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# State Agency Child Nutrition Director Survey School Year 2023-2024

Sponsored by:

U.S. Department of Agriculture Food and Nutrition Service

The Food and Nutrition Service (FNS) is collecting this information to understand how State agencies operated CN Programs in SY 2023-2024. This is a mandatory collection. FNS will use the information to inform its planning, policy, and guidance related to the Child Nutrition Programs. 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 30 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, 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. Having updated information about school-based Child Nutrition (CN) Programs will help FNS effectively administer these programs and inform policy and budget decisions.

This survey is collecting information on the following topics for School Year (SY) 2023-2024:

- A. Meal Pattern Requirements
- B. Summer Non-Congregate Meal Service
- C. Buy American
- D. Child Nutrition Data Systems

Cooperation by States and districts is required under Section 28 of the Richard B. Russell National School Lunch Act. At the same time, recognizing the administrative effort associated with participating in research studies, SMO has been designed to limit participant burden to the extent possible. It should take about 30 minutes to complete the survey.

The information you provide about yourself and other individuals in your organization 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 CN 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 <a href="mailto:SMOStudy@mathematica-mpr.com">SMOStudy@mathematica-mpr.com</a> or call Mathematica toll-free at 833-440-9475.

### Instructions for Completing the Survey

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

- You may view a PDF 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.
- 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.
- This survey has been optimized to run on a desktop computer and is best viewed in the latest versions of Chrome, Firefox, or Microsoft Edge.
- 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 <a href="mailto:SMOStudy@mathematica-mpr.com">SMOStudy@mathematica-mpr.com</a> or call Mathematica toll-free at 833-440-9475.

# **Glossary**

**Local program operators**: SFAs, sponsors, or institutions that operate the National School Lunch Program (NSLP), School Breakfast Program (SBP), Seamless Summer Option (SSO), or Summer Food Service Program (SFSP).

**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.

**Data systems:** Digital systems used to share, store, and/or manage CN Program data, including digital forms.

**Digital forms:** Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).

**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.

## **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 <i>not</i> 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:

# **Survey Sections**

PROGRAMMER: THIS IS THE TABLE OF CONTENTS PAGE. AFTER RESONDENTS HAVE COMPLETED THE CONTACT INFORMATION SCREENS, EACH TIME THEY ENTER THE SURVEY, THEY SHOULD COME TO THIS LANDING PAGE. AFTER FINISHING A SECTION, THEY SHOULD BE BROUGHT BACK TO THIS LANDING PAGE TO SELECT WHICH 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 "Completed."

THE "Submit completed survey" LINK OR BUTTON SHOULD TAKE THEM TO THE SURVEY VERIFICATION PAGE. DISPLAY SUBMIT BUTTON ONLY IF EACH SECTION HAS BEEN STARTED. RESPONDENTS SHOULD BE ABLE TO SUBMIT SURVEY IF SECTIONS ARE INCOMPLETE. IF SECTIONS ARE NOT STARTED, RESPONDENTS SHOULD NOT BE ABLE TO SUBMIT THE SURVEY.

Use the section buttons below to navigate to the survey sections. You may return to this page at any time by clicking the "Survey Sections Page" button.

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.

Α	Meal Pattern Requirements	[STATUS
	·	BUTTON]
В	Summer Non-Congregate Meal Service	[STATUS
		BUTTON]
С	Buy American Provision	[STATUS
		BUTTON]
D	Child Nutrition Data Systems	[STATUS
		BUTTON]

Submit completed survey

## A. Meal Pattern Requirements

This section is about meal pattern requirements in your State.

d. Whole grains

IF STATE OVERSEES NSLP, SBP, OR SSO. (NSLP=1, SBP=1, OR SSO=1)

The <u>National School Lunch Program (NSLP)</u> and <u>School Breakfast Program (SBP)</u> meal pattern requirements for SY 23-24 outline minimum nutrition standards for school meals served to children. State agencies may establish additional meal pattern requirements beyond those set by USDA.

Current Standards				
Added Sugars	None			
Milk	Flavored and unflavored milk may be offered for all grades K-12 (only fat-free and low-fat milks are allowed).  Unflavored milk must be offered at each school meal service.			
Sodium	Meet Sodium Target 1 for school breakfast Meet Sodium Target 1A for school lunch			
Grains	At least 80% of grains offered weekly must be whole grain-rich; remaining grain items offered must be enriched.			

A1. Does your State agency have meal pattern requirements that exceed the USDA-set meal pattern requirements for each listed nutrition standard? See the table above for current nutrition standards.

Select one per row Yes No Don't Know a. Added sugars 1 **O** 00  $\mathbf{O}_{\mathsf{b}}$ b. Milk 1 **O**  $\mathbf{O}$  0  $\mathbf{O}_{\,\mathrm{b}}$ 1 **O**  $\mathbf{C}_0$  $\mathbf{O}_{\,\mathtt{b}}$ c. Sodium

1 **O** 

O 0

 $\mathbf{O}_{\mathsf{b}}$ 

# **B. Summer Non-Congregate Meal Service**

IF ST	FATE OVERSEES SSO (IF SSO=1)
	ection is about non-congregate meal service through the NSLP Seamless Summer Option (SSO) Summer Food Service Program (SFSP) in summer 2024.
В1а.	In summer 2024, how many non-congregate SSO meal sites were in your State?
NEW	Please enter the total number of non-congregate SSO meal sites in your State during summer 2024. 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." If your State did not have non-congregate SSO meal sites in summer 2024, please enter 0.
	NUMBER OF NON-CONGREGATE SSO MEAL SITES (RANGE: 0-6000)
	O Actual number of non-congregate SSO meal sites
	O Estimated number of non-congregate SSO meal sites
	O Don't knowd
	TATE OVERSEES SFSP (IF SFSP =1)
B1b.	In summer 2024, how many non-congregate SFSP meal sites were in your State?
NEW	Please enter the total number of non-congregate SFSP meal sites in your State during summer 2024. 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." If your State did not have non-congregate SFSP meal sites in summer 2024, please enter 0.
	NUMBER OF NON-CONGREGATE SFSP MEAL SITES
-	(RANGE: 0-6000)
	O Actual number of non-congregate SFSP meal sites 1
	O Estimated number of non-congregate SFSP meal sites
	O Don't know

IF STATE HAD NON-CONGREGATE SSO OR SFSP MEAL SITES IN SUMMER 2024 (IF B1a>0 OR	
B1b>0)	

B2. In summer 2024, how many non-congregate [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] meal sites in your State used each listed meal delivery method?

Please provide your best estimate. If none, please enter 0.

Enter one number per row

		Number of non- congregate [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] meal sites	Don't Know
a.	Meal pick-up		C <sub>b</sub>
b.	Meal delivery		$\mathbf{C}$ b
c.	Other non-congregate meal service method that was not meal pick up or meal delivery		O <sub>b</sub>

IF STATE HAD NON-CONGREGATE SSO OR SFSP MEAL SITES IN SUMMER 2024 (IF B1a>0 OR B1b>0)

Sites with approval for conditional non-congregate meal service may distribute non-congregate meals to participants who meet eligibility criteria in areas that are not normally eligible for congregate meal service or participation in USDA Summer Meals programs (See 7 CFR 225.2 for definition).

_	ition).	ipation in CODA Summer Means programs (Oct 7 Or IX 223.2 TO			
<b>B3.</b>	In summer 2024, how many conditional non-congregate [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] meal sites in your State were approved to distribute meals?				
	Please provide your best estimate. If none, please enter 0.				
		NUMBER OF CONDITIONAL NON-CONGREGATE [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] MEAL SITES			
	(RANGE: 0-6000)	•			
	O Don't know	d			

IF ST B1b>		E HAD NON-CONGREGATE SSO OR SFSP MEAL SITES IN SUMMER 2024	(IF B1a>0 OR
B4.	SS	summer 2024, approximately what proportion of non-congregate [IF B1a: 6O, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] mo our State were approved to distribute multiple days' worth of meals?	
	0	All	4
	0	More than half	3
	$\mathbf{O}$	About half	2
	0	Less than half	1
	0	None	0
	0	Don't know	d
		E HAD NON-CONGREGATE SSO OR SFSP MEAL SITES THAT WERE APPI UTE MUTLIPLE DAYS WORTH OF MEALS (IF B4=1, 2, 3, OR 4)	ROVED TO
B5. <sub>NEW</sub>	B1 of	mong non-congregate [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: la>0 AND B1b>0: SSO and SFSP] meal sites approved to distribute multipeals in summer 2024, what was the most common number of days' worstributed?	ole days' worth
	$\mathbf{O}$	2 to 4 days' worth	1
	O	5 to 7 days' worth	2
	0	8 to 10 days' worth	2
	0	Don't know	d
IF ST B1b>		E HAD NON-CONGREGATE SSO OR SFSP MEAL SITES IN SUMMER 2024	(IF B1a>0 OR
	,		
B6.	In s	summer 2024, approximately what proportion of non-congregate [IF B1a: 6O, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] moreoved to distribute bulk foods?	
	In s SS app	SO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] mo	be used for
	In s SS ap	SO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0: SSO and SFSP] moreoved to distribute bulk foods?  Ilk food packages are food packages that contain one or more items that could	be used for servings.

IF STATE HAD NON-CONGREGATE SSO OR SFSP MEAL SITES THAT WERE APPROVEI	OT C
DISTRIBUTE MUTLIPLE DAYS WORTH OF MEALS (IF B6=1, 2, 3, OR 4)	

B7. Among non-congregate [IF B1a>0 AND B1b=0: SSO, IF B1a=0 AND B1b>0: SFSP, B1a>0 AND B1b>0: SSO and SFSP] meal sites approved to distribute bulk foods summer 2024, what was the most common bulk food distribution practice?			
[DISPLAY AS HOVER TEXT OVER "bulk food": Bulk contain one or more items that could be used for mult quart of milk provides four 1-cup servings.]			
	O Bulk milk only	1	
	O Less than 50% of components issued in bulk	2	
	O 50% or more of components issued in bulk	3	
	O All components issued in bulk	4	
	O Don't know	d	
IF S	TATE HAD NON-CONGREGATE SSO OR SFSP MEAL SITE >0)	S IN SUMMER 2024 (IF B1a>0 OR	
B1b:	In summer 2024, approximately what proportion of non SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were	
B1b	>0) In summer 2024, approximately what proportion of non	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were n pick-up?	
B1b:	In summer 2024, approximately what proportion of non SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0 approved to distribute meals through parent or guardia	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were n pick-up?	
B1b:	In summer 2024, approximately what proportion of non SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0 approved to distribute meals through parent or guardia	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were n pick-up?	
B1b:	In summer 2024, approximately what proportion of non SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0 approved to distribute meals through parent or guardia  O All	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were n pick-up?	
B1b:	In summer 2024, approximately what proportion of non SSO, IF B1a=0 AND B1b>0: SFSP, IF B1a>0 AND B1b>0 approved to distribute meals through parent or guardia  O All  O More than half	-congregate [IF B1a>0 AND B1b=0: : SSO and SFSP] meal sites were n pick-up?	

# C. Buy American Provision

IF STATE OVERSEES NSLP, SBP, OR SSO (NSLP=1, SBP=1, OR SSO=1)

The next set of questions is about Buy American during SY 23-24.

The Buy American provision requires SFAs to procure, to the maximum extent practicable, domestic commodities or products. A domestic commodity or product is defined as an agricultural commodity that is produced in the United States or a food product that is processed in the United States substantially using agricultural commodities produced in the United States.

C1. CNOPS-II Year 3 -	ide	Does your State have a policy on the Buy American provision? State policies may be identical to the Federal policy or may include Federal and/or State-specific policy components.				
dited	$\mathbf{O}$	Yes, our State implements the Federal policy	. 1			
	0	Yes, our State has a State-specific policy	. 2			
	•	No, our State does not have a State-specific policy or implement the Federal policy	. O SKIP TO D1			
IF ST	ATE	HAS A POLICY ON BUY AMERICAN PROVISION (C1=1 OR 2)				
C2.	Wł	nat components are described in your State's Buy American policy?				
NOPS-II 'ear 3	Sel	ect all that apply				
cur o		Buy American provision requirement to procure domestic commodities or products	. 1			
		Definition of a domestic commodity or product	. 2			
		Criteria for SFAs to determine exceptions to the Buy American provision	. 3			
		Requirement for SFAs to document the Buy American provision in all procurement solicitations and/or contracts	. 4			
		Requirement for SFAs to document the Buy American provision in all procurement procedures and/or document prototypes	. 5			
		Encouragement for SFAs to procure domestic foods from local, regional, small, women-owned, and/or minority-owned businesses	. 6			
		Encouragement for SFAs to order USDA Foods	. 7			
		State procurement reviews to ensure SFA compliance with the Buy American provision	. 8			
		Other (Specify)	. 99			
	Sp	ecify (STRING 150)				

## IF STATE HAS A POLICY ON BUY AMERICAN PROVISION (C1=1 OR 2)

C3. How does your State agency ensure SFA compliance with the Buy American provision? For each compliance review activity, please indicate the type of review your State uses to check compliance.

CNOPS-II Year 3

> Select all that apply per row or 'Compliance not checked'

		During administrative review	During procurement review	During other review	Compliance not checked
Check that SFAs are commodities/product	•	1 🗆	2 🗖	з 🗖	<b>O</b> 0
b. Check that contract s Buy American langua		1 🗆	2 🗖	з 🗖	$\mathbf{C}_0$
c. Check that contracts American language	contain Buy	1 🗆	2 🗖	з 🗖	<b>O</b> 0
d. Check that supplier i show that solicited d commodities/product the contractor	omestic	1 🗆	2 🗖	з 🗖	O 0
e. Look at food product storage facilities	labels in SFA	1 🗆	2 🗖	з 🗖	<b>O</b> 0
f. Share sample Buy A that SFAs can use in contracts, and other	solicitations,	1 🗆	2 🗖	з 🗖	<b>O</b> 0
g. Other (Specify)		1 🗆	2 🗖	з 🗖	O 0

## IF STATE HAS A POLICY ON BUY AMERICAN PROVISION (C1=1 OR 2)

Exceptions to the Buy American provision are allowed when the use of domestic foods is not practical. That is, domestic foods are in inadequate supply, low quality, or substantially higher in price than non-domestic foods.

# C4. Do you use any of the following information, documented by SFAs, to verify that an exception to the Buy American provision is needed?

CNOPS-II Year 3edited

	Select one per row	
	Yes	No
a. The domestic food product is in inadequate supply	1 <b>Q</b>	$\mathbf{O}_0$
b. The domestic food product is low quality	1 <b>O</b>	$\mathbf{C}_0$
c. The domestic food product is substantially higher in price than the non-domestic food product counterpart	1 <b>O</b>	$\mathbf{O}_0$
<ul> <li>Alternative domestic food product options were researched and considered</li> </ul>	1 <b>O</b>	$\mathbf{C}_0$
e. The domestic food product availability or pricing was verified using a third-party verification (for example, the Agricultural Marketing Service report)	1 <b>Q</b>	$\mathbf{O}_0$
f. Other (Specify)	1 <b>O</b>	$\mathbf{C}_0$
(STRING (NUM))		

# D. Child Nutrition Data Systems

#### **ALL STATES**

This section asks about the systems your State agency used to share and manage CN Program data.

The next few questions ask about whether your State agency relied on paper forms (as opposed to digital forms) for any CN Program processes, such as, program enrollment or renewal, monitoring, meal claims, procurement, or other processes in SY 2023-2024.

# IF STATE OVERSEES NSLP AND SBP (IF NSLP=1 OR SBP=1)

- D1. For NSLP and SBP, did your State agency rely on paper forms (as opposed to digital forms) for any of the listed processes in SY 2023-2024?
- Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).

#### Select one per row

		Yes, relied on paper forms	No, did not rely on paper forms	Don't Know
a.	NSLP and SPB enrollment or renewal	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
b.	Monitoring	1 <b>Q</b>	$\mathbf{C}_0$	$\mathbf{C}$ b
C.	Meal claims	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
d.	State procurement	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
e.	Other process (specify)	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b

IF STATE RELIED ON PAPER FORMS FOR PROCESSES LISTED IN D1 (IF D1A, D1B, D1C, D1D, OR D1E=1)

D2.	Why did your State agency rely on paper forms (as opposed to digital forms) for NSLP
	and SBP [FILL RESPONSES FROM D1] in SY 2023-2024?

"Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.

[DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

_				_
20	laat	$\sim 11$	that	apply
೦೮	てしし	au	шаг	auuiv

	No State data system for this process	1
	State data system has limitations (for example, cannot manage qualitative observations from on-site monitoring).	2
	Paper forms or documents are required by State law or regulation	3
	Local program operators have limited internet access or limited access to IT systems	4
	State agency staff choose to use paper forms	5
	Other reason (specify)	. 99
0	Don't know	d

#### IF STATE OVERSEES SSO (IF SSO=1)

D3. For SSO, did your State agency rely on paper forms (as opposed to digital forms) for any of the listed processes in SY 2023-2024?

If no SFAs operated SSO in SY 2023-2024, please select that option.

NEW [DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

#### Select one per row

		Yes, relied on paper forms	No, did not rely on paper forms	Don't Know
a. :	SSO enrollment or renewal	1 <b>O</b>	<b>O</b> 0	C <sub>b</sub>
b.	Monitoring	1 <b>O</b>	<b>O</b> 0	$\mathbf{C}$ b
c.	Meal claims	1 <b>Q</b>	$\mathbf{C}_0$	$\mathbf{C}$ b
d.	State procurement	1 <b>O</b>	$\mathbf{C}_0$	$\mathbf{C}$ b
е.	Other process (specify)	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b

IF STATE RELIED ON PAPER FORMS FOR PROCESSES LISTED IN D3 (IF D3A, D3B, D3C, D3D, OR D3E=1)

D4.	hy did your State agency rely on paper forms (as opposed to digital forms) for SS	0
	ILL RESPONSES FROM D3] in SY 2023-2024?	

NEW [DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

[DISPLAY AS HOVER TEXT OVER "data system": For this study "data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]

Select all that apply

	No State data system for this process	. 1
	State data system has limitations (for example, cannot manage qualitative observations from on-site monitoring).	. 2
	Paper forms or documents are required by State law or regulation	. 3
	Local program operators have limited internet access or limited access to IT systems	. 4
	State agency staff choose to use paper forms.	. 5.
	Other reason (specify)	. 99
O	Don't know	. d

#### IF STATE OVERSEES SFSP (IF SFSP=1)

D5. For SFSP, did your State agency rely on paper forms (as opposed to digital forms) for any of the listed processes in SY 2023-2024?

If no sponsors operated SFSP in SY 2023-2024, please select that option.

NEW [DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

#### Select one per row

			•	
		Yes, relied on paper forms	No, did not rely on paper forms	Don't Know
a.	SFSP enrollment or renewal	1 <b>Q</b>	<b>O</b> 0	Оь
b.	Monitoring	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
C.	Meal claims	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
d.	State procurement	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
e.	Other process (specify)	1 <b>Q</b>	<b>O</b> 0	$\mathbf{C}$ b
	O No sponsors operated SFSP		0	

IF STATE RELIED ON PAPER FORMS FOR PROCESSES LISTED IN D5 (IF D5A, D5B, D5C, D5D, OR D5E=1)

# D6. Why did your State agency rely on paper forms (as opposed to digital forms) for SFSP [FILL RESPONSES FROM D5] in SY 2023-2024?

NEW [DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]

Select a	ll that	app	ly
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	No State data system for this process	1
	State data system has limitations (for example, cannot manage qualitative observations from on-site monitoring).	2
	Paper forms or documents are required by State law or regulation	3
	Local program operators have limited internet access or limited access to IT systems	4
	State agency staff choose to use paper forms.	5
	Other reason (specify)	99
O	Don't know	d

#### IF STATE OVERSEES CACFP (IF CACFP=1)

# D7. For CACFP, did your State agency rely on paper forms (as opposed to digital forms) for any of the listed processes in SY 2023-2024?

NEW [DISPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed and saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word documents). Forms that were printed and completed on physical paper are considered paper forms, even if the final completed paper form was subsequently scanned and saved electronically (e.g., paper forms scanned to PDF).]

#### Select one per row

	Yes, relied on paper forms	No, did not rely on paper forms	Don't Know
a. CACFP enrollment or renewal	1 <b>O</b>	<b>O</b> 0	Оь
b. Monitoring	1 <b>O</b>	<b>O</b> 0	$\mathbf{C}$ b
c. Meal claims	1 <b>Q</b>	<b>O</b> 0	C <sub>b</sub>
d. State procurement	1 <b>O</b>	<b>O</b> 0	$\mathbf{C}$ b
e. Other process (specify)	1 <b>Q</b>	O 0	C <sub>b</sub>

IF STATE RELIED ON PAPER FORMS FOR PROCESSES LISTED IN D7 (IF D7A, D7B, D7C, D7D, OR D7E=1)

<b>D8</b> .		ny did your State agency rely on paper forms (as opposed to digital forms) for CACFF LL RESPONSES FROM D7] in SY 2023-2024?	>
	and doo for	SPLAY AS HOVER TEXT OVER "digital forms": Digital forms are forms that are completed d saved electronically (e.g., online forms, Excel spreadsheets, fillable PDF forms, and Word cuments). Forms that were printed and completed on physical paper are considered paper ms, even if the final completed paper form was subsequently scanned and saved actronically (e.g., paper forms scanned to PDF).]	
NEW		SPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems use share, store, and/or manage CN Program data, including digital forms.]	ed
	Se	lect all that apply	
		No State data system for this process	
		State data system has limitations (for example, cannot manage qualitative observations from on-site monitoring)	
		Paper forms or documents are required by State law or regulation 3	
		Local program operators have limited internet access or limited access to IT systems	
		State agency staff choose to use paper forms5	
		Other reason (specify)	
	0	Don't know d	
IF ST	ATE	HAD NON-CONGREGATE SSO MEAL SITES IN SUMMER 2024 (IF B1A >0)	
D9a.	The next few questions ask about use of data systems to manage data for certain programs in summer 2024.		
NEW		summer 2024, to what extent was your State agency able to use existing data system support implementation and administration of non-congregate meal service for SSO	
		SPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems use share, store, and/or manage CN Program data, including digital forms.]	ed
	0	Exclusively used existing data systems	
	0	Updated existing data systems2	
	0	Used a mix of existing and new data systems	
	$\mathbf{O}$	Developed all new data systems	
	0	Don't know d	

IF ST	ГАТЕ	HAD NON-CONGREGATE SFSP MEAL SITES IN SUMMER 2024 (IF B1B>0)		
D9b.		summer 2024, to what extent was your State agency able to use existing data systems support implementation and administration of non-congregate meal service for SFSP?		
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]			
	0	Exclusively used existing data systems		
	O	Updated existing data systems		
	0	Used a mix of existing and new data systems		
	0	Developed all new data systems4		
	0	Don't knowd		
ALL:	STA	TES		
D10.	Die	d your State agency operate the Summer EBT program in summer 2024?		
NEW	O	Yes1		
	O	No		
	0	Don't know d		
IF ST	ГАТЕ	OPERATED SUMMER EBT PROGRAM IN 2024 (IF D10=1)		
D11.	. In summer 2024, to what extent was your State agency able to use existing data systems to support implementation and administration of the Summer EBT program?			
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]			
	0	Exclusively used existing data systems		
	O	Updated existing data systems2		
	O	Used a mix of existing and new data systems		
	O	Developed all new data systems4		
	0	Don't knowd		
ALL:	STA	ΓES		
D12.		om your perspective, how do your current CN data system(s) affect administrative rden for your State agency?		
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]			
	0	Substantial decrease in burden		
	0	Small decrease in burden		
	0	No impact on burden		
	0	Small increase in burden4		
	0	Substantial increase in burden5		
	O	Don't know d		

ALL:	STATES		
D13.	Would you like FNS to follow up with your State to limitations of the data system(s) currently used to d		
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Dato share, store, and/or manage CN Program data, inclu		
	O Yes	1	
	O No	2	
ALL:	STATES		
D14.	In SY 2023-2024, who provided enhancements, ope your State agency CN data systems?	rations, and maintenance services for	
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Dato share, store, and/or manage CN Program data, inclu		
	O In-house State agency staff	1	
	O Vendor	2	
	O Both In-house State agency staff and vendor	3	
	O Don't know	d	
ALL:	STATES		
D15.	Please indicate how your state CN data systems we	ere hosted.	
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]		
	Select all that apply		
	☐ State agency on premise servers	1	
	□ State agency cloud servers	2	
	☐ Vendor provided on premise servers	3	
	□ Vendor provided cloud servers	4	
	□ Other (specify)	99	
	O Don't know	d	

D16.	How frequently does your State agency go through a data systems operations and maintenance services?				
NEW	[DISPLAY AS HOVER TEXT OVER "data system": "Data system" refers to digital systems used to share, store, and/or manage CN Program data, including digital forms.]				
	O Once a year	1			
	O Every 2-3 years	2			
	O Every 4-5 years	3			
	O Never	0			
	Other (specify)	99			
	O Don't know	d			
	TATE NEVER GOES THROUGH AN ACQUISITION PROC /ICES (IF D16=0)	CESS FOR CN DATA SYSTEMS			
D17.	How are your vender contracts extended?				
NEW					
ALL S	STATES				
D18.	Did your State receive a Technology Innovation Gran	nt?			
	O Yes	1			
	O No	2			
	O Don't know	d			

IF ST	ATE	RECEIVED A TECHNOLOGY INNOVATION GRANT (E19=1)					
D19.	Fo	r what purpose has your State agency used the Technology Innovation Grant?					
NEW	Se	Select all that apply					
		Upgraded or added enhancements to an old system 1					
		Built a new system or replaced an old system					
		Integrated existing systems					
		Added a review component4					
		Built a new system or feature for S-EBT5					
		Streamlined local data transfers6					
		Added features to support or improve monitoring and oversight7					
		Purchased technology equipment and/or software or hardware 84					
		Hired new staff or contractors9					
		Trained new staff or contractors					
		Other (Specify)					
	O	Don't know d					
ALL							
VERIF	ICA	TION SCREEN.					
You ha		completed the State Agency Child Nutrition Director Survey for School Year 2023–2024.  e you ready to submit your responses?					
If you	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 "Back" button to navigate to the question you would like to review.						
	0	Yes					

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

ALL