

APPENDIX F03.01. SFA DIRECTOR SURVEY (GROUPS 1A, 1B, 1C, 2A, AND 3)

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OMB Number: 0584-XXXX  
Expiration Date: xx/xx/20xx

This information is being collected to assist the Food and Nutrition Service in understanding school food purchasing practices, the nutritional quality of school meals and snacks, the cost to produce school meals, and student participation and dietary intakes. This is a mandatory collection and FNS will use the information to monitor program operations. This collection does not request any 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-[xxxx]. The time required to complete this information collection is estimated to average [IF G1a, FILL: 1.5] [IF G1b, FILL: 1.25] [IF 1c OR 2a OR 3, FILL: 0.75] 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-xxxx). Do not return the completed form to this address.

**USDA/Food and Nutrition Service**

**2024–2025 National School Foods Study**

***School Food Authority Director Survey***

## PROGRAMMER LOAD VARIABLE BELOW

Load Variable	Variable Name	Description	Values
SFA	SFAName	Name of SFA	<String>
GROUPID	Group	Data collection group	1a, 1b, 1c, 2a, 3
SFA CEP STATUS	SFACEP	All, some, or no schools participate in CEP	2 = All; 1 = Some; 0 = No
SFA PROVISION 1 STATUS FOR NSLP	SFAProv1NSLP	All, some or no schools participate in Provision 1 for NSLP	2 = All; 1 = Some; 0 = None
SFA PROVISION 1 STATUS FOR SBP	SFAProv1SBP	All, some or no schools participate in Provision 1 for SBP	2 = All; 1 = Some; 0 = None
SFA PROVISION 2 STATUS FOR NSLP	SFAProv2NSLP	All, some or no schools participate in Provision 2 for NSLP	2 = All; 1 = Some; 0 = None
SFA PROVISION 2 STATUS FOR SBP	SFAProv2SBP	All, some or no schools with SBP participate in Provision 2	2 = All; 1 = Some; 0 = None
SFA PROVISION 3 STATUS FOR NSLP	SFAProv3NSLP	All, some or no schools participate in Provision 3 for NSLP	2 = All; 1 = Some; 0 = None
SFA PROVISION 3 STATUS FOR SBP	SFAProv3SBP	All, some or no schools with SBP participate in Provision 3	2 = All; 1 = Some; 0 = None
SFA HSMFA STATUS	SFAHSMFA	SFA in state with Healthy School Meals for All	1= Yes; 0= No
FPPI FSMC USE	FPPI_FSMC	SFA uses FSMC	1= Yes; 0= No
FPPI PURCHASING GROUP	FPPI_GROUP	SFA uses purchasing group	1= Yes; 0= No
SCHOOL NAME 1	SchoolName1	Name of school 1	<String>
SCHOOL NAME 2	SchoolName2	Name of school 2	<String>
SCHOOL NAME 3	SchoolName3	Name of school 3	<String>
SCHOOL NAME 4	SchoolName4	Name of school 4	<String>
SCHOOL NAME 5	SchoolName5	Name of school 5	<String>
SCHOOL NAME 6	SchoolName6	Name of school 6	<String>
SCHOOL NAME 7	SchoolName7	Name of school 7	<String>
SCHOOL NAME 8	SchoolName8	Name of school 8	<String>
MPRID	MPRID	Mathematica ID	<Num>
SFAID	SFAID	SFA ID	<Num>
EMAIL	Email	Director Email	<String>
WAVE	Wave	Survey Wave	<Num>
BATCH	Batch	Survey Batch	<Num>
PHONE NUMBER	PhoneNumber	Phone number	<Num>
EXTENSION	Extension	Extension for phone number	<Num>
FIRST NAME	FirstName	Participant first name	<String>
LAST NAME	LastName	Participant last name	<String>

## INSTRUCTIONS

- This survey is intended for the school food authority (SFA) director but can be completed by any staff member who is very familiar with the SFA's school nutrition programs.
- Under the terms of Section 28 of the Richard B. Russell National School Lunch Act, institutions participating in the school meals programs are required to participate in this data collection. Taking part in the study is voluntary for parents/guardians and children. The decision to participate will not affect any USDA benefits received by institutions or families participating in this data collection.
- Your responses will not be disclosed in identifiable form without your consent.
- The information you provide will be used only for statistical purposes.
- Please answer all of the questions to the best of your ability.
- You may complete the survey all at once or save your responses and return at a later time.
- If you are returning to finish your saved survey, you will return to the point where you left off.
- Please use the buttons at the bottom of each page to move through the survey. You may need to scroll down on the page to view the buttons. Using your browser's "Back" function may cause errors.

If you have any questions about the study or about completing this survey, please contact the study team by email at [EMAIL] or by phone at xxx-xxx-xxxx (toll-free). If you have any questions about your rights as a research participant, please call HML IRB at 202-246-8504.

### A. VERIFICATION

ALL

NOT REQUIRED

**A1. This survey asks about [FILL SFA].**

**A1a. [IF GROUPID=2a or 3, FILL:] This includes the following schools: [FILL ALL SCHOOL NAMES].**

ALL

NOT REQUIRED

**A2. Please enter your name, phone number (XXX-XXX-XXXX), and email address so we can contact you if we have any questions about the survey.**

1. First Name

2. Last Name

(STRING 20)

(STRING 20)

3. Phone Number

4. Email Address

(STRING 40)

**SOFT CHECK: IF A2=NO RESPONSE: There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

[BEGIN SNMCS-II COMPONENT]

PROGRAMMER  
IF GROUP 1B, GO TO SECTION P (SFPS SECTION)

GROUPID=1A, 1C, 2A, OR 3  
NOT REQUIRED

**First we are going to ask you a few general questions about all of the schools in your SFA before asking about specific schools.**

**A3. Do all, some, or none of the schools in your SFA participate in the following?**

PROGRAMMER: DISPLAY AS HOVER TEXT FOR SPECIFIED ROWS.

ROWS 3 AND 4: *Schools participating in the Child and Adult Care Food Program (CACFP) provide free snacks and/or suppers to children during afterschool programs.*

ROW 5: *Schools participating in the Summer Food Service Program (SFSP) provide free meals to children when school is not in session (which may or may not be during the summer months).*

ROW 7: *Schools participating in the NSLP Seamless Summer Option (SSO) provide free meals and/or snacks to children during the traditional summer vacation periods and, for year-round schools, long school vacation periods. Meals and/or snacks are reimbursed at the NSLP and/or SBP free rates, which are slightly lower than the SFSP rates.*

PROGRAMMER: CODE ONE PER ROW

	<i>Select one per row</i>		
	ALL	SOME	NONE
1. School Breakfast Program (SBP)	2 m	1 m	0 m
2. National School Lunch Program (NSLP) afterschool snacks	2 m	1 m	0 m
3. Child and Adult Care Food Program (CACFP) snacks	2 m	1 m	0 m
4. CACFP suppers	2 m	1 m	0 m
5. Summer Food Service Program (SFSP)	2 m	1 m	0 m
6. Farm to school	2 m	1 m	0 m
7. NSLP Seamless Summer Option (SSO)	2 m	1 m	0 m

**SOFT CHECK: IF ANY QUESTION A3\_1-A3\_7 =NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

GROUPID=1A, 1C, 2A, OR 3  
SHOW QUESTIONS A4A,C,E,G IF A3\_1= 2, 1, OR M AND PROVISION VARIABLES ARE MISSING  
SHOW QUESTIONS A4B, D, F IF PROVISION VARIABLES ARE MISSING  
ELSE GO TO A5 (NO MISSING PROVISION VARIABLES)

NOT REQUIRED

**A4. Do all, some, or none of the schools in your SFA participate in the following provisions?** Please respond even if your state has enacted legislation which requires school breakfasts and lunches to be provided at no cost to all children in the State.

**A4a. Community Eligibility Provision**

*Community Eligibility Provision schools serve meals at no charge to all children based on large proportions of children certified for free school meals through means other than a household application.*

m All (2)

m Some (1)

m None (0)

**A4b. Provision 1 for the National School Lunch Program (NSLP)**

*Provision 1 schools serve meals at no charge to children who are certified every two years.*

m All (2)

m Some (1)

m None (0)

**A4c. Provision 1 for the School Breakfast Program (SBP)**

*Provision 1 schools serve meals at no charge to children who are certified every two years.*

m All (2)

m Some (1)

m None (0)

**A4d. Provision 2 for the NSLP**

*Provision 2 schools serve meals at no charge to all children as determined by application once every four years.*

m All (2)

m Some (1)

m None (0)

**A4e. Provision 2 for the SBP**

*Provision 2 schools serve meals at no charge to all children as determined by application once every four years.*

m All (2)

m Some (1)

m None (0)

**A4f. Provision 3 for the NSLP**

*Provision 3 schools serve meals at no charge to all children regardless of eligibility status.*

m All (2)

m Some (1)

m None (0)

**A4g. Provision 3 for the SBP**

*Provision 3 schools serve meals at no charge to all children regardless of eligibility status.*

m All (2)

m Some (1)



m None (0)

**SOFT CHECK: IF ANY QUESTION IN A4a-A4g =NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

PROGRAMMER

1. IF A3\_1=0 (NO SCHOOLS PARTICIPATE IN SBP), SET P1SBP=NA, SET P2SBP=NA, SET P3SBP=NA, SET CEP = NA
2. CREATE VARIABLE "CEP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4A RESPONSE.
3. CREATE VARIABLE "P1NSLP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4B RESPONSE.
4. CREATE VARIABLE "P1SBP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4C RESPONSE.
5. CREATE VARIABLE "P2NSLP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4D RESPONSE.
6. CREATE VARIABLE "P2SBP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4E RESPONSE.
7. CREATE VARIABLE "P3NSLP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4F RESPONSE.
8. CREATE VARIABLE "P3SBP" = 2 (ALL), 1 (SOME), 0 (NONE), M (MISSING) FROM SAMPLE LOAD OR A4G RESPONSE.

ALL
NOT REQUIRED

**A5\_[1-3]. Which of the following school types does your SFA include?**

*Select all that apply*

- Elementary schools..... 1
- Middle schools..... 2
- High schools..... 3

**SOFT CHECK: IF A5\_[1-3] =NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

**B. INDIVIDUAL SCHOOLS IN SFA**

PROGRAMMER

IF GROUPID=1 GO TO SECTION C  
ELSE IF GROUPID=2A OR 3 CONTINUE TO B1. WHEN FINISHED WITH  
SCHOOL 1, REPEAT B1-B8 FOR ALL REMAINING SCHOOLS.

GROUPID=2A OR 3

NOT REQUIRED

Next we are going to ask you some questions about specific schools in your SFA.

GROUPID=2A OR 3

NOT REQUIRED

**B1. How many students are enrolled at [NAME OF SCHOOL] in the 2024-2025 school year?**

TOTAL STUDENT ENROLLMENT

(RANGE 1-6,000)

SOFT CHECK: IF B1>1,000; You entered that the total student enrollment for the current school year is greater than 1,000. Please confirm or correct your response and continue.

GROUPID=2A OR 3 AND CEP NE ALL

NOT REQUIRED

**B2. You specified that your total enrollment is [FILL B1 VALUE]. How many students in [NAME OF SCHOOL] are approved for free meals in the 2024-2025 school year?**

Please enter 0 if no students have been approved for free meals.

STUDENTS APPROVED FOR FREE MEALS

(RANGE 0-6,000)

SOFT CHECK: IF B2>B1; You entered that there are more students approved for free meals in the 2024-2025 school year than students enrolled. Please confirm or correct your response to number of students enrolled or number of students approved for free meals and continue.

GROUPID=2A OR 3 AND CEP NE ALL
NOT REQUIRED

**B3. Of [FILL B1 VALUE] enrolled students at [NAME OF SCHOOL], how many are approved for reduced-price meals in the 2024-2025 school year?**

*Please enter 0 if no students have been approved for reduced-price meals.*

STUDENTS APPROVED FOR REDUCED-PRICE MEALS

(RANGE 0-6,000)

**SOFT CHECK: IF B3>B1; You entered that there are more students approved for reduced-price meals in the 2024-2025 school year than students enrolled. Please confirm or correct your response to number of students enrolled or number of students approved for reduced-price meals and continue.**

GROUPID=2A OR 3
-----------------

**B3check. You entered the following numbers for total student enrollment, students receiving free meals, and students receiving reduced-price meals.**

TOTAL STUDENTS ENROLLED: [Piped number]  
STUDENTS APPROVED FOR FREE MEALS: [Piped number]  
STUDENTS APPROVED FOR REDUCED-PRICE MEALS: [Piped number]

**If this is accurate, please click the “forward” button.  
If you need to correct any of these values, please click the “back” button.**

GROUPID=2A OR 3
NOT REQUIRED

**B4. What grade groups are used to plan NSLP lunch menus for [NAME OF SCHOOL] for the 2024-2025 school year?**

*Select all that apply*

- Grades K-5..... 1
- Grades 6-8..... 2
- Grades 9-12..... 3

(GROUPID=2 OR 3) AND  
[A3\_1=1 ("SOME" SCHOOLS PARTICIPATE IN THE SBP)] OR [A3\_1=MISSING] OR [CEP=2 AND A3\_1=0] OR  
[P2SBP= 2 AND A3\_1=0] OR [P3SBP=2 AND A3\_1=0] (DISCREPANT RESPONSE BETWEEN PRELOAD AND  
A3\_1)

NOT REQUIRED

**B5. Does [NAME OF SCHOOL] participate in the School Breakfast Program (SBP)?**

- m Yes..... 1
- m No..... 0 GO TO B8
- NO RESPONSE..... 99 GO TO B8

SOFT CHECK: IF B5=NO RESPONSE; **There (is/are) [X] unanswered question(s) on this page.  
Would you like to continue?**

(GROUPID=2 OR 3) AND  
(B5=1 (SCHOOL PARTICIPATES IN SBP) OR A3\_1 = 2 (ALL SCHOOLS IN SFA PARTICIPATE IN SBP))

NOT REQUIRED

**B6. What grade groups are used to plan SBP breakfast menus for [NAME OF SCHOOL] for the 2024-2025 school year?**

*Select all that apply*

- Grades K-5..... 1
- Grades 6-8..... 2
- Grades 9-12..... 3

GROUPID=2 OR 3 AND  
(B5=1 (SCHOOL PARTICIPATES IN SBP) OR A3\_1 = 2 (ALL SCHOOLS IN SFA PARTICIPATE IN SBP))

NOT REQUIRED

**B7a. Does [NAME OF SCHOOL] offer free breakfast for all students?**

- m Yes..... 1
- m No..... 0

GROUPID=2 OR 3 AND

NOT REQUIRED

**B7b. Does [NAME OF SCHOOL] offer free lunch for all students?**

- m Yes..... 1
- m No..... 0

(GROUPID=2 OR 3) AND B7A OR B7B=1  
 NOT REQUIRED

**B8. Does [NAME OF SCHOOL] operate under any of the following provisions?**

PROGRAMMER: DISPLAY AS HOVER TEXT FOR SPECIFIED ROWS.

ROW A: *Community Eligibility Provision schools serve meals at no charge to all children based on large proportions of children certified for free school meals through means other than a household application.*

ROWS B AND C: *Provision 1 schools serve meals at no charge to children who are certified every two years.*

ROWS D AND E: *Provision 2 schools serve meals at no charge to all children as determined by application once every four years.*

ROWS F AND G: *Provision 3 schools serve meals at no charge to all children regardless of eligibility status.*

<i>Select one per row</i>		
	YES	NO
a. [IF CEP=SOME, M and B5=1, M] <b>Community Eligibility Provision</b>	1 m	0 m
b. [IF P1NSLP =SOME, M] <b>Provision 1 for NSLP</b>	1 m	0 m
c. [IF P1SBP=SOME, M AND B5=1, M] <b>Provision 1 for SBP</b>	1 m	0 m
d. [IF P2NSLP=SOME, M] <b>Provision 2 for NSLP</b>	1 m	0 m
e. [IF P2SBP=SOME, M AND B5=1, M] <b>Provision 2 for SBP</b>	1 m	0 m
f. [IF P3NSLP=SOME, M] <b>Provision 3 for NSLP</b>	1 m	0 m
g. [IF P3SBP=SOME, M AND B5=1, M] <b>Provision 3 for SBP</b>	1 m	0 m

SOFT CHECK: IF ANY QUESTION IN B8A-B8E=NO RESPONSE; **There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

PROGRAMMER BOX:  
 REPEAT QUESTIONS B1-B8 FOR EVERY SCHOOL  
 IN THE SAMPLE AT THAT SFA.

### C. SFA OVERVIEW

PROGRAMMER:  
DISPLAY C1 AND C2 ON THE SAME PAGE

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

The following questions ask about your SFA and all of the schools in it.

**C1. How many school districts are in your SFA?**

DISTRICTS

(RANGE 1-20)

SOFT CHECK: IF C1 =NO RESPONSE; **There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**C2. How many schools are in your SFA?**

SCHOOLS

(RANGE 1-6,000)

SOFT CHECK: IF C2 =NO RESPONSE; **There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**C3. Are any schools in your SFA charter schools?**

m Yes..... 1

m No..... 0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**C4. Do any of the schools in your SFA operate a school garden?** *School gardens include those that are used for nutrition education and/or food service purposes.*

- m Yes..... 1
- .....
- m No..... 0

GROUPID=1A, 1C, 2A, OR 3 AND A5_1 = 1 (ELEMENTARY SCHOOLS IN SFA)
NOT REQUIRED

**C5. Do any of the elementary schools in your SFA participate in the Fresh Fruit and Vegetable Program (FFVP)?** *Elementary schools participating in the Fresh Fruit and Vegetable Program provide free fresh fruits and vegetables to students during the school day.*

- m Yes..... 1
- .....
- m No..... 0

IF A3_1=1 OR 2 (SOME OR ALL SCHOOLS PARTICIPATE IN SBP) ELSE GO TO SECTION D
NOT REQUIRED

**C6. Some states or school districts have a policy that requires schools to participate in the School Breakfast Program (SBP). Does your state or district require that schools in your SFA participate in the SBP? Please do not consider CEP requirements to participate in the SBP.**

- m Yes, there is a state policy..... 1
- m Yes, there is a district policy..... 2
- m Yes, there are both a state and district policy..... 3
- m No, there are no state or district policies that require schools to participate in SBP..... 0      GO TO SECTION D
- NO RESPONSE..... 99      GO TO SECTION D

SOFT CHECK: IF C6 =NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
--

IF C6=1 OR 2 OR 3 (STATE/DISTRICT REQUIRES PARTICIPATION IN SBP)
NOT REQUIRED

**C7. Does the requirement that schools participate in the SBP apply to all schools or some schools in your SFA?**

- m All schools..... 2
- m Some schools..... 1

SOFT CHECK: IF C7 =NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
--

IF C6=1 OR 2 OR 3 (STATE/DISTRICT REQUIRES PARTICIPATION IN SBP) AND C7=/=2
NOT REQUIRED

**C8. Which types of schools are required to participate in the SBP?**

*Select all that apply*

- Schools that meet a minimum percentage of enrolled students certified for free or reduced-price meals..... 1
- .....
- .....
- Title 1 schools..... 2
- Severe-need schools..... 3
- Schools that serve specific grades..... 4
- Schools that receive non-federal funding to participate in the SBP..... 5
- Schools that have a high level of demand for SBP from parents of enrolled students..... 6
- Other reason (SPECIFY)..... 7

Specify



C7=1 OR 2 (SOME OR ALL SCHOOLS REQUIRED TO PARTICIPATE IN SBP)
NOT REQUIRED

**C9. How many schools that are required to participate in the SBP provide free breakfast for all students?**

- m All schools..... 2
- m Some schools..... 1
- m No schools..... 0

C9=1 OR 2 (SOME OR ALL SCHOOLS REQUIRED TO PARTICIPATE IN SBP PROVIDE FREE BREAKFAST FOR ALL STUDENTS)
Ask only if CEP NE 2 (All) AND P2SBP NE 2 (All) AND P3SBP NE 2 (All) ( <i>do not ask if all schools in SFA use a provision reported earlier</i> )
PROGRAMMER: Do not fill option if 'none' at CEP, P2SBP, P3SBP
NOT REQUIRED

**C10. Thinking about the schools that are required to participate in the SBP that also provide free breakfast for all students, how are they funded?**

SELECT ONE RESPONSE PER ROW

	All	Some	None	DON'T KNOW
1. [IF CEP NE 0] Community Eligibility Provision (CEP)	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
2. [IF P2SBP NE 0] Provision 2	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
3. [IF P3SBP NE 0] Provision 3	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
4. Locally funded ("non-pricing" policy that may include public or private funding sources)	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
5. State funded	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
6. Other (SPECIFY)	2 <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	-9 <input type="radio"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

### D. STUDENT CERTIFICATION

**This section of the survey asks about student certification for free and reduced price meals.**

GROUPID=1A, 1C, 2A, OR 3 AND IF CEP DOES NOT EQUAL "ALL" [2] AND P2NSLP NE "ALL" [2] P3NSLP NE "ALL" [2]

Ask if SFA has any schools where HHS apply for F/RP lunch (skip CEP, P2, and P3 "ALL" SFAs)

NOT REQUIRED

**D1. Does your SFA offer a web-based application to households to certify students to receive free or reduced-price meals?**

m Yes..... 1

m No..... 0

GROUPID=1A, 1C, 2A, OR 3 AND IF CEP DOES NOT EQUAL "ALL" [2] AND P2NSLP NE "ALL" [2] P3NSLP NE "ALL" [2]

Ask if SFA has any schools where HHS apply for F/RP lunch (skip CEP, P2, and P3 "ALL" SFAs)

NOT REQUIRED

**D1a. What sources of categorical eligibility or other means-tested programs did your SFA or State use to directly certify children? If your SFA does not have any students in one or more of the State-approved statuses or programs listed below, mark "not applicable."**

SELECT ONE RESPONSE PER ROW

	YES	NO	NOT APPLICABLE	DON'T KNOW
1. Supplemental Nutrition Assistance Program (SNAP)	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
2. Food Distribution Program on Indian Reservations (FDPIR)	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
3. Temporary Assistance for Needy Families (TANF)	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
4. Medicaid	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
5. Head Start	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
6. Homeless, migrant, or runaway child	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
7. Foster child	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
8. Other (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>

GROUPID=1A, 1C, 2A, OR 3 AND IF CEP NE "NONE" [0] AND P2NSLP NE "NONE" [0] AND P3NSLP NE "NONE" [0]

Ask if SFA has any provision schools

NOT REQUIRED

**D1b. What sources of categorical eligibility, income eligibility, or other means-tested programs did your SFA use to establish claiming percentages for students certified to receive free meals? If your SFA does not have any students in one or more of the State-approved statuses or programs listed below, mark "not applicable."**

SELECT ONE RESPONSE PER ROW

	YES	NO	NOT APPLICABLE	DON'T KNOW
1. SNAP	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
2. FDPIR	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
3. TANF	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
4. Medicaid	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
5. Head Start	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
6. Homeless, migrant, or runaway child	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
7. Foster child	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
8. Applications for free and reduced-price school meals	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
9. Other (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>	-8 <input type="radio"/>	-9 <input type="radio"/>
<input type="text"/>				

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**D2. What percentage of students in your SFA are directly certified to receive free meals? This percentage is also known as the identified student percentage (ISP).**

*If no students are directly certified, enter 0%.*

*Please provide the percentage that was last reported, even if it's from a previous school year.*

%

(RANGE 0-100)

SOFT CHECK: IF D2=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

IF D2 ANSWERED
NOT REQUIRED

**D3. You indicated that [FILL FROM D2]% of students in your SFA are directly certified to receive free meals. What school year (SY) is this data from?**

- m SY 2024-2025..... 1
- m SY 2023-2024..... 2
- m SY 2022-2023..... 3
- m SY 2021-2022..... 4
- m SY 2020-2021..... 5
- m Other (SPECIFY)..... 6

Specify

## E. SMART SNACKS IN SCHOOLS STANDARDS

The next section of the survey includes questions about Smart Snacks and Competitive Foods.

GROUPID=1A, 1C, 2A, OR 3 AND IF A5_1 = 1, A5_2, = 1, OR A5_3 = 1
NOT REQUIRED

**E1. Competitive foods are all foods and beverages other than reimbursable meals available for sale to students and adults on the school campus during the school day. The Smart Snacks in Schools standards define nutrition standards for all foods and beverages sold on school campuses during the school day.**

**E1a. [IF A5\_1=1] Do elementary schools in your SFA have nutrition standards for competitive foods that exceed the Smart Snacks in Schools requirements?**

- m Yes..... 1
- m No..... 0
- m No competitive foods..... 2

**E1b. [IF A5\_2=1] Do middle schools in your SFA have nutrition standards for competitive foods that exceed the Smart Snacks in Schools requirements?**

- m Yes..... 1
- m No..... 0
- m No competitive foods..... 2

**E1c. [IF A5\_3=1] Do high schools in your SFA have nutrition standards for competitive foods that exceed the Smart Snacks in Schools requirements?**

- m Yes..... 1
- m No..... 0
- m No competitive foods..... 2

**SOFT CHECK: IF MISSING RESPONSE IN ANY E1a-c; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

## F. MENU PLANNING

**Thank you for your responses so far! This section of the survey asks about development of school meal menus.**

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F1. Do any schools in your district plan their own menus?**

- m Yes..... 1
- m No..... 0

**SOFT CHECK: IF F1=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

PROGRAMMER: SHOW ONLY SCHOOL TYPES INDICATED IN A5_[1-3]. IF A5 IS BLANK, SHOW ALL.
NOT REQUIRED

**F2. Which types of schools in your district use cycle menus?** *A cycle menu is a series of menus planned for a specific period of time, for example, 3 weeks. The menu is different for each day during the cycle. At the end of the cycle (i.e., 3 weeks), the menus are repeated in the same order.*

*Select all that apply*

- Elementary schools..... 1
- Middle schools..... 2
- High schools..... 3
- m None..... 0      GO TO F5
- NO RESPONSE..... 99      GO TO F5

**SOFT CHECK: IF F2=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

F2=1 OR 2 OR 3
NOT REQUIRED

**F3. What is the length of a single menu cycle (in weeks) at each school type?**

1. [IF F2=1, DISPLAY] Length of menu cycle at elementary schools:

 Weeks

(Range=1-20)

2. [IF F2=2, DISPLAY] Length of menu cycle at middle schools:

 Weeks

(Range=1-20)

3. [IF F2=3, DISPLAY] Length of menu cycle at high schools:

 Weeks

(Range=1-20)

SOFT CHECK: IF F3_1, 2, or 3=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?
SOFT CHECK: IF F4_1, 2, or 3>8; You said that your cycle menu is greater than 8 weeks. If that is not correct, please correct your response and continue.

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F4. Does your SFA publish its menus for students, staff, or parents to see?**

- m Yes..... 1
- m No..... 0 GO TO F6
- m Don't know..... 9 GO TO F6
- NO RESPONSE..... 99 GO TO F6

SOFT CHECK: IF F4=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?
--

F4 = 1

NOT REQUIRED

**F5. Where are the menus published?**

*Select all that apply*

- Send home menus/flyers/newsletters.....1
- Email information to parents.....2
- Post information in schools (for example, on bulletin boards or on cafeteria lines).....3  
.....
- Post information online (for example, on district/school website or school meals app).....4
- Post information on social media (for example, Facebook or Twitter).....5
- Post information in local newspapers.....6
- Other (SPECIFY).....99

Specify

**SOFT CHECK: IF F5=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**



GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F6. Which of the following tools and practices does your SFA use to plan menus to meet the meal pattern and nutrient requirements for reimbursable lunches and breakfasts?**

*Select all that apply*

- |   |      |
|---|------|
| 1. Evaluate menus using a simplified nutrient assessment  | 1 m  |
| 2. Evaluate menus using approved nutrient analysis software   | 2 m  |
| 3. Plan menus using USDA certification worksheets   | 3 m  |
| 4. Plan menus using commercially available alternatives to USDA certification worksheets, such as eTrition, Health-e Meal Planner, or Meals Plus              | 4 m  |
| 5. Use USDA interactive Food Buying Guide   | 5 m  |
| 6. Use menu planning resources from Team Nutrition or Institute of Child Nutrition, such as crediting tip sheets  | 6 m  |
| 7. Create or modify standardized recipes  | 7 m  |
| 8. Refine product specifications to purchase foods  | 8 m  |
| 9. Learn about new products developed to comply with requirements, for example by attending food shows or USDA Foods workshops sponsored by your State agency | 9 m  |
| 10. Review food product CN labels, product formulation statements, and manufacturer websites  | 10 m |
| 11. Other (SPECIFY)   | 11 m |
| <input type="text"/>  |      |
| 12. None of the above [EXCLUSIVE]   | 12 m |

IF F6 = 1 OR 2
NOT REQUIRED

**F7. Does your SFA conduct a nutrient analysis of its menus before the menus are finalized?**

- |                   |    |
|-------------------|----|
| m Yes.....        | 1  |
| m No.....         | 0  |
| m Don't know..... | 9  |
| NO RESPONSE.....  | 99 |

SOFT CHECK: IF F7=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F8. Does your SFA include any schools that include grades outside of the standard grade groups defined in the nutrition standards (that is, outside of K-5, 6-8, 9-12)?**

*Schools that include grades outside of the standard grade groups are:*

- 1) *Schools serving a combination of grades from K-5 that also includes grades 6-12. For example, a school serving pre-K - 12, or a school serving grades 5-9.*
- 2) *Schools serving a combination of grades from 6-8 and grades 9-12. For example, a school serving grades 6-12, or grades 8-12.*

m Yes..... 1  
 m No..... 0 GO TO F10  
 NO RESPONSE..... 99 GO TO F10

IF F8 =1
NOT REQUIRED

**F9. What practices does your SFA use to plan reimbursable lunch menus for schools with grades outside the standard grade groups?**

*Select all that apply*

- Plan the base lunch menu to meet the lower grade range minimums then add foods (for example, fruits and vegetables) to meet the upper grade requirements..... 1
  - Plan the lunch menu for all groups to meet the 1 cup fruit and vegetable requirements for grades 9-12 with the goal of staying within the weekly calorie range for all grade groups..... 2
  - Offer different lunch menus, foods, and/or portions sizes to students in each of the grade groups..... 3
  - Other (SPECIFY)..... 4
- Specify
- None, we offer the same lunch menus, foods, and portion sizes to all students..... 8

PROGRAMMER: F9 = 8 CANNOT BE SELECTED WITH ANOTHER RESPONSE
---

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F10\_Intro.                    The next few questions are about use of artificial sweeteners.**

**F10.    Does your district have any policies limiting the use of artificial sweeteners in reimbursable school meals?**

*Artificial sweeteners, also known as non-nutritive sweeteners, are used as a substitute for sugar in foods and beverages and contain few or no calories. Examples include aspartame, sucralose, and saccharin.*

- m Yes..... 1
- m No..... 0
- m Don't know..... d
- NO RESPONSE..... 99

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F11.    Which of the following types of foods and beverages served in reimbursable school meals include artificial sweeteners?**

*Select all that apply*

- Fluid milk..... 1
  - Other, non-milk beverages..... 2
  - Yogurt..... 3
  - Breakfast cereal..... 4
  - Snack items..... 5
  - Condiments or toppings (ex. syrup or jelly)..... 6
  - Other (SPECIFY)..... 7
- Specify
- m None..... 8
  - m Don't know..... 9
  - NO RESPONSE..... 99

F11=1, 2, 3, 4, 5, 6, OR 7

NOT REQUIRED

**F12. How often do reimbursable school meals include foods or beverages containing artificial sweeteners?**

*Select one per row*

	Never	Less than once per week	Once per week	2-4 times per week	Every day	Don't Know
a. Breakfast	0 m	1 m	2 m	3 m	4 m	d m
b. Lunch	0 m	1 m	2 m	3 m	4 m	d m
NO RESPONSE.....	99					

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F13\_Intro.** The next set of questions is about culturally relevant meals. Culturally relevant meals are meals that are tailored to and resonate with the cultural background, experiences, values, and perspectives of a specific group or community.

**F13. What steps has your SFA taken to incorporate culturally relevant foods and flavors?**

*Select all that apply*

- Participate in trainings on incorporating culturally relevant foods into menu plans..... 1
  - Assign dedicated staff to identify or develop culturally appropriate recipes..... 2
  - Use USDA standardized recipes that are culturally diverse.....3
  - Work with local partners (community organizations, parent groups, etc.) to support incorporation of culturally relevant meals.....4
  - Gather input from parents or the community on recipes and menus.....5
  - Employ food service staff that are representative of the community as a whole..... 6
  - Plan menus that include specific food items that reflect the flavors or recipes of cultures represented in our student population.....7
  - Offer samples of culturally relevant foods alongside regular menu items..... 8
  - Conduct taste tests..... 9
  - Collect feedback on meals from students.....10
  - Promote culturally relevant foods (signage, recipe cards for families, stickers, etc)..... 11
  - Procure culturally relevant foods and seasonings.....12
  - Other (SPECIFY)..... 13
- Specify
- None..... 0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**F14. Which of the following groups are represented in the ethnic and cultural makeup of students, faculty, and staff at schools your SFA serves?**

*Select all that apply*

- African American..... 1
  - American Indian or Alaska Native.....2
  - American Southern.....3
  - Caribbean (e.g., Cuban or Haitian influences).....4
  - Central African (e.g., Cameroonian or Congolese influences).....5
  - Central American (e.g., Guatemalan or Salvadoran influences).....6
  - Central Asian (e.g., Kazakhstani or Turkmen influences).....7
  - East African (e.g., Ethiopian or Somali influences).....8
  - East Asian (e.g., Chinese or Japanese influences).....9
  - Eastern European (e.g., Polish, Russian, or Ukranian influences).....10
  - Jewish..... 11
  - Mediterranean (e.g., Greek or Italian influences).....12
  - Mexican..... 13
  - Middle Eastern (e.g., Lebanese or Syrian influences).....14
  - Muslim..... 15
  - North African (e.g., Egyptian or Moroccan influences).....16
  - Northern European (e.g., British or Swedish influences).....17
  - Pacific Islander (e.g., Native Hawaiian or Samoan influences).....18
  - South African (e.g., Batswana or South African influences).....19
  - South American (e.g., Brazilian or Colombian influences).....20
  - South Asian (e.g., Indian or Nepalese influences).....21
  - Southeast Asian (e.g., Filipino, Thai or Vietnamese influences).....22
  - West African (e.g., Cape Verdean or Nigerian influences).....23
  - Western European (e.g., French or German influences).....24
  - Other (SPECIFY).....25
- Specify
- Don't know.....98
  - None.....0

F14=1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, OR 16

NOT REQUIRED

**F15. Does your SFA plan menus to incorporate specific food items that reflect the flavors and recipes of the following cultures?**

PROGRAMMER: DISPLAY ONLY ITEMS SELECTED IN F14.

*Select all that apply*

- African American..... 1
- American Indian or Alaska Native..... 2
- American Southern..... 3
- Caribbean (e.g., Cuban or Haitian influences)..... 4
- Central African (e.g., Cameroonian or Congolese influences)..... 5
- Central American (e.g., Guatemalan or Salvadoran influences)..... 6
- Central Asian (e.g., Kazakhstani or Turkmen influences)..... 7
- East African (e.g., Ethiopian or Somali influences)..... 8
- East Asian (e.g., Chinese or Japanese influences)..... 9
- Eastern European (e.g., Polish, Russian, or Ukranian influences)..... 10
- Jewish (e.g., Kosher)..... 11
- Mexican..... 12
- Mediterranean (e.g., Greek or Italian influences)..... 13
- Middle Eastern (e.g., Lebanese or Syrian influences)..... 14
- Muslim (e.g., Halal or Islamic diet)..... 15
- North African (e.g., Egyptian or Moroccan influences)..... 16
- Northern European (e.g., British or Swedish influences)..... 17
- Pacific Islander (e.g., Native Hawaiian or Samoan influences)..... 18
- South African (e.g., Batswana or South African influences)..... 19
- South American (e.g., Brazilian or Colombian influences)..... 20
- South Asian (e.g., Indian or Nepalese influences)..... 21
- Southeast Asian (e.g., Thai or Vietnamese influences)..... 22
- West African (e.g., Cape Verdean or Nigerian influences)..... 23
- Western European (e.g., French or German influences)..... 24
- [FILL F14 OTHER RESPONSE]..... 25
- m Don't know..... 98
- m None..... 0

**G. FOOD SAFETY AND MEAL ACCOMMODATION**

GROUPID=1A, 1C, 2A, OR 3

NOT REQUIRED

The next section of the survey asks about food safety practices and student meal accommodations.

**G1. How many of the [FILL FROM C2] schools in your SFA have at least one food service supervisor or manager with a food safety certification?**

(Range=0-6,000)

SOFT CHECK: IF G1>C1.1 (MORE SCHOOLS THAN SCHOOLS IN SFA): Please record a number less than the [FILL FROM C1.1] schools in your SFA.

GROUPID=1A, 1C, 2A, OR 3

NOT REQUIRED

**G2. Does your SFA have a formal written policy describing how to accommodate students with food allergies classified as disabilities or to accommodate students with other disabilities?**

Select one per row

		YES	NO
1.	Policy for food allergies classified as disabilities	1 m	0 m
2.	Policy for other disabilities	1 m	0 m



G2_1 = 1
NOT REQUIRED

**G3. What are the components of your SFA’s policy to accommodate students with food allergies that are classified as disabilities?**

	<i>Select one per row</i>	
	YES	NO
1. Staff who have frequent contact with children with food allergies receive in-depth training	1 m	0 m
2. School staff who do not have frequent contact with children with food allergies receive general training	1 m	0 m
3. School staff receive annual training on procedures for preventive and crisis management of food allergies	1 m	0 m
4. Students with food allergies have an emergency care plan	1 m	0 m
5. School staff assess student ability to manage their food allergy	1 m	0 m
6. Students are taught about food allergies	1 m	0 m
7. Parents are taught about food allergies	1 m	0 m
8. Foodservice staff are trained on food-handling to prevent contamination with allergenic foods	1 m	0 m
9. Outside groups who use the school facility are informed of food allergy policies	1 m	0 m
10. Staff identify student food allergies during annual registration	1 m	0 m
11. School staff write a statement of the required nutrition services (e.g. in an Individualized Education Plan or Health Care Plan)	1 m	0 m
12. Physician provides statement of the special diet	1 m	0 m
13. School staff identify special dietary needs during annual registration	1 m	0 m
14. School nurse works with nutrition manager to ensure special dietary modifications are implemented	1 m	0 m
15. School staff implement a process to engage the parents/guardians in the plan to meet the student's special dietary needs	1 m	0 m
16. Other (SPECIFY)	1 m	0 m

--

G2_2 = 1
NOT REQUIRED

**G4. What are the components of your SFA’s policy to accommodate students with disabilities other than food allergies?**

*Select one per row*

	YES	NO
<input type="text"/> 1. School staff write a statement of the required nutrition services (e.g. in an Individualized Education Plan or Health Care Plan)	1 m	0 m
2. Physician provides statement of the special diet	1 m	0 m
3. School staff identify special dietary needs during annual registration	1 m	0 m
4. School nurse works with nutrition manager to ensure special dietary modifications are implemented	1 m	0 m
5. School staff implement a process to engage the parents/guardians in the plan to meet the student's special dietary needs	1 m	0 m
6. Other (SPECIFY)	1 m	0 m

## H. FOOD PURCHASING

This section of the survey covers food purchasing practices.

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**H1. Does your district use food purchasing specifications that include specific requirements for any of the following? Please do not include information requests to vendors or purchasing cooperatives as specific requirements in the specifications.**

PROGRAMMER: CODE ONE PER ROW.

*Select one per row*

	YES	NO
1. Calories	1 m	0 m
2. Total fat	1 m	0 m
3. Saturated fat	1 m	0 m
4. <i>Trans</i> fat	1 m	0 m
5. Sodium	1 m	0 m
6. Total or added sugar	1 m	0 m
7. Fiber	1 m	0 m
8. Whole grains	1 m	0 m

SOFT CHECK: IF ANY H1_1-8=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

**H1\_other. Does your district include any other nutrient requirements in your food purchasing specifications? Please do not include information requests to vendors or purchasing cooperatives as specific requirements in the specifications.**

	YES	NO
Other (SPECIFY) Specify <input style="width: 200px; height: 20px;" type="text"/>	1 m	0 m

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**H2. Does your SFA apply a geographic preference to make local food purchases?**

*SFAs may apply a local preference in procuring unprocessed or minimally processed agricultural products that are locally grown or raised. Geographic preference means specifying a preferred area for sourcing a food, such as a number of miles from an institution or SFA, a State or other border, or other such preferred area.*

m Yes.....1

m No.....0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**H3. Does your SFA purchase any locally-grown or produced foods from the following food component groups?**

*SFAs may define local food purchasing as they choose. "Local" may be defined as the same city/county, within a mileage radius, within a day's drive, within the State, or within the region. These local foods may come from local farmers, ranchers, dairies, fishermen, food processors, and distributors.*

	Select one per row	
	Yes	No
1. Fruits	1 m	0 m
2. Vegetables & vegetable subgroups (legumes, leafy greens, etc.)	1 m	0 m
3. Grains/grain products	1 m	0 m
4. Meats/meat alternates and seafood	1 m	0 m
5. Dairy/fluid milk	1 m	0 m

GROUPID=1C, 2A, OR 3
NOT REQUIRED

**H4. Does your SFA participate with other SFAs in a food purchasing cooperative?**

m Yes..... 1  
 m No..... 0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

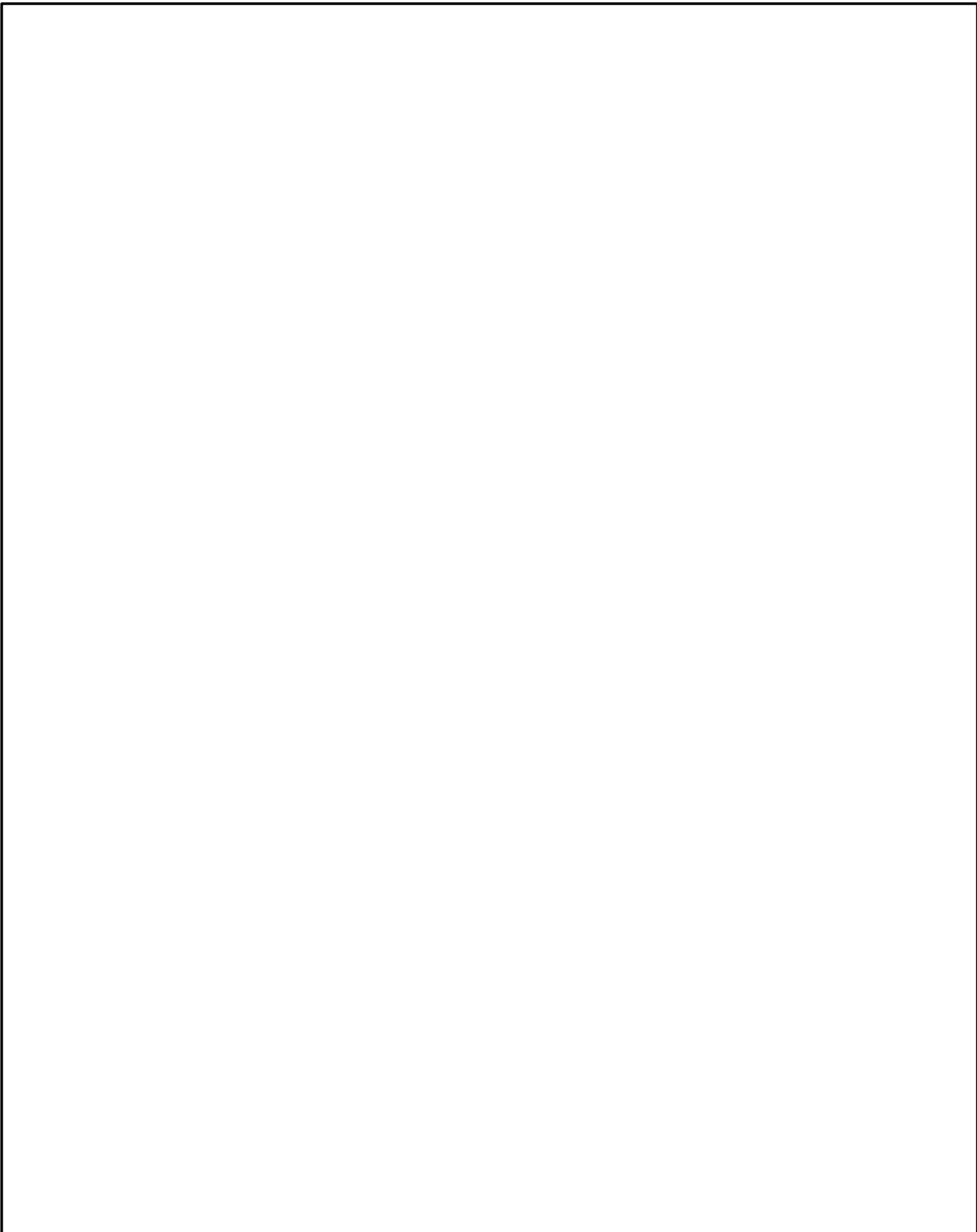
**H5. Does your SFA purchase fruits and vegetables through the USDA Department of Defense Fresh Fruit and Vegetable program (USDA DoD Fresh)? USDA DoD Fresh allows schools to use USDA Foods entitlement dollars to buy fresh produce. USDA DoD Fresh operates through a partnership between the USDA and the DoD Defense Logistics Agency (DLA), as well as the state distributing agencies in each participating state.**

m Yes..... 1  
 m No..... 0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**H6. Does your SFA use online tools (such as the USDA Foods Toolkit for Child Nutrition Programs, the Food Buying Guide for School Meal Programs, or others) to compare product specifications and select healthier foods?**

m Yes..... 1  
 m No..... 0



IF AT LEAST ONE (E1A, E1B, E1C) = 1 OR 0 (competitive foods are offered in ES, MS, or HS)
NOT REQUIRED

**H7\_Intro.** The next few questions are about decisions to offer competitive foods. Competitive foods are all foods and beverages other than reimbursable meals available for sale to students and adults on the school campus during the school day.

**H7.** Who in your district has primary responsibility for determining which competitive foods are offered?

*Select one only*

- m SFA or district food service director or manager.....1
- m Procurement specialist or other member of SFA staff.....2
- m Business manager/purchasing agent or other district staff.....3
- m Kitchen/cafeteria manager or lead/head cook.....4
- m Other (SPECIFY).....5

IF AT LEAST ONE (E1A, E1B, E1C) = 1 OR 0 (competitive foods are offered in ES, MS, or HS)
NOT REQUIRED

**H8. Which of the following stakeholders were consulted when determining which competitive foods are offered? Competitive foods are all foods and beverages other than reimbursable meals available for sale to students and adults on the school campus during the school day.**

*Select all that apply*

- SFA director..... 1
  - Superintendent or other district staff..... 2
  - School board members..... 3
  - School principals or other administrative staff..... 4
  - School foodservice staff..... 5
  - Student nutrition advisory council..... 6
  - Community nutrition advisory council..... 7
  - School nurse or other school health professionals..... 8
  - Dietitian or nutritionist..... 9
  - Physical education or health teachers..... 10
  - Other teachers..... 11
  - Parents..... 12
  - Students..... 13
  - Other community members..... 14
  - Stakeholders were not consulted when determining competitive food offerings. .15
  - Other (SPECIFY)..... 99
- Specify  (STRING 255)
- Don't know..... d
  - NO RESPONSE..... M

SOFT CHECK: IF H8 = d AND ANOTHER RESPONSE OPTION IS SELECTED: <b>“Don't know” cannot be selected along with another response option. Please correct your response and continue.</b>
SOFT CHECK: IF H8 = 15 AND ANOTHER RESPONSE OPTION IS SELECTED: <b>“Stakeholders were not consulted when determining competitive food offerings” cannot be selected along with another response option. Please correct your response and continue.</b>

THERE IS NO SECTION I IN THIS SURVEY

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the respondent to provide their answers to the survey questions.



## J. FOOD SERVICE MANAGEMENT COMPANIES

This section of the survey asks about vendors and food service management companies.

GROUPID=1C, 2A, OR 3
NOT REQUIRED

**J1. Does your school district currently use a food service management company (FSMC) to perform any food service functions?**

- m Yes..... 1 GO TO J2
- m No..... 0 GO TO J3
- NO RESPONSE..... 99 GO TO L1

SOFT CHECK: IF J1=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

J1=1 OR GROUP 1A AND FPPI_FSMC=1
NOT REQUIRED

**J2. Which entity, the SFA, the FSMC, or both, is responsible for the following food service functions?**  
PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	SFA	FSMC	BOTH
1. Preparing reimbursable meals	1 m	2 m	3 m
2. Serving reimbursable meals	1 m	2 m	3 m
3. Menu planning	1 m	2 m	3 m
4. Certification and verification of eligibility for free or reduced-price meals	1 m	2 m	3 m

SOFT CHECK: IF NO RESPONSE TO ANY ROW J2_1-J2_4; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

ALL
NOT REQUIRED

**J3. Does your school district contract with an outside vendor (other than an FSMC) to provide reimbursable meals or snacks?**

- m Yes..... 1
- m No..... 0
- NO RESPONSE..... 99

SOFT CHECK: IF J3=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

IF J3 = 1 OR 99
NOT REQUIRED
Fill "Breakfast" if A3.1 NE 0
FILL "Snacks" if A3.2 = 1,2 OR A3.4 = 1,2
Fill "suppers" if A3.4 NE 0

**J4. Which reimbursable meals or snacks does your school district contract with an outside vendor to provide?**

*Select all that apply*

- Breakfast..... 1
- Lunch..... 2
- Snacks..... 3
- Supper..... 4
- NO RESPONSE..... 99

SOFT CHECK: IF 4b=NO RESPONSE; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

THERE IS NO SECTION K IN THIS SURVEY

### L. RECOVERING LOST REVENUES

IF SFAHSMFA = 1, GO TO M\_INTRO

GROUPID=1A, 1C, 2A, OR 3 AND SFAHSMFA=0  
NOT REQUIRED

The next set of questions is about meal charge policies and practices.

**L1. Does your SFA have a policy for unpaid meal charges?**

- m Yes..... 1
- m No..... 0 GO TO L4

L1 = 1 OR  
 GROUPID=1A, 1C, 2A, OR 3 AND SFAHSMFA=0 AND  
 CEP NE ALL AND  
 (P2NSLP NE ALL AND P3NSLP NE ALL) (NOT ALL SCHOOLS OFFER FREE LUNCH THROUGH P2 OR P3,  
 OR NSLP PARTICIPATION IS MISSING); AND  
 (P2SBP NE ALL AND P3SBP NE ALL) (NOT ALL SCHOOLS OFFER FREE BREAKFAST THROUGH P2 OR  
 P3, OR SFA PARTICIPATION IN SBP MISSING)

NOT REQUIRED

**L1a. Is your SFA's policy for unpaid meal charges the same for all schools in your SFA, regardless of grade levels?**

- m Yes..... 1
- m No..... 0

GROUPID=1A, 1C, 2A, OR 3 AND SFAHSMFA=0 AND  
 CEP NE ALL AND  
 (P2NSLP NE ALL AND P3NSLP NE ALL) (NOT ALL SCHOOLS OFFER FREE LUNCH THROUGH P2 OR P3,  
 OR NSLP PARTICIPATION IS MISSING); AND  
 (P2SBP NE ALL AND P3SBP NE ALL) (NOT ALL SCHOOLS OFFER FREE BREAKFAST THROUGH P2 OR  
 P3, OR SFA PARTICIPATION IN SBP MISSING)

IF L1A = 1, SHOW COLUMN FOR ALL SCHOOLS AND NOT APPLICABLE COLUMN  
 IF L1A = 0, SHOW COLUMNS FOR SCHOOL TYPES (E/M/H) BASED ON A.5 AND NOT APPLICABLE  
 COLUMN

NOT REQUIRED

**L2. The next questions are about meal charge policies for schools in your SFA.**

**In your SFA, what meals are offered to students who are unable to pay for a reimbursable meal?**

*Select all that apply*

[IF L1A = 0 AND A5=1 OR A5=blank OR L1A=blank]	[IF L1A =0 AND A5=2 OR A5=blank OR L1A=blank]	[IF L1A = 0 AND A5=3 OR A5=blank OR L1A=blank]	[IF L1A = 1 OR A5=blank OR L1A=blank]	NOT APPLICABLE Exclusive
Elementary Schools	Middle Schools	High Schools	All Schools	

1. Students unable to pay are allowed to charge regular, reimbursable meals without limits (breakfast, lunch, and/or afterschool snacks)	1 0	2 0	3 0	4 0	-8 0
2. Students unable to pay have a limit on the number of unpaid reimbursable meals they can charge	1 0	2 0	3 0	4 0	-8 0
3. Students unable to pay receive an alternate, non-reimbursable meal (for example, a cheese sandwich)	1 0	2 0	3 0	4 0	-8 0
4. Students unable to pay are denied a meal	1 0	2 0	3 0	4 0	-8 0
5. Other (SPECIFY) STRING 255 <input data-bbox="147 1325 529 1360" type="text"/>	1 0	2 0	3 0	4 0	-8 0

PROGRAMMER: L2\_1-5 = n CANNOT BE SELECTED WITH ANOTHER RESPONSE IN THE SAME ROW

GROUPID=1A, 1C, 2A, OR 3 AND SFAHSMFA=0 AND  
 CEP NE ALL AND  
 (P2NSLP NE ALL AND P3NSLP NE ALL) (NOT ALL SCHOOLS OFFER FREE LUNCH THROUGH P2 OR P3,  
 OR NSLP PARTICIPATION IS MISSING); AND  
 (P2SBP NE ALL AND P3SBP NE ALL) (NOT ALL SCHOOLS OFFER FREE BREAKFAST THROUGH P2 OR  
 P3, OR SFA PARTICIPATION IN SBP MISSING)

IF L1A = 1, SHOW COLUMN FOR ALL SCHOOLS AND NOT APPLICABLE COLUMN  
 ELSE, SHOW COLUMNS FOR SCHOOL TYPES (E/M/H) BASED ON A.5 AND NOT APPLICABLE COLUMN

NOT REQUIRED

**L3. What steps does your SFA take to recover money for unpaid meal charges?**

*Select all that apply*

	[IF L1 A= 0 AND A5=1 OR A5=blank OR L1A=blank]	[IF L1A =0 AND A5=2 OR A5=blank OR L1A=blank]	[IF L1A = 0 AND A5=3 OR A5=blank OR L1A=blank]	[IF L1A = 1 OR A5=blank OR L1A=blank]	NOT APPLICABLE Exclusive
	Elementary Schools	Middle Schools	High Schools	All Schools	
1. Provide assistance to households with unpaid meal charges to apply for free or reduced-price meals	1 0	2 0	3 0	4 0	-8 0
2. Notify households of negative balances	1 0	2 0	3 0	4 0	-8 0
3. Send bill to parents	1 0	2 0	3 0	4 0	-8 0
4. Provide parents with a repayment plan	1 0	2 0	3 0	4 0	-8 0
5. Use a debt collection agency	1 0	2 0	3 0	4 0	-8 0
6. Use administrative actions (for example, student is not allowed to participate in programs and events, such as field trips or prom)	1 0	2 0	3 0	4 0	-8 0
7. Use outside funding sources to offset debt from unpaid meal charges	1 0	2 0	3 0	4 0	-8 0
8. Other (SPECIFY)					
<input type="text"/>	1 0	2 0	3 0	4 0	
	STRING 255				

PROGRAMMER: IF L3\_1-8=NOT APPLICABLE CANNOT BE SELECTED WITH ANOTHER RESPONSE OPTION

GROUPID=1A, 1C, 2A, OR 3 AND SFAHSMFA=0  
 SKIP L4 IF:  
 L3\_7 = NOT APPLICABLE (SFA DOES NOT USE OUTSIDE FUNDING SOURCES)  
 NOT REQUIRED

**L4. Which of the following alternate funding sources has your SFA used to offset costs incurred from unpaid meal charges?**

*Select all that apply*

- Not applicable (SFA does not offset costs incurred from unpaid meal charges or does not incur unpaid meal charges) .....8
- District general fund..... 1
- State revenue matching funds in excess of the State revenue matching fund requirement.....2
- State or local funds provided to cover the price of student meals.....3
- Local contributions or charitable funding from the community.....4
- School fundraising.....5
- Revenue from meals or services not funded through the nonprofit school food service account (e.g., revenue from adult meals, competitive foods, and/or catering or contracting services that operate from a separate account)....6
- Other (SPECIFY).....7

Specify  (STRING 500)

PROGRAMMER: IF L4=NOT APPLICABLE CANNOT BE SELECTED WITH ANOTHER RESPONSE OPTION

**M. OTHER SCHOOL MEAL PROGRAMS**

IF (A3\_3=2 OR 1) OR (A3\_4=2 OR 1) (CACFP AFTERSCHOOL SNACKS/SUPPERS SERVED IN ALL/SOME SCHOOLS),  
ELSE GO TO M3

NOT REQUIRED

The next section of the survey covers after school and summer meal programs.

**M1. Which of the following entities operate the Child and Adult Care Food Program (CACFP) afterschool snack or supper program in your SFA?**

Select all that apply

- SFA..... 1
- Individual schools..... 2
- Local, municipal, county, tribal or state government (e.g. community parks and recreation department)..... 3
- Tax exempt nonprofit organizations..... 4
- Eligible for-profit child care centers..... 5
- Other (SPECIFY)..... 6
- Specify
- Don't know.....-9

PROGRAMMER: M1 = DON'T KNOW CANNOT BE SELECTED WITH ANOTHER RESPONSE

IF (A3\_3=2 OR 1) OR (A3\_4=2 OR 1) [CACFP AFTERSCHOOL SNACKS/SUPPERS SERVED IN ALL/SOME SCHOOLS]

NOT REQUIRED

**M2. What role does the SFA have in supporting the operation of the CACFP afterschool snack or supper program in your SFA?**

Select all that apply

- Purchase food..... 1
- Prepare food..... 2
- Hire, train, or supervise staff..... 3
- Deliver or serve food..... 4
- Monitor program sites..... 5
- None..... 6
- Other (SPECIFY)..... 7
- Specify
- Don't know..... 9

PROGRAMMER: M2 = DON'T KNOW CANNOT BE SELECTED WITH ANOTHER RESPONSE

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**M3. Does your SFA offer an after-school snack program that is not funded by NSLP or CACFP?**

- m Yes..... 1
- m No..... 0

GROUPID=1A, 1C, 2A, OR 3 AND A3_5=2 OR 1 (SFSP SERVED IN ALL/SOME SCHOOLS)
NOT REQUIRED

**M4. Which of the following entities operate the Summer Food Service Program in your SFA?**

*Select all that apply*

- School district/SFA..... 1
  - Local, municipal, county, tribal or state government (e.g. community parks and recreation department)..... 2
  - Private nonprofit organizations..... 3
  - Public or private nonprofit camps (e.g. YMCA/YWCA) ..... 4
  - Public or private nonprofit university or college..... 5
  - Other (SPECIFY)..... 6
- Specify
- Don't know..... -9

PROGRAMMER: IF M4 = DON'T KNOW CANNOT BE SELECTED WITH ANOTHER RESPONSE
---

GROUPID=1A, 1C, 2A, OR 3 AND A3_5=2 OR 1 (SFSP SERVED IN ALL/SOME SCHOOLS)
NOT REQUIRED

**M5. What role does the SFA have in supporting the operation of the Summer Food Service Program in your SFA?**

*Select all that apply*

- Purchase food..... 1
  - Prepare food..... 2
  - Hire, train or supervise staff..... 3
  - Deliver or serve food..... 4
  - Monitor program sites..... 5
  - None..... 6
  - Other (SPECIFY)..... 7
- Specify
- Don't know..... -9

PROGRAMMER: IF M5 = 6 or -9 CANNOT BE SELECTED WITH ANOTHER RESPONSE
--



**N. NUTRITION PROMOTION/WELLNESS**

GROUPID=1A, 1C, 2A, OR 3

NOT REQUIRED

**This section of the survey asks about promoting nutrition and wellness in schools.**

**N1. Does your district have a local wellness policy?**

- m Yes..... 1
- m No..... 0 GO TO N7
- NO RESPONSE..... 99
- ..... GO TO N7

N1=1

NOT REQUIRED

**N2. Which of the following stakeholders are consulted when developing and updating the local wellness policy?**

*Select all that apply*

- SFA director..... 1
  - District wellness coordinator..... 2
  - Superintendent or other district staff..... 3
  - School board members..... 4
  - School principals or other administrative staff..... 5
  - School foodservice staff..... 6
  - Student nutrition advisory council..... 7
  - Community nutrition advisory council..... 8
  - School nurse or other school health professionals..... 9
  - Dietitian or nutritionist..... 10
  - Physical education or health teachers..... 11
  - Other teachers..... 12
  - Parents..... 13
  - Students..... 14
  - Other community members..... 15
  - Other (SPECIFY)..... 16
- Specify
- Stakeholders were not consulted when developing the local wellness policy..... 17
  - Don't know..... -9

PROGRAMMER: N2 = -9 OR N2 = 17 CANNOT BE SELECTED WITH ANOTHER RESPONSE OPTION

N2 = 2
NOT REQUIRED

**N3. If the district’s designated wellness coordinator has another job in the district, what is his or her other job title?**

*Select all that apply*

- District administrator..... 1
  - School administrator..... 2
  - School nurse..... 3
  - Foodservice staff..... 4
  - Other nutrition professional..... 5
  - Health, physical education, or nutrition teacher..... 6
  - Coach or athletic director..... 7
  - Other teacher..... 8
  - Other (SPECIFY)..... 9
- Specify
- District’s designated wellness coordinator does not have another job in the district..... 10

PROGRAMMER: IF N3 = 10 CANNOT BE SELECTED WITH ANOTHER RESPONSE
---

N1=1

NOT REQUIRED

**N4. Following is a list of wellness policy components. For each, please indicate whether the component is addressed in your district wellness policy.**

PROGRAMMER: CODE ONE PER ROW

*Select one response per row*

	YES	NO	STILL BEING PLANNED
1. Nutrition education	1 m	0 m	-8 m
2. Nutrition promotion	1 m	0 m	-8 m
3. Physical education (PE)	1 m	0 m	-8 m
4. Daily physical activity (outside of PE)	1 m	0 m	-8 m
5. Restrictions on the use of food or food coupons as student rewards	1 m	0 m	-8 m
6. Access to competitive foods during school hours	1 m	0 m	-8 m
7. Minimum amount of time for students to eat lunch	1 m	0 m	-8 m
8. Staff wellness program	1 m	0 m	-8 m
9. Plan for measuring implementation of the policy, including the extent in compliance with the policy	1 m	0 m	-8 m
10. Plan for describing the progress made towards attaining the goals of the policy	1 m	0 m	-8 m
11. Plan for informing the public about the wellness policy content and implementation	1 m	0 m	-8 m
12. Criteria for foods and beverages that may be sold in fundraisers	1 m	0 m	-8 m
13. Requirement for schools to make fruits or vegetables available to students wherever other food is offered or sold	1 m	0 m	-8 m

**SOFT CHECK: IF NO RESPONSE TO ANY ROW N4\_1-13; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

IF ANY ROW N4\_1-13 = 1

NOT REQUIRED

**N4a. Please indicate the extent to which each wellness policy component has been implemented in your district.**

PROGRAMMER: SHOW ONLY ROWS WHERE N4A-M = 1

*Select one response per row*

	FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED
1. [IF N4_1=1] Nutrition education	1 m	2 m	3 m
2. [IF N4_2=1] Nutrition promotion	1 m	2 m	3 m
3. [IF N4_3=1] Physical education (PE)	1 m	2 m	3 m
4. [IF N4_4=1] Daily physical activity (outside of PE)	1 m	2 m	3 m
5. [IF N4_5=1] Restrictions on the use of food or food coupons as student rewards	1 m	2 m	3 m
6. [IF N4_6=1] Access to competitive foods during school hours	1 m	2 m	3 m
7. [IF N4_7=1] Minimum amount of time for students to eat lunch	1 m	2 m	3 m
8. [IF N4_8=1] Staff wellness program	1 m	2 m	3 m
9. [IF N4_9=1] Plan for measuring implementation of the policy, including the extent in compliance with the policy	1 m	2 m	3 m
10. [IF N4_10=1] Plan for describing the progress made towards attaining the goals of the policy	1 m	2 m	3 m
11. [IF N4_11=1] Plan for informing the public about the wellness policy content and implementation	1 m	2 m	3 m
12. [IF N4_12=1] Criteria for foods and beverages that may be sold in fundraisers	1 m	2 m	3 m
13. [IF N4_13=1] Requirement for schools to make fruits or vegetables available to students whether other foods are offered or sold	1 m	2 m	3 m

**SOFT CHECK: IF NO RESPONSE TO ANY ROW N4A\_1-13; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?**

**We appreciate the time you have spent getting to this point in the survey! The next questions ask about how your SFA is promoting school meals and engaging with the community.**

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**N5. Which of the following communication channels does your SFA use to promote USDA-reimbursable meals?**

*Select all that apply*

- Send home menus/flyers/newsletters..... 1
- Email information to parents..... 2
- Post information in schools (for example, on bulletin boards or on cafeteria lines)..... 3
- Post information online (for example, on district/school website)..... 4
- Post information on social media (for example, Facebook or Twitter)..... 5
- Broadcast information on TV..... 6
- Broadcast information on the radio..... 7
- Post information in local newspapers..... 8
- Other (SPECIFY)..... 9

Specify

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**N6. Have you or anyone on your staff engaged in any of the following activities this school year?**

*Select all that apply*

- Conducted a taste test activity with students.....1
- Involved students in planning school meal menus.....2
- Involved students in naming food and beverage items offered.....3
- Attended a Parent/Teacher Association/Organization or other parent group meeting to discuss the school meal program.....4
- Conducted a nutrition education activity in the classroom.....5
- Conducted a nutrition education activity in the food service area.....6
- Set up a booth at a school event to promote/inform about school meals (for example, a family night or parent-teacher conference night).....7
- Met with teachers to explain school meal program or discuss how program can work with classroom teachers.....8
- Discussed student food allergies with school nurse or classroom teachers.....9
- Participated in a school or district meeting about the local wellness policy.....10
- Engaged with an advisory group to share information about the school meal program and/or to plan or assess nutrition education or promotion activities.....11
- Invited students' family members to consume a school meal.....12
- Invited community members to plan or promote school meals (for example, local chefs, farmers, dietitians/nutritionists, Cooperative Extension agents, local sports figures, police officers, firefighters, or other local heroes).....13
- Presented information about school meals to a local civic or community service group (for example, a chamber of commerce, Lions Club, Rotary International, or a similar organization).....14
- Other (SPECIFY).....15

Specify

THERE IS NO SECTION O IN THIS SURVEY

**P. PROCUREMENT PRACTICES AND PROCEDURES FOR SCHOOL YEAR 2024-2025**

IF GROUPID=1C, 2A, OR 3, GO TO END

GROUPID=1A OR 1B

**This section of the survey covers procurement practices and procedures.**

**VENDOR SELECTION IN SCHOOL YEAR 2024-2025**

**P1. Who in your school district has primary responsibility for determining where foods are purchased, i.e., which vendors are selected, whether by bid or other method?**

*If this person has more than one position, please select the position that best describes the person's duties.*

- m District food service director..... 1
- m Business office/purchasing department..... 2
- m Kitchen manager/head cook..... 3
- m School Board..... 4
- m Food service management company..... 5
- m Other (SPECIFY)..... 99

SPECIFY



GROUPID=1A OR 1B

**P2. Which factors influence the selection of food vendors for your school district?**

SELECT ALL THAT APPLY:

- Price..... 1
- Brands..... 2
- Ability to meet specifications..... 3
- Service after sale..... 4
- Dependability..... 5
- Also handles USDA Foods..... 6
- Location..... 7
- Flexibility..... 8
- Food quality..... 9
- Delivery schedules..... 10
- Meets food safety requirements..... 11
- Promotion programs..... 12
- Availability of local food items..... 13
- Availability of culturally relevant food items..... 14
- Other (SPECIFY)..... 99

SPECIFY

GROUPID=1A OR 1B

**P3. Which of the following vendor services does your school district use?**

SELECT ALL THAT APPLY:

- Advice on purchasing..... 1
- Unloading at dock/school..... 2
- Placing packages in coolers/storage area..... 3
- Shelving delivered foods..... 4
- Inventory updating..... 5
- Summary of purchases on a monthly or quarterly basis..... 6
- Menu planning..... 7
- Delivery of USDA Foods..... 8
- Storage of USDA Foods..... 9
- Processing of USDA Foods..... 10
- Access to online reports..... 11

GROUPID=1A OR 1B

**FOOD SELECTION AND FOOD PURCHASE DECISIONS IN SCHOOL YEAR 2024-2025**

**P4. Are food purchase decisions made at the level of the school district (centralized), at the level of the individual school (decentralized), or some combination of the two?**

- m Centralized..... 1
- m Decentralized..... 2
- m Combination..... 3

GROUPID=1A OR 1B

**P5. Who in your school district has primary responsibility for determining *which* foods are purchased? *If this person has more than one position, please select the position that best describes the person's duties.***

- m District food service director..... 1
- m Business office/purchasing department..... 2
- m Kitchen manager/head cook..... 3
- m School Board..... 4
- m Food service management company..... 5
- m Other, specify..... 99

SPECIFY

IF FPPI\_COOP=0, GO TO P11

GROUPID=1A OR 1B AND FPPI\_COOP=1

**PARTICIPATION IN FOOD-BUYING COOPERATIVES IN SCHOOL YEAR 2024-2025**

**P6. You previously indicated in that your school district is participating in a food buying cooperative in School Year 2024-2025. What are the product categories managed by the cooperative(s)?**

**SELECT ALL THAT APPLY**

- USDA Foods..... 1
- All Foods..... 2
- Specific Food Categories
- Fluid Milk ..... 3
- Dairy (e.g., yogurt, cheese, ice cream) ..... 4
- Bread and Bakery ..... 5
- Fresh Produce ..... 6
- Canned/Staples ..... 7
- Frozen Foods ..... 8
- Fresh Meats ..... 9
- Snack Items ..... 10
- Other Beverages (SPECIFY) ..... 11
- SPECIFY
- Other, specify..... 99

SPECIFY

GROUPID=1A OR 1B AND FPPI\_COOP=1

**P7. What effect has membership in a food-buying cooperative had on your ability to purchase the food items you want?**

- Expands ability..... 1
- Limits ability..... 2
- No effect ..... 3

GROUPID=1A OR 1B AND FPPI\_COOP=1

**P8. What effect has membership in a food-buying cooperative had on your overall food costs?**

- m Reduced costs..... 1
- m Increased costs..... 2
- m No effect ..... 3

GROUPID=1A OR 1B AND FPPI\_COOP=1

**P9. Does your food-buying cooperative charge a fee for participating?**

- m Yes..... 1
- m No..... 0

GROUPID=1A OR 1B AND FPPI\_COOP=1

**P10. Please estimate the share (percent) of total food purchases by the school district for the current School Year 2024-2025 that will be purchased cooperatively.**

\_\_\_\_\_ %

GROUPID=1A OR 1B

**BUYING PROGRAMS FOR LOCALLY GROWN PRODUCTS IN SCHOOL YEAR 2024-2025**

**P11. Does your *district* have a buying program for locally grown products in School Year 2024-2025?**

*SFAs may define local food purchasing as they choose. For example, “local” may be defined as the same city/county, within a mileage radius, within a day’s drive, within the State, or within the region. Please use your SFA’s definition of “locally grown or produced” to answer this question.*

- m Yes, district has a buying program..... 1
- m No, but district is developing a buying program..... 2 GO TO P13
- m No..... 0 GO TO P13

P11=1

**P12. How does your district define “locally grown”?**

- m Produced within a 20 mile radius..... 1
- m Produced within a 50 mile radius..... 2
- m Produced within a 100 mile radius..... 3
- m Produced within a 200 mile radius..... 4
- m Produced within a 400 mile radius..... 5
- m Produced within the county..... 6
- m Produced within the state..... 7
- m Produced within the state or an adjacent state..... 8
- m Produced within the region (please specify what you mean by “region”)..... 9  
 SPECIFY
- m Other, specify..... 10  
 SPECIFY
- m We do not have a set definition..... 0
- m I don't know..... 99

GROUPID=1A OR 1B

**P13. Of your total expected food costs in the current *School Year 2024-2025*, what share (percent) do you estimate will be local foods of any type (e.g., fruits, vegetables, milk, cheese, other dairy, meat, fish, chicken, baked goods, or grains) and in any form (e.g., fresh, pre-processed, frozen, dried, pre-cooked, or manufactured items)?**

The USDA Child Nutrition Programs do not define local. Please use your SFA’s understanding or definition of the term (e.g., within a 100-mile radius, within the State). We are interested in foods that are produced locally, for example, farmed, raised, fished, or manufactured in the area considered to be “local” by your SFA. This does not include foods that are produced elsewhere but procured through a local distributor.

If your district does not expect to buy any local foods in School Year 2024-2025, please enter “0”.

\_\_\_\_\_ percent

P13>0

**P14. What are the top 5 locally grown or produced items by dollar value that your SFA plans to purchase or has purchased in *School Year 2024-2025*?**

*SFAs may define local food purchasing as they choose. For example, “local” may be defined as the same city/county, within a mileage radius, within a day’s drive, within the State, or within the region. Please use your SFA’s definition of “locally grown or produced” to answer this question.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

GROUPID=1A OR 1B

**P15. What steps has your SFA taken to procure locally grown or produced foods?**

*SFAs may define local food purchasing as they choose. For example, “local” may be defined as the same city/county, within a mileage radius, within a day’s drive, within the State, or within the region. Please use your SFA’s definition of “locally grown or produced” to answer this question.*

*Select all that apply*

- Identified food items that are available locally.....1
  - Replaced items in existing recipes with local foods.....2
  - Developed recipes featuring seasonal foods.....3
  - Planned seasonal menus to incorporate local foods.....4
  - Ordered local products through USDA DoD Fresh.....5
  - Applied a geographic preference in product specifications.....6
  - Requested that vendors identify local items on invoices or provide lists of products they know are being produced locally 7
  - Included expectations regarding local sourcing in contracts with food-service management companies and/or distributors.....8
  - Included requirements or preferences for local products in product specifications 9
  - Obtained quotes exclusively from local producers for informal procurement or small purchases ..... 10
  - Identified or sought out local producers ..... 11
  - Used micro-purchase procurement method to purchase local foods.....12
  - Other (*Specify*) ..... 13
- 
- None..... 0

PROGRAMMER: INCLUDE HOVER TEXT OVER “GEOGRAPHIC PREFERENCE”: *SFAs may apply a local preference in procuring unprocessed or minimally processed agricultural products that are locally grown or raised. Geographic preference means specifying a preferred area for sourcing a food, such as a number of miles from an institution or SFA, a State or other border, or other such preferred area.*

PROGRAMMER: INCLUDE HOVER TEXT OVER “USDA DoD Fresh”: *USDA DoD Fresh allows schools to use USDA Foods entitlement dollars to buy fresh produce. USDA DoD Fresh operates through a partnership between the USDA and the DoD Defense Logistics Agency (DLA), as well as the state distributing agencies in each participating state.*

GROUPID=1A OR 1B

**P16. Does your SFA purchase any of the following fresh fruits or vegetables locally?**

*SFAs may define local food purchasing as they choose. For example, "local" may be defined as the same city/county, within a mileage radius, within a day's drive, within the State, or within the region. Please use your SFA's definition of "locally grown or produced" to answer this question.*

Select one per row

	Yes	No	Don't Know
a. Apples	1 m	0 m	98 m
b. Bananas	1 m	0 m	98 m
c. Broccoli	1 m	0 m	98 m
d. Cabbage	1 m	0 m	98 m
e. Cantaloupe	1 m	0 m	98 m
f. Carrots	1 m	0 m	98 m
g. Celery	1 m	0 m	98 m
h. Corn	1 m	0 m	98 m
i. Cucumbers	1 m	0 m	98 m
j. Grapes	1 m	0 m	98 m
k. Green beans or wax beans	1 m	0 m	98 m
l. Honeydew	1 m	0 m	98 m
m. Kiwi	1 m	0 m	98 m
n. Onions	1 m	0 m	98 m
o. Oranges	1 m	0 m	98 m
p. Pears	1 m	0 m	98 m
q. Peppers	1 m	0 m	98 m
r. Potatoes	1 m	0 m	98 m
s. Spinach	1 m	0 m	98 m
t. Strawberries	1 m	0 m	98 m
u. Tangerines	1 m	0 m	98 m
v. Tomatoes	1 m	0 m	98 m
w. Watermelon	1 m	0 m	98 m
x. Zucchini	1 m	0 m	98 m

GROUPID=1A OR 1B

**INVENTORY CONTROL PROCESSES TO TRACE FOOD RECALLS FOR SCHOOL YEAR 2024-2025**

**P17. In the event you need to locate a specific food product, for example due to a recall, how far can you track the food product?**

SELECT ALL THAT APPLY:

- To vendors..... 1
- To receiving..... 2
- To warehouse..... 3
- To distribution to another site..... 4
- To storage at another site..... 5
- Used in a recipe or as a menu item..... 6
- Do not have inventory control processes to trace specific food products..... 0
- Don't know..... d

GROUPID=1A OR 1B

**INCLUSION OF BRANDED FAST FOOD PRODUCTS IN SCHOOL YEAR 2024-2025**

**P18. Do you offer branded products from national fast food restaurant chains (e.g., Subway, Taco Bell, Pizza Hut, etc.) in your food service operation?**

- Yes..... 1
- No..... 0 GO TO P19

P18=1

**P18a. How many schools offer branded products from national fast food restaurant chains (e.g. Subway, Taco Bell, Pizza Hut, etc.) in your food service operation?**

Elementary: \_\_\_\_\_

Middle/secondary \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_ PROGRAMMER: AUTO COMPUTE TOTAL



P18=1

**P18b. Which of the following brands of fast foods do you offer?**

**SELECT ALL THAT APPLY:**

- |                             |    |                |    |
|-----------------------------|----|----------------|----|
| Arby's                      | .. | Panda Express  | .. |
| Boardwalk Fries and Burgers | .. | Pizza Hut      | .. |
| Burger King                 | .. | Subway         | .. |
| Chick-fil-A                 | .. | Taco Bell      | .. |
| Domino's                    | .. | Other, specify | .. |
| KFC                         | .. | _____          | .. |
| Little Caesar's             | .. | _____          | .. |
| McDonald's                  | .. | _____          | .. |

P18=1

**P18c. How do the vendors supply the branded fast food product?**

**SELECT ALL THAT APPLY:**

- As ingredients, school prepares.....1
- As cold products, school heats.....2
- As finished item, delivered to school.....3
- Other, specify .....99

SPECIFY

P18=1

**P18d. Are these branded fast food products used in reimbursable meals only, sold as nonprogram foods (a la carte) only, or used in both reimbursable meals and nonprogram foods/a la carte sales? Nonprogram foods refers to foods purchased and sold by food service.**

- m In reimbursable meals only.....1
- m A la carte/nonprogram foods only.....2
- m Both reimbursable meals and a la carte/nonprogram foods.....3

GROUPID=1A OR 1B

**USE OF PRODUCT SPECIFICATIONS TO PURCHASE FOODS IN SCHOOL YEAR 2024-2025**

**P19. In purchasing individual food items, do you use product specifications to describe the product?**

- m Yes..... 1
- m No..... 0 GO TO P19B

P19=1

**P19a. Which of the following product specifications do you use?**

SELECT ALL THAT APPLY:

- Official quality/grade standards (e.g. Grade A/U.S. No. 1)..... 1
- Style/variety of product (e.g. sliced cling peaches)..... 2
- Brand name..... 3
- Container weight..... 4
- Fat content and/or type of fat..... 5
- Calorie content..... 6
- Sodium content..... 7
- Wholegrain content..... 8
- Origin (where produced)..... 9
- Packaging unit (e.g., case of 6-#10 cans)..... 10
- Condition (e.g., temperature or evidence of spoilage)..... 11
- Use of Child Nutrition (CN) labels that identify contribution toward meal pattern requirements..... 12
- Official standards of identity from Code of Federal Regulations..... 13
- Food safety criteria..... 14
- Geographic preference..... 15
- Other, specify ..... 99

SPECIFY

ALL

**P19b. Please indicate if your SFA or any schools in your SFA purchased local foods with any of the following characteristics during SY 2024-25 or would like to in the future.**

Select one per row

	Yes, purchased in SY 2024-2025	No or don't know, and have no plans to purchase	No or don't know, but would like to purchase in the future
a. From a <b>woman-owned business</b> (HOVER OVER/HYPERLINK: A business that is third party certified as woman-owned, or self-identifies as such)	1 m	2 m	3 m
b. From a <b>minority-owned business</b> (HOVER OVER/HYPERLINK: A business that is third party certified as racial minority or Indigenous owned, or self-identifies as such)	1 m	2 m	3 m
c. With the farm identity preserved (i.e., the identity of the producer/farm is known and explicitly communicated with the final product)	1 m	2 m	3 m
d. Certified <b>USDA Organic</b> (HOVER OVER/HYPERLINK: Foods can be certified as "organic" by the USDA if they are grown and processed according to federal guidelines addressing, among many factors, including soil quality, animal raising practices, pest and weed control, and use of additives.)	1 m	2 m	3 m
e. With other environmental certifications or indications (e.g., low-spray, integrated pest management, organic transition)	1 m	2 m	3 m
f. With labor-related certifications or indications (e.g., fair trade)	1 m	2 m	3 m
g. With animal welfare certifications or indications (e.g., Certified Humane, Animal Welfare Approved)	1 m	2 m	3 m

GROUPID=1A OR 1B

**COMPLIANCE WITH BUY AMERICAN PROVISION IN SCHOOL YEAR 2024-2025**

*The Buy American provision requires school districts participating in the NSLP or SBP, to the maximum extent practical, to buy agricultural commodities produced in the United States and to buy food products processed in the United States using agricultural commodities, and at least 51 percent of the final processed product consists of domestically grown agricultural commodities, by weight or volume.*

**P20. What methods/processes does your district use to ensure that you comply with the Buy American provision?**

SELECT ALL THAT APPLY:

- Request *distributors, manufacturers, or suppliers* provide certification of the origin of their food products..... 1
- Have a process for a *distributor, manufacturer, or supplier* to request permission to substitute a non-domestic food product for a domestic product.....2
- Require *distributors, manufacturers, or suppliers* to provide documentation showing exceptions for supply of non-domestic food products .....3
- Examine food product packaging provided by the *distributor, manufacturer, or supplier*..... 4
- Inquire with the *distributor, manufacturer, or supplier* about the origin of the food product..... 5
- Monitor contractor performance to ensure compliance with “domestic” foods.....6
- Require certification of domestic content of food components ..... 7
- Other, specify..... 99

SPECIFY

- m Don't Know/Unsure..... 9

GROUPID=1A OR 1B

**P21. How does your district verify that the domestic commodity or product that was solicited and awarded is the food received?**

SELECT ALL THAT APPLY:

- Identify people within the district responsible for receiving goods (specifically food) and services ..... 1
  - Examine goods (specifically food) or services, invoices, and documentation provided by contractor..... 2
  - Request certification identifying the percent of U.S. content in supplied commercially procured foods..... 3
  - Review applicable contractor certification records..... 4
  - Review compliance reports..... 5
  - Other, specify..... 99
- SPECIFY
- Don't Know/Unsure..... 6

GROUPID=1A OR 1B

**EXCEPTION TO BUY AMERICAN REQUIREMENT FOR SCHOOL YEAR 2023-2024**

**NOTE: The next few questions are about the previous school year, 2023-2024.**

**P22. In the *previous School Year 2023-2024*, did you ever determine that an exception to the Buy American requirement was needed for your school district?**

- Yes..... 1
- No..... 0      GO TO P23

P22=1

**P22a. How many products per category has your SFA procured under an exception to the Buy American provision in SY 2022-2023? When responding about fruits and vegetables, consider fresh, frozen, canned, dried, and juice forms. Please enter 0 if there were no exceptions for products in a category. For example, one product would mean “apples” rather than different exceptions for Granny Smith, Honeycrisp, etc.**

	Number of products excepted
a. Fluid Milk	<input type="text"/>
b. Dairy Products (e.g., yogurt, cheese, ice cream)	<input type="text"/>
c. Grains	<input type="text"/>
d. Fruits	<input type="text"/>
e. Vegetables	<input type="text"/>
f. Meats/Meat Alternates	<input type="text"/>

P22=1

**P22b. What was the reason for the exception(s)?**

SELECT ALL THAT APPLY

- Supply issue - the domestic commodity or product was not produced or processed in sufficient quantities.....1
- Quality issue - the domestic commodity or product was not of satisfactory quality.....2
- Cost issue - the cost of a domestic commodity or product was significantly higher than the non-domestic commodity or product.....3
- Don't know.....98

GROUPID=1A OR 1B

**PROCUREMENT METHODS AND PRICING FOR SCHOOL YEAR 2024-2025**

**P23. Please indicate the procurement methods used for foods purchased in the following food groups. Then provide the *primary* pricing method used for the vendor from which you expect the largest volume of that food group.**

*If you have only one vendor in a category, answer the question for that vendor. Otherwise, answers should reflect the vendor from which you expect to make the largest volume of purchases in each category during the current School Year 2024-2025.*

Food group	PROCUREMENT METHODS USE <i>Select all that apply</i>	Primary PRICING METHOD (DROP DOWN)
Fluid Milk	<input type="checkbox"/> Formal line item bids (Items individually priced.) <input type="checkbox"/> Formal lump sum bids (Items priced in combination.) <input type="checkbox"/> Request for proposal (RFP) <input type="checkbox"/> Micropurchase <input type="checkbox"/> Telephone bid/quote (informal procurement) <input type="checkbox"/> Sales representative visits <input type="checkbox"/> Other, Specify:	<ul style="list-style-type: none"> <li>• Fixed price contract</li> <li>• Fixed price with adjustment clause (e.g., increase based on specific condition such as inflation rate).</li> <li>• Formula price (list plus fixed amount or percentage)</li> <li>• Cost-based price</li> <li>• Bid or quote price (not contract)</li> <li>• Retail price</li> <li>• Mutually accepted discount rate</li> <li>• Other, specify:</li> </ul>

<p><b>Dairy products</b> (ice cream, cheese, butter, yogurt, and other milk-related products; fresh eggs; substitute dairy products. Do <u>not</u> include fluid milk).</p>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
<p><b>Bread and bakery products</b> (breads, rolls, buns, cakes, cookies, crackers, donuts. Do <u>not</u> include pretzels and snack cookies)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Fresh Produce</b> (fresh fruits and vegetables including fresh-cut, i.e. chopped lettuce, salad mix, apple slices)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Canned and Staple foods</b> (include canned fruits, vegetables, meat, staple foods such as flour, sugar, rice, cereal, and cooking oils)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Frozen Foods</b> (frozen fruits and vegetables, frozen meats, frozen pizza, other frozen entrees or side dishes. Do <u>not</u> include ice cream)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Fresh Meats, poultry, and fish</b> (do not include canned and frozen meats, poultry, and fish)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Snack Items</b> (potato chips, pretzels, individual pack of cookies)</p>	<p>Same as above</p>	<p>Same as above</p>
<p><b>Other Beverages</b> (water, fruit juice, and sparkling beverages)</p>	<p>Same as above</p>	<p>Same as above</p>



GROUPID=1A OR 1B

**P24. Please indicate the primary procurement and pricing method for *locally-grown or produced foods* purchased in the following food groups.**

*If you have only one vendor in a category, answer the question for that vendor. Otherwise, answers should reflect the vendor from which you expect to make the largest volume of purchases in each category during the current School Year 2024-2025.*

Locally-grown or produced food group	Primary PROCUREMENT METHOD (DROP DOWN)	Primary PRICING METHOD (DROP DOWN)
<b>Fluid milk</b>	<ul style="list-style-type: none"> <li>• Formal line item bids (Items individually priced.)</li> <li>• Formal lump sum bids (Items priced in combination.)</li> <li>• Request for proposal (RFP)</li> <li>• Micropurchase</li> <li>• Telephone bid/quote (informal procurement)</li> <li>• Sales representative visits</li> <li>• Other, Specify:</li> <li>• Did not purchase locally-grown or produced [FOOD TYPE]</li> </ul>	<ul style="list-style-type: none"> <li>• Fixed price contract</li> <li>• Fixed price with adjustment clause (e.g., increase based on specific condition such as inflation rate).</li> <li>• Formula price (list plus fixed amount or percentage)</li> <li>• Cost-based price</li> <li>• Bid or quote price (not contract)</li> <li>• Retail price</li> <li>• Mutually accepted discount rate</li> <li>• Other, specify:</li> </ul>
<b>Dairy products</b>	Same as above	Same as above
<b>Fruits</b>	Same as above	Same as above
<b>Vegetables &amp; vegetable subgroups (legumes, leafy greens, etc.)</b>	Same as above	Same as above
<b>Grains/grain products</b>	Same as above	Same as above
<b>Meats/meat alternates and seafood</b>	Same as above	Same as above

### Q. USDA FOODS

The following questions are about USDA foods.

GROUPID=1A OR 1B AND CASH=0

#### USDA FOODS ENTITLEMENT FOR SCHOOL YEAR 2024-2025

- Q1. [IF FPPI\_CASH=0: What is your USDA Foods entitlement for the current School Year 2024-2025?]  
[IF FPPI\_CASH=1: What is the amount of your USDA cash-in-lieu of commodities or Commodity Letter of Credit (CLOC) entitlement for School Year 2024-2025?]

AMOUNT \$ \_\_\_\_\_

GROUPID=1A OR 1B AND CASH=0

#### USDA FOODS ENTITLEMENT FOR SCHOOL YEAR 2023-2024

The next two questions pertain to the previous school year, 2023-2024.

- Q2. Did you fully utilize your USDA Foods entitlement in the previous School Year 2023-2024?
- m Yes..... 1
- m No..... 0

GROUPID=1A OR 1B AND FPPI\_CASH=0

**Q3. What percentage of your USDA Foods entitlement for the previous School Year 2023-2024 was spent on USDA Foods ingredients to be used in processed end products, direct delivery USDA Foods (sometimes referred to as “brown box”), and USDA DoD Fresh? Please enter the percentage for SY 2023-2024. Then indicate whether this is the actual percentage or your best estimate.**

a. Percentage of entitlement used for USDA Foods ingredients to be used in processed end products

(RANGE: 1-100)

- Actual number..... 1
- Estimated number..... 2
- NO RESPONSE..... M

b. Percentage of entitlement used for USDA Foods direct delivery (sometimes referred to as “brown box”)

(RANGE: 1-100)

- Actual number..... 1
- Estimated number..... 2
- NO RESPONSE..... M

c. Percentage of entitlement used on USDA DoD Fresh

(RANGE: 1-100)

- Actual number..... 1
- Estimated number..... 2
- NO RESPONSE..... M

PROGRAMMER: INCLUDE HOVER TEXT OVER “USDA DoD Fresh”: *USDA DoD Fresh allows schools to use USDA Foods entitlement dollars to buy fresh produce. USDA DoD Fresh operates through a partnership between the USDA and the DoD Defense Logistics Agency (DLA), as well as the state distributing agencies in each participating state.*

**SOFT CHECK: IF Q3A+Q3B+Q3C DOES NOT EQUAL 100; Your total percentage of USDA Foods entitlement used does not equal 100. Please confirm or correct your responses and continue.**

GROUPID=1A OR 1B AND FPPI\_CASH=0

**Q4. How do you rate the overall quality of fresh produce from USDA DoD Fresh Fruit and Vegetable Program?**

- m Very poor..... 1
- m Poor..... 2
- m Acceptable..... 3
- m Good..... 4
- m Very good..... 5

PROGRAMMER: INCLUDE HOVER TEXT OVER "USDA DoD Fresh": *USDA DoD Fresh allows schools to use USDA Foods entitlement dollars to buy fresh produce. USDA DoD Fresh operates through a partnership between the USDA and the DoD Defense Logistics Agency (DLA), as well as the state distributing agencies in each participating state.*

GROUPID=1A OR 1B

**RECEIPT OF USDA FOODS IN SCHOOL YEAR 2024-2025**

**Q5. How do USDA Foods reach your school district? Respond for all that apply.** **SELECT ALL THAT APPLY**

**Commercial foodservice distributor, WITH commercial products** ..  
 PROGRAMMER: DISPLAY ONLY IF COMMERCIAL FOOD DISTRIBUTOR IS SELECTED:

Name of Distributor: \_\_\_\_\_

Are USDA Foods clearly marked on the invoice or summary?

- YES
- NO

**Commercial foodservice distributor, SEPARATE from commercial products** ..

**Commercial foodservice processor, WITH commercial products** ..  
 PROGRAMMER: DISPLAY ONLY IF COMMERCIAL FOOD SERVICE PROCESSOR IS SELECTED:

Name of Processor: \_\_\_\_\_

Are USDA Foods clearly marked on the invoice or summary?

- YES
- NO

**Commercial foodservice processor, SEPARATE from commercial products** ..

**Direct shipped by USDA vendor(s)** ..

**Delivery from a State warehouse or State-contracted warehouse** ..

**School district pick-up** ..

**Other, specify: \_\_\_\_\_** ..

GROUPID=1A OR 1B

**FEES FOR USDA FOODS IN SCHOOL YEAR 2024-2025**

**Q6. Does your school district pay fees to the State Distributing Agency for the warehousing, distribution, and/or delivery of USDA Foods?**

- m Yes..... 1
- m No..... 0
- ..... GO TO Q9

Q6=1

**Q7a. What is the basis for the fee your school district pays to the State Distributing Agency for the warehousing, distribution, and/or delivery of USDA Foods (sometimes referred to as “brown box”)?**

SELECT ALL THAT APPLY:

- Pounds of direct delivery, processed end product and/or commercial product the district sends through the State warehouse.....1
- Cases of direct delivery, processed end product and/or commercial product the district sends through the State warehouse.....2
- School district meal counts.....3
- Percentage of USDA Foods Value.....4
- Other method, specify:..... 99
- m Don't know..... d

Q6=1

**Q7b. Do the fees your school district is charged for the warehousing, distribution, and/or delivery of USDA Foods vary based on any of the following?**

SELECT ALL THAT APPLY

- Region of the State..... 1
- Type of storage (i.e., freezer, cooler or dry).....2
- “Dwell time” permitted to withdraw USDA Foods from the State warehouse or distributor..... 3
- Delivery quantity..... 4
- Other, specify..... 99

SPECIFY

- m Fees charged do NOT vary.....0

GROUPID=1A OR 1B

**PROCESSING AGREEMENTS AND VALUE-PASS-THROUGH METHODS FOR USDA FOODS IN SCHOOL YEAR 2024-2025**

**Q8. Which of the following types of agreements govern the processing of end products containing USDA Foods as ingredients in your district?**

SELECT ALL THAT APPLY:

- National Processing Agreement..... 1
- In-State Processing Agreement..... 2
- Recipient Agency Agreement..... 3
- The district does not divert USDA Foods to obtain processed end products containing USDA Foods as ingredients..... 4

GROUPID=1A OR 1B

**Q9. Which value-pass-through methods does your school district use to obtain credit for the value of the USDA Foods in processed end products?**

SELECT ALL THAT APPLY:

- Indirect discount also known as net off invoice (NOI)..... 1
- Closed SKU net off invoice (NOI) ..... 2
- Direct discount..... 3
- Rebate or refund..... 4
- Fee-for-service (including direct shipment and invoicing from the processor to the recipient agency, fee-for-service through a distributor and modified fee-for-service, when the recipient agency has an authorized agent bill them for the total case price)..... 5
- m Don't know/Unsure..... d

## R. SCHOOL DISTRICT (SFA) CHARACTERISTICS

GROUPID=1A OR 1B

This last section of the survey is about your school district characteristics.

### NUMBER OF SCHOOLS IN THE DISTRICT IN SCHOOL YEAR, 2024-2025

**R1. How many elementary, middle/secondary, and other schools are in your district in school year 2024-2025?**

*If your district does not have a given type of school, enter 0, please do not leave it blank.*

PROGRAMMER: IF GROUP 1A, DISPLAY ELEMENTARY ROW ONLY IF A5\_1=1. DISPLAY MIDDLE/SECONDARY ROW ONLY IF A5\_2 OR A5\_3=1.

Type of school	Number of Schools	Number that operate on a year-round school calendar
Elementary (any school that has a pre-Kindergarten or Kindergarten or Grade 1 or Grade 2 or Grade 3, and no class higher than Grade 6)		PROGRAMMER: COUNT SHOULD NOT EXCEED THE NUMBER OF SCHOOLS LISTED IN PRIOR COLUMN.
Middle/secondary (any school that has no grade lower than Grade 6).		
Other (any school that does not meet the definition of elementary and middle/secondary school. E.g., a school with grades K-12).		
All school types combined PROGRAMMER: AUTO-FILL BASED ON COUNT REPORTED FOR ALL SCHOOL TYPES		



GROUPID=1A OR 1B

**NUMBER OF SCHOOLS PARTICIPATING IN NSLP AND SBP IN SCHOOL YEAR 2024-2025**

PROGRAMMER: DISPLAY ONLY TYPES OF SCHOOLS INDICATED ABOVE. E.G., IF THEY DO NOT HAVE "OTHER" SCHOOLS, SKIP QUESTION R2C ON THIS SCREEN.

**R2\_INTRO.** For each type of school in your district, please enter the number participating in NSLP and SBP during the current School Year 2024-2025.

**R2a.** How many of the <TOTAL COUNT FROM R1> elementary schools participate in:

PROGRAMMER: ERROR IF ANY OF THE INDIVIDUAL ROWS IS HIGHER THAN THE TOTAL NUMBER OF SCHOOLS OF THE TYPE ENTERED IN R1

NSLP only

\_\_\_\_\_

SBP only

\_\_\_\_\_

Both NSLP and SBP

\_\_\_\_\_  
PROGRAMMER: ERROR IF TOTAL OF "NSLP ONLY", "SBP ONLY", AND "BOTH NSLP AND SBP" IS GREATER THAN TOTAL NUMBER OF ELEMENTARY SCHOOLS REPORTED IN R1

Community Eligibility Provision (CEP)

\_\_\_\_\_  
PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF ELEMENTARY SCHOOLS REPORTED IN R1

Fresh Fruit and Vegetable Program (FFVP)

\_\_\_\_\_  
PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF ELEMENTARY SCHOOLS REPORTED IN R1

How many of the elementary schools are severe need schools?

\_\_\_\_\_  
PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF ELEMENTARY SCHOOLS REPORTED IN R1

PROGRAMMER: THE COUNT FOR EACH SHOULD NOT EXCEED THE TOTAL COUNT FOR THAT SCHOOL TYPE. THE TOTAL, EXCLUDING 'SEVERE NEED SCHOOLS', SHOULD NOT EXCEED THE TOTAL NUMBER IN R1

**R2b. How many of the <TOTAL COUNT FROM R1> middle/secondary schools participate in:**

NSLP only \_\_\_\_\_

SBP only \_\_\_\_\_

Both NSLP and SBP \_\_\_\_\_

PROGRAMMER: ERROR IF  
TOTAL OF "NSLP ONLY",  
"SBP ONLY", AND "BOTH  
NSLP AND SBP" IS  
GREATER THAN TOTAL  
NUMBER OF  
MIDDLE/SECONDARY  
SCHOOLS REPORTED IN  
R1

Community Eligibility Provision (CEP) \_\_\_\_\_

PROGRAMMER: ERROR IF  
NUMBER IS HIGHER THAN  
THE TOTAL NUMBER OF  
MIDDLE/SECONDARY  
SCHOOLS REPORTED IN  
R1

How many of the middle/secondary schools are severe  
need schools? \_\_\_\_\_

PROGRAMMER: ERROR  
IF NUMBER IS HIGHER  
THAN THE TOTAL  
NUMBER OF  
MIDDLE/SECONDARY  
SCHOOLS REPORTED IN  
R1

**R2c. How many of the <TOTAL COUNT FROM R1> other schools participate in:**

NSLP only \_\_\_\_\_  
 SBP only \_\_\_\_\_  
 Both NSLP and SBP \_\_\_\_\_

PROGRAMMER: ERROR IF TOTAL OF "NSLP ONLY", "SBP ONLY", AND "BOTH NSLP AND SBP" IS GREATER THAN TOTAL NUMBER OF OTHER SCHOOLS REPORTED IN R1

Community Eligibility Provision (CEP) \_\_\_\_\_  
 PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF OTHER SCHOOLS REPORTED IN R1

Fresh Fruit and Vegetable Program (FFVP) \_\_\_\_\_  
 PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF OTHER SCHOOLS REPORTED IN R1

How many of the other schools are severe need schools? \_\_\_\_\_  
 PROGRAMMER: ERROR IF NUMBER IS HIGHER THAN THE TOTAL NUMBER OF OTHER SCHOOLS REPORTED IN R1

**R2d. Please review the totals for elementary, middle/secondary, and other schools. Use the BACK button to revise the counts reported on previous screens if needed.**

PROGRAMMER: AUTO COMPUTE THE TOTAL COUNTS BY SUMMING THE COUNTS ACROSS ALL SCHOOL TYPES. E.G. NSLP ONLY = SUM (ELEMENTARY, MIDDLE/SECONDARY/OTHER). THIS IS NOT AN EDITABLE FIELD.

NSLP only \_\_\_\_\_  
 SBP only \_\_\_\_\_  
 Both NSLP and SBP \_\_\_\_\_  
 Community Eligibility Provision (CEP) \_\_\_\_\_  
 Fresh Fruit and Vegetable Program (FFVP) \_\_\_\_\_  
 How many of the total schools are severe need schools? \_\_\_\_\_

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the respondent to provide their answers to the survey questions.

GROUPID=1A OR 1B

**STUDENT ENROLLMENT IN SCHOOL YEAR 2024-2025**

**R3\_INTRO.** For each type of school in your district, indicate total student enrollment and average daily attendance as of October 31, 2024.

PROGRAMMER: DISPLAY ONLY TYPES OF SCHOOLS INDICATED ABOVE. E.G., IF THEY DO NOT HAVE OTHER SCHOOLS, SKIP QUESTION R3C.

**R3a. Elementary schools**

Total Student Enrollment in elementary schools \_\_\_\_\_

Student enrollment in elementary schools with a year-round school calendar  
 \_\_\_\_\_  
 PROGRAMMER: ERROR IF R1  
 'NUMBER OF SCHOOLS WITH A  
 YEAR-ROUND CALENDAR = 0

Student enrollment in elementary schools with  
 Community Eligibility Provision (CEP)  
 \_\_\_\_\_  
 PROGRAMMER: ERROR IF R2A  
 NUMBER OF CEP SCHOOLS = 0

Average daily attendance in elementary schools \_\_\_\_\_

**R3b. Middle/secondary schools**

Total Student Enrollment in middle/secondary schools \_\_\_\_\_

Student enrollment in middle/secondary schools with a  
 year-round school calendar  
 \_\_\_\_\_  
 PROGRAMMER: ERROR IF R1B  
 'NUMBER OF SCHOOLS WITH A  
 YEAR-ROUND CALENDAR = 0

Student enrollment in middle/secondary schools with  
 Community Eligibility Provision (CEP)  
 \_\_\_\_\_  
 PROGRAMMER: ERROR IF R2 B  
 NUMBER OF CEP SCHOOLS = 0

Average daily attendance in middle/secondary schools \_\_\_\_\_

**R3c. Other schools**

Total Student Enrollment in other schools \_\_\_\_\_

Student enrollment in other schools with a year-round school  
 calendar \_\_\_\_\_

Student enrollment in other schools with Community Eligibility  
 Provision (CEP) \_\_\_\_\_

Average daily attendance in middle/secondary schools \_\_\_\_\_

**R3d. Please review the totals and revise counts for elementary, middle/secondary, other schools above if needed.**

PROGRAMMER: AUTO COMPUTE THE TOTAL COUNTS BY SUMMING THE COUNTS ACROSS ALL SCHOOL TYPES. THIS IS NOT AN EDITABLE FIELD.

Total Student Enrollment \_\_\_\_\_

Student enrollment in schools with a year-round school calendar \_\_\_\_\_

Student enrollment in schools with Community Eligibility Provision  
 (CEP) \_\_\_\_\_

Average daily attendance in all schools \_\_\_\_\_

GROUPID=1A OR 1B

**STUDENTS WITH NO ACCESS TO SCHOOL LUNCH OR BREAKFAST IN SCHOOL YEAR 2024-2025**

**R4. Do any of the students included in “Total Student Enrollment” not have access to school lunches or school breakfasts (e.g., Kindergarteners who are not in school at meal time)?**

- m Yes..... 1
- m No..... 0      GO TO R5

R4=1

**R4a. Please indicate number of students who do not have access to school lunches or breakfasts for each school type.**

*Enter 0 if all students have access in a given school type. Please do not leave it blank.*

Type of School	Number of students who do not have access to school lunch or school breakfast
Elementary	
Middle/Secondary	
Other	
All school types combined	PROGRAMMER: AUTO COMPUTE BASED ON COUNT REPORTED ABOVE.

GROUPID=1A OR 1B

**STUDENTS APPROVED TO RECEIVE SCHOOL LUNCH AND SCHOOL BREAKFAST IN SCHOOL YEAR 2024-2025**

**R5. For each type of school in your district indicate the number of enrolled students approved to receive free or reduced price meals.**

PROGRAMMER: DISPLAY ONLY TYPES OF SCHOOLS INDICATED ABOVE. E.G. IF THEY DO NOT HAVE OTHER SCHOOLS, DO NOT DISPLAY THE 'OTHER' ROW.

Type of School	Number of Students approved to receive reduced price meals	Number of Students approved to receive free meals
Elementary		
Middle/Secondary		
Other		
All school types combined	PROGRAMMER: AUTO COMPUTE BASED ON COUNT REPORTED ABOVE. ERROR IF HIGHER THAN THE TOTAL NUMBER OF STUDENTS FOR THE TYPE OF SCHOOL IN R3	PROGRAMMER: AUTO COMPUTE BASED ON COUNT REPORTED ABOVE. ERROR IF HIGHER THAN THE TOTAL NUMBER OF STUDENTS FOR THE TYPE OF SCHOOL IN R3

PROGRAMMER: ERROR IF ANY NUMBER IS HIGHER THAN THE TOTAL NUMBER OF STUDENTS FOR THE TYPE OF SCHOOL IN R3.

GROUPID=1A OR 1B AND SFAHSMFA=0

**MEAL PRICES FOR SCHOOL YEAR 2024-2025**

**R6. As of October 31, 2024, what prices were charged to students for full price and for reduced price lunches and breakfasts in your school district by type of school?**

PROGRAMMER: DISPLAY R6C ONLY IF OTHER SCHOOLS ARE INDICATED IN R1.

- All lunches in the district are served free to students
- All breakfasts in the district are served free to students

PROGRAMMER: SKIP FULL AND REDUCED PRICE LUNCH QUESTIONS FOR ALL SCHOOL TYPES IF ALL LUNCHES IN THE DISTRICT ARE SERVED FREE TO STUDENTS IS CHECKED.

SIMILARLY, SKIP FULL AND REDUCED PRICE BREAKFAST QUESTIONS FOR ALL SCHOOL TYPES IF ALL BREAKFASTS IN THE DISTRICT ARE SERVED FREE TO STUDENTS IS CHECKED.

IF BOTH BOXES ARE CHECKED GO TO R7

**R6a. Elementary Schools**

<b>Full Price Meals</b>	<u>Full Price</u>	<u>Share (percent) of <i>Full Price</i> Meals at this price</u>
<i>If your district has more than one charge for full price meals, use the rows below to indicate the share of meals sold at each price</i>		
	\$ _____	% _____
a. Full price lunch	\$ _____	% _____
	\$ _____	% _____
		<b>100%</b>
	\$ _____	% _____
a. Full price breakfast	\$ _____	% _____
	\$ _____	% _____
		<b>100%</b>
<b>Reduced price meals</b>		
	<u>Reduced price</u>	
b. Reduced price lunch	\$ _____	[REDACTED]
c. Reduced price breakfast	\$ _____	[REDACTED]



2024-2025 School Meal Prices

**R6b. Middle/Secondary Schools**

**Full Price Meals**

Full Price

Share (percent) of Full Price Meals at this price

*If your district has more than one charge for full price meals, use the rows below to indicate the share of meals sold at each price*

	\$	%
	_____	_____
	\$	%
	_____	_____
<b>b. Full price lunch</b>	\$	%
	_____	_____
		<b>100%</b>
	\$	%
	_____	_____
<b>d. Full price breakfast</b>	\$	%
	_____	_____
	\$	%
	_____	_____
		<b>100%</b>
<b>Reduced price meals</b>		
	<b>Reduced price</b>	
	_____	
<b>e. Reduced price lunch</b>	\$	[REDACTED]
	_____	
<b>f. Reduced price breakfast</b>	\$	[REDACTED]
	_____	

**R6c. Other Schools**

**Full Price Meals**

Full Price

Share (percent) of Full Price Meals at this price

*If your district has more than one charge for full price meals, use the rows below to indicate the share of meals sold at each price*

	\$	%
	_____	_____
	\$	%
	_____	_____
<b>c. Full price lunch</b>	\$	%
	_____	_____
		<b>100%</b>
	\$	%
	_____	_____
<b>g. Full price breakfast</b>	\$	%
	_____	_____
	\$	%
	_____	_____
		<b>100%</b>
<b>Reduced price meals</b>		
	<b>Reduced price</b>	
	_____	
<b>h. Reduced price lunch</b>	\$	[REDACTED]
	_____	
<b>i. Reduced price breakfast</b>	\$	[REDACTED]
	_____	

GROUPID=1A OR 1B

**KITCHEN TYPES IN SCHOOL YEAR 2024-2025**

**R7. How many of each of the following types of kitchens are there in your school district?**

*If your school district does not have a given kitchen type, please enter 0, do not leave it blank.*

m **No kitchen facilities**.....0 GO TO R8

<u>Kitchen Type</u>	<u>Number of kitchens</u>
a. <b>Central kitchens</b> where meals are prepared for serving at all or multiple schools. No student meals are served on-site at a central kitchen.	_____
b. <b>Regional kitchen</b> where meals are prepared for serving on-site at one school AND distributed to other schools (at least one other school or CN Program provider).	_____
c. <b>Receiving or satellite kitchens with limited preparation activities</b> which obtain prepared meals from central or regional kitchens or an outside vendor. On-site preparation is limited to activities such as reheating.	_____
d. <b>School-based kitchens</b> where all meals are prepared on-site for serving only at one school.	_____
e. <b>Other, specify:</b> _____	_____
	_____
<b>Total number of kitchens:</b>	_____

PROGRAMMER: AUTO COMPUTE TOTAL NUMBER OF KITCHENS AND ASK FOR VALIDATION

GROUPID=1A OR 1B

**FOOD SERVICE OPTIONS AT SCHOOLS IN SCHOOL YEAR 2024-2025**

3.7. How many schools in your school district currently offer the following options to your students?

*Please enter 0 if the option is not offered at schools in your district. Do not leave it blank.*

PROGRAMMER: DISPLAY THE 'OTHER' COLUMN ONLY IF OTHER SCHOOLS ARE INDICATED IN R1C

PROGRAMMER: AUTO COMPUTE COUNT IN THE FINAL COLUMN "TOTAL".

	Number of Schools			
	<u>Elementary</u>	<u>Middle/Secondary</u>	<u>Other</u>	<u>Total</u>
A la carte items during breakfast	_____	_____	_____	_____
A la carte items during lunch	_____	_____	_____	_____
Choice of NSLP entrees	_____	_____	_____	_____
Offer vs. serve	_____	_____	_____	_____
Open campus at lunch time	_____	_____	_____	_____
Vending machines	_____	_____	_____	_____
Snack bar and/or school store selling food	_____	_____	_____	_____
Electronic payment methods	_____	_____	_____	_____
Free fresh fruit or vegetables ( <u>not</u> Fresh Fruit and Vegetable Program)	_____	_____	_____	_____
Breakfast in the classroom	_____	_____	_____	_____
Grab-and-go breakfasts	_____	_____	_____	_____
Breakfast after the bell	_____	_____	_____	_____

GROUPID=1A OR 1B

**OTHER FOOD PROGRAMS SERVED IN SCHOOL YEAR 2024-2025**

**R8. Some school districts use their facilities to prepare foods for purposes other than breakfasts and lunches for students in their school system. Please indicate which, if any, of these programs/purposes you provide food to.**

*Please select NONE if your district does not provide food to any other program/purpose.*

SELECT ALL THAT APPLY

- Head Start ..
- Child and Adult Care Food Program ..
- NSLP Afterschool Snack Service ..
- CACFP Afterschool Snack/Supper Program ..
- Summer Food Service Program ..
- Fresh Fruit and Vegetable Program ..
- Other schools or school systems ..
- Disaster Feeding ..
- Seamless Summer Option ..
- School staff meals ..
- School related events (e.g. athletic events, PTA meetings) ..
- Public catering ..
- Other day care ..
- Other, specify: \_\_\_\_\_ ..
- None m

## S. SFA DIRECTOR BACKGROUND AND EXPERIENCE

The next set of questions is about your professional background and experience.

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**S1. How long have you been a school food service director?**

*Please enter years OR months.*

m  Years (RANGE 0-50).....1

m  Months (RANGE 0-24).....2

SOFT CHECK; IF S1 NE NO RESPONSE AND O1 YEARS OR MONTHS ARE BOTH UNMARKED; <b>There (is/are) [X] unanswered question(s) on this page. Would you like to continue?</b>
---

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**S2. How long have you worked in school food service?**

*Please enter years OR months.*

m  Years (RANGE 0-50).....1

m  Months (RANGE 0-24).....2

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**S3. What is the highest grade or year of schooling you completed?**

Select one only

- m Less than high school.....1 GO TO S5
- m High school.....2 GO TO S5
- m Some college, no degree.....3 GO TO S5
- m Associate’s degree.....4
- m Bachelor’s degree.....5
- m Master’s degree.....6
- m Graduate credits beyond a Master’s degree.....7
- m Doctorate.....8
- NO RESPONSE.....99 GO TO S5

SOFT CHECK: IF S3=NO RESPONSE; There (is/are) [X] unanswered question(s) on this page. Would you like to continue?
--

S3=4 OR 5 OR 6 OR 7 OR 8
NOT REQUIRED

**S4. Is your degree in food and nutrition, food service management, dietetics, family and consumer sciences, nutrition education, culinary arts, business, or a related field?**

- m Yes.....1
- m No.....0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**S5. Do you hold a state-recognized certificate for school nutrition program directors?**

- m Yes.....1
- m No.....0

GROUPID=1A, 1C, 2A, OR 3
NOT REQUIRED

**S6. Do you hold a food safety certification, such as ServSafe, National Registry of Food Safety Professionals, Prometric Certified Professional Food Manager, or Learn2Serve?**

- m Yes.....1
- m No.....0

**BREAKOFF.** Thank you. The responses you have provided so far have been saved and when resumed, the survey will start from where it was left off.

**End.** Thank you for completing the 2024–2025 National School Foods Study SFA Director Survey! Your responses provide critical information about the school food environment and will be used by policymakers to assist schools in offering healthy meals to students.

Your response has been recorded.

Please close your browser window to exit.

You can review and print a copy of your responses by clicking on "download PDF." If you need to correct anything, please contact the help desk at [email] or xxx-xxx-xxxx (toll-free) for assistance.

[Summary of responses, link to download PDF]