

## Fourth Access Participation Eligibility and Certification Study Series (APEC IV)



### SFA Pre Data Collection Visit Questionnaire



Thank you again for your participation in APEC IV, sponsored by the U.S. Department of Agriculture Food and Nutrition Services (USDA FNS).

We are contacting you now to prepare for the data collection visit to the SFA office and your SFA's sampled schools. This form is a fillable PDF document that you can save, complete electronically, and submit via email to [INSERT EMAIL].

We kindly request that you submit this SFA Pre-Visit Questionnaire (as well as a School Pre-Visit Questionnaire for each of your sampled schools) by [INSERT DATE]. If we do not receive your completed forms by this date, we will follow up with you by email and/or phone.

The questionnaire is brief, with less than 25 questions.

Fourth Access Participation Eligibility and Certification Study Series (APEC IV)



SFA Pre Data Collection Visit  
Questionnaire



SECTION A: SFA CONTACT INFORMATION

1. Enter the SFA Director contact information:

Name of SFA	
SFA Director Name	
Office/Department Name	
Phone Number	
Email Address	

2. Enter the contact person for the SFA data collection visit (if other than the SFA Director):

Contact Person Name	
Office/Department Name	
Phone Number	
Email Address	

3. Enter the address for SFA data collection visit:

Street Address	
Suite/Room #	
City	
State	
Zip	

- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]

**SECTION B: APPLICATION DATA ABSTRACTION**

**THIS SECTION ASKS FOR INFORMATION ABOUT PROVISION 1,2, OR 3 SCHOOLS AND NON-CEP SCHOOLS.**

**SKIP THIS SECTION IF ALL SAMPLED SCHOOLS ARE CEP**

During the in-person visit to your office, the data collector will need to review the direct certification documentation or application for free or reduced price meals for each of the sampled students. We will provide the list of students in advance.

You also have the option to submit these records electronically via a secure site. Detailed instructions will be provided separately.

**4. Do you prefer to provide this information during an in person data collection visit or electronically via a secure site?**

- In-person visit
- Electronically

**5. Are the applications for free or reduced priced meals available at the location for the data collection visit indicated in question #3?**

- N/A - We will submit these files electronically
- Yes
- No - please specify location and contact person below

<b>Contact Person Name</b>	
<b>Office/Department Name</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Street Address</b>	
<b>Suite/Room #</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	

**6. How are applications for meal benefits stored? Please check all that apply.**

- N/A - We will submit these files electronically
- Hardcopy
- Electronic, of each individual application
- Electronic, summary report only
- Other, specify:

• Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]

**APPENDIX B12 (INSTRUMENT B1). SFA PRE DATA COLLECTION VISIT QUESTIONNAIRE**

**7. How does your SFA accept applications for free or reduced priced meals (select all that apply)?\***

- Paper application submitted either in person, by mail, or scanned and sent via e-mail
- Online application via district/school website
- Online application via a vendor website, such as Meals Plus, Nutri-link, Heartland, or Horizon
- Other, specify:

**8. Approximately what percentage of households that submit an application apply via each method? (Numbers should sum to 100.)**

- Paper \_\_\_\_\_ %
- Online \_\_\_\_\_ %
- Other \_\_\_\_\_ %

**9. If your SFA uses an online application for free and reduced priced meals, which of the following approaches does the online application use to collect income information?\***

- Not Applicable (We do not use an online application)
- The applicant is not asked to enter income types or amounts for each household member (in other words, they enter a total amount of income for the household or for each type of income)
- For each household member, the applicant is asked to enter only that person's total amount of income (that is, they enter one number that combines all types of income).
- For each household member, the applicant is asked to select each type of income they receive and then prompted to enter the amount of that income.
- Other, specify:

**10. If your SFA uses an online application for free and reduced priced meals, which of the following approaches does your SFA's online application use for responses to income-related questions?\***

- Not Applicable (We do not use an online application)
- Income-related questions do not require an answer.
- Income-related questions require an answer, and the applicant is required to click "yes" or "no" to respond

• Questions about completing this form? Contact us at [INSERT NUMBER] or email us at [INSERT EMAIL]

## APPENDIX B12 (INSTRUMENT B1). SFA PRE DATA COLLECTION VISIT QUESTIONNAIRE

(in other words, no default option is pre-selected)

- Income-related questions require an answer and the “No” option is pre-selected.
- Income-related questions require an answer and the “Yes” option is pre-selected.
- Other, specify:

**11. Does your SFA require that households provide a signature on the application to certify that all information provided is complete and accurate?\***

- Yes, a certification signature is required at the beginning of the application
- Yes, a certification signature is required at the end of the application
- No, a certification signature is not required

\*These questions are required – either as part of Pre-Visit Questionnaire or during data collection.

**12. If applicable, what is the name of the software your SFA uses to accept, download, process, and/or store the electronic/online applications?**

- We do not use software
- Heartland (specify version # \_\_\_\_\_)
- Horizon (specify version # \_\_\_\_\_)
- Meals Plus (specify version # \_\_\_\_\_)
- Nutri-link (specify version # \_\_\_\_\_)
- Other, specify

**13. Enter any comments and/or other information we need to know about the applications prior to the data collection visit (e.g., special protocols or resources for parents, additional details about how applications are received and/or processed, etc).**

### SECTION C: SFA MEAL COUNT AND CLAIMING DATA

- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]

## APPENDIX B12 (INSTRUMENT B1). SFA PRE DATA COLLECTION VISIT QUESTIONNAIRE

During the site visit, we will also be asking for monthly meal count and claiming information for **October 2023**.

During the data collection visit, we will request that your office provide a copy of meal count and claiming information for the target month. For data that is stored electronically, we will request a printed version. You also have the option to submit these records electronically via a secure site. Detailed instructions will be provided separately.

**14. Do you prefer to provide this information during an in person data collection visit or electronically?**

- In- person visit  
 Electronically

**15. Are the meal count and claims records available at the location for the data collection visit indicated in question #3?**

- N/A - We will submit these files electronically  
 Yes  
 No - please specify location information below:

Contact Person Name	
Office/Department Name	
Street Address	
Suite/Room #	
City	
State	
Zip	

**16. Does your SFA follow the same meal count and claiming procedures for all sampled schools or do the procedures vary by school?**

- Yes, same procedures for all schools  
 No, different procedures (please provide brief summary below)

**17. Who submits meal reimbursement claims to the State CN agency?**

- SFA  
 School  
 Other, specify

- Questions about completing this form? Contact us at [INSERT NUMBER] or email us at [INSERT EMAIL]

## APPENDIX B12 (INSTRUMENT B1). SFA PRE DATA COLLECTION VISIT QUESTIONNAIRE

18. Are claims submitted to the State reported separately for each school or consolidated?

- Reported separately, each schools' meal counts are reported, along with total for all schools
- Consolidated, only total meal counts for all schools are reported

19. Enter any comments and/or other information that we need to know about your meal counts and claiming records and our ability to extract data from the records.

### SECTION D: RECORDS

To reduce the burden on you and your staff, the data collector will securely scan applications and meal claiming records for data abstraction (instead of making photocopies). The data collector will bring all necessary equipment with him/her. The scanned records will be used for quality reviews/checks to ensure accuracy of all data. The scanned records will be stored on a secured password protected laptop, and later transmitted to a secure database at Westat.

### SECTION E: SCHEDULE DATA COLLECTION VISIT

We would like to schedule the visit to your office, your sampled schools, and any other location where records are located during the same week on consecutive weekdays, starting with the visit to your office. The visits will take place between [INSERT DATE] and [INSERT DATE]. Below is an example of a data collection schedule for an SFA with three sampled schools. The number of days for your visit will depend on the number of schools sampled in your SFA.

*Hypothetical SFA and School Data Collection Visit School (for illustration only)*

Location	Date
SFA Office	Monday, January 8, 2024
School 1	Tuesday, January 9, 2024
School 2	Wednesday, January 10, 2024
School 3	Thursday, January 11, 2024

*A few important notes about scheduling your data collection visits:*

- **The dates should be** between [INSERT DATE] and [INSERT DATE].
- The data collector will need one day at the SFA office and/or location where records are kept and one day at each of the sampled schools.
- If you have selected to transmit all records electronically, we will only visit the sampled schools for meal observation, and you can leave the first row in the chart below blank. Detailed instructions will be provided separately on how to upload the data.
- The data collector will spend 2-4 hours at the SFA office and 3-5 hours at each school. However, during most of the time at the SFA and school, the data collector will work independently using their own study laptop, abstracting records and/or conducting meal observations.
- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]

## APPENDIX B12 (INSTRUMENT B1). SFA PRE DATA COLLECTION VISIT QUESTIONNAIRE

- If you have fewer than four sampled schools, please leave rows blank as necessary
- The list of your sampled schools can be found in the body of the email that you received with this form.

**20. Please provide your first and second choice dates for the data collection visit to your SFA office and your sampled schools.**

Location	1st Choice Date (MM/DD/YYYY)	2nd Choice Date (MM/DD/YYYY)
1 SFA Office (and/or other location for record collection, if applicable)	___/___/___	___/___/___
2 Enter School Name:	___/___/___	___/___/___
3 Enter School Name:	___/___/___	___/___/___
4 Enter School Name:	___/___/___	___/___/___
5 Enter School Name:	___/___/___	___/___/___

We will send an email with a confirmation of the scheduled dates of your visit, on/around [INSERT DATE]. You will also receive a reminder email one month and one week prior to the date of your visit.

**21. Enter any comments or special requests regarding scheduling:**

- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]



SECTION G: LOGISTICS FOR DAY OF DATA COLLECTION VISIT

22. Enter any special instructions for the data collector when they arrive at your SFA office and/or the schools. This may include logistics such as access to the building, parking, security or escort requirements, special directions, background check requirements, etc.

THANK YOU FOR COMPLETING  
THE SFA PRE-VISIT QUESTIONNAIRE

**REMINDER**



*Please also complete and submit one school pre-visit questionnaire for each of your sampled schools.*

*We attached one generic school questionnaire to the email where you received this form. Please 'save as' a copy for each of your sampled schools.*

Thank you again for your participation in APEC IV.

**Authority:** This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

**Purpose:** The Food and Nutrition Service (FNS) is collecting this information to assess improper payments made in the National School Lunch Program (NSLP) and School Breakfast Program (SBP).

**Routine Use:** The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

**Disclosure:** Disclosing the information is voluntary, and there are no consequences to you as an individual for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p. 19078).

- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]

***TEMPORARY NOTE TO REVIEWERS***

Following the creation of the study website, the APEC IV study team will work with IT staff to develop a reference guide for SFAs and Schools to submit data electronically, if they select this option. The guide will include the following:

- A summary of the SFA- and school-level data that can be submitted electronically through the secure website.
- Detailed instructions (including screenshots) on using the APEC IV web portal to upload their data.

This information is being collected to provide the Food and Nutrition Service with key information on the annual error rates and improper payments for the school meal programs. This is a voluntary collection and FNS will use the information to examine school meal error rates and inform future APEC studies. This collection requests personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0530. The time required to complete this information collection is estimated to average 0.334 hours (20 minutes) 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,

- Questions about completing this form? Contact us as [INSERT NUMBER] or email us at [INSERT EMAIL]