



United States Department of Agriculture

*Community Eligibility Provision Evaluation
Volume II: Data Collection Instruments*

Nutrition Assistance Program Report
Food and Nutrition Service
Office of Policy Support

March 2014

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Community Eligibility Provision Evaluation

Volume II: Data Collection Instruments

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This study was conducted under Contract number AG-3198-D-11-0074 with the Food and Nutrition Service, United States Department of Agriculture.

This report is available on the Food and Nutrition website:

<http://www.fns.usda.gov/research-and-analysis>

Suggested Citation:

Logan, Christopher W., Patty Connor, Eleanor L. Harvill, Joseph Harkness, Hiren Nisar, Amy Checkoway, Laura R. Peck, Azim Shivji, Edwin Bein, Marjorie Levin, and Ayesha Enver. *Community Eligibility Provision Evaluation, Volume II: Data Collection Instruments*. Project Officer: John R. Endahl. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service, March 2014.

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State Child Nutrition Director Interview

Note: This interview guide represents the standard version used in the evaluation. Each interview was tailored slightly to respondents from each State when the interview was conducted, for example, prepopulating the Year 3 interview guide with responses from the previous year from the same respondent to assist with probing.

Community Eligibility Option Evaluation

State Child Nutrition (CN) Director Interview

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates Inc.

List of respondents: (Note: To be completed by interviewer prior to interview.)

Name	Title	Organization	State	Data Collection Period

INTRODUCTION

My name is (), from Abt Associates.

Thank you for taking part in our telephone interview for the Community Eligibility Option Evaluation. You have been asked to participate in our survey because your State is implementing the new USDA school meals reimbursement program called the Community Eligibility Option [Section 11(a)(1)(F) of the Richard B. Russell National School Lunch Act]. As you may already know from the letter and emails we sent, Abt is evaluating the Community Eligibility Option. The purpose of this interview is to learn more about your decision to participate in this Option, the process of implementation, and the successes and challenges you have encountered. I want to start by thanking you for taking the time to speak with me today. Your perspective and insight on these issues will be extremely valuable to our study.

NOTE TO INTERVIEWER: *Below is a brief description of the Community Eligibility Option in case the respondent needs more information.*

No data from this interview will be attributed specifically to the individual respondents in evaluation reports or data shared with FNS or the public. However, some information will be presented for individual States. Someone who has knowledge of school meals administration in your State may be able to identify you as the source of information. Responses will in no way affect your State’s receipt of funds from USDA’s school meals program.

This survey will take about 45 minutes. Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 or CommunityEligibility@abtassoc.com.

Brief Description of the Community Eligibility Option: The Community Eligibility Option [Section 11(a)(1)(F) of the Richard B. Russell National School Lunch Act] is a new system of reimbursement for the National School Lunch Program/Breakfast programs. To be eligible to participate in the Community Eligibility Option, an LEA must have at least 40 % of its student body identified through direct certification and/or inclusion on other agency lists (*e.g. migrant, homeless, or foster care youth*). This group of identified students is referred to as the “identified student percentage”. Under the Community Eligibility Option, participating schools will no longer be required to certify the eligibility of every student for free and reduced price meals. Instead, the school or district is reimbursed for meals at 1.6 times the identified student percentage. In turn, schools would offer free breakfast and lunch to all students. The expected benefit of the Community Eligibility Option is an increase in nutritional quality and participation of the school breakfast and lunch programs, while decreasing foodservice costs and administrative burden.

NOTE TO INTERVIEWER: See instructions in each section for which States should respond in each round.

A. BACKGROUND ON RESPONDENT AND CONTEXT

(All States, Rounds 1 and 2)

First, we would like to understand more about your agency and your responsibilities both within the agency and with regard to the Community Eligibility Option.

1. What organization/State agency do you work for?
2. What is your position and what are some of your main responsibilities, particularly related to federal assistance programs at the State- and LEA-level?
 - Probe for responsibilities relating to other federal assistance programs (SNAP, etc.), contact with LEAs, contact with other State agencies, contact with FNS.
3. For how long have you served in your current role at the agency?
4. What are the responsibilities of your agency regarding the Community Eligibility Option? What are your specific responsibilities with respect to the Community Eligibility Option?
 - Probe for responsibilities related to implementation, administration, communication with LEAs/school, communication with FNS, and decision-making power with regard to the Community Eligibility Option.
5. Are decisions to implement new school programs and initiatives generally made at the State or local level? In other words, how much autonomy do LEAs and schools have in making policy decisions, like participating in the CE Option that will impact their communities?
 - Probe for dynamic between State and LEAs (specifically regarding the CE Option)

B. STATE DECISION TO PARTICIPATE IN CEO (RQ1)

(Questions without asterisk will only be asked in Round 1 in Year 1 and Year 2 States, and in Round 2 in Year 3 States. For questions with * ask for Year 1 States in Round 1 and Round 2, and for Year 2, Round 2)

I would now like to ask you several questions related to your State's decision to participate in and challenges of implementing the Community Eligibility Option that your State both anticipated and encountered.

1. Why did your State initially choose to apply to implement the Community Eligibility Option?
 - Probe for reasons (cost savings, reduced paperwork, food offerings, political pressure, decreased stigma for students receiving FRP meals, meal quality)
2. Who was involved in the decision to apply for the Community Eligibility Option?
 - Probe for roles of senior managers in CN Agency, other State officials, School Boards, LEAs
3. When you applied, what did you anticipate as the biggest benefit(s) to implementing the Community Eligibility Option?
 - Probe for benefits for the State and for the LEA/school
4. When you applied, what did you anticipate as the biggest challenge(s) to implementing the Community Eligibility Option?
 - Probe for challenges for the State and for the LEA/school
5. *Now that the Community Eligibility Option has been implemented, what have you encountered as the biggest challenge(s) to implementation of the Community Eligibility Option for *the State*?
 - *Probe for objections/challenges raised by stakeholders, challenges not anticipated originally, challenges anticipated but that weren't issues, communication with LEAs and schools, verification process.
6. *Now that the Community Eligibility Option has been implemented, what have you encountered as the biggest challenges to implementation of the Community Eligibility Option by *LEAs and/or schools*? To what extent were these challenges initially anticipated?
 - *Probe for any new challenges that emerged not originally anticipated, or challenges initially anticipated that were not an issue for implementation.
7. *Now that the Community Eligibility Option has been implemented, what have you encountered as the biggest benefits to implementing the Community Eligibility Option?
 - *How are these different from the anticipated benefits? Probe for benefits at the State and LEA/school level.
8. *What resources already existed in your State that facilitated adoption and/or implementation of the Community Eligibility Option?

- *Probe for resources (pre-existing partnerships, Provision 2/3, stakeholder buy-in, Direct Certification/pre-established processes)
9. *What resources were unavailable to you that would have facilitated implementation?
- *Probe for resources (pre-existing partnerships, verification and certification methods...)
10. *How likely is it that you will continue with the Community Eligibility Option next year?
- a. *If it is likely, will the benefits of the Community Eligibility Option change in subsequent years?
 - b. *If it is unlikely, what factors make it unlikely?

C. COMMUNICATION WITH LEAS AND SCHOOLS (RQ2, RQ4)

(Year 1 and Year 2 States: Ask only in Round 1. Year 3 States: Ask in Round 2.)

The questions in this next section seek to understand your State's methods of communicating with LEAs and schools, as well as the success of and changes to the communication process.

1. What strategies did your agency employ to inform LEAs and schools within your State about the availability of the Community Eligibility Option?
 - Probe for methods of informing LEAs: Aggressively promoting the Community Eligibility Option, Providing basic information but leave decision to LEAs, etc.
2. What forms of communication did you use to notify LEAs of the Community Eligibility Option?
 - Probe for methods of delivery (notices, emails, meetings, phone calls, press releases, media events, webinars)
3. Who was responsible for developing the messages included in these forms of communication?
 - Probe for people at the State agency, LEA, schools
4. Are there notification and public reporting requirements that you had to meet? What are some barriers to meeting these requirements?
 - Probe for barriers (lack of resources, lack of staff, unclear requirements, etc.)
5. What were some of the questions being asked by LEAs and schools about the Community Eligibility Option? Were there questions that you were unable to answer? Did your agency go to FNS for more information or for help with these issues?
 - Probe for possible questions from the LEAs and schools (How can we qualify for other programs without FRP applications? What is the reimbursement rate? What is the reimbursement process? Etc.)
6. Were LEAs timely and efficient in responding to your agency with the necessary information to participate in the Community Eligibility Option?

- a. Did your agency develop the format for this information to be received? If so, what is the format?
7. What strategies do you think were most effective in communicating with LEAs and schools about the Community Eligibility Option? Are there any other communication strategies you would suggest other States employ?

D. INITIAL REACTION FROM LEAS AND SCHOOLS (RQ1)

(Year 1 and Year 2 States: Ask only in Round 1. Year 3 States: Ask in Round 2.)

This next section will ask you to describe the initial reactions your agency received from LEAs and schools regarding your State's decision to participate in the Community Eligibility Option.

1. What was the general reaction from LEAs and schools to the Community Eligibility Option?
 - Probe for positive/negative reaction, concerns raised. Probe for both eligible and non-eligible LEAs/schools
2. What were some general concerns, at the State and local level, about participation in the Community Eligibility Option? To what extent did these concerns keep some LEAs and schools from participating in the Community Eligibility Option?
 - Probe for concerns (ISP cut-off, removal of household application, etc.)
3. How many LEAs participate in the CE Option in your State? Have you noticed that certain types of LEAs are more or less likely to participate? What is the reaction of non-participating LEAs to those that choose to participate?
 - Probe for explanations about eligible non-participating LEAs, non-participating schools within participating LEAs, patterns to LEAs that took up the Option, perceptions on some LEAs offering free meals while others don't.

E. ELIGIBILITY DATA FOR CE OPTION (RQ3)

(Year 1 and Year 2 States: Ask only in Round 1. Year 3 States: Ask in Round 2.)

As you know, eligibility for the Community Eligibility Option is based on the Identified Student Percentage (ISP) for LEAs and schools. This next set of questions will focus on the processes and methods your agency uses to gather eligibility data on LEAs and schools.

1. What process has your State agency implemented to identify eligible LEAs and schools for the Community Eligibility Option?
 - Probe specifically for the following information (ISP, enrollment data, Verification Summary Report, direct certification)
 - a. What other uses are there for this information, at the State and LEA level?
 - Probe for other uses (qualifying for other programs: test fee waivers, transportation fee waivers, funding for tutoring and afterschool programs, health programs, state education funding)
2. How does your State verify that the percentage of identified students reported by LEAs is accurate?
 - Probe for Coordinated Review Effort (CRE), cross-checking with databases, etc.
 - a. Have any of the LEAs participating in the Community Eligibility Option received a Coordinated Review Effort (CRE) since they elected the CEO? If so, what problems, if any, were encountered?
 - b. Has your state encountered any problems associated with the process of verifying the accuracy of the ISP reported by the LEAs?
 - c. What information is used in this process?
 - Probe: VSR, other documentation, review direct certification data, etc.
 - d. Has this process changed since the implementation of the Community Eligibility Option?
 - e. If there is no established verification process in place, what are the main reasons?
3. At the State level, who is primarily responsible for determining or verifying LEA and school eligibility for the Community Eligibility Option?
4. As you may know, the percentage of students directly certified is the main means of determining which LEAs and schools are eligible for the Community Eligibility Option. Direct Certification involves significant communication between the SNAP Program (Supplemental Nutrition Assistance Program) and the NSLP (National School Lunch Program). Do you have experience with the direct certification process?
 - a. If not, who is responsible for overseeing this process?

- b. If so, how would you rate the communication between the State agencies that are administering SNAP and NSLP? Could you describe the process of coordination between the two entities?
 - c. How has the communication between SNAP and NSLP affected the implementation of the Community Eligibility Option in your State?
 - Probe: Positively, negatively, no influence
5. Has the implementation of the Community Eligibility Option resulted in any changes to your data-tracking procedures?
- a. If so, how have they changed?

F. IMPLEMENTATION PROCESSES (RQ1, RQ5, RQ6)

*(Questions without asterisk will be asked in Round 1 in Year 1 and Year 2 States, and in Round 2 in Year 3 States. For questions with * ask for Year 1 in Round 1 and Round 2, and for Year 2, Round 2)*

This next section will ask about how your State and its LEAs have implemented aspects of the Community Eligibility Option, particularly relative to the meal reimbursement system.

1. One of the intentions of the Community Eligibility Option is to reduce the administrative burden of processing applications and paperwork. Do the LEAs and schools still collect FRP applications to use the information to qualify for funding through other sources or do they use other sources, such as Household Income Forms, for this information? If so, what are the reasons?
 - Probe for other uses (test fee waivers, transportation fee waivers, health programs, funds for tutoring and afterschool programs)
 - a. Is this a one-time data collection effort? If no, how often will this data be collected? How will it be stored?
 - b. What type of response rates are the LEAs achieving in collecting this data?
2. How does the State conduct [or plan to conduct] the process of meal reimbursement for LEAs and schools participating in the Community Eligibility Option?
 - a. How has the payment system changed [or will it change] with the adoption of the Community Eligibility Option?
3. *Have there been any barriers to successfully implementing a meal reimbursement process to accommodate the Community Eligibility Option?
 - *Probe for barriers (funding, staff time, resources, electronic systems issues)
4. *Has it been an issue that some LEAs participate in the Community Eligibility Option and others do not? Has it been an issue that some schools within an LEA participate in the Community Eligibility Option and others do not?
 - a. * If so, what are the main issues?

5. What proportion of the LEAs and schools that now participate in the Community Eligibility Option in your State previously participated in Provision 2 and 3?
 - a. *How has the implementation of the Community Eligibility Option in these LEAs and schools differed from those that didn't previously participate in Provision 2 and 3?
 - *Probe for ways in which it differed (positive change, negative change, etc.)

G. FOOD SERVICE MANAGEMENT COMPANY CONTRACTS

*(Questions without asterisk will be asked in Round 1 in Year 1 and Year 2 States, and in Round 2 in Year 3 States. For questions with * ask for Year 1 in Round 1 and Round 2, and for Year 2, Round 2)*

This next section will ask about Food Service Management Company (FSMC) contracts and whether the Community Eligibility Option has affected that process.

1. Are there issues associated with LEAs using FSMCs?
 - Probe for other uses (test fee waivers, transportation fee waivers, health programs, funds for tutoring and afterschool programs)
 - a. Is this a one-time data collection effort? If no, how often will this data be collected? How will it be stored?
 - b. What type of response rates are the LEAs achieving in collecting this data?
2. Are there material changes in the contract that need to be renegotiated? If so, how was this process?
 - Probe for easy/difficult, lengthy or short
3. Do LEAs have to rebid contracts in order to participate? If so, how was this process? Who was mainly responsible?
4. Are the FSMCs different for LEAs electing CEO? If they are different, how so?

H. RESULTS AND IMPRESSIONS (RQ1)

*(Questions with * ask for Year 1 in Round 1 and Round 2, and for Year 2, in Round 2)*

Now I would like to ask a few questions about your State's impressions of the Community Eligibility Option after participating for a year, as well as any feedback you have received from LEAs and schools.

1. *After participating in the Community Eligibility Option for a year, what are your conclusions about the Option?
 - a. *Did you have positive results at the State level? Negative?
 - b. *What has the feedback been from participating LEAs and schools? Positive or negative?
2. *At the State level, what changes would you make to improve the implementation of the Community Eligibility Option?

I. PROGRAM IMPROVEMENT

(Ask in Round 2 interview, Year 1 States only)

This section will ask about your State's impressions about the Community Eligibility Option after participating for two years. It will also inquire about any changes your State has made to the implementation process, and whether additional LEAs and schools have taken up the Community Eligibility Option.

1. Now that you have participated in the Community Eligibility Option for 2 years, what are your conclusions about the program?
 - a. Have your impressions about the Community Eligibility Option changed in the past year?
 - b. Have your expectations of the Community Eligibility Option been met?
2. What changes did your State agency make in implementing the Community Eligibility Option during your second year of participation?
 - Probe for changes (Management structure, eligibility process, payment systems, etc.)
3. What changes did the LEAs and schools make in implementing the Community Eligibility Option during your State's second year of participation?
4. What have been the challenges for your agency in implementing the Community Eligibility Option this past year?
 - a. How are these challenges different from those faced during your first year of participation?
 - Probe: Same, different, less, more
5. What program improvements has the State made to the implementation of the Community Eligibility Option within the past year? How was it determined that these improvements should be made (i.e., State felt the need, requested by LEAs/schools, etc.)?

- Probe for areas of improvement (frequency of direct certification, verification, reimbursement systems, management structure, communication with LEAs and schools)
6. Have additional LEAs and schools taken up the Community Eligibility Option this past year?
 - a. What do you think are the reasons behind their decisions to take up the Community Eligibility Option in the second year?
 - Probe for reasons (saw the success of other LEAs, changes in the implementation process at the State level, more knowledge of the Community Eligibility Option, etc.)
 - b. To what extent has the increase in LEAs/schools affected State-level processes?
 7. Have any LEAs and schools suspended participation in the Community Eligibility Option this year?
 - a. What do you think are the reasons behind their decisions to suspend participation in the Community Eligibility Option in the second year?
 - Probe for reasons: Implementation difficulties, payment system issues, etc.
 8. After implementing the Community Eligibility Option for 2 years, what suggestions would you make to improve the way States and LEAs are able to implement the Community Eligibility Option?

J. DIRECT CERTIFICATION PROCESS

(Ask in Round 1, for Year 1 and Year 2 States; in Round 2 for Year 3 States)

Now that we have completed our discussion about the Community Eligibility Option, I have a few questions about the direct certification process in your State.

1. Does your State conduct computer matching for direct certification at the State level? If so:
 - a. What programs are included?
 - Probe for SNAP, TANF, FDPIR, Medicaid
 - b. How often is matching done?
 - c. Do all LEAs receive computer matching results? If not, please explain why some do not.
 - d. How are the results provided to LEAs?
 - Probe for in what form(s) and ways to access data
 - e. What information about matched students is included in the report or file with the results?
2. Does your State provide lists of children participating in assistance programs to LEAs so that they can match the lists to their student records? If so:
 - a. What programs are included?

- Probe for SNAP, TANF, FDPIR, Medicaid
- b. How often are lists provided?
 - c. Do all LEAs receive computer matching results? If not, please explain why some do not.
 - d. How are the lists provided to LEAs?
 - Probe for in what form(s) and ways to access data
 - e. What information about students is included in the lists?
3. Does the SNAP agency in your State send letters to families with school-aged children that can be used in lieu of applications for free/reduced-price meals? If so:
 - a. When are the letters sent?
 - b. What information is included in the letters?
 4. Does your State provide any additional tools or methods for direct certification? This might include a system to look up the status of individual children or a list of SNAP children who are not matched to student records at the State level (Extended Direct Certification Match). If so, please describe.
 5. What records of direct certification are LEAs required to maintain?
 - a. In what form (hard copy, electronic media, on a computer network)?

K. COMMUNICATION WITH DEPARTMENT OF EDUCATION

(Year 1 and Year 2 States: Ask only in Round 1. Year 3 States: Ask in Round 2.)

The questions in this next section seek to understand your State's methods of communicating with other Department of Education staff, as well as the success of and changes to the communication process.

1. How frequent is your contact with Department of Education staff?
 - Probe for regular forms of communication, or ad-hoc conversations
2. What forms of communication do you typically use when interacting with Department of Education staff?
 - Probe for methods of communication (emails, meetings, phone calls)
3. To what extent has this been an effective process for communicating? What, if any, are areas of improvement?
4. To what extent are communications timely? For example, are issues discussed when they are anticipated or when they actually occur?

Closing

Is there anything else you think is important for us to know about the Community Eligibility Option in your State that we did not ask about?

Thank you so much for your time and helpful feedback. This information will be extremely valuable to our team as we continue to look at the implementation of the Community Eligibility Option in participating States.

Do you have any questions for me before we conclude the interview?

State Education Agency Survey

Community Eligibility Option Evaluation State Education Agency (SEA) Survey

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Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Hello, my name is _____, and I am calling from Abt Associates. Thank you for taking time to talk briefly with me today.

A. Before we start, I would like to confirm your name, title, and the State office you are affiliated with.
I have... *[READ, WILL BE PRE-POPULATED]*

Name:

Title:

State Office:

Great, thank you. This interview is about one component of the Food and Nutrition Service Healthy, Hunger-Free Kids Act of 2010, specifically, the Community Eligibility Option. The USDA's Food and Nutrition Service has hired Abt Associates to conduct an evaluation of this Option. The Option is being implemented in 7 States this year, 4 more States will join next year, and then all States will be eligible in school year 2014-15. Under this option, participating schools and districts are not required to certify the eligibility of every student for free or reduced-price meals but instead can use information from other federal programs (e.g., SNAP, TANF, or FDIPIR), and then can be reimbursed on the basis of that percentage. In participating schools, all meals are served free of charge and the Local Education Agency [IF NECESSARY: "LEA or school district"] are required to use non-Federal funds for meals that exceed the federal reimbursement percentage. There are two potential benefits: (1) more students may be offered nutritious meals, and (2) it reduces the administrative burden on schools and districts. One difference, however, is that the Free and Reduced Price Lunch (or FRPL) data are not therefore available for participating schools and districts. Many States, districts, and schools use FRPL data for other purposes beyond determining eligibility for the School Breakfast and Lunch programs. What we'd like to learn from you is whether FRPL data are used for other purposes in your state, and where else you might obtain information if FRPL data were not available.

Do you have any questions about the Community Eligibility Option or what I am trying to learn today?
[ANSWER QUESTIONS AS NEEDED]

I will use "FRPL" to refer to Free and Reduced Price Lunch, and "LEA" to refer to a Local Education Agency/school district.

First, I have a few questions about reporting and allocation of funds.

Reporting

1. Does your State use FRPL data in any of its reporting to the Federal government, ***other*** than for the School Breakfast and Lunch Programs?
 Yes
 No
 Don't know
2. What data does your State use to identify economically disadvantaged students for reporting in NCLB (No Child Left Behind)?
 FRPL
 Other (please specify: _____)
 Don't know
3. What ***other*** types of reporting to the Federal government does your State use FRPL data for?
[SPECIFY] _____

 Don't know

Allocation of Funds

4. Does your State use FRPL data to allocate Title I funds to LEAs (districts)?
 Yes
 No
 Don't know
5. Does your State use FRPL data to allocate Title I funds to schools?
 Yes
 No
 Don't know
6. Does your State require LEAs to waive fees for low income students using FRPL data?
 Yes
 No
 Don't know
7. Does your State use FRPL data for any ***planning*** purposes related to education?
 Yes
 No
 Don't know

Data Sources

Next, I would next like to discuss potential replacement data sources. One is the American Community Survey, which is an ongoing, annual survey conducted by the Census Bureau. It is intended as an improved replacement for many uses of long-form Census data. Income and poverty data are part of this survey and can be aggregated for school districts.

[IF ASKED: More information is at www.census.gov/acs]

8. If your State didn't have the FRPL data, would it consider using the American Community Survey data for the purposes you currently use FRPL data for?
- Yes
 - No
 - Don't know
9. What other sources of data would your State consider using (to replace FRPL data)?
- Don't Know
- [SPECIFY]* _____
-
10. Do you think other data sources would meet the needs of what your State currently uses the FRPL data for?
- Yes
 - No
 - Don't know
11. Do you know if any **LEAs** in your State use the FRPL data for any purposes not specifically mandated by the State? Please think about the use of both aggregated data and individual level data.
- Yes (if so, how: _____)
 - No
 - Don't Know
12. Do you know whether other State agencies use FRPL data?
- Yes (if so, which ones: _____)
 - No
 - Don't know

Do you have other comments about the Community Eligibility Option?

[CONCLUSION]

Thank you for your time.

Pre-Visit LEA Foodservice Director Questionnaire

LEA ID #: _____
LEA Name: _____
LEA Director Name: _____
LEA Director phone: _____
LEA Director email: _____

Community Eligibility Option Evaluation

Pre-Visit LEA Foodservice Director Questionnaire: Telephone Interview

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Prepared for:

U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates

INTRODUCTION: Hello, my name is _____ and I'm calling from Abt Associates on behalf of the Food and Nutrition Service (of the USDA) about the Community Eligibility Option Evaluation. May I please speak with (LEA CONTACT)?

Before we start I would like to thank you for agreeing to participate in the study.

Under the Community Eligibility Option, participating schools and Local Education Agencies will no longer be required to certify the eligibility of every student for free or reduced price meals. Instead, the school or LEA provides free meals to all students, and is reimbursed for a fixed percentage of the meals it serves based on the percent of directly certified students.

Today, we are interested in knowing about foodservice operations in your Local Education Agency. The interview today should last about 20 minutes, including the time to gather some information.

BASE: ALL

INTRO1. Do you have time now or would you like to set up another time to complete this interview?

DO INTERVIEW NOW,	1
RESPONDENT NOT AVAILABLE -	
ARRANGE CALLBACK AND ENTER CALL NOTE	2
REFUSED	97
DON'T KNOW	98

CATI NOTE: POSTPONE INTERVIEW IF INTRO1 = 2

Before we start, I need to review a few details about the survey with you.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

[IF NECESSARY, READ:] If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

As you may already know we will be visiting your LEA for one day sometime early next year to conduct an in-person interview with you about foodservice administration and costs and to review certification records. This survey will provide us with the necessary information to efficiently plan activities for the on-site visit.

BASE: INTRO1 = 1

INTRO 2. May I proceed with the interview?

YES – CONTINUE	1
NO	2
REFUSED	97
DON'T KNOW	98

BASE: INTRO2 = 2
 INTERVIEWER NOTE: ASK FOR REASON FOR NOT PROCEEDING WITH INTERVIEW AT THIS TIME. POSTPOSE CASE.

INTRO 3. Why do you not want to proceed with the interview?(*RECORD VERBATIM*) Thank you.

REFUSED	97
DON'T KNOW	98

CATI NOTE: POSTPONE INTERVIEW IF INTRO3 = 2

Foodservice Operations

BASE: INTRO2 = 1

- Q1. Now I'd like to ask you some questions about the foodservice operations in your Local Education Agency or LEA. Thinking about the current 2012-2013 school year, does your LEA use an outside vendor to provide pre-prepared reimbursable meals that are served by LEA personnel?

YES..... 1
NO (GO TO 1B) 2
REFUSED (GO TO 1B) 97
DON'T KNOW (GO TO 1B) 98

BASE: INTRO2 = 1

- Q1a. How will we be able to obtain recipes for foods purchased by an outside vendor or pre-plated foods?

Contact the LEA foodservice director 1
Contact the vendor directly 2
REFUSED 97
DON'T KNOW 98

BASE: Q1A = 2

- Q1a_1 What is the vendor Contact Information?

<VCOMP>: Company: _____

<VCNAME>: Name of Contact: _____

<VCTELE>: Telephone: _____

<VEMAIL>: Email: _____

REFUSED 97
DON'T KNOW 98

BASE: INTRO2 = 1

- Q1b. What menu planning method is used in planning school breakfasts in your district?
(READ RESPONSE CATEGORIES IF NECESSARY)

NuMenus..... 1
Assisted NuMenus 2
Enhanced Food Based..... 3
Traditional Food Based..... 4
The New Meal Pattern (IF NEEDED: from Final Rule 01-26-12)..... 5
Other, specify:..... 95

REFUSED.....	97
DON'T KNOW.....	98

Accounting Information

BASE: INTRO2 = 1

Q2. Now, I would like to ask some questions about foodservice accounting in your Local Education Agency. Are you the person responsible for foodservice accounting, that is, do you prepare and approve financial statements for the school foodservice account?

- YES (*GO TO Q3*) 1
- NO (*GO TO Q2A*)..... 2
- REFUSED (*GO TO Q3*)..... 97
- DON'T KNOW (*GO TO Q3*)..... 98

BASE: Q2 = 2

Q2a. Please give me the name, title, telephone number, and email address of the person who is responsible for foodservice accounting.

<FSNAME> Contact name: _____

<FSTITLE>: Title: _____

<FSTELE>: Telephone: _____

<FSADDRESS>Address: _____

<FSEMAIL>: Email: _____

- REFUSED..... 97
- DON'T KNOW..... 98

BASE: INTRO2 = 1

Q3. Who submits the reimbursable meals claims to the state? Is it...

- The Local Education Agency, (*GO TO Q3A*)..... 1
- The individual school (*GO TO Q3B*)..... 2
- Some other entity? (*SPECIFY*) (*GO TO Q3D*)..... 95
- _____
- REFUSED (*GO TO Q4*) 97
- DON'T KNOW (*GO TO Q4*) 98

BASE: Q3 = 1

Q3a. How frequently does the Local Education Agency collect meal counts from the individual schools?

- Daily 1
- Weekly 2
- Bi-weekly (every two weeks) 3
- Monthly..... 4
- Other (specify:)..... 95

REFUSED.....	97
DON'T KNOW.....	98

BASE: Q3 = [1 or 2]

Q3b. How often are meal claims submitted to the state?

Daily	1
Weekly.....	2
Bi-weekly (every two weeks).....	3
Monthly.....	4
Other (specify:).....	95
REFUSED.....	97
DON'T KNOW.....	98

BASE: Q3 = [1 or 2]

Q3c. How are meal claims submitted to the state? Are they submitted...

Separately for each individual school,.....	1
Consolidated for all schools in the Local Education Agency, or.....	2
Consolidated with detail for each school.....	3
Some other way? (specify:).....	95
<i>(GO TO</i>	
<i>CERTIFICATION SECTION)</i>	
REFUSED.....	97
DON'T KNOW.....	98

BASE: Q3 = 95

Q3d. Please tell me the name, email address and telephone number of the person responsible for submitting meal claims for this Local Education Agency.

<SMCNAME>: Contact name: _____
 <SMCTITLE>: Title: _____
 <SMCTELE>: Telephone: _____
 <SMCEMAIL>: Email: _____

Certification

During our visit with your Local Education Agency, we will examine a sample of certification records from students that were determined to be eligible for free and reduced price meals, as well as some that applied but were denied. Although the records we will view may contain personal identifying information, be assured that no personal identifying information will be collected, whether transcribed, photocopied or in electronic format. No copies of source documents for direct certification or other lists of potentially eligible students will be obtained.

BASE: INTRO2 = 1

Q4. When we visit your LEA, we will need a list of students eligible for free and reduced price meals, for each of the schools in the study so that we can select a sample of certification records. [FOR NON-CEO: This list should indicate whether students were approved by application or identified via direct certification or other lists.] Are you able to generate such a list that includes student name, student ID, and certification type by school?

YES (*GO TO Q4A*) 1
 NO (*GO TO Q5*) 2
 REFUSED (*GO TO Q5*) 7
 DON'T KNOW (*GO TO Q5*) 8

BASE: Q4 = 1

Q4a. Can you sort this list by student ID number or name?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 8

BASE: Q4 = 1

Q4b. Which of the following additional information can you include on this list?

	Yes	No	Refused	Don't Know
Application number (if applicable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Student date-of-birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Household size and income?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

BASE: INTRO2 = 1

Q5. Are you able to generate a list that includes student name and ID by school for **denied** students?

YES (*GO TO Q5A*) 1
 NO (*GO TO Q6*) 2
 REFUSED (*GO TO Q6*) 7
 DON'T KNOW (*GO TO Q6*) 8

BASE: Q5 = 1

- Q5a. Can you sort this list by student ID number or name?
 YES..... 1
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 8

BASE: Q5 = 1

Q5b. Which of the following can you include on this list?

	Yes	No	Refused	Don't Know
Application number (if applicable)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Student date-of-birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>
Household size and income?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	97 <input type="checkbox"/>	98 <input type="checkbox"/>

BASE: INTRO2 = 1

Q6. The next questions ask about the total current number of students who apply for free and reduced price meals in each of the schools as well as overall in the LEA.

BASE: CE SCHOOL = 2
 INTERVIEWER NOTE: IDENTIFIED STUDENTS INCLUDE DIRECT CERTIFICATION AND THOSE IDENTIFIED FROM LISTS SUCH AS FOSTER CARE, HOMELESS, MIGRANT YOUTH, OR RUNAWAY. DOES NOT INCLUDE STUDENTS WHO APPLY VIA SCHOOL APPLICATION.

Q6a. What is the current total number of identified students in [School 1]? [READ THE FIRST TIME THIS QUESTION IS ASKED, USE AS NEEDED THEREAFTER] Identified students include direct certification and those identified from lists such as foster care, homeless, migrant youth, or runaway.

- Q6a_X..... 95
 REFUSED..... 97
 DON'T KNOW..... 98

BASE: INTRO2 = 1 (THIS QUESTION IS ASKED FOR NON-CE SCHOOLS ONLY)
 INTERVIEWER NOTE: THIS QUESTION IS ASKED TO NON-CE SCHOOLS ONLY

Q6b. What is the total number of students who applied and were approved for free or reduced price lunch in [School 1]?

- Q6b_X..... 95
 REFUSED..... 97
 DON'T KNOW..... 98

BASE: INTRO2 = 1 (THIS QUESTION IS ASKED FOR NON-CE SCHOOLS ONLY)
 INTERVIEWER NOTE: THIS QUESTION IS ASKED TO NON-CE SCHOOLS ONLY

Q6c. What is the total number of students who applied but were denied for free or reduced price lunch in [School 1]?

Q6c_X.....	95
REFUSED.....	97
DON'T KNOW.....	98

	School 1	School 2	School 3	[LEA NAME] <i>overall, please include the school(s) we just mentioned in this number, in addition to all other schools in [LEA NAME]</i>
Q6A Total number of identified students (direct certification, other lists)	<Q6A_1>	<Q6A_2>	<Q6A_3>	<Q6A_LEA_TOTAL>
Q6B Total number of students approved by application (SKIP FOR CE SCHOOLS)	<Q6B_1>	<Q6B_2>	<Q6B_3>	<Q6B_LEA_TOTAL>
Q6C: Total number of students with denied application (SKIP FOR CE SCHOOLS)	<Q6C_1>	<Q6C_3>	<Q6C_3>	<Q6C_LEA_TOTAL>

[PROGRAMMING NOTE: NAME OF SAMPLED SCHOOLS WILL DISPLAY IN PLACE OF “SCHOOL 1,” ETC. IF THERE IS NO SCHOOL 2/3 IN THE SAMPLE, “N/A” WILL DISPLAY. LOOP THROUGH 6A – 6C AS NEEDED]

BASE: INTRO2 = 1

Q7i. When we visit your Local Education Agency we will be accessing several pieces of documentation. I am going to ask you where each of these pieces of documentation are located, such as with your Local Education Agency, the school, the state department of education or somewhere else, and how each is stored.

	CATI: ALLOW UP TO THREE (3) "OTHER" BASE: INTRO2 = 1 INTERVIEWER NOTE: IF MORE THAN ONE STORAGE LOCATION, ASK FOR MOST CURRENT LOCATION					BASE: Q7Ax = [1,2,3,95] (x = 1 – 8) INTERVIEWER NOTE: POINT OF SALE IS THE CASH REGISTER. POS IS INCLUDED UNDER THE SAME CATEGORY AS ELECTRONICALLY				
	7a. (First/Next) where is/are (INSERTDOCUMENTATION) located?					7b. How is it stored?				
	Storage Location					Format Variables : Q7B X (x = 1 – 8) ↓				
Documentation	LEA office	School	State Dept of Ed Office	Other, (specify)	REF/NA/DK	Hardcopy (in files)	Electronically/ Point of Sale	Other, (specify)	RE/NA/DK	
Q7A1:List of students eligible for free/reduced price meals	1	2	3	Q7a1_X _____	REF/NA – 97 DK – 98	1	2	Q7b1_X _____	REF/NA – 97 DK – 98	
Q7A2:List of students receiving SNAP/Food Stamps or other benefits, used for direct certification	1	2	3	Q7a2_X _____	REF/NA – 97 DK – 98	1	2	Q7b2_X _____	REF/NA – 97 DK – 98	
Q7A3:Other agency lists for certification (<i>homeless, migrant youth, runaway, etc.</i>)	1	2	3	Q7a3_X _____	REF/NA – 97 DK – 98	1	2	Q7b3_X _____	REF/NA – 97 DK – 98	
Q7A4:Document ation of LEA determination of extended direct certification eligibility ^a	1	2	3	Q7a4_X _____	REF/NA – 97 DK – 98	1	2	Q7b4_X _____	REF/NA – 97 DK – 98	
NON CEO ONLY: Q7A5:Approved household applications	1	2	3	Q7a5_X _____	REF/NA – 97 DK – 98	1	2	Q7b5_X _____	REF/NA – 97 DK – 98	
NON CEO ONLY: Q7A6:Household applications that were denied (&documentation of LEA’s determination – may or may not be noted on HH application)	1	2	3	Q7a6_X _____	REF/NA – 97 DK – 98	1	2	Q7b6_X _____	REF/NA – 97 DK – 98	
Q7A7:Document ation of school reported meal counts	1	2	3	Q7a7_X _____	REF/NA – 97 DK – 98	1	2	Q7b7_X _____	REF/NA – 97 DK – 98	

	CATI: ALLOW UP TO THREE (3) "OTHER" BASE: INTRO2 = 1 INTERVIEWER NOTE: IF MORE THAN ONE STORAGE LOCATION, ASK FOR MOST CURRENT LOCATION				BASE: Q7Ax = [1,2,3,95] (x = 1 – 8) INTERVIEWER NOTE: POINT OF SALE IS THE CASH REGISTER. POS IS INCLUDED UNDER THE SAME CATEGORY AS ELECTRONICALLY						
	7a. (First/Next) where is/are (INSERT DOCUMENTATION) located?				7b. How is it stored?						
	Storage Location				Format Variables : Q7B X (x = 1 – 8) ↓						
	LEA office	School	State Dept of Ed Office	Other, (specify)	REF/NA/DK	Hardcopy (in files)	Electronically/Point of Sale	Other, (specify)	RE/NA/DK		
Documentation	Q7A8	Copies of meal claims submitted to the state	1	2	3	Q7a8_X	REF/NA – 97 DK – 98	1	2	Q7b8_X	REF/NA – 97 DK – 98

^a (I.e., when LEA certifies additional students in households with a directly certified student.)

BASE: Q1 = 1

Q8. Is there a working photocopy machine available at the [LOCAL EDUCATION AGENCY] office that we may use during our visits? We would be happy to pay for any photocopying.

- YES (ASK Q8A) 1
- NO (GO TO 9) 2
- REFUSED (GO TO 9) 7
- DON'T KNOW (GO TO 9) 8

BASE: Q26 = 1

Q8a. Where is the copier located?
<Q26aCOPIERLOCATED_LEA> _____

Who is the contact person to use copier?
<Q26aCOPIERPOC_LEA> _____

COST (IF COST IS MENTIONED)
<Q26aCOPIERCOST_LEA> _____

SPECIAL INSTRUCTIONS
<Q26aCOPIERINST_LEA> _____

BASE: Q1 = 1

Q9. Is there a working photocopy machine available at each school office that we may use during our visits? We would be happy to pay for any photocopying.

- YES (ASK Q9A) 1
- NO (GO TO Q10) 2
- REFUSED (GO TO Q10) 7
- DON'T KNOW (GO TO Q10) 8

BASE: Q9 = 1

Q9a. Where is the copier located?
 <Q9aCOPIERLOCATED_SCHOOL_X> _____

Who is the contact person to use copier?
 <Q9aCOPIERPOC_SCHOOL_X > _____

COST (IF COST IS MENTIONED)
 <Q9aCOPIERCOST_SCHOOL_X > _____

SPECIAL INSTRUCTIONS
 <Q9aCOPIERINST_SCHOOL_X > _____

	Q9aCOPIERLOCATED_SCHOOL_X	Q9aCOPIERPOC_SCHOOL_X	Q9aCOPIERCOST_SCHOOL_X	Q9aCOPIERINST_SCHOOL_X
School 1	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
School 2	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
School 3	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
School 4	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98

BASE: Q7aX = 95

Q10. Is there a working photocopy machine available at [OTHER LOCATION, Q7aX = 95 or Q7bX = 95] that we may use during our visits? We would be happy to pay for any photocopying.

- YES (ASK Q10A) 1
- NO (GO TO END) 2
- REFUSED (GO TO END) 7
- DON'T KNOW (GO TO END) 8

BASE: Q10 = 1

Q10a. Where is the copier located?
 <Q9aCOPIERLOCATED_OTHER_X> _____

Who is the contact person to use copier?
 <Q9aCOPIERPOC_OTHER_X > _____

COST (IF COST IS MENTIONED)
 <Q9aCOPIERCOST_OTHER_X > _____

SPECIAL INSTRUCTIONS
 <Q9aCOPIERINST_OTHER_X > _____

	Q10aCOPIERLOCATED_ OTHER_X	Q10aCOPIERPOC_ OTHER_X	Q10aCOPIERCOST_ OTHER_X	Q10aCOPIERINST_ OTHER_X
OTHER 1	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
OTHER 2	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
OTHER 3	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98
OTHER 4	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98	REFUSED.....97 DK.....98

[PROGRAMMING NOTE : LOOP THROUGH 10 AND 10A FOR EACH INSTANCE WHERE Q7Ax IS POPULATED]

END

Those are all my questions. Thank you so much for your time. Please feel free to call us toll-free at 855-759-5752 if you have any questions.

Pre-Visit School Information Questionnaire

School ID #: _____
School Name: _____
LEA Name: _____
Cafeteria Manager Name: _____
Cafeteria Manager Phone: _____
Cafeteria Manager email: _____

Community Eligibility Option Evaluation

Pre-Visit School Information Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates

Pre-Visit School Information Questionnaire

INTRO1: Hello, my name is ___ and I'm calling from Abt Associates on behalf of the Food and Nutrition Service (of the USDA) about the Community Eligibility Option Evaluation. May I please speak with [School Foodservice Contact]?

[IF NEEDED: He/she agreed to participate in the Community Eligibility Option Evaluation and I have some questions about food service operations in your school.]

YES, DO INTERVIEW NOW (*GO TO INTRO2*) 1
 NO, RESPONDENT NOT AVAILABLE (*ARRANGE CALLBACK / LEAVE A MESSAGE AND ENTER CALL NOTE*)..... 2

INTRO2: [IF NEEDED: Hello, My name is _____. I am calling from Abt Associates about the Community Eligibility Option Evaluation.] As you know, your school (SCHOOL NAME) has been selected to be part of the study. Before we start I would like to thank you for agreeing to participate in this important study. Today, I would like to ask you some preliminary questions about food service operations in your school. The interview today should last about 15 minutes and the call may be recorded for quality control purposes. Do you have time now?

DO INTERVIEW NOW 1
 NO, (*ARRANGE CALLBACK AND ENTER CALL NOTE*) 2

CATI NOTE: BASE ALL

Q1 Just to confirm, are you the person that is most familiar with the day-to-day foodservice operations at [SCHOOL NAME]?

YES (*GO TO Q2*)1
 NO (*GO TO Q1A*)2
 REFUSED (*GO TO Q1A*)97
 DON'T KNOW (*GO TO Q1A*)98

BASE: Q1 in[2, 7, 8]

INTERVIEWER NOTE: ENTER INDIVIDUAL'S FIRST AND LAST NAME BELOW

Q1a. Who is the person who is most familiar with the day-to-day foodservice operations at [SCHOOL NAME]? _____ 95
 REFUSED97
 DON'T KNOW98

BASE: Q1 in[2, 7, 8]
 INTERVIEWER NOTE: ENTER INDIVIDUAL'S JOB TITLE

Q1a-1. What is this person's job title? _____ 95
 REFUSED97
 DON'T KNOW98

BASE: Q1 in[2, 7, 8]
INTERVIEWER NOTE: INDIVIDUAL'S WORK NUMBER IS PREFERRED

Q1b. What is this person's phone number? (____)- ____ - _____
REFUSED97
DON'T KNOW98

BASE: Q1 in[2, 7, 8]

Q1b-1. What kind of number is this?
WORK/SCHOOL NUMBER.....1
HOME NUMBER/LANDLINE.....2
PERSONAL CELL3
OTHER95
REFUSED97
DON'T KNOW98

Thank you. We will get in touch with him/her.

CATI NOTE: POSTPONE INTERVIEW – ALLOW CASE TO OPEN AGAIN AND GO INTO WITH NEW NAME FROM Q1

BASE: Q1 = 1

Q2. What is your job title?
CAFETERIA MANAGER.....1
FOOD SERVICE DIRECTOR2
OTHER (SPECIFY) <Q2.JOBTITLE>95
REFUSED (GO TO Q1A)97
DON'T KNOW (GO TO Q1A)98

Before we start, I need to review a few details about the survey with you.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your school's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

[IF NECESSARY, READ:] If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

May I proceed with the interview?

YES - CONTINUE 1
 NO..... 2 [POSTPONE]

Thank you.

Kitchen Characteristics

CAIT NOTE: FORMAT FOR 'TIME ARRIVES' AND 'TIME LEAVES' WILL BE 4 CHARACTERS 99:99, MUST SELECT AM/PM

BASE: Q1 = 1

INTERVIEWER NOTES: TIMES ENTERED BELOW MUST BE IN 00:00 FORMAT PROBE AS NEEDED, "Is that AM or PM?"

Q2a What is your weekly schedule, that is, the days of the week you work and when you arrive and leave? (ENTER ARRIVAL TIME AND TIME THE SCHOOL FOODSERVICE MANAGER LEAVES FOR THE DAY FOR EACH DAY OF THE WEEK.)

Day	Time Arrives	Times Leaves
Monday	__ : __ am - 1 pm - 2	__ : __ am - 1 pm - 2
Tuesday	__ : __ am - 1 pm - 2	__ : __ am - 1 pm - 2
Wednesday	__ : __ am - 1 pm - 2	__ : __ am - 1 pm - 2
Thursday	__ : __ am - 1 pm - 2	__ : __ am - 1 pm - 2
Friday	__ : __ am - 1 pm - 2	__ : __ am - 1 pm - 2

CATI NOTE : RANGE = num 0 - 99

BASE: Q1 = 1

INTERVIEWER NOTE: IF 'NO EMPLOYEES, PLEASE ENTER '0

Q3.INTRO: Next, I'd like to ask you about the other foodservice employees that work directly at the school. Please include yourself.

Position/job	Number of employees at the school
Q3CM: How many Cafeteria Managers work directly at [School Name]?	_____ (0 - 99) REF..... -1 DK..... -2
Q3ACM: How many Assistant Cafeteria Managers work directly at [School Name]?	_____ (0 - 99) REF..... -1 DK..... -2

Q3CKS: How many Cooks work directly at [School Name]?	_____ (0 – 99) REF..... -1 DK..... -2
Q3LS: How many Line Servers work directly at [School Name]?	_____ (0 – 99) REF..... -1 DK..... -2
Q3CASH: How many Cashiers work directly at [School Name]?	_____ (0 – 99) REF..... -1 DK..... -2
Q3FSOTHER1: Any other foodservice employees not mentioned before? [TITLE]: Q3FSOTHER1a: How many?	_____ 95 REF..... -1 DK..... -2 _____ (0 – 99)
Q3FSOTHER2: Any other foodservice employees not mentioned before, [TITLE]: Q3FSOTHER2b: How many?	_____ 95 REF..... -1 DK..... -2 _____ (0 – 99)

BASE: Q1 = 1

- Q4. Does your school serve any foods that are prepared off-site? This includes a kitchen in another school or a central kitchen.
- YES (*ASK Q4A*)1
NO (*GO TO Q5*).....2
REFUSED (*GO TO Q5*).....97
DON'T KNOW (*GO TO Q5*).....98

BASE: Q4 = 1

- Q4a. For foods prepared off-site, do you assemble or complete assembly of foods, such as hot sandwich fillings or dessert that are delivered baked but unfrosted?
- YES (*GO TO 4b*).....1
NO (*ASK Q4B*)2
REFUSED (*GO TO Q5*).....97
DON'T KNOW (*GO TO Q5*).....98

BASE: Q1 = 1, Q4a = 2

- Q4b. Do you receive any fully plated meals prepared off-site?
- YES1
NO2
REFUSED97
DON'T KNOW98

CATI NOTE: ALLOW 1 – 13 ANSWERS
BASE: Q1 = 1

Q5. What grades are included in your school meal program? SELECT ALL THAT APPLY

KINDERGARTEN.....	1
FIRST GRADE	2
SECOND GRADE	3
THIRD GRADE	4
FOURTH GRADE	5
FIFTH GRADE	6
SIXTH GRADE.....	7
SEVENTH GRADE	8
EIGHTH GRADE	9
NINTH GRADE.....	10
TENTH GRADE	11
ELEVENTH GRADE	12
TWELFTH GRADE.....	13
REFUSED	97
DON'T KNOW	98

MEAL SERVICE

Now, I would like to ask you some questions about breakfast in your school.

CATI NOTE: TREATMENT/CONTROL = CONTROL
 BASE: Q1 = 1

Q6. Does your school offer the School Breakfast Program?

YES (<i>ASK Q7</i>).....	1
NO (<i>GO TO Q12</i>).....	2
REFUSED (<i>GO TOQ12</i>).....	97
DON'T KNOW (<i>GO TOQ12</i>).....	98

CAIT NOTE: FORMAT FOR 'TIME ARRIVES' AND 'TIME LEAVES' WILL BE 4
 CHARACTERS 99:99
 BASE: Q6 = 1
 INTERVIEWER NOTE: TIMES ENTERED BELOW MUST BE IN 00:00 FORMAT, ALL TIMES
 ASSUMED TO BE A.M.

Q7. What time does breakfast start and end?

< Q7ST> START TIME: _ _ : _ _ am	
<Q7ET> END TIME: _ _ : _ _ am	
REFUSED	-1
DON'T KNOW	-2

BASE: Q6 = 1

Q7a. How long is the total breakfast period? ENTER TOTAL MINUTES

 |_|_| MINUTES
REFUSED -1
DON'T KNOW -2

CATI NOTE: ALLOW 1 – 4 ANSWERS

BASE: Q6 = 1

Q8. What type or types of breakfast service do you offer? (*SELECT ALL THAT APPLY*)

[IF NEEDED: Do you offer...]

Traditional (line service), 1
In-classroom breakfast, 2
Grab 'n go breakfast, 3
Something else? (*specify*) <Q8OTHER> _____ 95
REFUSED 97
DON'T KNOW 98

BASE: Q6 = 1

Q9. Are different portion sizes offered for different grades for breakfast?

YES (*ASK 9A*) 1
NO (*GO TO 10*) 2
REFUSED (*GO TO 10*) 97
DON'T KNOW (*GO TO 10*) 98

CATI NOTE: RANGE = 1 - 9

BASE: Q9 = 1

Q9a. How many different portion sizes are offered for breakfast?

NUMBER OF PORTION SIZES - <Q9aNUMPORT> ___ 95
REFUSED -1
DON'T KNOW -2

BASE: Q9 = 1

Q10. Do students have a choice of foods at breakfast?

YES 1
NO 2
REFUSED 97
DON'T KNOW 98

BASE: Q9 = 1 AND [Q5 IS in[1,2,3,4,5,6,7,8,9]
 INTERVIEWER NOTE: THIS QUESTION IS NOT ASKED FOR HIGH SCHOOLS

Q11. Do you use the offer-versus-serve option at breakfast? [IF YES: For all students or some students?]

- Yes, for all students (GO TO Q12).....1
- Yes, for some students (ASK Q11A).....2
- No (GO TO Q12).....3
- REFUSED (GO TO Q12).....7
- DON'T KNOW (GO TO Q12).....8

BASE: Q11 = 2, ALLOW 1 – 13 ENTRIES
 INTERVIEWER NOTE: THIS QUESTION IS NOT ASKED FOR HIGH SCHOOLS

11a. What grades are allowed to use offer-versus-serve? SELECT ALL THAT APPLY

- KINDERGARTEN.....1
- FIRST GRADE.....2
- SECOND GRADE.....3
- THIRD GRADE.....4
- FOURTH GRADE.....5
- FIFTH GRADE.....6
- SIXTH GRADE.....7
- SEVENTH GRADE.....8
- EIGHTH GRADE.....9
- REFUSED.....97
- DON'T KNOW.....98

BASE: Q1 = 1

Q12. Now, I'd like to ask you some questions about lunch. How many periods are there where lunch is served to students?

- NUMBER OF LUNCH PERIODS - 95
- <Q12NUMLUNCH>.....
- REFUSED.....-1
- DON'T KNOW.....-2

CATI NOTE = LOOP THROUGH 12a – 12d <Q12NUMLUNCH> TIMES [Q12NUMLUNCH ≥ 1]
 BASE: Q1 = 1

BASE: Q1 = 1, TIME FORMAT 99:99, MUST SELECT AM/PM

Q12a. What time does the [Nth] lunch period start and end?

FROM: < Q12aLUNCHPER_XFrom>

□□ : □□

am - 1

pm - 2

REFUSED -1

DON'T KNOW -2

TO: < Q12aLUNCHPER_XTo>

□□ : □□

am - 1

pm - 2

REFUSED -1

DON'T KNOW -2

BASE: Q1 = 1 and [Q12NUMLUNCH ≥ 1]

Q12b. What grades are served lunch during the [Nth] lunch period?

KINDERGARTEN 1

FIRST GRADE 2

SECOND GRADE 3

THIRD GRADE 4

FOURTH GRADE 5

FIFTH GRADE 6

SIXTH GRADE 7

SEVENTH GRADE 8

EIGHTH GRADE 9

NINTH GRADE 10

TENTH GRADE 11

ELEVENTH GRADE 12

TWELFTH GRADE 13

REFUSED 97

DON'T KNOW 98

BASE: Q1 = 1, Q12c = 1,2,3,4,5,6,7,8,9,10,11,12,13 and [Q12NUMLUNCH ≥ 1]

Q12c. On average, what is the approximate number of students served lunch during the [Nth] lunch period?

NUMBER OF STUDENTS 95

<Nth> < Q12aLUNCHPER> Q12dSTUDENTS _____

REFUSED -1

DON'T KNOW -2

CATI NOTE: LOOP BACK TO Q12a [Q12N -1] TIMES

BASE: Q1 = 1

Q13. Are different portion sizes offered for different grades for lunch?

- YES (ASK Q13A) 1
- NO (GO TO Q14, or Q15 if [Q5 IS in[1,2,3,4,5,6,7,8,9] GO TO Q15).... 2
- REFUSED (GO TO Q14) 97
- DON'T KNOW (GO TO Q14)..... 98

CATI NOTE: RANGE = 1 - 9

BASE: Q13 = 1

Q13a. How many different portion sizes are offered for lunch?

- NUMBER OF PORTION SIZES - <Q13aNUMPORT> ___ 95
- REFUSED -1
- DON'T KNOW -2

- DON'T KNOW 98

CATI NOTE: IF Q1 = 1 AND IF Q5 IS in[1,2,3,4,5,6,7,8,9]

BASE: Q1 = 1

INTERVIEWER NOTE: THIS QUESTION IS NOT ASKED FOR HIGH SCHOOLS

Q14. Do you use the offer-versus-serve option at lunch? [IF YES: For all students or some students?]

- Yes, for all students (GO TO Q15)..... 1
- Yes, for some students (ASK Q14A)..... 2
- No (GO TO Q15)..... 3
- REFUSED (GO TO Q15)..... 7
- DON'T KNOW (GO TO Q15)..... 8

BASE: IF Q14 = 2
 INTERVIEWER NOTE: THIS QUESTION IS NOT ASKED FOR HIGH SCHOOLS

Q14a. What grades are allowed to use offer-versus-serve? SELECT ALL THAT APPLY

- KINDERGARTEN1
- FIRST GRADE2
- SECOND GRADE3
- THIRD GRADE4
- FOURTH GRADE5
- FIFTH GRADE6
- SIXTH GRADE.....7
- SEVENTH GRADE8
- EIGHTH GRADE9
- REFUSED97
- DON'T KNOW98

CATI NOTE: RANGE = 1 - 99
 BASE: Q1 = 1

Q15. How many cafeterias are in [SCHOOL NAME]? That is, separate rooms or areas where students can get a reimbursable lunch.

- (NO. OF CAFETERIAS IN SCHOOL)
- REFUSED -1
- DON'T KNOW -2

BASE: Q1 = 1

Q16. Are any lunch meals delivered from the cafeteria to classrooms, for students to eat in their classrooms?

- YES (GO TO Q16A).....1
- NO (GO TO Q17).....2
- REFUSED (GO TO Q17).....97
- DON'T KNOW (GO TO Q17).....98

BASE: Q16 = 1

Q16a. Please briefly explain why lunch meals are delivered to classrooms;

<Q16DELIVERED> _____

CATI NOTE: RANGE 1 - 99

BASE: Q1 = 1

Q17. How many serving lines in the school cafeteria(s) offer USDA-reimbursable lunches?

____ <Q17NUMBER OFSERVING LINES>
REFUSED (GO TO Q19).....97
DON'T KNOW (GO TO Q19).....98

BASE: Q17 ne 1

Q17a. How many cashiers are there in lines that offer USDA-reimbursable lunches?

____ NUMBER OFCASHIERS
REFUSED (GO TO Q18)..... -1
DON'T KNOW (GO TO Q18)..... -2

BASE: Q17 ne 1

Q18. Are different reimbursable meals offered in different lines, such as hot foods in a line separate from sandwiches?

YES1
NO (GO TO Q19).....2
REFUSED (GO TO Q19).....97
DON'T KNOW (GO TO Q19).....98

BASE: Q18 = 1

Q18a. What are the different reimbursable food lines? ENTER A DESCRIPTION FOR EACH FOOD LINE, E.G. LINE 1 = HOT LUNCH, LINE 2 = BAG LUNCH. IF THERE ARE TWO LINES FOR THE SAME TYPE, DOCUMENT SEPARATELY (E.G. IF THERE ARE TWO HOT LUNCH LINES, LINE 1 = HOT LUNCH, LINE 2 = HOT LUNCH, ETC)

CATI NOTE: LOOP <Q17NUMBER OFSERVING LINES> TIMES

LINE 1. <Q18A_RMS1> _____
LINE 2. <Q18A_RMS2> _____
LINE 3. <Q18A_RMS3> _____
LINE 4. <Q18A_RMS4> _____
LINE 5. <Q18A_RMS5> _____
LINE 6. <Q18A_RMS6> _____

BASE: Q1 = 1

Q19. Does your USDA-reimbursable meal service ever include self-service items (including self-serve salad bars and potato or other theme bars)?

YES (<i>ASK Q19A</i>)	1
NO (<i>GO TO Q20</i>).....	2
REFUSED (<i>GO TO Q20</i>).....	7
DON'T KNOW (<i>GO TO Q20</i>).....	8

CATI NOTE: ALLOW 1 – 6 ENTRIES

BASE: Q19 = 1

Q19a. Which of the following types of items do students portion for themselves in USDA-reimbursable meals? SELECT ALL THAT APPLY

Entrée salad bar	1
Side salad (fruit/vegetable) bar.....	2
Potato bar.....	3
Cereal bar.....	4
Fixings bar (including condiment bars).....	5
Other (<i>Specify</i>):	95
<Q19aOTHERLUNCH>	
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q20. Are any a la carte foods offered in the cafeteria?

YES (<i>ASK Q20A</i>)	1
NO (<i>GO TO Q21</i>).....	2
REFUSED (<i>GO TO Q21</i>).....	7
DON'T KNOW (<i>GO TO Q21</i>).....	8

BASE: Q20 = 1

Q20a. Are any a la carte foods offered in any of the lines that serve USDA-reimbursable lunches?

YES (<i>Ask Q20b</i>)	1
NO (<i>Go to Q21</i>).....	2
REFUSED (<i>Go to Q21</i>).....	7
DON'T KNOW (<i>Go to Q21</i>).....	8

CAIT NOTE: ALLOW 1 – 6 ENTRIES

BASE: Q20 = 1 and Q20a = 1

Q20b. Which of the following types of a la carte foods are offered in USDA-reimbursable lines? SELECT ALL THAT APPLY

Entrées	1
Desserts	2
Snacks	3
Drinks	4
Fruits and/or vegetables.....	5
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q21. Does the school offer foods from national or regional brand-name or chain restaurants, such as Domino's, McDonald's, Burger King, Taco Bell, Pizza Hut, or Subway?

YES (<i>Ask Q21a</i>)	1
NO (<i>Go to Q22</i>).....	2
REFUSED (<i>Go to Q22</i>).....	97
DON'T KNOW (<i>Go to Q22</i>).....	98

BASE: Q21 = 1

Q21a. Are these brand-name foods offered on an a la carte basis?

YES (<i>Ask Q21b</i>)	1
NO (<i>Ask Q21b</i>).....	2
REFUSED (<i>Go to Q22</i>).....	97
DON'T KNOW (<i>Go to Q22</i>).....	98

BASE: Q21a = 1, 2

Q21b. Are these brand-name foods offered for reimbursable lunches?

YES (<i>ASK Q21C</i>)	1
NO (<i>ASK Q21C</i>).....	2
REFUSED (<i>GO TO Q22</i>).....	97
DON'T KNOW (<i>GO TO Q22</i>).....	98

BASE: Q21b = 1, 2

21c. Are these brand-name foods offered for reimbursable breakfasts?

YES	1
NO	2
N/A (no breakfast program)	3
REFUSED	97
DON'T KNOW	98

Meal Counting

BASE: Q1 = 1

INTERVIEWER NOTE: THERE ARE THREE MAIN CATEGORIES OF REIMBURSABLE MEALS FOR NON-CEO SCHOOLS, THESE ARE FREE, REDUCED PRICE AND PAID. THE MEAL IS STILL CONSIDERED “REIMBURSABLE” EVEN IF A KID PAYS FULL PRICE FOR IT. IT IS JUST THEIR CLASSIFICATION SYSTEM.

Q22. What system does your school use for recording reimbursable meals at the point of sale? This might be done by counting the total reimbursable meals, or differentiating by Free, Reduced Price, or Paid for students.

[IF NEEDED: Do you use...]

Electronic Point of Sale System (button on the cash register)	1
Slip of paper/token collected	2
Checklist/form	3
Handheld clicker	4
Headcount from teacher	5
Other (<i>specify</i>)	95
<Q22RMSCOUNT> _____	
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q23. Who records reimbursable meals at the point of service?

Cashier	1
Cook	2
Cafeteria Manager	3
Lunch monitor	4
Teacher	5
Other, (<i>specify</i>)	95
<Q23RMSCOUNTER> _____	
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q24 Who compiles the meal counts once the meal service is over?

Cashier	1
Cook	2
Cafeteria Manager	3
Lunch monitor	4
Teacher	5
Office personnel	6

Other, (<i>specify</i>).....	95
<Q24RMSCOMPILE> _____	
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q25. How often do the meal counts at the school get reported to the district office?

Daily.....	1
Weekly.....	2
Bi-Weekly	3
Monthly.....	4
REFUSED	97
DON'T KNOW	98

BASE: Q1 = 1

Q26. Is there a working photocopy machine available at your school that we may use during our visits? We would be happy to pay for any photocopying.

YES (<i>ASK Q26A</i>)	1
NO (<i>GO TO END</i>).....	2
REFUSED (<i>GO TO END</i>).....	7
DON'T KNOW (<i>GO TO END</i>).....	8

BASE: Q26 = 1

Q26a. Where is the copier located?

<Q26aCOPIERLOCATED> _____

Who is the contact person to use copier?

<Q26aCOPIERPOC> _____

COST (IF COST IS MENTIONED)

<Q26aCOPIERCOST> _____

SPECIAL INSTRUCTIONS

<Q26aCOPIERINST> _____

End

That was my last question. Thank you very much for your time.

LEA Foodservice Director Web Survey for Eligible Participating LEAs

Community Eligibility Option Evaluation
LEA Foodservice Director Web Survey for
Eligible Participating LEAs

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:

U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:

Abt Associates Inc.

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include an overview of the Community Eligibility Option Evaluation, the advance email sent to respondents of this survey describing details about this survey, and a printable version of this survey that can be used as a worksheet. **To complete this survey you will need to access your records – see details under the printable survey link below.**

If someone other than you will be the primary respondent please give them access to fill out the survey by forwarding them the advance email. The primary respondent should fill in their contact information in the Contact Information section of this survey. If other LEA staff are knowledgeable about the Community Eligibility Option and the National School Lunch Program and School Breakfast Program, they may access and fill out portions of the survey as well.

Note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 30 minutes to complete.

[Community Eligibility Option Evaluation Overview](#)

[Advance email about the Local Education Agency \(LEA\) Foodservice Director Web Survey](#)

[Printable LEA Foodservice Director Web Survey](#)

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or CommunityEligibility@abtassoc.com.

CONTACT INFORMATION

The primary respondent of the survey should fill out this section. If you are the primary respondent and your information is listed below, please confirm or correct your contact information and fill in any missing information. If you are the primary respondent but not the contact listed below, please replace the fields with your contact information and fill in any missing information.

CN1. First Name:

CN2. Last Name:

CN3. Job title - Check the title that best describes your primary role:

Foodservice Director

Business Manager/Chief Financial Officer

Superintendent

Assistant/Deputy Foodservice Director

Other - Please specify:

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN4. Name of your Local Education Agency (LEA):

CONTACT INFORMATION, continued

ConfirmLEA1 Please confirm that YP2_LEA refers to the same LEA as the name YP2_LEA in [Not yet in database].

Yes, the change is a minor correction to LEA name such as a spelling correction (Go to CN5)

Yes, the change reflects a new LEA Name, but it is the same LEA (Go to CN5)

No, YP2_LEA is a different LEA (Go to ConfirmLEA2)

CONTACT INFORMATION, continued

ConfirmLEA2 We are interested in learning about YP2_LEA in [Not yet in database]. Could you respond for that LEA?

Yes, I can answer questions for YP2_LEA in [Not yet in database].

No, I cannot answer questions for YP2_LEA in [Not yet in database].

CONTACT INFORMATION, continued

You have confirmed that you can answer this survey for YP2_LEA.

Please answer all the survey questions for YP2_LEA located in [Not yet in database].

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN5. Local Education Agency (LEA) State or District:

- Illinois (IL)
- Kentucky (KY)
- Michigan (MI)
- New York (NY)
- Ohio (OH)
- West Virginia (WV)
- District of Columbia (DC)

CN6. Email address:

Decline to respond

CN7. Phone number:

Decline to respond

DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a pop up box with the definition will appear on the screen.

DEFINITION BOX

LEA: Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

SBP: School Breakfast Program

NSLP: National School Lunch Program

Free and reduced price (FRP) meals: The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

Direct certification: Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

Identified from other agency lists: Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

Identified Student Percentage (ISP): Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

- Identified students are identified by:
- Direct certification, or
- identified from other agency lists

Traditional: Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal category.

Provision 1: Under Provision 1 schools with at least 80% of children approved for free or reduced price meals are allowed to extend the eligibility of the children receiving free meals for 2 years. There is no requirement to serve meals at no charge to all students. Schools must continue to record daily meal counts by type as a basis for calculating reimbursement claims.

Provision 2: Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

Provision 3: Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

COMMUNITY ELIGIBILITY OPTION SCHOOLS

First we would like to collect some information about the schools in your LEA.

S1. What is the number of schools in your LEA for the 2012-2013 School Year?

S1a. What is the number of schools in your LEA eligible to participate in the Community Eligibility Option?

S1b. What is the number of schools in your LEA participating in the Community Eligibility Option?

S1c. Are there any sites within your LEA that participate in the Community Eligibility Option not counted in the response to question S1b above?

Yes (ask S1c1) No (go to S1d) Don't know (go to S1d)

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S1c1. What is the number of sites (not including the [no response entered in S1b, pp 10] schools reported in S1b) in your LEA participating in the Community Eligibility Option?

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S1d. Is the Community Eligibility Option being implemented for all schools within the LEA? (Select one)

Yes (go to S3) No

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S1d1. The Community Eligibility Option can be implemented for some schools on an individual basis, where each school is eligible for the Option and is reimbursed based on only that school's identified student percentage, or for groups of schools where eligibility for the Option and reimbursement rate may be determined using pooled data from the group of schools. Is the Community Eligibility Option being implemented for one or more schools on an individual basis, for groups of schools, or both? (Select one)

one or more schools on an individual basis

groups of schools

both individual and groups of schools

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

Question S2 does not display in this survey for Participating LEAs.

S3. Thinking about the schools that took up the Community Eligibility Option, what types of reimbursement systems were used prior to implementing the Community Eligibility Option? (Select all that apply)

[Traditional](#)

[Provision 1](#)

[Provision 2](#)

[Provision 3](#)

Other systems where free/reduced price meals are provided to all students - Please specify:

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S3a. Of the schools in your LEA that took up the Community Eligibility Option, how many used the following?

<i>Reimbursement Type</i>	<i>Number of Schools</i>
Traditional	<input type="text"/>
Provision 1	<input type="text"/>
Provision 2	<input type="text"/>
Provision 3	<input type="text"/>
mother may I	<input type="text"/>
Total:	<input type="text"/>

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S4. Now thinking about only the schools that did not take up the Community Eligibility Option, what types of reimbursement systems were used in school year 2011-2012? (Select all that apply)

Traditional

Provision 1

Provision 2

Provision 3

Other systems where free/reduced price meals are provided to all students - Please specify:

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S4a. Of the schools in your LEA that did not take up the Community Eligibility Option, how many used the following?

<i>Reimbursement Type</i>	<i>Number of Schools</i>
<u>Traditional</u>	<input type="text"/>
<u>Provision 1</u>	<input type="text"/>
<u>Provision 2</u>	<input type="text"/>
<u>Provision 3</u>	<input type="text"/>
Other systems where free/reduced price meals are provided to all students	<input type="text"/>
Total:	<input type="text"/>

COMMUNITY ELIGIBILITY OPTION SCHOOLS, continued

S5. You have [no response entered in S1b, pp 10] schools participating in the Community Eligibility Option. How many of these [no response entered in S1b, pp 10] schools were serving breakfast before the Community Eligibility Option was implemented?

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP)

The Identified Student Percentage (ISP) is defined as the number of students directly certified plus the number of students identified as eligible for free meals through other agency lists (such as, runaway, homeless, migrant, foster children) divided by the number of students enrolled. To be eligible for the Community Eligibility Option, a LEA or school must have an ISP of 40% or more.

ISP1. What is the identified student percentage (ISP) that was most recently calculated for your LEA?

- Select here to enter % (IDENTIFIED STUDENT PERCENTAGE):
- Not applicable – LEA only has ISPs for individual schools (Go to ISP6, except if Participating and all CEO LEA, Go to ISP7)
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP2. Who calculated the most recent identified student percentage (ISP) for your LEA? (Select one)

- The State calculated the ISP without input from the LEA (NearEligible and NonParticipating: Go to ISP7; Participating: if all CEO LEA, go to ISP5 or if mixed LEA, go to ISP6)
- The LEA provided information to the State to calculate the ISP
- The LEA calculated the ISP using its own data
- Other - Please specify:
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP3. When was the most recent ISP calculated for your LEA?

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4. What data were used to calculate the most recent ISP for your LEA? (Select all that apply)

- Directly Certified
(based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)
- Identified from other agency lists
(homeless, runaway, migrant, Head start, foster children, or approved by local authorities)
- Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4a. Directly Certified

Fill in the numbers and indicate the date the data were collected below.

- Check here if unable to complete the next three questions.

ISP4a1. Number of students directly certified:

ISP4a2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4a3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4b. Identified from other agency lists

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4b1. Number of students identified from other agency lists:

ISP4b2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4b3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4c. **Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)**

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4c1. Number of students enrolled in schools offering SBP and/or NSLP:

ISP4c2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4c3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP5. Does your LEA use the same [ISP](#) for NSLP and SBP reimbursement for all schools in your LEA?

Yes

No ([go to ISP6](#))

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP5a. Does your LEA use the most recently calculated [ISP](#) for its claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

Yes ([go to ISP7](#))

No

Don't know ([go to ISP7](#))

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP5b. What [ISP](#) does your LEA use in claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

Don't know ([go to ISP7](#))

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP5c. When was this [ISP](#) calculated? ([go to ISP7](#))

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6. Who calculated the most recent identified student percentages (ISP) for individual schools or groups of schools in your LEA? (Select one)

The State calculated the ISPs without input from the LEA (go to [ISP7](#))

The LEA provided information to the State to calculate the ISPs

The LEA calculated the ISPs using its own data

Other - Please specify:

Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6a. When were the most recent ISPs calculated for individual schools or groups of schools in your LEA?

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6b. Does your LEA use the most recently calculated ISPs for all participating schools for its claims for NSLP and SBP reimbursement in the current School Year (2012-2013)?

Yes (go to [IPS7](#))

No

Don't know (go to [IPS7](#))

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6c. For how many schools does your LEA use the most recently calculated ISP?:

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6d. For how many schools does your LEA use a previously calculated ISP?:

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6d1. For schools that use a previously calculated ISP, when was this ISP calculated?

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP7. Prior to implementing the Community Eligibility Option, household applications and [direct certification](#) with SNAP were required to determine eligibility for [free and reduced price meals](#) in your LEA. What additional sources did your LEA use in School Year 2011-2012 for determining eligibility for [free and reduced price meals](#)? (Select all that apply)

- [Direct certification](#) using TANF
- [Direct certification](#) using FDPIR
- Extended eligibility benefits for other children in household of [directly certified](#) child
- Identified as homeless
- Identified as runaway
- Identified as migrant youth
- Identified as foster child
- Identified as Head Start
- Identified as Even Start
- Identified in state-funded pre-kindergarten programs
- Other - Please specify:
- None of the above

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P2. Prior to implementing the Community Eligibility Option, did your LEA use [free and reduced price meals](#) eligibility data for any purpose other than for school meals eligibility (such as, for other funding eligibility, allocating funds among schools, or identifying economically disadvantaged students)? (Select one)

- Yes
- No (go to P3)
- Don't know (go to P3)

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P2a. Aside from school meals eligibility, what did your LEA use [free and reduced-price \(FRP\) meals](#) eligibility data for [prior to implementing the Community Eligibility Option](#)? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other - Please specify:
- None of the above

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P3. After implementing the Community Eligibility Option, does your LEA still collect student-level household income data similar to what was previously collected using the Household Application for free and reduced price meals?

- Yes
- No (go to P4)
- Don't know (go to P4)

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P3a. If Yes, for what programs does your LEA use this household income data? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other - Please specify:
- None of the above

P3b. What parts of your LEA are involved with collecting and processing this household income data? (Select all that apply)

- Schools
- Foodservice department
- Other LEA department
- Other - Please specify:

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P4. Aside from the School Breakfast Program and National School Lunch Program, in what other food assistance or USDA Food and Nutrition Service programs does your LEA participate? (Select all that apply)

- Summer Feeding Program
- Afterschool Snack Program option under National School Lunch Program (NSLP)
- Healthier US Challenge
- Team Nutrition
- Fresh Fruit and Vegetable Program
- Child and Adult Care Food Program
- Other
- None of the above

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P5. Indicate whether the following duties with regard to school meals are the responsibility of the school, the LEA, or the State. If the duty is not the responsibility of the school, district, or State, select "Other Agency Responsibility". If the responsibility does not apply, select "not applicable". If the responsibility is shared across levels, check all levels that shared responsibility.

<i>DUTY WITH REGARD TO SCHOOL MEALS</i>	<i>SCHOOL -LEVEL RESPONSIBILITY</i>	<i>LEA-LEVEL RESPONSIBILITY</i>	<i>STATE-LEVEL RESPONSIBILITY</i>	<i>OTHER AGENCY RESPONSIBILITY</i>	<i>NOT APPLICABLE</i>
<u>Direct certification</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying eligible students from <u>other agency lists</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Free or reduced-price</u> eligibility verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal counting and claiming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of payment for student meals and/or non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu planning and recipe development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food purchasing and inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution and monitoring of foodservice funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PROGRAMS AFFECTED BY THE COMMUNITY ELIGIBILITY OPTION, continued

P5a. Specify the agency responsible for each of the following "Other Agency Responsibilities" duties:

DUTY WITH REGARD TO SCHOOL MEALS	AGENCY RESPONSIBLE
Direct certification	
Identifying eligible students from other agency lists	
Free or reduced-price eligibility verification	
Household application distribution	
Household application collection	
Household application processing	
Meal counting and claiming	
Receipt of payment for student meals and/or non-reimbursable foods	
Menu planning and recipe development	
Food purchasing and inventory	
Foodservice staff training	
Distribution and monitoring of foodservice funds	

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place after the LEA was initially informed about the Community Eligibility Option.

[Question C1 does not display in this survey for Participating LEAs.]

C2. How did your LEA first hear about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- Phone call
- Webinar
- Press release
- Other LEAs
- Other
- Don't know (go to C5 NonParticipating, C6 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C3. Who provided this information? (Select one)

- USDA/FNS
- State Official
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C4. Who within your LEA first learned about the Community Eligibility Option? (Select all that apply)

- USDA/FNS
- State official
- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C5. Do you feel that the information your LEA received about the Community Eligibility Option was sufficient to make an informed decision? (Select one)

- Yes
- No
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

[Question C6 does not display in this survey for Participating LEAs.]

C7. How did your LEA initially inform the schools about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- School website
- Phone call
- Webinar
- Press release
- Other
- Does not apply – did not inform community (go to C10)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C8. Who was responsible at the LEA-level for initially communicating with the individual schools regarding the Community Eligibility Option? (Select one)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

[Question C9 does not display in this survey for Participating LEAs.]

C10. How did your LEA inform the community about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- Letter/mail
- Email
- School website
- Phone call
- Notice/letter sent home with students
- Local newspaper
- Other
- Does not apply – did not inform community (go to D1)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C11. Who was responsible for informing the community about the Community Eligibility Option? (Select all that apply)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Principals of individual schools
- Other - Please specify:
- Don't know

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION

Now, we'd like to understand how the decision was made to adopt the Community Eligibility Option.

D1. How involved were each of the following groups in the decision to adopt the Community Eligibility Option in your LEA? Think of involved as displaying interest and/or providing input.

GROUP	VERY INVOLVED	MODERATELY INVOLVED	SOMEWHAT INVOLVED	NOT INVOLVED	DON'T KNOW
Students	<input type="checkbox"/>				
Parents	<input type="checkbox"/>				
Teachers	<input type="checkbox"/>				
Principals	<input type="checkbox"/>				
Cafeteria Managers	<input type="checkbox"/>				
Foodservice Director	<input type="checkbox"/>				
Superintendent	<input type="checkbox"/>				
Other LEA administrators	<input type="checkbox"/>				
School Board	<input type="checkbox"/>				
State Department of Education	<input type="checkbox"/>				
Governor	<input type="checkbox"/>				
Other elected officials	<input type="checkbox"/>				
Community-based organizations	<input type="checkbox"/>				

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D2. To what extent were you personally involved in the decision to adopt and implement the Community Eligibility Option? (Select one)

- Very involved
- Moderately involved
- Somewhat involved
- Not involved

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D3. Who ultimately made the final decision to adopt the Community Eligibility Option in your LEA? (Select one)

- State Department of Education
- LEA Superintendent
- School Board
- LEA Foodservice Director
- Other LEA Administrator
- Other - Please specify:
- Don't know

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D4. To what extent were you personally involved in deciding which schools would participate in the Community Eligibility Option? (Select one)

- Very involved
- Moderately involved
- Somewhat involved
- Not involved

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D5. What types of stakeholders had a role in the decision about which schools participate in the Community Eligibility Option? (Select all that apply)

- Foodservice Director or staff
- School board
- Other elected officials
- LEA administrators or staff (such as, Superintendent, Finance Officer)
- School administrators or staff (such as, Principal, teachers)
- Parent organizations (such as, PTA) or individual parents
- Community-based organizations
- Other - Please specify:
- Don't know

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

[Question D6 does not display in this survey for Participating LEAs.]

D7. Which of the following expected benefits of the Community Eligibility Option did your LEA consider in deciding whether to adopt the Community Eligibility Option? (Select all that apply)

Expected Benefits to Adopting the Community Eligibility Option

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Other, Please specify:
- Other (2), Please specify:
- Other (3), Please specify:
- Other (4), Please specify:
- Other (5), Please specify:
- None of the above (Go to D9)
- Don't know (Go to D9)

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D8. Shown below are the expected benefits of the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these expected benefits in the decision to adopt the Community Eligibility Option.

<i>Expected Benefits to Adopting the Community Eligibility Option</i>	<i>Very Important</i>	<i>Moderately Important</i>	<i>Not Very Important</i>	<i>Not at All Important</i>	<i>Don't Know</i>
Increased revenue	j0	j0	j0	j0	j0
Decreased costs	j0	j0	j0	j0	j0
Decreased administrative burden	j0	j0	j0	j0	j0
Decreased stigma for students in need	j0	j0	j0	j0	j0
Improved academic performance	j0	j0	j0	j0	j0
Increased school meal participation	j0	j0	j0	j0	j0
Improved nutritional quality of meals	j0	j0	j0	j0	j0
Relief for families under financial burden	j0	j0	j0	j0	j0
(Other1 - Please specify)	j0	j0	j0	j0	j0
(Other2 - Please specify)	j0	j0	j0	j0	j0
(Other3 - Please specify)	j0	j0	j0	j0	j0
(Other4 - Please specify)	j0	j0	j0	j0	j0
(Other5 - Please specify)	j0	j0	j0	j0	j0

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D9. Which of the following possible barriers did your LEA see as making implementation of the Community Eligibility Option difficult or causing hesitation in adopting the Option? (Select all that apply)

Possible Barriers to Adopting the Community Eligibility Option

- Community Eligibility Option not financially viable
- Uncertainty or concern about how much reimbursement the LEA would receive
- Uncertainty or concern about how the Option will affect funding for educational programs
- Not enough time to implement the Option and train staff
- Concern about schools participating in the Option being treated differently than other schools
- LEAs participating in the CE Option may be viewed as poor
- Difficulty establishing a School Breakfast Program
- Community not supportive
- Key LEA and/or school officials not supportive
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:
- None of the above
- Don't know (go to D11 NonParticipating/Participating, D12 NearEligible)

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D10. Shown below are the barriers to adopting the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these possible barriers in the decision to adopt the Community Eligibility Option.

POSSIBLE BARRIERS TO ADOPTING THE COMMUNITY ELIGIBLE OPTION	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
Community Eligibility Option not financially viable	<input type="radio"/>				
Uncertainty or concern about how much reimbursement the LEA would receive	<input type="radio"/>				
Uncertainty or concern about how the Option will affect funding for educational programs	<input type="radio"/>				
Not enough time to implement the Option and train staff	<input type="radio"/>				
Concern about schools participating in the Option being treated differently than other schools	<input type="radio"/>				
LEAs participating in the CE Option may be viewed as poor	<input type="radio"/>				
Difficulty establishing a School Breakfast Program	<input type="radio"/>				
Community not supportive	<input type="radio"/>				
Key LEA and/or school officials not supportive	<input type="radio"/>				
(Other1 - Please specify)	<input type="radio"/>				
(Other2 - Please specify)	<input type="radio"/>				
(Other3 - Please specify)	<input type="radio"/>				
(Other4 - Please specify)	<input type="radio"/>				
(Other5 - Please specify)	<input type="radio"/>				

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D11. What were the most important determining factors that were considered in deciding whether or not to participate in the Community Eligibility Option? (Select up to 3 choices)

- Poverty of the community
- Identified Student Percentage or rate of reimbursement for school meals
- Staffing needs
- Financial impact
- Rate of participation in school meals programs
- Logistics or ease of implementation
- Considerations around schools being labeled as low income
- Consideration around students being labeled as low income
- Availability of Community Eligibility Option for the long term
- Eligibility of individual schools and/or entire district to participate
- Other - Please specify:
- Don't know

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

[Questions D12-D13 do not display in this survey for Participating LEAs.]

D14. Once your LEA became a participant in the Community Eligibility Option, how much lead time did you have to prepare for the implementation for school year 2012-2013? (Select one)

- Less than 2 weeks
- 2 weeks to 1 month
- 1 to 2 months
- 2 to 3 months
- More than 3 months

D15. Do you feel that this was enough time? (Select one)

- Yes (go to BC1)
- No
- Don't know (go to BC1)

DECISION TO ADOPT THE COMMUNITY ELIGIBILITY OPTION, continued

D16. How much lead time do you feel would be enough to prepare for the implementation of the Community Eligibility Option? (Enter number of weeks or months)

weeks months

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION

Now, we'd like to understand your LEA's experience in operating the Community Eligibility Option.

BC1. Now that the Community Eligibility Option has been operating in your LEA, what benefits has your LEA experienced? (Select all that apply)

Benefits of Implementing the Community Eligibility

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Improved harmony among students
- Other, Please specify:
- Other (2), Please specify:
- Other (3), Please specify:
- Other (4), Please specify:
- Other (5), Please specify:
- None of the above (go to BC5)
- Don't know (go to BC5)

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC1a. Shown below are the benefits of the Community Eligibility Option that you indicated your LEA has experienced. Rate the importance of each of these benefits.

<i>Benefits of Implementing the Community Eligibility Option</i>	<i>Very Important</i>	<i>Moderately Important</i>	<i>Not Very Important</i>	<i>Not at All Important</i>	<i>Don't Know</i>
Increased revenue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased administrative burden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased stigma for students in need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved academic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased school meal participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved nutritional quality of meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relief for families under financial burden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved harmony among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Other1 - Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Other2 - Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Other3 - Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Other4 - Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Other5 - Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC2. Specifically whose burden has been reduced by implementing the Community Eligibility Option? (Select all that apply)

- School Administrators (such as, Principal, administrative assistants, etc.)
- LEA Foodservice administrative staff (such as, Director, bookkeeper, clerical, etc.).
- Other LEA administrative staff
- Cafeteria Managers
- School foodservice workers (such as, cashiers, cooks, etc.)
- Other - Please specify:

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC3. What activities are you or your foodservice staff able to spend more time on now that your LEA is operating under the Community Eligibility Option? (Select all that apply)

- None – not able to spend more time on any activities (ask BC3a)
- Conducting professional development or training
- Conducting other administrative tasks
- Implementing new School Breakfast Program
- Planning nutrition/meal services
- Overseeing foodservice operations
- Developing recipes
- Researching purchasing options for food and supplies
- Developing nutrition education materials/activities
- Assessing student nutritional needs and/or food preferences
- Other - Please specify:

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC3a. Why have you and your staff been unable to spend more time on other activities? (Select all that apply)

- No time saved for foodservice staff
- Have to reduce staffing
- Still have to complete a form/application to collect required student data for other funding programs
- Demand on foodservice staff time is still high
- Other - Please specify:
- Don't know

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC4. In what form has cost savings occurred due to the Community Eligibility Option? (Select all that apply)

- Reduced Foodservice expenditures
- Reduced total LEA expenditures
- Other - Please specify:
- Don't know

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC5. Now that the Community Eligibility Option has been operating in your LEA, what problems has your LEA experienced? (Select all that apply)

Problems Implementing the Community Eligibility Option

- Community Eligibility Option not cost effective
- No decrease in administrative burden
- Negative impact of the Option on funding for educational programs
- More time than expected to implement the Option and train staff
- Schools participating in the Option are treated differently than other schools
- LEAs participating in the CE Option are viewed as low-income
- Difficulty establishing a School Breakfast Program
- Confusion over how to submit claims
- Increased meal participation strains the capacity to serve meals
- Community not supportive
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:
- No problems encountered (go to BC6)
- Don't know (go to BC6)

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC5a. Shown below are the expected benefits of the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these expected benefits in the decision to adopt the Community Eligibility Option.

<i>Problems Implementing the Community Eligibility Option</i>	<i>Very Important</i>	<i>Moderately Important</i>	<i>Not Very Important</i>	<i>Not at All Important</i>	<i>Don't Know</i>
Community Eligibility Option not cost effective	j0	j0	j0	j0	j0
No decrease in administrative burden	j0	j0	j0	j0	j0
Negative impact of the Option on funding for educational programs	j0	j0	j0	j0	j0
More time than expected to implement the Option and train staff	j0	j0	j0	j0	j0
Schools participating in the Option are treated differently than other schools	j0	j0	j0	j0	j0
LEAs participating in the CE Option are viewed as low-income	j0	j0	j0	j0	j0
Difficulty establishing a School Breakfast Program	j0	j0	j0	j0	j0
Confusion over how to submit claims	j0	j0	j0	j0	j0
Increased meal participation strains the capacity to serve meals	j0	j0	j0	j0	j0
Community not supportive	j0	j0	j0	j0	j0
(Other1 - Please specify)	j0	j0	j0	j0	j0
(Other2 - Please specify)	j0	j0	j0	j0	j0
(Other3 - Please specify)	j0	j0	j0	j0	j0
(Other4 - Please specify)	j0	j0	j0	j0	j0
(Other5 - Please specify)	j0	j0	j0	j0	j0

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC6. Has your LEA changed its meal service in any of the participating schools due to the [Community Eligibility Option](#)? NOTE: This question is in reference to changes from the Community Eligibility Option, and not as a result of other new school meal regulations and rules.

- Yes
- No (go to BC7)
- Don't know (go to BC7)

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC6a. In general, due to the Community Eligibility Option, our LEA has... (Select all that apply)

- implemented or expanded the school breakfast program
- increased the variety of foods served at school breakfast and lunch
- decreased the variety of foods served at school breakfast and lunch
- increased the use of pre-prepared foods
- decreased the use of pre-prepared foods
- increased nutrition education activities through the foodservice department
- decreased nutrition education activities through the foodservice department
- other

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC7. Thinking about the schools that implemented the Community Eligibility Option, how does the total meal reimbursement under the Community Eligibility Option compare with the total meal reimbursement in prior years?

The Community Eligibility Option provides... (Select one)

- Much more reimbursement
- Moderately more reimbursement
- The same amount of reimbursement
- Moderately less reimbursement
- Much less reimbursement

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

Now we like to ask about your LEA's experience in transitioning schools from Provision 3 to the Community Eligibility Option.

BC8. On a scale of 1 to 5, with 1 being very easy and 5 being very difficult, how easy or difficult was it for schools that used Provision 3 reimbursement systems to implement the Community Eligibility Option? (Select one)

- 1 (VERY EASY)
- 2
- 3
- 4
- 5 (VERY DIFFICULT)

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC9. Why did your LEA choose to adopt the Community Eligibility Option for schools that previously used Provision 3? (Select all that apply)

- Eliminate household application
- Eliminate the need to count meals by free, reduced price, or paid category in base year
- Possibility of changing claiming percentage every year rather than every 4 years
- Higher reimbursement rate per meal with Community Eligibility Option
- Other - Please specify:

BENEFITS AND CHALLENGES OF THE COMMUNITY ELIGIBILITY OPTION, continued

BC10. What difficulties were encountered when switching from Provision 3 to the Community Eligibility Option? (Select all that apply).

- Calculating the [ISP](#)
- Communicating changes to school foodservice staff
- Other - Please specify:
- No problems were encountered

COMMUNITY ELIGIBILITY OPTION CHANGES

O1. Have any schools that implemented the Community Eligibility Option gone back to the previous reimbursement method? (Select one)

- Yes (go to O1a)
- No (go to O4)

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O1a. How many schools have gone back to the previous reimbursement method?

Number of schools:

Don't know

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O2. What were the reasons the schools counted in question O1a ended participation in the Community Eligibility Option? (Select all that apply)

Reasons for Ending Participation in the Community Eligibility Option

- Community Eligibility Option not cost effective
- No decrease in administrative burden
- Negative impact of the Option on funding for educational programs
- Schools participating in the Option are treated differently than other schools
- Difficulty establishing a School Breakfast Program
- Too difficult to meet demands of increased meal participation
- Community not supportive
- Key LEA and/or school officials not supportive
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:
- Don't know (go to O4)

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O3. Show below are the reasons you indicated that some schools in your LEA ended participation in the Community Eligibility Option. Rate the importance of each of these reasons.

Reasons for Ending Participation in the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
Community Eligibility Option not cost effective	10	10	10	10	10
No decrease in administrative burden	10	10	10	10	10
Negative impact of the Option on funding for educational programs	10	10	10	10	10
Schools participating in the Option are treated differently than other schools	10	10	10	10	10
Difficulty establishing a School Breakfast Program	10	10	10	10	10
Too difficult to meet demands of increased meal participation	10	10	10	10	10
Community not supportive	10	10	10	10	10
Key LEA and/or school officials not supportive	10	10	10	10	10
(Other1 - Please specify)	10	10	10	10	10
(Other2 - Please specify)	10	10	10	10	10
(Other3 - Please specify)	10	10	10	10	10
(Other4 - Please specify)	10	10	10	10	10
(Other5 - Please specify)	10	10	10	10	10

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O4. Has the Community Eligibility Option been implemented in any schools that were eligible in School Year 2011-2012 but did not participate then? (Select one)

10 Yes (go to O4a) 10 No (go to F2)

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O4a. How many schools were eligible for the Community Eligibility Option in School Year 2011-2012 but did not participate then?

NUMBER OF SCHOOLS:

O4b. How many of these schools implemented the Community Eligibility Option in School Year 2012-2013?

NUMBER OF SCHOOLS:

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O5. Why did these schools implement the Community Eligibility Option? (Select all that apply)

Reason for Now Implementing the Community Eligibility Option

- Wanted to phase in the Community Eligibility Option gradually
- Recognized the success in other schools
- Considered the costs and benefits in more detail
- Parents and community urged school to do so
- Instructed to by state
- Other - Please specify:
- Don't know (go to F2)

COMMUNITY ELIGIBILITY OPTION CHANGES, continued

O5a. Shown below are the reasons you indicated that some schools first implemented the Community Eligibility Option beginning in School Year 2012-2013, although they were eligible in School Year 2011-2012. Rate the importance of each of these reasons for now implementing the Community Eligibility Option.

Reasons for now Implementing in the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
Wanted to phase in the Community Eligibility Option gradually	<input type="radio"/>				
Recognized the success in other schools	<input type="radio"/>				
Considered the costs and benefits in more detail	<input type="radio"/>				
Parents and community urged school to do so	<input type="radio"/>				
Instructed to by state	<input type="radio"/>				
(Other - Please specify)	<input type="radio"/>				

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION

The following questions are about the multiplier that the Community Eligibility Option applies to the ISP to obtain the claiming percentage for free meals.

If you require further explanation about the multiplier, click here: [Explanation of the multiplier](#)
 The Community Eligibility Option reimbursement is based on the [identified student percentage \(ISP\)](#). To determine how much each school is reimbursed, the [Identified student percentage](#) is multiplied by a factor of 1.6. This new percentage is applied to the total number of meals served to determine how many meals are reimbursed at the free rate. The rest of the meals are reimbursed at the paid rate.

Example: A school under the Community Eligibility Option has an ISP of 50%. The ISP is multiplied by 1.6 to for an 80% free reimbursement rate (50x1.6 = 80). The remaining meals (20%) will be reimbursed at the paid reimbursement rate.

At the end of the month if the school counted and served 10,000 reimbursable meals, 8,000 would be claimed at the free reimbursement rate and 2,000 at the paid reimbursement rate.

The factor of 1.6 is called the multiplier.
 [Question F1 does not display in this survey for Participating LEAs.]

F2. Would your LEA continue to participate in the Community Eligibility Option if the multiplier was less than 1.6? (Select one)

- Yes
- No (go to F4)
- Don't know (go to F4)

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F3. For each of the multipliers listed below, would your LEA continue to participate in the Community Eligible Option? (For example, at an ISP of 50 and a multiplier of 1.6, the average reimbursement per lunch would be about \$2.27, whereas, if the multiplier was 1.3, the average reimbursement per lunch would be \$1.89.)

	Yes	No	Don't Know
1.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4. Do you think a 4-year term is an appropriate amount of time for a LEA to be eligible to participate in the Community Eligibility Option? (Select one)

- Yes (go to F5)
- No
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4a. What term length would be better? (Select one)

- 2 years
- 3 years
- 5 years
- 6 years
- 7 years
- 8 years
- More than 8 years
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F5. To what extent is your LEA concerned about meeting eligibility requirements for the Community Eligibility Option for a second 4-year term, once the current 4-year term is up?(Select one)

- Very concerned
- Moderately concerned
- Slightly concerned
- Not concerned at all
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F6. To what extent will you be involved in the decision to continue the Community Eligibility Option next year in your LEA? (Select one)

- Very involved
- Moderately involved
- Somewhat involved
- Not involved
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F7. How likely are you to continue the Community Eligibility Option next year in your LEA? (Select one)

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F8. How likely is it that your LEA will still be using the Community Eligibility Option 4 years from now? (Select one)

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

Survey Completion Summary

Survey Section	Percent Complete	Questions With Errors
<input type="checkbox"/> CN. Contact Information	66%	1
<input type="checkbox"/> S. Schools	16%	0
<input type="checkbox"/> ISP. Calculation ISP	0%	0
<input type="checkbox"/> P. Other Programs	12%	0
<input type="checkbox"/> C. Communications About CEO	0%	0
<input type="checkbox"/> D. Decision Adoption CEO	20%	0
<input type="checkbox"/> BC. Benefits and Challenges	14%	0
<input type="checkbox"/> O. CEO Option Changes	22%	0
<input type="checkbox"/> F. Future Implementation	0%	0

Your survey has one or more invalid responses. Please correct the following:

(Page 3, CN3) - Select a jobtitle option.

SUBMIT SURVEY

e If you have finished the survey and wish to submit your responses, check this box.

If you would like to return to the survey to finish at a later time, leave the box unchecked and close the window. Your responses have been saved.

Thank you! That concludes our survey. Thank you very much for your participation. Your input is very valuable.

If you have any questions about this survey, contact us at 855-759-5752 (toll-free) or at CommunityEligibility@abtassoc.com

LEA Foodservice Director Web Survey for Near-Eligible Non-Participating LEAs

Community Eligibility Option Evaluation
LEA Foodservice Director Web Survey for
Near Eligible Non-Participating LEAs

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 24 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:

U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:

Abt Associates Inc.

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include an overview of the Community Eligibility Option Evaluation, the advance email sent to respondents of this survey describing details about this survey, and a printable version of this survey that can be used as a worksheet. **To complete this survey you will need to access your records – see details under the printable survey link below.**

If someone other than you will be the primary respondent please give them access to fill out the survey by forwarding them the advance email. The primary respondent should fill in their contact information in the Contact Information section of this survey. If other LEA staff are knowledgeable about the Community Eligibility Option and the National School Lunch Program and School Breakfast Program, they may access and fill out portions of the survey as well.

Note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 24 minutes to complete.

[Community Eligibility Option Evaluation Overview](#)

[Advance email about the Local Education Agency \(LEA\) Foodservice Director Web Survey](#)

[Printable LEA Foodservice Director Web Survey](#)

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or CommunityEligibility@abtassoc.com.

CONTACT INFORMATION

The primary respondent of the survey should fill out this section. If you are the primary respondent and your information is listed below, please confirm or correct your contact information and fill in any missing information. If you are the primary respondent but not the contact listed below, please replace the fields with your contact information and fill in any missing information.

CN1. First Name:

CN2. Last Name:

CN3. Job title - Check the title that best describes your primary role:

Foodservice Director

Business Manager/Chief Financial Officer

Superintendent

Assistant/Deputy Foodservice Director

Other - Please specify:

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN4. Name of your Local Education Agency (LEA):

CONTACT INFORMATION, continued

ConfirmLEA1 Please confirm that **NE_LEA (test)** refers to the same LEA as the name **NE_LEA** in **Illinois**.

Yes, the change is a minor correction to LEA name such as a spelling correction ([Go to CN5](#))

Yes, the change reflects a new LEA Name, but it is the same LEA ([Go to CN5](#))

No, NE_LEA (test) is a different LEA ([Go to ConfirmLEA2](#))

CONTACT INFORMATION, continued

ConfirmLEA2 We are interested in learning about **NE_LEA** in **Illinois**. Could you respond for that LEA?

Yes, I can answer questions for NE_LEA in Illinois.

No, I cannot answer questions for NE_LEA in Illinois.

CONTACT INFORMATION, continued

You have confirmed that you can answer this survey for NE_LEA.

Please answer all the survey questions for NE_LEA located in Illinois.

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN5. Local Education Agency (LEA) State or District:

- Illinois (IL)
- Kentucky (KY)
- Michigan (MI)
- New York (NY)
- Ohio (OH)
- West Virginia (WV)
- District of Columbia (DC)

CN6. Email address:

Decline to respond

CN7. Phone number:

Decline to respond

DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a pop up box with the definition will appear on the screen.

DEFINITION BOX

LEA: Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

SBP: School Breakfast Program

NSLP: National School Lunch Program

Free and reduced price (FRP) meals: The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

Direct certification: Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

Identified from other agency lists: Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

Identified Student Percentage (ISP): Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

- Identified students are identified by:
- Direct certification, or
- identified from other agency lists

Traditional: Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal category.

Provision 1: Under Provision 1 schools with at least 80% of children approved for free or reduced price meals are allowed to extend the eligibility of the children receiving free meals for 2 years. There is no requirement to serve meals at no charge to all students. Schools must continue to record daily meal counts by type as a basis for calculating reimbursement claims.

Provision 2: Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

Provision 3: Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

SCHOOLS

First we would like to collect some information about the schools in your LEA.

S1. What is the number of schools in your LEA for the 2012-2013 School Year?

SCHOOLS, continued

S2. What types of reimbursement systems for school meals did your LEA use in School Year 2011-2012?
(Select all that apply)

[Traditional](#)

[Provision 1](#)

[Provision 2](#)

[Provision 3](#)

Other systems where free/reduced price meals are provided to all students - Please specify:

SCHOOLS, continued

S2a. In School Year **2011-2012**, how many schools in your LEA used the following?

<i>Reimbursement Type</i>	<i>Number of Schools</i>
Traditional	<input type="text"/>
Provision 1	<input type="text"/>
Provision 2	<input type="text"/>
Provision 3	<input type="text"/>
Other systems where free/reduced price meals are provided to all students	<input type="text"/>
Total:	<input type="text"/>

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP)

The Identified Student Percentage (ISP) is defined as the number of students directly certified plus the number of students identified as eligible for free meals through other agency lists (such as, runaway, homeless, migrant, foster children) divided by the number of students enrolled. To be eligible for the Community Eligibility Option, a LEA or school must have an ISP of 40% or more.

ISP1. What is the identified student percentage (ISP) that was most recently calculated for your LEA?

- Select here to enter % (IDENTIFIED STUDENT PERCENTAGE):
- Not applicable – LEA only has ISPs for individual schools ([Go to ISP6](#))
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP2. Who calculated the most recent identified student percentage (ISP) for your LEA? (Select one)

- The State calculated the ISP without input from the LEA ([Go to ISP7](#))
- The LEA provided information to the State to calculate the ISP
- The LEA calculated the ISP using its own data
- Other - Please specify:
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP3. When was the most recent ISP calculated for your LEA?

/
 Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4. What data were used to calculate the most recent ISP for your LEA? (Select all that apply)

- Directly Certified
(based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)
- Identified from other agency lists
(homeless, runaway, migrant, Head start, foster children, or approved by local authorities)
- Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4a. Directly Certified

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4a1. Number of students directly certified:

ISP4a2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4a3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4b. Identified from other agency lists

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4b1. Number of students identified from other agency lists:

ISP4b2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4b3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4c. **Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)**

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4c1. Number of students enrolled in schools offering SBP and/or NSLP:

ISP4c2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4c3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

[Question ISP5 does not display in this survey for Near Eligible LEAs.]

ISP6. Who calculated the most recent identified student percentages (ISP) for individual schools or groups of schools in your LEA? (Select one)

The State calculated the ISPs without input from the LEA ([go to ISP7](#))

The LEA provided information to the State to calculate the ISPs

The LEA calculated the ISPs using its own data

Other - Please specify:

Does not apply—ISP not calculated for individual schools or groups of schools ([go to ISP7](#))

Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6a. When were the most recent ISPs calculated for individual schools or groups of schools in your LEA?

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP7. Household applications and [direct certification](#) with SNAP are required to determine eligibility for [free and reduced price meals](#). What additional sources did your LEA use in School Year 2011-2012 for determining eligibility for [free and reduced price meals](#)? (Select all that apply)

- [Direct certification](#) using TANF
- [Direct certification](#) using FDPIR
- Extended eligibility benefits for other children in household of [directly certified](#) child
- Identified as homeless
- Identified as runaway
- Identified as migrant youth
- Identified as foster child
- Identified as Head Start
- Identified as Even Start
- Identified in state-funded pre-kindergarten programs
- Other - Please specify:
- None of the above

OTHER PROGRAMS

P1. Does your LEA use free and reduced price meals eligibility data for any purpose other than for school meals eligibility (such as, for other funding eligibility, allocating funds among schools, or identifying economically disadvantaged students) (Select one)?

- Yes (ask P1a)
- No (go to P4)
- Don't know (go to P4)

OTHER PROGRAMS, continued

P1a. Aside from school meals eligibility, for what other purpose does your LEA use free and reduced-price (FRP) meals eligibility data? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other - Please specify:
- None of the above

OTHER PROGRAMS, continued

[Questions P2 and P3 do not display in this survey for Near Eligible LEAs.]

P4. Aside from the School Breakfast Program and National School Lunch Program, in what other food assistance or USDA Food and Nutrition Service programs does your LEA participate? (Select all that apply)

- Summer Feeding Program
- Afterschool Snack Program option under National School Lunch Program (NSLP)
- Healthier US Challenge
- Team Nutrition
- Fresh Fruit and Vegetable Program
- Child and Adult Care Food Program
- Other
- None of the above

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place regarding the Community Eligibility Option.

C1. Prior to being contacted for this survey, was your LEA informed about the Community Eligibility Option? (Select one)

- Yes
- No (go to D1 NonParticipating, D7 NearEligible)
- Don't know (go to D1 NonParticipating, D7 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C2. How did your LEA first hear about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- Phone call
- Webinar
- Press release
- Other LEAs
- Other
- Don't know (go to C5 NonParticipating, C6 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C3. Who provided this information? (Select one)

- USDA/FNS
- State Official
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C4. Who within your LEA first learned about the Community Eligibility Option? (Select all that apply)

- USDA/FNS
- State official
- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

[Question C5 does not display in this survey for Near Eligible LEAs.]

C6. Did your LEA inform individual schools about the Community Eligibility Option? (Select one)

- Yes
- No (go to C9)
- Don't know (go to C9)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C7. How did your LEA inform the schools about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- School website
- Phone call
- Webinar
- Press release
- Other
- Does not apply – did not inform community (go to C10)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C8. Who provided this information? (Select one)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C9. Did your LEA inform the community about the Community Eligibility Option? (Select one)

- Yes
- No (Go to D1 NonParticipating, D7 NearEligible)
- Don't know (Go to D1 NonParticipating, D7 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C10. How did your LEA inform the community about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- Letter/mail
- Email
- School website
- Phone call
- Notice/letter sent home with students
- Local newspaper
- Other
- Does not apply – did not inform community (go to D1)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C11. Who provided this information? (Select one)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Principals of individual schools
- Other - Please specify:
- Don't know

COMMUNITY ELIGIBILITY OPTION

Now, we'd like to understand your impressions about the Community Eligibility Option.

D7. If your LEA were eligible to participate in the Community Eligibility Option, which of the following would your LEA consider to be its benefits? (Select all that apply)

Expected Benefits to Adopting the Community Eligibility Option

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Other, Please specify:
- Other (2), Please specify:
- Other (3), Please specify:
- Other (4), Please specify:
- Other (5), Please specify:
- None of the above
- Don't know (Go to D9)

COMMUNITY ELIGIBILITY OPTION, continued

D8. Shown below are the benefits of the Community Eligibility Option that you indicated your LEA might expect. Rate the importance your LEA might place on each of these expected benefits.

<i>Expected Benefits to Adopting the Community Eligibility Option</i>	<i>Very Important</i>	<i>Moderately Important</i>	<i>Not Very Important</i>	<i>Not at All Important</i>	<i>Don't Know</i>
Increased revenue	j0	j0	j0	j0	j0
Decreased costs	j0	j0	j0	j0	j0
Decreased administrative burden	j0	j0	j0	j0	j0
Decreased stigma for students in need	j0	j0	j0	j0	j0
Improved academic performance	j0	j0	j0	j0	j0
Increased school meal participation	j0	j0	j0	j0	j0
Improved nutritional quality of meals	j0	j0	j0	j0	j0
Relief for families under financial burden	j0	j0	j0	j0	j0
(Other1 - Please specify)	j0	j0	j0	j0	j0
(Other2 - Please specify)	j0	j0	j0	j0	j0
(Other3 - Please specify)	j0	j0	j0	j0	j0
(Other4 - Please specify)	j0	j0	j0	j0	j0
(Other5 - Please specify)	j0	j0	j0	j0	j0

COMMUNITY ELIGIBILITY OPTION, continued

D9. If your LEA was eligible to participate in the Community Eligibility Option, which of the following possible barriers would your LEA see as making implementation difficult or causing hesitation in adopting the Option? (Select all that apply)

Possible Barriers to Adopting the Community Eligibility Option

- Community Eligibility Option not financially viable
- Uncertainty or concern about how much reimbursement the LEA would receive
- Uncertainty or concern about how the Option will affect funding for educational programs
- Not enough time to implement the Option and train staff
- Concern about schools participating in the Option being treated differently than other schools
- LEAs participating in the CE Option may be viewed as poor
- Difficulty establishing a School Breakfast Program
- Community not supportive
- Key LEA and/or school officials not supportive
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:
- None of the above
- Don't know (go to D11 NonParticipating, D12 NearEligible)

COMMUNITY ELIGIBILITY OPTION, continued

D10. Shown below are the possible barriers to adopting the Community Eligibility Option that you indicated your LEA might consider. Rate the importance your LEA might place on of each of these possible barriers if they were deciding to adopt the Community Eligibility Option.

POSSIBLE BARRIERS TO ADOPTING THE COMMUNITY ELIGIBLE OPTION	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
Community Eligibility Option not financially viable	ja	ja	ja	ja	ja
Uncertainty or concern about how much reimbursement the LEA would receive	ja	ja	ja	ja	ja
Uncertainty or concern about how the Option will affect funding for educational programs	ja	ja	ja	ja	ja
Not enough time to implement the Option and train staff	ja	ja	ja	ja	ja
Concern about schools participating in the Option being treated differently than other schools	ja	ja	ja	ja	ja
LEAs participating in the CE Option may be viewed as poor	ja	ja	ja	ja	ja
Difficulty establishing a School Breakfast Program	ja	ja	ja	ja	ja
Community not supportive	ja	ja	ja	ja	ja
Key LEA and/or school officials not supportive	ja	ja	ja	ja	ja
(Other1 - Please specify)	ja	ja	ja	ja	ja
(Other2 - Please specify)	ja	ja	ja	ja	ja
(Other3 - Please specify)	ja	ja	ja	ja	ja
(Other4 - Please specify)	ja	ja	ja	ja	ja
(Other5 - Please specify)	ja	ja	ja	ja	ja

COMMUNITY ELIGIBILITY OPTION, continued

[Question D11 does not display in this survey for Near Eligible LEAs.]

D12. To what extent do you agree with each of the following statements about the Community Eligibility Option? (Provide a response for each statement)

<i>I believe that the Community Eligibility Option would...</i>	<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>
...be more costly to implement than what is currently in place.	ja	ja	ja	ja
...be well-received by school staff and students.	ja	ja	ja	ja
...be confusing to implement.	ja	ja	ja	ja
...result in increased meal participation that would be overwhelming to the staff.	ja	ja	ja	ja
...result in increased meal participation that would benefit students (access to more foods, healthy foods).	ja	ja	ja	ja
...create issues for determining eligibility for other assistance programs due to lack of free and reduced price data.	ja	ja	ja	ja
...result in a lot more work to serve breakfast.	ja	ja	ja	ja
...increase plate waste.	ja	ja	ja	ja

COMMUNITY ELIGIBILITY OPTION, continued

[Questions D13-D15 do not display in this survey for Near Eligible LEAs.]

D16. If your LEA were eligible to participate in the Community Eligibility Option, how much lead time do you feel would be enough to prepare for the implementation of the Community Eligibility Option? (Enter number of weeks or months)

ja weeks ja months

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION

The following questions are about the multiplier that the Community Eligibility Option applies to the ISP to obtain the claiming percentage for free meals.

If you require further explanation about the multiplier, click here: [Explanation of the multiplier](#)

The Community Eligibility Option reimbursement is based on the identified student percentage (ISP). To determine how much each school is reimbursed, the Identified student percentage is multiplied by a factor of 1.6. This new percentage is applied to the total number of meals served to determine how many meals are reimbursed at the free rate. The rest of the meals are reimbursed at the paid rate.

Example: A school under the Community Eligibility Option has an ISP of 50%. The ISP is multiplied by 1.6 to for an 80% free reimbursement rate (50x1.6 = 80). The remaining meals (20%) will be reimbursed at the paid reimbursement rate.

At the end of the month if the school counted and served 10,000 reimbursable meals, 8,000 would be claimed at the free reimbursement rate and 2,000 at the paid reimbursement rate.

The factor of 1.6 is called the multiplier.

F1. Do you feel that the Community Eligibility Option multiplier of 1.6 is too high, about right, or too low? (Select one)

- Too high
- About right
- Too low (go to F4)
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F2. If eligible to participate in the Community Eligibility Option, would your LEA participate if the multiplier was less than 1.6? (Select one)

- Yes
- No (go to F4)
- Don't know (go to F4)

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F3. For each of the multipliers listed below, would your LEA, if eligible, participate in the Community Eligible Option? (For example, at an ISP of 50 and a multiplier of 1.6, the average reimbursement per lunch would be about \$2.27, whereas, if the multiplier was 1.3, the average reimbursement per lunch would be \$1.89.)

	Yes	No	Don't Know
1.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4. Do you think a 4-year term is an appropriate amount of time for a LEA to be eligible to participate in the Community Eligibility Option? (Select one)

- Yes (go to F5)
- No
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4a. What term length would be better? (Select one)

- 2 years
- 3 years
- 5 years
- 6 years
- 7 years
- 8 years
- More than 8 years
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F5. If your LEA were eligible to participate in the Community Eligibility Option, how concerned would your LEA be about meeting the eligibility requirements for a second 4-year term, once the first 4-year term was up?(Select one)

- Very concerned
- Moderately concerned
- Slightly concerned
- Not concerned at all
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

[Question F6 does not display in this survey for Near Eligible LEAs.]

F7. If eligible for the Community Eligibility Option, how likely is it that your LEA would participate?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

Survey Completion Summary

Survey Section	Percent Complete	Questions With Errors
<input type="checkbox"/> CN. Contact Information	83%	1
<input type="checkbox"/> S. Schools	33%	0
<input type="checkbox"/> ISP. Calculation ISP	0%	0
<input type="checkbox"/> P. Other Programs	0%	0
<input type="checkbox"/> C. Communications About CEO	40%	0
<input type="checkbox"/> D. Decision Adoption CEO	37%	0
<input type="checkbox"/> F. Future Implementation	42%	0

Your survey has one or more invalid responses. Please correct the following:

SUBMIT SURVEY

e If you have finished the survey and wish to submit your responses, check this box.

If you would like to return to the survey to finish at a later time, leave the box unchecked and close the window. Your responses have been saved.

Thank you! That concludes our survey. Thank you very much for your participation. Your input is very valuable.

If you have any questions about this survey, contact us at 855-759-5752 (toll-free) or at CommunityEligibility@abtassoc.com

LEA Foodservice Director Web Survey for Eligible Non-Participating LEAs

Community Eligibility Option Evaluation
LEA Foodservice Director Web Survey for
Eligible Non- Participating LEAs

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 28 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:

U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:

Abt Associates Inc.

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include an overview of the Community Eligibility Option Evaluation, the advance email sent to respondents of this survey describing details about this survey, and a printable version of this survey that can be used as a worksheet. **To complete this survey you will need to access your records – see details under the printable survey link below.**

If someone other than you will be the primary respondent please give them access to fill out the survey by forwarding them the advance email. The primary respondent should fill in their contact information in the Contact Information section of this survey. If other LEA staff are knowledgeable about the Community Eligibility Option and the National School Lunch Program and School Breakfast Program, they may access and fill out portions of the survey as well.

Note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 28 minutes to complete.

[Community Eligibility Option Evaluation Overview](#)

[Advance email about the Local Education Agency \(LEA\) Foodservice Director Web Survey](#)

[Printable LEA Foodservice Director Web Survey](#)

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or CommunityEligibility@abtassoc.com.

CONTACT INFORMATION

The primary respondent of the survey should fill out this section. If you are the primary respondent and your information is listed below, please confirm or correct your contact information and fill in any missing information. If you are the primary respondent but not the contact listed below, please replace the fields with your contact information and fill in any missing information.

CN1. First Name:

CN2. Last Name:

CN3. Job title - Check the title that best describes your primary role:

Foodservice Director

Business Manager/Chief Financial Officer

Superintendent

Assistant/Deputy Foodservice Director

Other - Please specify:

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN4. Name of your Local Education Agency (LEA):

CONTACT INFORMATION, continued

ConfirmLEA1 Please confirm that NP2_LEA refers to the same LEA as the name NP2_LEA in Kentucky.

Yes, the change is a minor correction to LEA name such as a spelling correction ([Go to CN5](#))

Yes, the change reflects a new LEA Name, but it is the same LEA ([Go to CN5](#))

No, NP2_LEA is a different LEA ([Go to ConfirmLEA2](#))

CONTACT INFORMATION, continued

ConfirmLEA2 We are interested in learning about NP2_LEA in Kentucky. Could you respond for that LEA?

Yes, I can answer questions for NP2_LEA in Kentucky.

No, I cannot answer questions for NP2_LEA in Kentucky.

CONTACT INFORMATION, continued

You have confirmed that you can answer this survey for NP2_LEA.

Please answer all the survey questions for NP2_LEA located in Kentucky.

CONTACT INFORMATION, continued

Confirm or correct your contact information below and fill in any missing information

CN5. Local Education Agency (LEA) State or District:

- Illinois (IL)
- Kentucky (KY)
- Michigan (MI)
- New York (NY)
- Ohio (OH)
- West Virginia (WV)
- District of Columbia (DC)

CN6. Email address:

Decline to respond

CN7. Phone number:

Decline to respond

DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a pop up box with the definition will appear on the screen.

DEFINITION BOX

LEA: Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

SBP: School Breakfast Program

NSLP: National School Lunch Program

Free and reduced price (FRP) meals: The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

Direct certification: Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

Identified from other agency lists: Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

Identified Student Percentage (ISP): Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

- Identified students are identified by:
- Direct certification, or
- identified from other agency lists

Traditional: Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal category.

Provision 1: Under Provision 1 schools with at least 80% of children approved for free or reduced price meals are allowed to extend the eligibility of the children receiving free meals for 2 years. There is no requirement to serve meals at no charge to all students. Schools must continue to record daily meal counts by type as a basis for calculating reimbursement claims.

Provision 2: Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

Provision 3: Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

SCHOOLS

First we would like to collect some information about the schools in your LEA.

S1. What is the number of schools in your LEA for the 2012-2013 School Year?

S1a. What is the number of schools in your LEA eligible to participate in the Community Eligibility Option?

SCHOOLS, continued

S2. What types of reimbursement systems for school meals did your LEA use in School Year **2011-2012**?
(Select all that apply)

[Traditional](#)

[Provision 1](#)

[Provision 2](#)

[Provision 3](#)

Other systems where free/reduced price meals are provided to all students - Please specify:

SCHOOLS, continued

S2a. In School Year **2011-2012**, how many schools in your LEA used the following?

<i>Reimbursement Type</i>	<i>Number of Schools</i>
Traditional	<input type="text"/>
Provision 1	<input type="text"/>
Provision 2	<input type="text"/>
Provision 3	<input type="text"/>
Other systems where free/reduced price meals are provided to all students	<input type="text"/>
Total:	<input type="text"/>

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP)

The Identified Student Percentage (ISP) is defined as the number of students directly certified plus the number of students identified as eligible for free meals through other agency lists (such as, runaway, homeless, migrant, foster children) divided by the number of students enrolled. To be eligible for the Community Eligibility Option, a LEA or school must have an ISP of 40% or more.

ISP1. What is the identified student percentage (ISP) that was most recently calculated for your LEA?

- Select here to enter % (IDENTIFIED STUDENT PERCENTAGE):
- Not applicable – LEA only has ISPs for individual schools ([Go to ISP6](#))
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP2. Who calculated the most recent identified student percentage (ISP) for your LEA? (Select one)

- The State calculated the ISP without input from the LEA ([Go to ISP7](#))
- The LEA provided information to the State to calculate the ISP
- The LEA calculated the ISP using its own data
- Other - Please specify:
- Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP3. When was the most recent ISP calculated for your LEA?

/
 Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4. What data were used to calculate the most recent ISP for your LEA? (Select all that apply)

- Directly Certified
(based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)
- Identified from other agency lists
(homeless, runaway, migrant, Head start, foster children, or approved by local authorities)
- Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4a. Directly Certified

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4a1. Number of students directly certified:

ISP4a2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4a3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4b. Identified from other agency lists

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4b1. Number of students identified from other agency lists:

ISP4b2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4b3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP4c. **Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)**

Fill in the numbers and indicate the date the data were collected below.

Check here if unable to complete the next three questions.

ISP4c1. Number of students enrolled in schools offering SBP and/or NSLP:

ISP4c2. Are these data as of April 1, 2012? If not, specify date.

Yes, as of April 1, 2012

No, data as of: /

ISP4c3. Source of Data Retrieval (Select one):

POS or other electronic system

Direct Certification list

Other agency list

School enrollment file

Other

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

[Question ISP5 does not display in this survey for Non-Participating LEAs.]

ISP6. Who calculated the most recent identified student percentages (ISP) for individual schools or groups of schools in your LEA? (Select one)

The State calculated the ISPs without input from the LEA ([go to ISP7](#))

The LEA provided information to the State to calculate the ISPs

The LEA calculated the ISPs using its own data

Other - Please specify:

Does not apply—ISP not calculated for individual schools or groups of schools ([go to ISP7](#))

Don't know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP6a. When were the most recent ISPs calculated for individual schools or groups of schools in your LEA?

/ Don't Know

CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP), continued

ISP7. Household applications and [direct certification](#) with SNAP are required to determine eligibility for [free and reduced price meals](#) in your LEA. What additional sources did your LEA use in School Year 2011-2012 for determining eligibility for [free and reduced price meals](#)? (Select all that apply)

- [Direct certification](#) using TANF
- [Direct certification](#) using FDPIR
- Extended eligibility benefits for other children in household of [directly certified](#) child
- Identified as homeless
- Identified as runaway
- Identified as migrant youth
- Identified as foster child
- Identified as Head Start
- Identified as Even Start
- Identified in state-funded pre-kindergarten programs
- Other - Please specify:
- None of the above

OTHER PROGRAMS

P1. Does your LEA use free and reduced price meals eligibility data for any purpose other than for school meals eligibility (such as, for other funding eligibility, allocating funds among schools, or identifying economically disadvantaged students)? (Select one)

- Yes (ask P1a)
- No (go to P4)
- Don't know (go to P4)

OTHER PROGRAMS, continued

P1a. Aside from school meals eligibility, for what other purpose does your LEA use free and reduced-price (FRP) meals eligibility data? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other - Please specify:
- None of the above

OTHER PROGRAMS, continued

[Questions P2 and P3 do not display in this survey for Non-Participating LEAs.]

P4. Aside from the School Breakfast Program and National School Lunch Program, in what other food assistance or USDA Food and Nutrition Service programs does your LEA participate? (Select all that apply)

- Summer Feeding Program
- Afterschool Snack Program option under National School Lunch Program (NSLP)
- Healthier US Challenge
- Team Nutrition
- Fresh Fruit and Vegetable Program
- Child and Adult Care Food Program
- Other
- None of the above

OTHER PROGRAMS, continued

P5. Indicate whether the following duties with regard to school meals are the responsibility of the school, the LEA, or the State. If the duty is not the responsibility of the school, district, or State, select "Other Agency Responsibility". If the responsibility does not apply, select "not applicable". If the responsibility is shared across levels, check all levels that shared responsibility.

<i>DUTY WITH REGARD TO SCHOOL MEALS</i>	<i>SCHOOL-LEVEL RESPONSIBILITY</i>	<i>LEA-LEVEL RESPONSIBILITY</i>	<i>STATE-LEVEL RESPONSIBILITY</i>	<i>OTHER AGENCY RESPONSIBILITY</i>	<i>NOT APPLICABLE</i>
<u>Direct certification</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying eligible students from <u>other agency lists</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Free or reduced-price</u> eligibility verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal counting and claiming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of payment for student meals and/or non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu planning and recipe development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food purchasing and inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution and monitoring of foodservice funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER PROGRAMS, continued

P5a. Specify the agency responsible for each of the following "Other Agency Responsibilities" duties:

<i>DUTY WITH REGARD TO SCHOOL MEALS</i>	<i>AGENCY RESPONSIBLE</i>
Direct certification	
Identifying eligible students from other agency lists	
Free or reduced-price eligibility verification	
Household application distribution	
Household application collection	
Household application processing	
Meal counting and claiming	
Receipt of payment for student meals and/or non-reimbursable foods	
Menu planning and recipe development	
Food purchasing and inventory	
Foodservice staff training	
Distribution and monitoring of foodservice funds	

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place after the LEA was initially informed about the Community Eligibility Option.

C1. Prior to being contacted for this survey, was your LEA informed about the Community Eligibility Option? (Select one)

- Yes
- No (go to D1 NonParticipating, D7 NearEligible)
- Don't know (go to D1 NonParticipating, D7 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C2. How did your LEA first hear about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- Phone call
- Webinar
- Press release
- Other LEAs
- Other
- Don't know (go to C5 NonParticipating, C6 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C3. Who provided this information? (Select one)

- USDA/FNS
- State Official
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C4. Who within your LEA first learned about the Community Eligibility Option? (Select all that apply)

- USDA/FNS
- State official
- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C5. Do you feel that the information your LEA received about the Community Eligibility Option was sufficient to make an informed decision? (Select one)

Yes

No

Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C6. Did your LEA inform individual schools about the Community Eligibility Option? (Select one)

- Yes
- No (go to C9)
- Don't know (go to C9)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C7. How did your LEA initially inform the schools about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- In-person training
- Letter/mail
- Email
- School website
- Phone call
- Webinar
- Press release
- Other
- Does not apply – did not inform community (go to C10)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C8. Who was responsible at the LEA-level for initially communicating with the individual schools regarding the Community Eligibility Option? (Select one)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Other - Please specify:
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C9. Did your LEA inform the community about the Community Eligibility Option? (Select one)

- Yes
- No (Go to D1 NonParticipating, D7 NearEligible)
- Don't know (Go to D1 NonParticipating, D7 NearEligible)

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C10. How did your LEA inform the community about the Community Eligibility Option? (Select all that apply)

- In-person meeting/presentation
- Letter/mail
- Email
- School website
- Phone call
- Notice/letter sent home with students
- Local newspaper
- Other
- Does not apply – did not inform community (go to D1)
- Don't know

COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION, continued

C11. Who was responsible for informing the community about the Community Eligibility Option? (Select one)

- Superintendent
- Foodservice Director
- Foodservice Contract Management Company
- Other LEA administrator
- Principals of individual schools
- Other - Please specify:
- Don't know

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION

Now, we'd like to understand how the decision was made about whether or not to adopt the Community Eligibility Option.

D1. How involved were each of the following groups in the decision regarding the adoption of the Community Eligibility Option in your LEA? Think of involved as displaying interest and/or providing input.

GROUP	VERY INVOLVED	MODERATELY INVOLVED	SOMEWHAT INVOLVED	NOT INVOLVED	DON'T KNOW
Students	<input type="checkbox"/>				
Parents	<input type="checkbox"/>				
Teachers	<input type="checkbox"/>				
Principals	<input type="checkbox"/>				
Cafeteria Managers	<input type="checkbox"/>				
Foodservice Director	<input type="checkbox"/>				
Superintendent	<input type="checkbox"/>				
Other LEA administrators	<input type="checkbox"/>				
School Board	<input type="checkbox"/>				
State Department of Education	<input type="checkbox"/>				
Governor	<input type="checkbox"/>				
Other elected officials	<input type="checkbox"/>				
Community-based organizations	<input type="checkbox"/>				

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D2. To what extent were you personally involved in the decision about whether or not to adopt and implement the Community Eligibility Option? (Select one)

- Very involved
- Moderately involved
- Somewhat involved
- Not involved

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D3. Who ultimately made the final decision about whether or not to adopt the Community Eligibility Option in your LEA? (Select one)

- State Department of Education
- LEA Superintendent
- School Board
- LEA Foodservice Director
- Other LEA Administrator
- Other - Please specify:
- Don't know

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

[Questions D4 and D5 do not display in this survey for Non-Participating LEAs.]

D6. Although your LEA is not participating in the Community Eligibility Option, were there any aspects of it that your LEA saw as potentially beneficial to your LEA? (Select one)

Yes

No (go to D9 NonParticipating)

Don't know (go to D9 NonParticipating)

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D7. Which of the following expected benefits of the Community Eligibility Option did your LEA consider in deciding whether to adopt the Community Eligibility Option? (Select all that apply)

Expected Benefits to Adopting the Community Eligibility Option

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Other, Please specify:
- Other (2), Please specify:
- Other (3), Please specify:
- Other (4), Please specify:
- Other (5), Please specify:
- None of the above
- Don't know (Go to D9)

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D8. Shown below are the expected benefits of the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these expected benefits in the decision to adopt the Community Eligibility Option.

<i>Expected Benefits to Adopting the Community Eligibility Option</i>	<i>Very Important</i>	<i>Moderately Important</i>	<i>Not Very Important</i>	<i>Not at All Important</i>	<i>Don't Know</i>
Increased revenue	j0	j0	j0	j0	j0
Decreased costs	j0	j0	j0	j0	j0
Decreased administrative burden	j0	j0	j0	j0	j0
Decreased stigma for students in need	j0	j0	j0	j0	j0
Improved academic performance	j0	j0	j0	j0	j0
Increased school meal participation	j0	j0	j0	j0	j0
Improved nutritional quality of meals	j0	j0	j0	j0	j0
Relief for families under financial burden	j0	j0	j0	j0	j0
(Other1 - Please specify)	j0	j0	j0	j0	j0
(Other2 - Please specify)	j0	j0	j0	j0	j0
(Other3 - Please specify)	j0	j0	j0	j0	j0
(Other4 - Please specify)	j0	j0	j0	j0	j0
(Other5 - Please specify)	j0	j0	j0	j0	j0

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D9. Which of the following possible barriers did your LEA see as making implementation of the Community Eligibility Option difficult or causing your LEA to decide against adopting the Option? (Select all that apply)

Possible Barriers to Adopting the Community Eligibility Option

- Community Eligibility Option not financially viable
- Uncertainty or concern about how much reimbursement the LEA would receive
- Uncertainty or concern about how the Option will affect funding for educational programs
- Not enough time to implement the Option and train staff
- Concern about schools participating in the Option being treated differently than other schools
- LEAs participating in the CE Option may be viewed as poor
- Difficulty establishing a School Breakfast Program
- Community not supportive
- Key LEA and/or school officials not supportive
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:
- None of the above
- Don't know (go to D11 NonParticipating, D12 NearEligible)

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D10. Shown below are the barriers to adopting the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these possible barriers in the decision to adopt the Community Eligibility Option.

POSSIBLE BARRIERS TO ADOPTING THE COMMUNITY ELIGIBLE OPTION	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
Community Eligibility Option not financially viable	ja	ja	ja	ja	ja
Uncertainty or concern about how much reimbursement the LEA would receive	ja	ja	ja	ja	ja
Uncertainty or concern about how the Option will affect funding for educational programs	ja	ja	ja	ja	ja
Not enough time to implement the Option and train staff	ja	ja	ja	ja	ja
Concern about schools participating in the Option being treated differently than other schools	ja	ja	ja	ja	ja
LEAs participating in the CE Option may be viewed as poor	ja	ja	ja	ja	ja
Difficulty establishing a School Breakfast Program	ja	ja	ja	ja	ja
Community not supportive	ja	ja	ja	ja	ja
Key LEA and/or school officials not supportive	ja	ja	ja	ja	ja
(Other1 - Please specify)	ja	ja	ja	ja	ja
(Other2 - Please specify)	ja	ja	ja	ja	ja
(Other3 - Please specify)	ja	ja	ja	ja	ja
(Other4 - Please specify)	ja	ja	ja	ja	ja
(Other5 - Please specify)	ja	ja	ja	ja	ja

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D11. What were the most important determining factors that were considered in deciding whether or not to participate in the Community Eligibility Option? (Select up to 3 choices)

- Poverty of the community
- Identified Student Percentage or rate of reimbursement for school meals
- Staffing needs
- Financial impact
- Rate of participation in school meals programs
- Logistics or ease of implementation
- Considerations around schools being labeled as low income
- Consideration around students being labeled as low income
- Availability of Community Eligibility Option for the long term
- Eligibility of individual schools and/or entire district to participate
- Other - Please specify:
- Don't know

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D12. To what extent do you agree with each of the following statements about the Community Eligibility Option? (Provide a response for each statement)

<i>I believe that the Community Eligibility Option would...</i>	<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>
...be more costly to implement than what is currently in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...be well-received by school staff and students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...be confusing to implement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...result in increased meal participation that would be overwhelming to the staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...result in increased meal participation that would benefit students (access to more foods, healthy foods).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...create issues for determining eligibility for other assistance programs due to lack of free and reduced price data.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...result in a lot more work to serve breakfast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase plate waste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D13. What changes could be made to the Community Eligibility Option that would make it appealing to your LEA? (Select all that apply. Add additional changes if not listed)

- Increase reimbursement rate
- Elimination of School Breakfast Program requirement
- Greater lead time prior to implementation
- More training provided
- Available to all schools in an LEA and not just schools that are eligible
- Alternate method (other than free and reduced price data) to qualify for other assistance programs
- Other - Please specify:
- Other (2) - Please specify:
- Other (3) - Please specify:
- Other (4) - Please specify:
- Other (5) - Please specify:

D13a. If these changes were made, would your LEA elect the Community Eligibility Option next year? (Select one)

- Yes (Go to D16)
- No
- Don't know (Go to D16)

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

D13a1. Why not?

DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION, continued

[Questions D14-D15 do not display in this survey for Non-ParticipatingLEAs.]

D16. If your LEA decided to participate in the Community Eligibility Option, how much lead time do you feel would be enough to prepare for the implementation of the Community Eligibility Option? (Enter number of weeks or months)

j0 weeks j0 months

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION

The following questions are about the multiplier that the Community Eligibility Option applies to the ISP to obtain the claiming percentage for free meals.

If you require further explanation about the multiplier, click here: [Explanation of the multiplier](#)

The Community Eligibility Option reimbursement is based on the identified student percentage (ISP). To determine how much each school is reimbursed, the Identified student percentage is multiplied by a factor of 1.6. This new percentage is applied to the total number of meals served to determine how many meals are reimbursed at the free rate. The rest of the meals are reimbursed at the paid rate.

Example: A school under the Community Eligibility Option has an ISP of 50%. The ISP is multiplied by 1.6 to for an 80% free reimbursement rate (50x1.6 = 80). The remaining meals (20%) will be reimbursed at the paid reimbursement rate.

At the end of the month if the school counted and served 10,000 reimbursable meals, 8,000 would be claimed at the free reimbursement rate and 2,000 at the paid reimbursement rate.

The factor of 1.6 is called the multiplier.

F1. Do you feel that the Community Eligibility Option multiplier of 1.6 is too high, about right, or too low? (Select one)

- Too high
- About right
- Too low (go to F4)
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F2. Would your LEA participate in the Community Eligibility Option if the multiplier was less than 1.6? (Select one)

- Yes
- No (go to F4)
- Don't know (go to F4)

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F3. For each of the multipliers listed below, would your LEA consider participating in the Community Eligible Option? (For example, at an ISP of 50 and a multiplier of 1.6, the average reimbursement per lunch would be about \$2.27, whereas, if the multiplier was 1.3, the average reimbursement per lunch would be \$1.89.)

	Yes	No	Don't Know
1.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4. Do you think a 4-year term is an appropriate amount of time for a LEA to be eligible to participate in the Community Eligibility Option? (Select one)

- Yes (go to F5)
- No
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F4a. What term length would be better? (Select one)

- 2 years
- 3 years
- 5 years
- 6 years
- 7 years
- 8 years
- More than 8 years
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

F5. In considering the Community Eligibility Option, to what extent was your LEA concerned about meeting the eligibility requirements for the Option for a second 4-year term once the first 4-year term was up? (Select one)

- Very concerned
- Moderately concerned
- Slightly concerned
- Not concerned at all
- Don't know

FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION, continued

[Question F6 does not display in this survey for Non-Participating LEAs.]

F7. How likely is your LEA to participate in the Community Eligibility option in the next year? (Select one)

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

Survey Completion Summary

Survey Section	Percent Complete	Questions With Errors
<input type="checkbox"/> CN. Contact Information	50%	2
<input type="checkbox"/> S. Schools	25%	0
<input type="checkbox"/> ISP. Calculation ISP	0%	0
<input type="checkbox"/> P. Other Programs	20%	0
<input type="checkbox"/> C. Communications About CEO	36%	0
<input type="checkbox"/> D. Decision Adoption CEO	31%	0
<input type="checkbox"/> F. Future Implementation	42%	0

Your survey has one or more invalid responses. Please correct the following:

(Page 3, CN3) - Select a jobtitle option.

(Page 8, CN7) - Enter a phone number or indicate that you decline to respond.

SUBMIT SURVEY

e If you have finished the survey and wish to submit your responses, check this box.

If you would like to return to the survey to finish at a later time, leave the box unchecked and close the window. Your responses have been saved.

Thank you! That concludes our survey. Thank you very much for your participation. Your input is very valuable.

If you have any questions about this survey, contact us at 855-759-5752 (toll-free) or at CommunityEligibility@abtassoc.com

Participation, Enrollment, Attendance, and Revenue (PEAR) Web Survey of LEA Foodservice Directors (Generic version)

Note: a shortened, State-specific version of the Survey was administered to LEAs in States where data were available from administrative sources.

Community Eligibility Option Evaluation

Participation, Enrollment, Attendance, and Revenue (PEAR) Web Survey of LEA Foodservice Directors

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 175 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates

INTRODUCTION

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include a fact sheet about the Community Eligibility Option Evaluation, the advance email sent to respondents describing details about this survey, and a worksheet that describes information you will need to collect in order to complete this survey. **To complete this survey, you will need to access your records from school year 2010-2011 to the present – see details under worksheet link below.**

Please note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 175 minutes to complete.

[Community Eligibility Option Evaluation Overview](#)

[Advance email about the Participation, Enrollment, Attendance, and Revenue \(PEAR\) Web Survey of Local Education Agency \(LEA\) Foodservice Directors](#)

[Printable PEAR Web Survey](#)

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is important to assure the accuracy of this evaluation. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or CommunityEligibility@abtassoc.com.

CONTACT INFORMATION

The primary respondent of the survey should fill out this section. If you are the primary respondent and your information is listed below, please confirm or correct your contact information and fill in any missing information. If you are the primary respondent but not the contact listed below, please replace the fields with your contact information and fill in any missing information.

This survey is asking for information about a specific LEA. The web version of this survey will prefill question 1 with information for that LEA. This question asks you to update that information.

1a. First name: _____

Last name: _____

1b. Job title (check the title that best describes your primary role):

- Foodservice Director
- Business Manager/Chief Financial Officer
- Superintendent
- Assistant/ Deputy Foodservice Director
- Other, specify: _____

1c. Email address: _____ Decline to respond

1d. Phone number: (_____) _____ Decline to respond

1e. Name of your Local Education Agency (LEA):

1f. Local Education Agency (LEA) State

- Illinois (IL)
- Kentucky (KY)
- Michigan (MI)
- New York (NY)
- Ohio (OH)
- West Virginia (WV)

DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a pop up box with the definition will appear on the screen.

DEFINITION BOX

LEA: Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

SBP: School Breakfast Program

NSLP: National School Lunch Program

Community Eligibility Option: The Healthy, Hunger Free Kids Act of 2010 made the Community Eligibility Option available to Local Education Agencies (LEAs) and schools in high poverty areas. Under the Community Eligibility Option, families are not required to submit applications for free or reduced-price meals and schools must provide free meals to all students. The potential benefits are that in high-poverty schools more students will have access to nutritious meals and LEAs may experience reductions in administrative burden.

Free and reduced price (FRP) meals: The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

Direct certification: Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

Identified from other agency lists: Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

Identified Student Percentage (ISP): Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

Identified students are identified by:

- Direct certification, or
- identified from other agency lists

Traditional: Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal eligibility category.

Provision 2: Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

Provision 3: Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

LEA INFORMATION

Question 2 verifies our information about whether your LEA participates in the Community Eligibility Option or not and asks if your district offers universal free meals through a program other than the Community Eligibility Option.

2. Does your Local Educational Agency offer free meals to all students under the Community Eligibility Option in all, some, or none of the schools operating the National School Lunch Program (NSLP) and the School Breakfast Program (SBP)? [CHECK ONE]

All (IF CEO, GO TO 3)

Some

None

2b. [IF Q2="Some", display [Not including any schools that operate under the Community Eligibility Option, does] otherwise display [Does]] your LEA provide free meals to all students either for breakfast or lunch **in any school**? Examples of provisions that LEAs use to provide free meals to all students include Provision 2, Provision 3, and state-funded programs. (Under Provision 2 and Provision 3, meals are served free to all students, and applications for free/reduced price meals are required in "base" years, usually every four years. Some states provide funding to allow LEAs to offer free breakfast, lunch, or both to all students.)

Yes (go to 2c)

No (go to 3)

2c. You indicated that at least one school in your LEA provides universal free meals to students at either breakfast or lunch [IF Q2="Some", display [in schools that do not operate under the Community Eligibility Option]]. Is this correct?

Yes (GO TO INELIGIBLE) No (GO TO Q2b CORRECTION)

[INELIGIBLE] Thank you! Those are all the questions we have for you at this time. Please click "SUBMIT".

[Q2b CORRECTION: Display Q2b with the previous response and the following message]
Please review and correct your response to Q2b.

3. How many schools in your LEA currently operate the National School Lunch Program (NSLP)? Please provide counts of elementary, middle, and high schools (as defined by your State) operating the NSLP in your LEA.

|_|_|_| NSLP Elementary schools

|_|_|_| NSLP Middle schools

|_|_|_| NSLP High schools

|_|_|_| NSLP Other schools, specify grades: _____

3a. Do all of these schools operate the School Breakfast Program (SBP)?

Yes (go to 4) No

3b. How many schools in your LEA currently operate the School Breakfast Program (SBP)? Please provide counts of elementary, middle, and high schools (as defined by your State) operating the SBP in your LEA.

|_|_|_| SBP Elementary schools

|_|_|_| SBP Middle schools

|_|_|_| SBP High schools

|_|_|_| SBP Other schools, specify grades: _____

4. [Go to 4a if Q2="All" or Q2="None": Display Q4 if Q2="Some"] You indicated that your LEA uses the Community Eligibility Option at some schools. Please provide counts of elementary, middle, and high schools currently using the Community Eligibility Option.

|_|_|_| Elementary schools with Community Eligibility Option

|_|_|_| Middle schools with Community Eligibility Option

|_|_|_| High schools with Community Eligibility Option

|_|_|_| Other schools with Community Eligibility Option, specify grades: _____

4a. What are the start and end dates of School Year 2012-2013?

START: |_|_| / |_|_| / 2012
 M M D D

END: |_|_| / |_|_| / 2013
 M M D D

MEAL COUNTS

We are collecting data from three school years, starting with School Year 2010-2011. For each school year, we ask you to provide meal counts for the months of October, November, and December. In a separate table we ask you to provide meal counts for the complete School Year (e.g. July through June). **For this information please report meal counts as you have reported them to your state.**

In addition to meal counts, please also report the number of operating days for each month listed, as well as for the entire school year, as specified in the National School Lunch Program (NSLP) tables. If data for any time period are not available, check the "Not Available" box in that row.

- 6a. For all schools in your LEA, please record the number of breakfasts served under the School Breakfast Program (SBP) for the months of October, November, and December in 2010.

SY 2010-2011: School Breakfast Program (SBP)

Months	Not Available	Number of Reimbursable Breakfasts Served			
		Free	Reduced-Price	Paid	Total
October 2010	<input type="checkbox"/>				
November 2010	<input type="checkbox"/>				
December 2010	<input type="checkbox"/>				

- 6b. Please record the total number of reimbursable breakfasts served in the School Year 2010-2011.
NOTE: Please only complete this table if you have the yearly totals. If you must add up monthly counts to obtain the total, you may leave this section blank.

School Year 2010 - 2011	Not Available	Number of Reimbursable Breakfasts Served			
		Free	Reduced-Price	Paid	Total
School Year 2010-2011 Total	<input type="checkbox"/>				

6c. For all schools in your LEA, please record the number of lunches served under the National School Lunch Program (NSLP) and the number of operating days for the months of October, November, and December in 2010.

SY 2010-2011: National School Lunch Program (NSLP)

Months	Not Available	Number of Reimbursable Lunches Served				Number of Operating Days (If Not Available, choose N/A)
		Free	Reduced-Price	Paid	Total	
October 2010	<input type="checkbox"/>					<input type="checkbox"/> N/A
November 2010	<input type="checkbox"/>					<input type="checkbox"/> N/A
December 2010	<input type="checkbox"/>					<input type="checkbox"/> N/A

6d. Please record the total number of reimbursable lunches served and the total number of operating days in the School Year 2010-2011.

NOTE: Please only complete this table if you have the yearly totals. If you must add up monthly counts to obtain the total, you may leave this section blank.

School Year 2010 - 2011	Not Available	Number of Reimbursable Lunches Served				Number of Operating Days (If Not Available, choose N/A)
		Free	Reduced-Price	Paid	Total	
School Year 2010-2011 Total	<input type="checkbox"/>					<input type="checkbox"/> N/A

6e. Did your LEA offer summer meals in 2010 through the Summer Food Service program or through the Seamless Summer Option?

- Yes, through the Summer Food Service Program (SFSP) (go to 6f)
- Yes, through the Seamless Summer Option (go to 6f)
- No, the LEA did not offer summer meals through either program (go to 7)

6f. In which months did the LEA offer food through the [Prefill from 6e Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- May, 2010
- June, 2010
- July, 2010
- August, 2010

6g. Did your LEA offer breakfast, lunch or both meals through the [Prefill from 6e Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- Breakfast
- Lunch

7a. For all schools in your LEA, please record the number of breakfasts served under the School Breakfast Program (SBP) for the months of October, November, and December in 2011.

SY 2011-2012: School Breakfast Program (SBP)

Months	Not Available	Number of Reimbursable Breakfasts Served			
		Free	Reduced-Price	Paid	Total
October 2011	<input type="checkbox"/>				
November 2011	<input type="checkbox"/>				
December 2011	<input type="checkbox"/>				

7b. Please record the total number of reimbursable breakfasts served in the School Year 2011-2012.
 NOTE: Please only complete this table if you have the yearly totals. If you must add up monthly counts to obtain the total, you may leave this section blank.

School Year 2011 – 2012	Not Available	Number of Reimbursable Breakfasts Served			
		Free	Reduced-Price	Paid	Total
School Year 2011-2012 Total	<input type="checkbox"/>				

7c. For all schools in your LEA, please record the number of lunches served under the National School Lunch Program (NSLP) and the number of operating days for the months of October, November, and December in 2011. If data for number of operating days is not available, check "N/A" box.

SY 2011-2012: National School Lunch Program (NSLP)

Months	Not Available	Number of Reimbursable Lunches Served				Number of Operating Days (If Not Available, choose N/A)
		Free	Reduced-Price	Paid	Total	
October 2011	<input type="checkbox"/>					<input type="checkbox"/> N/A
November 2011	<input type="checkbox"/>					<input type="checkbox"/> N/A
December 2011	<input type="checkbox"/>					<input type="checkbox"/> N/A

7d. Please record the total number of reimbursable lunches served and the total number of operating days in School Year 2011-2012.

NOTE: Please only complete this table if you have the yearly totals. If you must add up monthly counts to obtain the total, you may leave this section blank.

School Year 2011 – 2012	Not Available	Number of Reimbursable Lunches Served				Number of Operating Days (If Not Available, choose N/A)
		Free	Reduced-Price	Paid	Total	
School Year 2011-2012 Total	<input type="checkbox"/>					<input type="checkbox"/> N/A

7e. Did your LEA offer summer meals in 2011 through the Summer Food Service program or through the Seamless Summer Option?

- Yes, through the Summer Food Service Program (SFSP) (go to 7f)
- Yes, through the Seamless Summer Option (go to 7f)
- No, the LEA did not offer summer meals through either program (go to 8)

7f. In which months did the LEA offer food through the [Prefill from 7e Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- May, 2011
- June, 2011
- July, 2011
- August, 2011

7g. Did your LEA offer breakfast, lunch or both meals through the [Prefill from 7e Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- Breakfast
- Lunch

8a. For all schools in your LEA, please record the number of breakfasts served under the School Breakfast Program (SBP) for the months of October, November, and December in 2012.

SY 2012-2013: School Breakfast Program (SBP)

Months	Not Available	Number of Reimbursable Breakfasts Served			
		Free	Reduced-Price	Paid	Total
October 2012	<input type="checkbox"/>				
November 2012	<input type="checkbox"/>				
December 2012	<input type="checkbox"/>				

8b. For all schools in your LEA, please record the number of lunches served under the National School Lunch Program (NSLP) and the number of operating days for the months of October, November, and December in 2012. If data for number of operating days is not available, check "N/A" box.

SY 2012-2013: National School Lunch Program (NSLP)

Months	Not Available	Number of Reimbursable Lunches Served				Number of Operating Days (If Not Available, choose N/A)
		Free	Reduced-Price	Paid	Total	
October 2012	<input type="checkbox"/>					<input type="checkbox"/> N/A
November 2012	<input type="checkbox"/>					<input type="checkbox"/> N/A
December 2012	<input type="checkbox"/>					<input type="checkbox"/> N/A

8c. Did your LEA offer summer meals in 2012 through the Summer Food Service program or through the Seamless Summer Option?

- Yes, through the Summer Food Service Program (SFSP) (go to 8d)
- Yes, through the Seamless Summer Option (go to 8d)
- No, the LEA did not offer summer meals through either program (go to 9)

8d. In which months did the LEA offer food through the [Prefill from 8c Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- May, 2012
- June, 2012
- July, 2012
- August, 2012

8e. Did your LEA offer breakfast, lunch or both meals through the [Prefill from 8c Summer Food Service Program/Seamless Summer Option]? (Select all that apply)

- Breakfast
- Lunch

ENROLLMENT AND AVERAGE DAILY ATTENDANCE

9. Next, please provide information on total student enrollment and average daily student attendance in your LEA. For each of the three school years beginning with 2010-2011, as indicated in the table below, please enter the student enrollment, as of October 31st of each school year for your LEA. If you are unable to provide the enrollment as of October 31st for a given school year, please provide enrollment as of the closest available date, and specify the date.

Then record the average daily student attendance for your LEA for the months of October, November, and December for each school year.

Please check "N/A" box for any information not available for a given time period.

ENROLLMENT AND AVERAGE DAILY ATTENDANCE	SY 2010-11	SY 2011-12	SY 2012-13
Enrollment	<input type="checkbox"/> N/A Is this as of Oct 31 st ? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓ If no, specify date: _ _ / _ _ M M D D	<input type="checkbox"/> N/A Is this as of Oct 31 st ? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓ If no, specify date: _ _ / _ _ M M D D	<input type="checkbox"/> N/A Is this as of Oct 31 st ? <input type="checkbox"/> Yes <input type="checkbox"/> No ↓ If no, specify date: _ _ / _ _ M M D D
Average Daily Student Attendance (number of students) for:			
October	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
November	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
December	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
School Year – average for all operating months (July through June)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

REVENUES:

Now, we'd like to collect some revenue data on foodservice operations in your LEA, starting with School Year 2010-2011. "Local funds" include transfers from other LEA accounts to the school foodservice account.

SCHOOL YEAR 2010-2011

11a. What were the prices for the most common type of school breakfast and lunch in School Year 2010-2011? Please report the reduced and full (paid) prices for each type of school in your LEA.

	Elementary	Middle	High
School Breakfast – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Breakfast – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available

11b. For School Year 2010-2011, did the foodservice operations in your LEA generate any of the following revenue? (Please provide a response for each revenue category.)

	Yes	No	Don't know
Federal payment from Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts (Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, equipment grants, Summer Food Service Program, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other revenue from local sources not listed above (such as catering, special events, returned check fees, interest etc.) Note: this does not include Federal or State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11c. [If Other revenue=Yes in 11b, ask] Specify sources of other revenue (Check all that apply):

- Catering
 - Special events
 - Returned check fees
 - Interest
 - Other (specify):
-

On the web survey, question 11d will display categories based on your answers to question 11b.

11d. Are you able to report the following revenue separately for each revenue category listed below for School Year 2010-2011?

	Yes	No	Don't know
NSLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal payment from Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11e. **REVENUE: SCHOOL YEAR 2010-2011:** For each revenue category listed in Column 1, indicate how you prefer to report revenue for first half of year in Column 2. Proceed to report revenue for first half of year, either total or monthly, if available. Then report the amount of revenue for the entire school year in far right column, if available. **Enter only whole dollars with no cents, commas or \$ sign.**

The web survey will display categories based on your responses to 11 d.

Revenue Category	Revenue for First Half of School Year (Jul 2010-Dec 2011)							Entire School Year (Jul 2010-Jun 2011)	
	Report for First Half of SY (select one)	Total Revenue (Jul 10- Dec 10)	Monthly Revenue						
			Jul 2010	Aug 2010	Sep 2010	Oct 2010	Nov 2010		Dec 2010
A. NSLP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
B. SBP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
C. Afterschool Snack Program	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
D. Other federal payments (including Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, Summer Food Service Program, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
E. Combined federal payments All federal payment categories that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	

Revenue Category	Revenue for First Half of School Year (Jul 2010-Dec 2011)							Entire School Year (Jul 2010-Jun 2011)	
	Report for First Half of SY (select one)	Total Revenue (Jul 10- Dec 10)	Monthly Revenue						
			Jul 2010	Aug 2010	Sep 2010	Oct 2010	Nov 2010		Dec 2010
F. Value of commodities received	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
G. State payments	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
H. Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
I. Student payment for reimbursable meals	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
J. Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
K. Other Revenue All revenue from state payments, local funds, student payments, non-reimbursable foods, and other revenue sources that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	

SCHOOL YEAR 2011-2012

12a. What were the prices for the most common type of school breakfast and lunch in School Year 2011-2012? Please report the reduced and full (paid) prices for each type of school in your LEA.

	Elementary	Middle	High
School Breakfast – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Breakfast – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available

12b. For School Year 2011-2012, did the foodservice operations in your LEA generate any of the following revenue? (Please provide a response for each revenue category.)

	Yes	No	Don't know
Federal payment from Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts (Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, equipment grants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other revenue from local sources not listed above (such as catering, special events, returned check fee, interest, etc.) Note: this does not include Federal or State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12c. [If Other revenue=Yes in 12b, ask] Specify sources of other revenue (Check all that apply):

- Catering
- Special events
- Returned check fees
- Interest
- Other (specify): _____

On the web survey, question 12d will display categories based on your answers to question 12b.

12d. Are you able to report the following revenue separately for each revenue category listed below for School Year 2011-2012?

	Yes	No	Don't know
NSLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal payment from Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12e. **REVENUE: SCHOOL YEAR 2011-2012:** For each revenue category listed in Column 1, indicate how you prefer to report revenue for first half of year in Column 2. Proceed to report revenue for first half of year, either total or monthly, if available. Then report the amount of revenue for the entire school year in far right column, if available. **Enter only whole dollars with no cents, commas or \$ sign.**

The web survey will display categories based on your responses to 12 d.

Revenue Category	Revenue for First Half of School Year (Jul 2011-Dec 2011)							Entire School Year (Jul 2011-Jun 2012)
	Report for First Half of SY (select one)	Total Revenue (Jul 11- Dec 11)	Monthly Revenue					
			Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	
A. NSLP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available
B. SBP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available
C. Afterschool Snack Program	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available
D. Other federal payments (including Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, Summer Food Service Program, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available
E. Combined federal payments All federal payment categories that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available

Revenue Category	Revenue for First Half of School Year (Jul 2011-Dec 2012)							Entire School Year (Jul 2011-Jun 2012)	
	Report for First Half of SY (select one)	Total Revenue (Jul 11- Dec 11)	Monthly Revenue						
			Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011		Dec 2011
F. Value of commodities received	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
G. State payments	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
H. Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
I. Student payment for reimbursable meals	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
J. Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	
K. Other Revenue All revenue from state payments, local funds, student payments, non-reimbursable foods, and other revenue sources that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="radio"/> Not Available	

SCHOOL YEAR 2012-2013

13a. What are the prices for the most common type of school breakfast and lunch in School Year 2012-2013? Please report the reduced and full (paid) prices for each type of school in your LEA.

	Elementary	Middle	High
School Breakfast – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Breakfast – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Reduced Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available
School Lunch – Full (Paid) Price	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not Available

13b. For School Year 2012-2013, has the foodservice operations in your LEA generated any of the following revenue? (Please provide a response for each revenue category.)

	Yes	No	Don't know
Federal payment from Afterschool Snack Program			
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts (Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, equipment grants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other revenue from local sources not listed above (such as catering, special events, returned check fee, interest, etc.) Note: this does not include Federal or State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13c. [If Other revenue=Yes in 13b, ask] Specify sources of other revenue (Check all that apply):

- Catering
- Special events
- Returned check fees
- Interest
- Other (specify): _____

On the web survey, question 13d will display categories based on your answers to question 13b.

13d. Are you able to report the following revenue separately for each revenue category listed below for School Year 2012-2013?

	Yes	No	Don't know
NSLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal payment from Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other federal payment <u>aside from</u> NSLP lunches and SBP breakfasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of commodities received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student payment for reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13e. REVENUE: SCHOOL YEAR 2012-2013: For each revenue category listed in Column 1, indicate how you prefer to report revenue for first half of year in Column 2. Proceed to report revenue for first half of year, either total or monthly, if available. **Enter only whole dollars with no cents, commas or \$ sign.**

The web survey will display categories based on your responses to 13d.

Revenue Category	Revenue for First Half of School Year (Jul 2012-Dec 2013)							
	Report for First Half of SY (select one)	Total Revenue (Jul 12- Dec 12)	Monthly Revenue					
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012
A. NSLP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. SBP	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. After School Snack Program	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Other federal payments (including Fresh Fruit and Vegetable Program, Child and Adult Care Food Program, Special Milk Program, Summer Food Service Program, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Combined federal payments All federal payment categories that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Value of commodities received	<input type="radio"/> Not available <input type="radio"/> Report total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Revenue Category	Revenue for First Half of School Year (Jul 2012-Dec 2013)									
	Report for First Half of SY (select one)	Total Revenue (Jul 12- Dec 12)	Monthly Revenue							
			Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012		
	<input type="radio"/> Report monthly									
G. State payments	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly									
H. Local funds (any funds transferred from other local account to school foodservice other than payment for catering)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly									
I. Student payment for reimbursable meals	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly									
J. Non-reimbursable foods (competitive foods, a la carte, vending machines, adult meals, etc.)	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly									
K. Other Revenue All revenue from state payments, local funds, student payments, non-reimbursable foods, and other revenue sources that cannot be reported separately	<input type="radio"/> Not available <input type="radio"/> Report total <input type="radio"/> Report monthly									

PARTICIPATION—BREAKFAST

14. Has the **average daily participation** in the school breakfast program operated by your LEA increased, decreased, or stayed the same **over the past two years** (since January 2011)? Average daily participation means the average number of meals claimed per day. (Select one)

- Average daily participation in school breakfast has increased (go to 14a)
- Average daily participation in school breakfast has decreased (go to 14c)
- Average daily participation in school breakfast has stayed the same (go to 15)
- Don't know (go to 15)

14a. Which of the following was the **biggest** factor for the increase in average daily participation in school breakfast? (Select one)

- More schools offering school breakfast
- An increase in student enrollment
- An increase in the percentage of students participating in SBP
- An increase in the number of breakfasts per week taken by participating students
- Don't know

14b. In general, which type of school experienced the **greatest** increase in average daily participation in the SBP? (Select one)

- Elementary school (go to 15)
- Middle school (go to 15)
- High school (go to 15)
- No difference by school type (go to 15)
- Don't know (go to 15)

14c. Which of the following was the **biggest** factor for the decrease in average daily participation in school breakfast? (Select one)

- Fewer schools offering school breakfast
- A decrease in student enrollment
- A decrease in the percentage of students participating in SBP
- A decrease in the number of breakfasts per week taken by participating students
- Don't know

14d. In general, which type of school experienced the **greatest** decrease? (Select one)

- Elementary school
- Middle school
- High school
- No difference by school type
- Don't know

PARTICIPATION—LUNCH

15. In your opinion has average daily participation in the school lunch program operated by your LEA increased, decreased, or stayed the same **over the past two years** (since January 2011)? (Select one)
- Average daily participation in school lunch has increased (go to 15a)
 - Average daily participation in school lunch has decreased (go to 15c)
 - Average daily participation in school lunch has stayed the same (go to 16)
 - Don't know (go to 16)
- 15a. Which of the following was the **biggest** factor for the increase in average daily participation in school lunch? (Select one)
- An increase in student enrollment
 - An increase in the percentage of students participating in NSLP
 - An increase in the number of lunches per week taken by participating students
 - Don't know
- 15b. In general, which type of school experienced the **greatest** increase? (Select one)
- Elementary school (go to 16)
 - Middle school (go to 16)
 - High school (go to 16)
 - No difference by school type (go to 16)
 - Don't know (go to 16)
- 15c. Which of the following was the **biggest** factor for the decrease in average daily participation in school lunch? (Select one)
- A decrease in student enrollment
 - A decrease in the percentage of students participating in NSLP
 - A decrease in the number of lunches per week taken by participating students
 - Don't know
- 15d. In general, which type of school experienced the **greatest** decrease? (Select one)
- Elementary school
 - Middle school
 - High school
 - No difference by school type
 - Don't know

CHANGES IN FOOD, LABOR & COST—BREAKFAST

Below we ask questions about the **per meal** food and labor costs of the School Breakfast Program—that is, the total cost divided by the number of meals. There are also questions about the quality and variety of food served at breakfast. Please answer considering the averages across all schools in your LEA.

16. Over the last two years, has your LEA's labor cost per **breakfast** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
17. Over the last two years, has your LEA's food cost per **breakfast** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
18. Over the last two years, has the quality of food (food that is fresher and/or more nutritious) served at **breakfast** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
19. Over the last two years, has the variety of food served at **breakfast** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know

CHANGES IN FOOD, LABOR & COST—LUNCH

Below, we ask questions about the **per meal** food and labor costs of the National School Lunch Program—that is, the total cost divided by the number of meals. There are also questions about the quality and variety of food served at lunch. Please answer considering the averages across all schools in your LEA.

20. Over the last two years, has your LEA's labor cost per **lunch** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
21. Over the last two years, has your LEA's food cost per **lunch** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
22. Over the last two years, has the quality of food (food that is fresher and/or more nutritious) served at **lunch** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
23. Over the last two years, has the variety of food served at **lunch** increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know
24. Over the last two years, has the average pay per hour for cafeteria workers increased, decreased, or stayed the same?
- Increased
 - Decreased
 - Stayed the same
 - Don't know

That completes the survey. Thank you so much for taking the time to participate. Your input is very valuable. If you have any questions about this survey or this evaluation, please contact Abt at: 855-759-5752 or at CommunityEligibility@abtassoc.com.

THANK YOU!

Administrative Cost Interview—Self-Administered Questionnaire

LEA ID #:	«LEA_ID»
LEA Name:	«LEA_Name»
Respondent Name:	«LEA_Dir_fname» «LEA_Dir_Iname»
Respondent Title:	«LEA_Title»
Respondent Phone:	«LEA_Phone»
Respondent E-mail:	«LEA_email»

Community Eligibility Option Evaluation

Administrative Cost Interview—Self-Administered Questionnaire

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates Inc.

Community Eligibility Option Evaluation

Administrative Cost Interview - Self-Administered Questionnaire

This package includes the following forms:

- I. Administrative Activity Summary Grid
- II. Indirect Costs and Fringe Rate Questions
- III. Central LEA Foodservice Staff Roster
 - Include Central LEA Foodservice Staff and other district personnel who perform any activities listed in the Administrative Activity Summary Grid, for example drivers and secretaries
- IV. School Cafeteria Staff Roster
 - Fill out only for the School Cafeteria Staff identified as performing a task in the Administrative Activity Summary Grid
- V. School Administrative Staff Roster
 - Fill out only for the School Administrative Staff identified as performing a task in the Administrative Activity Summary Grid. If no School Administrative Staff are involved in any task, do not fill out

Please review and complete these forms and make a copy for yourself by the start of data collection in your district. Each form includes instructions. These forms will help you and us prepare to discuss your LEAs foodservice costs.

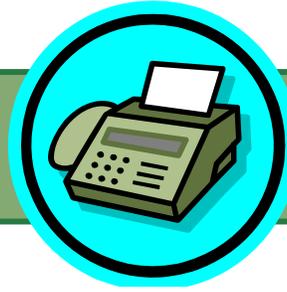
Please complete and fax part I. Administrative Activity Summary Grid using the enclosed fax cover sheet to 617-386-2622 or send by email to CommunityEligibility@abtassoc.com as soon as possible.

An interviewer will collect the remaining completed sections at the time of our visit to your LEA for the Administrative Cost Interviews.

If you have any questions about how to complete this questionnaire, please call 855-759-5752 (toll-free).

Thank you for your cooperation with the Community Eligibility Option Evaluation.

Facsimile Cover Sheet



Community Eligibility Option Evaluation Administrative Cost Interview: Self-Administered Questionnaire

TO	FROM
Abt SRBI – COMEL	
Fax: 617-386-2622	Fax:
Phone: 855-759-5752	Phone:

Dear Foodservice Director,

Please use this fax cover sheet to send back your completed Administrative Activity Summary Grid. If you have any questions call toll free, 855-759-5752.

OMB Clearance # 0584-0570
Expiration Date: 10/31/2015

LEA ID#:	«LEA_ID»
LEA Name:	«LEA_Name»
Foodservice Director Name:	«LEA_Dir_fname» «LEA_Dir_Iname»
Foodservice Director Phone:	«LEA_Phone»
Foodservice Director email:	«LEA_email»

NOTES:

I. Administrative Activity Summary Grid

This grid will help us to identify the administrative activities performed by the central LEA foodservice office, school cafeteria personnel, school administration (non-foodservice), or district administration (non-foodservice).

For each of the five administrative activities listed (A-E), please indicate the unit(s) responsible for providing the associated tasks, circling all responses that apply. If a task is not performed in your LEA, circle 8 in the *Not Applicable* column. If more than one unit performs a task, circle all that apply. If a task is performed by District Administration/Other, use the *Comments* box to describe who performs the task. In addition, use the *Comments* section if you need to clarify your responses.

LEA Name: «LEA_Name»

Your name: _____

Your telephone number: _____

Activity	Which unit is responsible? (Circle all that apply)				Not Applicable
	Central LEA Food- Service	School Cafeteria	School Administration	District Administration/ Other	
A. Distributing and processing applications for free or reduced-price meals					
1. Distributing applications	1	2	3	4	8
2. Communications about applications for free/reduced price meals	1	2	3	4	8
3. Maintaining online applications	1	2	3	4	8
4. Collecting and checking applications, resolving problems, and adding school information	1	2	3	4	8
5. Approving/rejecting applications and notifying parents	1	2	3	4	8
6. Compiling lists of eligible students	1	2	3	4	8
7. Updating lists to include transfers and other changes	1	2	3	4	8
B. Direct certification					
1. Direct certification with SNAP, TANF, Medicaid, or FDPIR (batches of students or individual lookups)	1	2	3	4	8
2. Other certification from lists (homeless, migrant, runaway, HeadStart)	1	2	3	4	8
3. Calculating the identified student percentage for schools/LEA	1	2	3	4	8

continued on next page -

I. Administrative Activity Summary Grid – cont'

Activity	Which unit is responsible? (Circle all that apply)				Not Applicable
	Central LEA Food- Service	School Cafeteria	School Administration	District Administration/ Other	
C. Verification of applications for free/reduced price meals					
1. Selecting applications for verification	1	2	3	4	8
2. Sending out requests for proof of eligibility, answering questions	1	2	3	4	8
3. Verifying applications with SNAP/Food Stamp, TANF, Medicaid or FDPIR information from another agency (direct verification)	1	2	3	4	8
4. Reviewing information provided by parents, verifying eligibility, and following up on missing information	1	2	3	4	8
5. Notifying parents of changes in eligibility	1	2	3	4	8
6. Writing reports for verification	1	2	3	4	8
D. Meal payment collections and accounting					
1. Collecting money at meals	1	2	3	4	8
2. Collecting money owed for meals	1	2	3	4	8
3. Collecting money from cafeterias	1	2	3	4	8
4. Receiving money for student meal payment accounts or selling meal tickets	1	2	3	4	8
5. Depositing money for meals or meal tickets	1	2	3	4	8
6. Issuing meal payment cards or ID/PIN numbers	1	2	3	4	8
7. Maintaining student meal payment accounts	1	2	3	4	8
8. Reconciling deposits to bank statements	1	2	3	4	8
E. Counting and claiming reimbursable meals					
1. Compiling meal counts for breakfast	1	2	3	4	8
2. Compiling meal counts for lunch	1	2	3	4	8
3. Compiling meal counts for after-school snacks	1	2	3	4	8
4. Reporting on meal counts	1	2	3	4	8
5. Submitting meal claims to State	1	2	3	4	8

**Please send the completed Administrative Activity Summary Grid
by fax to 617-386-2622 or by email to CommunityEligibility@abtassoc.com**

II. Questions about Indirect Cost Rate and Fringe Rates for Central Staff

1. Please provide your LEA's unrestricted indirect cost rate:

_____ % (IF NOT AVAILABLE, ANSWER 1a., OTHERWISE GO TO QUESTION 2)

- 1a. (ANSWER IF UNRESTRICTED RATE IS UNAVAILABLE) Please provide the restricted indirect cost rate:

_____ % (IF NOT AVAILABLE, ANSWER 1b., OTHERWISE GO TO QUESTION 2)

- 1b. (ANSWER IF NEITHER RATE IS AVAILABLE) Who is the person at the State Education Agency who can provide the unrestricted indirect cost rate?

Name: _____

Telephone number: _____

2. What are the fringe benefit rates for:

- 2a. Foodservice staff (at the LEA and at the schools) _____ % (IF NOT AVAILABLE, ENTER AVERAGE OVERALL FRINGE BENEFIT RATE FOR ALL LEA EMPLOYEES FOR 2a. and 2b.)

- 2b. Other LEA staff at the schools _____ %

The fringe benefit rate is the cost of fringe benefits paid to employees as a percentage of the cost of salaries and wages. Fringe benefits include social security or other retirement, unemployment compensation, health and dental insurance, other types of insurance, and tuition reimbursement.

IF FRINGE BENEFIT RATES ARE UNAVAILABLE, COMPLETE 2c. BELOW, OTHERWISE, YOU ARE DONE!

- 2c. (IF FRINGE BENEFIT RATES ARE UNKNOWN) Please provide the following information for School Year 2010-2011 so we can calculate a fringe rate. You can provide a copy of your LEA's financial statement for last year if it contains the following information.

		Amount
a.	Total salary and wages for regular food service employees	\$ _____
b.	Total salary and wages for other district employees	\$ _____
c.	Total salary and wages for temporary employees	\$ _____
d.	Social security taxes paid	\$ _____
e.	Unemployment compensation paid	\$ _____
f.	Workers' compensation paid	\$ _____
g.	Health insurance	\$ _____
h.	Pension contributions	\$ _____
i.	Other benefits (life insurance, disability insurance, etc.)	\$ _____

III. Central LEA Foodservice Staff Roster

(including staff from District Administration/Other)

LEA ID#: «LEA_ID»

LEA Name: «LEA_Name»

Name of person completing this roster: _____

Phone number: _____

Instructions: This roster will help us analyze the direct labor cost associated with administrative activities for your central LEA foodservice staff. Please list (1) the different job titles or positions of all central staff who are involved with activities listed on the Administrative Activity Summary Grid. This does not include anyone who works primarily in a school or kitchen, just your central LEA foodservice staff and other district personnel who perform any activities on the Administrative Activity Summary Grid (i.e. drivers, secretaries).

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

Central LEA Foodservice Staff Roster					
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Semi-monthly	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

Central LEA Foodservice Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage		(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		_____ hrs/wk	_____ wks/yr	_____ hrs/yr

Community Eligibility Option Evaluation IV. School Cafeteria Staff Roster

LEA ID: «LEA_ID»

LEA Name: «LEA_Name»

School ID: «School_ID»

Name of School: «Sch_name»

Name of person completing this roster: _____

Phone number: _____

Instructions: This roster will help us to analyze the direct labor cost associated with administrative activities for your School Cafeteria staff. Please complete all School Cafeteria Staff Rosters that have been provided to you. The name of each school is printed above. For each school, list (1) the different job titles or positions of all school cafeteria staff who are involved with tasks listed on the Administrative Activity Summary Grid.

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

School Cafeteria Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>	
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

School Cafeteria Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)	
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

Community Eligibility Option Evaluation

V. School Administrative Staff Roster

LEA ID: «LEA_ID»

LEA Name: «LEA_Name»

School ID: «School_ID»

Name of School: «Sch_name»

Name of person completing this roster: _____

Phone number: _____

Instructions: This roster will help us to analyze the direct labor cost associated with administrative activities for your School Administrator staff. If the school administrative staff perform any of the tasks listed on the Administrative Activity Summary Grid, then complete a School Administrative Staff Roster for each school. For each school, list (1) the different job titles or positions of all school administrative (not cafeteria) staff who are involved with tasks listed on the Administrative Activity Summary Grid.

For each position listed under column 1, please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (6). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.**

School Administrative Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year <small>(e.g., paid sick, vacation, and holiday time)</small>	
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

School Administrative Staff Roster						
(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)	
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/wk	_____ wks/yr	_____ hrs/yr

Administrative Cost Interview—Field Questionnaire

LEA ID #: _____
LEA Name: _____
Unit (Central LEA Foodservice/School Cafeteria Manager/ School Administration/Other): _____
School (if applicable): _____
Respondent Name: _____
Respondent Title: _____
Respondent Phone Number: _____
Respondent E-mail: _____

Community Eligibility Option Evaluation

Administrative Cost Interview—Field Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average up to 45 minutes, 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 the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates Inc.

Administrative Cost Interview—Field Questionnaire

Note to interviewers: The purpose of this interview is to find out what kinds of employees are involved and how much time they spend on each activity and task using the Staffing and Time Grids. Refer to Administrative Activity Summary Grid on the Administrative Cost Interview - Self-Administered Questionnaire to determine which types of respondents need to be interviewed and which activities are conducted by each respondent's unit. The LEA Foodservice Director will always be interviewed; interviews with School Cafeteria Managers and/or School Administrators in the sampled schools may also be needed. An interview must be conducted for each identified respondent. If more than one respondent is identified for a given activity, an interview for each respondent must be conducted. To prepare for each interview, identify the activities done by each unit and, on the Staffing and Time Grid for each such activity, circle the tasks that the unit performs, as indicated in the Administrative Activity Summary Grid. Note that for Grid B – Direct Certification, the Administrative Activity Summary Grid has *three* tasks listed. On the corresponding Staffing and Time Grid B you will note that two of the tasks (Task B1 Direct Certification with SNAP, TANF, Medicaid or FDPIR, and Task B2 Other certification from lists) have several subtasks listed. If Task B1 is circled on the Administrative Activity Summary Grid please make sure to ask about both subtasks – processing batches and lookups for individual students). Similarly, if Task B2 is circled on the Administrative Activity Summary Grid make sure to ask about the four separate types of “Other certification from lists) on Task B2 of the Staffing and Time Grid (homeless list, head start list, foster care list, other lists). Once the Staffing and Time Grids are completed, you will be asked to go over the Staff Rosters and complete the Staff Roster Checklist (page 29). There is a special section for the LEA Foodservice Director AT CE OPTION LEAs ONLY at the end of this guide (page 30).

Introduction script

To all respondents: Before we start I would like to thank you for agreeing to participate in the study. Today, I would like to ask you some questions about Administrative Costs in your unit.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

Do have any questions before we begin?

[If respondent has privacy questions you cannot answer:] If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Script for Staffing and Time Grids

To LEA foodservice director: You have identified administrative activities for the school meals programs that your unit performs in the Administrative Cost Interview - Self-Administered Questionnaire. I want to find out how much time the staff in your department spends each year on these administrative activities. I am going to name the administrative tasks associated with each activity that your staff might do. Here is a handout with the questions that I will ask you for each task. For each task, tell me what types of employees do the task, and how many, if more than one. Then, tell me how much time each employee spends on the given task. The reference period is the program year July 2012 – June 2013, so you will need to base your responses on your experience from July 2012 through the present, and your best estimate for the period from now through June 2013. When possible please tell me how much time each type of employee spends on the task during a week, and how many weeks during the year this task is done. If a task is done only one time per year or infrequently, you can just tell me the time spent per year by each type of employee, otherwise I want to know the number of hours per week and weeks per year. If there is more than one type of employee that does a task, tell me the number of employees and the time spent on the task for each type of employee. What we need to know is how much time each type of employee spends on each activity, including all of the tasks. So if you can't separate time spent on different tasks that make up an activity, that's all right. I can just record the time spent on a group of tasks. Also, if the task is performed for different amounts of time at various points during the year, tell me how much time you spend on the task separately for each time period. For example, if you spend 80 percent of your time processing applications for the first month of school, and then one hour a week for the rest of the year, you can tell me that instead of trying to provide an average over the entire school year. (IF NEEDED: If it is easier, you can think about the time to do a task once and then tell me how many times per year the task is done). I also want to know how many weeks school is in session in your LEA, and how many hours per day the typical employee works during the school year. Please round all numbers to the nearest whole number.

To all other respondents: The LEA foodservice director identified administrative activities for the school meals programs that your unit performs. I want to find out how much time the staff in your department spends each year for each of these administrative activities. First, I want to review the administrative activities that you perform as indicated by the foodservice director, confirm that in fact your unit performs these tasks, and then identify any other tasks that may have been missed. Next, I want to find out how much time the staff in your department spends each year on these administrative activities. The reference period is the program year July 2012 – June 2013, so you will need to base your responses on your experience from July 2012 through the present, and your best estimate for the period from now through June 2013. I am going to name the administrative tasks associated with each activity that your staff might do. Here is a handout with the questions that I will ask you for each task. For each task, tell me what types of employees do the task, and how many, if more than one. Then, tell me how much time each employee spends on the given task. If a task is done one time per year or infrequently, you can just tell me the time spent per year by each type of employee. But where possible, please tell me how much time each type of employee spends on the task each week, and how many weeks during the year this task is done. If the task is performed for different amounts of time at various points during the year, tell me how much time you spend on the task separately for each time period. For example, if you spend 80 percent of your time processing applications for the first month of school, and then one hour a week for the rest of the year, you can tell me that instead of trying to provide an average over the entire school year. (IF NEEDED: If it is easier, you can think about the time to do a task once and then tell me how many times per year the task is done). If there is more than one type of employee that does a task, tell me the number of employees and the time spent on the task for each type of employee. What we need to know is how much time each type of employee spends on each activity, including all of the tasks. So if you can't separate time spent on different tasks that make up an activity, that's all right. I can just record the time spent on a group of tasks. Please round all numbers to the nearest whole number.

Instructions script for all respondents (including LEA foodservice director)

Before we turn to the Grids, please tell me how many weeks schools in your district are in session during the year? Please **exclude** breaks of a week or longer. How many hours per school day does a typical salaried administrative staff person work?

Question 1: How many weeks per year is school in session in this district? Please **exclude** breaks of one week or longer. _____

Question 2: How many hours per day does the typical salaried administrative staff member in your district work? _____

Now, let's start with (*read first circled task on Staffing and Time Grid*). The first task is (*read task 1 description on grid for this activity. Complete columns b-d for each task that staff perform.*) Have I left out a task for this activity? (*If yes*) Please tell me what it is, and what type of staff does it. (*Write in column b, and complete columns c and d, using the questions in the column headings.*)

(Complete the Staffing and Time Grid for each activity identified on the Activity Summary Grid from the Administrative Cost Interview - Self-Administered Questionnaire. If the respondent tells you that the unit does not do the task identified by the LEA foodservice director, write "Task not done by this unit" in column b and probe to determine if there is another unit that performs the task. If so – record this and follow up in other interviews. If the respondent does not know what types of employees do a task, or how many of a type, or how much time it takes to do a task – write "DK" in all relevant columns. Obtain time estimates for each task identified on the Activity Summary Grid. When the respondent can only provide time estimates for a set of combined tasks, write the task numbers that are being combined in the shaded boxes at the end of each grid, and then fill out the appropriate time estimate in columns c and d. Use the Workspace area at the end of each grid to work out time estimates with the respondent if the respondent can only provide time per episode rather than per time. If time permits, ask respondent to confirm total calculated hours per year. When all Staffing and Time Grids are complete, ask) Are there any other administrative activities related to school meals eligibility or meal reimbursements that you do that we have missed? Are there any that we counted more than once?"

Community Eligibility Option Evaluation Administrative Cost Interview Guide Handout

1. What types of employees do this task (i.e., title, position, etc.)?

- Please use same type as written on the Staff Rosters

2. How many employees of this type do this task?

3. How many hours does each person of this type spend on this task?

- If more than one type of employee does this task, please tell me how many hours each person of the type(s) spends on this task. So the total time will be the time per person multiplied by the number of employees of this type.
- If the task is done once per year or infrequently, you can tell me the number of hours each employee of this type spends per year.
- Otherwise it is preferable to provide the estimate of hours per week, and number of weeks per year. If the task is performed for different amounts of time at various points during the year, tell me how many hours each person spends on the task separately for each time period.

4. Is this per day, per week, per month, or per year?

- Provide the time period that goes with the number of hours spent on the task. It's best if you can provide the time estimate in hours per week and provide the number of weeks covered. If a task is repetitive each day or each week during the school year, provide an estimate of the number of hours per week the type of person spends on the task and then the reference period is "per week" and the number of periods is the number of weeks in the school year.
- If a task is cyclical on a monthly basis, please tell me the hours per month and the number of months per year.
- If the task happens only once during the year, or only at the beginning of the year, please tell me the hours per year

5. What we need to know is how much time each type of employee spends on each activity including all of the tasks that they do. It's OK to combine tasks when providing time estimates if that's easier.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
1. Distributing applications (i.e. printing, mailing, handing out at meetings)			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
2. Communications about applications for free/reduced price meals (newsletters, public service announcements, web site postings, speaking to parent groups or community organizations, contacting individual parents etc.)			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
3. Maintaining online applications			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
4. Collecting and checking applications, resolving problems, and adding school information			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
5. Approving/rejecting applications and notifying parents			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
6. Compiling lists of eligible students			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
7. Updating lists to include transfers and other changes			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
8. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)				
			Hours per Period		Number of Periods		
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____		
			_____ hrs per	D W M Y Other: _____	For: _____		
			_____ hrs per	_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	_____ hrs per	D W M Y Other: _____	For: _____	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____		
			_____ hrs per	D W M Y Other: _____	For: _____		
			_____ hrs per	_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	_____ hrs per	D W M Y Other: _____	For: _____	

Workspace:

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid B: Direct Certifications

(a)		(b)	(c)	(d)		
Circle applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Period		Number of Periods
1. Direct certification with SNAP, TANF, Medicaid, or FDPIR—processing batches of students	Processing batches of students			_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
	Lookups for Individual students			_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
2. Other Certification from lists	Certification from Homeless List			_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid B: Direct Certifications

(a)		(b)	(c)	(d)			
Circle applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
				Hours per Period		Number of Periods	
2. Other Certification from lists (continued)	Certification from Head Start list			_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
	Certification from foster care list			_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
	Certification from other lists (runaways, migrants)			_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid B: Direct Certifications

(a)		(b)	(c)	(d)		
Circle applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Period		Number of Periods
3. Calculating the identified student percentage (ISP) for schools/LEA				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
4. Other (specify): _____ _____ _____				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
COMBINED TASK NUMBERS: _____				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y
				_____hrs per	D W M Y Other: _____	For: _____ D W M Y

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid B: Direct Certifications

(a)		(b)	(c)	(d)			
Circle applicable tasks		What types of employees do this task (i.e., title, position, etc.)? <i>(refer to Staff Rosters for titles)</i>	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? <i>(fill in hours and number of periods, and circle type of period)</i>			
				Hours per Period		Number of Periods	
COMBINED TASK NUMBERS: _____				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
COMBINED TASK NUMBERS: _____				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
				_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

Workspace:

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid C: Verifying income of free/reduced price students

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
1. Selecting applications for verification			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
2. Sending out requests for proof of eligibility, answering questions			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
3. Verifying applications with SNAP/Food Stamp, TANF, Medicaid or FDPIR information from another agency (direct verification)			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid C: Verifying income of free/reduced price students

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
4. Reviewing information provided by parents, verifying eligibility, and following up on missing information			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
5. Notifying parents of changes in eligibility			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
6. Writing reports for verification			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid C: Verifying income of free/reduced price students

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
7. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid C: Verifying income of free/reduced price students

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

Workspace:

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid D: Meal payment collections and accounting

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
1. Collecting money at meals			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
2. Collecting money owed for meals			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
3. Collecting money from cafeterias			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid D: Meal payment collections and accounting

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
4. Receiving money for student meal payment accounts or selling meal tickets			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
5. Depositing money for meals or meal tickets			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
6. Issuing meal payment cards or ID/PIN numbers			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid D: Meal payment collections and accounting

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
7. Maintaining student meal payment accounts			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
8. Reconciling deposits to bank statements			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
9. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid D: Meal payment collections and accounting

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Workspace:

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid E: Counting and claiming reimbursable meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
1. Compiling meal counts for breakfast			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
2. Compiling meal counts for lunch			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
3. Compiling meal counts for after-school snacks			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid E: Counting and claiming reimbursable meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
4. Reporting on meal counts			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
5. Submitting meal claims to State			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
6. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Staffing and Time Grid E: Counting and claiming reimbursable meals

(a) Circle applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	
			_____ hrs per	D W M Y	For: _____	
			_____ hrs per	D W M Y Other: _____	For: _____	

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Workspace:

D=Day, W=Week, M=Month, Y=Year. If unit does not do a task that was circled, write "Task not done by this unit" in column b, ask what other unit does it, and follow up.

Script to identify missing tasks

Are there other administrative tasks related to school meals eligibility or meal reimbursements that I have not listed in which you or your staff are involved?

(IF YES, ask) What tasks have we left out?

(IF NO, proceed to page 31)

(Instructions to interviewer: Write the identified missing the tasks below. Then, fill in the applicable time in Staffing and Time Grid F on the next page, making sure that the task has not already been previously listed and give an appropriate Activity for the task.)

a. _____

b. _____

c. _____

d. _____

Staffing and Time Grid F: Missing Tasks

(a) Tasks	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid F: Missing Tasks

(a) Tasks	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2012 – June 2013 program year? (fill in hours and number of periods, and circle type of period)			
			Hours per Period		Number of Periods	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Y	

D=Day, W=Week, M=Month, Y=Year.

Note to interviewers: When you have completed all Staffing and Time Grids, refer to the Staff Roster for the unit in the Administrative Cost Interview Self-Administered Questionnaire. Go over the roster for the unit. Make sure that all types of staff mentioned in Staffing and Time Grids are included in the Staff Roster for the unit with information for them. Add people to the Staff Roster that are in the Staffing and Time Grids. For any gaps in information about staff pay, ask the LEA Foodservice Director.

STAFF ROSTER CHECKLIST.

Verify the following information for each roster. Check off the Colum on the left when verified

	There is an entry for each type of employee on the staffing grid (if not, make sure to get a salary for every job type on the staffing grid)
	Every type of employee referenced on the salary roster is included on at least one staffing grid (if not, probe to find out what that type of employee does. If they do not do anything relating to administration of school meals eligibility or meal reimbursement – cross them off the roster)
	All columns on the roster are filled out for each title/position (including title, number of staff, salary/wage and reference period, paid hours, work hours, and paid leave)
	Salary/wages are within a reasonable range for the reference period (if not – probe to make sure the reference period is correct)
	The number of hours of paid leave seems reasonable (should be in hours, not days). If the cell is left blank – probe to verify whether the position does not have any paid time off. If there is no paid time off – enter “zero”.

To LEA foodservice director in CE Schools ONLY: Now we will be asking you questions about changes in menu planning and other savings/changes resulting from the implementation of the Community Eligibility Option. (PROCEED TO QUESTION 1 BELOW).

To all other respondents: Thank you for your time and participating in this study!

1. Have you made any changes to the variety of foods you offer as a result of implementation of the Community Eligibility Option? If so, how did the variety change?
 - a. Increased variety (describe below)
 - b. Decreased variety (describe below)
 - c. No change
 - d. Don't know
 - e. Description of changes:

2. Have you made any changes to the amount of fresh fruits and vegetables you offer as a result of implementation of the Community Eligibility Option? If so, how did the amount change?
- a. Increased amount (describe below)
 - b. Decreased amount (describe below)
 - c. No change
 - d. Don't know
 - e. Description of changes:

3. Have you made any changes to the *types* of foods you serve as a result of implementation of the Community Eligibility Option?
- a. Yes (If yes, please explain)
 - b. No
 - c. Don't know
 - d. Description of changes:

- More pre-portioned items
- More "grab and go" items

4. Have you made any changes to the serving process as a result of implementation of the Community Eligibility Option?

- a. Yes (If yes, please explain)
- b. No
- c. Don't know
- d. Description of changes:

<input type="checkbox"/> More serving lines

5. Have you made any changes to food service *administrative* staffing as a result of implementation of the Community Eligibility Option?

- a. Yes—reduced staff
- b. Yes—reassigned staff (describe below)
- c. Yes—increased staff
- d. No changes
- e. Don't know
- f. Description of how staff were reassigned:

--

6. Have you made any changes to food *production* staffing (that is, the number of person hours) as a result of implementation of the Community Eligibility Option?

- a. Yes – reduced staff hours
- b. Yes – increased staff hours
- c. No changes
- d. Don't know

7. Has data processing, such as your system for counting meals, been changed as a result of implementation of the Community Eligibility Option?

- a. Yes (describe below)
- b. No
- c. Don't know
- d. Description of changes:

8. Has the Community Eligibility Option affected whether your LEA foodservice is able to break even, that is, whether revenues from all sources are at least equal to costs?

- a. Yes—the Option makes it easier to break even (Please explain)
- b. Yes—the Option makes it harder to break even (Please explain)
- c. No changes
- d. Don't know
- e. Explanation of why the Option affects the ability to break even:

Thank you for your assistance with this important study.

Application Data Form

Community Eligibility Option Evaluation Application Data Form

A. Student Information

	Copy information in this column from the Certification Record Abstraction Form
LEA ID #:	Abt ID #:
LEA Name:	Application Number:
School_ID #:	LEA or School Student ID:
School Name:	Application number matches <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
	Student ID matches <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
	*N/A = not able to check match.

B. Household Information and Certification Status:

<p>Complete this column using the most recent school meal application for school year 2012-2013 for the student named in Section A</p>	<p>Complete this column based on information from the section of the application or separate form completed by school/LEA staff, or from LEA database or report of eligibility determinations</p>
<p>B1. APPLICATION DATE</p> <p style="text-align: center;"> _ _ _ _ / _ _ _ _ / _ _ _ _ Month Day Year</p> <p><input type="checkbox"/> Date Not Available</p>	<p>B4. CERTIFICATION DATE</p> <p style="text-align: center;"> _ _ _ _ / _ _ _ _ / _ _ _ _ Month Day Year</p> <p><input type="checkbox"/> Date Not Available</p>
<p>B2. COMPLETED ELIGIBILITY ITEMS ON APPLICATION <i>(check all that apply)</i></p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Categorical (Check all that apply below)</p> <ul style="list-style-type: none"> <input type="checkbox"/> TANF/ADC/Other cash assistance <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> Foster Child <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Head Start <input type="checkbox"/> Category not specified <p><input type="checkbox"/> Case number/Agency ID number provided Count of digits _____</p> <p><input type="checkbox"/> Institutionalized</p> <p><input type="checkbox"/> Observed Need/No Income/Temporary</p>	<p>B5. CERTIFICATION STATUS</p> <p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Reduced-Price</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Not Listed</p> <p>B6. LEA's basis for eligibility determination <i>(check all that apply)</i></p> <p><input type="checkbox"/> Income Eligibility</p> <p><input type="checkbox"/> Categorical Eligibility (Check all that apply below)</p> <ul style="list-style-type: none"> <input type="checkbox"/> TANF ADC/Other cash assistance <input type="checkbox"/> SNAP/ Food Stamps <input type="checkbox"/> Foster Child <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Head Start <input type="checkbox"/> Category not specified <p><input type="checkbox"/> Institutionalized</p> <p><input type="checkbox"/> Observed need/No income/Temporary</p> <p><input type="checkbox"/> Not listed</p>
<p>B3. NUMBER OF STUDENTS COVERED BY APPLICATION <i>(regardless of school attended)</i></p> <p style="text-align: center;"> _ _ _ </p>	<p>B7. LEA'S ASSESSMENT OF NUMBER OF PERSONS IN HOUSEHOLD</p> <p style="text-align: center;"> _ _ _ </p> <p><input type="checkbox"/> Not Listed</p> <p>B8. LEA'S ASSESSMENT OF TOTAL INCOME</p> <p>\$ _____</p> <p><input type="checkbox"/> Income Not Listed</p> <p style="text-align: right;"> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Period Not Listed <input type="checkbox"/> Other: _____ </p>

Please complete Sections C through E on the back →

C. Household Composition and Income

List all household members recorded on the application, including all students, by their initials (Column 1). For each person in Column 1, check whether listed in income grid (Col.2). If application states person has no income check "Stated" in Col.3. If person listed on income grid has blank row and no indication of no income, check "Missing" in col. 3. Record income data for all persons with reported income exactly as shown on the application. Circle income period codes next to amounts under the "PER" column. W=Weekly; B=Bi-weekly (every two weeks); S=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; O=Other (if Other, write period on line). If more than 10 people are listed, use an additional Application Data Form and label as continuation sheet.

1. LIST ALL HOUSEHOLD MEMBERS' INITIALS	2 LISTED ON INCOME GRID	3 NO INCOME	4 GROSS EARNINGS FROM WORK		5 WELFARE, CHILD SUPPORT, OR ALIMONY		6 PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS		7 ALL OTHER INCOME	
			AMOUNT	PER	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stated <input type="checkbox"/> Missing	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____	\$	W B S M Y O:_____

W = Weekly; B = Bi-weekly; S = Semi-monthly; M = Monthly; Y = Yearly; O = Other (specify)

D. Form Completeness

	YES	NO	NOT APPLICABLE
D1. If income is checked in item B6 (on first page), was income recorded for at least one household member?	1	0	8
D2. Was the form signed in space for signature by an adult household member?	1	0	
D3. Were the last 4 SSN digits of adult signer entered?	1	0	
D4. If no, did signer indicate that he/she does not have SSN?	1	0	8

E. Interviewer Name: _____

DATE COMPLETED: |__|_|/|__|_|/|__|_|
MONTH DAY YEAR

Interviewer ID: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0570. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

Certification Record Abstraction Form (3-School Version)

Note: a modified version of the form with more rows per school was used in LEAS with fewer than three sampled schools.

LEA ID #: _____
LEA Name: _____
School ID:: _____
School Name: _____

Community Eligibility Option Evaluation

Certification Record Abstraction Form (3-School Version)

INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to Memorandum of Understanding if needed). Provide copy of USDA letter of support if needed..

Location of Records: LEA School Both **Data Collector Name:** _____ **Date:** _____

Notes: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

DENIED STUDENTS

*Complete NAR form if unable to locate required documentation in Sections G or H

Abt ID	Application Number (Ask LEA to look up number if not on denied student list)	LEA or School Student ID	Free	Reduced Price	Direct Certification	Other Eligibility List (homeless, migrant, etc.)	Application	Not Able to Determine*	Direct Certification List	Direct Certification Query	Other Eligibility List (homeless, migrant, etc.)	Letter from agency certifying eligibility	Other doc. Of eligibility without application	No Documentation of Eligibility w/o application*	Paper Application	Electronic Application	No Application Found*	LEA Determination on Application	LEA Form for Eligibility Determination	LEA Eligibility Report	Other document of LEA determination of eligibility	No Documentation of LEA Determination of Eligibility*	Application Data Form	Photocopied	Not able to complete*	Name Matched	DOB matched	Grade match	School matched
210			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
211			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
212			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			

Menu Survey

Note: All Menu Survey forms were identical for CEO and non-CEO schools, except for the cover and the Daily Meal Counts Form.

Community Eligibility Option Evaluation

Menu Survey

Attach School ID Label

**If you have questions or need assistance, please call
Abt's toll-free number: 855-759-5752**

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22301

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Community Eligibility Option Evaluation

Daily Meal Counts Form—CEO Schools

School Name: _____ **Date** (*1st day of Target Week*): _____

Instructions: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please write in the **number of USDA reimbursable meals served** in your school each day of the target week. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

Number of Reimbursable Lunches Served

Day of Week	Total
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Number of Reimbursable Breakfasts Served

Day of Week	Total
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Community Eligibility Option Evaluation

Daily Meal Counts Form—Non-CEO Schools

School Name: _____ **Date** (*1st day of Target Week*): _____

Instructions: In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please write in the **number of USDA reimbursable meals served** in your school each day of the target week. Please write the number of free meals, reduced-price meals, and full-price meals, as well as the total number of meals. Do *not* include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.

Number of Reimbursable Lunches Served

Day of Week	Free	Reduced-Price	Full-Price	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Number of Reimbursable Breakfasts Served

Day of Week	Free	Reduced-Price	Full-Price	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Community Eligibility Option Evaluation Reimbursable Food Form: Breakfast

School Name: _____

Day of the Week: Mon Tue Wed Thu Fri

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size <i>(include units)</i>	Number of Servings Planned <i>(reimbursable only)</i>	Manufacturer/Brand Name and Product Code <i>(if applicable)</i>	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
MILK <i>(Note: if more than one size is available, list in blank spaces)</i>							
White, 1%	fl oz.						
White, fat-free/skim	fl oz.						
Chocolate fat-free/skim	fl oz.						
Flavored fat-free/skim	fl oz.			<i>Specify flavor.</i>			
FRUIT <i>(Note: Priced entries should be used for fruit that is served as purchased. If anything is added before serving, list as separate item and complete RECIPE FORM)</i>							
Apple, fresh					<input type="checkbox"/>		
Banana, fresh							
Blueberries	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Grapes, fresh							
Orange, fresh					<input type="checkbox"/>		
Peaches, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
JUICES (Note: prelisted entries should be used only for 100% fruit and vegetable juice. List fruit drinks under "Other Menu Items" section.)							
Orange juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Apple juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
COLD CEREALS							
Cheerios – Plain	oz.						
Cheerios – Honey Nut	oz.						
Cinnamon Toast Crunch	oz.						
Golden Grahams	oz.						
Trix	oz.						
Special K	oz.						
Frosted Flakes	oz.						
Lucky Charms	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						
	oz.						

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
HOT CEREALS (Note: if prepared with fat and/or milk, complete RECIPE FORM)							
Cream of Wheat	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>	
Grits	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Oatmeal	oz.			<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
	oz.				<input type="checkbox"/>	<input type="checkbox"/>	
	oz.				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER BREADS AND GRAINS OFFERED SEPARATELY							
Bagel	oz.			Type: <input type="checkbox"/> Whole grain			
Biscuit	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Doughnut	oz.			Type: <input type="checkbox"/> Icing/glaze <input type="checkbox"/> No icing/glaze			
English muffin	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>	
Granola/cereal bar	oz.			Specify type(s):			
Muffin	oz.			Specify type(s):		<input type="checkbox"/>	
Pancake	oz.			Weight of each:	<input type="checkbox"/>	<input type="checkbox"/>	
Roll, cinnamon	oz.			<input type="checkbox"/> Icing <input type="checkbox"/> No icing		<input type="checkbox"/>	
Toast	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		<input type="checkbox"/>	
Toaster pastry	oz.			<input type="checkbox"/> Icing <input type="checkbox"/> No icing			
Waffle/waffle sticks				Weight of each/stick: oz.	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
MEAT AND MEAT ALTERNATES OFFERED SEPARATELY							
Bacon	slices			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey			
Eggs				<input type="checkbox"/> Boiled <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled If prepared with fat and/or milk, complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Ham	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Sausage	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey <input type="checkbox"/> Beef			
Yogurt	oz.			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
COMBINATION BREAD/MEAT ITEMS							
Entrée bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>				
Breakfast burrito	oz.			Specify fillings:		<input type="checkbox"/>	
Cheese sandwich, toasted	1 sandwich			<input type="checkbox"/> Bagel <input type="checkbox"/> English muffin <input type="checkbox"/> White bread <input type="checkbox"/> Whole wheat bread		<input type="checkbox"/>	
Egg sandwich	1 sandwich			<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: <input type="checkbox"/> Bagel <input type="checkbox"/> English muffin <input type="checkbox"/> White bread <input type="checkbox"/> Whole wheat bread		<input type="checkbox"/>	
French toast						<input type="checkbox"/>	
French toast sticks	ea.			Weight of each stick: oz.			
Pancake/sausage on a stick	oz.			Weight of each stick: oz.			
Breakfast pizza	oz.			Specify toppings:		<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
COMBINATION BREAD/MEAT ITEMS (continued)							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
CONDIMENTS (Include size if single-serve item)							
Self-Serve Bar	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
Butter							
Cream cheese				<input type="checkbox"/> Reg <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free			
Gravy				<input type="checkbox"/> Reg <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>	
Jelly							
Ketchup							
Margarine							
Salsa					<input type="checkbox"/>	<input type="checkbox"/>	
Syrup				<input type="checkbox"/> Reg <input type="checkbox"/> Low sugar <input type="checkbox"/> Sugar-free		<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MENU ITEMS							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Community Eligibility Option Evaluation

Reimbursable Food Form: Lunch

School Name: _____

Day of the Week: Mon Tue Wed Thu Fri

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size <i>(include units)</i>	Number of Servings Planned <i>(reimbursable only)</i>	Manufacturer/ Brand Name and Product Code <i>(if applicable)</i>	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
MILK <i>(Note: if more than one size is available, list in blank spaces)</i>							
White, 1%	fl oz.						
White, fat-free/skim	fl oz.						
Chocolate fat-free/skim	fl oz.						
Flavored fat-free/skim	fl oz.			<i>Specify flavor:</i>			
FRUIT <i>(Note: Prelisted entries should be used for fruit that is served as packaged. If anything is added before serving, list as separate item and complete RECIPE FORM)</i>							
Apple, fresh					<input type="checkbox"/>		
Banana, fresh							
Grapes, fresh							
Orange, fresh					<input type="checkbox"/>		
Pears, fresh					<input type="checkbox"/>		
Applesauce, canned	cup			<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Fruit cocktail, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Peaches, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pears, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Pineapple, canned	cup			<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water			

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
FRUIT (continued)					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
JUICES (Note: prelisted entries should be used only for 100% fruit and vegetable juice. Fruit drinks are included in "Desserts, Drinks, and Snacks" section.)							
Orange juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Apple juice	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added			
Frozen juice cup / bar	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added			
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
	fl oz.			<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added	<input type="checkbox"/>		
VEGETABLES							
Beans, green	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added ↳ Specify	<input type="checkbox"/>	<input type="checkbox"/>	
Broccoli	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added ↳ Specify		<input type="checkbox"/>	
Carrots, cooked	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added ↳ Specify	<input type="checkbox"/>	<input type="checkbox"/>	
Corn, kernels	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added ↳ Specify	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup			<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Seasoning/fat added ↳ Specify	<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.	
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY	
VEGETABLES (continued)								
Potatoes, whipped or mashed	cup			<input type="checkbox"/> From fresh <i>If prepared with fat and/or milk, use RECIPE FORM</i>	<input type="checkbox"/>	<input type="checkbox"/>		
French fries	oz.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried		<input type="checkbox"/>		
Tater tots or shapes	oz.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried		<input type="checkbox"/>		
Salad bar (non-entrée or small portion)	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM</i>					
Salad, tossed	cup			<i>List dressing as separate item or complete RECIPE FORM</i>		<input type="checkbox"/>		
Carrot sticks				<i>If offered, list dip as separate item(s) or complete RECIPE FORM</i>	<input type="checkbox"/>	<input type="checkbox"/>		
Celery sticks					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS (Exclude specialty lunches, such as those offered only to children with certain allergies or the inability to pay.)								
Pizza, cheese	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Pizza, French bread	oz.			<input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Pizza, pepperoni	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Pizza, sausage	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Pizza, other specify	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Pizza, other specify	oz.			<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust <input type="checkbox"/> Stuffed crust <input type="checkbox"/> Whole grain crust		<input type="checkbox"/>		
Chicken patties (not sandwich)	oz.			<input type="checkbox"/> Breaded <input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried				

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
ENTREES OTHER THAN SANDWICHES OR SELF-SERVE BARS (continued)							
Chicken piece(s) (specify part) _____ (specify part) _____				<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken nuggets	ea.			<input type="checkbox"/> Oven baked <input type="checkbox"/> Deep fried Weight of each nugget: oz.			
Turkey, slice	oz.				<input type="checkbox"/>		
Ham, slice	oz.			<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Corndog	oz.			<input type="checkbox"/> All beef <input type="checkbox"/> Pork & beef <input type="checkbox"/> Chicken or turkey			
Burrito	oz.			Specify fillings:		<input type="checkbox"/>	
Taco				<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla Specify filling:		<input type="checkbox"/>	
Spaghetti with meat sauce	cup					<input type="checkbox"/>	
Chef's salad	1 salad					<input type="checkbox"/>	
Yogurt (as meat alternate)	oz.			Specify flavors: <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
SANDWICHES & BURGERS: Describe contents of each sandwich in space at right.			For each sandwich type, complete a Recipe Form or record information for sandwich below including type and weight of bread; type and amount of filling; type and amount of any additions. Provide recipe if needed, such as for Tuna Salad. See Instruction Manual for examples.				
Sandwich/deli bar	Self-serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM (See Instruction Manual for examples.)</i>				
Hamburger	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Cheeseburger	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Hot dog	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Italian sub	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Chicken filet or breast (not breaded)	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Chicken patty (breaded)	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Rib, barbeque	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Turkey	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Tuna salad	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Cheese, grilled	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Ham and cheese	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter (or almond, sesame, or sun butter) & jelly	1 sandwich		<i>Do not record sandwich if not available to ALL students.</i>		<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich				<input type="checkbox"/>	<input type="checkbox"/>	

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description When describing food, include information about type, form, flavor, and fat content	USDA Commodity?	Recipe?	ABT USE ONLY
SELF-SERVE ENTRÉE BARS							
Entrée salad bar (or large portion)	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
Potato bar	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
Nacho/taco bar	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
	Self-serve		List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM				
BREADS AND GRAINS OFFERED SEPARATELY							
Biscuit	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Bread, plain	oz.			Type: <input type="checkbox"/> Whole grain			
Bread, buttered	oz.			Type: <input type="checkbox"/> Whole grain <input type="checkbox"/> Margarine <input type="checkbox"/> Butter			
Breadstick	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Cornbread	oz.					<input type="checkbox"/>	
Crackers	ea.			Type: <input type="checkbox"/> Whole grain			
Rice	cup			Type: <input type="checkbox"/> Brown	<input type="checkbox"/>	<input type="checkbox"/>	
Roll	oz.			Type: <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Pasta	cup			Type: <input type="checkbox"/> Whole grain	<input type="checkbox"/>	<input type="checkbox"/>	
Pretzels	oz.			<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Whole grain		<input type="checkbox"/>	
Tortilla	oz.			Type: <input type="checkbox"/> Whole grain	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL							
Brownie						<input type="checkbox"/>	
Cake				Specify type:		<input type="checkbox"/>	
Cookie	oz.			Specify type:		<input type="checkbox"/>	
Fruit drink	fl oz.			Specify type: Specify % juice content:			
Gelatin, plain	cup						

A.	B.	C.	D.	E.	F.	G.	H.	
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF THE REIMBURSABLE MEAL <i>(continued)</i>								
Gelatin, with fruit	cup					<input type="checkbox"/>		
Potato chips	oz.			<i>Specify type:</i>				
Yogurt	oz.			<i>Specify flavors:</i> <input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free <input type="checkbox"/> Low-cal sweetener				
Pudding	oz.			<i>Flavor:</i>		<input type="checkbox"/>		
Ice cream / ice milk	fl oz.			<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
						<input type="checkbox"/>		
						<input type="checkbox"/>		
						<input type="checkbox"/>		
						<input type="checkbox"/>		
SALAD DRESSINGS								
French dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
Italian dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
Ranch dressing				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
OTHER CONDIMENTS <i>(Include size of packet if single-serve. Write "Self -Serve" if students can choose the portion.)</i>								
Self-serve bar	Self-Serve		<i>List all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM (See Instruction Manual for examples.)</i>					
Barbeque sauce						<input type="checkbox"/>		
Butter								
Cream cheese				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free				
Gravy				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		
Honey								
Ketchup								
Margarine								
Mayonnaise				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free				
Mustard								
Tartar sauce				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>		

A.	B.	C.	D.	E.	F.	G.	H.
Food Item	Portion Size (include units)	Number of Servings Planned (reimbursable only)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description <i>When describing food, include information about type, form, flavor, and fat content</i>	USDA Commodity?	Recipe?	ABT USE ONLY
OTHER CONDIMENTS (Continued)							
Peppers, jalapeno							
Pickles, relish							
Pickles, slices							
Ranch dip				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free		<input type="checkbox"/>	
Salsa					<input type="checkbox"/>	<input type="checkbox"/>	
Sour cream				<input type="checkbox"/> Regular <input type="checkbox"/> Low fat <input type="checkbox"/> Fat free			
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MENU ITEMS							
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Self-Serve and Made-to-Order Bar Form

Meal (Circle one): **Breakfast** **Lunch**

Name of Bar: _____

Day(s): 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

A.	B.	C.	D.	E.	F.	G.
Food Item	Portion size <i>(If pre-portioned, include units)</i>	Manufacturer/Brand Name & Product Code <i>(if applicable)</i>	Food Description <i>Include the following information: Type, Form, Flavor, Fat content (See instruction manual for examples of each)</i>	USDA Commodity?	Recipe? *	ABT USE ONLY
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

**For each recipe, record recipe details on a Recipe Form*

Community Eligibility Option Evaluation

Recipe Forms

The Community Eligibility Option Evaluation is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22301

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, Massachusetts 02138

Recipe Form *(Side 2)*

Preparation Information

Please check (☑) the boxes below to describe the procedures used in preparing this recipe.

1. If recipe was cooked, what cooking method did you use? (CHECK ALL THAT APPLY)

- 1 Bake/roast
- 2 Oven heat
- 3 Microwave/warmer
- 4 Broil/grill
- 5 Pan fry/sauté 10 Floured 11 Battered
- 6 Deep fry 12 Floured 13 Battered
- 7 Boil
- 8 Steam
- 9 Other (*Specify*):

n Does not apply to recipe

2. If recipe contains meat or poultry, was amount measured raw or cooked?

n Does not apply to recipe → **SKIP TO Q.4**

- 1 Raw
- 2 Cooked

3. If recipe contains meat or poultry, did you . . .

CHECK ALL THAT APPLY

- Trim the visible fat?
- Drain fat after cooking?
- Remove skin before cooking?

Yes	No	Does not apply to recipe
1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

4. If recipe contains noodles, rice, or vegetables, did you add salt to the cooking water?

- Noodles/pasta or rice
- Vegetables

Yes	No	Does not apply to recipe
1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>	n <input type="checkbox"/>

5. If recipe contains canned vegetables or canned fruit, did you drain off all of the liquid?

- 1 Yes 0 No n Does not apply to recipe

Comments

Meal and Cashier Observation Booklet

Note: Each booklet contained numbered columns to accommodate a up to 40 breakfast observations and up to 60 lunch observations with extra columns in each section to allow for incomplete or spoiled observations.

School ID #: _____
School Name: _____
LEA Name: _____
LEA ID #: _____

Community Eligibility Option Evaluation

Meal and Cashier Observation Booklet

Day: M T W Th F
(circle one)

Date: _____

Data Collected By: _____
(Name) *(ID)*

INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to advance letter if needed). Review informed consent paragraph from the advance letter; and give them a copy of this letter.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Prepared for:
U.S. Department of Agriculture
Food and Nutrition Service
Office of Research and Analysis

Prepared by:
Abt Associates

Meal and Cashier Observation Form Instructions for Data Collectors

This booklet is divided into two sections for lunch and for breakfast observations and contains sufficient Meal and Cashier Observation Forms for conducting 40 observations of paired student selections and cashier transactions at breakfast and 60 paired observations for lunch with extra pages should they be needed. Instructions for using the forms in each section of this booklet are identical.

Complete the Booklet Cover and Section Headings

Circle the letter on the cover of the booklet that represents the day of the week (M T W Th F) you are doing your observations. Enter the date and your name and Interviewer ID number. On At the top of each cardstock page within the booklet, complete the heading information by checking off the meal type (breakfast or lunch) as appropriate, and check off the day of the week.

Recording Reimbursable Food Selections for the Meal

Prior to the meal service, record all reimbursable food offered to students for the meal, on the back full page behind each section of the booklet in the "Food Item" column. You will need to talk with the cafeteria manager before the meal begins to be sure you have included all reimbursable choices offered to the students on that day. Each distinct food item should be listed on a separate line. Be sure to include all types of milk available and list them on separate lines. Likewise, all types of fruits offered and all types of vegetables offered should be listed on separate lines. The list should include food offered on self-serve line(s) such as a salad bar. Enter "salad bar" as an individual food item on a separate line (do not list the various components of the salad bar separately). Only foods offered as part of a reimbursable meal should be included. Refer to your training manual for more detailed information.

Planning Observations

The goal is to obtain 40 observations for each breakfast (if applicable), and 60 observations for each lunch in every school. Observations should be divided evenly among all meal periods or seatings. Likewise, observations should be divided evenly among the cashiers that are responsible for transactions of reimbursable meals. Each pair of data collectors should determine the approximate number of observations per meal period and cashier prior to the first meal period. Refer to your training manual for more details about this.

Recording Meal Observations

Each of the numbered columns represents one observation of a student selection with a paired observation at the top of the column for what the cashier recorded for the meal. Be sure to position yourself such that you can see what the students have on their trays and what the cashier records for the meal (reimbursable or not). As the student passes, enter the number of servings (1 for a single serving or 2 for two servings) taken by the student in the observation column beside each reimbursable item on your list the student has on their tray. When the cashier makes the transaction with the student, record a check mark for "yes" or for "no" at the top of the column to indicate whether the cashier transaction reflected a reimbursable meal or not.

Please note: Occasionally schools may run out of one selection and have to provide a substitution. Ask the cafeteria manager in advance (as you are listing the available foods) if this is likely to happen. If so list the potential substitute item. If an unexpected food appears on the line during the course of student observations, add it to your list and continue making observations. You can ask the cafeteria manager after the meal service which meal component(s) the food satisfies.

Please refer to your training manual for more detailed information on meal observations using the Meal and Cashier Observation Form.

Meal Count Verification Form—CEO Schools

Meal Count Verification Form—Non-CEO Schools

Community Eligibility Option Evaluation

Meal Count Verification Form—Non-CEO Schools

LEA Name: _____ LEA ID: _____
 School Name: _____ School ID: _____
 Meal Count Day: ___ / ___ / _____ Number of Registers: _____ FI ID: _____
Month Day Year

FIELD INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to MOU if needed). Review the agreement language from the MOU.

Meal count day is the day before your visit with the School Foodservice Manager. Confirm that the meal counts from the meal count day will be submitted to the LEA at the end of the week. If the meal counts will not be submitted to the LEA at the end of the week, in time for your LEA visit the following week, find out when meal counts were last submitted, and what the most recent day in the submission was. This is your adjusted meal count day.

No breakfast served No lunch served

	1	2	3	4	5
	Breakfast		Lunch		
	School Recorded Counts	Interviewer Verification Counts	School Recorded Counts	Interviewer Verification Counts	
Daily Total for All Registers	Free: _____ Reduced: _____ Paid: _____ Total: _____				
If available, enter the separate totals for each register below.					
Register 1	Free: _____ Reduced: _____ Paid: _____ Total: _____				
Register 2	Free: _____ Reduced: _____ Paid: _____ Total: _____				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

1	2	3	4	5
	Breakfast		Lunch	
	School Recorded Counts	Interviewer Verification Counts	School Recorded Counts	Interviewer Verification Counts
Register 3	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 4	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 5	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 6	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 7	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 8	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 9	Free: _____ Reduced: _____ Paid: _____ Total: _____			
Register 10	Free: _____ Reduced: _____ Paid: _____ Total: _____			

LEA Meal Counting and Claiming Form—CEO Schools

Community Eligibility Option Evaluation LEA Meal Counting and Claiming Form—CEO Schools

Section I. LEA Meal Count Verification—Meal Count Day for Sampled School(s)

LEA Name: _____ LEA ID: _____

Date Data Collected: ___ / ___ / _____
MM DD YYYY FI ID: _____

FIELD INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to MOU if needed). Review the agreement language from the MOU.

Instructions:

Fill in the school reported total meal counts as recorded by the LEA. Record the enrollment, attendance, and the reference period (most recent monthly data preferred).

Complete one box for each school sampled in the LEA, except if schools share cafeterias.

For schools with shared Cafeterias

- Shared cafeteria with meal counts recorded together: record the counts in one box with both schools names and IDs.
- Shared cafeteria with meal counts recorded separately: record each school's meal counts in a separate box.

School 1

School Name: _____	School ID: _____
Meal Count Day: ___ / ___ / _____ MM DD YYYY	<i>Meal Count Day is the same day that the interviewer collected meal count verification data in the school.</i>
<u>Meal Counts: Reported to LEA by school</u>	
Breakfast totals: _____	Lunch totals: _____
<u>Student Information for School</u>	
<i>Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.</i>	
Total enrolled students: _____	Reference Month/Week/Day: _____
Average daily attendance: _____	Reference Month/Week/Day: _____

School 2

School Name: _____ School ID: _____

Meal Count Day: ___ / ___ / _____
MM DD YYYY

Meal Count Day is the same day that the interviewer collected meal count verification data in the school.

Meal Counts: Reported to LEA by school

Breakfast totals: _____ Lunch totals: _____

Student Information for School

Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.

Total enrolled students: _____ Reference Month/Week/Day: _____

Average daily attendance: _____ Reference Month/Week/Day: _____

School 3

School Name: _____ School ID: _____

Meal Count Day: ___ / ___ / _____
MM DD YYYY

Meal Count Day is the same day that the interviewer collected meal count verification data in the school.

Meal Counts: Reported to LEA by school

Breakfast totals: _____ Lunch totals: _____

Student Information for School

Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.

Total enrolled students: _____ Reference Month/Week/Day: _____

Average daily attendance: _____ Reference Month/Week/Day: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Section II. LEA Reimbursement Claim Verification – CEO

A. Claim Verification Week or Month: $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} / \frac{\text{YYYY}}{\text{YYYY}}$ to $\frac{\text{MM}}{\text{MM}} / \frac{\text{DD}}{\text{DD}} / \frac{\text{YYYY}}{\text{YYYY}}$

B. Recording Meals Reported to LEA and Claimed by LEA

Which schools?

- IF LEA submits consolidated claim to State (i.e. all schools combined), complete table for all schools in LEA. If more than 15 schools in LEA, photocopy necessary records and complete table off site. If the total number of schools exceeds 18, use an additional form.
- IF LEA submits claims by individual school to the State, complete table for only sampled schools.

Shared Cafeterias

- Shared cafeteria with meal counts recorded together: record the counts in one box with both schools names and IDs.
- Shared cafeteria with meal counts recorded separately: record each school's meal counts in a separate school row.

What's recorded?

- Write in school names in column 1. Enter meal counts in columns 2 and 5 as reported to the LEA by the school. Obtain from the LEA Foodservice Director the CEO claiming percentage for free meals for each school and calculate what the meal claims should be (column 3 and 6). See equations below.
- If the LEA submits claims to the State for individual schools, record what the LEA claimed in columns 4 and 7 for each individual school.
- If the LEA submits consolidated claims to the State, record this consolidated claim in columns 4 and 7 in the last row of the table. Total columns 3 and 6 (expected claims) and record in the last row of the table.

Comparing counts/claims:

- For LEAs that submit claims for individual schools: Compare column 3 to column 4 and column 6 to column 7 for each school.
- For LEAs that submit consolidated claims, compare columns 3 to column 4 and column 6 to column 7 for the totals only (last row of table).

If you find any discrepancies, check the box in column 8 for the meal(s), and include any explanations or comments from the LEA in section C.

For calculating expected claims:

free meals = # total meals X claiming percentage (round to nearest whole number)

paid meals = # total meals – # free meals

1	2	3	4	5	6	7	8
SCHOOL NAME	BREAKFASTS Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	LUNCHES Claimed by LEA	DISCREPANCY <i>(Comment in section C)</i>
School #1 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #2 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #3 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1	2	3	4	5	6	7	8
SCHOOL NAME	BREAKFASTS Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	LUNCHES Claimed by LEA	DISCREPANCY <i>(Comment in section C)</i>
School #4 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #5 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #6 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1	2	3	4	5	6	7	8
SCHOOL NAME	BREAKFASTS Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	LUNCHES Claimed by LEA	DISCREPANCY <i>(Comment in section C)</i>
School #7 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #8 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #9 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1 SCHOOL NAME	2 BREAKFASTS Reported to LEA by School	3 Claiming percentage & expected claim <i>(calculated by data collector)</i>	4 BREAKFASTS Claimed by LEA	5 LUNCHES Reported to LEA by School	6 Claiming percentage & expected claim <i>(calculated by data collector)</i>	7 LUNCHES Claimed by LEA	8 DISCREPANCY <i>(Comment in section C)</i>
School #10 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #11 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #12 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1	2	3	4	5	6	7	8
SCHOOL NAME	BREAKFASTS Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	LUNCHES Claimed by LEA	DISCREPANCY <i>(Comment in section C)</i>
School #13 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #14 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #15 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total	Free _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1	2	3	4	5	6	7	8
SCHOOL NAME	BREAKFASTS Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	Claiming percentage & expected claim <i>(calculated by data collector)</i>	LUNCHES Claimed by LEA	DISCREPANCY (Comment in section C)
School #16 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #17 _____ _____ _____ _____ _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	_____ Total	Free claiming percentage: _____ Calculate: _____ Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Record/calculate totals in rows below for LEAs with consolidated claims only							
TOTALS (For LEAs with consolidated claims, add meal counts for all schools in column 3 and record meals claimed by the LEA in column 4)	_____ Total	Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	_____ Total	Free _____ Paid _____ Total _____	Free _____ Paid _____ Total _____	<input type="checkbox"/> Break fast <input type="checkbox"/> Lunch

C. Discrepancies

Record any discrepancies between counts provided by the school vs. claimed by the LEA. Ask LEA about the discrepancy and record any explanations. There may be differences because of an LEA error, or because the LEA is correcting an error made by the school. Ask to see the LEA's records/notes regarding the correction or claim. Record notes or comments below.

SCHOOL	Describe the discrepancy	LEA notes, comments, or explanation
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	

SCHOOL	Describe the discrepancy	LEA notes, comments, or explanation
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	

LEA Meal Counting and Claiming Form—Non-CEO Schools

Community Eligibility Option Evaluation LEA Meal Counting and Claiming Form—Non-CEO Schools

Section I. LEA Meal Count Verification—Meal Count Day for Sampled School(s)

LEA Name: _____ LEA ID: _____

Date Data Collected: ___ / ___ / _____
MM DD YYYY FI ID: _____

FIELD INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to MOU if needed). Review the agreement language from the MOU.

Instructions:

Fill in the school reported total meal counts as recorded by the LEA. Record the enrollment, attendance, number of students approved for free meals, and number of students approved for reduced price meals and the reference period (most recent monthly data preferred).

Complete one box for each school sampled in the LEA, except if schools share cafeterias.

For schools with shared Cafeterias

- Shared cafeteria with meal counts recorded together: record the counts in one box with both schools names and IDs.
- Shared cafeteria with meal counts recorded separately: record each school's meal counts in a separate box.

School 1

School Name: _____		School ID: _____	
Meal Count Day: ___ / ___ / _____ MM DD YYYY		Meal Count Day is the same day that the interviewer collected meal count verification data in the school.	
Meal Count Totals: Reported to LEA by school			
Breakfast:	Free: _____	Lunch:	Free: _____
	Reduced: _____		Reduced: _____
	Paid: _____		Paid: _____
	Total: _____		Total: _____
<u>Student Information for School</u>			
<i>Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.</i>			
Total enrolled students: _____		Reference Month/Week/Day: _____	
Average daily attendance: _____		Reference Month/Week/Day: _____	
Students approved for Free meals: _____		Reference Month/Week/Day: _____	
Students approved for reduced price meals: _____		Reference Month/Week/Day: _____	

School 2

School Name: _____ School ID: _____

Meal Count Day: ___ / ___ / _____
MM DD YYYY

Meal Count Day is the same day that the interviewer collected meal count verification data in the school.

Meal Count Totals: Reported to LEA by school

Breakfast:	Free: _____	Lunch:	Free: _____
	Reduced: _____		Reduced: _____
	Paid: _____		Paid: _____
	Total: _____		Total: _____

Student Information for School

Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.

Total enrolled students: _____ Reference Month/Week/Day: _____

Average daily attendance: _____ Reference Month/Week/Day: _____

Students approved for Free meals: _____ Reference Month/Week/Day: _____

Students approved for reduced price meals: _____ Reference Month/Week/Day: _____

School 3

School Name: _____ School ID: _____

Meal Count Day: ___ / ___ / _____
MM DD YYYY

Meal Count Day is the same day that the interviewer collected meal count verification data in the school.

Meal Count Totals: Reported to LEA by school

Breakfast:	Free: _____	Lunch:	Free: _____
	Reduced: _____		Reduced: _____
	Paid: _____		Paid: _____
	Total: _____		Total: _____

Student Information for School

Collect the most recent monthly enrollment and average daily attendance and indicate what period of time it covers.

Total enrolled students: _____ Reference Month/Week/Day: _____

Average daily attendance: _____ Reference Month/Week/Day: _____

Students approved for Free meals: _____ Reference Month/Week/Day: _____

Students approved for reduced price meals: _____ Reference Month/Week/Day: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0570. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

Section II. LEA Reimbursement Claim Verification – Non-CEO

A. Claim Verification Week or Month: / / to / /
MM DD YYYY MM DD YYYY

B. Recording Meals Reported to LEA and Claimed by LEA

Which schools?

- **IF LEA submits consolidated claim to State (i.e. all schools combined), complete table for all schools in LEA.** If more than 15 schools in LEA, photocopy necessary records and complete table off site. If the total number of schools exceeds 18, use an additional form.
- **IF LEA submits claims by individual school to the State, complete table for only sampled schools.**

Shared Cafeterias

- Shared cafeteria with meal counts recorded together: record the counts in one box with both schools names and IDs.
- Shared cafeteria with meal counts recorded separately: record each school's meal counts in a separate school row.

What's recorded?

- Write in school names in column 1. Enter meal counts in columns 2 and 4 as reported to the LEA by the school.
- If the LEA submits claims to the State for individual schools, record what the LEA claimed in columns 3 and 5 for each individual school.
- If the LEA submits consolidated claims to the State, record this consolidated claim in columns 3 and 5 in the last row of the table.

Comparing counts/claims:

- For LEAs that submit claims for individual schools: Compare column 2 to column 3 and column 4 to column 5 for each school.
- For LEAs that submit consolidated claims, compare columns 2 to column 3 and column 4 to column 5 for the totals only (last row of table).

If you find any discrepancies, check the box in column 6 for the meal(s), and include any explanations or comments from the LEA in section C.

1 SCHOOL NAME	2 BREAKFASTS Reported to LEA by School	3 BREAKFASTS Claimed by LEA	4 LUNCHES Reported to LEA by School	5 LUNCHES Claimed by LEA	6 DISCREPANCY (Comment in section C)
School #1	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #2	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #3	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #4	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1 SCHOOL NAME	2 BREAKFASTS Reported to LEA by School	3 BREAKFASTS Claimed by LEA	4 LUNCHES Reported to LEA by School	5 LUNCHES Claimed by LEA	6 DISCREPANCY (Comment in section C)
School #5	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #6	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #7	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #8	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	Free Reduced Paid Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1 SCHOOL NAME	2 BREAKFASTS Reported to LEA by School	3 BREAKFASTS Claimed by LEA	4 LUNCHES Reported to LEA by School	5 LUNCHES Claimed by LEA	6 DISCREPANCY (Comment in section C)
School #9	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #10	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #11	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
School #12	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	_____ Free _____ Reduced _____ Paid _____ Total	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

1 SCHOOL NAME	2 BREAKFASTS Reported to LEA by School	3 BREAKFASTS Claimed by LEA	4 LUNCHES Reported to LEA by School	5 LUNCHES Claimed by LEA	6 DISCREPANCY (Comment in section C)
School #13					
_____	Free	Free	Free	Free	<input type="checkbox"/>
_____	Reduced	Reduced	Reduced	Reduced	Breakfast
_____	Paid	Paid	Paid	Paid	<input type="checkbox"/>
_____	Total	Total	Total	Total	Lunch
School #14					
_____	Free	Free	Free	Free	<input type="checkbox"/>
_____	Reduced	Reduced	Reduced	Reduced	Breakfast
_____	Paid	Paid	Paid	Paid	<input type="checkbox"/>
_____	Total	Total	Total	Total	Lunch
School #15					
_____	Free	Free	Free	Free	<input type="checkbox"/>
_____	Reduced	Reduced	Reduced	Reduced	Breakfast
_____	Paid	Paid	Paid	Paid	<input type="checkbox"/>
_____	Total	Total	Total	Total	Lunch
School #16					
_____	Free	Free	Free	Free	<input type="checkbox"/>
_____	Reduced	Reduced	Reduced	Reduced	Breakfast
_____	Paid	Paid	Paid	Paid	<input type="checkbox"/>
_____	Total	Total	Total	Total	Lunch

1	2	3	4	5	6
SCHOOL NAME	BREAKFASTS Reported to LEA by School	BREAKFASTS Claimed by LEA	LUNCHES Reported to LEA by School	LUNCHES Claimed by LEA	DISCREPANCY (Comment in section C)
School #17					
	Free	Free	Free	Free	<input type="checkbox"/> Breakfast
	Reduced	Reduced	Reduced	Reduced	
	Paid	Paid	Paid	Paid	<input type="checkbox"/> Lunch
	Total	Total	Total	Total	
School #18					
	Free	Free	Free	Free	<input type="checkbox"/> Breakfast
	Reduced	Reduced	Reduced	Reduced	
	Paid	Paid	Paid	Paid	<input type="checkbox"/> Lunch
	Total	Total	Total	Total	
Record/calculate totals in rows below for LEAs with consolidated claims only					
TOTALS (For LEAs with consolidated claims, add meal counts for all schools in column 2 and record meals claimed by the LEA in column 3)	Free	Free	Free	Free	<input type="checkbox"/> Breakfast
	Reduced	Reduced	Reduced	Reduced	
	Paid	Paid	Paid	Paid	<input type="checkbox"/> Lunch
	Total	Total	Total	Total	

C. Discrepancies

Record any discrepancies between counts provided by the school vs. claimed by the LEA. Ask LEA about the discrepancy and record any explanations. There may be differences because of an LEA error, or because the LEA is correcting an error made by the school. Ask to see the LEA's records/notes regarding the correction or claim. Record notes or comments below.

SCHOOL	Describe the discrepancy	LEA notes, comments, or explanation
School #_____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School #_____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School #_____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School #_____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	

SCHOOL	Describe the discrepancy	LEA notes, comments, or explanation
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	
School # _____	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch	