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FY25 Head Start Nutrition Supplemental Funds Progress Survey

Thanks to programs like yours, FY 2025 nutrition supplemental funding is being put into action nationwide, advancing the goals of the Make America Healthy Again (MAHA) initiative by improving nutrition and supporting healthier communities. We are gathering periodic updates from grant recipients to better understand how these funds are being implemented, the estimated reach of funded activities, spending progress, and early outcomes observed.

Please provide your **best estimates** based on available information. Responses should reflect activities supported in whole or in part by nutrition supplemental funding. We understand that nutrition supplemental funds may not always be tracked separately from other funding sources and that activities may be supported only in part by these funds.

Participation is voluntary and responses will be reported in aggregate. We may share short, general quotes from open-ended responses, but they will always be anonymous. Quotes will not be associated with any personally identifiable information, such as names, program names, or other identifying details.

Paperwork Reduction Act Statement

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather information on how Head Start grant recipients are implementing nutrition supplemental funds, including activities undertaken, estimated reach of children, families, and staff, spending progress, implementation challenges, and outcomes observed. Public reporting burden for this collection of information is estimated to average **8 minutes per response**, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB Control Number is **0970-0531** and expires **[XX/XX/XXXX]**.

Section 1. Program Status and Activities

1. **Please select the grant number for the program you are reporting on that received one-time supplemental funds for nutrition.**
   If your organization received multiple supplemental grants, please submit one response per grant. Please ensure that all responses reflect only the program associated with the grant number entered.

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2. **You selected [GRANT RECIPIENT NAME SELECTED ABOVE]. Is that correct?**
   - o Yes
   - o No [Go back to Q1]

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3. Thinking about your nutrition supplemental funds overall, how would you describe your current stage of implementation?

Select one.

- o Planning (activities have not yet started)
- o Early implementation (activities recently started)
- o Ongoing implementation (activities actively underway)
- o Temporarily paused (e.g., seasonal break such as summer, with activities expected to resume)
- o Near completion (most activities are completed)
- o Fully implemented (all activities are complete and funds have been fully used)

[Display Logic: If “Fully implemented” is selected, only display Q4, Q5, Q6, Q7, Q9, Q10, Q11, Q12, and Q14. Also grant number will be removed from future survey collections on this funding activity]

[Display Logic: If “Planning” is selected, only display Q8, Q9, and Q13]

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4. Which of the following activities have been supported in whole or in part by nutrition supplemental funds?

Select all that apply.

Direct Food Access and Nutrition Services

- ❑ Purchasing or providing food (e.g., meals, snacks, food boxes, produce)
- ❑ Family engagement activities related to nutrition (e.g., cooking demonstrations, family events)

Kitchen and Food Service Infrastructure

- ❑ Kitchen upgrades or renovations (e.g., facilities, plumbing, ventilation)
- ❑ Purchase of kitchen equipment or appliances (e.g., ovens, refrigerators, dishwashers)
- ❑ Food preparation, storage, or service improvements (e.g., kitchenware, containers, shelving)
- ❑ Transportation improvements (e.g., vans)
- ❑ Designated breastfeeding spaces (e.g., lactation rooms, breastfeeding supplies)

Classroom and Hands-On Learning

- ❑ Gardening or farm-to-table activities (e.g., gardens, greenhouses, hydroponics)
- ❑ Classroom nutrition materials or hands-on food activities (e.g., cooking demonstration kits)
- ❑ Nutrition education for children and/or families (e.g., classes, workshops, curriculum)

Staffing and Training

- ❑ Staff training or professional development (e.g., CACFP, IMIL)
- ❑ Temporary staff, consultants, or coordinators (e.g., registered dieticians, nutrition specialists)

Other

- ❑ Other (please specify): _____

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5. Which ONE activity best represents your primary focus for the nutrition supplemental funds?

Select only one.

(Display only activities selected in Q4.)

Section 2. Reach

6. Approximately how many individuals have been reached so far through activities supported in whole or in part by nutrition supplemental funds?

Provide your best estimate.

If an activity did not involve a specific group, select 'Not applicable.' If activities occurred but did not reach individuals in that group, select '0.'

Group	Response
Children	0 / 1–50 / 51–250 / 251–500 / 501–1,000 / 1,000+ / N/A
Families	0 / 1–50 / 51–250 / 251–500 / 501–1,000 / 1,000+ / N/A
Staff	0 / 1–25 / 26–75 / 76-150 / 151-300 / 300+ / N/A

7. Approximately what percentage of enrolled children have been reached so far through activities supported in whole or in part by nutrition supplemental funds?

Provide your best estimate.

- o 0%
- o 1–25%
- o 26–50%
- o 51–75%
- o 76–100%
- o Not sure

Section 3. Funding and Spending

8. Approximately what percentage of your nutrition supplemental funds have been spent to date?

Provide your best estimate.

- o 0% (no spending)
- o 1–25% (minimal spending)
- o 26–50% (moderate spending)
- o 51–75% (more than half of funds spent)
- o 76–90% (most funds spent)
- o 91–100% (funds nearly or fully spent)

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9. What challenges, if any, are you experiencing while implementing activities supported in whole or in part by nutrition supplemental funds?

Select all that apply.

- ❑ Staffing shortages
- ❑ Rising food costs
- ❑ Vendor or supply issues
- ❑ Procurement delays
- ❑ Facilities or kitchen limitations
- ❑ Uncertainty about allowable costs
- ❑ Other (please specify): _____
- ❑ No current challenges

Section 4. Observed Outcomes

10. What changes have you observed so far as a result of receiving nutrition supplemental funds and the activities they have supported?

Select all that apply.

Access and Nutrition Quality

- ❑ Greater access to nutritious foods for children and/or families
- ❑ Increased availability of fresh or whole foods

Child and Family Engagement

- ❑ Increased child engagement in nutrition-related activities
- ❑ Increased interest in healthy foods among children
- ❑ Increased family participation in nutrition-related activities

Staff and Capacity

- ❑ Increased staff confidence, knowledge, or skills related to nutrition
- ❑ Improved ability to provide nutrition services (e.g., staffing, partnerships, expertise)

Operations and Infrastructure

- ❑ Improved kitchen or food service capacity (e.g., ability to prepare meals on-site)
- ❑ Improved efficiency in meal preparation or service delivery
- ❑ Established resources or capacity that will continue beyond the supplemental funding period

Health and Wellness Supports

- ❑ Increased support for breastfeeding or infant feeding

Timing

- ❑ No noticeable changes yet
- ❑ Too early to observe changes

Other

- ❑ Other (please specify): _____

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11. What is one recent success, highlight, or example of how these nutrition supplemental funds supported children, families, staff, or program operations?

(Open-ended)

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12. Please describe any outcomes achieved so far as a result of these nutrition supplemental funds, including any responses from children, families, and/or staff. Please share any feedback, reactions, or examples you have observed.

(Open-ended)

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13. May we contact you for more information about your program's nutrition efforts? Contact information will only be used for follow-up and will not be linked to your survey responses in reporting.

- o Yes
- o No

If yes: Name, Program, Email

If you would like to share what your program has been up to since receiving one-time nutrition supplemental funds, send your stories, photos, and/or videos to ohs_policy@acf.hhs.gov.