
| b. Increased administrative resources for addressing food supply issues and other challenges in preparing meals | 1  | 2  | 3  | 4  | 5  | d  |
| c. Increased administrative resources for providing meals | 1  | 2  | 3  | 4  | 5  | d  |
|  |  |  |  |  |  |  |
| d. Increased ability to focus administrative resources on other priority areas to improve services to children | 1  | 2  | 3  | 4  | 5  | d  |
| e. Increased ability of local program operators to begin operations more quickly | 1  | 2  | 3  | 4  | 5  | d  |
| f. Other way services to children improved in NSLP (specify) |  |  |  |  |  |  |
| g. Other way services to children improved in SBP (specify) |  |  |  |  |  |  |
| h. Other way services to children improved in SSO (specify) |  |  |  |  |  |  |
| i. Other way services to children improved in SFSP (specify) |  |  |  |  |  |  |
| j. Other way services to children improved in CACFP (specify) |  |  |  |  |  |  |

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 observations 5
* 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 areas 6

 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

|  |
| --- |
| WaiverS 10, 12, 13, 15 |

**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  | 2  | d  |
| b. Increased State and local administrative resources for identifying meal sites | 1  | 2  | d  |
| c. Increased State Agency ability to focus administrative resources on other priority areas to improve services to children | 1  | 2  | d  |
| d. Increased State Agency ability to provide technical assistance to local program operators | 1  | 2  | d  |
| e. Increased local program operators’ administrative resources for providing meals to children | 1  | 2  | d  |
| f. Increased local program operators’ ability to focus administrative resources on other priority areas to improve services to children | 1  | 2  | d  |
| g. Other way services to children improved (specify) | 1  | 2  | d  |

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 buildings 1

 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  | 1  | 2  | 3  | 4  | d  |
| b. SFA sponsors for SFSP | 0  | 1  | 2  | 3  | 4  | d  |
| c. Non-SFA Sponsors for SFSP | 0  | 1  | 2  | 3  | 4  | d  |
| d. Institutions for CACFP | 0  | 1  | 2  | 3  | 4  | d  |

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  | 2  | 3  | 4  | d  |
| b. Purchase of personal protective equipment for staff | 1  | 2  | 3  | 4  | d  |
| c. Meal transportation and delivery costs | 1  | 2  | 3  | 4  | d  |
| d. Purchase of equipment for alternate meal service approaches | 1  | 2  | 3  | 4  | d  |
| e. Staff overtime or hazard pay | 1  | 2  | 3  | 4  | d  |
| f. Increased food costs | 1  | 2  | 3  | 4  | d  |
| g. Fixed staff-related costs | 1  | 2  | 3  | 4  | d  |
| h. Other fixed costs | 1  | 2  | 3  | 4  | d  |
| i. Decreased federal reimbursement because of decreased participation | 1  | 2  | 3  | 4  | d  |
| j. Other (specify) | 1  | 2  | 3  | 4  | d  |

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  | 2  | 3  | 4  | d  |
| b. Providing meals through curbside pick-up/drive- through service | 1  | 2  | 3  | 4  | d  |
| c. Operating mobile sites at which a bus or van delivers meals at pre-set times | 1  | 2  | 3  | 4  | d  |
| d. Delivering meals with stops at individual homes | 1  | 2  | 3  | 4  | d  |
| e. Other methods for providing home delivery of meals | 1  | 2  | 3  | 4  | d  |
| f. Distributing a full week (5 days) of meals at one time | 1  | 2  | 3  | 4  | d  |
| g. Distributing 2–3 days of meals at one time | 1  | 2  | 3  | 4  | d  |
| h. Distributing meals daily | 1  | 2  | 3  | 4  | d  |
| i. Distributing weekend meals | 1  | 2  | 3  | 4  | d  |
| j. Replacing individual meals with bulk food packages | 1  | 2  | 3  | 4  | d  |
| k. Providing frozen meals | 1  | 2  | 3  | 4  | d  |
| l. Providing shelf-stable meals | 1  | 2  | 3  | 4  | d  |
| m. Other (specify) | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. SFA sponsors for SFSP |  |  |  |  |  |  |
| c. Non-SFA Sponsors for SFSP | 0  | 1  | 2  | 3  | 4  | d  |
| d. Institutions for CACFP | 0  | 1  | 2  | 3  | 4  | d  |

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  | 2  | 3  | 4  | d  |
| b. Identifying site locations | 1  | 2  | 3  | 4  | d  |
| c. Obtaining approval for new sites | 1  | 2  | 3  | 4  | d  |
| d. Establishing new meal delivery methods | 1  | 2  | 3  | 4  | d  |
| e. Obtaining needed meal delivery equipment | 1  | 2  | 3  | 4  | d  |
| f. Redistributing staff to manage meal sites and delivery methods | 1  | 2  | 3  | 4  | d  |
| g. Ensuring staff safety and obtaining personal protective equipment | 1  | 2  | 3  | 4  | d  |
| h. Continuity of operations during staff absences | 1  | 2  | 3  | 4  | d  |
| i. Providing meals during food shortages or supply chain issues | 1  | 2  | 3  | 4  | d  |
| j. Obtaining meal packaging | 1  | 2  | 3  | 4  | d  |
| k. Other (specify) | 1  | 2  | 3  | 4  | d  |

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 | SSO | SFSP | CACFP | Don’t Know |
| a. Added new staff | 1  | 2  | 3  | 4  | 5  | d  |
| b. Increased staff hours | 1  | 2  | 3  | 4  | 5  | d  |
| c. Staff overtime | 1  | 2  | 3  | 4  | 5  | d  |
| d. IT system changes | 1  | 2  | 3  | 4  | 5  | d  |
| e. Other | 1  | 2  | 3  | 4  | 5  | d  |

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 | SSO | SFSP | CACFP | Don’t Know |
| a. Resources needed to review and approve waiver requests from providers | 1  | 2  | 3  | 4  | 5  | d  |
| b. Resources needed to approve meal sites | 1  | 2  | 3  | 4  | 5  | d  |
| c. Resources needed to assist providers with identification of meal sites | 1  | 2  | 3  | 4  | 5  | d  |
| d. Resources needed to provide technical assistance to local program operators | 1  | 2  | 3  | 4  | 5  | d  |
| e. Limitations on ability to hire new staff | 1  | 2  | 3  | 4  | 5  | d  |
| f. Unexpected staff training needs | 1  | 2  | 3  | 4  | 5  | d  |
| g. Redesigning monitoring approaches (for example, from onsite to virtual) | 1  | 2  | 3  | 4  | 5  | d  |
| h. Implementing IT system changes | 1  | 2  | 3  | 4  | 5  | d  |
| i. Office closures | 1  | 2  | 3  | 4  | 5  | d  |
| j. Unclear guidance from FNS | 1  | 2  | 3  | 4  | 5  | d  |
| k. Untimely guidance from FNS | 1  | 2  | 3  | 4  | 5  | d  |
| l. Insufficient technical assistance from FNS | 1  | 2  | 3  | 4  | 5  | d  |
| m. Other | 1  | 2  | 3  | 4  | 5  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Locations with higher levels of participation in Child Nutrition Programs | 0  | 1  | 2  | 3  | 4  | d  |
| c. Facilities with central kitchens | 0  | 1  | 2  | 3  | 4  | d  |
| d. Facilities with larger spaces for meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| e. Continued offering meals at all sites | 0  | 1  | 2  | 3  | 4  | d  |
| f. Other location characteristics (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Locations with higher levels of participation in Child Nutrition Programs | 0  | 1  | 2  | 3  | 4  | d  |
| c. Facilities with central kitchens | 0  | 1  | 2  | 3  | 4  | d  |
| d. Facilities with larger spaces for meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| e. Continued offering meals at all sites | 0  | 1  | 2  | 3  | 4  | d  |
| f. Other location characteristics (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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  | 1  | 2  | 3  | 4  | d  |
| b. Locations with higher levels of participation in Child Nutrition Programs | 0  | 1  | 2  | 3  | 4  | d  |
| c. Facilities with central kitchens | 0  | 1  | 2  | 3  | 4  | d  |
| d. Facilities with larger spaces for meal preparation | 0  | 1  | 2  | 3  | 4  | d  |
| e. Facilities caring for children of essential workers | 0  | 1  | 2  | 3  | 4  | d  |
| f. Continued offering meals at all sites | 0  | 1  | 2  | 3  | 4  | d  |
| g. Other location characteristics (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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 |
| **Meal delivery methods** |  |  |  |  |  |  |
| a. Walk-up sites at schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| b. Curbside pick-up/drive-through service | 0  | 1  | 2  | 3  | 4  | d  |
| c. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| d. Delivery with stops at individual homes | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** |  |  |  |  |  |  |
| f. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| g. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| h. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| i. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| j. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| k. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Student identification approaches** |  |  |  |  |  |  |
| l. Identified students receiving meals using a reference list of enrolled students | 0  | 1  | 2  | 3  | 4  | d  |
| m. Required students to be present during meal pick-up | 0  | 1  | 2  | 3  | 4  | d  |
| n. Requested parents/guardians present documentation of student enrollment during meal pick-up | 0  | 1  | 2  | 3  | 4  | d  |
| o. Other meal delivery method, meal option, or approach for identifying enrolled students (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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 |
| **Meal delivery methods** |  |  |  |  |  |  |
| a. Walk-up sites at schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| b. Curbside pick-up/drive- through service | 0  | 1  | 2  | 3  | 4  | d  |
| c. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| d. Delivery with stops at individual homes | 0  | 1  | 2  | 3  | 4  | d  |
| e. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** |  |  |  |  |  |  |
| f. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| g. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| h. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| i. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| j. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| k. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Student identification approaches** |  |  |  |  |  |  |
| l. Identified students receiving meals using a reference list of enrolled students | 0  | 1  | 2  | 3  | 4  | d  |
| m. Required students to be present during meal pick-up | 0  | 1  | 2  | 3  | 4  | d  |
| n. Requested parents/guardians present documentation of student enrollment during meal pick-up | 0  | 1  | 2  | 3  | 4  | d  |
| o. Other meal delivery method, meal option, or approach for identifying enrolled students (specify) | 0  | 1  | 2  | 3  | 4  | d  |

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!