**Appendix D.3
State Agency Child Nutrition Director Survey: Summer 2022**



OMB Clearance Number: 0584-0607

Expiration Date: XX/XX/20XX

** **

**State Agency Child Nutrition Director COVID-19 Waiver Collection**

**Waivers Used in School Year 2021–2022**

**Sponsored by:**

U.S. Department of Agriculture

Food and Nutrition Service

The Food and Nutrition Service (FNS) is collecting this information to understand how the COVID-19 pandemic has affected school food authority (SFA) operations and finances and to satisfy State agencies’ congressionally mandated reporting requirements for the COVID-19 nationwide waivers pursuant to section 2202 of the Families First Coronavirus Response Act (P.L. 116-127). This is a mandatory collection for State agencies and SFAs. 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. 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 6 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**

**Intro.**

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 14 nationwide COVID-19 Child Nutrition waivers that FNS authorized for use during School Year (SY) 2021-2022 due to the COVID-19 public health emergency and pursuant to the authority in 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)
* 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.

*\* 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.*

Because this is a mandatory information collection, your State Agency must answer all questions regarding each nationwide waiver that was used in SY 2021-2022.**Full participation in the SMO Study will satisfy your State Agency’s reporting requirements for the nationwide COVID-19 Child Nutrition waivers used in SY 2021-2022.**

The final section of this survey includes questions about State Agency challenges administering the Child Nutrition Programs during SY 2021-2022. FNS is seeking this information to inform future Child Nutrition Program policy, procedures, and guidance.

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 SMOStudy@mathematica-mpr.com or call Mathematica toll-free at 833-440-9475.

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**Instructions.**

PROGRAMMER NOTE: INCLUDE A LINK FOR THIS PAGE TITLED “Help” IN THE LOWER LEFT CORNER OF EVERY PAGE.

**Instructions for Completing the Survey**

* **You may view a PDF or Word version of the full data collection instrument here.** Note that this does not include the display logic so you may see questions that do not apply to your State Agency.
* Question numbers may not follow sequentially as you proceed through the data collection instrument. The numbers are only displayed to assist you in following along with the hard copy, if desired.
* You may view FNS guidance on each of the waivers here [LINK TO Waivers List PAGE].
* If you need a colleague to complete a section of the survey, you should forward them the email with the link to the survey. They do not need a separate link.
* **Avoid having multiple people logged into the survey at once**. Responses may not be recorded correctly if multiple users are logged into the survey at the same time.
* If you or a colleague are returning to finish your saved survey, the program will return to the “**Survey Sections**” menu. Use the menu to return to previous questions or start a new section.
* Within each section you may review your unanswered questions using the “**Section Review**” link at the top of the page.
* This survey has been optimized to run on a desktop computer and is best viewed in the latest versions of Chrome, Firefox, or Internet Explorer.
* Click the **"Next”** button to progress in the survey. You must click this button to save your responses. **If you cannot complete the survey in one sitting, click the “Next” button before you close your browser.** Your answers will be saved.
* Click the **"Back"** button to go to the previous question.
* **Use the buttons and links within the survey**. Using your browser’s “Back” function may cause errors.
* Definitions for key terms are provided in the **glossary** located on the “Help” page. As you complete the survey, you may return to this page at any point via the “Help” link in the lower left corner of the window.
* If you have any questions about the study or about completing this survey, please email SMOStudy@mathematica-mpr.com or call Mathematica toll-free at 833-440-9475.

**Waivers**

**Waiver list**

This data collection is focused on the reporting requirements associated with the following nationwide waivers authorized for use in SY 2021-20222:

1. [Nationwide Waiver to Allow the Seamless Summer Option](https://www.fns.usda.gov/cn/child-nutrition-response-85) (Response #85)
Allows Seamless Summer Option operations through June 30, 2022.
2. [Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates](https://www.fns.usda.gov/cn/child-nutrition-response-86) (Response #86)
Allows school food authorities to claim NSLP SSO meals and snacks at the SFSP reimbursement rates.
3. [Nationwide Waiver to Allow Non-Congregate Meal Service](https://www.fns.usda.gov/cn/child-nutrition-response-87)(Response #87)
Allows meals to be served in non-group settings to support social distancing.
4. [Nationwide Waiver of Meal Times Requirements](https://www.fns.usda.gov/cn/child-nutrition-response-88) (Response #88)
Allows meals to be served to kids outside traditional times to maximize flexibility for meal pick-up.
5. [Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children](https://www.fns.usda.gov/cn/child-nutrition-response-89) (Response #89)
Allows parents/guardians to pick-up meals and bring them home to their children.
6. [Nationwide Waiver to Allow Specific School Meal Pattern Flexibility](https://www.fns.usda.gov/cn/child-nutrition-response-90) (Response #90)
Provides the flexibility to serve meals that do not meet specified meal pattern requirements when needed.
7. [Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program](https://www.fns.usda.gov/cn/child-nutrition-response-91) (Response #91)
Provides the flexibility to serve meals that do not meet specified meal pattern requirements when needed.
8. [Nationwide Waiver to Allow Offer Versus Serve Flexibility for Senior High Schools](https://www.fns.usda.gov/cn/child-nutrition-response-92)(Response #92)
Provides the flexibility to serve meals without using offer versus serve in senior high schools.
9. [Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers](https://www.fns.usda.gov/cn/child-nutrition-response-93) (Response #93)
Allows schools and at-risk afterschool care centers, regardless of their location, to claim all National School Lunch Program Afterschool Snack Service and Child and Adult Care Food Program At-risk Afterschool Program meals and snacks at the free rate.
10. [Nationwide Waiver of Onsite Monitoring Requirements in the School Meal Programs – Revised – EXTENSION 3](https://www.fns.usda.gov/cn/child-nutrition-response-94) (Response #94)
Provides flexibilities for certain monitoring and review requirements for school meals programs.
11. [Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program – EXTENSION 3](https://www.fns.usda.gov/cn/child-nutrition-response-95) (Response #95)
Provides flexibilities for certain monitoring and review requirements for school meals programs.
12. [Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program – EXTENSION](https://www.fns.usda.gov/cn/child-nutrition-response-96)(Response #96)
Provides flexibilities for certain monitoring and review requirements for sponsors participating in CACFP.
13. [Nationwide Waiver to Provide Flexibility for School Meal Programs Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option in School Year (SY) 2021-2022](https://www.fns.usda.gov/cn/child-nutrition-response-97) (Response #97)
Provides flexibilities for State agencies conducting administrative reviews of school food authorities operating only the SSO.
14. [Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the National School Lunch and School Breakfast Programs](https://www.fns.usda.gov/cn/covid19-child-nutrition-response-98) (Response #98)
Provides a new first triennial assessment deadline of June 30, 2022.

**Contact Information**

**CI1. 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: (Please do not use parentheses or dashes)

 Ext.

Email:

**CI2. If you are *not* the State Child Nutrition Director, please fill in the name and contact information** **of the primary contact:**

First Name:

Last Name:

Title:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Phone Number: (Please do not use parentheses or dashes)

 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 one or more items that could be used for multiple meals or portion sizes. For example, a quart of milk provides four 1-cup servings.

**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.

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| ALL |

**X1.** Which of these nationwide waivers did your State Agency use in SY 2021-2022?

We understand that you reported to FNS which waivers your State elected during SY 2021-2022. However, to ensure this information collection effort gathers the information needed for your State Agency to meet the statutory reporting requirements for each waiver, **please confirm below which nationwide waivers your State Agency used during SY 2021-2022.**

 FNS guidance on each of the waivers is available here [link to Waivers List page].

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| a. [DISPLAY IF SSO=1] COVID-19: Child Nutrition Response #85: Nationwide Waiver to Allow the Seamless Summer Option   | 1  | 0  |
| b. [DISPLAY IF SSO=1] COVID-19: Child Nutrition Response #86: Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates  | 1  | 0  |
| c. [DISPLAY IF NSLP, SBP, SSO, OR CACFP=1] COVID-19: Child Nutrition Response #87: Nationwide Waiver to Allow Non-Congregate Meal Service  | 1  | 0  |
| d. [DISPLAY IF NSLP, SBP, SSO, OR CACFP=1] COVID-19: Child Nutrition Response #88: Nationwide Waiver of Meal Times Requirements  | 1  | 0  |
| e. [DISPLAY IF NSLP, SBP, SSO, OR CACFP=1] COVID-19: Child Nutrition Response #89: Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children  | 1  | 0  |
| f. [DISPLAY IF NSLP, SBP, OR SSO=1] COVID-19: Child Nutrition Response #90: Nationwide Waiver to Allow Specific School Meal Pattern Flexibility   | 1  | 0  |
| g. [DISPLAY IF CACFP=1] COVID-19: Child Nutrition Response #91: Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program | 1  | 0  |
| h. [DISPLAY IF NSLP OR SSO=1] COVID-19: Child Nutrition Response #92: Nationwide Waiver of to Allow Offer Versus Serve Flexibility for Senior High Schools   | 1  | 0  |
| i. [DISPLAY IF NSLP OR CACFP=1] COVID-19: Child Nutrition Response #93: Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers | 1  | 0  |
| j. [DISPLAY IF NSLP OR SBP=1] COVID-19: Child Nutrition Response #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised  | 1  | 0  |
| k. [DISPLAY IF CACFP=1] COVID-19: Child Nutrition Response #95: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program   | 1  | 0  |
| l. [DISPLAY IF CACFP=1] COVID-19: Child Nutrition Response #96: Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program  | 1  | 0  |
| m. [DISPLAY IF SSO=1] COVID-19: Child Nutrition Response #97: Nationwide Waiver to Provide Flexibility for School Meal Programs Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option  | 1  | 0  |
| n. [DISPLAY IF NSLP OR SBP=1] COVID-19: Child Nutrition Response #98: Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the National School Lunch and School Breakfast Programs | 1  | 0  |

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| HARD CHECK: IF ANY ROW= MISSING: You will be asked survey questions about each waiver you used based on your response to this question, so it is essential that you provide a response before moving on. |

**Survey Sections**

PROGRAMMER: THIS IS THE TABLE OF CONTENTS PAGE. AFTER RESONDENTS HAVE COMPLETED X1, EACH TIME THEY ENTER THE SURVEY, THEY SHOULD COME TO THIS LANDING PAGE. AFTER FINISHING A WAIVER SECTION, THEY SHOULD BE BROUGHT BACK TO THIS LANDING PAGE TO SELECT WHICH WAIVER SECTION TO START NEXT. EACH SECTION LISTED SHOULD LINK RESPONDENTS TO THE BEGININNING OF THAT SECTION. NEXT TO EACH SECTION LISTED BELOW, PLEASE INCLUDE A STATUS INDICATOR OF “Not started”, “Incomplete”, AND “Complete.”

THE “Submit completed survey” LINK OR BUTTON SHOULD TAKE THEM TO THE SURVEY VERIFICATION PAGE.

**Survey Sections.**

Use the status buttons below to navigate to the survey sections. Each waiver section collects information on the statutory reporting requirements for that waiver, including:

1. The number of local program operators that used the waiver (as applicable),
2. Program changes resulting from waiver use, and
3. How the waiver improved services to children.

**Because this is a mandatory information collection to meet statutory requirements, all questions and items must be answered.** While you may skip questions and come back to them as needed, the survey sections will display as ‘Incomplete’ and you will be unable to submit your survey responses until all questions have been answered. Within each section you may review your unanswered questions by clicking the “Section Review” link at the top of the page. You may return to this page at any time by clicking the “Survey Sections” link.

The status of each section is listed next to the section name below. Once you have completed all sections, click “Submit completed survey” to finalize your responses.

1. COVID-19: Child Nutrition Response #85: Nationwide Waiver to Allow the Seamless Summer Option
2. COVID-19: Child Nutrition Response #86: Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates
3. COVID-19: Child Nutrition Response #87: Nationwide Waiver to Allow Non-Congregate Meal Service
4. COVID-19: Child Nutrition Response #88: Nationwide Waiver of Meal Times Requirements
5. COVID-19: Child Nutrition Response #89: Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children
6. COVID-19: Child Nutrition Response #90: Nationwide Waiver to Allow Specific School Meal Pattern Flexibility
7. COVID-19: Child Nutrition Response #91: Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program
8. COVID-19: Child Nutrition Response #92: Nationwide Waiver of to Allow Offer Versus Serve Flexibility for Senior High Schools
9. COVID-19: Child Nutrition Response #93: Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers
10. COVID-19: Child Nutrition Response #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised
11. COVID-19: Child Nutrition Response #95: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program
12. COVID-19: Child Nutrition Response #96: Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program
13. COVID-19: Child Nutrition Response #97: Nationwide Waiver to Provide Flexibility for School Meal Programs Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option
14. COVID-19: Child Nutrition Response #98: Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the National School Lunch and School Breakfast Programs
15. Challenges

Submit completed survey

**A. Questions for each access waiver**

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| **X1 item/ Survey Section** | **Waiver** |
| A | [SSO] COVID-19: Child Nutrition Response #85: Nationwide Waiver to Allow the Seamless Summer Option   |
| C | [NSLP, SBP, SSO, OR CACFP] COVID-19: Child Nutrition Response #87: Nationwide Waiver to Allow Non-Congregate Meal Service  |
| D | [NSLP, SBP, SSO, OR CACFP] COVID-19: Child Nutrition Response #88: Nationwide Waiver of Meal Times Requirements  |
| E | [NSLP, SBP, SSO, OR CACFP] COVID-19: Child Nutrition Response #89: Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children  |
| F | [NSLP, SBP, OR SSO] COVID-19: Child Nutrition Response #90: Nationwide Waiver to Allow Specific School Meal Pattern Flexibility   |
| G | [CACFP] COVID-19: Child Nutrition Response #91: Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program |
| H | [NSLP OR SSO] COVID-19: Child Nutrition Response #92: Nationwide Waiver of to Allow Offer Versus Serve Flexibility for Senior High Schools   |
| I | [NSLP OR CACFP] COVID-19: Child Nutrition Response #93: Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers |

PROGRAMMER: PLEASE DISPLAY THE WAIVER NAME AT TOP OF EVERY QUESTION IN THE SECTION.

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| Display for WAIVERS A, C, D, E, F, G, H, IX1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1G=1, X1H=1, X1I=1 |

**A\_intro.** This section asks about use of the [*WAIVER*]. Please answer the following questions focusing on use of the waiver **during SY 2021-2022**.

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| DISPLAY FOR WAIVERS C, D, E, F, H, I (WAIVERS THAT APPLY TO MULTIPLE PROGRAMS)X1C=1, X1D=1, X1E=1, X1F=1, X1H=1, X1I=1 |

**A1.** For which Child Nutrition Programs did local program operators use the [*WAIVER*] during SY 2021-2022?

 Local program operators include School Food Authorities (SFAs) 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 or breakfast program in one or more public or private schools.]

 [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

 [IF NSLP=1: DISPLAY FOR WAIVERS C, D, E, F, H, I (X1C=1, X1D=1, X1E=1, X1F=1, X1H=1, X1I=1)] National School Lunch Program 1

* [IF SBP=1: DISPLAY FOR WAIVERS C, D, E, F (X1C=1, X1D=1, X1E=1, X1F=1)] School Breakfast Program 2

 [IF SSO=1: DISPLAY FOR WAIVERS A, C, D, E, F, H (X1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1H=1)] Seamless Summer Option 3

* [IF CACFP=1: DISPLAY FOR WAIVERS C, D, E, G, I (X1C=1, X1D=1, X1E=1, X1G=1, X1I=1)] Child and Adult Care Food Program 4

 No local program operators used this waiver 0

NO RESPONSE M

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| HARD CHECK: IF A1= MISSING: The survey questions you will be asked about this waiver are based on your response to this question so it is essential that you provide a response before moving on. |

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| DISPLAY FOR WAIVERS C, D, E, F, H, I X1C=1, X1D=1, X1E=1, X1F=1, X1H=1, X1I=1 AND A1=1 |

**A2a.** How many **SFAs** used the [*WAIVER*] for **NSLP** anytime during SY 2021-2022?

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

NO RESPONSE M

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| HARD CHECK: IF A2a=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF A2a=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

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| DISPLAY FOR WAIVERS C, D, E, F X1C=1, X1D=1, X1E=1, X1F=1 AND A1=2 |

**A2b.** How many **SFAs** used the [*WAIVER*] for **SBP** anytime during SY 2021-2022?

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

NO RESPONSE M

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| HARD CHECK: IF A2b=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF A2b=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |
| DISPLAY FOR WAIVERS A, C, D, E, F, H X1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1H=1 AND A1=3 |

**A2c.** How many **SFAs** used the [*WAIVER*] for **SSO** anytime during SY 2021-2022?

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

 [IF SSO=1 AND X1A=1] No SFAs used this waiver 0

NO RESPONSE M

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| HARD CHECK: IF A2c=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF A2c=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

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| DISPLAY FOR WAIVERS C, D, E, G, I X1C=1, X1D=1, X1E=1, X1G=1, X1I=1 AND A1=4  |

DISPLAY A2d AND A2e ON SAME PAGE.

**A2d.** How many **institutions** that operate **child care centers** and **family** **day care homes** used the [*WAIVER*] for **CACFP** anytime during SY 2021-2022?

 Please enter the number of institutions that operate child care centers and family day care homes that used the waiver during SY 2021-2022. Then select an 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 OPERATECHILD CARE CENTERS

(RANGE: 0-2000)

 Actual number of institutions 1

 Estimated number of institutions 2

 Don’t know- data not collected d

 [IF CACFP=1 AND X1G=1] No institutions used this waiver 0

 NO RESPONSE M

**A2e.**

 NUMBER OF INSTITUTIONS THAT OPERATE FAMILY DAY CARE HOMES

(RANGE: 0-2000)

 Actual number of institutions 1

 Estimated number of institutions 2

 Don’t know- data not collected d

 [IF CACFP=1 AND X1G=1] No institutions used this waiver 0

 NO RESPONSE M

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| --- |
| HARD CHECK: IF A2d=0 AND A2e=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF A2d=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |
| SOFT CHECK: IF A2e=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

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| --- |
| DISPLAY FOR Waivers A, C, D, E, F, G, H, I X1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1G=1, X1H=1, X1I=1 A2 a, b, C, D, OR e=D |

**A3.** In the previous question(s), you indicated that you did not know how many local program operators used the waiver for the following program(s). Approximately what proportion of local program operators that provided meal service during SY 2021-2022 used the [*WAIVER*] anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

 ONLY DISPLAY PROGRAM IF CORRESPONDING A2 QUESTION=D.

|  |  |
| --- | --- |
|  | *Select one per row* |
|  | *Proportion of local program operators*  |
|  | Less than half | About half | More than half | All  | Don’t Know |
| a. [A2a = d AND (X1C=1, X1D=1, X1E=1, X1F=1, X1H=1, X1I=1)] National School Lunch Program  | 1  | 2  | 3  | 4  | d  |
| b. [A2b = d AND (X1C=1, X1D=1, X1E=1, X1F=1)] School Breakfast Program | 1  | 2  | 3  | 4  | d  |
| c. [A2c = d AND (X1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1H=1)] Seamless Summer Option | 1  | 2  | 3  | 4  | d  |
| d. [A2d = d OR A2e = d AND (X1C=1, X1D=1, X1E=1, X1G=1, X1I=1)] Child and Adult Care Food Program | 1  | 2  | 3  | 4  | d  |

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| SOFT CHECK: IF ANY ROW= MISSING: Please enter a response to this question. To continue without providing a response, click ‘Next’. |

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| DISPLAY FOR WAIVERs C, D, E, FX1C=1, X1D=1, X1E=1, X1F=1A1=1, 2, OR 3 and A2=1, 2, or d |

**A4a.** For **SFAs** that used the [*WAIVER*] anytime during SY 2021-2022, approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for **NSLP, SBP or SSO** at anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

PROGRAMMER: PLEASE BREAK THIS GRID OUT TO A-H, I-N, AND O-S.

|  |  |
| --- | --- |
|  | *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. Cafeteria service | 0  | 1  | 2  | 3  | 4  | d  |
| b. Grab-and-go tables or kiosks in school buildings | 0  | 1  | 2  | 3  | 4  | d  |
| c. Meals in the classroom | 0  | 1  | 2  | 3  | 4  | d  |
| d. Walk-up sites outside of schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| e. Curbside pick-up/ drive through service | 0  | 1  | 2  | 3  | 4  | d  |
| f. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| g. Delivery with stops at individual homes  | 0  | 1  | 2  | 3  | 4  | d  |
| h. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** | None | Less than half | About half | More than half | All  | Don’t Know |
| i. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| j. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| k. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| l. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| m. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| n. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** | None | Less than half | About half | More than half | All  | Don’t Know |
| o. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| p. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| q. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| r. Clickers  | 0  | 1  | 2  | 3  | 4  | d  |
| s. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

\*Bulk food packages: Food packages that contain one or more items that could be used for multiple meals or portion sizes. For example, a quart of milk provides four 1-cup servings.

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| SOFT CHECK: IF A6a\_a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, OR r = MISSING: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A6a\_s= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| DISPLAY FOR WAIVERS A, H and IX1A=1, X1H=1, X1I=1A1=1 and A2=1, 2, or d |

**A4b.** For **SFAs** that used the [*WAIVER*] anytime during SY 2021-2022, approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for [X1A=1: **SSO;** X1H=1: **NSLP or SSO;** X1I=1: **NSLP**] at anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

PROGRAMMER: PLEASE BREAK THIS GRID OUT TO A-H, I-N, AND O-S.

|  |  |
| --- | --- |
|  | *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. Cafeteria service | 0  | 1  | 2  | 3  | 4  | d  |
| b. Grab-and-go tables or kiosks in school buildings | 0  | 1  | 2  | 3  | 4  | d  |
| c. Meals in the classroom | 0  | 1  | 2  | 3  | 4  | d  |
| d. Walk-up sites outside of schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| e. Curbside pick-up/ drive through service | 0  | 1  | 2  | 3  | 4  | d  |
| f. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| g. Delivery with stops at individual homes  | 0  | 1  | 2  | 3  | 4  | d  |
| h. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** | None | Less than half | About half | More than half | All  | Don’t Know |
| i. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| j. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| k. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| l. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| m. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| n. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** | None | Less than half | About half | More than half | All  | Don’t Know |
| o. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| p. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| q. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| r. Clickers  | 0  | 1  | 2  | 3  | 4  | d  |
| s. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

\*Bulk food packages: Food packages that contain one or more items that could be used for multiple meals or portion sizes. For example, a quart of milk provides four 1-cup servings.

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| SOFT CHECK: IF A6b\_a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, OR r= MISSING: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A6b\_s= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| DISPLAY FOR WAIVERs C, D, E, G, IX1C=1, X1D=1, X1E=1, X1G=1, X1I=1A1=4 and A2=1, 2, or d |

**A4c.** For **institutions** that used the [*WAIVER*] anytime during SY 2021-2022, approximately what proportion implemented the following meal delivery methods, meal options, and meal counting methods for **CACFP** at anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

PROGRAMMER: PLEASE BREAK THIS GRID OUT TO A-H, I-N, AND O-S.

|  |  |
| --- | --- |
|  | *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. Cafeteria service | 0  | 1  | 2  | 3  | 4  | d  |
| b. Grab-and-go tables or kiosks in school buildings | 0  | 1  | 2  | 3  | 4  | d  |
| c. Meals in the classroom | 0  | 1  | 2  | 3  | 4  | d  |
| d. Walk-up sites outside of schools, centers, or other buildings | 0  | 1  | 2  | 3  | 4  | d  |
| e. Curbside pick-up/ drive through service | 0  | 1  | 2  | 3  | 4  | d  |
| f. Mobile sites at which a bus or van delivers meals at pre-set times | 0  | 1  | 2  | 3  | 4  | d  |
| g. Delivery with stops at individual homes  | 0  | 1  | 2  | 3  | 4  | d  |
| h. Other home delivery methods | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal options** | None | Less than half | About half | More than half | All  | Don’t Know |
| i. Full week (5 days) of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| j. 2–3 days of meals at one time | 0  | 1  | 2  | 3  | 4  | d  |
| k. Weekend meals | 0  | 1  | 2  | 3  | 4  | d  |
| l. Bulk food packages\* | 0  | 1  | 2  | 3  | 4  | d  |
| m. Frozen meals | 0  | 1  | 2  | 3  | 4  | d  |
| n. Shelf-stable meals | 0  | 1  | 2  | 3  | 4  | d  |
| **Meal counting methods** | None | Less than half | About half | More than half | All  | Don’t Know |
| o. Standard point of service system | 0  | 1  | 2  | 3  | 4  | d  |
| p. Mobile technology (for example, laptop, tablet, or cell phone apps) | 0  | 1  | 2  | 3  | 4  | d  |
| q. Paper rosters | 0  | 1  | 2  | 3  | 4  | d  |
| r. Clickers  | 0  | 1  | 2  | 3  | 4  | d  |
| s. Other meal delivery method, option, or counting method (specify) | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

\*Bulk food packages: Food packages that contain one or more items that could be used for multiple meals or portion sizes. For example, a quart of milk provides four 1-cup servings.

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| SOFT CHECK: IF A6c\_a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, OR r= MISSING: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A6c\_s= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| DISPLAY FOR Waiver E X1E=1A1=1, 2 OR 3 and A2=1, 2, or d |

**A5a.** FNS’s *Parent/Guardian Meal Pick-up Nationwide Waiver* policy memo indicates that processes should be put in place to ensure that meals are distributed only to parents or guardians of eligible children.For **SFAs** that used the *Parent/Guardian Meal Pick-up Nationwide Waiver* for **NSLP, SBP, or SSO** anytime during SY 2021-2022, approximately what proportion used the following methods to ensure that **meals were distributed only to parents or guardians of eligible children**?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A7a\_a, b, c, d, e, f, OR h = MISSING AND A7a\_h=/=4: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A7a\_g= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| --- |
| DISPLAY FOR Waiver E X1E=1A1=4 and A2=1, 2, or d |

**A5b.** FNS’s *Parent/Guardian Meal Pick-up Nationwide Waiver* policy memo indicates that processes should be put in place to ensure that meals are distributed only to parents or guardians of eligible children.For **institutions** that used the *Parent/Guardian Meal Pick-up Nationwide Waiver* for **CACFP** anytime during SY 2021-2022, approximately what proportion used the following methods to ensure that **meals were distributed only to parents or guardians of eligible children**?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A7b\_a, b, c, d, e, f, OR h = MISSING AND A7b\_h=/=4: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A7b\_g= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| DISPLAY FOR Waiver E X1E=1A1=1, 2 OR 3 and A2=1, 2, OR D |

**A6a.** FNS’s *Parent/Guardian Meal Pick-up Nationwide Waiver* policy memos indicate that processes should be put in place to ensure that duplicate meals are not distributed to any child. For **SFAs** that used the *Parent/Guardian Meal Pick-up Nationwide Waiver* **for NSLP, SBP, or SSO** anytime during SY 2021-2022, approximately what proportion used the following methods to ensure that **duplicate meals were not distributed to any child**?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A8a\_a, b, c, d, OR f = MISSING AND A8a\_f=/=4: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A8a\_e= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

|  |
| --- |
| DISPLAY FOR Waiver E X1E=1A1=4 and A2=1, 2, OR D |

**A6b.** FNS’s *Parent/Guardian Meal Pick-up Nationwide Waiver* policy memos indicate that processes should be put in place to ensure that duplicate meals are not distributed to any child. For **institutions** that used the *Parent/Guardian Meal Pick-up Nationwide Waiver* for **CACFP** anytime during SY 2021-2022, approximately what proportion used the following methods to ensure that **duplicate meals were not distributed to any child**?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A8b\_a, b, c, d, OR f = MISSING AND A8b\_f=/=4: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A8b\_e= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

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| --- |
| DISPLAY FOR WAIVER IX1I=1A1=1 and A2=1, 2, OR D |

**A7a.** FNS’s *Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers* waiver policy memo indicates that new area eligible meal sites should target benefits to children in need, such as children who may be eligible for benefits due to the economic impacts of COVID-19. For **SFAs** that used this waiver for **NSLP** anytime during SY 2021-2022, approximately what proportion used the following methods to target meal sites?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A9a\_a, b, c, d, e, OR g = MISSING AND [A9a\_a=/=4 OR A9a\_g=/=4]: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A9a\_f= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

|  |
| --- |
| DISPLAY FOR WAIVER IX1I=1A1=4 and A2=1, 2, or D |

**A7b.**  FNS’s *Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers* waiver policy memo indicates that new meal sites made area eligible under the waiver should target benefits to children in need, such as children who may be eligible for benefits due to the economic impacts of COVID-19. For **institutions** that used this waiver for **CACFP** anytime during SY 2021-2022, approximately what proportion used the following methods to target new meal sites?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *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

|  |
| --- |
| SOFT CHECK: IF A9b\_a, b, c, d, e, OR g = MISSING AND [A9b\_a=/=4 OR A9b\_g=/=4]: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF A9b\_f= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

|  |
| --- |
| Display for WAIVERS A, C, D, E, F, G, H, IX1A=1, X1C=1, X1D=1, X1E=1, X1F=1, X1G=1, X1H=1, X1I=1A2=1, 2, or d |

**A8.** Please select the ways in which use of the [*WAIVER*] improved services to children.

Please provide your best estimate. If you do not have this information, please select “Don’t know.” If the waiver improved services to children for all listed Child Nutrition Programs your State Agency administers, please select “All.”

DISPLAY PROGRAM Column IF SELECTED IN A1 FOR WAIVERS A, C, D, E, F, G, H, I.

PROGRAMMER: ITEMS J AND K SHOULD BE EXCLUSIVE RESPONSES FOR THAT COLUMN.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [A1=1] NSLP | [A1=2] SBP | [A1=3] SSO | [A1=4] CACFP | All |
| **Site Options** |  |  |  |  |  |
| a. Greater geographic distribution of sites | 1  | 2  | 3  | 5  | 6  |
| b. Increased number of sites | 1  | 2  | 3  | 5  | 6  |
| c. Increased alternative meal delivery methods | 1  | 2  | 3  | 5  | 6  |
| **Meal Options** |  |  |  |  | 6  |
| d. Allowed pick up of multiple meals at one time | 1  | 2  | 3  | 5  | 6  |
| e. Allowed distribution of bulk food packages | 1  | 2  | 3  | 5  | 6  |
| f. Allowed service of available foods when supply issues occurred | 1  | 2  | 3  | 5  | 6  |
| **Other** |  |  |  |  | 6  |
| g. Improved safety for children by not requiring congregate feeding or meal pick-up  | 1  | 2  | 3  | 5  | 6  |
| h. Reduced barriers to receiving meals | 1  | 2  | 3  | 5  | 6  |
| i. Increased participation | 1  | 2  | 3  | 5  | 6  |
| j. Don’t know how this waiver improved services to children. | 1  | 2  | 3  | 5  |  |
| k. This waiver did not improve services to children. | 1  | 2  | 3  | 5  |  |
| l. [A1=1] Other way services to children improved in *NSLP* as a result of this waiver (specify)  |
| m. [A1=2] Other way services to children improved in *SBP* as a result of this waiver (specify)  |
| n. [A1=3] Other way services to children improved in *SSO* as a result of this waiver (specify)  |
| o. [A1=4] Other way services to children improved in *CACFP* as a result of this waiver (specify)  |
|  |  |  |  |  |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IFANY COLUMN=MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A2=1, 2, or d |

**A9.** States that implemented the [*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 SMOStudy@mathematica-mpr.com] or call toll-free at 833-440-9475. If the file does not contain personally identifiable information, you may email it to SMOStudy@mathematica-mpr.com.

 File submitted 1 GO TO A10

 Unable to submit file- need assistance accessing secure file transfer site 2 GO TO A10

 Unable to submit file- data not available 0 GO TO A11

|  |
| --- |
| HARD CHECK: IF A9= MISSING: The survey questions you will be asked about are based on your response to this question so it is essential that you provide a response before moving on. |

|  |
| --- |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A2=1, 2, or d AND A9=1 OR 2 |

**A10.** Does the file include the following information on use of the [*WAIVER*]by local program operators (LPOs)?

|  |  |
| --- | --- |
|  | *Select one per row* |
|  | No | Yes, for some LPOs | Yes, for all LPOs  |
| a. When the waiver was used  | 0  | 1  | 2  |
| b. Where the waiver was used | 0  | 1  | 2  |
| c. Food components for which the waiver was used | 0  | 1  | 2  |

|  |
| --- |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A9=0 |

**A11.** 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

|  |
| --- |
| SOFT CHECK: IF A13=2 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or deselect the “other specify” option.  |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A9=0 |

**A12.** Please indicate which food component requirements local program operators waived with the [*WAIVER*]*.*

DISPLAY EACH PROGRAM SELECTED IN A1.

|  |  |
| --- | --- |
|  | *Select all that apply*  |
|  | Grains | Fruits | Vegetables | Meat/meat alternates | Milk  | Don’t Know |
| a. [A1=1] National School Lunch Program  | 0  | 1  | 2  | 3  | 4  | d  |
| b. [A1=2] School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. [A1=3] Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. [A1=4] Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A9=0 |

**A13.** Please indicate which vegetable subgroup requirements local program operators waived with the [*WAIVER*]*.*

DISPLAY EACH PROGRAM WHERE A12a OR A12c=2.

|  |  |
| --- | --- |
|  | *Select all that apply*  |
|  | Dark Green | Red/Orange | Starchy | Legumes | Other | Don’t Know |
| a. [A14a=2] National School Lunch Program  | 0  | 1  | 2  | 3  | 4  | d  |
| b. [A14c=2] Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| DISPLAY FOR Waivers F or GX1F=1, X1G=1A9=0 |

**A14.** Approximately what proportion of local program operators waived requirements for two or more food components with the [*WAIVER*]?

DISPLAY EACH PROGRAM WHERE MORE THAN ONE ITEM SELECTED IN ROW IN A12.

|  |  |
| --- | --- |
|  | *Select one per row* |
|  | *Proportion of local program operators*  |
|  | None | Less than half | About half | More than half | All  | Don’t Know |
| a. [MORE THAN ONE ITEM SELECTED IN ROW IN A12A] National School Lunch Program  | 0  | 1  | 2  | 3  | 4  | d  |
| b. [MORE THAN ONE ITEM SELECTED IN ROW IN A12B] School Breakfast Program | 0  | 1  | 2  | 3  | 4  | d  |
| c. [MORE THAN ONE ITEM SELECTED IN ROW IN A12C] Seamless Summer Option | 0  | 1  | 2  | 3  | 4  | d  |
| d. [MORE THAN ONE ITEM SELECTED IN ROW IN A12D] Child and Adult Care Food Program | 0  | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

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

|  |  |
| --- | --- |
| **X1 Item** | **Waiver** |
| B | [SSO] COVID-19: Child Nutrition Response #86: Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates  |
| J | [NSLP OR SBP] COVID-19: Child Nutrition Response #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised  |
| L | [CACFP] COVID-19: Child Nutrition Response #96: Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program  |
| N | [NSLP OR SBP] COVID-19: Child Nutrition Response #98: Nationwide Waiver of Local School Wellness Policy Triennial Assessments in the National School Lunch and School Breakfast Programs |

|  |
| --- |
| DISPLAY FOR Waivers B, J, L, NX1B=1, X1J=1, X1L=1, X1N=1 |

**B\_intro.** This section asks about use of the [*WAIVER*]. Please answer the following questions focusing on use of the waiver **during SY 2021-2022**.

|  |
| --- |
| DISPLAY FOR Waivers J, N X1J=1, X1N=1 |

**B1.** For which Child Nutrition Programs did SFAs use the [*WAIVER*] during SY 2021-2022?

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

 **Select ALL THAT APPLY**

 National School Lunch Program 1

* School Breakfast Program 2

 No local program operators used this waiver 0

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B1= MISSING: The survey questions you will be asked about this waiver are based on your response to this question so it is essential that you provide a response before moving on. |

|  |
| --- |
| DISPLAY FOR Waivers J, N X1J=1, X1N=1 AND B1=1  |

**B2a.** How many **SFAs** used the [*WAIVER*] for **NSLP** anytime during SY 2021-2022?

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B2a=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF B2a=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

|  |
| --- |
| DISPLAY FOR Waivers J, N X1J=1, X1N=1 AND B1=1 |

**B2b.** How many **SFAs** used the [*WAIVER*] for **SBP** anytime during SY 2021-2022?

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B2b=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF B2b=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

|  |
| --- |
| DISPLAY FOR WAIVER BX1B=1  |

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

 Please enter the number of SFAs that used the waiver during SY 2021-2022. Then select an 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

(RANGE: 1-2000)

 Actual number of SFAs 1

 Estimated number of SFAs 2

 Don’t know- data not collected d

 No SFAs used this waiver 0

NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B2c=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF B2c=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

|  |
| --- |
| DISPLAY FOR WAIVER LX1L=1  |

DISPLAY B2d AND B2e ON SAME PAGE.

**B2d.** How many **institutions** that operate **CACFP** in **child care centers** and **family day care homes** used the [*WAIVER*]?

 Please enter the number of institutions that operate CACFP in child care centers and family day care homes that used the waiver during SY 2021-2022. Then select an 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 CHILD CARE CENTERS

(RANGE: 0-2000)

 Actual number of institutions 1

 Estimated number of institutions 2

 Don’t know- data not collected d

 No institutions used this waiver 0

 NO RESPONSE M

**B2e.**

 NUMBER OF INSTITUTIONS THAT OPERATE FAMILY DAY CARE HOMES

(RANGE: 0-2000)

 Actual number of institutions 1

 Estimated number of institutions 2

 Don’t know- data not collected d

 No institutions used this waiver 0

 NO RESPONSE M

|  |
| --- |
| HARD CHECK: IF B2f=0 AND B2e=0: You entered “0” operators. If no operators used the waiver for this program, please review your response on the previous question about program waiver usage and deselect this program. |
| SOFT CHECK: IF B2e=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |
| SOFT CHECK: IF B2f=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF NUMBER ENTERED AND d SELECTED: Don’t know cannot be selected when a number is given. PROGRAMMER: DESELECT DON’T KNOW RESPONSE. |
| SOFT CHECK: IF NUMBER ENTERED AND 2 OR 3 NOT SELECTED: Please indicate whether this is an actual or estimated number.  |
| SOFT CHECK: IF 2 OR 3 SELECTED AND NUMBER NOT ENTERED: Please enter a number.  |

|  |
| --- |
| DISPLAY FOR WAIVERS B, J, L, NDISPLAY IF X1B=1, X1J=1, X1L=1, X1N=1 AND B2 a, b, C, D, OR e=D |

**B3.** In the previous question(s), you indicated that you did not know how many local program operators used the waiver for the following program(s).Approximately what proportion of local program operators used the [*WAIVER*] anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

ONLY DISPLAY PROGRAM IF CORRESPONDING B2 QUESTION=D.

|  |  |
| --- | --- |
|  | *Select one per row* |
|  | *Proportion of local program operators*  |
|  | Less than half | About half | More than half | All  | Don’t Know |
| a. [B2a=d AND (X1J=1, X1N=1)] National School Lunch Program  | 1  | 2  | 3  | 4  | d  |
| b. [B2b=d AND (X1J=1, X1N=1)] School Breakfast Program | 1  | 2  | 3  | 4  | d  |
| c. [B2c=d AND (X1B=1)] Seamless Summer Option | 1  | 2  | 3  | 4  | d  |
| d. [B2d=d or B2e=d AND (X1L=1)] Child and Adult Care Food Program | 1  | 2  | 3  | 4  | d  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF ANY ROW= MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| DISPLAY FOR WaiverS J, L X1J=1 AND B1= 1 OR 2X1L=1 AND B2E=1, 2, OR D OR B2F=1, 2, OR D |

**B4.** Following implementation of the [*WAIVER*], approximately what proportion of [IF WAIVER J (X1J=1), FILL: SFAs; IF WAIVER L (X1L=1), FILL: institutions] conducted the following types of monitoring anytime during SY 2021-2022?

 Please provide your best estimate. If you do not have this information, please select “Don’t know.”

|  |  |
| --- | --- |
|  | *Proportion of local program operators* |
|  | 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

|  |
| --- |
| SOFT CHECK: IF B4a, b, c, d, e, OR g= MISSING AND [B5g=/=4]: Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF B4f= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |
|  |

|  |
| --- |
| DISPLAY FOR WAIVERS B, J, L, NIF X1J=1, X1N=1 AND B1=1 OR 2IF X1B=1 AND B2=1, 2, OR DIF X1L=1 AND B2E=1, 2, OR D OR B2F=1, 2, OR D |

**B5.** Please select the ways in which use of the [*WAIVER*] improved services to children.

Please provide your best estimate. If you do not have this information, please select “Don’t know.” If the waiver improved services to children for all listed Child Nutrition Programs your State Agency administers, please select “All.”

ONLY DISPLAY PROGRAM COLUMN IF SELECTED IN B1 FOR WAIVERS J, N (X1J=1, X1N=1). DISPLAY ONLY SSO COLUMN FOR WAIVER B (X1B=1). DISPLAY ONLY CACFP COLUMN FOR WAIVER L (X1L=1).

PROGRAMMER: ITEMS G AND H SHOULD BE EXCLUSIVE RESPONSES FOR THAT COLUMN.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | [IF B1=1] NSLP | [IF B1=2] SBP | [IF XB1=1] SSO | [IF XL1=1] CACFP | All |
| a. Increased administrative resources for identifying meal sites  | 1  | 2  | 3  | 5  | 6  |
| b. Increased administrative resources for addressing food supply issues and other challenges in preparing meals | 1  | 2  | 3  | 5  | 6  |
| c. Increased financial resources for providing meals |  |  |  |  | 6  |
| d. Increased administrative resources for providing meals  | 1  | 2  | 3  | 5  | 6  |
| e. Increased ability to focus administrative resources on other priority areas to improve services to children | 1  | 2  | 3  | 5  | 6  |
| f. Increased ability of local program operators to begin operations more quickly | 1  | 2  | 3  | 5  | 6  |
| g. Don’t know how this waiver improved services to children | 1  | 2  | 3  | 5  |  |
| h. This waiver did not improve services to children | 1  | 2  | 3  | 5  |  |
| i. [IF B1=1] Other way services to children improved in NSLP as a result of this waiver (specify)  |
| j. [IF B1=2] Other way services to children improved in SBP as a result of this waiver (specify)  |
| k. [IF X1B=1] Other way services to children improved in SSO as a result of this waiver (specify)  |
| l. [IF X1L=1] Other way services to children improved in CACFP as a result of this waiver (specify)  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF ANY COLUMN=MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

**Questions for each administrative waiver that provides flexibility to SAs**

|  |  |
| --- | --- |
| **X1 Item** | **Waiver** |
| J | [NSLP OR SBP] COVID-19: Child Nutrition Response #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs - Revised  |
| K | [CACFP] COVID-19: Child Nutrition Response #95: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program  |
| M | [SSO] COVID-19: Child Nutrition Response #97: Nationwide Waiver to Provide Flexibility for School Meal Programs Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option  |

|  |
| --- |
| DISPLAY FOR WAIVER K, M (DO NOT display intro for waiver J)X1K=1, X1M=1 |

**C\_intro.** This section asks about your State Agency’s use of the [*WAIVER*]. Please answer the following questions focusing on use of the waiver **during SY 2021-2022**.

|  |
| --- |
| DISPLAY FOR WaiverS J, KX1J=1, X1K=1 |

**C1.** Following your State Agency’s implementation of the [*WAIVER*] **during SY 2021-2022**, 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 J, FILL: SFAs; IF WAIVER K, 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

|  |
| --- |
| SOFT CHECK: IF C1\_6=1 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or deselect the “other specify” option.  |

|  |
| --- |
| DISPLAY for Waiver MX1M=1 |

**C2.** During **SY 2021-2022**, for approximately what percentage of all SFAs in your State did your agency conduct administrative reviews using the *Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option Waiver*?

Please provide your best estimate. If you do not have this information, please select “Don’t know.”

 1-10 percent 1

 11–20 percent 2

 21–30 percent 3

 31–40 percent 4

 41–50 percent 5

 More than 50 percent 6

 Don’t know d

 None 0

NO RESPONSE M

|  |
| --- |
| DISPLAY for Waiver MX1M=1 |

**C3.** FNS’s *Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option* waiver policy memo indicates that States using the waiver will review SSO operations at a number of sites consistent with a normal school year. Did your State Agency select the number of sites for review following the school meals requirements in [7 CFR 210.18(e)(1)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-210/subpart-D/section-210.18#p-210.18(e)(1))?

 Yes 1

 No 2

NO RESPONSE M

|  |
| --- |
| Waiver MX1M=1 AND C2=2 |

**C3a.** Please describe the approach or method that your State Agency used to select the number of SSO sites for reviews during SY 2021-2022.

NO RESPONSE M

|  |
| --- |
| DISPLAY FOR Waiver MX1M=1 |

**C4.** FNS’s *Administrative Reviews of School Food Authorities Operating Only the Seamless Summer Option* waiver policy memo indicates that States must review dietary specifications during the operation of SSO. Did your State Agency review dietary specifications for SSO lunches and breakfasts following the school meals requirements in [7 CFR 210.18(g)(2)(ii)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-210/subpart-D/section-210.18#p-210.18(g)(2)(ii))?

 Yes 1

 No 2

NO RESPONSE M

|  |
| --- |
| Waiver MX1M=1 AND C3=2 |

**C4a.** Please describe the approach or method that your State Agency used to review dietary specifications during the operation of SSO in SY 2021-2022.

NO RESPONSE M

|  |
| --- |
| DISPLAY FOR WaiverS J, K, MX1J=1, X1K=1, X1M=1 |

**C5.** 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  | 0  | d  |
| b. Increased State and local administrative resources for identifying meal sites  | 1  | 0  | d  |
| c. Increased State Agency ability to focus administrative resources on other priority areas to improve services to children | 1  | 0  | d  |
| d. Increased State Agency ability to provide technical assistance to local program operators | 1  | 0  | d  |
| e. Increased local program operators’ administrative resources for providing meals to children  | 1  | 0  | d  |
| f. Increased local program operators’ ability to focus administrative resources on other priority areas to improve services to children | 1  | 0  | d  |
| g. Other way services to children improved as a result of this waiver (specify) | 1  | 0  | d  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: C5a, b, c, d, e, OR f= MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF C5g= 1 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or select “None” for the “other specify” option.  |

 **O. Challenges**

PROGRAMMER NOTE: DISPLAY THIS SECTION ONLY ONCE.

|  |
| --- |
| All RESPONDENTS |

**O\_intro.** Now we have a few questions about operational and financial challenges that your State Agency experienced administering Child Nutrition Programs **during SY 2021-2022**.

|  |
| --- |
| All |

**O1.** Did your State Agency experience any **operational challenges** with administering Child Nutrition Programs during SY 2021-2022? For example, managing multiple CN programs simultaneously, staffing shortages, or unclear or untimely guidance from FNS.

 Yes 1

 No 0 GO TO O3

 NO RESPONSE M GO TO O3

|  |
| --- |
| SOFT CHECK: IF O1=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| O1=1 |

**O2.** What factors contributed to **operational challenges** your State Agency experienced with administering Child Nutrition Programs during SY 2021-2022?

If a factor contributed to operational challenges for all listed Child Nutrition Programs your State Agency administers, please select “All.”

PROGRAMMER: DISPLAY COLUMNS BASED ON SAMPLE FILE VARIABLES LISTED BELOW.

|  |  |  |
| --- | --- | --- |
|  | *Select all that apply* |  |
|  | [NSLP=1] NSLP | [SPB=1]SBP | [SSO=1]SSO | [SFSP=1]SFSP | [CACFP=1]CACFP | All |
|  |  |  |  |  |  |  |
| a. Resources needed to manage multiple CN programs simultaneously (for example, school meals and summer meals) | 1  | 2  | 3  | 4  | 5  | 6  |
| b. Resources needed to review and approve waiver requests from providers | 1  | 2  | 3  | 4  | 5  | 6  |
| c. Resources needed to approve meal sites | 1  | 2  | 3  | 4  | 5  | 6  |
| d. Resources needed to assist providers with identification of meal sites | 1  | 2  | 3  | 4  | 5  | 6  |
| e. Resources needed to provide technical assistance to local program operators | 1  | 2  | 3  | 4  | 5  | 6  |
| f. Resources needed to administer USDA Foods | 1  | 2  | 3  | 4  | 5  | 6  |
| g. Managing staffing shortages (for example, due to illness or other reasons) | 1  | 2  | 3  | 4  | 5  | 6  |
| h. Limitations on ability to hire new staff  | 1  | 2  | 3  | 4  | 5  | 6  |
| i. Unexpected staff training needs | 1  | 2  | 3  | 4  | 5  | 6  |
| j. Redesigning monitoring approaches (for example, from onsite to virtual) | 1  | 2  | 3  | 4  | 5  | 6  |
| k. Implementing IT system changes | 1  | 2  | 3  | 4  | 5  | 6  |
| l. Office closures | 1  | 2  | 3  | 4  | 5  | 6  |
| m. Unclear guidance from FNS | 1  | 2  | 3  | 4  | 5  | 6  |
| n. Untimely guidance from FNS | 1  | 2  | 3  | 4  | 5  | 6  |
| o. Insufficient technical assistance from FNS | 1  | 2  | 3  | 4  | 5  | 6  |
| p. No operational challenges with program administration. | 1  | 2  | 3  | 4  | 5  |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF ANY COLUMN= MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF O2\_m= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or deselect the “other specify” option.  |

|  |
| --- |
| O2.M= 1, 2, 3, 4, or 5 |

**O2.oth.** What other factors contributed to operational challenges your State Agency experienced administering Child Nutrition Programs during SY 2021-2022?

NO RESPONSE M

|  |
| --- |
| All RESPONDENTS |

**O3.** Did your State Agency experience any **financial challenges** with administering Child Nutrition Programs during SY 2021-2022?

 Yes 1

 No 0 GO TO O5

 NO RESPONSE M GO TO O5

|  |
| --- |
| SOFT CHECK: IF O3=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| O3=1 |

**O4.** What factors contributed to **financial challenges** your State Agency experienced with administering Child Nutrition Programs during SY 2021-2022?

If a factor contributed to financial challenges for all listed Child Nutrition Programs your State Agency administers, please select “All.”

|  |  |  |
| --- | --- | --- |
|  | *Select all that apply* |  |
|  | [IF NSLP=1] NSLP | [IF SBP=1] SBP | [IF SSO=1] SSO | [IF SFSP=1] SFSP | [IF CACFP=1] CACFP | All |
| a. Added new staff | 1  | 2  | 3  | 4  | 5  | 6  |
| b. Increased staff hours | 1  | 2  | 3  | 4  | 5  | 6  |
| c. Staff overtime | 1  | 2  | 3  | 4  | 5  | 6  |
| d. Insufficient State administrative expense funds (SAE) or State administrative funds (SAF) | 1  | 2  | 3  | 4  | 5  | 6  |
| e. Rules regarding use of State administrative expense funds (SAE) or State administrative funds (SAF) | 1  | 2  | 3  | 4  | 5  | 6  |
| f. IT system changes | 1  | 2  | 3  | 4  | 5  | 6  |
| g. Other  | 1  | 2  | 3  | 4  | 5  | 6  |
| h. No financial challenges with program administration. | 1  | 2  | 3  | 4  | 5  |  |

 NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF ANY COLUMN = MISSING: One or more response is missing. Please enter a response to this question. To continue without providing a response, click ‘Next’. |
| SOFT CHECK: IF O4a\_e= 1, 2, 3, OR 4 AND NO RESPONSE SPECIFIED: Please review this question again and either type in your response or deselect the “other specify” option.  |

|  |
| --- |
| O4.E= 1, 2, 3, 4, OR 5 |

**O4.oth.** What other factors contributed to financial challenges your State Agency experienced with administering each program during SY 2021-2022?

NO RESPONSE M

|  |
| --- |
| All RESPONDENTS |

**O5.** Did your State Agency experience any challenges with **implementing or using the nationwide COVID-19 Child Nutrition waivers** during SY 2021-2022?

 Yes 1

 No 0

 NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D5=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
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| O5=1 |

**O6.** What factors assisted your State Agency’s efforts to overcome challenges with **implementing or using the nationwide 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

|  |
| --- |
| SOFT CHECK: IF O6=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| O5=1 OR O6=1 |

**O7.** Of the challenges your State Agency experienced in implementing or using the nationwide COVID-19 Child Nutrition waivers during SY 2021-2022, which were you unable to overcome?

 NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF O7=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| All |

**O8.** Is there anything else FNS should know about the waiver implementation process or State and local efforts to provide Child Nutrition Program meals during SY 2021-2022?

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF O9=MISSING. Please enter a response to this question. To continue without providing a response, click ‘Next’. |

|  |
| --- |
| All |

**VERIFICATION SCREEN.**

**You have just completed the State Agency Child Nutrition Director COVID-19 Waiver Collection: Waivers Used in School Year 2021–2022. 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, click the "Survey Sections" link above and select the section you would like to review.**

🞏 Yes

|  |
| --- |
| SOFT CHECK: IF NO RESPONSE: You are about to submit your survey. If you wish to submit the survey, please select “Yes” and press “Next” to continue.  |

|  |
| --- |
| All |

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