



United States
Department
of Agriculture
Food and Nutrition Service

School Nutrition and Meal Cost Study Data Collection Instruments



Mathematica Policy Research

In partnership with:
Abt Associates Inc.

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School Nutrition and Meal Cost Study: Data Collection Instruments

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CONTENTS

1. School Food Authority (SFA) Director Survey
 2. School Nutrition Manager (SNM) Survey
 3. A la Carte Foods Checklist
 4. Competitive Foods Checklists
 - a. Vending Machine Checklist
 - b. Other Sources of Foods/Beverages Checklist
 5. Principal Survey
 6. Cafeteria Observation Guide
 7. Basic Menu Survey
 - a. Instructions
 - b. Daily Meal Counts Form
 - c. Reimbursable Foods Form—Breakfast
 - d. Reimbursable Food Forms—Lunch
 - e. Recipe Form
 - f. Self-Serve/Made-to-Order Bar Form
 - g. NSLP Afterschool Snack Form
 8. Expanded Menu Survey
 - a. Instructions
 - b. Daily Meal Counts Form
 - c. Reimbursable Foods Form—Breakfast
 - d. Reimbursable Foods Form—Lunch
 - e. Recipe Form
 - f. Self-Serve/Made-to-Order Bar Form
 - g. NSLP Afterschool Snack Form
 - h. CACFP Afterschool Snack and Supper Form
 - i. Non-Reimbursable Foods Form
 - j. Non-Reimbursable Foods Inventory
 9. SFA Director and Business Manager On-Site Cost Interview
 - a. Booklet 1
 - b. Booklet 2
 10. Principal Cost Interview
 11. SNM Cost Interview
 12. SFA Director and Business Manager Follow-up Cost Interview
 13. Child/Youth Interview
 - a. Interview
 - b. Weight and Standing Height Measurement Form
 14. Parent Interview
 15. Plate Waste Observation Booklet
 16. Request for Data on Reimbursable Meal Sales
-

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OMB Clearance Number: 0584-0596

Expiration Date: 08/31/2017



School Nutrition and Meal Cost Study

School Food Authority Director Survey

January 30, 2015

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



LOGIN SCREEN



OMB No.: 0584-0596
Expiration Date: 08-31-2017

Welcome to the School Nutrition and Meal Cost Study SFA Director Survey!

Username: Password:

- To access the survey, please enter your user name and password in the boxes above.
- If you have any questions about the study or about completing this survey, please contact the the study team by email at SNMCS@mathematica-mpr.com or by phone at 844-236-3257 (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 control number. The valid OMB control number for this information collection is 0584-0596. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Instructions

- Under the Healthy, Hunger-Free Kids Act of 2010, participation in this study is mandatory. We thank you for your cooperation and participation in this very important study.
- The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.
- Please answer all of the questions.
- You may complete the survey all at once or save your responses and return at a later time.
- Please use the buttons and links on each page to move through the survey. Using “Enter” or your browser’s “Back” function may cause errors.
- If you are returning to finish your saved survey, you will return to the point where you left off. **You will not be able to go backward to questions you answered before logging out.**
- This survey is intended for the School Food Authority (SFA) Director but can be completed by any staff member who is very familiar with the food service characteristics of the schools within your School Food Authority and the SFA Director’s role within the SFA.
- If you have any questions about the study or about completing this survey, please contact the study team by email at SNMCS@mathematica-mpr.com or by phone at 844-236-3257 (toll-free).

VERIFICATION

ALL

NOT REQUIRED

A. This survey asks about [FILL SFA]. [IF GROUPID=2 or 3, FILL:] This includes the following schools: [FILL ALL SCHOOL NAMES].

ALL

NOT REQUIRED

B. Please enter your name, phone number, and email address so we can contact you if we have any questions about the survey.

First Name

(STRING 20)

Last Name

(STRING 20)

Phone Number

(Phone number format: (XXX) XXX-XXXX)

Email Address

(STRING 40)

SOFT CHECK: IF B=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

1a. Which of the following school types does your SFA include?

Select all that apply

- Elementary schools 1
- Middle schools 2
- High schools 3
- Other schools 4

PROGRAMMER

IF GROUPID=1 GO TO Q9
 ELSE IF GROUPID=2 OR 3 CONTINUE TO Q1. WHEN FINISHED WITH SCHOOL 1,
 REPEAT Q1-Q8 FOR SCHOOLS 2 THROUGH 5.

| |
|----------------|
| GROUPID=2 OR 3 |
| NOT REQUIRED |

1. How many students in [NAME OF SCHOOL] are approved for free meals in the 2014-2015 school year?

STUDENTS APPROVED FOR FREE MEALS

(RANGE 0-9,999)

NO RESPONSE M

SOFT CHECK: IF Q1>5,000; You entered that there are [FILL] students approved for free meals in the 2014-2015 school year. Please confirm or correct your response and continue.

GROUPID=2 OR 3

NOT REQUIRED

2. How many students in [NAME OF SCHOOL] are approved for reduced-price meals in the 2014-2015 school year?

STUDENTS APPROVED FOR REDUCED PRICE MEALS

(RANGE 0-9,999)

NO RESPONSE M

SOFT CHECK: IF Q2>5,000; You entered that there are [FILL] students approved for reduced-price meals in the 2014-2015 school year. Please confirm or correct your response and continue.

GROUPID=2 OR 3

NOT REQUIRED

3. As of October 31 of the current school year, what was the total enrollment at [NAME OF SCHOOL]?

TOTAL STUDENT ENROLLMENT

(RANGE 1-9,999)

NO RESPONSE M

SOFT CHECK: IF Q3>5,000; You entered that the total student enrollment for the current school year is [FILL]. Please confirm or correct your response and continue.

GROUPID=2 OR 3

NOT REQUIRED

4. What grade groups were used when planning NSLP/lunch menus for [NAME OF SCHOOL] for the 2014-2015 school year?

Select one only

- Grades K-5 1
- Grades K-8 2
- Grades K-12 3
- Grades 6-8..... 4
- Grades 6-12..... 5
- Grades 9-12..... 6
- NO RESPONSE M

GROUPID=2 OR 3

NOT REQUIRED

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

- Yes 1
- No 0 GO TO Q8
- NO RESPONSE M GO TO Q8

SOFT CHECK: IF Q5=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

GROUPID=2 OR 3 AND Q5=1

NOT REQUIRED

6. What grade groups were used when planning SBP/breakfast menus for [NAME OF SCHOOL] for the 2014-2015 school year?

Select one only

- Grades K-5 1
- Grades K-8 2
- Grades K-12 3
- Grades 6-8 4
- Grades 6-12 5
- Grades 9-12 6
- NO RESPONSE M

GROUPID=2 OR 3 AND Q5=1

NOT REQUIRED

7. Does [NAME OF SCHOOL] offer universal-free breakfast?

- Yes 1
- No 0
- NO RESPONSE M

GROUPID=2 OR 3

NOT REQUIRED

8. Does [NAME OF SCHOOL] operate under Provision 2 or Provision 3 for either the NSLP or SBP, or does it participate in the Community Eligibility Provision?

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

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

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

Select all that apply

- Provision 2 for NSLP 1
- Provision 2 for SBP 2
- Provision 3 for NSLP 3
- Provision 3 for SBP 4
- Community Eligibility Provision..... 5
- None of these 0
- NO RESPONSE M

SOFT CHECK: IF Q8=(1 OR 2 OR 3 OR 4 OR 5) AND 0; "None of these" cannot be selected along with another response option. Please correct your response and continue.

PROGRAMMER BOX:

Repeat questions 1-8 for every school in the sample at that SFA.

ALL

NOT REQUIRED

9. Which of the following methods does your SFA use to certify students to receive free or reduced-price meals?

Select all that apply

- Household applications 1
 - Direct certification 2
 - All students receive meals at no charge without a certification process 3
 - Other (SPECIFY) 99
- Specify (STRING 255)
- NO RESPONSE M

SOFT CHECK: IF Q27 = 3 AND ANOTHER RESPONSE OPTION IS MARKED: "All students receive meals at no charge without a certification process" cannot be selected along with another response option. Please correct your response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

10. How many school districts are in your SFA?

DISTRICTS

(RANGE 1-20)

NO RESPONSE M

PROGRAMMER:
PLEASE CREATE DROP DOWN MENU FOR RESPONSE
BOX. DROPDOWN RANGE= 1-20.

| |
|--------------|
| ALL |
| NOT REQUIRED |

11. How many public and charter schools in your SFA do any of the following? If your SFA does not have public or charter schools, or none do an activity, please write "0."

Note: *Provision 2 schools serve meals at no charge to all children as determined by application once every four years and make eligibility determinations in the first year. Provision 3 schools serve meals at no charge to all children regardless of eligibility status for four-year periods. Schools participating in the Community Eligibility Provision serve meals at no charge to all children based on large proportions of children certified for free school meals through means other than a household application. School gardens include those that are used for nutrition education and/or food service purposes.*

PROGRAMMER: USE RANGE FOR ALL CELLS IN TABLE: (RANGE 0-100)

| | NUMBER OF PUBLIC SCHOOLS | NUMBER OF CHARTER SCHOOLS |
|---|--------------------------|---------------------------|
| a. Operate under Provision 2 for the National School Lunch Program (NSLP) | <input type="text"/> | <input type="text"/> |
| b. Operate under Provision 2 for the School Breakfast Program (SBP) | <input type="text"/> | <input type="text"/> |
| c. Operate under Provision 3 for the NSLP | <input type="text"/> | <input type="text"/> |
| d. Operate under Provision 3 for the SBP | <input type="text"/> | <input type="text"/> |
| e. Participate in the Community Eligibility Provision | <input type="text"/> | <input type="text"/> |
| f. Offer reimbursable afterschool snacks through the NSLP | <input type="text"/> | <input type="text"/> |
| g. Operate a school garden | <input type="text"/> | <input type="text"/> |

SOFT CHECK: IF Q11 a-g =NO RESPONSE; Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

12. As of October 31 of the current school year, what was the total enrollment at all charter schools in your SFA?

|_|_|_| , |_|_|_|_| TOTAL ENROLLMENT (RANGE 0-999,999) IF 0, GO TO Q14A

| |
|---|
| SOFT CHECK: IF Q12=NO RESPONSE; Your response to this question is important. Please provide a response and continue. |
| SOFT CHECK: IF Q12 GT 200,000; You entered that the total enrollment was [FILL]. Please confirm or correct your response and continue. |

| |
|--------------|
| Q12 GTE 1 |
| NOT REQUIRED |

13. Is your SFA a charter school management company?

- Yes..... 1
- No 0
- NO RESPONSE M

| |
|--------------|
| ALL |
| NOT REQUIRED |

14a. Are components of reimbursable meals sold a la carte in elementary schools?

- Yes..... 1
- No 0 GO TO Q14C
- NO RESPONSE M GO TO Q14C

Q14A=1

NOT REQUIRED

14b. Are the following practices used in setting prices for components of reimbursable meals that are sold a la carte in elementary schools?

PROGRAMMER: CODE ONE PER ROW

- a. More healthful foods and beverages are discounted (for example, fruit priced lower than baked goods)
- b. Foods and beverages sold as second servings are priced lower for students who select a reimbursable meal (for example, second entrées, side dishes)
- c. Less healthful foods and beverages are offered at “premium” prices (for example, French fries, desserts)
- d. Components of a reimbursable meal that are also sold a la carte are priced so that combination of the components are priced higher than a reimbursable meal

| YES | NO |
|-------------------------|-------------------------|
| 1 <input type="radio"/> | 0 <input type="radio"/> |
| 1 <input type="radio"/> | 0 <input type="radio"/> |
| 1 <input type="radio"/> | 0 <input type="radio"/> |
| 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF ANY QUESTION IN Q14b =NO RESPONSE; Your response to this question is important. Please provide a response and continue.

ALL

NOT REQUIRED

14c. Are reimbursable components sold a la carte other than milk in middle schools?

- Yes..... 1
- No 0 GO TO Q14E
- NO RESPONSE M GO TO Q14E

Q14C=1

NOT REQUIRED

14d. Are the following practices used in setting prices for components of reimbursable meals that are sold a la carte in middle schools?

PROGRAMMER: CODE ONE PER ROW

Select one per row

- a. More healthful foods and beverages are discounted (for example, fruit priced lower than baked goods)
- b. Foods and beverages sold as second servings are priced lower for students who select a reimbursable meal (for example, second entrées, side dishes)
- c. Less healthful foods and beverages are offered at “premium” prices (for example, French fries, desserts)
- d. Components of a reimbursable meal that are also sold a la carte are priced so that combination of the components are priced higher than a reimbursable meal

| | YES | NO |
|----|-------------------------|-------------------------|
| a. | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF ANYQUESTION IN Q14d=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

14e. Are components of reimbursable meals sold a la carte in high schools?

- Yes 1
- No 0 GO TO Q14G
- NO RESPONSE M GO TO Q14G

| |
|--------------|
| Q14E=1 |
| NOT REQUIRED |

14f. Are the following practices used in setting prices for components of reimbursable meals that are sold a la carte in high schools?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | YES | NO |
|--|-------------------------|-------------------------|
| a. More healthful foods and beverages are discounted (for example, fruit priced lower than baked goods) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Foods and beverages sold as second servings are priced lower for students who select a reimbursable meal (for example, second entrées, side dishes) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Less healthful foods and beverages are offered at “premium” prices (for example, French fries, desserts) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Components of a reimbursable meal that are also sold a la carte are priced so that combination of the components are priced higher than a reimbursable meal | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF ANYQUESTION IN Q14F=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

14g. Are components of reimbursable meals sold a la carte in other schools?

- Yes 1
- No 0 GO TO Q15
- NO RESPONSE M GO TO Q15

| |
|--------------|
| Q14G=1 |
| NOT REQUIRED |

14h. Are the following practices used in setting prices for components of reimbursable meals that are sold a la carte in other schools?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | YES | NO |
|--|-------------------------|-------------------------|
| a. More healthful foods and beverages are discounted (for example, fruit priced lower than baked goods) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Foods and beverages sold as second servings are priced lower for students who select a reimbursable meal (for example, second entrées, side dishes) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Less healthful foods and beverages are offered at "premium" prices (for example, French fries, desserts) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Components of a reimbursable meal that are also sold a la carte are priced so that combination of the components are priced higher than a reimbursable meal | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF ANY QUESTION IN Q14H=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

IMPLEMENTING THE NEW MEALS REQUIREMENTS

ALL

NOT REQUIRED

15. SFAs that are certified for compliance with the new meal requirements receive an additional 6 cents reimbursement per NSLP reimbursable lunch. What is your SFA's current certification status?

Select one only

- Certified for additional 6 cents reimbursement..... 1
- Certification decision is pending 2
- Application for certification was denied 3
- Certification was revoked 4
- SFA has not applied for certification..... 5
- Some other status (SPECIFY)..... 99

Specify (STRING 255)

NO RESPONSE M

ALL

NOT REQUIRED

16. Since school year (SY) 2012-2013, has your SFA received any food service operations training or technical assistance (TA) to implement the new meal requirements? *Please do not include training or TA that you or your SFA supervisory/management staff may have provided to school-level staff.*

- Yes..... 1
- No 0 GO TO Q19
- NO RESPONSE M GO TO Q19

SOFT CHECK: IF Q16=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q16=1

NOT REQUIRED

17. Since SY 2012-2013, which of the following types of food service operations training or TA have you received? For each type of training or TA you received, please indicate who provided it.

PROGRAMMER: CODE ALL THAT APPLY FOR EACH ROW

Select all that apply per row

| TRAINING/TA TOPIC | FNS REGIONAL OFFICE PROVIDED TRAINING OR TA | STATE CHILD NUTRITION AGENCY PROVIDED TRAINING OR TA | A PRIVATE CONTRACTOR PROVIDED TRAINING OR TA | NATIONAL FOODSERVICE MANAGEMENT INSTITUTE PROVIDED TRAINING OR TA | OTHER ENTITY OR PERSON PROVIDED TRAINING OR TA | NO TRAINING OR TA PROVIDED |
|---|---|--|--|---|--|----------------------------|
| a. Menu planning | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| b. Nutrition education | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| c. General nutrition | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| d. Food production | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| e. Food serving | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| f. Cashiering/point-of-service | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| g. Food purchasing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| h. Receiving and storage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| i. Food safety | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| j. Verifying free/reduced meal applications | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| k. Program and human resource management | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| l. Financial management | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| m. Staff training | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| n. Facilities and equipment planning | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| o. Communications, marketing, and/or public relations | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| p. Other (SPECIFY) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| (STRING 255) | | | | | | |

SOFT CHECK: IF Q17a=NO RESPONSE OR Q17b=NO RESPONSE OR...Q17o=NO RESPONSE; Your response to this question is important. Please provide a response in each row and continue.

Q16=1

NOT REQUIRED

18. Using a scale of 1 to 5, where 1=not at all adequate and 5=more than adequate, please rate the overall adequacy of the training or TA you received to implement the new meal requirements.

| | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1 = NOT AT ALL ADEQUATE | 2 | 3 | 4 | 5 = MORE THAN ADEQUATE |
| 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

NO RESPONSE..... M

ALL

NOT REQUIRED

IF Q15=1 THEN FILL = "maintain compliance with"

ELSE FILL = "fully implement"

19. Following is a list of potential challenges that SFAs may face in being able to [fully implement/maintain compliance with] the new meal requirements. On a scale of 1 to 5, where 1=not a challenge and 5=a significant challenge, please rate the degree to which each is currently a challenge in your SFA.

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | 1 = NOT A CHALLENGE | 2 | 3 | 4 | 5 = A SIGNIFICANT CHALLENGE |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|
| a. Understanding the new meal requirements | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Availability of foods to meet the new meal requirements | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Cost of foods to meet the new meal requirements | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Needing to offer different portion sizes to different grade groups | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. Needing additional staff or labor hours | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. Training of staff | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. Needing additional equipment | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. Needing to remodel or upgrade kitchens | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| i. Other (SPECIFY) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| <input type="text" value="(STRING 255)"/> | | | | | |

SOFT CHECK: IF Q19a=NO RESPONSE OR Q19b=NO RESPONSE OR...Q19h=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

ALL

NOT REQUIRED

20. How helpful do you think the new meals requirements have been to your SFA in achieving the following underlying goals?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | NOT AT ALL HELPFUL | SOMEWHAT HELPFUL | VERY HELPFUL | SFA WAS ALREADY ACHIEVING THIS GOAL |
|--|-------------------------|-------------------------|-------------------------|-------------------------------------|
| a. Improving the nutritional quality of the meals offered | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Increasing children's consumption of whole grains | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Increasing children's consumption of dark green and red/orange vegetables | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. Increasing children's consumption of beans/peas | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Increasing children's consumption of fruit (not counting fruit juice) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Increasing children's consumption of skim or low-fat milks | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. Decreasing children's sodium intakes | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. Meeting (but not exceeding) children's calorie requirements | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

SOFT CHECK: IF Q20a=NO RESPONSE OR Q20b=NO RESPONSE OR...Q10h=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

21. **Competitive foods are all foods and beverages other than reimbursable meals available for sale to students on the school campus during the school day. USDA issued new rules that define nutrition standards for all foods and beverages sold on school campuses during the school day. These rules went into effect in SY 2014-2015.**

Do elementary, middle, or high schools in your SFA have nutrition standards for competitive foods that exceed the new federal requirements?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | YES | NO | NO COMPETITIVE FOODS | NO SUCH SCHOOLS IN SFA |
|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Elementary schools | 1 <input type="radio"/> | 0 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Middle schools | 1 <input type="radio"/> | 0 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. High schools | 1 <input type="radio"/> | 0 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

SOFT CHECK: IF Q21a=NO RESPONSE OR Q21b=NO RESPONSE OR Q21c=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

22. **To what extent have the nutrition guidelines for competitive foods been implemented in your SFA?**

Select one only

- Fully implemented..... 1 GO TO Q24
- Partially implemented 2
- Not at all implemented 3
- No competitive foods available in the SFA..... 4 GO TO Q24
- Don't know d
- NO RESPONSE M GO TO Q24

Q22 = 2 OR 3 OR D

NOT REQUIRED

23. Following is a list of potential challenges to being able to fully implement the new nutrition standards for competitive foods. Using a scale of 1 to 5, where 1=not a challenge and 5=a significant challenge, please rate the degree to which each is a challenge in your SFA.

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | 1 = NOT A CHALLENGE | 2 | 3 | 4 | 5 = A SIGNIFICANT CHALLENGE |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|
| a. Understanding the new nutrition standards for competitive foods | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Availability of competitive foods that meet the new nutrition standards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Cost of competitive foods that meet the new nutrition standards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Student acceptance of competitive foods that meet the new nutrition standards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. School faculty and staff reactions to the competitive foods that meet the new nutrition standards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. Other (SPECIFY) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| <input type="text" value="(STRING 255)"/> | | | | | |

SOFT CHECK: IF Q23a=NO RESPONSE OR Q23b=NO RESPONSE OR...Q23e=NO RESPONSE; **Your response to this question is important. Please provide a response and continue.**

MENU PLANNING AND COMPUTER SYSTEMS

ALL

NOT REQUIRED

24. Are all menus planned at the district level?

- Yes..... 1 GO TO Q26
- No 0
- NO RESPONSE M GO TO Q26

SOFT CHECK: IF Q24=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q24=0

NOT REQUIRED

25. Which types of schools plan their own menus?

Select all that apply

- Elementary schools 1
- Middle schools 2
- High schools 3
- Other (SPECIFY)..... 99
- Specify (STRING 255)
- NO RESPONSE M

Q24=1 OR M

NOT REQUIRED

26. Does your district use cycle menus?

- Yes..... 1
- No 0 GO TO Q28
- NO RESPONSE M GO TO Q28

SOFT CHECK: IF Q26=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q24 = 0 OR Q26 = 1

NOT REQUIRED

27. Do elementary, middle, or high schools use cycle menus?

Select all that apply

- Elementary schools 1
- Middle schools 2
- High schools 3
- None 4

SOFT CHECK: IF Q27 = 4 AND ANOTHER RESPONSE OPTION IS MARKED: "None" cannot be selected along with another response option. Please correct your response and continue.

ALL

NOT REQUIRED

28. Does your district conduct nutrient analysis of menus?

- Yes..... 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

29. Since school year 2012-2013 when the new meal patterns and nutrition standards for school meals went into effect, have you used any of the following USDA resources or guidance materials in planning menus, developing or modifying recipes, or developing purchasing specifications?

Select all that apply

- Offer Versus Serve Guidance for the National School Lunch Program and the School Breakfast Program..... 1
 - Fact Sheets for Healthier School Meals (for example, Serve More Whole Grains or Trim *Trans* Fat)..... 2
 - Recipes for Healthy Kids Cookbook 3
 - Food Buying Guide for Child Nutrition Programs Revised for School Meals 4
 - Fruits and Vegetables Galore 5
 - HealthierUS School Challenge Whole Grains Resource 6
 - New School Lunch and Breakfast Recipes/Tool Kit for Healthy School Meals.... 7
 - Nutrient Analysis Protocols: How to Analyze Menus for USDA’s School Meals Programs..... 8
 - USDA Recipes for Schools..... 9
 - National Food Service Management Institute’s Equipment Purchasing and Facility Design for School Nutrition Programs..... 10
 - National Food Service Management Institute’s Procurement in the 21st Century 11
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- NO RESPONSE M
- None of the above 0

SOFT CHECK: IF Q29 = 0 AND ANOTHER RESPONSE OPTION IS MARKED: “None of the above” cannot be selected along with another response option. Please correct your response and continue.

FOOD PURCHASING

ALL

NOT REQUIRED

30. Who in your district has primary responsibility for determining which foods are purchased commercially (excludes USDA donated foods)?

Select one only

- SFA or district food service director or manager 1
- Procurement specialist or other member of SFA staff..... 2
- Business manager/purchasing agent or other district staff 3
- Kitchen/cafeteria manager or lead/head cook 4
- Other (SPECIFY)..... 99

Specify (STRING 255)

NO RESPONSE M

ALL

NOT REQUIRED

31. Do any of the schools in your SFA offer foods from national or regional brand-name or chain restaurants, such as McDonald's, Burger King, Taco Bell, Pizza Hut, Domino's, or Subway?

- Yes..... 1
- No 0 GO TO Q35
- NO RESPONSE M GO TO Q35

SOFT CHECK: IF Q31=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q31=1

NOT REQUIRED

32. Are these foods offered in reimbursable meals only, sold a la carte only, or used in both reimbursable meals and a la carte sales?

Select one only

- Reimbursable meals only 1
- A la carte only 2
- Both 3

Q31=1

33. Which types of schools offer these items?

Select all that apply

- Elementary schools 1
 - Middle schools 2
 - High schools 3
 - Other (SPECIFY GRADE RANGE) 99
- GRADE TO GRADE
 (RANGE PK-12) (RANGE K-12)
- NO RESPONSE M

PROGRAMMER: PLEASE CREATE DROP DOWN MENU FOR RESPONSE BOXES. DROPDOWN RANGE FIRST BOX = PK-12; DROPDOWN RANGE SECOND BOX= K-12.

SOFT CHECK: IF Q33 = 1 OR 2 OR 3 AND RANGES ARE SELECTED: Please select "Other" to specify a grade range. Please correct your response and continue.

Q31=1

NOT REQUIRED

34. From which of the following national or regional brand-name or chain restaurants are items offered?

Select all that apply

- Arby's 1
 - Burger King 2
 - Chick-fil-A 3
 - Domino's Pizza 4
 - Little Caesar's Pizza 5
 - McDonald's 6
 - Papa John's Pizza 7
 - Pizza Hut 8
 - Subway 9
 - Taco Bell 10
 - Other (SPECIFY) 99
- Specify (STRING 255)
- NO RESPONSE M

ALL

NOT REQUIRED

35. Is your school district or are any schools in your district engaged in a “pouring rights” contract, that is, a long-term contract with a beverage company that establishes the company as a sole source vendor for beverages in the district or in the school? *Count beverages sold by school food service as well as those sold in vending machines or other venues not controlled by school food service.*

Select one only

- Yes, district-wide..... 1
- Yes, some schools..... 2
- No 0 GO TO Q37
- NO RESPONSE M GO TO Q37

SOFT CHECK: IF Q35=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q35=1 OR 2

NOT REQUIRED

36. Does the beverage contract limit the types or brands of beverages that can be sold in school food service areas?

- Yes..... 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

37. Does your district purchase any locally-grown or produced foods through the “State Farm to School” program or other arrangements?

Select one only

- Yes, through the “State Farm to School” program 1
- Yes, through another arrangement..... 2
- No 0
- NO RESPONSE M

| |
|--------------|
| ALL |
| NOT REQUIRED |

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

- Yes 1
- No 0
- NO RESPONSE M

| |
|--------------|
| ALL |
| NOT REQUIRED |

39. What is the dollar amount of your SFA's USDA donated food entitlement for SY 2014-2015?

\$.00 DOLLARS
(RANGE 0-99,999,999)

- Don't know d
- NO RESPONSE M

SOFT CHECK: IF Q39 GT 75,000,000; You entered that the USDA donated food entitlement amount for SY 2014-2015 was [FILL]. Please confirm or correct your response and continue.

Programmers note: Please disable the Don't Know button if user enters a dollar amount

| |
|--------------|
| ALL |
| NOT REQUIRED |

40. In dollars, how much of your SFA's donated food entitlement for SY 2014-2015 was spent on processed end products that incorporate USDA Foods?

\$.00 DOLLARS
(RANGE 0-99,999,999)

- Don't know d
- NO RESPONSE M

Programmers note: Please disable the Don't Know button if user enters a dollar amount

SOFT CHECK: IF Q40 GT Q39; You entered that [FILL] of your SFA's donated food entitlement was spent on processed end products that incorporate USDA Foods. This amount is greater than the total dollar amount of your SFA's USDA donated food entitlement in question 39. Please confirm or correct your responses and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

41. Does your SFA apply part of your USDA Foods entitlement or use cash reimbursements to purchase fruits and vegetables through the U.S. Department of Defense “DoD Fresh” program?
- Yes..... 1
 - No 0
 - NO RESPONSE M

| |
|--------------|
| ALL |
| NOT REQUIRED |

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

PROGRAMMER: CODE ONE PER ROW. IF Q42d = 1, GO TO Q43. OTHERWISE, GO TO Q44, REGARDLESS OF THE OTHER Q42 RESPONSES.

Select one per row

| | YES | NO |
|-----------------------------------|-------------------------|-------------------------|
| a. Calories | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Total fat | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Saturated fat | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. <i>Trans</i> fat | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Sodium | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Total or added sugar | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Fiber | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Whole grains | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. Other (SPECIFY) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <input type="text"/> (STRING 255) | | |
| j. Other (SPECIFY) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| <input type="text"/> (STRING 255) | | |

SOFT CHECK: IF Q42a=NO RESPONSE OR Q42b=NO RESPONSE OR...Q42h=NO RESPONSE; **Your response to this question is important. Please provide one response per row and continue.**

Q42D=1

NOT REQUIRED

43. Did your district's food purchasing specifications for SY 2014-2015 require that all commercially prepared foods and ingredients contain zero grams of trans fat per serving?

- Yes..... 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

44. For all commercially prepared foods and ingredients acquired during SY 2014-2015, do the nutrition labels or manufacturer's specifications indicate that the products contain zero grams of *trans fat* per serving?

- Yes..... 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

45. Does your SFA use Alliance for a Healthier Generation or other similar tools for selecting and purchasing healthier foods?

- Yes..... 1
- No 0
- NO RESPONSE M

KITCHEN EQUIPMENT FUNDING AND PURCHASES

ALL

NOT REQUIRED

46. What funds are used to buy new capital equipment or replace or repair aging equipment? *Capital equipment purchases are usually at least \$5,000 and can be depreciated over time.*

Select all that apply

- SFA budget..... 1
- USDA grant..... 2
- State grant 3
- Local education agency funds 4
- School funds 5
- Fundraiser..... 6
- Other (SPECIFY)..... 99

Specify (STRING 255)

- SFA is not responsible for capital costs for equipment purchases..... 7
- Don't know d
- NO RESPONSE M

SOFT CHECK: IF Q46 = d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

SOFT CHECK: IF Q46 = 7 AND ANOTHER RESPONSE OPTION IS SELECTED: "SFA if not responsible for capital costs for equipment purchases" cannot be selected along with another response option. Please correct your response and continue.

ALL

NOT REQUIRED

47. Since the start of SY 2012-2013, has your SFA purchased any new equipment to implement the new meal patterns and nutrient requirements for school meals?

- Yes..... 1
- No 0 GO TO Q49
- Don't know d GO TO Q49
- NO RESPONSE M GO TO Q49

SOFT CHECK: IF Q47=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q47=1

NOT REQUIRED

48. Across the following service functions, has equipment been purchased for any kitchens in your SFA since SY 2012-2013 to implement the new meal patterns and nutrient requirements?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | YES | NO |
|--|-------------------------|-------------------------|
| a. Receiving and storage (for example, platforms and hand trucks, scales, or walk-in refrigerators/freezers) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Food preparation (for example, slicers, food processors, utility carts, stainless steel work tables, or combi ovens) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Holding and transportation (for example, refrigerated or non-refrigerated trucks, hot holding mobile carts, or walk-in coolers [separate from receiving/storage refrigerators]) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Salad or fruit/vegetable bars | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. Other meal service equipment (for example, mobile milk coolers, steam table pans or serving portion utensils) | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q48a=NO RESPONSE OR Q48b=NO RESPONSE OR...Q48e=NO RESPONSE; **Your response to this question is important. Please provide one response per row and continue.**

NUTRITION PROMOTION/WELLNESS

ALL

NOT REQUIRED

49. Which of the following stakeholders were consulted when developing the local wellness policy?

Select all that apply

- SFA director 1
 - Superintendent or other district staff..... 2
 - School board members 3
 - School principals or other administrative staff 4
 - School foodservice staff 5
 - Student nutrition advisory council..... 6
 - Community nutrition advisory council 7
 - School nurse or other school health professionals..... 8
 - Dietitian or nutritionist 9
 - Physical education or health teachers 10
 - Other teachers 11
 - Parents 12
 - Students..... 13
 - Other community members 14
 - Stakeholders were not consulted when developing the local wellness policy 15
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- School district does not have a local wellness policy 16
 - Don't know d
 - NO RESPONSE M

SOFT CHECK: IF Q49 = d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

SOFT CHECK: IF Q49 = 16 AND ANOTHER RESPONSE OPTION IS SELECTED: "School district does not have a local wellness policy" cannot be selected along with another response option. Please correct your response and continue.

SOFT CHECK: IF Q49 = 15 AND ANOTHER RESPONSE OPTION IS SELECTED: "Stakeholders were not consulted when developing the local wellness policy" cannot be selected along with another response option. Please correct your response and continue.

ALL

NOT REQUIRED

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

Select all that apply

- District administrator 1
- School administrator 2
- School nurse 3
- Foodservice staff 4
- Other nutrition professional 5
- Health, physical education, or nutrition teacher 6
- Coach or athletic director 7
- Other teacher 8
- Other (SPECIFY) 99

Specify (STRING 255)

- District’s designated wellness coordinator does not have another job in the district 9
- District does not have a designated wellness coordinator 10
- NO RESPONSE M

SOFT CHECK: IF Q50 = 9 AND ANOTHER RESPONSE OPTION IS SELECTED: “District’s designated wellness coordinator does not have another job in the district” cannot be selected along with another response option. Please correct your response and continue.

SOFT CHECK: IF Q49 = 10 AND ANOTHER RESPONSE OPTION IS SELECTED: “District does not have a designated wellness coordinator” cannot be selected along with another response option. Please correct your response and continue.

ALL

NOT REQUIRED

51. Following is a list of potential and required wellness policy components. For each, please indicate whether the component is addressed in your district wellness policy and, if so, the extent to which the wellness policy components have been implemented.

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | ADDRESSED IN POLICY AND FULLY IMPLEMENTED | ADDRESSED IN POLICY AND PARTIALLY IMPLEMENTED | STILL BEING PLANNED | NOT ADDRESSED IN POLICY |
|--|--|---|-------------------------|-------------------------------|
| a. Nutrition education | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Nutrition promotion | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Physical education (PE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. Daily physical activity (outside of PE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Restrictions on the use of food or food coupons as student rewards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Access to competitive foods during school hours | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. Minimum amount of time for students to eat lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. Staff wellness program | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. Plan for measuring implementation of the policy, including the extent in compliance with the policy | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. Plan for describing the progress made towards attaining the goals of the policy | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. Plan for informing the public about the wellness policy content and implementation | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

SOFT CHECK: IF Q51a=NO RESPONSE OR Q51b=NO RESPONSE OR...Q51k=NO RESPONSE; **Your response to this question is important. Please provide one response per row and continue.**

ALL

NOT REQUIRED

52. Does your district wellness policy include nutrition standards for foods and beverages offered in school meals that exceed current federal requirements? If so, to what extent have the standards been implemented?

Select one only

- Have standards that exceed federal requirements and they are fully implemented 1
- Have standards that exceed federal requirements and they are partially implemented 2
- Will have standards that exceed federal requirements, but they are still being planned 3
- Do not have standards that exceed federal requirements 4
- NO RESPONSE M

ALL

NOT REQUIRED

53. Does your district wellness policy include nutrition standards for foods and beverages offered in afterschool snacks or sold in other school settings (for example, fundraising activities, a la carte, vending machines, school stores, or other non-food service venues) that exceed current federal requirements? If so, to what extent have the standards been implemented?

Select one only

- Have standards that exceed federal requirements and they are fully implemented 1
- Have standards that exceed federal requirements and they are partially implemented 2
- Will have standards that exceed federal requirements, but they are still being planned 3
- Do not have standards that exceed federal requirements 4
- NO RESPONSE M

| |
|--------------|
| ALL |
| NOT REQUIRED |

54. Does your district wellness policy include nutrition standards for foods and beverages offered in classroom or school celebrations or in staff or parent meetings? If so, to what extent have the standards been implemented?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| SCHOOL SETTING | HAVE STANDARDS AND THEY ARE FULLY IMPLEMENTED | HAVE STANDARDS AND THEY ARE PARTIALLY IMPLEMENTED | STANDARDS STILL BEING PLANNED | NO STANDARDS | NOT AVAILABLE/ ALLOWED IN DISTRICT |
|---|---|---|-------------------------------|-------------------------|------------------------------------|
| a. Foods and beverages served at classroom or school celebrations | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Foods and beverages served at staff or parent meetings | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

SOFT CHECK: IF Q54a=NO RESPONSE OR Q54b=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

55. Has your district ever evaluated the effects of the wellness policy?

- Yes..... 1
- No 0 GO TO Q59
- NO RESPONSE M GO TO Q59

SOFT CHECK: IF Q55=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q55=1

NOT REQUIRED

56. What data sources has your district used to evaluate the wellness policy?

Select all that apply

- Student surveys or interviews..... 1
- Parent surveys or interviews 2
- School faculty or staff surveys or interviews 3
- School foodservice staff surveys or interviews..... 4
- School food sales data 5
- School, cafeteria, classroom, or gym observations..... 6
- Student height, weight, or body composition measures..... 7
- Staff height, weight, or body composition measures..... 8
- Other (SPECIFY)..... 99

Specify (STRING 255)

NO RESPONSE M

Q55=1

NOT REQUIRED

57. Through which of the following channels were evaluation findings reported?

Select all that apply

- Report to State Education or Child Nutrition agency..... 1
- Publicly available report or report summary 2
- District or school website 3
- School menu or newsletter 4
- Parent-Teacher Association/Organization meeting..... 5
- Local news media 6
- Other (SPECIFY)..... 99

Specify (STRING 255)

NO RESPONSE M

Q55=1

NOT REQUIRED

58. For each of the following wellness policy components, please indicate the extent to which the evaluation found schools in your SFA to be in compliance with the component.

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | 1 = SCHOOLS ARE NOT IN COMPLIANCE | 2 | 3 | 4 | 5 = SCHOOLS ARE IN COMPLIANCE | NOT IN WELLNESS POLICY/NOT EVALUATED |
|---|-----------------------------------|-------------------------|-------------------------|-------------------------|-------------------------------|--------------------------------------|
| a. Nutrition promotion | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| b. Nutrition education | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| c. Physical education (PE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| d. Daily physical activity (outside of PE) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| e. Restrictions on the use of food or food coupons as student rewards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| f. Access to competitive foods during school hours | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| g. Minimum amount of time for students to eat lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| h. Staff wellness program | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| i. Plan for measuring implementation of the policy | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| j. Plan for describing the progress made towards attaining the goals of the policy | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |
| k. Plan for informing the public about the wellness policy content and implementation | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | n <input type="radio"/> |

SOFT CHECK: IF Q58a=NO RESPONSE OR Q58b=NO RESPONSE OR...Q58k=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

ALL

NOT REQUIRED

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

Select all that apply

- Send home menus/flyers/newsletters..... 1
 - Email information to parents..... 2
 - Post information in schools (for example, on bulletin boards or on cafeteria lines) 3
 - Post information online (for example, on district/school website) 4
 - Broadcast information on TV 5
 - Broadcast information on the radio..... 6
 - Post information in local newspapers 7
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- NO RESPONSE M

ALL

NOT REQUIRED

60. Have you or has anyone on your staff engaged in any of the following activities?

Select all that apply

- Conducted a taste test activity with students 1
 - Involved students in planning school meal menus 2
 - Involved students in naming items offered 3
 - Attended a Parent/Teacher Association/Organization or other parent group meeting to discuss the school meal program 4
 - Conducted a nutrition education activity in the classroom 5
 - Conducted a nutrition education activity in the food service area 6
 - Set up a booth at a school event to promote/inform about school meals (for example, a family night or parent-teacher conference night) 7
 - Met with teachers to explain school meal program or discuss how program can work with classroom teachers 8
 - Discussed student food allergies with school nurse or classroom teachers 9
 - Participated in a school or district meeting about the local wellness policy 10
 - Shared information about the school meal program with a nutrition advisory council 11
 - Met with an advisory group to plan or assess nutrition education or promotion activities 12
 - Invited family members to consume a school meal 13
 - Invited community members to plan or promote school meals (for example, local chefs, farmers, dietitians/nutritionists, Cooperative Extension agents, local sports figures, police officers, firefighters, or other local heroes) 14
 - Presented information about school meals to a local civic or community service group (for example, a chamber of commerce, Lions Club, Rotary International, or a similar organization) 15
 - Other (SPECIFY) 99
- Specify (STRING 255)
- NO RESPONSE M

AFTERSCHOOL SNACKS

Q11F FOR PUBLIC SCHOOLS GTE 1 OR Q11F FOR CHARTER SCHOOLS GTE 1

NOT REQUIRED

61. Which of the following entities operates the afterschool programs for which your SFA provides snacks?

Select all that apply

- School district/individual schools 1
 - YMCA/YWCA..... 2
 - Community action agency 3
 - Parent-Teacher Association/Organization..... 4
 - Church-affiliated organization..... 5
 - Child care agency 6
 - Community park/recreation department 7
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- Don't know d
 - NO RESPONSE M

SOFT CHECK: IF Q61 = d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

FOOD SERVICE MANAGEMENT COMPANIES

ALL

NOT REQUIRED

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

- Yes..... 1
- No 0 GO TO Q66
- NO RESPONSE M GO TO Q66

SOFT CHECK: IF Q62=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q62=1

NOT REQUIRED

63. Which entity, the SFA, the FSMC, or both, is responsible for the following food service functions?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | SFA | FSMC | BOTH |
|--|-------------------------|-------------------------|-------------------------|
| a. Preparing reimbursable meals | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Serving reimbursable meals | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Menu planning | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Providing equipment or facilities for food preparation | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. Activities supporting food service such as food purchasing, inventory and storage, or nutrition education | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Vendor payment | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. Certification and verification of eligibility for free or reduced-price meals | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. FSMC personnel management | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

SOFT CHECK: IF Q63a=NO RESPONSE OR Q63b=NO RESPONSE OR...Q63h=NO RESPONSE; Your response to this question is important. Please provide one response per row and continue.

Q62=1

NOT REQUIRED

64. On what basis is the FSMC fee determined?

Select one only

- Flat administrative fee 1
- Per-meal fee 2
- Combination of administrative fee and per-meal fee 3
- Percentage of total cafeteria sales 4
- Some other arrangement (SPECIFY) 99

Specify (STRING 255)

- Don't know d
- NO RESPONSE M

Q62=1

NOT REQUIRED

65. Who monitors the performance of the FSMC?

Select all that apply

- School district business manager 1
- School food authority 2
- Superintendent 3
- School principal 4
- School board 5
- Some other arrangement (SPECIFY) 99

Specify (STRING 255)

- Don't know d
- NO RESPONSE M

SOFT CHECK: IF Q65=d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

PRICING

ALL

NOT REQUIRED

66. Has your school district changed prices for reduced-price or full-price lunches or breakfasts since school year 2012-2013?

- Yes..... 1
- No 0 GO TO Q70
- Don't know d GO TO Q70
- NO RESPONSE M GO TO Q70

SOFT CHECK: IF Q66=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q66=1

NOT REQUIRED

67a. The next set of questions are about changes in meal prices in schools. Are there elementary schools in your SFA?

- Yes..... 1
- No 0 GO TO Q68a
- NO RESPONSE M GO TO Q68a

Q67A=1

NOT REQUIRED

67b. Please indicate how meal prices changed in elementary school lunches:

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED |
|------------------------|-------------------------|-------------------------|-------------------------|
| a. Reduced-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Full-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

SOFT CHECK: IF Q67ba=NO RESPONSE OR Q67bb=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| Q67A=1 |
| NOT REQUIRED |

67c. Please indicate how meal prices changed in elementary school breakfasts:

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED | NO BREAKFAST |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Reduced-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | <input type="radio"/> |
| b. Full-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q67c a-b=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| Q66=1 |
| NOT REQUIRED |

68a. Are there middle schools in your SFA?

- Yes..... 1
- No 0 GO TO Q69a
- NO RESPONSE M GO TO Q69a

| |
|--------------|
| Q68A=1 |
| NOT REQUIRED |

68b. Please indicate how meal prices changed in middle school lunches:

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED |
|------------------------|-------------------------|-------------------------|-------------------------|
| a. Reduced-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Full-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

SOFT CHECK: IF Q68 a-b=NO RESPONSE Your response to this question is important. Please provide a response and continue.

Q68A=1

NOT REQUIRED

68c. Please indicate how meal prices changes in middle school breakfasts:

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED | NO BREAKFAST |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Reduced-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| b. Full-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q68c. a-b=NO RESPONSE Your response to this question is important. Please provide a response and continue.

Q66=1

NOT REQUIRED

69a. Are there high schools in your SFA?

- Yes..... 1
- No 0 GO TO Q70
- NO RESPONSE M GO TO Q70

Q69A=1

NOT REQUIRED

69b. Please indicate how meal prices changed in high school lunches:

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED | |
|------------------------|-------------------------|-------------------------|-------------------------|--|
| a. Reduced-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | |
| b. Full-price lunch | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | |

SOFT CHECK: IF Q69b. a-b=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q69A=1

NOT REQUIRED

69c. Please indicate how meal prices changed in high school breakfasts?

PROGRAMMER: CODE ONE PER ROW

Select one per row

| | INCREASED | DECREASED | NOT CHANGED | NO BREAKFAST |
|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Reduced-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 <input type="radio"/> |
| d. Full-price breakfast | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 1 <input type="radio"/> |

SOFT CHECK: IF Q69c. a-b=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

ALL

NOT REQUIRED

70. Which of the following factors does your school district consider in setting prices for a la carte items sold in school cafeterias?

Select all that apply

- No a la carte items sold in any school cafeteria 1 GO TO Q74
- Food cost 2
- Production labor cost (wages, benefits, etc.) 3
- Other production costs (utilities, equipment, supplies, etc.) 4
- Administrative or indirect costs 5
- Incentive for student consumption of specific items (milk, etc.) 6
- Incentive for student participation in reimbursable meal program 7
- Ease of collecting payments 8
- School principal 9
- Other (SPECIFY) 99

Specify (STRING 255)

- Don't know d GO TO Q74
- NO RESPONSE M GO TO Q74

SOFT CHECK: IF Q70=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

SOFT CHECK: IF Q70 = d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

SOFT CHECK: IF Q70=1 AND ANOTHER RESPONSE OPTION IS SELECTED; You cannot select "No a la carte items sold in any school cafeteria" along with another response option. Please correct your response and continue.

Q70=2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 99

NOT REQUIRED

71. Does your district set prices for a la carte items using a percentage markup or a fixed dollar markup on food or other costs?

- Yes 1
- No 0 GO TO Q74
- Don't know d GO TO Q74
- NO RESPONSE M GO TO Q74

SOFT CHECK: IF Q71=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q71=1

NOT REQUIRED

72. What costs are included in the base for calculating a la carte prices? *The base is the amount to which the markup is added.*

Select all that apply

- Food cost 1
 - Production labor..... 2
 - Other production costs 3
 - Administrative or indirect costs..... 4
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- Don't know d
 - NO RESPONSE M

SOFT CHECK: IF Q72=d AND ANOTHER RESPONSE OPTION IS SELECTED: "Don't know" cannot be selected along with another response option. Please correct your response and continue.

Q71=1

NOT REQUIRED

73. Is there a percentage or dollar markup used for setting prices on a la carte foods? *If an item is not available a la carte, mark not applicable.*

PROGRAMMER: CODE ONE PER ROW.

| | PERCENTAGE | DOLLAR MARKUP | NO SPECIFIED MARKUP | NOT APPLICABLE |
|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Milk | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | n <input type="radio"/> |
| b. Other items on reimbursable menu | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | n <input type="radio"/> |
| c. Other (a la carte only) items | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | n <input type="radio"/> |

SOFT CHECK: IF Q73 a=NO RESPONSE TO ALL COMPONENTS OR Q73b=NO RESPONSE TO ALL COMPONENTS OR Q73c=NO RESPONSE TO ALL COMPONENTS; **Your response to this question is important. Please provide a response and continue.**

PROGRAMMERS NOTE: If (Q73a = missing, OR not applicable, OR no specified markup) AND, (Q73b= missing, OR not applicable, OR no specified markup) AND, (Q73c=missing, OR not applicable, OR no specified markup), then skip to Q74

(Q73a=1 OR 2), OR (Q73b=1 OR 2), OR (Q73c=1 OR 2).

NOT REQUIRED

73d. What is the percentage or dollar markup used for setting prices for a la carte foods? Please enter either percentage or dollar markup. If you report as a percentage, please use your cost as the base (denominator) when figuring the percentage.

PROGRAMMER: USE RANGE FOR ALL ITEMS IN TABLE (PERCENTAGE RANGE 0-100) (DOLLAR RANGE 0-5)

| | PERCENTAGE | DOLLAR MARKUP |
|-------------------------------------|---|---------------------------------------|
| Q73a=1 OR 2 | | |
| a. Milk | <input type="text"/> 1 (RANGE 0-100) | <input type="text"/> 2 (RANGE 0-5) |
| Q73b=1 OR 2 | | |
| b. Other items on reimbursable menu | <input type="text"/> 1 (RANGE 0-100) | <input type="text"/> 2 (RANGE 0-5) |
| Q73c=1 OR 2 | | |
| c. Other (a la carte only) items | <input type="text"/> 1 (RANGE 0-100) | <input type="text"/> 2 (RANGE 0-5) |

SOFT CHECK: IF Q73D a-c =PERCENTAGE AND DOLLAR MARKUP; Please answer in either percentage or dollar markup, not both.

SFA DIRECTOR BACKGROUND AND EXPERIENCE

ALL

NOT REQUIRED

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

YEARS OR MONTHS
(RANGE 0-50)

- Years 1
- Months 2
- NO RESPONSE M

SOFT CHECK; IF Q74 NE NO RESPONSE AND Q74 YEARS OR MONTHS ARE BOTH UNMARKED; Please mark "years" or months" to indicate how long you have been a school food service director and continue.

ALL

NOT REQUIRED

75. Do you receive health benefits for your SFA director position?

- Yes 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

76. Approximately how many full-time SFA employees receive health benefits?

Select one only

- All 1
- Most 2
- Some 3
- None 4
- Don't know d
- NO RESPONSE M

ALL

NOT REQUIRED

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

Select one only

- Less than high school 1 GO TO Q79
- High school 2 GO TO Q79
- Some college, no degree 3 GO TO Q79
- Associate's degree 4
- Bachelor's degree 5
- Master's degree 6
- Graduate credits beyond a Master's degree 7
- Doctorate 8
- NO RESPONSE M GO TO Q79

SOFT CHECK: IF Q77=NO RESPONSE; Your response to this question is important. Please provide a response and continue.

Q77=4 OR 5 OR 6 OR 7 OR 8

NOT REQUIRED

78. Is your degree in foods and nutrition, family and consumer sciences, nutrition education, food service management, culinary arts, business, or public/school administration?

- Yes 1
- No 0
- NO RESPONSE M

ALL

NOT REQUIRED

79. Which of the following credentials do you hold?

Select all that apply

- Licensed Nutritionist or Dietitian 1
 - Registered Dietitian 2
 - School Nutrition Association Level 1 certification 3
 - School Nutrition Association Level 2 certification 4
 - School Nutrition Association Level 3 certification 5
 - School Nutrition Association, School Nutrition Specialist (SNS)..... 6
 - State food service certificate 7
 - Food safety certification, such as ServSafe, National Registry of Food Safety Professionals, Prometric Certified Professional Food Manager, or Learn2Serve 8
 - Health department certification..... 9
 - Certified dietary manager 10
 - Dietetic Technical Registered (DTR)..... 11
 - Other (SPECIFY)..... 99
- Specify (STRING 255)
- None of the above 0
 - NO RESPONSE M

SOFT CHECK: IF Q79 = 0 AND ANOTHER RESPONSE OPTION IS SELECTED: "None of the above" cannot be selected along with another response option. Please correct your response and continue.

ALL

NOT REQUIRED

80. Please share any additional comments you have about the school meals programs.

(STRING 1000)

NO RESPONSE M

SUBMIT SCREEN



Thank you for completing the School Nutrition and Meal Cost Study SFA Director Survey!

[Please review and print a copy of your responses by clicking here.](#) If you are satisfied with your responses, please click on the submit button below. Once you submit your survey, you will not be able to make any additional changes. If you need to correct anything, please contact the help desk at SNMCS@mathematica-mpr.com or 844-236-3257 (toll-free) for assistance.

SCREEN TO DISPLAY IF SOMEONE TRIES TO LOG IN TO A SUBMITTED SURVEY



Thank you for your interest in completing the School Nutrition and Meal Cost Study SFA Director Survey. Someone submitted the survey on [date]. If you believe you are getting this message in error, please contact the help desk at SNMCS@mathematica-mpr.com or 844-236-3257 (toll-free) for assistance.

ID#: | | | | | | | | | |

SFA: _____

City and State: _____



OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

School Nutrition and Meal Cost Study

School Nutrition Manager Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



INSTRUCTIONS

- Please answer all of the questions, except for those that you are instructed to skip based on your answer to a specific question.
- If you have any questions about the study or about completing this survey, please do not hesitate to contact your Technical Assistant by phone at 1-844-604-2775 (toll-free) or e-mail help@menusurvey.org.

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.

Under the Healthy, Hunger-Free Kids Act of 2010, participation in this study is mandatory. We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-844-604-2775

PARTICIPATION IN SCHOOL MEAL PROGRAMS AND KITCHEN CHARACTERISTICS

1. Does your school participate in the School Breakfast Program (SBP)?

- 1 Yes
- 0 No

2. Does your school do any of the following?

Note: School gardens include those that are used for nutrition education and/or foodservice purposes. The Fresh Fruit and Vegetable Program provides funds to purchase fresh fruits and vegetables and distribute them free to students outside of reimbursable meals.

MARK ONE RESPONSE PER ROW

| | YES | NO | DON'T KNOW |
|---|----------------------------|----------------------------|----------------------------|
| a. Operate a school garden | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| b. Participate in the Fresh Fruit and Vegetable Program | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| c. Participate in a Farm to School Program..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |

3. Which of the following best describes your kitchen?

MARK ONE ONLY

- 1 An on-site kitchen where meals are prepared for serving only at this school
- 2 An on-site production kitchen where meals are prepared for serving at this school and shipped to other schools
- 3 A receiving or satellite kitchen that obtains partially prepared meals from a central or production kitchen
- 4 A receiving or satellite kitchen that obtains fully prepared meals from a central or production kitchen

4. Do students have the option to pre-order their lunch?

MARK ONE ONLY

- 1 Yes, students are required to pre-order lunch
- 2 Yes, students have the option to pre-order lunch but it is not required
- 3 No, students do not have the option to pre-order lunch

IMPLEMENTING THE NEW MEALS AND COMPETITIVE FOODS REQUIREMENTS

5. Since school year (SY) 2012-2013, which of the following types of food service operations training or technical assistance (TA) to implement the new meals requirements have you or other school nutrition staff received? For each type of training or TA received, please indicate who provided it.

MARK ONE RESPONSE PER ROW

| | DID NOT RECEIVE TRAINING | SFA DIRECTOR OR OTHER SFA STAFF PROVIDED TRAINING | SOMEONE ELSE PROVIDED TRAINING |
|--|--------------------------------|---|---|
| a. Menu planning | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Nutrition education | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. General nutrition | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Food production | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Food serving | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Cashiering/point-of-service | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Food purchasing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. Receiving and storage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| i. Food safety | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| j. Verifying free/reduced meal applications..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| k. Program and human resource management..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| l. Financial management | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| m. Staff training..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| n. Facilities and equipment planning | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| o. Communications, marketing, and/or public relations..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| p. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

6. Does your school use any commercially prepared foods or ingredients in reimbursable meals that contain *trans* fat (greater than 0 grams of *trans* fat per serving)?

- 1 Yes
- 0 No

7. For lunch service, does your school have more than one serving line or food station that offers reimbursable lunches or components of reimbursable lunches? Food stations include kiosks or carts, service windows, standalone salad bars or other self-serve bars, fresh fruit bowls/displays, and milk coolers.

- 1 Yes
- 0 No → GO TO Q.10

8. Which of the following strategies do you use to ensure that all students can select the required minimum amounts of all meal pattern components at lunch? Meal pattern components required at lunch include fruit, vegetables, grain, meat/meat alternates, and milk.

MARK ONE RESPONSE PER ROW

| | YES | NO |
|---|----------------------------|----------------------------|
| a. All meal components are provided on <u>every</u> serving line or food station in the required minimum amounts..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Students must visit multiple serving lines or food stations that together offer all required meal components (for example, pasta station, fruit and vegetable bar, and milk cooler)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Other (specify)..... _____ | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

If you marked “yes” to more than one strategy in Q.8, go to Q.9. Otherwise, go to Q.10.

9. Does the number or type of serving lines or food stations at lunch vary...

MARK ONE RESPONSE PER ROW

| | YES | NO | NOT APPLICABLE |
|---|----------------------------|----------------------------|----------------------------|
| a. From day to day? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| b. By meal period or grade? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. From one cafeteria to another? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

10. For breakfast service (including grab-and-go), does your school have more than one serving line or food station that offers reimbursable breakfasts or components of reimbursable breakfasts?

- 1 Yes
 - 2 No, all breakfasts are served in the classroom
 - 3 No, school has only one serving line or station at breakfast
 - 4 School does not participate in School Breakfast Program
- GO TO Q.13

11. Which of the following strategies do you use to ensure that all students can select the required minimum amounts of all meal pattern components at breakfast? Meal pattern components required at breakfast include fruit, grains, and milk.

MARK ONE RESPONSE PER ROW

| | YES | NO |
|---|----------------------------|----------------------------|
| a. All meal components are provided on <u>every</u> serving line or food station in the required minimum amounts..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Students must visit multiple serving lines or food stations that together offer all required meal components (for example, hot food line, fruit bar, and milk cooler)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Other (specify)..... _____ | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

If you marked “yes” to more than one strategy in Q.11, go to Q.12. Otherwise, go to Q.13.

12. Does the number or type of serving lines or food stations at breakfast vary...

MARK ONE RESPONSE PER ROW

| | YES | NO | NOT APPLICABLE |
|--|----------------------------|----------------------------|----------------------------|
| a. From day to day? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| b. By meal period or grade? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. From one cafeteria to another? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. When attendance may be lower (for example, a late bus arrival or large field trip)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

13. For reimbursable lunches, what is the maximum number of servings of fruits and vegetables (including 100% juice) that students are allowed to choose?

Note: If there is no limit on servings of fruits or vegetables, please check “unlimited.” If the maximum number of servings students can choose varies depending on the day, please check “varies from day to day.” If the maximum number of fruit or vegetable servings allowed varies depending on the serving line or food station a student uses, enter the maximum number allowed for the line/station that serves the most students.

MARK ONE RESPONSE PER ROW

| | MAXIMUM NUMBER OF SERVINGS STUDENTS CAN CHOOSE AT LUNCH | | |
|---|---|--------------------------------------|--|
| a. Fruits (including 100% juice)..... | _ _ SERVINGS | 1 <input type="checkbox"/> Unlimited | na <input type="checkbox"/> Varies from day to day |
| b. Vegetables (including 100% juice)..... | _ _ SERVINGS | 1 <input type="checkbox"/> Unlimited | na <input type="checkbox"/> Varies from day to day |

13a. For reimbursable lunches, are students allowed to select multiple servings of the same fruit? Are students allowed to select multiple servings of the same vegetables? Please answer separately for fruits, vegetables, and 100% fruit or vegetable juice.

MARK ONE RESPONSE PER ROW

| | YES | NO |
|--|----------------------------|----------------------------|
| a. Fruits | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Vegetables | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. 100% fruit or vegetable juice | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

14. For reimbursable breakfasts, what is the maximum number of servings of fruits and vegetables combined (including 100% juice) that students are allowed to choose?

Note: If there is no limit on servings of fruits and vegetables, please check “unlimited.” If the maximum number of servings students can choose varies depending on the day, please check “varies from day to day.” If the maximum number of fruit and vegetable servings allowed varies depending on the serving line or food station a student uses, enter the maximum number allowed for the line/station that serves the most students.

MARK ONE RESPONSE

| | MAXIMUM NUMBER OF SERVINGS STUDENTS CAN CHOOSE AT BREAKFAST |
|--|---|
| a. Fruits and/or vegetables (including 100% juice) | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> __ __ </div> SERVINGS 1 <input type="checkbox"/> Unlimited na <input type="checkbox"/> Varies from day to day </div> |

14a. For reimbursable breakfasts, are students allowed to select multiple servings of the same fruit and/or vegetable? Please answer separately for fruits and/or vegetables and 100% fruit or vegetable juice.

MARK ONE RESPONSE PER ROW

| | YES | NO |
|--|----------------------------|----------------------------|
| a. Fruits and/or vegetables | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. 100% fruit or vegetable juice | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

15. **USDA issued new rules that define nutrition standards for all foods and beverages sold on school campuses during the school day. These rules went into effect in SY 2014-2015. Following is a list of potential challenges schools may face in implementing the new nutrition standards. Using a scale of 1 to 5, where 1=not a challenge and 5=a significant challenge, please rate the degree to which each is a challenge in your school.**

MARK ONE RESPONSE PER ROW

| | NOT A CHALLENGE ←————→ A SIGNIFICANT CHALLENGE | | | | |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Understanding the new nutrition standards for competitive foods . | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Availability of competitive foods that meet the new nutrition standards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Cost of competitive foods that meet the new nutrition standards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Student acceptance of competitive foods that meet the new nutrition standards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. School faculty and staff reactions to the competitive foods that meet the new nutrition standards | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

MEAL PRICING AND SERVICE

16. What is the price of a USDA-reimbursable breakfast for students who are classified as reduced price?

\$ |__|. |__| | AMOUNT

- 1 Don't participate in School Breakfast Program → GO TO Q.18
2 All students receive free breakfasts → GO TO Q.18

17. What is the price of a USDA-reimbursable breakfast for students who pay the full price? Record more than one answer if your school offers breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ |__|. |__| | STANDARD FULL PRICE

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

18. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

\$ |__|. |__| | AMOUNT

- 1 All students receive free lunches → GO TO Q.20

19. What is the price of a USDA-reimbursable lunch for students who pay the full price? Record more than one answer if your school offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ |__|. |__| | STANDARD FULL PRICE

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

20. How are reimbursable meals recorded by the cashier at the register?

MARK ALL THAT APPLY

- 1 Cashier visually confirms the meal
2 Cashier enters each item and system determines if it is a reimbursable meal
3 Other (*specify*)

21. How are students who are eligible for free or reduced-price lunches identified by the cashier?

MARK ALL THAT APPLY

- 1 Point-of-sale system
- 2 Coded tickets or tokens
- 3 Cashier lists
- 4 Personal ID numbers (PINs)
- 5 Bar code/magnetic strip
- 6 Coded identification cards
- 7 Verbal identification
- 8 Finger scan
- 9 All students receive free lunches
- 10 Other (*specify*)

22. How do students pay for reimbursable meals or a la carte items?

MARK ALL THAT APPLY

| | REIMBURSABLE MEALS | A LA CARTE ITEMS |
|--|----------------------------|----------------------------|
| a. Cash..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Amount debited from balance on student account | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Tickets or tokens..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <hr/> | | |
| e. School does not sell a la carte items (including milk)..... | | 2 <input type="checkbox"/> |

23. Do you use the offer-versus-serve option at breakfast?

MARK ONE ONLY

- 1 Yes, for all students
- 2 Yes, for some students
- 0 No
- n Don't participate in School Breakfast Program

If responding for a high school, go to Q.25.

24. Do you use the offer-versus-serve option at lunch?

MARK ONE ONLY

- 1 Yes, for all students
- 2 Yes, for some students
- 0 No

25. What times are your lunch period(s)?

| PERIOD | FROM | TO |
|--------|-----------|-----------|
| 1 | _ _ : _ _ | _ _ : _ _ |
| 2 | _ _ : _ _ | _ _ : _ _ |
| 3 | _ _ : _ _ | _ _ : _ _ |
| 4 | _ _ : _ _ | _ _ : _ _ |
| 5 | _ _ : _ _ | _ _ : _ _ |
| 6 | _ _ : _ _ | _ _ : _ _ |
| 7 | _ _ : _ _ | _ _ : _ _ |
| 8 | _ _ : _ _ | _ _ : _ _ |
| 9 | _ _ : _ _ | _ _ : _ _ |
| 10 | _ _ : _ _ | _ _ : _ _ |

If no School Breakfast Program, go to Q.29.

26. What time does your school serve breakfast?

FROM

TO

|_|_|:|_|_| |_|_|:|_|_|

27. How many minutes, on average, would you estimate a student spends in line to get breakfast?

|_|_| MINUTES

28. In which of the following locations do students eat breakfast?

MARK ALL THAT APPLY

- 1 Cafeteria or other indoor/outdoor food service area
- 2 School buses
- 3 Classrooms
- 4 Outdoors (other than a food service area)
- 5 Grab-and-go
- 6 Other (*specify*)

29. How many minutes, on average, would you estimate a student spends in line to get lunch? Do not count waiting for made- or cooked-to-order items.

|_|_| MINUTES

30. Does your school have policies and procedures to accommodate students with food allergies or special dietary needs?

MARK ONE RESPONSE PER ROW

- a. Food allergies
- b. Special dietary needs

| YES | NO |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

If no policies or procedures to accommodate students with food allergies or special dietary needs (Q.30a=0 and Q.30b=0), go to Q.33.

31. (If Q.30 = 1) What procedures do you use to protect students with food allergies?

MARK ALL THAT APPLY

- 1 Separate tables
- 2 Special sanitation procedures in the kitchen and/or dining area
- 3 Procedures to identify students in the serving line
- 4 Special training for school nutrition staff
- 5 Other (*specify*)

32. (If Q.30b = 1) What procedures do you use to protect students with special diets?

MARK ALL THAT APPLY

- 1 Signed prescription from child's physician
- 2 Cashier has child names to inspect trays
- 3 Consultation with registered dietitian to adapt menus
- 4 Other (*specify*)

AFTERSCHOOL SNACKS AND SUPPER

33. Does your school provide reimbursable snacks for one or more afterschool programs (either at this school or other locations)?

- 1 Yes, through the NSLP
- 2 Yes, through the Child and Adult Care Food Program (CACFP)
- 0 No

34. Does your school offer an afterschool program?

- 1 Yes
- 0 No → GO TO Q.36

35. Do you provide reimbursable snacks or suppers to the afterschool program that operates in your school?

MARK ONE ONLY

- 1 Yes, both afterschool snacks and suppers
- 2 Yes, afterschool snacks but not suppers
- 3 Yes, afterschool suppers but not snacks
- 0 No, afterschool snacks or suppers are not provided

NUTRITION PROMOTION AND OUTREACH

36. Does your school routinely make information on the calorie or nutrient content of USDA-reimbursable meals available to students or parents?

- 1 Yes
0 No

37. Have you or anyone on your staff engaged in the following activities? Which have been adopted since SY 2012-2013 when the new meal patterns and nutrient standards for reimbursable lunches went into effect?

MARK ONE RESPONSE PER ROW

| | YES, SINCE BEFORE SY 2012-2013 | YES, NEW SINCE SY 2012-2013 | NO |
|---|--------------------------------------|-----------------------------------|----------------------------|
| a. Involved students in planning school meal menus | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Sought student input into vegetable offerings in school meals..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Sought student input into creative or descriptive names for school meal <u>dry bean and pea entrée items</u> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Encouraged children to select fruit..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Conducted a taste test activity with students | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Attended a Parent-Teacher Association/Organization or other parent group meeting to discuss the school meal program..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Conducted a nutrition education activity in the <u>classroom</u> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Conducted a nutrition education activity in the <u>food service area</u> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Set up a booth at a school even to promote or inform about school meals (for example, a family night or parent-teacher conference night)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| j. Met with teachers to explain school meal program or discuss how program can work with classroom teachers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| k. Discussed student food allergies with the school nurse or classroom teachers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| l. Participated in a school or district meeting about the local wellness policy..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| m. Shared information about the school meal program with a nutrition advisory council | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| n. Met with an advisory group to plan or assess nutrition education or promotion activities . | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| o. Provided information about the school meal program to families..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| p. Provided information about the school meal program to the public..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| q. Invited family members to consume a school meal..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| r. Invited community members to plan or promote school meals (for example, local chefs, farmers, dietitians/nutritionists, Cooperative Extension agents, local sports figures, police officers, firefighters, or other local heroes)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| s. Presented information about school meals to a local civic or community service group (for example, a chamber of commerce, Lions Club, Rotary International, or a similar organization) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| t. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |

SCHOOL CHARACTERISTICS

38. What time do the school doors open for students?

|_|_| : |_|_| AM

39. Do school buses arrive at your school in the morning?

Yes

No → GO TO Q.41

40a. When does the first school bus usually arrive at school?

|_|_| : |_|_| AM

40b. When does the last school bus usually arrive at school in the morning?

|_|_| : |_|_| AM

41. What time does the first class of the day usually start?

|_|_| : |_|_| AM

YOUR BACKGROUND

42. How long have you been a school nutrition manager?

____|____| YEARS OR ____|____| MONTHS

43. Do you receive health benefits for your school food nutrition manager position?

- 1 Yes
0 No

44. What is the highest grade or year of schooling you have completed?

MARK ONE ONLY

- 1 Less than high school
2 High school
3 Some college, no degree
4 Associate's degree
5 Bachelor's degree
6 Master's degree
7 Graduate credits beyond a Master's degree
8 Doctorate
- GO TO END

45. Is your degree in foods and nutrition, family and consumer sciences, nutrition education, food service management, culinary arts, business, or public/school administration?

MARK ONE ONLY

- 1 Yes
0 No

46. Which of the following credentials do you hold?

MARK ALL THAT APPLY

- 1 Licensed Nutritionist or Dietitian
2 Registered Dietitian
3 School Nutrition Association Level 1 certification
4 School Nutrition Association Level 2 certification
5 School Nutrition Association Level 3 certification
6 School Nutrition Association, School Nutrition Specialist (SNS)
7 State food service certificate
8 Food safety certification, such as ServSafe, National Registry of Food Safety Professionals, Prometric Certified Professional Food Manager, or Learn2Serve
9 Health department certification
10 Certified dietary manager
11 Dietetic Technician Registered (DTR)
12 Other (*specify*)

0 None of the above

Thank you for taking the time to complete this survey. Your cooperation is very much appreciated.

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SCHOOL NUTRITION AND MEAL COST STUDY

A La Carte Foods Checklist

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 information collection is 0584-0596. The time required to complete this information collection is estimated to range from 480 to 600 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Please refer to the *Instructions for the Menu Survey* booklet for instructions on completing this form. Remember to include this form when you return the Menu Survey Folder with all completed survey materials.

SCHOOL NAME: _____

DATE COMPLETED: |_|_|/|_|_|/|_|_|_|_|
 Month Day Year

1. Does your school sell food or beverages on an a la carte basis (including milk)?

1 Yes

0 No → **Thank you. You are done.**

2. When does your school sell food or beverages on an a la carte basis?

1 During breakfast only → **ANSWER Q.3 THEN GO TO NEXT PAGE**

2 During lunch only → **ANSWER Q.4**

3 During breakfast and lunch → **ANSWER Q.3 AND Q.4**

3. Is milk the only item your school sells on an a la carte basis at breakfast?

1 Yes

0 No

4. Is milk the only item your school sells on an a la carte basis at lunch?

1 Yes

0 No

GO TO NEXT PAGE

SCHOOL NUTRITION AND MEAL COST STUDY

A La Carte Foods Checklist

| Food Item | Breakfast | Lunch |
|---|-----------------------------|-----------------------------|
| A. Milk | | |
| 1. Whole white milk | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. Reduced fat (2%) white milk | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3. Low-fat (1% or 0.5%) white milk | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4. Fat-free/skim white milk | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Reduced fat (2%) <i>flavored</i> milk | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Low-fat (1% or 0.5%) <i>flavored</i> milk | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 7. Fat-free/skim <i>flavored</i> milk | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| 8. Other milk beverages, including non-dairy milks (<i>Specify</i>) | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| a. _____ | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b. _____ | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| <p>If milk is the only item your school sells on an a la carte basis, you are done. If your school sells other items on an a la carte basis, please continue completing the checklist.</p> | | |
| B. 100% Juice and Water | | |
| 1. Juice (100% fruit or vegetable juice) | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| 2. Bottled water (plain, flavored, or sparkling) | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| C. Beverages Other than Milk, 100% Juice, or Water | | |
| 1. Diet carbonated soft drink (diet soda/pop) | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| 2. Regular carbonated soft drink (regular soda/pop) | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> |
| 3. Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea) | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| 4. Sports drinks (such as Gatorade or PowerAde) | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| 5. Energy drinks (such as Red Bull or Monster Energy) | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> |
| 6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk) | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> |
| 7. Hot or cold coffee or tea | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| 8. Other beverages (<i>Specify</i>) | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| a. _____ | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| b. _____ | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |

| Food Item | Breakfast | Lunch |
|---|-----------------------------|-----------------------------|
| D. Fruit | | |
| 1. Dried fruit (such as raisins or apricots) | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| 2. Canned fruit | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| 3. Fresh fruit | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| E. Vegetables | | |
| COOKED VEGETABLES | | |
| 1. Baked French fries (including tater tots) | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| 2. Deep-fried French fries (including tater tots) | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> |
| 3. Potatoes (other than French fries/tater tots) | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| 4. Corn | 29 <input type="checkbox"/> | 29 <input type="checkbox"/> |
| 5. Carrots | 30 <input type="checkbox"/> | 30 <input type="checkbox"/> |
| 6. Broccoli | 31 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| 7. Peas | 32 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| 8. Green beans | 33 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| 9. Mixed vegetables | 34 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| 10. Vegetable soup | 35 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| 11. Other cooked vegetables (<i>Specify</i>) | 36 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| a. _____ | 37 <input type="checkbox"/> | 37 <input type="checkbox"/> |
| b. _____ | 38 <input type="checkbox"/> | 38 <input type="checkbox"/> |
| UNCOOKED VEGETABLES | | |
| 12. Carrot sticks | 39 <input type="checkbox"/> | 39 <input type="checkbox"/> |
| 13. Celery | 40 <input type="checkbox"/> | 40 <input type="checkbox"/> |
| 14. Cucumbers | 41 <input type="checkbox"/> | 41 <input type="checkbox"/> |
| 15. Salad bars | 42 <input type="checkbox"/> | 42 <input type="checkbox"/> |
| 16. Tossed salads (side) | 43 <input type="checkbox"/> | 43 <input type="checkbox"/> |
| 17. Prepared salads (such as potato salad, coleslaw, or three bean salad) | 44 <input type="checkbox"/> | 44 <input type="checkbox"/> |
| 18. Other raw vegetables (<i>Specify</i>) | 45 <input type="checkbox"/> | 45 <input type="checkbox"/> |
| a. _____ | 46 <input type="checkbox"/> | 46 <input type="checkbox"/> |
| b. _____ | 47 <input type="checkbox"/> | 47 <input type="checkbox"/> |

| Food Item | Breakfast | Lunch |
|---|-----------------------------|-----------------------------|
| F. Bread/Grains | | |
| 1. Regular bread, rolls, bagels, or tortillas | 48 <input type="checkbox"/> | 48 <input type="checkbox"/> |
| 2. Whole grain-rich breads, rolls, bagels, or tortillas | 49 <input type="checkbox"/> | 49 <input type="checkbox"/> |
| 3. Other bread items (such as biscuits, croissants, or hot pretzels) | 50 <input type="checkbox"/> | 50 <input type="checkbox"/> |
| 4. Low-fat muffins | 51 <input type="checkbox"/> | 51 <input type="checkbox"/> |
| 5. Regular muffins | 52 <input type="checkbox"/> | 52 <input type="checkbox"/> |
| 6. Ready-to-eat breakfast cereal | 53 <input type="checkbox"/> | 53 <input type="checkbox"/> |
| 7. Pancakes, waffles, or French toast | 54 <input type="checkbox"/> | 54 <input type="checkbox"/> |
| 8. Rice, pasta, or cereal | 55 <input type="checkbox"/> | 55 <input type="checkbox"/> |
| 9. Other bread/grains (<i>Specify</i>) | 56 <input type="checkbox"/> | 56 <input type="checkbox"/> |
| a. _____ | 57 <input type="checkbox"/> | 57 <input type="checkbox"/> |
| b. _____ | 58 <input type="checkbox"/> | 58 <input type="checkbox"/> |
| G. Meat/Meat Alternates | | |
| 1. Breaded chicken/turkey (nuggets, patties, strips, parts) | 59 <input type="checkbox"/> | 59 <input type="checkbox"/> |
| 2. Not breaded chicken/turkey (nuggets, patties, strips, parts) | 60 <input type="checkbox"/> | 60 <input type="checkbox"/> |
| 3. Breaded beef/pork (nuggets, patties, strips) | 61 <input type="checkbox"/> | 61 <input type="checkbox"/> |
| 4. Not breaded beef/pork (nuggets, patties, strips) | 62 <input type="checkbox"/> | 62 <input type="checkbox"/> |
| 5. Sausage or bacon | 63 <input type="checkbox"/> | 63 <input type="checkbox"/> |
| 6. Breaded fish (nuggets, patties, strips/sticks) | 64 <input type="checkbox"/> | 64 <input type="checkbox"/> |
| 7. Not breaded fish (nuggets, patties, strips/sticks, fillets) | 65 <input type="checkbox"/> | 65 <input type="checkbox"/> |
| 8. Eggs | 66 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| 9. Cheese | 67 <input type="checkbox"/> | 67 <input type="checkbox"/> |
| 10. Fried or baked cheese or pizza sticks (for example, Bosco sticks) | 68 <input type="checkbox"/> | 68 <input type="checkbox"/> |
| 11. Chili | 69 <input type="checkbox"/> | 69 <input type="checkbox"/> |
| 12. Yogurt | 70 <input type="checkbox"/> | 70 <input type="checkbox"/> |
| 13. Peanut butter | 71 <input type="checkbox"/> | 71 <input type="checkbox"/> |
| 14. Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix) | 72 <input type="checkbox"/> | 72 <input type="checkbox"/> |
| 15. Other meat/meat alternates (<i>Specify</i>) | 73 <input type="checkbox"/> | 73 <input type="checkbox"/> |
| a. _____ | 74 <input type="checkbox"/> | 74 <input type="checkbox"/> |
| b. _____ | 75 <input type="checkbox"/> | 75 <input type="checkbox"/> |

| Food Item | Breakfast | Lunch |
|--|------------------------------|------------------------------|
| H. Entrees | | |
| SANDWICHES | | |
| 1. Cheeseburger or hamburger | 76 <input type="checkbox"/> | 76 <input type="checkbox"/> |
| 2. Hot dog or corn dog | 77 <input type="checkbox"/> | 77 <input type="checkbox"/> |
| 3. Barbecue (including sloppy joes) | 78 <input type="checkbox"/> | 78 <input type="checkbox"/> |
| 4. Peanut butter sandwich (including with jelly) | 79 <input type="checkbox"/> | 79 <input type="checkbox"/> |
| 5. Cheese sandwich | 80 <input type="checkbox"/> | 80 <input type="checkbox"/> |
| 6. Veggie burger | 81 <input type="checkbox"/> | 81 <input type="checkbox"/> |
| 7. Chicken, egg, or tuna salad sandwich | 82 <input type="checkbox"/> | 82 <input type="checkbox"/> |
| 8. Sandwich with breaded meat, poultry or fish | 83 <input type="checkbox"/> | 83 <input type="checkbox"/> |
| 9. Sandwich with cold cuts (salami, bologna, or pepperoni) | 84 <input type="checkbox"/> | 84 <input type="checkbox"/> |
| 10. Sandwich with plain (not breaded) meat, poultry or fish | 85 <input type="checkbox"/> | 85 <input type="checkbox"/> |
| 11. Breakfast sandwich or breakfast burrito | 86 <input type="checkbox"/> | 86 <input type="checkbox"/> |
| 12. Other sandwiches (<i>Specify</i>) | 87 <input type="checkbox"/> | 87 <input type="checkbox"/> |
| a. _____ | 88 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| b. _____ | 89 <input type="checkbox"/> | 89 <input type="checkbox"/> |
| OTHER ENTREES | | |
| 13. Pizza without meat | 90 <input type="checkbox"/> | 90 <input type="checkbox"/> |
| 14. Pizza with meat | 91 <input type="checkbox"/> | 91 <input type="checkbox"/> |
| 15. Calzone or Hot Pocket | 92 <input type="checkbox"/> | 92 <input type="checkbox"/> |
| 16. Burritos | 93 <input type="checkbox"/> | 93 <input type="checkbox"/> |
| 17. Other Mexican foods (such as tacos, nachos, or quesadillas) | 94 <input type="checkbox"/> | 94 <input type="checkbox"/> |
| 18. Chinese food | 95 <input type="checkbox"/> | 95 <input type="checkbox"/> |
| 19. Lasagna | 96 <input type="checkbox"/> | 96 <input type="checkbox"/> |
| 20. Spaghetti | 97 <input type="checkbox"/> | 97 <input type="checkbox"/> |
| 21. Macaroni and cheese | 98 <input type="checkbox"/> | 98 <input type="checkbox"/> |
| 22. Entrée salad (such as chef's, cob, or chicken Caesar) | 99 <input type="checkbox"/> | 99 <input type="checkbox"/> |
| 23. Soup with meat or beans (such as chicken, clam chowder, or minestrone) | 100 <input type="checkbox"/> | 100 <input type="checkbox"/> |
| 24. Sausage and biscuits | 101 <input type="checkbox"/> | 101 <input type="checkbox"/> |
| 25. Other entrees (<i>Specify</i>) | 102 <input type="checkbox"/> | 102 <input type="checkbox"/> |
| a. _____ | 103 <input type="checkbox"/> | 103 <input type="checkbox"/> |
| b. _____ | 104 <input type="checkbox"/> | 104 <input type="checkbox"/> |

| Food Item | Breakfast | Lunch |
|--|------------------------------|------------------------------|
| I. Baked Goods/Desserts | | |
| 1. Low-fat/reduced-fat cakes, cupcakes, or brownies | 105 <input type="checkbox"/> | 105 <input type="checkbox"/> |
| 2. Regular cakes, cupcakes, or brownies | 106 <input type="checkbox"/> | 106 <input type="checkbox"/> |
| 3. Low-fat pies, turnovers, or toaster pastries | 107 <input type="checkbox"/> | 107 <input type="checkbox"/> |
| 4. Regular pies, turnovers, or toaster pasties | 108 <input type="checkbox"/> | 108 <input type="checkbox"/> |
| 5. Low-fat doughnuts or cinnamon rolls | 109 <input type="checkbox"/> | 109 <input type="checkbox"/> |
| 6. Regular doughnuts or cinnamon rolls | 110 <input type="checkbox"/> | 110 <input type="checkbox"/> |
| 7. Low-fat cookies | 111 <input type="checkbox"/> | 111 <input type="checkbox"/> |
| 8. Regular cookies | 112 <input type="checkbox"/> | 112 <input type="checkbox"/> |
| 9. Fruit crisp or cobbler | 113 <input type="checkbox"/> | 113 <input type="checkbox"/> |
| 10. Other baked goods/desserts (<i>Specify</i>) | 114 <input type="checkbox"/> | 114 <input type="checkbox"/> |
| a. _____ | 115 <input type="checkbox"/> | 115 <input type="checkbox"/> |
| b. _____ | 116 <input type="checkbox"/> | 116 <input type="checkbox"/> |
| J. Frozen/Dairy Dessert | | |
| 1. Frozen fruit bars or popsicles | 117 <input type="checkbox"/> | 117 <input type="checkbox"/> |
| 2. Milkshakes, smoothies, or yogurt drinks | 118 <input type="checkbox"/> | 118 <input type="checkbox"/> |
| 3. Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet | 119 <input type="checkbox"/> | 119 <input type="checkbox"/> |
| 4. Regular ice cream, frozen yogurt, or sherbet | 120 <input type="checkbox"/> | 120 <input type="checkbox"/> |
| 5. Pudding | 121 <input type="checkbox"/> | 121 <input type="checkbox"/> |
| 6. Other frozen/dairy dessert (<i>Specify</i>) | 122 <input type="checkbox"/> | 122 <input type="checkbox"/> |
| a. _____ | 123 <input type="checkbox"/> | 123 <input type="checkbox"/> |
| b. _____ | 124 <input type="checkbox"/> | 124 <input type="checkbox"/> |
| K. Snacks | | |
| 1. Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 125 <input type="checkbox"/> | 125 <input type="checkbox"/> |
| 2. Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 126 <input type="checkbox"/> | 126 <input type="checkbox"/> |
| 3. Hard pretzels | 127 <input type="checkbox"/> | 127 <input type="checkbox"/> |
| 4. Popcorn | 128 <input type="checkbox"/> | 128 <input type="checkbox"/> |
| 5. Cracker sandwiches with cheese or peanut butter | 129 <input type="checkbox"/> | 129 <input type="checkbox"/> |
| 6. Other types of crackers (including animal crackers) | 130 <input type="checkbox"/> | 130 <input type="checkbox"/> |
| 7. Low-fat/reduced-fat granola bars, cereal bars, or energy bars | 131 <input type="checkbox"/> | 131 <input type="checkbox"/> |
| 8. Regular granola bars, cereal bars, or energy bars | 132 <input type="checkbox"/> | 132 <input type="checkbox"/> |

| Food Item | Breakfast | Lunch |
|---|------------------------------|------------------------------|
| 9. Crispy rice bars or treats | 133 <input type="checkbox"/> | 133 <input type="checkbox"/> |
| 10. Candy or gum | 134 <input type="checkbox"/> | 134 <input type="checkbox"/> |
| 11. Fruit snacks (such as Fruit Roll-Ups or fruit leather) | 135 <input type="checkbox"/> | 135 <input type="checkbox"/> |
| 12. Meat snacks (such as jerky or pork rinds) | 136 <input type="checkbox"/> | 136 <input type="checkbox"/> |
| 13. Other snacks (<i>Specify</i>) | 137 <input type="checkbox"/> | 137 <input type="checkbox"/> |
| a. _____ | 138 <input type="checkbox"/> | 138 <input type="checkbox"/> |
| b. _____ | 139 <input type="checkbox"/> | 139 <input type="checkbox"/> |
| L. Other A La Carte Items (<i>Specify</i>) | | |
| Please list any food or beverage that is not listed in sections A-K of this checklist that the cafeteria offered a la carte on the day you complete this form. | | |
| a. _____ | 140 <input type="checkbox"/> | 140 <input type="checkbox"/> |
| b. _____ | 141 <input type="checkbox"/> | 141 <input type="checkbox"/> |
| c. _____ | 142 <input type="checkbox"/> | 142 <input type="checkbox"/> |
| d. _____ | 143 <input type="checkbox"/> | 143 <input type="checkbox"/> |
| e. _____ | 144 <input type="checkbox"/> | 144 <input type="checkbox"/> |

OMB Clearance Number: 0584-0596

Expiration Date: 08/31/2017



VENDING MACHINES

SCHOOL YEAR 2014-15

SCHOOL NUTRITION AND MEAL COST STUDY

| |
|--------------------------------|
| Your Name: _____ |
| Title: _____ |
| Phone #: _____ |
| School Name: _____ |
| MPRID: _____ |
| Date form was completed: _____ |

INSTRUCTIONS:

- **PLEASE PROVIDE INFORMATION FOR EVERY VENDING MACHINE (ANYWHERE ON SCHOOL GROUNDS) THAT IS AVAILABLE TO STUDENTS DURING THE DAY, INCLUDING BEFORE AND AFTER SCHOOL.**
- **WHEN YOU ARE DONE REPORTING ON YOUR BEVERAGE MACHINES, PLEASE TURN TO SECTION B, PAGE 4 TO ENTER INFORMATION ABOUT ANY SNACK MACHINES.**
- **IF YOUR SCHOOL CONTAINS MORE THAN 25 BEVERAGE MACHINES OR MORE THAN 10 SNACK MACHINES, PLEASE CALL (844) 236-3257.**

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



Does your school have any vending machines available to students during the day, including before or after school?

Yes → Continue No → Thank you. You are done. Please fax form to 609-228-5478.

A. BEVERAGE MACHINES

| | Beverage Machine 1 | Beverage Machine 2 | Beverage Machine 3 | Beverage Machine 4 | Beverage Machine 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Machine Type → Check here if machine contains beverages AND snacks | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. Location → Check only one location for each beverage machine | | | | | |
| In cafeteria (including indoor and outdoor seating/eating area) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Outside but near (within 20 feet) cafeteria or seating/eating area | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Elsewhere in school building(s) | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Outside school building(s), but on school grounds (not in eating area) | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine | | | | | |
| If slots are not visible: Enter # of selection buttons (not sold out) | 6 _____ | 6 _____ | 6 _____ | 6 _____ | 6 _____ |
| Enter # of buttons that are sold out | 7 _____ | 7 _____ | 7 _____ | 7 _____ | 7 _____ |
| Total # of buttons (available + sold out) | 8 _____ | 8 _____ | 8 _____ | 8 _____ | 8 _____ |
| If slots are visible: Enter # of front slots that are filled | 9 _____ | 9 _____ | 9 _____ | 9 _____ | 9 _____ |
| Enter # of front slots that are empty | 10 _____ | 10 _____ | 10 _____ | 10 _____ | 10 _____ |
| Total # of front slots (filled + empty) | 11 _____ | 11 _____ | 11 _____ | 11 _____ | 11 _____ |
| 4. Beverages → Enter the number of front slots/buttons for each item | | | | | |
| Diet carbonated soft drink (diet soda/pop) | 12 _____ | 12 _____ | 12 _____ | 12 _____ | 12 _____ |
| Regular carbonated soft drink (regular soda/pop) | 13 _____ | 13 _____ | 13 _____ | 13 _____ | 13 _____ |
| Juice (100% fruit or vegetable juice) | 14 _____ | 14 _____ | 14 _____ | 14 _____ | 14 _____ |
| Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea) | 15 _____ | 15 _____ | 15 _____ | 15 _____ | 15 _____ |
| Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water) | 16 _____ | 16 _____ | 16 _____ | 16 _____ | 16 _____ |
| Bottled water (plain, flavored, or sparkling) | 17 _____ | 17 _____ | 17 _____ | 17 _____ | 17 _____ |
| Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk) | 18 _____ | 18 _____ | 18 _____ | 18 _____ | 18 _____ |
| Whole or reduced fat (2%) flavored milk (such as chocolate) | 19 _____ | 19 _____ | 19 _____ | 19 _____ | 19 _____ |
| Low-fat (1%) flavored milk (such as chocolate) | 20 _____ | 20 _____ | 20 _____ | 20 _____ | 20 _____ |
| Fat-free/skim flavored milk (such as chocolate) | 21 _____ | 21 _____ | 21 _____ | 21 _____ | 21 _____ |
| Whole or reduced fat (2%) white milk | 22 _____ | 22 _____ | 22 _____ | 22 _____ | 22 _____ |
| Low-fat (1%) white milk | 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ |
| Fat-free/skim white milk | 24 _____ | 24 _____ | 24 _____ | 24 _____ | 24 _____ |
| Other (Specify) _____ | 25 _____ | 25 _____ | 25 _____ | 25 _____ | 25 _____ |
| Other (Specify) _____ | 26 _____ | 26 _____ | 26 _____ | 26 _____ | 26 _____ |

A. BEVERAGE MACHINES (continued)

1. Machine Type → **Check here if machine contains beverages AND snacks**

2. Location → **Check only one location for each beverage machine**
 In cafeteria (including indoor and outdoor seating/eating area)
 Outside but near (within 20 feet) cafeteria or seating/eating area
 Elsewhere in school building(s)
 Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → **Count and enter the number of buttons OR front slots for each beverage machine**
 If slots are not visible: Enter # of selection buttons (not sold out)
 Enter # of buttons that are sold out
Total # of buttons (available + sold out)
 If slots are visible: Enter # of front slots that are filled
 Enter # of front slots that are empty
Total # of front slots (filled + empty)

4. Beverages → **Enter the number of front slots/buttons for each item**
 Diet carbonated soft drink (diet soda/pop)
 Regular carbonated soft drink (regular soda/pop)
 Juice (100% fruit or vegetable juice)
 Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
 Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
 Bottled water (plain, flavored, or sparkling)
 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
 Whole or reduced fat (2%) flavored milk (such as chocolate)
 Low-fat (1%) flavored milk (such as chocolate)
 Fat-free/skim flavored milk (such as chocolate)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

| Beverage Machine 6 | Beverage Machine 7 | Beverage Machine 8 | Beverage Machine 9 | Beverage Machine 10 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> |
| 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> |
| 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> |
| 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> |
| 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> |
| 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> |
| 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> |
| 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> |
| 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> |
| 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> |
| 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> |
| 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> |
| 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> |
| 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> |
| 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> |
| 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> |
| 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> |
| 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> |
| 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> |
| 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> |
| 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> |

1. Machine Type → **Check here if machine contains beverages AND snacks**

2. Location → **Check only one location for each beverage machine**
 In cafeteria (including indoor and outdoor seating/eating area)
 Outside but near (within 20 feet) cafeteria or seating/eating area
 Elsewhere in school building(s)
 Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → **Count and enter the number of buttons OR front slots for each beverage machine**
 If slots are not visible: Enter # of selection buttons (not sold out)
 Enter # of buttons that are sold out
Total # of buttons (available + sold out)
 If slots are visible: Enter # of front slots that are filled
 Enter # of front slots that are empty
Total # of front slots (filled + empty)

4. Beverages → **Enter the number of front slots/buttons for each item**
 Diet carbonated soft drink (diet soda/pop)
 Regular carbonated soft drink (regular soda/pop)
 Juice (100% fruit or vegetable juice)
 Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
 Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
 Bottled water (plain, flavored, or sparkling)
 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
 Whole or reduced fat (2%) flavored milk (such as chocolate)
 Low-fat (1%) flavored milk (such as chocolate)
 Fat-free/skim flavored milk (such as chocolate)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

| Beverage Machine 11 | Beverage Machine 12 | Beverage Machine 13 | Beverage Machine 14 | Beverage Machine 15 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> |
| 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> |
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| 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> |
| 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> |
| 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> |
| 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> |
| 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> |
| 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> |
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| 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> |
| 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> |
| 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> |
| 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> |
| 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> |
| 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> |
| 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> |
| 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> |
| 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> |

A. BEVERAGE MACHINES (continued)

1. Machine Type → **Check here if machine contains beverages AND snacks**

2. Location → **Check only one location for each beverage machine**
 In cafeteria (including indoor and outdoor seating/eating area)
 Outside but near (within 20 feet) cafeteria or seating/eating area
 Elsewhere in school building(s)
 Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → **Count and enter the number of buttons OR front slots for each beverage machine**
 If slots are not visible: Enter # of selection buttons (not sold out)
 Enter # of buttons that are sold out
Total # of buttons (available + sold out)
 If slots are visible: Enter # of front slots that are filled
 Enter # of front slots that are empty
Total # of front slots (filled + empty)

4. Beverages → **Enter the number of front slots/buttons for each item**
 Diet carbonated soft drink (diet soda/pop)
 Regular carbonated soft drink (regular soda/pop)
 Juice (100% fruit or vegetable juice)
 Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
 Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
 Bottled water (plain, flavored, or sparkling)
 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
 Whole or reduced fat (2%) flavored milk (such as chocolate)
 Low-fat (1%) flavored milk (such as chocolate)
 Fat-free/skim flavored milk (such as chocolate)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

| Beverage Machine 16 | Beverage Machine 17 | Beverage Machine 18 | Beverage Machine 19 | Beverage Machine 20 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> |
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| 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> |
| 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |
| 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |

1. Machine Type → **Check here if machine contains beverages AND snacks**

2. Location → **Check only one location for each beverage machine**
 In cafeteria (including indoor and outdoor seating/eating area)
 Outside but near (within 20 feet) cafeteria or seating/eating area
 Elsewhere in school building(s)
 Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → **Count and enter the number of buttons OR front slots for each beverage machine**
 If slots are not visible: Enter # of selection buttons (not sold out)
 Enter # of buttons that are sold out
Total # of buttons (available + sold out)
 If slots are visible: Enter # of front slots that are filled
 Enter # of front slots that are empty
Total # of front slots (filled + empty)

4. Beverages → **Enter the number of front slots/buttons for each item**
 Diet carbonated soft drink (diet soda/pop)
 Regular carbonated soft drink (regular soda/pop)
 Juice (100% fruit or vegetable juice)
 Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
 Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
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 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
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 Low-fat (1%) flavored milk (such as chocolate)
 Fat-free/skim flavored milk (such as chocolate)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

| Beverage Machine 21 | Beverage Machine 22 | Beverage Machine 23 | Beverage Machine 24 | Beverage Machine 25 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
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| 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |
| 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |

B. SNACK MACHINES

| | Snack Machine 1 | Snack Machine 2 | Snack Machine 3 | Snack Machine 4 | Snack Machine 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Machine Type → Check here if this is a continuation of a machine that also includes beverages | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. Location → Check only one location for each snack machine | | | | | |
| In cafeteria (including indoor and outdoor seating/eating area) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Outside but near (within 20 feet) cafeteria or seating/eating area | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Elsewhere in school building(s) | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Outside school building(s), but on school grounds (not in eating area) | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Capacity/Size → Count and enter the number of front slots <u>OR</u> buttons for each snack machine | | | | | |
| If slots are not visible: Enter # of selection buttons (not sold out) | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> | 6 <input type="text"/> |
| Enter # of buttons that are sold out | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> | 7 <input type="text"/> |
| Total # of buttons (available + sold out) | 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> | 8 <input type="text"/> |
| If slots are visible: Enter # of front slots that are filled | 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> | 9 <input type="text"/> |
| Enter # of front slots that are empty | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> | 10 <input type="text"/> |
| Total # of front slots (filled + empty) | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> | 11 <input type="text"/> |
| 4. Snacks → Enter the number of front slots/buttons for each item | | | | | |
| Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> | 12 <input type="text"/> |
| Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> | 13 <input type="text"/> |
| Pretzels | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> | 14 <input type="text"/> |
| Popcorn | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> | 15 <input type="text"/> |
| Cracker sandwiches with cheese or peanut butter | 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> | 16 <input type="text"/> |
| Other types of crackers (including animal crackers) | 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> | 17 <input type="text"/> |
| Low-fat/reduced-fat granola bars, cereal bars, or energy bars | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> | 18 <input type="text"/> |
| Regular granola bars, cereal bars, or energy bars | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> | 19 <input type="text"/> |
| Crispy rice bars or treats | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> | 20 <input type="text"/> |
| Candy | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> | 21 <input type="text"/> |
| Gum | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> | 22 <input type="text"/> |
| Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix) | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> | 23 <input type="text"/> |
| Fruit snacks (such as Fruit Roll-Ups or fruit leather) | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> | 24 <input type="text"/> |
| Meat snacks (such as jerky or pork rinds) | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> | 25 <input type="text"/> |
| Other (Specify) _____ | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> | 26 <input type="text"/> |
| 5. Baked Goods → Enter the number of front slots/buttons for each item | | | | | |
| Low-fat/reduced-fat cakes, cupcakes, or brownies | 27 <input type="text"/> | 27 <input type="text"/> | 27 <input type="text"/> | 27 <input type="text"/> | 27 <input type="text"/> |
| Regular cakes, cupcakes, or brownies | 28 <input type="text"/> | 28 <input type="text"/> | 28 <input type="text"/> | 28 <input type="text"/> | 28 <input type="text"/> |
| Low-fat pies, turnovers, or toaster pastries | 29 <input type="text"/> | 29 <input type="text"/> | 29 <input type="text"/> | 29 <input type="text"/> | 29 <input type="text"/> |
| Regular pies, turnovers, or toaster pastries | 30 <input type="text"/> | 30 <input type="text"/> | 30 <input type="text"/> | 30 <input type="text"/> | 30 <input type="text"/> |
| Doughnuts | 31 <input type="text"/> | 31 <input type="text"/> | 31 <input type="text"/> | 31 <input type="text"/> | 31 <input type="text"/> |
| Low-fat cookies | 32 <input type="text"/> | 32 <input type="text"/> | 32 <input type="text"/> | 32 <input type="text"/> | 32 <input type="text"/> |
| Regular cookies | 33 <input type="text"/> | 33 <input type="text"/> | 33 <input type="text"/> | 33 <input type="text"/> | 33 <input type="text"/> |
| Bread, rolls, bagels, or tortillas | 34 <input type="text"/> | 34 <input type="text"/> | 34 <input type="text"/> | 34 <input type="text"/> | 34 <input type="text"/> |
| Other (Specify) _____ | 35 <input type="text"/> | 35 <input type="text"/> | 35 <input type="text"/> | 35 <input type="text"/> | 35 <input type="text"/> |
| 6. Other Foods → Enter the number of front slots/buttons for each item | | | | | |
| Yogurt | 36 <input type="text"/> | 36 <input type="text"/> | 36 <input type="text"/> | 36 <input type="text"/> | 36 <input type="text"/> |
| Cheese | 37 <input type="text"/> | 37 <input type="text"/> | 37 <input type="text"/> | 37 <input type="text"/> | 37 <input type="text"/> |
| Frozen fruit bars or popsicles | 38 <input type="text"/> | 38 <input type="text"/> | 38 <input type="text"/> | 38 <input type="text"/> | 38 <input type="text"/> |
| Milkshakes, smoothies, or yogurt drinks | 39 <input type="text"/> | 39 <input type="text"/> | 39 <input type="text"/> | 39 <input type="text"/> | 39 <input type="text"/> |
| Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet | 40 <input type="text"/> | 40 <input type="text"/> | 40 <input type="text"/> | 40 <input type="text"/> | 40 <input type="text"/> |
| Regular ice cream, frozen yogurt, or sherbet | 41 <input type="text"/> | 41 <input type="text"/> | 41 <input type="text"/> | 41 <input type="text"/> | 41 <input type="text"/> |
| Dried fruit (such as raisins or apricots) | 42 <input type="text"/> | 42 <input type="text"/> | 42 <input type="text"/> | 42 <input type="text"/> | 42 <input type="text"/> |
| Canned fruit | 43 <input type="text"/> | 43 <input type="text"/> | 43 <input type="text"/> | 43 <input type="text"/> | 43 <input type="text"/> |
| Fresh fruit | 44 <input type="text"/> | 44 <input type="text"/> | 44 <input type="text"/> | 44 <input type="text"/> | 44 <input type="text"/> |
| Vegetables | 45 <input type="text"/> | 45 <input type="text"/> | 45 <input type="text"/> | 45 <input type="text"/> | 45 <input type="text"/> |
| Other (Specify) _____ | 46 <input type="text"/> | 46 <input type="text"/> | 46 <input type="text"/> | 46 <input type="text"/> | 46 <input type="text"/> |

B. SNACK MACHINES (continued)

1. Machine Type → Check here if this is a continuation of a machine that also includes beverages

2. Location → Check only one location for each snack machine

In cafeteria (including indoor and outdoor seating/eating area)

Outside but near (within 20 feet) cafeteria or seating/eating area

Elsewhere in school building(s)

Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → Count and enter the number of front slots OR buttons for each snack machine

If slots are not visible: Enter # of selection buttons (not sold out)

Enter # of buttons that are sold out

Total # of buttons (available + sold out)

If slots are visible: Enter # of front slots that are filled

Enter # of front slots that are empty

Total # of front slots (filled + empty)

4. Snacks → Enter the number of front slots/buttons for each item

Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)

Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)

Pretzels

Popcorn

Cracker sandwiches with cheese or peanut butter

Other types of crackers (including animal crackers)

Low-fat/reduced-fat granola bars, cereal bars, or energy bars

Regular granola bars, cereal bars, or energy bars

Crispy rice bars or treats

Candy

Gum

Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)

Fruit snacks (such as Fruit Roll-Ups or fruit leather)

Meat snacks (such as jerky or pork rinds)

Other (Specify) _____

5. Baked Goods → Enter the number of front slots/buttons for each item

Low-fat/reduced-fat cakes, cupcakes, or brownies

Regular cakes, cupcakes, or brownies

Low-fat pies, turnovers, or toaster pastries

Regular pies, turnovers, or toaster pastries

Doughnuts

Low-fat cookies

Regular cookies

Bread, rolls, bagels, or tortillas

Other (Specify) _____

6. Other Foods → Enter the number of front slots/buttons for each item

Yogurt

Cheese

Frozen fruit bars or popsicles

Milkshakes, smoothies, or yogurt drinks

Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet

Regular ice cream, frozen yogurt, or sherbet

Dried fruit (such as raisins or apricots)

Canned fruit

Fresh fruit

Vegetables

Other (Specify) _____

| | Snack Machine 6 | Snack Machine 7 | Snack Machine 8 | Snack Machine 9 | Snack Machine 10 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6 _____ | 6 _____ | 6 _____ | 6 _____ | 6 _____ | 6 _____ |
| 7 _____ | 7 _____ | 7 _____ | 7 _____ | 7 _____ | 7 _____ |
| 8 _____ | 8 _____ | 8 _____ | 8 _____ | 8 _____ | 8 _____ |
| 9 _____ | 9 _____ | 9 _____ | 9 _____ | 9 _____ | 9 _____ |
| 10 _____ | 10 _____ | 10 _____ | 10 _____ | 10 _____ | 10 _____ |
| 11 _____ | 11 _____ | 11 _____ | 11 _____ | 11 _____ | 11 _____ |
| 12 _____ | 12 _____ | 12 _____ | 12 _____ | 12 _____ | 12 _____ |
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| 14 _____ | 14 _____ | 14 _____ | 14 _____ | 14 _____ | 14 _____ |
| 15 _____ | 15 _____ | 15 _____ | 15 _____ | 15 _____ | 15 _____ |
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| 27 _____ | 27 _____ | 27 _____ | 27 _____ | 27 _____ | 27 _____ |
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| 30 _____ | 30 _____ | 30 _____ | 30 _____ | 30 _____ | 30 _____ |
| 31 _____ | 31 _____ | 31 _____ | 31 _____ | 31 _____ | 31 _____ |
| 32 _____ | 32 _____ | 32 _____ | 32 _____ | 32 _____ | 32 _____ |
| 33 _____ | 33 _____ | 33 _____ | 33 _____ | 33 _____ | 33 _____ |
| 34 _____ | 34 _____ | 34 _____ | 34 _____ | 34 _____ | 34 _____ |
| 35 _____ | 35 _____ | 35 _____ | 35 _____ | 35 _____ | 35 _____ |
| 36 _____ | 36 _____ | 36 _____ | 36 _____ | 36 _____ | 36 _____ |
| 37 _____ | 37 _____ | 37 _____ | 37 _____ | 37 _____ | 37 _____ |
| 38 _____ | 38 _____ | 38 _____ | 38 _____ | 38 _____ | 38 _____ |
| 39 _____ | 39 _____ | 39 _____ | 39 _____ | 39 _____ | 39 _____ |
| 40 _____ | 40 _____ | 40 _____ | 40 _____ | 40 _____ | 40 _____ |
| 41 _____ | 41 _____ | 41 _____ | 41 _____ | 41 _____ | 41 _____ |
| 42 _____ | 42 _____ | 42 _____ | 42 _____ | 42 _____ | 42 _____ |
| 43 _____ | 43 _____ | 43 _____ | 43 _____ | 43 _____ | 43 _____ |
| 44 _____ | 44 _____ | 44 _____ | 44 _____ | 44 _____ | 44 _____ |
| 45 _____ | 45 _____ | 45 _____ | 45 _____ | 45 _____ | 45 _____ |
| 46 _____ | 46 _____ | 46 _____ | 46 _____ | 46 _____ | 46 _____ |

FREQUENTLY ASKED QUESTIONS

What if my school does not have any vending machines or other food sources?

It is important that we have a record of all the schools included in the study. Even if you have no vending machines or other food sources to report on, please complete each form by filling in the top part of the form with information about yourself and the school name, and checking off “No” in the box on the front page. Fax the entire form back to us.

What if I can't complete these forms in the week you have specified?

Please call (844) 236-3257 or email SNMCS@mathematica-mpr.com to let us know when we should expect the returned forms.

What if a food item could be counted or checked in more than one category?

It is important not to count or check the same item in more than one place on the forms. Try to determine which category most closely describes the item and use that one. If you are unsure how to classify an item, put it in one of the ‘other’ spaces and specify what the item is.

What if I can't tell which category to put a food or beverage in?

Some items might not clearly fit into one of the listed categories, especially if you can't see the label. In these cases, use one of the ‘other’ spaces and specify what the item is.

What exactly should be counted in vending machines?

We are interested in knowing how many different selections can be made from a vending machine, even if some of those selections are for the same item. So, for a vending machine where you can see the items offered, you should count the “slots” holding the items. If the same cookies are in three different slots, each would be counted separately, since there are three different selections that will each get you cookies. Your counts should be based on the item that is in the *front* position of a slot. Do not count items behind the front position of a slot, regardless of whether these items are the same or different from what is in the front position. If a slot has no items at all or no item in the front position, it should be counted as empty.

For vending machines where you cannot see the items or their slots, you should count the buttons used to select the items instead. Each button should be counted separately, even if more than one button purchases the same item. If a button is marked as sold-out, it should be counted the same as an empty slot, and not counted on the form as an available item.

What if there is more than one of the same vending machine?

It is important that *every* vending machine available to students during the school day be reported separately. Some machines may be identical. But others may have subtle differences. For instance, one may be inside the cafeteria, while the other is just outside the cafeteria. Or one “Coke machine” might have two juice selections while another has only one and an empty slot.

What if a vending machine is out of order, is awaiting restocking, or has some other unusual circumstance?

Please call (844) 236-3257 or email SNMCS@mathematica-mpr.com to explain the situation and we will instruct you on how to proceed.

How can I tell the difference between a school store, snack bar, food cart/kiosk and fundraiser?

School Store: Sells pre-prepared or packaged food and beverages, as well as non-food items (like school supplies), but does not prepare or heat food; could be anywhere in the school, including within the cafeteria (or eating and seating area), but would still be run separately from the regular school food service.

Snack Bar: Prepares and/or heats foods to order (for example, sandwiches, hot dogs, French fries, etc.) separate from the regular cafeteria or food service area; located outside of the cafeteria (or eating and seating area); may include cafes, canteens, or concession stands.

Food Cart/Kiosk: Sells only pre-prepared or packaged food and beverages; does not prepare or heat foods to order or sell non-food items; located outside of the school cafeteria (or eating and seating area).

Fundraiser: Includes special sales such as bake sales, candy drives, or special pizza day to raise money for charity, field trips, band uniforms, or sending school teams to competitions.

If you are unsure of how to categorize a food or beverage source, please call (844) 236-3257.

What if there is more than one food cart, snack bar, school store, or fundraiser?

In these situations, the form should be completed to include all items available from a given type of source, for example, all the items available from any of the food carts.

What if there was a recent fundraiser or bake sale, or one is coming up soon?

Only food sources that are available on the day you complete the forms should be included. Recent or future sources should not be included on the form.

Who can I contact if I have other questions about these forms?

If you have any questions about completing or returning the forms, please call (844) 236-3257 or email SNMCS@mathematica-mpr.com.

SCHOOL NUTRITION AND MEAL COST STUDY OTHER SOURCES OF FOODS/BEVERAGES

Please return completed form by fax to (609) 228-5478 (Attn: SNMCS)

MPRID: _____

Your Name: _____ Title: _____

Phone #: _____ Date Form Completed: _____

School Name: _____

Besides vending machines and food sold in the cafeteria, does your school have any other sources of food or beverages available to students during the day, including before or after school?

Yes → **Continue** No → **Thank you. You are done. Please fax form to number shown above.**

Instructions: Please provide the following information for every source of foods/beverages your school has other than vending machines and the cafeteria. If there is more than one of a given food source (for example, if there are multiple food carts) you can check more than one location per column and check off all the foods and beverages that are available in *any* of those locations.

| | School Store | Snack Bar/ Food Cart/Kiosk | Fundraiser | Other (Specify) |
|--|--|-------------------------------|---|-----------------------------|
| | Sells items in addition to foods/beverages; does not prepare/heat food | Sells only foods/beverages | Bake sale, candy drive, special pizza day, etc. | _____ |
| 1. Location → Check the location(s) of each source | | | | |
| In cafeteria (including indoor and outdoor seating/eating area) | 1 <input type="checkbox"/> | NA | 1 <input type="checkbox"/> | NA |
| Outside but near (within 20 feet) cafeteria or seating/eating area | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Elsewhere in school building(s) | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Outside school building(s), but on school grounds (not in seating/eating area) | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Beverages → Check items available from each source | | | | |
| Diet carbonated soft drink (diet soda/pop) | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Regular carbonated soft drink (regular soda/pop) | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Juice (100% fruit or vegetable juice) | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea) | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water) | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Bottled water (plain, flavored, or sparkling) | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk) | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| Whole or reduced fat (2%) flavored milk (such as chocolate) | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| Low-fat (1%) flavored milk (such as chocolate) | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| Fat-free/skim flavored milk (such as chocolate) | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> |
| Whole or reduced fat (2%) white milk | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| Low-fat (1%) white milk | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| Fat-free/skim white milk | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> |
| Other (Specify) _____ | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> |

| | School Store | Snack Bar/ Food Cart/Kiosk | Fundraiser | Other (Specify) |
|---|--|-------------------------------|---|-----------------------------|
| | Sells items in addition to foods/beverages; does not prepare/heat food | Sells only foods/beverages | Bake sale, candy drive, special pizza day, etc. | |
| 3. Snacks → Check items available from each source | | | | |
| Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes) | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| Pretzels | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| Popcorn | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |
| Cracker sandwiches with cheese or peanut butter | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| Other types of crackers (including animal crackers) | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| Low-fat/reduced-fat granola bars, cereal bars, or energy bars | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| Regular granola bars, cereal bars, or energy bars | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| Crispy rice bars or treats | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> |
| Candy | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| Gum | 29 <input type="checkbox"/> | 29 <input type="checkbox"/> | 29 <input type="checkbox"/> | 29 <input type="checkbox"/> |
| Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix) | 30 <input type="checkbox"/> | 30 <input type="checkbox"/> | 30 <input type="checkbox"/> | 30 <input type="checkbox"/> |
| Fruit snacks (such as Fruit Roll-Ups or fruit leather) | 31 <input type="checkbox"/> | 31 <input type="checkbox"/> | 31 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| Meat snacks (such as jerky or pork rinds) | 32 <input type="checkbox"/> | 32 <input type="checkbox"/> | 32 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| Other (Specify) _____ | 33 <input type="checkbox"/> | 33 <input type="checkbox"/> | 33 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| 4. Baked Goods → Check items available from each source | | | | |
| Low-fat/reduced-fat cakes, cupcakes, or brownies | 34 <input type="checkbox"/> | 34 <input type="checkbox"/> | 34 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| Regular cakes, cupcakes, or brownies | 35 <input type="checkbox"/> | 35 <input type="checkbox"/> | 35 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| Low-fat pies, turnovers, or toaster pastries | 36 <input type="checkbox"/> | 36 <input type="checkbox"/> | 36 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Regular pies, turnovers, or toaster pastries | 37 <input type="checkbox"/> | 37 <input type="checkbox"/> | 37 <input type="checkbox"/> | 37 <input type="checkbox"/> |
| Doughnuts | 38 <input type="checkbox"/> | 38 <input type="checkbox"/> | 38 <input type="checkbox"/> | 38 <input type="checkbox"/> |
| Low-fat cookies | 39 <input type="checkbox"/> | 39 <input type="checkbox"/> | 39 <input type="checkbox"/> | 39 <input type="checkbox"/> |
| Regular cookies | 40 <input type="checkbox"/> | 40 <input type="checkbox"/> | 40 <input type="checkbox"/> | 40 <input type="checkbox"/> |
| Bread, rolls, bagels, or tortillas | 41 <input type="checkbox"/> | 41 <input type="checkbox"/> | 41 <input type="checkbox"/> | 41 <input type="checkbox"/> |
| Other (Specify) _____ | 42 <input type="checkbox"/> | 42 <input type="checkbox"/> | 42 <input type="checkbox"/> | 42 <input type="checkbox"/> |
| 5. Other Foods → Check items available from each source | | | | |
| Yogurt | 43 <input type="checkbox"/> | 43 <input type="checkbox"/> | 43 <input type="checkbox"/> | 43 <input type="checkbox"/> |
| Cheese | 44 <input type="checkbox"/> | 44 <input type="checkbox"/> | 44 <input type="checkbox"/> | 44 <input type="checkbox"/> |
| Frozen fruit bars or popsicles | 45 <input type="checkbox"/> | 45 <input type="checkbox"/> | 45 <input type="checkbox"/> | 45 <input type="checkbox"/> |
| Milkshakes, smoothies, or yogurt drinks | 46 <input type="checkbox"/> | 46 <input type="checkbox"/> | 46 <input type="checkbox"/> | 46 <input type="checkbox"/> |
| Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet | 47 <input type="checkbox"/> | 47 <input type="checkbox"/> | 47 <input type="checkbox"/> | 47 <input type="checkbox"/> |
| Regular ice cream, frozen yogurt, or sherbet | 48 <input type="checkbox"/> | 48 <input type="checkbox"/> | 48 <input type="checkbox"/> | 48 <input type="checkbox"/> |
| Dried fruit (such as raisins or apricots) | 49 <input type="checkbox"/> | 49 <input type="checkbox"/> | 49 <input type="checkbox"/> | 49 <input type="checkbox"/> |
| Canned fruit | 50 <input type="checkbox"/> | 50 <input type="checkbox"/> | 50 <input type="checkbox"/> | 50 <input type="checkbox"/> |
| Fresh fruit | 51 <input type="checkbox"/> | 51 <input type="checkbox"/> | 51 <input type="checkbox"/> | 51 <input type="checkbox"/> |
| Vegetables | 52 <input type="checkbox"/> | 52 <input type="checkbox"/> | 52 <input type="checkbox"/> | 52 <input type="checkbox"/> |
| Other (Specify) _____ | 53 <input type="checkbox"/> | 53 <input type="checkbox"/> | 53 <input type="checkbox"/> | 53 <input type="checkbox"/> |

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review

OMB Clearance Number: 0584-0596

Expiration Date: 08/31/2017



School Nutrition and Meal Cost Study

Principal Survey

January 30, 2015

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



PROGRAMMER:

ENTRY CONDITIONS ARE BASED ON WHETHER SCHOOL LEVEL IS ELEMENTARY, MIDDLE, OR HIGH SCHOOL. THE SAMPLE LOAD FILE WILL INCLUDE THE VARIABLE LEVELCCD WITH VALUES OF E, M, AND H.

LOGIN SCREEN



OMB No.: 0584-0596

Expiration Date: 08-31-2017

Welcome to the School Nutrition and Meal Cost Study Principal Survey!

Username: Password:

- To access the survey, please enter your user name and password in the boxes above.
- If you have any questions about the study or about completing this survey, please contact the study team by email at SNMCS@mathematica-mpr.com or by phone at 844-236-3257 (toll-free).

INSTRUCTIONS SCREEN

Instructions

- Under the Healthy, Hunger-Free Kids Act of 2010, participation in this study is mandatory. We thank you for your cooperation and participation in this very important study.
- The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.
- Please answer all of the questions.
- You may complete the survey all at once or save your responses and return at a later time.
- Please use the buttons and links on each page to move through the survey. Using "Enter" or your browser's "Back" function may cause errors.
- If you are returning to finish your saved survey, you will return to the point where you left off. **You will not be able to go backward to questions you answered before logging out.**
- This survey is intended for the school principal but can be completed by any staff member who is very familiar with the school's policies related to food service and nutrition education.

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

VERIFICATION SCREEN

ALL

NOT REQUIRED

- A. We will be asking you questions about [FILL SCHOOL NAME]. If this is not the name of your school, please call 844-236-3257.

ALL

NOT REQUIRED

- B. Please enter your name, phone number, and email address so we can contact you if we have any questions about the survey.

First Name

(STRING 20)

Last Name

(STRING 20)

Phone Number

(Phone number format: (XXX) XXX-XXXX)

Email Address

(STRING 40)

SOFT CHECK: IF B=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.**

SCHOOL CHARACTERISTICS AND SCHOOL MEAL POLICIES

ALL

NOT REQUIRED

1. What grades are included in your school?

PROGRAMMER:DROP-DOWN 1 RANGE: PRE-K TO 12; DROP-DOWN 2 RANGE: K TO 12

|_|_| to |_|_| (RANGE: Pre-K [PK] to 12)

SOFT CHECK: IF Q1=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.**

SOFT CHECK: IF DROP-DOWN 2 < DROP-DOWN 1: **The second grade selection should be greater than or equal to the first grade selection. Please correct your response and continue.**

ALL

NOT REQUIRED

2. What is the average daily attendance at your school?

|_|_|_|_| STUDENTS (RANGE: 0 - 9,999)

OR

|_|_|_| PERCENT (RANGE: 0 – 100)

SOFT CHECK: IF Q2>5,000: **You entered that the average daily attendance at your school is [FILL]. Please confirm or correct your response to continue.**

SOFT CHECK: IF entered both students and percent for Q2: **You have entered the average daily attendance at your school in both number of students and percent. Please answer in either number of students or percent and continue.**

ALL

REQUIRED

3. Does your school participate in the School Breakfast Program (SBP)?

1 Yes

0 No

HARD CHECK: IF Q3=NO RESPONSE: **Your response to this question is important. Please provide a response to continue.**

ALL

NOT REQUIRED

4. Are the school meal programs unavailable to any students at your school, for example part-day kindergarteners or students who actually attend school in a different location?

1 Yes

0 No

SOFT CHECK: IF Q4=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

Q4=1

NOT REQUIRED

4a. For how many students is lunch unavailable?

____|____|____| STUDENTS FOR WHOM LUNCH IS UNAVAILABLE (RANGE: 0-5,000)

SOFT CHECK: IF Q4a >2,000: You entered that school lunch is unavailable for [FILL] students. Please confirm or correct your response and continue.

Q3=1 AND Q4=1

NOT REQUIRED

4b. For how many students is breakfast unavailable?

____|____|____| STUDENTS FOR WHOM BREAKFAST IS UNAVAILABLE (RANGE: 0-5,000)

SOFT CHECK: IF Q4b > 2,000: You entered that school breakfast is unavailable for [FILL] students. Please confirm or correct your response and continue.

ALL

NOT REQUIRED

5. Are all students required to go to the cafeteria or food service area (indoor or outdoor) during their lunch period?

1 Yes

0 No

Q5=0

NOT REQUIRED

5a. Where may students go during their lunch period?

SELECT ALL THAT APPLY

- 1 Food service area/cafeteria or other area where meals are served
- 2 Classroom but only with teacher permission
- 3 Classrooms open to students during lunch period
- 4 Library
- 5 Gym
- 6 Computer lab or media center
- 7 Outside, on campus
- 8 Other designated area on campus, such as hallways, student commons
- 9 Anywhere on campus
- 10 Off-campus/home
- 11 Other (*specify*)

(STRING 255)

Q5A=10

NOT REQUIRED

5b. Which of the following off-campus food sources are close enough for students to walk or drive to during lunch?

SELECT ALL THAT APPLY

- 1 Fast food restaurants
- 2 Other restaurants, cafeterias, or diners
- 3 Supermarkets, convenience stores, or other stores
- 4 Off-campus lunch wagons, food trucks, or push carts not operated by the school meals program
- 5 Home or home of relative or friend
- 6 Other food sources (*specify*)

(STRING 255)

| |
|--------------|
| ALL |
| NOT REQUIRED |

6. Does your school have rules or written policies about when students may buy a la carte foods, that is, foods other than a reimbursable meal or milk?
- 1 Yes
 - 2 Rules for some students
 - 0 No, students may buy a la carte foods under any circumstances

| |
|--------------|
| Q6=1 OR 2 |
| NOT REQUIRED |

6a. What are those rules? A la carte foods may be purchased . . .

SELECT ALL THAT APPLY

- 1 When a student takes a reimbursable meal
- 2 When a student brings lunch from home
- 3 After a student has eaten their meal (whether reimbursable or brought from home)
- 4 When all students have had the opportunity to take a reimbursable meal
- 5 Other restriction (*specify*)

| |
|--------------|
| (STRING 255) |
|--------------|

| |
|--------------|
| ALL |
| NOT REQUIRED |

7. Are students allowed to visit other tables during meal times?

- 1 Yes
- 2 No
- 0 Some are, some aren't

| |
|--------------|
| ALL |
| NOT REQUIRED |

8. Are students who go to the area where students eat lunch allowed to leave after a certain point during their lunch period, for example, after the first 15 minutes, or do they have to stay for the full lunch period?

- 1 Yes, all students may leave
- 2 Yes, some students may leave
- 0 No, all students must stay in the area for the full period

Q8=1 OR 2

NOT REQUIRED

8a. Are any students who go to the area where students eat lunch allowed to leave at any time during their lunch period?

- 1 Yes, all students may leave at any time
- 2 Yes, some students may leave at any time (either with or without special permission)
- 0 No, all students must stay in the area for the full period

ALL

NOT REQUIRED

9. Are other school activities, such as pep rallies, club meetings, bake sales or other fundraisers, or tutoring sessions ever scheduled during meal times (breakfast or lunch)?

- 1 Yes
- 0 No

SOFT CHECK: IF Q9=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.**

Q3=1 AND Q9=1

NOT REQUIRED

9a. On average, how often are the following types of activities scheduled during the breakfast period?

PROGRAMMER:CODE ONE PER ROW

SELECT ONE RESPONSE FOR EACH ACTIVITY

| | EVERY DAY | 3-4X PER WEEK | 1-2X PER WEEK | LESS THAN 1X PER WEEK OR NEVER |
|--|-------------------------|-------------------------|-------------------------|--------------------------------|
| a. Pep rallies | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| b. Club meetings..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| c. Tutoring sessions | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| d. Bake sales | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| e. Other fundraisers that include sweet or salty snack foods | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| f. Fundraisers that include pizza or other types of food..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| g. Other (<i>specify</i>) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| (STRING 255) | | | | |

SOFT CHECK: IF Q9aa=NO RESPONSE OR Q9ab=NO RESPONSE OR Q9af=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.**

| |
|--------------|
| ALL |
| NOT REQUIRED |

9b. On average, how often are the following types of activities scheduled during the lunch period?

PROGRAMMER:CODE ONE PER ROW

SELECT ONE RESPONSE FOR EACH ACTIVITY

| | EVERY DAY | 3-4X PER WEEK | 1-2X PER WEEK | LESS THAN 1X PER WEEK OR NEVER |
|--|-------------------------|-------------------------|-------------------------|--------------------------------|
| a. Pep rallies | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| b. Club meetings..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| c. Tutoring sessions | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| d. Bake sales | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| e. Other fundraisers that include sweet or salty snack foods | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| f. Fundraisers that include pizza or other types of food..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| g. Other (<i>specify</i>) | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 0 <input type="radio"/> |
| (STRING 255) | | | | |

SOFT CHECK: IF Q9ba=NO RESPONSE OR Q9bb=NO RESPONSE OR...Q9bf=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.**

| |
|-----------------|
| LEVELCCD=E OR M |
| NOT REQUIRED |

10. Does your school have recess?

- 1 Yes
- 0 No GO TO Q13

| |
|----------------------------|
| Q10=1 AND LEVELCCD= E OR M |
| NOT REQUIRED |

10a. Do any students have recess immediately before lunch?

- 1 Yes
- 0 No

Q10=1 AND LEVELCCD= E OR M

NOT REQUIRED

11. Do any students have recess immediately after lunch?

- 1 Yes
0 No

Q10=1 AND LEVELCCD = E OR M

NOT REQUIRED

11a. Are students allowed to go out to recess before the official end of their lunch period?

- 1 Yes
0 No

Q10=1 AND LEVELCCD= E OR M

NOT REQUIRED

11b. Are there any rules about when students can go out to recess?

- 1 Yes
0 No

Q10=1 AND LEVELCCD = E OR M

NOT REQUIRED

11c. Which of the following rules does your school use about when students can go out to recess?

SELECT ALL THAT APPLY

- 1 Students may leave after a specified time interval
2 Students must eat lunch first
3 Students are dismissed in a group
4 Rules vary by grade
5 Teachers/lunchroom staff have discretion
6 Adult supervision must be available
7 Other (*specify*)

(STRING 255)

Q10=1 AND LEVELCCD= E OR M

NOT REQUIRED

12. Among students who have recess, on average how many minutes of recess do they receive per day?

|_|_| MINUTES PER DAY (RANGE: 0 – 60)

VENDING MACHINES

| |
|--------------|
| ALL |
| NOT REQUIRED |

13. Does your school offer competitive foods and beverages to students through beverage or snack vending machines? *Competitive foods and beverages are items that are not part of a reimbursable meal.*

PROGRAMMER:CODE ONE PER ROW

SELECT ONE PER ROW

| | YES | NO |
|--------------------------------------|-------------------------|-------------------------|
| a. Beverage vending machine(s) | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Snack vending machine(s) | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q13a or Q13b=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

| |
|------------------|
| Q13A=1 OR Q13B=1 |
| NOT REQUIRED |

14. Where are vending machines available to students in your school or on the school grounds?
SELECT ALL THAT APPLY

- 1 Food service area(s) (indoor or outdoor area(s) where meals are served/eaten)
- 2 Other indoor area(s)
- 3 Other outside areas (on school grounds)

| |
|--------------|
| Q13A=1 |
| NOT REQUIRED |

14a. Approximately how many beverage machines are there in your school or on the school grounds?

 |_|_| BEVERAGE MACHINES (RANGE 1-25)

SOFT: IF Q14a > 15: You entered that there are [FILL] beverage machines in your school. Please confirm or correct your response and continue.

| |
|--------------|
| Q13A=1 |
| NOT REQUIRED |

14b. How many of these beverage machines sell only milk, 100% juice, or water?

|_|_| BEVERAGE MACHINES (RANGE 0-25)

SOFT CHECK: IF Q14b > Q14a: You entered that there are more beverage machines that only sell milk, 100% juice, or water than the total number of beverage machines in your school or on the school grounds. Please correct your responses to questions 14a or 14b and continue.

| |
|--------------|
| Q13A=1 |
| NOT REQUIRED |

14c. Not counting machines that sell only milk, 100% juice, or water, when can students use beverage machines inside the food service area? When can students use beverage machines outside of the food service area?

SELECT ALL THAT APPLY FOR EACH LOCATION

PROGRAMMER:CODE ALL THAT APPLY

| | INSIDE THE FOOD SERVICE AREA | OUTSIDE OF THE FOOD SERVICE AREA |
|--|------------------------------|----------------------------------|
| a. No other machines with beverages in area | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Before school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. During breakfast..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. During school hours, before lunch | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. During lunch | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. After lunch, before end of last regular class | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. After last regular class | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Other (<i>specify</i>)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (STRING 255) | | |

SOFT CHECK: IF Q14c COLUMN 1=NO RESPONSE OR Q14c COLUMN 2=NO RESPONSE: Your response to this question is important. Please provide a response for each location and continue.

SOFT CHECK: IF q14C = 'No other machines with beverages in area' AND ANOTHER ANSWER CHOICE IS SELECTED FOR COLUMN 1 OR COLUMN2: "No other machines with beverages in area" cannot be combined with another answer choice. Please correct your response and continue.

Q13B=1

NOT REQUIRED

15. Approximately how many snack machines are there in your school or on the school grounds?

|_|_| SNACK MACHINES (RANGE 1-25)

SOFT: IF Q15 > 15: You entered that there are [FILL] snack machines in your school. Please confirm or correct your response and continue.

Q13B=1

NOT REQUIRED

15a. When can students use snack machines or other machines containing snack foods inside the food service area? When can students use snack machines outside of the food service area?

SELECT ALL THAT APPLY FOR EACH LOCATION

PROGRAMMER:CODE ALL THAT APPLY

PROGRAMMER:CODE ALL THAT APPLY

| | INSIDE THE FOOD SERVICE AREA | OUTSIDE OF THE FOOD SERVICE AREA |
|--|------------------------------|----------------------------------|
| a. No machines with snack foods in area | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Before school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. During breakfast..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. During school hours, before lunch | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. During lunch | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. After lunch, before end of last regular class | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. After last regular class | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Other (<i>specify</i>)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <input type="text" value=""/> | | |

(STRING 255)

SOFT CHECK: IF Q15a COLUMN 1=NO RESPONSE OR Q15a COLUMN 2=NO RESPONSE: Your response to this question is important. Please provide a response for each location and continue.

SOFT CHECK: IF Q15a = 'No machines with snack foods in area' AND ANOTHER ANSWER CHOICE IS SELECTED FOR COLUMN 1 OR COLUMN2: "No machines with snack foods in area" cannot be combined with another answer choice. Please correct your response and continue.

Q13A=1 OR Q13B=1

NOT REQUIRED

16. **Who receives revenue or profit from vending machines in your school? Include all machines, regardless of location or type.**

SELECT ALL THAT APPLY

- 1 School
- 2 School food service only
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*specify*)
- d Don't know

SOFT CHECK: IF 'DON'T KNOW' AND ANOTHER ANSWER CHOICE IS SELECTED: "Don't know" cannot be combined with another answer choice. Please correct your response and continue.

SCHOOL STORES, SNACK BARS, AND FOOD CARTS/KIOSKS

| |
|--------------|
| ALL |
| NOT REQUIRED |

17. Does your school have a school store that sells foods or beverages (including snack foods)? Outside of the food service area, do you have a snack bar, food cart/kiosk or other place that prepares or serves food but does not offer reimbursable meals?

PROGRAMMER:CODE ONE PER ROW

SELECT ONE PER ROW

| | YES | NO |
|---|-------------------------|-------------------------|
| a. School store(s)..... | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Snack bar(s) or food cart(s)/kiosk(s)..... | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q17a or Q17b=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| Q17A=1 |
| NOT REQUIRED |

18. What days of the week is the school store usually open?

SELECT ALL THAT APPLY

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Various or no set schedule

Q17A=1

NOT REQUIRED

18a. When is the store usually open to students?

SELECT ALL THAT APPLY

- 1 Before school
- 2 During breakfast
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class

Q17A=1

NOT REQUIRED

18b. Who is responsible for the school store?

SELECT ALL THAT APPLY

- 1 School food service
- 2 Principal
- 3 Athletic department
- 4 Student or parent organization/club
- 5 Other school department (*specify*)

(STRING 255)

- 6 Other (*specify*)

(STRING 255)

- d Don't know

SOFT CHECK: IF 'DON'T KNOW' AND ANOTHER ANSWER CHOICE IS SELECTED: "Don't know" cannot be combined with another answer choice. Please correct your response and continue.

Q17A=1

NOT REQUIRED

18c. Who receives revenue or profit from the school store?

SELECT ALL THAT APPLY

- 1 School
- 2 School food service only
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/ activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*specify*)

(STRING 255)

- d Don't know

SOFT CHECK: IF 18c=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

SOFT CHECK: IF 'DON'T KNOW' AND ANOTHER ANSWER CHOICE IS SELECTED: "Don't know" cannot be combined with another answer choice. Please correct your response and continue.

Q17B=1

NOT REQUIRED

19. What days of the week is the snack bar/food cart/kiosk open?

SELECT ALL THAT APPLY

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Various or no set schedule

Q17B=1

NOT REQUIRED

19a. When is the snack bar/food cart/kiosk usually open to students?

SELECT ALL THAT APPLY

- 1 Before school
- 2 During breakfast
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class

Q17B=1

NOT REQUIRED

19b. Who receives revenue or profit from the snack bar/food cart/kiosk?

SELECT ALL THAT APPLY

- 1 School
- 2 School food service only
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/ activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*specify*)

(STRING 255)

- d Don't know

SOFT CHECK: IF 'DON'T KNOW' AND ANOTHER ANSWER CHOICE IS SELECTED: "Don't know" cannot be combined with another answer choice. Please correct your response and continue.

NUTRITION EDUCATION AND PROMOTION/WELLNESS

ALL

NOT REQUIRED

20. Does your school participate in USDA's Team Nutrition initiative?

- 1 Yes
0 No
d Don't know

Q20=1

NOT REQUIRED

20a. In which of the following Team Nutrition activities has your school participated in the past year?

SELECT ALL THAT APPLY

- 1 Designated a Team Nutrition School Leader
2 Received training or technical assistance on the *Dietary Guidelines for Americans* and/or *MyPlate*
3 Received training or technical assistance for foodservice personnel to enable them to prepare and serve nutritious, appealing meals
4 Shared successful strategies or programs with other schools
5 Distributed Team Nutrition materials to teachers, students, or parents
6 Accessed Team Nutrition curriculum or best practices resources such as the Healthy Meals Resource System or the Best Practices Sharing Center
7 Reinforced nutrition education messages through initiatives in the food service area
8 Incorporated nutrition education messages across the curriculum
9 Conducted school-wide events to promote nutrition (for example, a school garden project, nutrition fair, or school play)
10 Assigned home activities to reinforce nutrition education messages
11 Scheduled community programs or events to promote nutrition and physical activity
12 Sought media coverage for Team Nutrition activities
13 Received funds under a Team Nutrition mini-grant through your State Child Nutrition agency

Q20=1

NOT REQUIRED

20b. What is your school required to do as part of its involvement in Team Nutrition?

SELECT ALL THAT APPLY

- 1 Foodservice staff participate in Team Nutrition training
- 2 Teachers participate in Team Nutrition training
- 3 Document Team Nutrition activities
- 4 Report Team Nutrition activities to the State Child Nutrition agency
- 5 Make Team Nutrition fiscal reports available to the State Child Nutrition agency or USDA

Q20=1

NOT REQUIRED

21. Has your school submitted an application for a HealthierUS School Challenge (HUSSC) award?

- 1 Yes
- 0 No

Q21=1

NOT REQUIRED

21a. What is the status of your application?

SELECT ONE ONLY

- 1 Decision is pending
- 2 Received Bronze Award
- 3 Received Silver Award
- 4 Received Gold Award
- 5 Received Gold of Distinction Award
- 6 School was not certified for an award

ALL

NOT REQUIRED

22. Is your school participating in any national, state, or local nutrition/wellness initiatives, other than the development/implementation of a school district wellness policy or participation in Team Nutrition activities?

- 1 Yes
- 0 No
- d Don't know

Q22=1

NOT REQUIRED

22a. In which of the following initiatives is your school involved?

SELECT ALL THAT APPLY

- 1 5-A-Day
- 2 Healthy Schools Program (Alliance for a Healthier Generation)
- 3 Healthy Kids Challenge
- 4 PE4Life
- 5 CATCH (Coordinated Approach to Child Health)
- 6 Game On! The Ultimate Wellness Challenge (Action for Healthy Kids)
- 7 Fuel Up to Play 60
- 8 Students Taking Charge (Action for Healthy Kids)
- 9 Active Living by Design (Robert Wood Johnson Foundation)
- 10 Healthy Kids Healthy Communities (Robert Wood Johnson Foundation)
- 11 School Food FOCUS (WK Kellogg Foundation)
- 12 Other (*specify*)

(STRING 255)

| |
|--------------|
| ALL |
| NOT REQUIRED |

23. Does your school incorporate nutrition or agriculture-based education or activities into the curriculum?

PROGRAMMER:CODE ONE PER ROW

SELECT ONE PER ROW

| | YES | NO |
|---|-------------------------|-------------------------|
| a. Nutrition education or activities..... | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Agriculture-based education or activities..... | 1 <input type="radio"/> | 0 <input type="radio"/> |

SOFT CHECK: IF Q23a or Q23b=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| 23A=1 |
| NOT REQUIRED |

24. Does your school have a requirement that students receive nutrition education in class?

- 1 Yes
- 0 No

SOFT CHECK: IF Q24=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

| |
|--------------|
| Q24=1 |
| NOT REQUIRED |

24a. Does this nutrition education requirement apply to all students?

- 1 Yes
- 0 No

Q23A=1

NOT REQUIRED

24b. On average, how much nutrition education do students receive in class?

|_|_|_| HOURS (RANGE 0-999)

OR

|_|_|_| MINUTES (RANGE 0-999)

- 1 Per week
2 Per month
3 Per year

SOFT CHECK: IF entered both minutes and hours for Q24b: **You have entered the time spent in nutrition education in both hours and minutes. Please answer in either hours or minutes and continue.**

SOFT CHECK: IF entered minutes or hours for Q24b. without selecting week month or year: Please select whether students received [FILL] [hours/minutes] per week, month or year.

ALL

NOT REQUIRED

25. Does your school include structured physical education classes for students?

- 1 Yes, and it is a requirement
2 Yes, but it is not required
0 No, school does not offer physical education to any students

Q25=1 OR 2

NOT REQUIRED

25a. Do students take physical education classes daily?

- 1 Yes, all students
2 Yes, some students
0 No

Q25=1 OR 2

NOT REQUIRED

25b. Do students take physical education classes throughout the year or only for a portion of the year?

- 1 Throughout the year
- 2 Only for a portion of the year

Q25B=2

NOT REQUIRED

25c. Do students take physical education classes for . . .

- 1 One quarter of the school year?
- 2 One semester or half the school year?
- 0 Some other amount of time?

Q25=1 OR 2

NOT REQUIRED

25d. What is the average amount of time that students spend in physical education classes per week?

|_|_|_| MINUTES PER WEEK (RANGE: 0-600)

SOFT CHECK: IF Q25d > 300: **You entered that students spend [FILL] minutes per week in physical education class. Please confirm or correct your response and continue.**

ALL

NOT REQUIRED

26. Including recess, does your school regularly provide students with opportunities for physical activity outside of physical education classes, but during school hours?

- 1 Yes
- 0 No

Q26=1

NOT REQUIRED

26a. What kinds of activities do you use to provide opportunities for physical activity during school hours? Please do not include intramural sports or athletics programs that occur outside of school hours in your response.

SELECT ALL THAT APPLY

- 1 Recess
- 2 Staff-led walks
- 3 Aerobic/active "stretch breaks" or "play breaks" between classes
- 4 Classroom "brain breaks" that include physical activity during class
- 5 Faculty-led games/activities
- 6 Free play in gymnasium/on playing fields
- 7 Physically active classes other than physical education (for example, dance, marching band, or shop class)
- 8 Military-based programs (for example, National Guard or Reserve Officers' Training Corps)
- 9 Other (*specify*)

(STRING 255)

Q26=1

NOT REQUIRED

26b. What is the average number of minutes per week that students get opportunities for physical activity during school hours, outside of physical education classes?

|_|_|_| MINUTES PER WEEK (RANGE: 0-600)

SOFT CHECK: IF Q26b=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

SOFT CHECK: IF Q26b > 300: You entered that students get opportunities for [FILL] minutes of physical education per week outside of physical education class. Please confirm or correct your response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

27. Does your school offer intramural sports or athletics programs or clubs before or after school hours?

1 Yes

0 No

| |
|--------------|
| Q27=1 |
| NOT REQUIRED |

27a. What is the average number of minutes per week that students get opportunities for intramural sports or athletics programs or clubs before or after school hours?

|_|_|_| MINUTES PER WEEK (RANGE: 0-840)

SOFT CHECK: IF Q27a > 150: You entered that students spend an average of [FILL] minutes per week in intramural sports or atheletic programs or clubs before or after school hours. Please confirm or correct your response and continue.

| |
|--------------|
| ALL |
| NOT REQUIRED |

28. Does your school have a wellness policy in addition to the district wellness policy?

1 Yes

0 No

d Don't know

Q28=1

NOT REQUIRED

28a. Do you or anyone else in your school participate in a local wellness committee at the district level?

- 1 Yes
0 No

Q28=1

NOT REQUIRED

29. Does your school have a designated wellness coordinator?

- 1 Yes
0 No

Q29=1

NOT REQUIRED

29a. Does this person have another job at the school?

- 1 Yes
0 No

Q29A=1

NOT REQUIRED

29b. What is this person's other job at the school?

SELECT ONE ONLY

- 1 School administrator
2 School nurse
3 Foodservice staff
4 Other nutrition professional
5 Health, physical education, or nutrition teacher
6 Coach or athletic director
7 Other teacher
8 Other (*specify*)

(STRING 255)

Q29=1

NOT REQUIRED

29c. Is the wellness coordinator a paid or volunteer position?

- 1 Paid
2 Volunteer

Q28=1

NOT REQUIRED

30. Following is a list of potential and required wellness policy components. For each, please indicate whether the component is addressed in your school wellness policy and, if so, the extent to which the school wellness policy components have been implemented.

PROGRAMMER:CODE ONE PER ROW

SELECT ONE RESPONSE PER ROW

| | ADDRESSED IN SCHOOL POLICY AND FULLY IMPLEMENTED | ADDRESSED IN SCHOOL POLICY AND PARTIALLY IMPLEMENTED | STILL BEING PLANNED | NOT ADDRESSED IN SCHOOL POLICY | DON'T KNOW |
|---|--|--|-------------------------|--------------------------------|-------------------------|
| a. Nutrition education..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| b. Nutrition promotion | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| c. Physical education (PE)..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| d. Daily physical activity (outside of PE)..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| e. Nutrition guidelines for foods sold outside of school meals (a la carte sales, vending machines, school stores)..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| f. Restrictions on the use of food or food coupons as student rewards | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| g. Access to competitive foods during school hours | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| h. Minimum amount of time for students to eat lunch..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| i. Staff wellness program | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| j. Parent involvement..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| k. Community involvement | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| l. Plan for measuring implementation of the policy, including the extent in compliance with the policy..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| m. Plan for describing the progress made towards attaining the goals of the policy..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |
| n. Plan for informing the public about the wellness policy content and implementation..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | d <input type="radio"/> |

SOFT CHECK: IF ANY QUESTION IN Q30=NO RESPONSE: Your response to this question is important. Please provide a response and continue.

SUBMIT SCREEN



Thank you for completing the School Nutrition and Meal Cost Study Principal Survey!

[Please review and print a copy of your responses by clicking here.](#) If you are satisfied with your responses, please click on the submit button below. Once you submit your survey, you will not be able to make any additional changes. If you need to correct anything, please contact the help desk at SNMCS@mathematica-mpr.com or 844-236-3257 (toll-free) for assistance.

SCREEN TO DISPLAY IF SOMEONE TRIES TO LOG IN TO A SUBMITTED SURVEY



Thank you for your interest in completing the School Nutrition and Meal Cost Study Principal Survey. Someone from your school submitted the survey on [date]. If you believe you are getting this message in error, please contact the help desk at SNMCS@mathematica-mpr.com or 844-236-3257 (toll-free) for assistance.



School Nutrition and Meal Cost Study Cafeteria Observation Guide

If the school being observed serves breakfast and/or lunch to multiple schools in our sample then please record each school's name and Mathematica issued ID.

SFA ID: _____ School ID: _____

School Name: _____

Observer Name: _____

Date: _____

I Breakfast Observations

If more than one cafeteria serves reimbursable breakfasts at the selected time, observe the one that serves the most students.

PLEASE CHECK BOX IF THERE IS NO BREAKFAST SERVED/OFFERED AT THE SCHOOL

1a. CHECK ONE OF THE BOXES BELOW IF REIMBURSABLE BREAKFASTS ARE ONLY SERVED IN OTHER LOCATIONS (I.E., CLASSROOMS) BESIDES THE CAFETERIA:

→ IF YOU ARE UNABLE TO VIEW THE FOOD PREPARATION OR ASSEMBLY THEN GO TO Q3A AND CHECK THE BOX IN THE 'BREAKFAST IN CLASSROOM' COLUMN (FAR RIGHT). THEN SKIP TO LUNCH OBSERVATION.

→ IF YOU ARE ABLE TO VIEW THE FOOD PREPARATION OR ASSEMBLY THEN GO TO Q3A AND CHECK THE BOX IN THE 'BREAKFAST IN CLASSROOM' COLUMN (FAR RIGHT). THEN FILL OUT THE 'BREAKFAST IN CLASSROOM' COLUMN IN Q3B. THEN SKIP TO LUNCH OBSERVATION.

1b. Time of Observation: _____ to _____ 1c. Breakfast Service: _____ to _____

2. Is today's reimbursable breakfast menu prominently displayed so students can see it prior to going through the serving line, either outside (within 20 feet) the cafeteria or at the beginning of the serving line(s)?

Yes

No

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

3a. Name each line or station serving reimbursable breakfasts or components of reimbursable breakfasts and indicate whether that line/station is universally available to all students. Do not include any lines or food stations identified as serving a la carte items only.

LINES AND STATIONS SHOULD BE CONFIRMED AS REIMBURSABLE AND WHETHER AVAILABLE TO ALL STUDENTS WITH THE SCHOOL NUTRITION MANAGER AHEAD OF MEAL SERVICE.

| Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Breakfast in Classroom: |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | <input type="checkbox"/> |
| CHECK BOX BELOW FOR EACH LINE OR STATION THAT IS AVAILABLE TO ALL STUDENTS, REGARDLESS OF WHICH OTHER LINE OR STATION THEY USE | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

3b. Check box below for each meal component that is available in each line/station serving reimbursable breakfasts or components of reimbursable breakfasts.

| | | | | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fruits or Vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meat/Meat Alternate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk: | | | | | | | | |
| White—Skim/Nonfat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White—1% Low Fat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White—2% or Whole | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flavored—Skim/Nonfat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flavored—1% or 2% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soy/Non-Dairy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meat items include all red meat, poultry, and fish.

Meat alternate items include cheese, yogurt, dry beans and peas, tofu, whole eggs, peanut butter or other nut or seed butters, and nuts and seeds.

Lactaid Milk should be coded as a White milk. Fat content should be coded as it appears on the label.

4. What style(s) of service are used to serve reimbursable breakfast food items to the students? (Do not include beverage service.)

MARK ALL THAT APPLY

- 1 Traditional serving line (served by staff)
 - 2 Traditional serving line (self-serve from pre-portioned items)
 - 3 Traditional serving line (self-serve from bulk quantity)
 - 4 Station(s)/food bar(s) (served by staff)
 - 5 Station(s)/food bar(s) (self-serve from pre-portioned items)
 - 6 Station(s)/food bar(s) (self-serve from bulk quantity)
 - 7 Grab and go (pre-portioned items for consumption outside cafeteria)
 - 8 Direct delivery to the classroom
 - 9 Other (*Specify*)
-

5. If school has a self-serve fruit, cereal, or other food bar for breakfast, is it located before the cash register or check-out line?

- 1 Yes
- 0 No
- n Not applicable

6. Where is fruit displayed (or offered) during breakfast service?

- 1 In only one location, near a cash register/checkout line
- 2 In only one location, but not near a cash register/checkout line
- 3 In multiple locations, with at least one near a cash register/checkout line
- 4 In multiple locations, but none near a cash register/checkout line
- 0 No fruit displayed (or offered)

7. Are attractive displays/signage used to draw attention to fruits being offered on the breakfast serving line/station?

- 1 Yes
- 0 No

8. Indicate whether potable water (such as drinking fountains or bottled water, but not sinks or hand washing stations) is available to students in or near (within 20 feet of) the cafeteria at breakfast.

MARK ALL THAT APPLY

- | | | |
|---|---|--|
| Drinking fountain: | 1 <input type="checkbox"/> in the cafeteria | 1 <input type="checkbox"/> within 20 feet of cafeteria |
| Bottled water, at no charge: | 2 <input type="checkbox"/> in the cafeteria | 2 <input type="checkbox"/> within 20 feet of cafeteria |
| Bottle refilling stations: | 3 <input type="checkbox"/> in the cafeteria | 3 <input type="checkbox"/> within 20 feet of cafeteria |
| Water dispensers/coolers: | 4 <input type="checkbox"/> in the cafeteria | 4 <input type="checkbox"/> within 20 feet of cafeteria |
| Pitchers of water: | 5 <input type="checkbox"/> in the cafeteria | 5 <input type="checkbox"/> within 20 feet of cafeteria |
| Other sources of water: | 6 <input type="checkbox"/> in the cafeteria | 6 <input type="checkbox"/> within 20 feet of cafeteria |
| 0 <input type="checkbox"/> No potable water available | | |

9. Is there sufficient formal seating and tables for all of the students eating breakfast?

- 1 Insufficient (*not enough appropriate seating for all students, or have to sit very close together to fit*)
- 2 Crowded (*but all can sit comfortably if they want to*)
- 3 Ample (*room to easily accommodate all students*)
- n Not applicable

10. During the breakfast period, were waste disposal containers ever filled to overflowing while students were attempting to dispose of their waste?

- 1 Yes
- 0 No

11. What other uses did the eating area have during the breakfast period?

MARK ALL THAT APPLY

- 1 Gymnasium
- 2 Entry or hallway
- 3 Student groups/meetings/classes
- 4 Fundraiser with food
- 5 Fundraiser without food
- 6 School staff meetings
- 7 Parent meetings
- 8 Other (*Specify*)

-
- 0 None

II. Lunch Observations

If more than one cafeteria serves reimbursable lunches at the selected time, observe the one that serves the most students.

1a. Time of Observation: _____ to _____ 1b. Lunch Period: _____ to _____

2. Is today's reimbursable lunch menu prominently displayed so students can see it prior to going through the serving line, either outside (within 20 feet) the cafeteria or at the beginning of the serving line(s)?

1 Yes

0 No

3a. Name each line or station serving reimbursable lunches or components of reimbursable lunches and indicate whether that line/station is universally available to all students. Do not include any lines or food stations identified as serving a la carte items only.

LINES AND STATIONS SHOULD BE CONFIRMED AS REIMBURSABLE AND WHETHER AVAILABLE TO ALL STUDENTS WITH THE SCHOOL NUTRITION MANAGER AHEAD OF MEAL SERVICE.

| Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: | Line OR Station: |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) | (Name/Description) |
| CHECK BOX BELOW FOR EACH LINE OR STATION THAT IS AVAILABLE TO ALL STUDENTS, REGARDLESS OF WHICH OTHER LINE OR STATION THEY USE | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3b. Check box below for each meal component that is available in each line/station serving reimbursable lunches or components of reimbursable lunches (for mixed dishes or combination foods, check each component included.)

| | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fruits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grains | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meat/Meat Alternate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk: | | | | | | | | |
| White— Skim/Nonfat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White— 1% Low Fat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White— 2% or Whole | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flavored— Skim/Nonfat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flavored— 1% or 2% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soy/ Non-Dairy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meat items include all red meat, poultry, and fish.

Meat alternate items include cheese, yogurt, dry beans and peas, tofu, whole eggs, peanut butter or other nut or seed butters, and nuts and seeds.

Lactaid Milk should be coded as a White milk. Fat content should be coded as it appears on the label.

4. What style(s) of service are used to serve reimbursable lunch food items to the students? (Do not include beverage service.)

MARK ALL THAT APPLY

- 1 Traditional serving line (served by staff)
 - 2 Traditional serving line (self-serve from pre-portioned items)
 - 3 Traditional serving line (self-serve from bulk quantity)
 - 4 Station(s)/food bar(s) (served by staff)
 - 5 Station(s)/food bar(s) (self-serve from pre-portioned items)
 - 6 Station(s)/food bar(s) (self-serve from bulk quantity)
 - 7 Grab and go (pre-portioned items for consumption outside cafeteria)
 - 8 Other (*Specify*)
-

5. If school has a self-serve bar for lunch that offers fruits or vegetables (i.e., salad, soup, or fruit bar), is it located before the cash register or check-out line?

- 1 Yes
- 0 No
- n Not applicable

6. Are creative/descriptive names for vegetable offerings displayed on the lunch line(s) or on a poster or a menu board outside the cafeteria?

MARK ONE IN EACH ROW

| | Yes | No | No Veg. Offerings |
|---|----------------------------|----------------------------|----------------------------|
| a. Displayed on posted menu outside cafeteria | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> |
| b. Displayed with the vegetable offerings on the serving line(s) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> |
| c. Displayed with the vegetable offerings at food station(s) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> |

7. If offered today, are dark-green (broccoli, spinach, etc.), red or orange vegetables (carrots, sweet potatoes, etc.) and/or dry beans or peas (legumes – black beans, chickpeas, lentils, etc.) displayed first OR most prominently among the other vegetable items on the serving line/station? [REFER TO VEGETABLE LIST FOR MORE EXAMPLES OF THESE TYPES]

- 1 Yes
- 0 No
- n Not applicable

8. If offered today, are entrees that include beans or peas (bean burrito, beans and rice, etc.) displayed first OR most prominently among the other entree items on the serving line/station?

- 1 Yes
- 0 No
- n Not Applicable

9. If offered today, are entrees that include dry beans or peas (bean burrito, beans and rice, etc.) given creative/descriptive names (on the serving line/station or on the posted menu)?

- 1 Yes
- 0 No
- n Not applicable

10. Where is fruit displayed (or offered) during lunch service?

- 1 In only one location, near a cash register/checkout line
- 2 In only one location, but not near a cash register/checkout line
- 3 In multiple locations, with at least one near a cash register/checkout line
- 4 In multiple locations, but none near a cash register/checkout line
- 0 No fruit displayed (or offered)

11. Are attractive displays/signage used to draw attention to fruits being offered on the lunch service line/station?

- 1 Yes
- 0 No

12. Indicate whether potable water (such as drinking fountains or bottled water, but not sinks or hand washing stations) is available to students in or near (within 20 feet of) the cafeteria at lunch.

MARK ALL THAT APPLY

- | | | |
|---|---|--|
| Drinking fountain: | 1 <input type="checkbox"/> in the cafeteria | 1 <input type="checkbox"/> within 20 feet of cafeteria |
| Bottled water, at no charge: | 2 <input type="checkbox"/> in the cafeteria | 2 <input type="checkbox"/> within 20 feet of cafeteria |
| Bottle refilling stations: | 3 <input type="checkbox"/> in the cafeteria | 3 <input type="checkbox"/> within 20 feet of cafeteria |
| Water dispensers/coolers: | 4 <input type="checkbox"/> in the cafeteria | 4 <input type="checkbox"/> within 20 feet of cafeteria |
| Pitchers of water: | 5 <input type="checkbox"/> in the cafeteria | 5 <input type="checkbox"/> within 20 feet of cafeteria |
| Other sources of water: | 6 <input type="checkbox"/> in the cafeteria | 6 <input type="checkbox"/> within 20 feet of cafeteria |
| 0 <input type="checkbox"/> No potable water available | | |

13. Is there sufficient formal seating and tables for all of the students eating lunch?

- 1 Insufficient (*not enough appropriate seating for all students, or have to sit very close together to fit*)
- 2 Crowded (*but all can sit comfortably if they want to*)
- 3 Ample (*room to easily accommodate all students*)

14. During the lunch period, were waste disposal containers ever filled to overflowing while students were attempting to dispose of their waste?

1 Yes

0 No

15. What other uses did the eating area have during the lunch period?

MARK ALL THAT APPLY

1 Gymnasium

2 Entry or hallway

3 Student groups/meetings/classes

4 Fundraiser with food

5 Fundraiser without food

6 School staff meetings

7 Parent meetings

8 Other (*Specify*)

0 None

This section of the observation does not need to be completed during meal service, but any tables, chairs, or furniture need to be set up as they are for meals in order to observe their condition.

III. Cafeteria Characteristics (Cafeteria includes both the eating and serving areas and both should be observed unless otherwise specified.)

IF MORE THAN ONE CAFETERIA SERVES REIMBURSABLE LUNCHESES, ANSWER THIS SECTION ABOUT THE ONE THAT SERVES THE MOST STUDENTS.

1. What is the condition of the cafeteria itself?

| <u>Walls</u> | | |
|--------------------------------|--------------------------|--|
| Eating Area | Serving Area | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | Clean or newly painted, no holes, cracks, chips, or marks |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | Some marks or discolorations, or minor cracks or chips |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | Holes in wall, cracks wider than ¼ inch, or major discoloration – areas at least as large as this page (8 ½ x 11") |
| <u>Floor</u> | | |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | Smooth with no stains |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | Few or light colored stains or some unevenness |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | Discolored, or holes or cracks, or very uneven |
| <u>Ceiling</u> | | |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | Clean of stains or no holes or sagging |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | Minor discoloration, or small holes, or chips, or sagging |
| 9 <input type="checkbox"/> | <input type="checkbox"/> | Major discoloration, or large or many holes, or very uneven |
| <u>Tables/Chairs/Furniture</u> | | |
| 10 <input type="checkbox"/> | <input type="checkbox"/> | Matching items in good quality shape, with no graffiti, stains or other marks, or damaged/missing parts |
| 11 <input type="checkbox"/> | <input type="checkbox"/> | Some mismatched items, or occasional stains or marks, or damaged/missing parts |
| 12 <input type="checkbox"/> | <input type="checkbox"/> | Furniture is consistently stained or marked, or has damaged/missing parts throughout cafeteria |

2. Are there any themes in the cafeteria? (i.e., Old West, 50s diner, Underwater)

- 1 Yes
0 No

3. What are the wall or ceiling decorations in the cafeteria?

MARK ALL THAT APPLY

- 1 Murals
2 Student Art
3 Professional Art
4 Banners
5 Posters
6 Other (*Specify*)

0 None → IF NO DECORATIONS, OBSERVATION IS DONE

4. Do any of the wall or ceiling decorations...

MARK ALL THAT APPLY

- 1 Provide nutrition information?
2 Promote healthy eating habits?
3 Promote physical activity?
4 Promote food safety (e.g., wash hands)?

OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

School Nutrition and Meal Cost Study

Instructions for the Menu Survey (Basic)



Sponsored by:

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Food and Nutrition Service

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 480 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



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Policy Research



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INTRODUCTION TO THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served by your school nutrition program, including foods offered in reimbursable meals, sold a la carte, and in afterschool snacks (if reimbursed through the National School Lunch Program). You will complete the survey forms during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and snacks.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable lunches and breakfasts you served each day of the target week. At the bottom of the form, you will write in your non-reimbursable food sales each day of the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes, the number of portions prepared and served, their contributions to the meal pattern food groups, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. The Recipe Forms are used to provide information for foods prepared from two or more ingredients and certain other reimbursable menu items served during the target week.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) to be used for recording information about “Self-Serve Bars,” such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

A La Carte Foods Checklist

The A La Carte Foods Checklist is a multiple-page form (pink paper) that you will use to identify all foods and beverages sold on an a la carte basis in your school. You only need to fill out this form for ONE DAY during your target week. The day that has been randomly selected to be your “a la carte checklist day” is shown on the front cover of the Menu Survey Folder.

Afterschool Snack Form

If your school provides reimbursable snacks through the National School Lunch Program for one or more afterschool programs, you will fill out the Afterschool Snack Forms (green paper). One form will be completed for each day that afterschool snacks are offered. These forms are similar to but much simpler than the Reimbursable Foods Form.

Daily Reminder List

In each of the Monday through Friday folders we have also included the Daily Reminder List (gold paper). This double-sided card provides tips for getting organized before the target week and a summary of day-to-day activities for the target week. We suggest that you also store or post this list in a convenient location so you can refer to it during the target week.

School Nutrition Manager Survey

We have included a survey that asks about school’s foodservice operations and your experiences implementing the new meals requirements. Please complete the survey during your target week. You can choose to complete it on any day you would like.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed “SAMPLE” is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call our technical assistance line at 1-844-604-2775. **Thank you for your assistance with this important study!**

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General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.** Also, pay special attention to the *Daily Reminder List*. Keep this guide handy during the target week and refer to it as you complete the survey forms.

Off-Site Kitchens

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen or commissary, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

Filling Out Forms

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work and review the Daily Reminder List at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Remember to also include your completed School Nutrition Manager Survey.** **Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

Instructions for Completing the Reimbursable Foods Forms

Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared and served in reimbursable meals.

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

Notes:

- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form.
- If your school offers meals to pre-kindergarten students, do **NOT** include these foods on the Reimbursable Foods Form.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are offered *only* a la carte or *only* to adults.
- Foods and beverages that are offered and served to pre-kindergarten students.
- Foods and beverages that were planned for a given day, but not actually prepared or served at your school because a substitution was made.

When foods are paired or offered together:

When a condiment/topping, bread/grain item or meat/meat alternate is paired with, or offered **only** with another menu item, add a note in Column A to make this clear.

Examples:

- For barbeque sauce that is offered **only** with chicken nuggets, add a note...
Barbeque sauce **w/ chicken nuggets**
- For crackers that are offered **only** with a Chef's salad, add a note...
Crackers **w/ Chef's salad**
- For toast that is offered **only** with cereal, add a note...
Toast **w/ cereal**
- For a cheese stick that is offered **only** with a peanut butter sandwich, add a note...
Cheese stick **w/ peanut butter sandwich**

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

- If foods are offered with optional components or ingredients, use separate lines to list each component and make it clear that the main food and optional components/ingredients go together, as shown below.

Example:

- For a baked potato offered with optional toppings of cheese sauce and/or broccoli, use separate lines for...

Baked potato
Cheese sauce, canned, low-fat
Broccoli, frozen, chopped

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount**, if not already printed on the form, and the **unit of measure**. For example:

| Food Item | Amount | Unit |
|---------------|---------------|------|
| Broccoli | $\frac{3}{4}$ | cup |
| Chicken patty | 2.5 | oz. |
| Tossed salad | $\frac{1}{2}$ | cup |

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in different age-grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

Example:

If your school serves two age-grade groups (grades 6-8 and 9-12), there may be different portion sizes for canned peaches. You would indicate this by listing the food twice as shown below.

| A. | B. |
|------------------|---|
| Food Item | Portion Size (Include Units) |
| Canned peaches | ½ cup |
| Canned peaches | 1 cup |

Column C: Number of Portions

Total Portions Prepared

For each menu item, enter the *total number* of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site, served a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the *number* of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in Column C.

Portions Served A La Carte or to Adults/Others

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults, enter zero in this column.

Portions Left Over for Later Use

At the end of each meal, enter the *number* of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include

cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the *number* of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

Example:

Note that for each of the following menu items, the *number* of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total *number* of portions prepared (Total Prepared).

| A. | B. | C. | | | | | |
|---------------------|---------------------------------------|--------------------|--------------|-------------------------|--------|----|----|
| | | Number of Portions | | | | | |
| | | Total Prepared | Sent Offsite | Onsite | | | |
| Reimbursable Served | Served A La Carte or to Adults/Others | | | Left Over for Later Use | Wasted | | |
| Food Item | Portion Size (Include Units) | | | | | | |
| Orange juice | 8 fl oz | 140 | 0 | 83 | 15 | 42 | 0 |
| Macaroni and cheese | 1 cup | 160 | 20 | 110 | 14 | 0 | 16 |

Column D: Meal Pattern Contributions

Fill in these columns with the contribution each menu item makes to the USDA meal pattern food groups (“creditable amounts”). This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it. You may be able to find meal pattern contributions in the *Food Buying Guide for Child Nutrition Programs*, *USDA Foods Fact Sheets* or, for commercially prepared foods, on CN labels.

- For each menu item, enter the creditable amount of each meal pattern food group contributed by one portion in cups or oz equivalents. In some cases the meal pattern contribution will be the same as the portion size (recorded in Column B), but this will not be true for all menu items or menu items that contribute to more than one meal pattern food group.
- You do not need to list the meal pattern contribution for milks or other food items where the column is shaded in gray.
- Note that many menu items will contribute to only one meal pattern food group and few, if any, menu items will contribute to all meal pattern food groups.

- If a menu item contributes to more than one meal pattern food group or vegetable subgroup, be sure to enter the amount contributed to all applicable meal pattern food groups in Column D.
- When a menu item contains grains, enter the oz equivalent that it contributes in the “Grains” column. Check the box in the “Whole Grain-Rich” column if the menu item meets the whole grain-rich criteria (listed on page 13 of this document).

Example:

If your school offers a 2 cup portion of a chicken, broccoli and brown rice bowl, you would list the contribution that one portion makes to the applicable meal pattern food groups in Column D: 1/2 cup equivalent of dark green vegetables, 2 oz equivalents of meat/meat alternates, 1.5 oz equivalents of grains; and check the box for whole grain-rich.

| A. | B. | C. | D. | | | | | | | | |
|---------------------------------------|---------------------------------|--------------------|----------------------------|-------------------|------------|---------|---------|-------|------------------------------|----------------|-------------------------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | | | | | |
| | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| | | | | Dark Green | Red/Orange | Legumes | Starchy | Other | | | |
| Chicken, broccoli and brown rice bowl | 2 cups | ... | | 1/2 | | | | | 2 | 1.5 | <input checked="" type="checkbox"/> |

- Note that some fruits and vegetables do not credit on a volume as served basis (for example, 1 cup of a food item does not always credit as 1 cup). Below are some examples:
 - ✓ Dried fruit: credits as twice the volume as served, so 1/2 cup would credit as 1 cup of fruit
 - ✓ Raw leafy greens: credits as half the volume as served, so 2 cups would credit as 1 cup of vegetable (dark green or other vegetables depending on the type of leafy green)
 - ✓ Tomato paste: refer to manufacturing information or ask your SFA director for crediting information
- We have added shading to Column D to indicate the meal pattern food groups that are not usually applicable to menu items within a given food group section. If you write in a menu item that is not already listed on the form, be sure to enter the contribution amount(s) to the appropriate meal pattern food group(s) in Column D.

For self-serve or made-to-order bars:

- List the meal pattern contribution for “1 serving” from the bar. This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it.

Example:

If you offer a side salad bar, you would enter the amount that one serving contributes to the meal pattern food groups. The side salad bar shown in the example below provides ½ cup equivalent of dark green vegetables, ¼ cup equivalent of red/orange vegetables, and ¼ cup equivalent of other vegetables. The creditable amounts are listed under the appropriate vegetable subgroup columns (in Column D).

| A. | B. | C. | D. | | | | | | | | |
|--|---------------------------------|--------------------|----------------------------|-------------------|------------|---------|---------|-------|------------------------------|----------------|------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | | | | | |
| | | ... | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| | | | | Dark Green | Red/Orange | Legumes | Starchy | Other | | | |
| Side salad bar (non-entrée or small portion) | 1 serving | ... | | 1/2 | 1/4 | | | 1/4 | | | |

For vegetables offered at breakfast:

- There are currently no requirements for vegetable subgroups at breakfast. However, if your school does offer vegetables as a separate menu item or as part of a combination item at breakfast, be sure to record the meal pattern food group amount in the vegetable column (in Column D).

Example:

If your school offers 1/2 cup of hash browns at breakfast, you would enter 1/2 cup under the vegetables column (in Column D).

| A. | B. | C. | D. | | | | |
|------------|---------------------------------|--------------------|----------------------------|-------------------|------------------------------|----------------|------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | |
| | | ... | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| Hash brown | 1/2 cup | ... | | 1/2 | | | |

Whole Grain-Rich Foods

Whole grain-rich foods must meet at least one of the following criteria:

- Whole grains per serving must be ≥ 8 grams,
- Product includes FDA's whole grain health claim on its packaging, or
- Product ingredient listing lists a whole grain first (HUSSC criteria).

Check the box in the "Whole Grain-Rich" column if the menu item meets the whole grain-rich criteria.

If you are unsure whether a menu item is Whole Grain-Rich, you can...

- Visit the following websites that describe the criteria for determining whether a menu item is whole grain-rich:
<http://www.fns.usda.gov/cnd/governance/Policy-Memos/2012/SP30-2012os.pdf>
http://teanutrition.usda.gov/Resources/jtf_grains.pdf
- Include a package label for the product with your completed forms at the end of the week.

Column E: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column E.
- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods listed above. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

| Food Item (Column A) | Manufacturer/Brand Name and Product Code (Column E) |
|--------------------------------|--|
| Pizza, pepperoni | Schwan's/Tony's 78546 |
| Super Donut | Super Bakery 6001 |
| Pancake-on-a-stick | State Fair 70481 |

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.
- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column F: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

Column G: USDA Food?

For food items in Column A that are donated USDA Foods, place a check mark in the box in Column G.

Column H: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column H. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **A Recipe Form is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section.
- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week.* If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Form

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef's salad*).

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*)

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For ingredients in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

If You Can Provide a Printed Copy of the Recipe...

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of the serving** and **number of servings** prepared.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

Instructions for Completing Self-Serve/ Made-to-Order Bar Form

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars, as well as made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar (with all the same foods/ingredients) was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. If the foods/ingredients offered on the bar differ on other days of the week, a separate form is needed for each day they are different.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the *Self-Serve/Made-to-Order Bar Forms*

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Forms and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure**. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For foods in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the A La Carte Foods Checklist

Purpose: To identify foods and beverages your school offers on an a la carte basis at lunch and breakfast.

Location: The A La Carte Foods Checklist (pink paper) is located behind the “A La Carte” tab in the Menu Survey Folder.

Notes:

- Complete the A La Carte Foods Checklist on the one day specified on the front of the Menu Survey Folder. Be sure to complete the checklist even if your school does not offer items on an a la carte basis, or if you sell only milk.
- **Be sure to look at the sample completed A La Carte Foods Checklist that is provided.**

How to Complete the A La Carte Foods Checklist

1. Write the name of your school and the date on the first page of the form.
2. Answer Question 1. If your school does not offer any foods or beverages on an a la carte basis, check “No.” You are done. If you check “Yes,” please answer Questions 2 through 4 and go on to the next page.
3. Place a check mark in the box next to each food and beverage that was available for a la carte purchase on the specified day. This includes items that are sold only a la carte as well as components of a reimbursable meal that may be purchased a la carte. There are separate check boxes for lunch and breakfast.
4. If a food or beverage is usually or sometimes available a la carte, but was not available on the specified day, *do not* check the box.
5. If your school had a la carte foods or beverages available on your specified day that are not included in the checklist, please write in the names of these foods and beverages under the appropriate category. Extra lines are available on the last page of the checklist, if necessary. Be sure to indicate whether each food or beverage was offered at breakfast and/or lunch.

Instructions for Completing the Afterschool Snack Form

Purpose: To describe the foods and beverages offered in NSLP afterschool snacks during the target week, and to provide information on the number of individual snack items served and the total number of reimbursable snacks served to students.

Location: A booklet of Afterschool Snack Forms (green paper) is behind the “Afterschool Snacks” tab in the Menu Survey Folder.

Notes:

- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the Afterschool Snack Form.
- **Be sure to look at the sample completed Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Afterschool Snack Form

On the front page of this booklet answer question 1 and indicate the days during the target week that afterschool snacks were offered. **Complete one Afterschool Snack Form for each day snacks were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion size, number of reimbursable portions prepared/available and served, and food description so that an accurate nutrient analysis can be done. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks Served

At the top of the form record the total number of reimbursable snacks *served* to students that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in reimbursable snacks (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

Column B: Portion Size

For each item offered in reimbursable afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

| Food Item | Amount | Unit |
|---------------|--------|--------|
| Banana, fresh | 1 | Medium |
| Orange juice | 6 | fl. oz |
| Granola bar | 1 | oz. |

- If a food or beverage is offered in more than one portion size (for different age-grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

| A. | B. | C. | |
|--------------|---------------------------------|---------------------------------|--------|
| | | Number of Reimbursable Portions | |
| Food Item | Portion Size (Include Units) | Prepared/ Available | Served |
| Orange juice | 6 fl.oz | 50 | 25 |
| Orange juice | 8 fl.oz | 50 | 50 |

Column C: Number of Reimbursable Portions

Number of Reimbursable Portions Prepared/Available

For each snack item offered, write in the number of reimbursable portions **prepared/available**. The number of reimbursable portions prepared should reflect the actual number of servings available for students to select as part of a reimbursable snack.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a reimbursable snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the Afterschool Snack Form and ask them to complete this column.

Column D: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ Type (**1%** or **2%** milk; **white** or **whole wheat** bread; **100%** apple juice)
- ✓ Form (**fresh** carrots, **canned** pineapple)
- ✓ Flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ Fat or sugar content (**low-fat** yogurt, **reduced-fat** cookies; **reduced-sugar** jelly, pears in **light syrup**)

Daily Meal Counts Form (Basic)

From Screener:

1. Does your school participate in the School Breakfast Program (SBP)? [scnrn_Q1]
 - 1 Yes
 - 0 No → **SKIP OUT OF REIMBURSABLE BREAKFAST Qs.**

3. Does your school sell food or beverages on an a la carte basis (including milk)? [scnrn_Q3]
 - 1 Yes
 - 0 No

4. [Group 3 only] Does your foodservice department sell any foods or beverages solely on a non-reimbursable or a la carte basis? [scnrn_Q4]
 - 1 Yes
 - 0 No

Coding note: If scnrn_Q3=0 AND scnrn_Q4=0, skip out of NRF Sales Q

School Name: _____

Date: _____

Instructions:

1. In the boxes for the **Number of Reimbursable Lunches Served** and **Number of Reimbursable Breakfasts Served**, please record the **number of free, reduced-price, and full-price 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.
2. Check if the number of reimbursable meals was much higher or lower than usual. If so, describe the reasons for this difference in the space provided.
3. At the bottom of the page, please record the total value of your non-reimbursable food sales by venue (including all student, adult, and other sales in venues supplied by foodservice only) for each day of the target week. If you do not keep venue-specific records, you may simply enter the total sales into the last column.

| Number of Reimbursable Lunches Served | | | | | |
|--|------|---------------|------------|---------------------|---|
| | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable lunches served this day was much higher or lower than usual. |
| Monday | | | | | <input type="checkbox"/> → Reason: _____ |
| Tuesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Wednesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Thursday | | | | | <input type="checkbox"/> → Reason: _____ |
| Friday | | | | | <input type="checkbox"/> → Reason: _____ |

Number of Reimbursable Breakfasts Served

| | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual. |
|-----------|------|---------------|------------|---------------------|--|
| Monday | | | | | <input type="checkbox"/> → Reason: _____ |
| Tuesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Wednesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Thursday | | | | | <input type="checkbox"/> → Reason: _____ |
| Friday | | | | | <input type="checkbox"/> → Reason: _____ |

Total Non-Reimbursable Food Sales in Venues Supplied or Stocked by Foodservice

| | Serving Line (A la Carte) | Snack Bar | Vending Machine | Food Cart | School Store | Other: _____ | Total |
|-----------|---------------------------|-----------|-----------------|-----------|--------------|--------------|----------|
| Monday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Tuesday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Wednesday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Thursday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Friday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |



OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

SCHOOL NUTRITION AND MEAL COST STUDY REIMBURSABLE FOODS FORM: BREAKFAST

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

| Reimbursable Meal Counts | |
|--|--|
| How many reimbursable student breakfasts did you <i>plan to serve</i> at your school this day? | |
| How many reimbursable student breakfasts <i>did you serve</i> at your school this day? | |

Day: Mon Tue Wed Thu Fri

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|--------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|--|------------------------|--|-----------------------------|-----------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | |
| White, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | |
| White, 1% | fl oz. | | | | | | | | | | | | | | | | |
| White, 2% | fl oz. | | | | | | | | | | | | | | | | |
| White, whole | fl oz. | | | | | | | | | | | | | | | | |
| Chocolate, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | |
| Chocolate, 1% | fl oz. | | | | | | | | | | | | | | | | |
| Chocolate, 2% | fl oz. | | | | | | | | | | | | | | | | |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |



REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|------------------|--|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.) | | | | | | | | | | | | | | | | | |
| Apple, fresh | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| Applesauce, canned | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | <input type="checkbox"/> |
| Apricots, 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"/> |
| Banana, fresh | | | | | | | | | | | | | | | | | <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"/> |
| Grapes, fresh | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 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"/> |
| Pears, fresh | | | | | | | | | | | | | | | | | <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 | <input type="checkbox"/> |
| Raisins | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|---|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and vegetable juice. List fruit drinks in the 'Other Menu Items' section.) | | | | | | | | | | | | | | | | | |
| Apple juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| Grape juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| Orange juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| | fl oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| BREADS AND GRAINS Please note in Column A if any items in this section were offered only with another bread or grain or with a particular meat/meat alternate or combination item (for example, Toast w/ cereal, or Biscuit w/ sausage). | | | | | | | | | | | | | | | | | |
| COLD CEREALS | | | | | | | | | | | | | | | | | |
| Apple Jacks | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Cheerios, plain | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Cheerios, Honey Nut | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Cinnamon Toast Crunch | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Cocoa Krispies | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Cocoa Puffs | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Froot Loops | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Frosted Flakes | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Frosted Mini Wheats | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Golden Grahams | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Kix | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Lucky Charms | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Raisin Bran | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Rice Krispies | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Special K | oz. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Trix | 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"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|--|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM) | | | | | | | | | | | | | | | | | |
| Cream of Wheat | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| Grits | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| Oatmeal | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER BREADS AND GRAINS OFFERED SEPARATELY | | | | | | | | | | | | | | | | | |
| Bagel | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | |
| Biscuit | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Danish or turnover | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fruit <input type="checkbox"/> Cheese | <input type="checkbox"/> | |
| Doughnut | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze | <input type="checkbox"/> | |
| English muffin, plain | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| English muffin, buttered | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> |
| Granola/cereal bar | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | |
| Muffin | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Pancake | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Roll, cinnamon | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Icing <input type="checkbox"/> No Icing | <input type="checkbox"/> | <input type="checkbox"/> |
| Toast, plain | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | |
| Toast, buttered | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> |
| Toaster pastry | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Low-fat | <input type="checkbox"/> | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|--|--------------------------|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | | |
| MEATS AND MEAT ALTERNATES OFFERED SEPARATELY | | | | | | | | | | | | | | | | | | |
| Bacon | sl | | | | | | | | | | | | | | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey | <input type="checkbox"/> | | |
| Eggs | cup | | | | | | | | | | | | | | <input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ham | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey | <input type="checkbox"/> | | |
| Peanut butter | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| Sausage | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| Yogurt | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____ | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COMBINATION ITEMS | | | | | | | | | | | | | | | | | | |
| Breakfast burrito | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <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: _____ Specify bread type: _____ | <input type="checkbox"/> | <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: _____ Specify bread type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| French toast | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| French toast sticks | ea. | | | | | | | | | | | | | | Weight of each stick: _____ oz. | <input type="checkbox"/> | | |
| Grilled cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pancake on a stick | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| Pizza | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. | B. | C. | | | | | | D. | | | | | E. | F. | G. | H. | |
|--------------------------------------|---------------------------------|--------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------|--|--------------------------|--------------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | | | | | | Meal Pattern Contributions | | | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? | |
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| CONDIMENTS | | | | | | | | | | | | | | | | | |
| Self-serve condiments or fixins' bar | 1 serving | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/ MADE-TO-ORDER BAR FORM | | | | |
| Butter | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| Cream cheese | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| Gravy | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Honey | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| Jelly | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | <input type="checkbox"/> | |
| Ketchup | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| Margarine | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| Salsa | | | | | | | | | | | | | | | <input type="checkbox"/> Low sodium | <input type="checkbox"/> | <input type="checkbox"/> |
| Syrup | | | | | | | | | | | | | | | <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"/> | <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"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|-------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|--------------------------|--|------------------------|------------------|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| 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"/> | <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"/> |

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OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

SCHOOL NUTRITION AND MEAL COST STUDY

REIMBURSABLE FOODS FORM: LUNCH

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

| Reimbursable Meal Counts | |
|---|--|
| How many reimbursable student lunches did you <i>plan to serve</i> at your school this day? | |
| How many reimbursable student lunches <i>did you serve</i> at your school this day? | |

Day: Mon Tue Wed Thu Fri

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|------------------|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | | | | |
| White, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | | | | |
| White, 1% | fl oz. | | | | | | | | | | | | | | | | | | | |
| White, 2% | fl oz. | | | | | | | | | | | | | | | | | | | |
| White, whole | fl oz. | | | | | | | | | | | | | | | | | | | |
| Chocolate, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | | | | |
| Chocolate, 1% | fl oz. | | | | | | | | | | | | | | | | | | | |
| Chocolate, 2% | fl oz. | | | | | | | | | | | | | | | | | | | |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |



REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|------------------|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.) | | | | | | | | | | | | | | | | | | | | |
| Apple, fresh | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Applesauce, canned | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | | |
| Apricots, 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 | | |
| Banana, fresh | | | | | | | | | | | | | | | | | | <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 | | |
| Grapes, fresh | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 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 | | |
| Pears, fresh | | | | | | | | | | | | | | | | | | <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 | | |
| 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 | | |
| Raisins | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|--|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| JUICES (Note: Prestated entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.) | | | | | | | | | | | | | | | | | | | | |
| Apple juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Grape juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Orange juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Frozen juice cup/bar | fl oz. | | | | | | | | | | | | | | | | Specify flavor: _____ | <input type="checkbox"/> | | |
| | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| VEGETABLES (Note: If beans or peas are being counted as a meat alternate, enter them in the "Other Entrees and Meat/Meat Alternates" section.) | | | | | | | | | | | | | | | | | | | | |
| Baked beans | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork | <input type="checkbox"/> | | |
| Beans, green | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| Broccoli, cooked | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| Broccoli, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| Carrots, cooked | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| Carrots, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| Celery, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| Corn, kernels | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| Cucumber, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete RECIPE FORM | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--|--------------------------|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| French fries | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | | |
| Lettuce and tomato | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Mixed vegetables | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Peas, green | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | | | |
| Potatoes, whipped or mashed | cup | | | | | | | | | | | | | | | <input type="checkbox"/> From fresh | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Refried beans | cup | | | | | | | | | | | | | | | <input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sweet potatoes | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sweet potato fries or tots | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | | |
| Side salad bar (non-entrée or small portion) | 1 serving | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | | | |
| Salad, tossed | cup | | | | | | | | | | | | | | | List dressing as separate item(s) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Tater tots or shapes | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <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"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---------------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|---|--------------------------|--------------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SANDWICHES | | | | | | | | | | | | | | | | | | | | |
| Cheeseburger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chicken filet or breast (not breaded) | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chicken patty (breaded) | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fish sandwich | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Breaded | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grilled cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ham and cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hamburger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hot dog | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | <input type="checkbox"/> | |
| Italian sub | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Peanut butter & jelly | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rib, barbeque | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sloppy joe | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | <input type="checkbox"/> | |
| Turkey | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tuna salad | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Veggie burger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|------------------|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| ENTRÉE SALADS (Note: List all dressings as separate items) | | | | | | | | | | | | | | | | | | | | |
| Chef's salad | 1 salad | | | | | | | | | | | | | | | | | | | |
| Chicken Caesar salad | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| | 1 salad | | | | | | | | | | | | | | | | | | | |
| SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS | | | | | | | | | | | | | | | | | | | | |
| Entrée salad bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| Potato bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| Nacho/taco bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| Sandwich/deli bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|---|--------------------------|--------------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| OTHER ENTREES AND MEAT/MEAT ALTERNATES Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Cheese with peanut butter sandwich, or Yogurt with grilled cheese sandwich). | | | | | | | | | | | | | | | | | | | | |
| Beans or peas (Specify type) _____ | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Burrito | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cheese (string cheese or cubes) | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| Cheese breadstick or pizza stick | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify fillings: _____ | <input type="checkbox"/> | | |
| Chicken nuggets (breaded) | ea. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz. | <input type="checkbox"/> | | |
| Chicken strips (not breaded) | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Chicken patty (not sandwich) | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | |
| Chicken piece(s) (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"/> | |
| Corndog | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| Fish sticks or nuggets | ea. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz. | <input type="checkbox"/> | | |
| Macaroni and cheese | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nachos | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Peanut butter | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| Pizza, cheese | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pizza, pepperoni | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pizza, sausage | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pizza, vegetarian | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--------------------------|--------------------------|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Pizza pocket | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify filling: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Stir fry with rice or noodles | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Spaghetti with sauce | cup | | | | | | | | | | | | | | <input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Taco | | | | | | | | | | | | | | | <input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Yogurt | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____ | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p>BREADS AND GRAINS OFFERED SEPARATELY Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Crackers w/ Chef's salad or Roll w/ chicken nuggets). If all breads and grains were available with any entrée or meat/meat alternate, check here <input type="checkbox"/>.</p> | | | | | | | | | | | | | | | | | | | | |
| Biscuit | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Bread, plain | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | | | | |
| Bread, buttered | oz. | | | | | | | | | | | | | | Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Breadstick | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Cornbread | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Corn/tortilla chips | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| Crackers | ea. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | | | | |
| Rice | cup | | | | | | | | | | | | | | <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Roll | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Pasta | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| Pretzels | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|--|--------------------------|--------------------------|---------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL | | | | | | | | | | | | | | | | | | | | |
| Brownie | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Icing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Cake | | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Cookie | oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fruit crisp or cobbler | | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fruit drink (less than 100% juice) | fl oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fruit turnover | oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Gelatin | cup | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Potato chips | oz. | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SALAD DRESSINGS | | | | | | | | | | | | | | | | | | | | |
| Caesar dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| French dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Honey mustard dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Italian dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Ranch dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--------------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|--|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CONDIMENTS | | | | | | | | | | | | | | | | | | | | |
| Self-serve condiments or fixins' bar | 1 serving | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | | |
| Barbeque sauce | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Butter | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Cream cheese | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| Gravy | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| Honey | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Hot sauce | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Jalapeno peppers | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Jelly | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | | |
| Ketchup | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Margarine | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Mayonnaise | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| Mustard | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Pickles, slices | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Ranch dip | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| Relish | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Salsa | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Low sodium | | |
| Sour cream | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| Syrup | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | | |
| Tartar sauce | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|-------------------------|---|------------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|--------------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|----------------------------|--------------------------|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| OTHER MENU ITEMS | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
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| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

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Self-Serve/Made-to-Order Bar Form (Basic)

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

| School Name: _____ | | Name of Bar: _____ | | | |
|---|--|--|------------------|--------------------------|--------------------------|
| Meal: 1 <input type="checkbox"/> Breakfast 2 <input type="checkbox"/> Lunch | | Day: 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Mon 3 <input type="checkbox"/> Tue 4 <input type="checkbox"/> Wed 5 <input type="checkbox"/> Thu 6 <input type="checkbox"/> Fri | | | |
| A. | B. | C. | D. | E. | F. |
| Food Name | Portion Size, If Pre-portioned (Include units) | Manufacturer/ Brand Name and Product Code (if applicable) | Food Description | USDA Food? | Recipe? |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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SCHOOL NUTRITION AND MEAL COST STUDY

Afterschool Snack Form Booklet

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that afterschool snacks were offered during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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 information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 480 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



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OMB Clearance Number:

Expiration Date:



Afterschool Snack Form (Basic)

Day: Mon Tue Wed Thu Fri

Number of Reimbursable Snacks Served: _____

| A. | B. | C. | | D. |
|--|-------------------------------|---------------------------------|--------|---|
| Food Item | Portion Size (Incl. Units) | Number of Reimbursable Portions | | Food Description |
| | | Prepared/ Available | Served | |
| Milk | | | | |
| White | fl oz. | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |
| Chocolate | fl oz. | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |
| Other flavor, Specify: _____ | fl oz. | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |
| Other flavor, Specify: _____ | fl oz. | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% |
| Fruit | | | | |
| Apple, fresh | | | | |
| Applesauce, canned | cup | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened |
| Banana, fresh | | | | |
| 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 |
| Orange, fresh | | | | |
| Raisins | oz. | | | |
| Juices | | | | |
| Apple juice | cup | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added |
| Orange juice | cup | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added |
| Grape juice | cup | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added |
| Vegetables (if offered with a dip, list the dip as a separate item in the condiments section) | | | | |
| Carrots, raw | cup | | | |
| Celery, raw | cup | | | |
| Combination Items | | | | |
| Peanut butter & jelly sandwich | | | | <input type="checkbox"/> Whole grain-rich |
| Pizza | oz. | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: |
| Sandwich | | | | <input type="checkbox"/> Whole grain-rich Specify ingredients: |
| | | | | |
| | | | | |
| | | | | |

| A. | B. | C. | | D. |
|---------------------------------|-------------------------------|---------------------------------|--------|---|
| Food Item | Portion Size (Incl. Units) | Number of Reimbursable Portions | | Food Description |
| | | Prepared/ Available | Served | |
| Meat and Meat Alternates | | | | |
| Cheese | oz. | | | <input type="checkbox"/> Reduced-fat Specify type: _____ |
| Trail mix | oz. | | | Specify ingredients: _____ |
| Yogurt | oz. | | | <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____ |
| | | | | |
| Breads and Grains | | | | |
| Bagel | oz. | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ |
| Cereal | oz. | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ |
| Cookie | oz. | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ |
| Crackers | ea. | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ |
| Granola bar | oz. | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ |
| Pretzels | oz. | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted |
| | | | | <input type="checkbox"/> Whole grain-rich |
| | | | | <input type="checkbox"/> Whole grain-rich |
| | | | | <input type="checkbox"/> Whole grain-rich |
| | | | | <input type="checkbox"/> Whole grain-rich |
| Desserts and Other Items | | | | |
| Fruit snacks/fruit leather | | | | |
| Pudding | | | | Specify flavor(s): _____ |
| | | | | |
| | | | | |
| | | | | |
| Condiments | | | | |
| Ranch dip | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free |
| Cream cheese | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free |
| Ketchup | | | | |
| | | | | |

OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

School Nutrition and Meal Cost Study

Instructions for the Menu Survey (Expanded)



Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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INTRODUCTION TO THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served by your school nutrition program, including foods offered in reimbursable meals, sold a la carte, and in afterschool snacks/suppers. You will complete the survey forms during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and snacks.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable lunches and breakfasts you served each day of the target week. At the bottom of the form, you will write in your non-reimbursable food sales each day of the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes, the number of portions prepared and served, their contributions to the meal pattern food groups, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. The Recipe Forms are used to provide information for foods prepared from two or more ingredients and certain other reimbursable menu items served during the target week.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) to be used for recording information about “self-serve” bars, such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

A La Carte Foods Checklist

The A La Carte Foods Checklist is a multiple-page form (pink paper) that you will use to identify all foods and beverages sold on an a la carte basis in your school. You only need to fill out this form for ONE DAY during your target week. The day that has been randomly selected to be your “a la carte checklist day” is shown on the front cover of the Menu Survey Folder.

NSLP Afterschool Snack Form

If your school provides reimbursable snacks through the National School Lunch Program (NSLP) to one or more afterschool programs, you will fill out the NSLP Afterschool Snack Form (green paper) to provide information about the items provided in afterschool snacks each day. This includes much of the same information you will be providing on the Reimbursable Foods Forms.

CACFP Afterschool Snack and Supper Form

If your school provides reimbursable snacks or suppers through the Child and Adult Care Food Program (CACFP) to one or more afterschool programs, you will fill out the CACFP Afterschool Snack and Supper Form (green paper) to provide information about the items provided in afterschool snacks and/or suppers each day. This includes much of the same information you will be providing on the Reimbursable Foods Forms.

Non-Reimbursable Foods Form

The Non-Reimbursable Foods Form will be used to record daily or weekly sales information for foods that are served a la carte in the cafeteria serving line or in other venues but are **not** available as part of a reimbursable meal or reimbursable snack. This form is only for non-reimbursable food items that are supplied or stocked by foodservice. Use this form to record the number of non-reimbursable food items sold on a daily basis. You may use your daily sales report, if available, to help you fill out this form. If you do not have the daily sales totals, you may provide weekly sales total information for food items.

Always use the Non-Reimbursable Foods Form to record non-reimbursable items that are prepared from recipes or removed from their original packaging before being sold. Some examples include baked goods, smoothies, and cheese & cracker plates assembled by foodservice personnel. These items often cannot be returned to inventory. For these items, you should provide **daily** sales total information on the Non-Reimbursable Foods Form.

Also use this form to record prepackaged foods if you can provide daily counts of items sold. Examples of these foods include granola bars, bottled drinks, and individually packaged yogurt. These items can be returned to inventory if they are not sold on the day they are offered.

You may provide the weekly sales total information only if you cannot provide the count of items sold for each individual day of the week. You will indicate this by checking off the “weekly” box to show that you can only report weekly totals for that food.

Non-Reimbursable Foods Inventory

The Non-Reimbursable Foods Inventory will be used to record inventory information for prepackaged foods that are served a la carte in the cafeteria or in other venues that are supplied or stocked by foodservice, but are not available as part of a reimbursable meal or reimbursable snack. Use this form only if you **do not** have the daily count of units sold for a food item. Only commercially manufactured non-reimbursable items that are sold in their original packaging will be recorded on this form. All other non-reimbursable items should be recorded on the Non-Reimbursable Foods Form (see previous item).

Daily Reminder List

In each of the Monday through Friday folders we have also included the Daily Reminder List (gold paper). This list provides tips for getting organized before the target week and a summary of day-to-day activities for the target week. We suggest that you also store or post this list in a convenient location so you can refer to it during the target week.

School Nutrition Manager Survey

We have included a survey that asks about school’s foodservice operations and your experiences implementing the new meals requirements. Please complete the survey during your target week. You can choose to complete it on any day you would like.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed “SAMPLE” is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance

at any other time before, during, or after the target week, feel free to call our technical assistance line at 1-844-604-2775. **Thank you for your assistance with this important study!**

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General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.** Also, pay special attention to the *Daily Reminder List*. Keep this guide handy during the target week and refer to it as you complete the survey forms.

Off-Site Kitchens

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen or commissary, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

Filling Out Forms

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work and review the Daily Reminder List at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Remember to also include your completed School Nutrition Manager Survey.** **Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

Instructions for Completing the Reimbursable Foods Forms

Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared and served in reimbursable meals.

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

Notes:

- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form.
- If your school offers meals to pre-kindergarten students, do **NOT** include these foods on the Reimbursable Foods Form.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are offered *only* a la carte or *only* to adults.
- Foods and beverages that are offered and served to pre-kindergarten students.
- Foods and beverages that were planned for a given day, but not actually prepared or served at your school because a substitution was made.

When foods are paired or offered together:

When a condiment/topping, bread/grain item or meat/meat alternate is paired with, or offered **only** with another menu item, add a note in Column A to make this clear.

Examples:

- For barbeque sauce that is offered **only** with chicken nuggets, add a note...
Barbeque sauce **w/ chicken nuggets**
- For crackers that are offered **only** with a Chef's salad, add a note...
Crackers **w/ Chef's salad**
- For toast that is offered **only** with cereal, add a note...
Toast **w/ cereal**
- For a cheese stick that is offered **only** with a peanut butter sandwich, add a note...
Cheese stick **w/ peanut butter sandwich**

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

- If foods are offered with optional components or ingredients, use separate lines to list each component and make it clear that the main food and optional components/ingredients go together, as shown below.

Example:

- For a baked potato offered with optional toppings of cheese sauce and/or broccoli, use separate lines for...

Baked potato
Cheese sauce, canned, low-fat
Broccoli, frozen, chopped

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount**, if not already printed on the form, and the **unit of measure**. For example:

| Food Item | Amount | Unit |
|---------------|---------------|------|
| Broccoli | $\frac{3}{4}$ | cup |
| Chicken patty | 2.5 | oz. |
| Tossed salad | $\frac{1}{2}$ | cup |

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in different age-grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

Example:

If your school serves two age-grade groups (grades 6-8 and 9-12), there may be different portion sizes for canned peaches. You would indicate this by listing the food twice as shown below.

| A. | B. |
|------------------|---|
| Food Item | Portion Size (Include Units) |
| Canned peaches | ½ cup |
| Canned peaches | 1 cup |

Column C: Number of Portions

Total Portions Prepared

For each menu item, enter the *total number* of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site, served a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the *number* of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in Column C.

Portions Served A La Carte or to Adults/Others

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults, enter zero in this column.

Portions Left Over for Later Use

At the end of each meal, enter the *number* of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include

cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the *number* of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

Example:

Note that for each of the following menu items, the *number* of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total *number* of portions prepared (Total Prepared).

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | |
|---------------------|---------------------------------------|--------------------------|--------------|---------------------|---------------------------------------|-------------------------|--------|
| | | Total Prepared | Sent Offsite | Onsite | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted |
| Orange juice | 8 fl oz | 140 | 0 | 83 | 15 | 42 | 0 |
| Macaroni and cheese | 1 cup | 160 | 20 | 110 | 14 | 0 | 16 |

Column D: Meal Pattern Contributions

Fill in these columns with the contribution each menu item makes to the USDA meal pattern food groups (“creditable amounts”). This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it. You may be able to find meal pattern contributions in the *Food Buying Guide for Child Nutrition Programs*, *USDA Foods Fact Sheets* or, for commercially prepared foods, on CN labels.

- For each menu item, enter the creditable amount of each meal pattern food group contributed by one portion in cups or oz equivalents. In some cases the meal pattern contribution will be the same as the portion size (recorded in Column B), but this will not be true for all menu items or menu items that contribute to more than one meal pattern food group.
- You do not need to list the meal pattern contribution for milks or other food items where the column is shaded in gray.
- Note that many menu items will contribute to only one meal pattern food group and few, if any, menu items will contribute to all meal pattern food groups.

- If a menu item contributes to more than one meal pattern food group or vegetable subgroup, be sure to enter the amount contributed to all applicable meal pattern food groups in Column D.
- When a menu item contains grains, enter the oz equivalent that it contributes in the “Grains” column. Check the box in the “Whole Grain-Rich” column if the menu item meets the whole grain-rich criteria (listed on page 13 of this document).

Example:

If your school offers a 2 cup portion of a chicken, broccoli and brown rice bowl, you would list the contribution that one portion makes to the applicable meal pattern food groups in Column D: 1/2 cup equivalent of dark green vegetables, 2 oz equivalents of meat/meat alternates, 1.5 oz equivalents of grains; and check the box for whole grain-rich.

| A. | B. | C. | D. | | | | | | | | |
|---------------------------------------|---------------------------------|--------------------|----------------------------|-------------------|------------|---------|---------|-------|------------------------------|----------------|-------------------------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | | | | | |
| | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| | | | | Dark Green | Red/Orange | Legumes | Starchy | Other | | | |
| Chicken, broccoli and brown rice bowl | 2 cups | ... | | 1/2 | | | | | 2 | 1.5 | <input checked="" type="checkbox"/> |

- Note that some fruits and vegetables do not credit on a volume as served basis (for example, 1 cup of a food item does not always credit as 1 cup). Below are some examples:
 - ✓ Dried fruit: credits as twice the volume as served, so 1/2 cup would credit as 1 cup of fruit
 - ✓ Raw leafy greens: credits as half the volume as served, so 2 cups would credit as 1 cup of vegetable (dark green or other vegetables depending on the type of leafy green)
 - ✓ Tomato paste: refer to manufacturing information or ask your SFA director for crediting information
- We have added shading to Column D to indicate the meal pattern food groups that are not usually applicable to menu items within a given food group section. If you write in a menu item that is not already listed on the form, be sure to enter the contribution amount(s) to the appropriate meal pattern food group(s) in Column D.

For self-serve or made-to-order bars:

- List the meal pattern contribution for “1 serving” from the bar. This information may be included in your production records; if not, you may need to talk to your SFA director to obtain it.

Example:

If you offer a side salad bar, you would enter the amount that one serving contributes to the meal pattern food groups. The side salad bar shown in the example below provides ½ cup equivalent of dark green vegetables, ¼ cup equivalent of red/orange vegetables, and ¼ cup equivalent of other vegetables. The creditable amounts are listed under the appropriate vegetable subgroup columns (in Column D).

| A. | B. | C. | D. | | | | | | | | |
|--|---------------------------------|--------------------|----------------------------|-------------------|------------|---------|---------|-------|------------------------------|----------------|------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | | | | | |
| | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| | | | | Dark Green | Red/Orange | Legumes | Starchy | Other | | | |
| Side salad bar (non-entrée or small portion) | 1 serving | ... | | 1/2 | 1/4 | | | 1/4 | | | |

For vegetables offered at breakfast:

- There are currently no requirements for vegetable subgroups at breakfast. However, if your school does offer vegetables as a separate menu item or as part of a combination item at breakfast, be sure to record the meal pattern food group amount in the vegetable column (in Column D).

Example:

If your school offers 1/2 cup of hash browns at breakfast, you would enter 1/2 cup under the vegetables column (in Column D).

| A. | B. | C. | D. | | | | |
|------------|---------------------------------|--------------------|----------------------------|-------------------|------------------------------|----------------|------------------|
| Food Item | Portion Size (Include Units) | Number of Portions | Meal Pattern Contributions | | | | |
| | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz eq) | Grains (oz eq) | Whole Grain-Rich |
| Hash brown | 1/2 cup | ... | | 1/2 | | | |

Whole Grain-Rich Foods

Whole grain-rich foods must meet at least one of the following criteria:

- Whole grains per serving must be ≥ 8 grams,
- Product includes FDA's whole grain health claim on its packaging, or
- Product ingredient listing lists a whole grain first (HUSSC criteria).

Check the box in the "Whole Grain-Rich" column if the menu item meets the whole grain-rich criteria.

If you are unsure whether a menu item is Whole Grain-Rich, you can...

- Visit the following websites that describe the criteria for determining whether a menu item is whole grain-rich:
<http://www.fns.usda.gov/cnd/governance/Policy-Memos/2012/SP30-2012os.pdf>
http://teanutrition.usda.gov/Resources/jtf_grains.pdf
- Include a package label for the product with your completed forms at the end of the week.

Column E: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column E.
- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods listed above. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

| Food Item (Column A) | Manufacturer/Brand Name and Product Code (Column E) |
|--------------------------------|--|
| Pizza, pepperoni | Schwan's/Tony's 78546 |
| Super Donut | Super Bakery 6001 |
| Pancake-on-a-stick | State Fair 70481 |

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.
- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column F: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

Column G: USDA Food?

For food items in Column A that are donated USDA Foods, place a check mark in the box in Column G.

Column H: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column H. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **A Recipe Form is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section.
- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week.* If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Form

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef's salad*).

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*)

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For ingredients in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

If You Can Provide a Printed Copy of the Recipe...

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of the serving** and **number of servings** prepared.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

Instructions for Completing Self-Serve/ Made-to-Order Bar Form

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars, as well as made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the *Self-Serve/Made-to-Order Bar Forms*

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Forms and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure**. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: USDA Food?

For foods in Column A that are donated USDA Foods, place a check mark in the box in Column E.

Column F: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the A La Carte Foods Checklist

Purpose: To identify foods and beverages your school offers on an a la carte basis at lunch and breakfast.

Location: The A La Carte Foods Checklist (pink paper) is located behind the “A La Carte” tab in the Menu Survey Folder.

Notes:

- Complete the A La Carte Foods Checklist on the one day specified on the front of the Menu Survey Folder. Be sure to complete the checklist even if your school does not offer items on an a la carte basis, or if you sell only milk.
- **Be sure to look at the sample completed A La Carte Foods Checklist that is provided.**

How to Complete the A La Carte Foods Checklist

1. Write the name of your school and the date on the first page of the form.
2. Answer Question 1. If your school does not offer any foods or beverages on an a la carte basis, check “No.” You are done. If you check “Yes,” please answer Questions 2 through 4 and go on to the next page.
3. Place a check mark in the box next to each food and beverage that was available for a la carte purchase on the specified day. This includes items that are sold only a la carte as well as components of a reimbursable meal that may be purchased a la carte. There are separate check boxes for lunch and breakfast.
4. If a food or beverage is usually or sometimes available a la carte, but was not available on the specified day, *do not* check the box.
5. If your school had a la carte foods or beverages available on your specified day that are not included in the checklist, please write in the names of these foods and beverages under the appropriate category. Extra lines are available on the last page of the checklist, if necessary. Be sure to indicate whether each food or beverage was offered at breakfast and/or lunch.

Instructions for Completing the NSLP Afterschool Snack Form

Purpose: To describe the foods and beverages offered in NSLP reimbursable afterschool snacks during the target week, and to provide information on the number of individual snack items prepared and served, as well as the total number of reimbursable snacks served to students.

Location: A booklet of NSLP Afterschool Snack Forms (green paper) is behind the “NSLP Afterschool Snacks” tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks offered through the *National School Lunch Program (NSLP)*.** If your school offers snacks and/or suppers through the *Child and Adult Care Food Program (CACFP)*, you will complete the CACFP Afterschool Snack and Supper Forms.
- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the NSLP Afterschool Snack Forms.
- **Be sure to look at the sample completed NSLP Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the NSLP Afterschool Snack Form

On the front page of this booklet answer question 1 by indicating the days during the target week that NSLP afterschool snacks were offered. **Complete one NSLP Afterschool Snack Form for each day snacks were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks Served Onsite

At the top of the form record the total number of reimbursable snacks *served* to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in NSLP reimbursable snacks (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

Column B: Portion Size

For each item offered in NSLP afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

| Food Item | Amount | Unit |
|---------------|--------|--------|
| Banana, fresh | 1 | Medium |
| Orange juice | 6 | fl. oz |
| Granola bar | 1 | oz. |

- If a food or beverage is offered in more than one portion size (for different age-grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

| A. Food Item | B. Portion Size (Include Units) | C. | | |
|--|---|--------------------|----------------------------------|---------------------|
| | | Number of Portions | | |
| | | Sent Off-Site | Onsite | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served |
| Orange juice | 6 fl.oz. | 0 | 50 | 25 |
| Orange juice | 8 fl.oz. | 0 | 50 | 50 |

Column C: Number of Portions

Sent Off-Site

For each snack item offered, enter the total number of portions, if any, that are **sent off-site** to be served at other schools or facilities.

Number of Reimbursable Portions Prepared/Available

For each snack item, write in the number of reimbursable portions **prepared or available** to be served *at your school*. The number of reimbursable portions prepared/available should reflect the actual number of servings available for students to select as part of a reimbursable snack.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a reimbursable snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the NSLP Afterschool Snack Form and ask them to complete this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt, or **fat-free** salad dressing)

Column F: USDA Food?

For food items in Column A that are donated USDA Foods, place a check mark in the box in Column F.

Column G: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the CACFP Afterschool Snack and Supper Form

Purpose: To describe the foods and beverages offered in CACFP reimbursable afterschool snacks and suppers during the target week, and to provide information on the number of individual snack/supper items prepared and served, as well as the total number of reimbursable snacks/suppers served to students.

Location: A booklet of CACFP Afterschool Snack and Supper Forms (green paper) is behind the “CACFP Afterschool Snacks/Suppers” tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks and suppers offered through the *Child and Adult Care Food Program (CACFP)*.** If your school offers snacks through the *National School Lunch Program (NSLP)*, you will complete the NSLP Afterschool Snack Form.
- If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do **NOT** include these fruits and vegetables on the CACFP Afterschool Snack and Supper Form.
- **Be sure to look at the sample completed CACFP Afterschool Snack and Supper Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the CACFP Afterschool Snack and Supper Form

On the front page of this booklet answer question 1 by indicating the days during the target week that CACFP afterschool snacks and/or suppers were offered. **Complete one CACFP Afterschool Snack and Supper Form for each day snacks and/or suppers were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks and/or Suppers Served Onsite

At the top of the form record the total number of CACFP reimbursable snacks and/or suppers *served* to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in CACFP snacks and/or suppers each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in CACFP reimbursable snacks and/or suppers (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.

Column B: Portion Size

For each item offered in CACFP afterschool snacks or suppers, write the size of one individual serving, as offered to students. If the snack/supper item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

| Food Item | Amount | Unit |
|---------------|--------|--------|
| Banana, fresh | 1 | Medium |
| Orange juice | 6 | fl. Oz |
| Granola bar | 1 | oz. |

- If a food or beverage is offered in more than one portion size (for different age-grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

| A. Food Item | B. Portion Size (Include Units) | C. | | |
|--|---|--------------------|----------------------------------|---------------------|
| | | Number of Portions | | |
| | | Sent Off-Site | Onsite | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served |
| Orange juice | 6 fl.oz | 0 | 50 | 25 |
| Orange juice | 8 fl.oz | 0 | 50 | 50 |

Column C: Number of Portions

Sent Off-Site

For each snack/supper item offered, enter the total number of portions, if any, that are **sent off-site** to be served at other schools or facilities.

Number of Reimbursable Portions Prepared/Available

For each snack/supper item offered, write in the number of reimbursable portions **prepared or available**. The number of reimbursable portions prepared should reflect the actual number of servings available for students *at your school* to select as part of a CACFP snack or supper. If an item is prepared/available for both a snack and supper, write the combined total.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a CACFP snack or supper, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column. If an item is served during both a snack and supper, write the combined total.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the CACFP Afterschool Snack and Supper Form and ask them to complete this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column F: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt, or **fat-free** salad dressing)

Column G: USDA Food?

For food items in Column A that are donated USDA Foods, place a check mark in the box in Column G.

Column G: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the Non-Reimbursable Foods Form

Purpose: To describe non-reimbursable foods and beverages and to provide information on the number of portions of each item sold during the target week. Keep this goal in mind as you determine how to use your existing records and collect information needed to fill out the form.

Notes:

- You will use one Non-Reimbursable Foods Form for the whole week.
- Only include non-reimbursable foods from venues that are supplied or stocked by foodservice.

The Non-Reimbursable Food Form should include the following:

- Include foods sold a la carte in the cafeteria but **NOT** offered as part of a reimbursable meal or reimbursable snack **AND** include foods sold in other venues that offer non-reimbursable foods only. Some examples of other venues are vending machines, snack bars, school stores, and food carts.
- All non-reimbursable foods that are prepared from recipes (for example, baked goods, sandwiches, or smoothies).
- Non-reimbursable foods that are removed from their original packaging before being sold (for instance, a frozen pizza that is removed from the box and heated before it is sold), or cookies that are packaged by the dozen and sold individually; and,
- Commercially prepared non-reimbursable items that are sold in their original packaging, such as chips and bottled drinks, if you are able to provide the daily or weekly sales totals for these items.
- **Be sure to look at the sample completed Non-Reimbursable Foods Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Non-Reimbursable Foods Form

Use this form to record the number of non-reimbursable food items sold on a daily or weekly basis. You may use your daily or weekly sales report, if available, to help you fill out this form.

The information collected on this form includes:

Meal

At the top of the form, check the appropriate box or boxes to indicate whether the non-reimbursable foods were offered during breakfast, lunch, and/or outside of meal periods. Foods may be offered outside of meal periods, just one time, or throughout the day.

Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility off-site. Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If your school sells non-reimbursable foods in a venue that is not listed, check “Other,” and write in the name of the venue.

Column A: Food Name

Use this column to list all non-reimbursable items for which you are able to provide a daily sales total. These foods can either be prepackaged or prepared by foodservice. Include foods sold in the cafeteria but NOT offered as part of a reimbursable meal or reimbursable snack AND include foods sold in other venues that offer non-reimbursable foods only.

This form does NOT include non-reimbursable foods sold in venues that are not supplied or stocked by foodservice.

Column B: Portion Size

For each non-reimbursable item, write the size of one individual serving, as offered. Include both the **amount** and the **unit** of measure.

- For items prepared from recipes, write the size of one individual serving (“1/2 cup” vanilla pudding) or simply the number of items offered (“1 sandwich,” “2 pieces,” or “1 each”).
- For items that are packaged in bulk quantities, record the weight (oz.) of one serving from the package, Child Nutrition (CN), or Nutrition Facts label.
- If any items were packaged as individual portions, record the actual package size or weight, not “1 package.”
- If a food or beverage item is offered in more than one portion size, you will need to list the food twice (on separate lines) and write in both portion sizes for the item.
- If a food item is available in different flavors AND the brand and package sizes are the same, you can group the items and list them only once.

Column C: Recipe

If an item was prepared from a recipe, check the box in Column C. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe. Remember that recipes are needed for all items that are made by combining two or more foods or ingredients.

Column D: Manufacturer/Brand Name and Product Code

For commercially prepared foods that are not prepared from a recipe, please record the manufacturer and/or brand name and a product code (if available) in Column D. Below are examples of manufacturer/brand names and products codes for some foods.

| A. | D. |
|--------------------|--|
| Food Name | Manufacturer/Brand Name and Product Code |
| Pizza, pepperoni | Schwan's/Tony's 78546 |
| Super Donut | Super Bakery 6001 |
| Pancake-on-a-stick | State Fair 70481 |

Column E: Food Description

For each item listed in Column A, use this column to provide details about the type or variety of the food. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type such as **100% whole wheat** bread, **rye** bread, **blueberry** muffin, **un-breaded** chicken patty, **low-sodium** green beans
- ✓ form: such as **fresh**, **frozen** or **canned** vegetable or fruit
- ✓ flavor: for example **strawberry** milk, **oatmeal** cookie, **vanilla** yogurt; and
- ✓ fat content: such as **low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing

If a food item is available in different flavors and the brand and package sizes are the same, group the items and list them only once with the food description "assorted flavors or types." An example of this is Gatorade®, which comes in many flavors. You would record this by listing the name and portion size of the item, Gatorade®, 12oz, and "Assorted flavors" in Column E, for the Food Description.

Column F: Number of Portions

For each non-reimbursable food and beverage listed, record the *number* of portions sold each day of the target week. Use the **Sold Onsite** column to record this information for all items sold onsite during the target week.

For items that require some preparation (including items removed from their original packaging), also complete the **Sent off-site (if applicable)**, **Leftover for Later Use**,

and **Wasted** columns. For foods sold in their original packaging, enter zeros for Sent off-site, Leftover for Later Use, and Wasted columns. Include counts from all venues operated or stocked by school foodservice in your school. Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week.

Sent Off-Site

For any non-reimbursable item that is prepared from a recipe or removed from the original packaging, enter the total number of portions, if any, that are **sent off-site** to be sold at other schools or facilities. Include portions sent off-site on the day they are sent—it doesn't matter if they will be sold on the same day or another day.

Sold Onsite

For all non-reimbursable items, enter the total number of portions **sold onsite**. If an item is offered but not sold, be sure to enter zero.

Left Over for Later Use

For any non-reimbursable item that is prepared from a recipe or removed from the original packaging, enter the number of non-reimbursable portions that were not sold, but were saved to be served on a different day. For instance, this may include cookies prepared from a recipe that are wrapped in plastic wrap and may be offered the following day.

Wasted

For any non-reimbursable item that is prepared from a recipe or removed from the original packaging, enter the number of non-reimbursable portions that were not sold and must be thrown out because they cannot be served on a different day. For instance, this may include frozen pizza that has already been removed from its package and heated.

And remember, if there are no portions to enter in a column, enter zero.

Column G: Weekly Sales Total Only

Use this checkbox to indicate if you are **only** able to provide a weekly sales total for the food item. This column will only appear if you indicated that you would only have weekly sales total information available for some items on the Non-Reimbursable Food Form.

Only use this checkbox for non-reimbursable food items that can be returned to inventory (pre-packaged, left in the original wrapper). If the item cannot be returned to inventory, please provide the daily sales total information. Enter the weekly sales total in the Friday column, and enter 0's for the rest of the week. Only enter the number of portions sold and enter 0's for sent off-site/leftover/wasted.

Instructions for Completing the Non-Reimbursable Foods Inventory

Purpose: To describe and record inventory information for pre-packaged foods for which you **do not** have the daily or weekly count of units sold for a food item. This form is used to record the weekly **INVENTORY** or quantity remaining, so each day you will count how many units of each item you have stocked, and on Friday, you will count how many units remain. Only commercially manufactured non-reimbursable items that are sold in their original packaging will be recorded on this form.

Notes:

- The goal of this form is to provide information about the weekly **INVENTORY** or quantity remaining, and should only be used if you do not have daily or weekly sales totals.
- Record any deliveries that occur throughout the week. You will use one Non-Reimbursable Foods Inventory for the whole week.
- Include foods sold in the cafeteria but **NOT** offered as part of a reimbursable meal or reimbursable snack **AND** include foods sold in other venues that offer non-reimbursable foods only.
- **Only include foods sold in venues that are supplied or stocked by foodservice, and that are commercially prepared and sold in their original packaging.**
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen. **Take into account all items in storage areas that are accessed during the week, plus items that are already out for sale. You do not need to count items in storage areas that are not accessed during the target week.**
- **Be sure to look at the sample completed Non-Reimbursable Foods Inventory that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Non-Reimbursable Foods Inventory

Meal

Check the appropriate box or boxes to indicate whether the non-reimbursable food or beverage was offered during breakfast, lunch, and/or outside of meal periods.

Delivery Day(s)

Check the boxes for all days when your school's kitchen receives deliveries during the target week.

Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility (off-site). Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If your school sells non-reimbursable foods in a venue that is not listed, check "Other," and write in the name of the venue.

Column A: Food Name

Use this column to list commercially prepared non-reimbursable foods that are sold in their original packaging and that are supplied or stocked by foodservice. Include foods sold in the cafeteria but **NOT** offered as part of a reimbursable meal or reimbursable snack **AND** include foods sold in other venues that offer non-reimbursable foods only.

DO NOT INCLUDE:

- Non-reimbursable foods sold in venues that are *not* supplied or stocked by foodservice.
- Non-reimbursable items that are prepared from recipes or that are removed from their original packaging before being sold (for instance, a frozen pizza or burrito that is removed from the box and heated before it is sold). These items should only be recorded on the Non-Reimbursable Foods Form (see previous section).

If a food item is available in different flavors **AND** *the brand and package sizes are the same*, you can group the items and list them only once.

Example:

A 12 fl. oz. Tropicana 100% orange juice and 12 fl. oz. Tropicana 100% grapefruit juice can be listed together as "100% juice" in Column A.

Column B: Individual Package Size

For each food (including groups of foods) listed, write the size of the package, which represents one individual serving. The individual package size should include both the **amount** and the **unit** of measure (such as 12 ounces for a drink). If a food or beverage item is available in more than one size, you will need to list the food twice (on separate lines) and write in both package sizes for that item.

Column C: # Individual Packages in Bulk Case

Also for each food, write the number of individual packages received in a single bulk case.

Example:

On the form below, two types of 100% juice are grouped together and recorded on the same (first) line. However, items with different package sizes or different brands must be written on separate lines:

| A. | B. | C. | D. |
|---------------------------------|-------------------------|------------------------------------|-------------------------|
| Food Name | Individual Package Size | # Individual Packages in Bulk Case | Manufacturer/Brand Name |
| 100% juice (orange, grapefruit) | 12 fl. oz. | 32 | Tropicana |
| 100% juice, orange | 8 fl. oz. | 48 | Florida's Natural |
| 100% juice, orange | 12 fl. oz. | 48 | Florida's Natural |

Column D: Manufacturer/Brand Name

Please record the manufacturer and/or brand name, a product code (if available), and any other information from the package that might be helpful in identifying the item in Column D.

Column E: Starting Onsite Inventory

For each food, provide the starting inventory. Include the counts of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale. You do not need to count items in areas that are not accessed during the target week.

Full Bulk Cases

Write the number of full bulk cases that are in the inventory of the venues selling non-reimbursable foods at the end of the day on Monday, after all of the foodservice venues have closed and after any deliveries in the afternoon.

Additional Individual Packages

Write the number of additional individual packages on hand that do not make up a full bulk case. For example, there may be 8 48-carton bulk packages of orange juice, and 10 additional cartons left over from a bulk package that had already been opened.

Column F: Deliveries Received and Sent Off-Site

For each item or group of items, record the number of full bulk cases and/or fractions of

full cases (for example, 1/2 or 2 1/2 cases) that are received each day (Tuesday through Friday) of the target week and added to the amounts on hand that you recorded in Column E. If your school sends non-reimbursable items to another school or facility during the week, write in the number of bulk containers sent off-site in the columns provided.

Enter zeros on days when there are no deliveries or items sent off-site.

Column G: Ending Onsite Inventory

For each item or group of items, provide the ending inventory. Include the number of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale.

Full Bulk Cases

Write the number of full bulk cases that remain in the foodservice inventory at the end of the week, after all deliveries and sales. Be sure to count all of the storage areas that were included in the count at the start of the week.

Additional Individual Packages

Similarly, write the number of additional individual packages on hand at the end of the week.

Daily Meal Counts Form (Expanded)

From Screener:

1. Does your school participate in the School Breakfast Program (SBP)? [scnrn_Q1]
 - Yes
 - No → **SKIP OUT OF REIMBURSABLE BREAKFAST Qs.**

3. Does your school sell food or beverages on an a la carte basis (including milk)? [scnrn_Q3]
 - Yes
 - No

4. [Group 3 only] Does your foodservice department sell any foods or beverages solely on a non-reimbursable or a la carte basis? [scnrn_Q4]
 - Yes
 - No

Coding note: If scnrn_Q3=0 AND scnrn_Q4=0, skip out of NRF Sales Q

School Name: _____

Date: _____

Instructions:

1. In the boxes for the **Number of Reimbursable Lunches Served** and **Number of Reimbursable Breakfasts Served**, please record the **number of free, reduced-price, and full-price 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.
2. Check if the number of reimbursable meals was much higher or lower than usual. If so, describe the reasons for this difference in the space provided.
3. At the bottom of the page, please record the total value of your non-reimbursable food sales by venue, including all student, adult, and other sales in venues supplied or stocked by foodservice only, for each day of the target week. If you do not keep venue-specific records, you may simply enter the total sales into the last column.

| Number of Reimbursable Lunches Served | | | | | |
|--|------|---------------|------------|------------------------|---|
| | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable lunches served this day was much higher or lower than usual. |
| Monday | | | | | <input type="checkbox"/> → Reason: _____ |
| Tuesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Wednesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Thursday | | | | | <input type="checkbox"/> → Reason: _____ |
| Friday | | | | | <input type="checkbox"/> → Reason: _____ |

Number of Reimbursable Breakfasts Served

| | Free | Reduced-Price | Full-Price | FOR OFFICE USE ONLY | Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual. |
|-----------|------|---------------|------------|------------------------|--|
| Monday | | | | | <input type="checkbox"/> → Reason: _____ |
| Tuesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Wednesday | | | | | <input type="checkbox"/> → Reason: _____ |
| Thursday | | | | | <input type="checkbox"/> → Reason: _____ |
| Friday | | | | | <input type="checkbox"/> → Reason: _____ |

Total Non-Reimbursable Food Sales in Venues Supplied or Stocked by Foodservice

| | Serving Line (A la Carte) | Snack Bar | Vending Machine | Food Cart | School Store | Other: _____ | Total |
|-----------|------------------------------|-----------|--------------------|-----------|-----------------|-----------------|----------|
| Monday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Tuesday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Wednesday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Thursday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Friday | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |



OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

SCHOOL NUTRITION AND MEAL COST STUDY

REIMBURSABLE FOODS FORM: BREAKFAST

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

| Reimbursable Meal Counts | |
|--|--|
| How many reimbursable student breakfasts did you <i>plan to serve</i> at your school this day? | |
| How many reimbursable student breakfasts <i>did you serve</i> at your school this day? | |

Day: Mon Tue Wed Thu Fri

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|------------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|--|------------------------|--|-----------------------------|-----------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | |
| 1. White, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | |
| 2. White, 1% | fl oz. | | | | | | | | | | | | | | | | |
| 3. White, 2% | fl oz. | | | | | | | | | | | | | | | | |
| 4. White, whole | fl oz. | | | | | | | | | | | | | | | | |
| 5. Chocolate, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | |
| 6. Chocolate, 1% | fl oz. | | | | | | | | | | | | | | | | |
| 7. Chocolate, 2% | fl oz. | | | | | | | | | | | | | | | | |
| 8. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| 9. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| 10. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim | <input type="checkbox"/> 1% | <input type="checkbox"/> 2% |
| 11. | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |



REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|------------------|--|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.) | | | | | | | | | | | | | | | | | |
| 14. Apple, fresh | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| 15. Applesauce, canned | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | <input type="checkbox"/> |
| 16. Apricots, 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"/> |
| 17. Banana, fresh | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 18. 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"/> |
| 19. Grapes, fresh | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 20. Orange, fresh | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 21. 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"/> |
| 22. Pears, fresh | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 23. 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"/> |
| 24. 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 | <input type="checkbox"/> |
| 25. Raisins | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 26. | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 27. | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| 28. | | | | | | | | | | | | | | | | | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|--------------------------|---|------------------------|---|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| JUICES (Note: Priced entries should be used only for full-strength (100%) fruit and vegetable juice. List fruit drinks in the 'Other Menu Items' section.) | | | | | | | | | | | | | | | | | |
| 29. Apple juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| 30. Grape juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| 31. Orange juice | fl oz. | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | |
| 32. | fl oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| BREADS AND GRAINS Please note in Column A if any items in this section were offered only with another bread or grain or with a particular meat/meat alternate or combination item (for example, Toast w/ cereal, or Biscuit w/ sausage). | | | | | | | | | | | | | | | | | |
| COLD CEREALS | | | | | | | | | | | | | | | | | |
| 33. Apple Jacks | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 34. Cheerios, plain | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 35. Cheerios, Honey Nut | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 36. Cinnamon Toast Crunch | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 37. Cocoa Krispies | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 38. Cocoa Puffs | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 39. Froot Loops | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 40. Frosted Flakes | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 41. Frosted Mini Wheats | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 42. Golden Grahams | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 43. Kix | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 44. Lucky Charms | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 45. Raisin Bran | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 46. Rice Krispies | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 47. Special K | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 48. Trix | oz. | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| 49. | | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. | | | | | | | | | | | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|--|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM) | | | | | | | | | | | | | | | | | |
| 51. Cream of Wheat | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Grits | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Oatmeal | cup | | | | | | | | | | | | | | <input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER BREADS AND GRAINS OFFERED SEPARATELY | | | | | | | | | | | | | | | | | |
| 55. Bagel | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Biscuit | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Danish or turnover | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Fruit <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Doughnut | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. English muffin, plain | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. English muffin, buttered | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Granola/cereal bar | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Muffin | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Pancake | oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Roll, cinnamon | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Icing <input type="checkbox"/> No Icing | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Toast, plain | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Toast, buttered | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Toaster pastry | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Low-fat | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|--|--------------------------|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | | |
| MEATS AND MEAT ALTERNATES OFFERED SEPARATELY | | | | | | | | | | | | | | | | | | |
| 71. Bacon | sl | | | | | | | | | | | | | | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey | <input type="checkbox"/> | | |
| 72. Eggs | cup | | | | | | | | | | | | | | <input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried | <input type="checkbox"/> | <input type="checkbox"/> | |
| 73. Ham | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Pork <input type="checkbox"/> Turkey | <input type="checkbox"/> | | |
| 74. Peanut butter | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| 75. Sausage | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| 76. Yogurt | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____ | <input type="checkbox"/> | | |
| 77. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 78. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| COMBINATION ITEMS | | | | | | | | | | | | | | | | | | |
| 79. Breakfast burrito | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 80. Egg sandwich | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 81. Egg sandwich | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 82. French toast | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. French toast sticks | ea. | | | | | | | | | | | | | | Weight of each stick: _____ oz. | <input type="checkbox"/> | | |
| 84. Grilled cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| 85. Pancake on a stick | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| 86. Pizza | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 87. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 88. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|------------------|---|------------------------|--|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | | |
| CONDIMENTS | | | | | | | | | | | | | | | | | |
| 89. Self-serve condiments or fixins' bar | 1 serving | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/ MADE-TO-ORDER BAR FORM | | | | |
| 90. Butter | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 91. Cream cheese | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| 92. Gravy | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. Honey | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| 94. Jelly | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | <input type="checkbox"/> | |
| 95. Ketchup | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| 96. Margarine | | | | | | | | | | | | | | | | <input type="checkbox"/> | |
| 97. Salsa | | | | | | | | | | | | | | | <input type="checkbox"/> Low sodium | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Syrup | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | <input type="checkbox"/> | |
| 99. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

REIMBURSABLE FOODS FORM: BREAKFAST

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? |
|-------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|--------------------------------|------------------|--------------------------|---|------------------------|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | Meat/Meat Alternates (oz. eq.) | Grains (oz. eq.) | Whole Grain-Rich | | | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | | | | | | | | |
| OTHER MENU ITEMS | | | | | | | | | | | | | | | | |
| 107. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 115. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 116. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 117. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 118. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 119. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 120. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 121. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 123. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 124. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 125. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 126. | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

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OMB Clearance Number: 0584-0596
Expiration Date: 08/31/2017

SCHOOL NUTRITION AND MEAL COST STUDY

REIMBURSABLE FOODS FORM: LUNCH

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____

| Reimbursable Meal Counts | |
|---|--|
| How many reimbursable student lunches did you <i>plan to serve</i> at your school this day? | |
| How many reimbursable student lunches <i>did you serve</i> at your school this day? | |

Day: Mon Tue Wed Thu Fri

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|------------------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|------------------|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | | | | |
| 1. White, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | | | | |
| 2. White, 1% | fl oz. | | | | | | | | | | | | | | | | | | | |
| 3. White, 2% | fl oz. | | | | | | | | | | | | | | | | | | | |
| 4. White, whole | fl oz. | | | | | | | | | | | | | | | | | | | |
| 5. Chocolate, fat-free/skim | fl oz. | | | | | | | | | | | | | | | | | | | |
| 6. Chocolate, 1% | fl oz. | | | | | | | | | | | | | | | | | | | |
| 7. Chocolate, 2% | fl oz. | | | | | | | | | | | | | | | | | | | |
| 8. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| 9. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| 10. Other flavor Specify: _____ | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | | |
| 11. | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 12. | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 13. | fl oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |



REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|--|--------------------------|--------------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, list as separate item and complete a RECIPE FORM.) | | | | | | | | | | | | | | | | | | | | |
| 14. Apple, fresh | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 15. Applesauce, canned | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | <input type="checkbox"/> | | |
| 16. Apricots, 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"/> | | |
| 17. Banana, fresh | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 18. 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"/> | | |
| 19. Grapes, fresh | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 20. Orange, fresh | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 21. 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"/> | | |
| 22. Pears, fresh | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 23. 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"/> | | |
| 24. 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 | <input type="checkbox"/> | | |
| 25. Raisins | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 26. | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--------------------------|--|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.) | | | | | | | | | | | | | | | | | | | | |
| 30. Apple juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| 31. Grape juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| 32. Orange juice | fl oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| 33. Frozen juice cup/bar | fl oz. | | | | | | | | | | | | | | | | Specify flavor: _____ | <input type="checkbox"/> | | |
| 34. | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| 35. | fl oz. | | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| VEGETABLES (Note: If beans or peas are being counted as a meat alternate, enter them in the "Other Entrees and Meat/Meat Alternates" section.) | | | | | | | | | | | | | | | | | | | | |
| 36. Baked beans | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork | <input type="checkbox"/> | | |
| 37. Beans, green | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| 38. Broccoli, cooked | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| 39. Broccoli, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| 40. Carrots, cooked | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| 41. Carrots, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| 42. Celery, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete a RECIPE FORM | <input type="checkbox"/> | | |
| 43. Corn, kernels | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | | |
| 44. Cucumber, raw | cup | | | | | | | | | | | | | | | | If offered, list dip as separate item(s) or complete RECIPE FORM | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--|--------------------------|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 45. French fries | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | | |
| 46. Lettuce and tomato | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 47. Mixed vegetables | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 48. Peas, green | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | | | |
| 49. Potatoes, whipped or mashed | cup | | | | | | | | | | | | | | | <input type="checkbox"/> From fresh | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 50. Refried beans | cup | | | | | | | | | | | | | | | <input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 51. Sweet potatoes | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 52. Sweet potato fries or tots | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | | |
| 53. Side salad bar (non-entrée or small portion) | 1 serving | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | | | |
| 54. Salad, tossed | cup | | | | | | | | | | | | | | | List dressing as separate item(s) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 55. Tater tots or shapes | cup | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | | |
| 56. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 57. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 58. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 59. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 60. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 61. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|---|--------------------------|--------------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SANDWICHES | | | | | | | | | | | | | | | | | | | | |
| 62. Cheeseburger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 63. Chicken filet or breast (not breaded) | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 64. Chicken patty (breaded) | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 65. Fish sandwich | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Breaded | <input type="checkbox"/> | <input type="checkbox"/> | |
| 66. Grilled cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 67. Ham and cheese | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 68. Hamburger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 69. Hot dog | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | <input type="checkbox"/> | |
| 70. Italian sub | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 71. Peanut butter & jelly | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 72. Rib, barbeque | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 73. Sloppy joe | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | <input type="checkbox"/> | |
| 74. Turkey | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 75. Tuna salad | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 76. Veggie burger | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 77. | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 78. | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 79. | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 80. | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 81. | 1 sandwich | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|------------------|--|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| ENTRÉE SALADS (Note: List all dressings as separate items) | | | | | | | | | | | | | | | | | | | | |
| 82. Chef's salad | 1 salad | | | | | | | | | | | | | | | | | | | |
| 83. Chicken Caesar salad | 1 salad | | | | | | | | | | | | | | | | | | | |
| 84. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 85. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 86. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 87. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 88. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 89. | 1 salad | | | | | | | | | | | | | | | | | | | |
| 90. | 1 salad | | | | | | | | | | | | | | | | | | | |
| SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS | | | | | | | | | | | | | | | | | | | | |
| 91. Entrée salad bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 92. Potato bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 93. Nacho/taco bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 94. Sandwich/deli bar | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 95. | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 96. | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 97. | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 98. | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |
| 99. | 1 serving | | | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|---|--------------------------|--------------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| OTHER ENTREES AND MEAT/MEAT ALTERNATES Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Cheese with peanut butter sandwich, or Yogurt with grilled cheese sandwich). | | | | | | | | | | | | | | | | | | | | |
| 100. Beans or peas (Specify type) _____ | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| 101. Burrito | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> | |
| 102. Cheese (string cheese or cubes) | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| 103. Cheese breadstick or pizza stick | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify fillings: _____ | <input type="checkbox"/> | | |
| 104. Chicken nuggets (breaded) | ea. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz. | <input type="checkbox"/> | | |
| 105. Chicken strips (not breaded) | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| 106. Chicken patty (not sandwich) | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <input type="checkbox"/> | | |
| 107. Chicken piece(s) (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"/> | |
| 108. Corndog | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey | <input type="checkbox"/> | | |
| 109. Fish sticks or nuggets | ea. | | | | | | | | | | | | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz. | <input type="checkbox"/> | | |
| 110. Macaroni and cheese | cup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 111. Nachos | oz. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 112. Peanut butter | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | | |
| 113. Pizza, cheese | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| 114. Pizza, pepperoni | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| 115. Pizza, sausage | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | |
| 116. Pizza, vegetarian | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--------------------------|--------------------------|--------------------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 117. Pizza pocket | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat Specify filling: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 118. Stir fry with rice or noodles | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 119. Spaghetti with sauce | cup | | | | | | | | | | | | | | <input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 120. Taco | | | | | | | | | | | | | | | <input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 121. Yogurt | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____ | <input type="checkbox"/> | | | | |
| 122. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 123. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BREADS AND GRAINS OFFERED SEPARATELY Please note in Column A if any items in this section were offered only with a particular entrée or meat/meat alternate (for example, Crackers w/ <i>Chef's salad</i> or Roll w/ <i>chicken nuggets</i>). If all breads and grains were available with any entrée or meat/meat alternate, check here <input type="checkbox"/> . | | | | | | | | | | | | | | | | | | | | |
| 124. Biscuit | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 125. Bread, plain | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | | | | |
| 126. Bread, buttered | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Margarine <input type="checkbox"/> Butter | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 127. Breadstick | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 128. Cornbread | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 129. Corn/tortilla chips | oz. | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 130. Crackers | ea. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | | | | |
| 131. Rice | cup | | | | | | | | | | | | | | <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 132. Roll | oz. | | | | | | | | | | | | | | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 133. Pasta | cup | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 134. Pretzels | oz. | | | | | | | | | | | | | | <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted | <input type="checkbox"/> | | | | |
| 135. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 136. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 137. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|--|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|--|--------------------------|--------------------------|---------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL | | | | | | | | | | | | | | | | | | | | |
| 138. Brownie | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Icing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 139. Cake | | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 140. Cookie | oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 141. Fruit crisp or cobbler | | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 142. Fruit drink (less than 100% juice) | fl oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 143. Fruit turnover | oz. | | | | | | | | | | | | | <input type="checkbox"/> | Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 144. Gelatin | cup | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 145. Potato chips | oz. | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 146. | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 147. | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| SALAD DRESSINGS | | | | | | | | | | | | | | | | | | | | |
| 148. Caesar dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 149. French dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 150. Honey mustard dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 151. Italian dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 152. Ranch dressing | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 153. | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 154. | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 155. | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 156. | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> | | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | |
|---|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|--|--|---------------|------------------|------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CONDIMENTS | | | | | | | | | | | | | | | | | | | | |
| 157. Self-serve condiments or fixins' bar | 1 serving | | | | | | | | | | | | | | | Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM | | | | |
| 158. Barbeque sauce | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 159. Butter | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 160. Cream cheese | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 161. Gravy | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 162. Honey | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 163. Hot sauce | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 164. Jalapeno peppers | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 165. Jelly | | | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | | | |
| 166. Ketchup | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 167. Margarine | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 168. Mayonnaise | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 169. Mustard | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 170. Pickles, slices | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 171. Ranch dip | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 172. Relish | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | |
| 173. Salsa | | | | | | | | | | | | | | | | | <input type="checkbox"/> Low sodium | | | |
| 174. Sour cream | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 175. Syrup | | | | | | | | | | | | | | | | | <input type="checkbox"/> Sugar-free | | | |
| 176. Tartar sauce | | | | | | | | | | | | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | | | |
| 177. | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 178. | | | | | | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |

REIMBURSABLE FOODS FORM: LUNCH

| A. Food Item | B. Portion Size (Include Units) | C. Number of Portions | | | | | | D. Meal Pattern Contributions | | | | | | | E. Manufacturer/Brand Name and Product Code (If Applicable) | F. Food Description | G. USDA Food? | H. Recipe? | | | | |
|-------------------------|---------------------------------------|--------------------------|---------------|---------------------|---------------------------------------|-------------------------|--------|----------------------------------|-------------------|------------|---------|---------|--------|--------------------------------|---|------------------------|--------------------------|---------------|------------------|--------------------------|--------------------------|--------------------------|
| | | Total Prepared | Sent Off-Site | Onsite | | | | Fruit (cups) | Vegetables (cups) | | | | | Meat/Meat Alternates (oz. Eq.) | | | | | Grains (oz. eq.) | Whole Grain-Rich | | |
| | | | | Reimbursable Served | Served A La Carte or to Adults/Others | Left Over for Later Use | Wasted | | Dark Green | Red/Orange | Legumes | Starchy | Others | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MENU ITEMS | | | | | | | | | | | | | | | | | | | | | | |
| 179. | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 180. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 181. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 182. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 183. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 184. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 185. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 186. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 187. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 188. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 189. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 190. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 191. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 192. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 193. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 194. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 195. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 196. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 197. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 198. | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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Recipe Form (Expanded)

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: _____ **Recipe/Food Name:** _____

Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri **Size of One Serving (include units):** _____

6 All **Number of Servings Prepared:** _____

| A. | B. | C. | D. | E. | F. |
|-----------------|-------------------------------------|---|------------------------|--------------------------|--------------------------|
| Ingredient Name | Amount in Recipe (Include Units) | Manufacturer/ Brand Name and Product Code (If Applicable) | Ingredient Description | USDA Food? | Recipe? |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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Self-Serve/Made-to-Order Bar Form (Expanded)

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

| School Name: _____ | | Name of Bar: _____ | | | |
|---|---|--|----------------------------|--------------------------|--------------------------|
| Meal: 1 <input type="checkbox"/> Breakfast 2 <input type="checkbox"/> Lunch | | Day: 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Mon 3 <input type="checkbox"/> Tue 4 <input type="checkbox"/> Wed 5 <input type="checkbox"/> Thu 6 <input type="checkbox"/> Fri | | | |
| A. Food Name | B. <i>Portion Size, if Pre-portioned (Include units)</i> | C. Manufacturer/ Brand Name and Product Code (if applicable) | D. Food Description | E. USDA Food? | F. Recipe? |
| 1. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| A. | B. | C. | D. | E. | F. |
|-----------|---|---|------------------|--------------------------|--------------------------|
| Food Name | <i>Portion Size, If Pre-portioned (Include units)</i> | Manufacturer/ Brand Name and Product Code (if applicable) | Food Description | USDA Food? | Recipe? |
| 19. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | | | | <input type="checkbox"/> | <input type="checkbox"/> |



SCHOOL NUTRITION AND MEAL COST STUDY

NSLP Afterschool Snack Form Booklet (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that NSLP afterschool snacks were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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 information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 600 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



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OMB Clearance Number:

Expiration Date:



NSLP Afterschool Snack Form (Expanded)

| Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri | | | | | Number of Reimbursable Snacks Served Onsite: _____ | | | | |
|--|----------------------------|--------------------|----------------------------------|---------------------|---|--|--------------------------|--------------------------|--|
| A. | B. | C. | | | D. | E. | F. | G. | |
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? | |
| | | Sent Off-Site | Onsite | | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | | |
| Milk | | | | | | | | | |
| White | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Chocolate | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Other flavor, Specify: _____ | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Other flavor, Specify: _____ | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fruit | | | | | | | | | |
| Apple, fresh | | | | | | | <input type="checkbox"/> | | |
| Applesauce, canned | cup | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | <input type="checkbox"/> | | |
| Banana, fresh | | | | | | | <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"/> | | |
| Orange, fresh | | | | | | | <input type="checkbox"/> | | |
| Raisins | oz. | | | | | | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Juices | | | | | | | | | |
| Apple juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Orange juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Grape juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| A. | B. | C. | | | D. | E. | F. | G. |
|--|----------------------------|--------------------|----------------------------------|---------------------|--|---|--------------------------|--------------------------|
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? |
| | | Sent Off-Site | Onsite | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | |
| Vegetables (if offered with a dip, list the dip as a separate item in the condiments section) | | | | | | | | |
| Carrots, raw | cup | | | | | | <input type="checkbox"/> | |
| Celery, raw | cup | | | | | | <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"/> |
| Combination Items and Entrées | | | | | | | | |
| Peanut butter & jelly sandwich | 1 sandwich | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| Pizza | oz. | | | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwich | 1 sandwich | | | | | <input type="checkbox"/> Whole grain-rich | <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"/> |
| Meat/Meat Alternates | | | | | | | | |
| Cheese | oz. | | | | | <input type="checkbox"/> Reduced-fat Specify type: _____ | <input type="checkbox"/> | |
| Trail mix | oz. | | | | | Specify ingredients: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Yogurt | oz. | | | | | <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____ | <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. |
|---------------------------------|----------------------------|--------------------|----------------------------------|---------------------|--|---|--------------------------|--------------------------|
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? |
| | | Sent Off-Site | Onsite | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | |
| Breads and Grains | | | | | | | | |
| Bagel | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Cereal | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Cookie | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Crackers | ea. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Granola bar | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Pretzels | oz. | | | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| Desserts and Other Items | | | | | | | | |
| Fruit snacks/fruit leather | | | | | | | <input type="checkbox"/> | |
| Pudding | | | | | | Specify flavor(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Condiments | | | | | | | | |
| Ranch dip | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Cream cheese | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| Ketchup | | | | | | | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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SCHOOL NUTRITION AND MEAL COST STUDY

CACFP Afterschool Snack and Supper Form Booklet (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that CACFP afterschool snacks and/or suppers were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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 information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 600 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



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OMB Clearance Number:

Expiration Date:



CACFP Afterschool Snack and Supper Form (Expanded)

| Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri | | Number of Reimbursable Snacks and/or Suppers Served Onsite: _____ | | | | | | | |
|--|----------------------------|--|---------------------------------|---------------------|--|--|--------------------------|--------------------------|--|
| A. | B. | C. | | | D. | E. | F. | G. | |
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? | |
| | | Sent Off-Site | Onsite | | | | | | |
| | | | Reimbursable Prepared/Available | Reimbursable Served | | | | | |
| Milk | | | | | | | | | |
| White | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Chocolate | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Other flavor, Specify: _____ | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | | |
| Other flavor, Specify: _____ | fl oz. | | | | | <input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fruit | | | | | | | | | |
| Apple, fresh | | | | | | | <input type="checkbox"/> | | |
| Applesauce, canned | cup | | | | | <input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened | <input type="checkbox"/> | | |
| Banana, fresh | | | | | | | <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"/> | | |
| Orange, fresh | | | | | | | <input type="checkbox"/> | | |
| Raisins | oz. | | | | | | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Juices | | | | | | | | | |
| Apple juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Orange juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| Grape juice | cup | | | | | <input type="checkbox"/> Vit. C added <input type="checkbox"/> Calcium added | <input type="checkbox"/> | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| A. | B. | C. | | | D. | E. | F. | G. |
|--|----------------------------|--------------------|----------------------------------|---------------------|--|---|--------------------------|--------------------------|
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? |
| | | Sent Off-Site | Onsite | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | |
| Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section) | | | | | | | | |
| Carrots, raw | cup | | | | | | <input type="checkbox"/> | |
| Celery, raw | cup | | | | | | <input type="checkbox"/> | |
| Salad, tossed | cup | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| French fries | cup | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried | <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"/> |
| Combination Items and Entrées | | | | | | | | |
| Burrito | oz. | | | | | <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <input type="checkbox"/> | <input type="checkbox"/> |
| Cheeseburger | 1 sandwich | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Entrée salad | 1 salad | | | | | List dressing as a separate item in the condiments section | <input type="checkbox"/> | <input type="checkbox"/> |
| Grilled cheese sandwich | 1 sandwich | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Hamburger | 1 sandwich | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Macaroni and cheese | cup | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Peanut butter & jelly sandwich | 1 sandwich | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| Pizza | oz. | | | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwich | 1 sandwich | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| Spaghetti with sauce | cup | | | | | <input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce | <input type="checkbox"/> | <input type="checkbox"/> |
| Taco | | | | | | <input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese | <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. |
|------------------------------|----------------------------|--------------------|----------------------------------|---------------------|--|---|--------------------------|--------------------------|
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? |
| | | Sent Off-Site | Onsite | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | |
| Meat/Meat Alternates | | | | | | | | |
| Cheese | oz. | | | | | <input type="checkbox"/> Reduced-fat Specify type: _____ | <input type="checkbox"/> | |
| Chicken nuggets (breaded) | ea. | | | | | <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz | <input type="checkbox"/> | |
| Chicken strips (not breaded) | oz. | | | | | | <input type="checkbox"/> | |
| Peanut butter | oz. | | | | | <input type="checkbox"/> Reduced-fat | <input type="checkbox"/> | |
| Trail mix | oz. | | | | | Specify ingredients: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Yogurt | oz. | | | | | <input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____ | <input type="checkbox"/> | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Breads and Grains | | | | | | | | |
| Bagel | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Cereal | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Cookie | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Crackers | ea. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Granola bar | oz. | | | | | <input type="checkbox"/> Whole grain-rich Specify type: _____ | <input type="checkbox"/> | |
| Pretzels | oz. | | | | | <input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> Whole grain-rich | <input type="checkbox"/> | <input type="checkbox"/> |

| A. | B. | C. | | | D. | E. | F. | G. |
|----------------------------|----------------------------|--------------------|----------------------------------|---------------------|--|--|--------------------------|--------------------------|
| Food Item | Portion Size (Incl. Units) | Number of Portions | | | Manufacturer/Brand Name and Product Code (If Applicable) | Food Description | USDA Food? | Recipe? |
| | | Sent Off-Site | Onsite | | | | | |
| | | | Reimbursable Prepared/ Available | Reimbursable Served | | | | |
| Desserts | | | | | | | | |
| Fruit snacks/fruit leather | | | | | | | <input type="checkbox"/> | |
| Pudding | | | | | Specify flavor(s): _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Condiments | | | | | | | | |
| Ranch dip | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Cream cheese | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| Ketchup | | | | | | | <input type="checkbox"/> | |
| Mayonnaise | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Mustard | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| Italian dressing | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <input type="checkbox"/> | |
| Ranch dressing | | | | | | <input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free | <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"/> |
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| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Non-Reimbursable Foods Form (Expanded)



NOTES:

- For instructions on completing this form, please refer to Instructions for the Menu Survey.
- Include ONLY non-reimbursable foods sold in venues supplied by foodservice that are prepared from recipes or removed from their original packaging.
- Do not include items listed on the Non-Reimbursable Foods Inventory.

School Name: _____ **Meal:** Breakfast Lunch Outside of Meal Periods

Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

| A. Food Name | B. Portion size (Include Units) | C. Recipe? | D. Manufacturer/Brand Name and Product Code (If Applicable) | E. Food Description | F. Number of Portions | | | | | | | | | | | | | | | | | | | | G. Weekly Sales Total Only |
|-----------------|---------------------------------------|--------------------------|---|------------------------|--------------------------|-------------|-------------------------|--------|---------------|-------------|-------------------------|--------|---------------|-------------|-------------------------|--------|---------------|-------------|-------------------------|--------|---------------|-------------|--------------------------|--------|----------------------------------|
| | | | | | Monday | | | | Tuesday | | | | Wednesday | | | | Thursday | | | | Friday | | | | |
| | | | | | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
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| | | <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. | | | | | |
|-----------|--|--------------------------|---|------------------|--------------------|-------------|----------------------------|--------|---------------|-------------|----------------------------|--------|---------------|-------------|----------------------------|--------|---------------|-------------|----------------------------|--------|---------------|-------------|----------------------------|--------|----------------------------|--------------------------|
| | | | | | Number of Portions | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Monday | | | | Tuesday | | | | Wednesday | | | | Thursday | | | | Friday | | | | | |
| Food Name | Portion size <i>(Include Units)</i> | Recipe? | Manufacturer/Brand Name and Product Code <i>(If Applicable)</i> | Food Description | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Sent Off-Site | Sold Onsite | Left Over for Later Use | Wasted | Weekly Sales Total Only | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> |
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| | | <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"/> |
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| | | <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"/> |
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| | | <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"/> |

Non-Reimbursable Foods Inventory (Expanded)

NOTES:

- For instructions on completing this form, please refer to the Instructions for the Menu Survey.
- Include ONLY non-reimbursable foods sold in venues supplied by foodservice that are commercially pre-packaged and served in their original packaging.
- Do NOT include foods listed on the Non-Reimbursable Foods Form.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen.

School Name: _____

Meal: Breakfast Lunch Outside of Meal Periods

Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

| A. Food Name | B. Individual Package Size (Include Units) | C. # Individual Packages in Bulk Case | D. Manufacturer/Brand Name | E. Starting Onsite Inventory (Including Monday Deliveries) | | F. Deliveries (Number and/or Fraction of Full Bulk Container) | | | | | | | | G. Ending Onsite Inventory | |
|-----------------|--|--|-------------------------------|--|----------------------------------|---|---------------|----------|---------------|----------|---------------|----------|---------------|-------------------------------|----------------------------------|
| | | | | # Full Bulk Cases | # Additional Individual Packages | Tue | | Wed | | Thu | | Fri | | # Full Bulk Cases | # Additional Individual Packages |
| | | | | | | Received | Sent Off-Site | Received | Sent Off-Site | Received | Sent Off-Site | Received | Sent Off-Site | | |
| | | | | | | Received | Sent Off-Site | Received | Sent Off-Site | Received | Sent Off-Site | Received | Sent Off-Site | | |
| | | | | | | | | | | | | | | | |
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Booklet #1

SFA Director Interviews



| |
|---------------------------|
| SFA ID #: _____ |
| SFA Name: _____ |
| SFA Director Name: _____ |
| SFA Director Phone: _____ |
| SFA Director email: _____ |

Includes the following instruments:

CHECK WHEN COMPLETED

Staffing and Operations Interview

Food Price and USDA Foods Checklist

Documentation Collected

- Place documents in the same order as checklist
- Check to ensure at least one document is included for each vendor on checklist
- Using the checklist as a guide, check to ensure all expected foods are included on documents from each vendor
 - Write “N” in checklist cell if food is not available on document after probing (i.e. documentation doesn’t exist or is outside the 1 mo./ 3 mo. time period)
- Review each document to ensure it includes:
 - Product name and brand
 - Unit size & unit price OR total price & # of cases

SFA Director Cost Interview

Salary information collected

INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)

Thank you for participating in the School Nutrition and Meal Cost Study. I will be conducting three interviews with you at this time – the Staffing and Operation Interview, the Food Price and USDA Foods Checklist, and the SFA Director Cost Interview. Should you have any questions about this study, please call 855-808-9389 at Abt Associates, Inc.

About the Study. The **School Nutrition and Meal Cost Study** (SNMCS) will continue the long-standing commitment of the US Department of Agriculture's (USDA's) Food and Nutrition Service (FNS) to periodic assessment of the school meal programs. This current assessment coincides with a period of considerable change for the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). In recent years, schools participating in these programs implemented sweeping regulatory changes designed to increase children's access to healthy foods at school and to promote adoption of healthy eating and physical activity habits. While FNS has conducted multiple studies of school nutrition and meal costs to date, SNMCS is the first such study after these major changes were implemented and the first to explore both nutrition and cost on a large national scale. This study will provide critical information of interest to USDA, the States, School Food Authorities (SFAs), and other program stakeholders that is not currently available.

The USDA Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research and its research partners Abt Associates and its subsidiary Abt SRBI, Agralytica, and Relyon Media to conduct the SNMCS for SY 2014-2015. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

SNMCS will collect a broad range of data from nationally representative samples of public SFAs, schools, and students and their parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with needed information about how federally sponsored school meal programs are operating after implementation of the new meal pattern and nutrient requirements and other changes in regulations. Comparisons of results from SNMCS with previous School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC) studies will provide information to assess the effects of the new nutrition standards on food service operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.

Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.

OMB Control # 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
SFA Staffing and Operations Interview**



Completed by SFA Director

Additional Respondents

| | |
|--------------|--------------|
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 195 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



PART 1: FOOD SERVICE OPERATIONS

1. What was the first day of the current school year?

_____ DAY _____ MONTH, 2014

2. What is the last scheduled day of the current school year?
If your district operates year-round, please give me the date when the spring term ends.

_____ DAY _____ MONTH, 2015

3. Do any of the schools in this district offer foods from national or regional restaurant brands such as McDonald's, Burger King, Taco Bell, Pizza Hut, Domino's, or Subway?

- YES (GO TO 3a)
- NO (GO TO 6)
- REFUSED (GO TO 6)
- DON'T KNOW (GO TO 6)

- 3a. When are the brand-name restaurant food items offered? (*CHECK ALL THAT APPLY.*)

- Reimbursable Breakfast?
- Reimbursable Lunch?
- A la carte?*
- Adult meals?
- REFUSED
- DON'T KNOW

INTERVIEWER:

IF REIMBURSABLE LUNCH SELECTED IN 3A, GO TO 4; ELSE GO TO 5.

4. Do the brand-name restaurant food items that this school district serves for reimbursable lunches cost more, less, or about the same to serve as similar foods from other suppliers, after taking into account costs for food production labor, storage, equipment, and waste?

- Cost more (GO TO 4a)
- Cost less (GO TO 4c)
- Cost about the same (GO TO INSTRUCTION BEFORE 5)
- REFUSED (GO TO INSTRUCTION BEFORE 5)
- DON'T KNOW (GO TO INSTRUCTION BEFORE 5)
- NOT APPLICABLE (THERE ARE NO SIMILAR FOODS FROM OTHER SUPPLIERS) (GO TO INSTRUCTION BEFORE 5)

- 4a. How much more per meal does this district spend to serve the average reimbursable lunch with brand-name restaurant food items versus what that lunch would cost with non-brand-name foods? Please give your answer as dollars and cents per meal.

\$_____ per meal (*GO TO INSTRUCTION BEFORE 5*)

DON'T KNOW (*GO TO 4b*)

- 4b. Please provide an estimate of the percentage of how much more it costs to serve the average reimbursable lunch with brand-name restaurant food items versus what that lunch would cost with non-brand-name foods. Would you say...

0 to under 10% more

10 to under 25% more

25 to under 50% more, or

50% or more above the cost of lunch with non-brand-name foods?

DON'T KNOW

INTERVIEWER: GO TO INSTRUCTION BEFORE 5.

- 4c. How much less does this district spend to serve the average reimbursable lunch with brand-name restaurant food items versus what that lunch would cost with non-brand-name foods? Please give your answer as dollars and cents per meal.

\$_____ per meal (*GO TO INSTRUCTION BEFORE 5*)

DON'T KNOW (*GO TO 4d*)

- 4d. Please provide an estimate of the percentage of how much less it costs to serve the average reimbursable lunch with brand-name restaurant food items versus what that lunch would cost with non-brand-name foods. Would you say...

0 to under 10% less

10 to under 25% less

25 to under 50% less, or

50% or more less than the cost of lunch with non-brand-name foods?

DON'T KNOW

INTERVIEWER:

IF REIMBURSABLE BREAKFAST SELECTED IN 3A, GO TO 5; OTHERWISE GO TO 6.

5. Do the brand-name restaurant food items that this district serves for reimbursable breakfasts cost more, less, or about the same to serve as similar foods from other suppliers, after taking into account costs for food production labor, storage, equipment, and waste?

- Cost more (GO TO 5a)
- Cost less (GO TO 5c)
- Cost about the same (GO TO 6)
- REFUSED (GO TO 6)
- DON'T KNOW (GO TO 6)
- NOT APPLICABLE (THERE ARE NO SIMILAR FOODS FROM OTHER SUPPLIERS) (GO TO 6)

- 5a. How much more does this district spend to serve the average reimbursable breakfast with brand-name restaurant food items versus what that breakfast would cost with non-brand-name foods? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 6)

- DON'T KNOW (GO TO 5b)

- 5b. Please provide an estimate of the percentage of how much more it costs to serve the average reimbursable breakfast with brand-name restaurant food items versus what that breakfast would cost with non-brand-name foods. Would you say...

- 0 to under 10% more
- 10 to under 25% more
- 25 to under 50% more, or
- 50% or more above the cost of breakfast with non-brand-name foods?
- DON'T KNOW

INTERVIEWER: GO TO 6.

- 5c. How much less does this district spend to serve the average reimbursable breakfast with brand-name restaurant food items versus what that breakfast would cost with non-brand-name foods? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 6)

- DON'T KNOW (GO TO 5d)

5d. Please provide an estimate of the percentage of how much less it costs to serve the average reimbursable breakfast with brand-name restaurant food items versus what that breakfast would cost with non-brand-name foods. Would you say...

- 0 to under 10% less
- 10 to under 25% less
- 25 to under 50% less or,
- 50% or more less than the cost of breakfast with non-brand-name foods?
- DON'T KNOW

6. What are the ways in which this district uses fresh produce for reimbursable meals? (READ LIST. CHECK ALL THAT APPLY.)

- Served on a self-serve basis such as a salad bar or fruit bowl
- Served as a portioned fruit/vegetable menu item (for example, orange slices or a tossed salad)
- Used in recipes for mixed foods prepared by or for the SFA, such as fresh vegetables in spaghetti sauce
- Any other ways? (SPECIFY):

- DO NOT USE ANY FRESH PRODUCE FOR REIMBURSABLE MEALS
- REFUSED
- DON'T KNOW

INTERVIEWER:

IF NO FRESH PRODUCE USED, GO TO 6a; OTHERWISE GO TO 7.

6a. What is the main reason why this district does not use fresh produce for reimbursable meals? (CHECK ONE)

- Cost of purchasing fresh produce
- Other costs (such as storage, preparation, waste)
- Not enough variety available
- Quality of available produce
- ...or something else? (SPECIFY):

- REFUSED
- DON'T KNOW

INTERVIEWER:

IF NO FRESH PRODUCE USED, GO TO 9. OTHERWISE GO TO 7

7. Do the items using fresh produce that this district serves for reimbursable **lunches** cost more, less, or about the same to serve as similar foods without fresh produce, after taking into account costs for food production labor, storage, equipment, and waste?

- Cost more (GO TO 7a)
- Cost less (GO TO 7c)
- Cost about the same (GO TO 8)
- NOT APPLICABLE (DO NOT USE FRESH PRODUCE FOR LUNCHES) (GO TO 8)
- REFUSED (GO TO 8)
- DON'T KNOW (GO TO 8)

7a. How much more does this district spend to serve the average reimbursable lunch with food items using fresh produce versus what that lunch would cost without fresh produce? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 8)

DON'T KNOW (GO TO 7b)

7b. Please provide an estimate of the percentage of how much more it costs per reimbursable lunch to use fresh produce. Would you say...

- 0 to under 10% more
- 10 to under 25% more
- 25 to under 50% more, or
- 50% or more above the cost of lunch without fresh produce?
- DON'T KNOW

INTERVIEWER: GO TO 8.

7c. How much less does this district spend to serve the average reimbursable lunch with food items using fresh produce versus what that lunch would cost without fresh produce? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 8)

DON'T KNOW (GO TO 7d)

7d. Please provide an estimate of the percentage of how much less it costs per reimbursable lunch to use fresh produce. Would you say...

- 0 to under 10% less
- 10 to under 25% less
- 25 to under 50% less, or
- 50% or more less than the cost of lunch without fresh produce?
- DON'T KNOW

8. Do the items using fresh produce that this district serves for reimbursable **breakfasts** cost more, less, or about the same to serve as similar foods without fresh produce, after taking into account costs for food production labor, storage, equipment, and waste?

- Cost more (GO TO 8a)
- Cost less (GO TO 8c)
- Cost about the same (GO TO 9)
- NOT APPLICABLE (DO NOT USE FRESH PRODUCE FOR BREAKFASTS) (GO TO 9)
- REFUSED(GO TO 9)
- DON'T KNOW (GO TO 9)

8a. How much more does this district spend to serve the average reimbursable breakfast with food items using fresh produce versus what that breakfast would cost without fresh produce? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 9)

- DON'T KNOW (GO TO 8b)

8b. Please provide an estimate of the percentage of how much more it costs per reimbursable breakfast to use fresh produce:

- 0 to under 10% more (GO TO 9)
- 10 to under 25% more (GO TO 9)
- 25 to under 50% more (GO TO 9)
- 50% or more above the cost of breakfast without fresh produce (GO TO 9)
- DON'T KNOW (GO TO 9)

8c. How much less does this district spend to serve the average reimbursable breakfast with food items using fresh produce versus what that breakfast would cost without fresh produce? Please give your answer as dollars and cents per meal.

\$_____ per meal (GO TO 9)

- DON'T KNOW (GO TO 8d)

8d. Please provide an estimate of the percentage of how much less it costs per reimbursable breakfast to use fresh produce. Would you say...

- 0 to under 10% less
- 10 to under 25% less
- 25 to under 50% less, or
- 50% or more less than the cost of breakfast without fresh produce?
- DON'T KNOW

PART 2: AFTER-SCHOOL SNACKS

9. Does this school district provide after-school snacks funded by a USDA program such as the NSLP, or the Child and Adult Care Food Program (CACFP)? (CHECK ALL THAT APPLY.)

- NSLP (GO TO 10-10d)
- CACFP (GO TO 10-10d)
- OTHER/UNKNOWN USDA PROGRAM (GO TO 10-10d)
- SNACK PROGRAM NOT FUNDED BY USDA (GO TO 11)
- NO AFTER-SCHOOL SNACKS (GO TO 11)
- REFUSED (GO TO 11)
- DON'T KNOW (GO TO 11)

10. What organization operates the after-school care program(s) in this school district that provide snacks under NSLP/CACFP/other USDA program? The program operator may be the SFA, an individual school, or an outside organization contracting with the SFA to provide after-school care. (CHECK ALL THAT APPLY.)

- SCHOOL DISTRICT
- INDIVIDUAL SCHOOL(S)
- REFUSED
- DON'T KNOW
- OTHER (SPECIFY):

10a. In how many **elementary schools** in this school district are these USDA-funded after-school snacks offered?

- _____ ELEMENTARY SCHOOLS
- NONE
 - REFUSED
 - DON'T KNOW

10b. In how many **middle schools** in this school district are these USDA-funded after-school snacks offered?

- _____ MIDDLE SCHOOLS
- NONE
 - REFUSED
 - DON'T KNOW

10c. In how many **high schools** in this school district are these USDA-funded after-school snacks offered?

_____ HIGH SCHOOLS

- NONE
- REFUSED
- DON'T KNOW

10d. In how many **other locations** in this school district (such as preschools, other types of schools, or community centers) are these USDA-funded after-school snacks offered?

_____ OTHER LOCATIONS

- NONE
- REFUSED
- DON'T KNOW

PART 3: ENROLLMENT AND FOOD INVENTORY DATA

11. The next set of questions asks for student enrollment numbers, and the number of students who are approved for free or reduced price lunch. You may need to refer to administrative records to answer these questions.

GIVE THE RESPONDENT "HANDOUT 1: Staffing and Operations Interview," AND REVIEW THE DEFINITIONS OF PROVISION 2/3, CEP, AND THE SCHOOL CLASSIFICATION GRID

DEFINITIONS:

Provision 2 and 3 schools serve meals at no charge to all children as determined by application or other means once every four years.

Schools participating in the **Community Eligibility Provision** serve meals at no charge to all children based on the proportion of children certified for free school meals through means other than a household application.

INSTRUCTIONS:

Refer to the following chart to classify schools by type. Count students according to the type of school they attend. If any schools do not fit these definitions (e.g., ungraded schools), please provide a description of the grade ranges for these schools.

| Lowest Grade | Highest Grade | Type |
|--------------|---------------|------------|
| K, 1, 2 or 3 | Any | Elementary |
| 4 or 5 | Less than 8 | Elementary |
| 4 or 5 | 8 or higher | Middle |
| 6, 7, 8 or 9 | Less than 10 | Middle |
| 6, 7, 8 or 9 | 10 or higher | High |
| 10, 11 or 12 | 10, 11 or 12 | High |

11. (CONT')

- a. What is the **total student enrollment** in [*Elementary/Middle/High/Other*] **schools with NSLP** (National School Lunch Program)?
- b. What is the total number of **students** in [*Elementary/Middle/High/Other*] schools **approved for reduced-price lunch**?
- c. What is the total number of **students** in [*Elementary/Middle/High/Other*] schools **approved for free lunch**?
- d. What is the total student enrollment in **Provision 2/3** [*Elementary/Middle/High/Other*] **schools in a non-base year**? (IF NECESSARY READ: By non-base year, we mean a year when applications are not required for Provision 2/3 re-certification)
- e. What is the total student enrollment in **Community Eligibility Provision (CEP)** [*Elementary/Middle/High/Other*] **schools**?

| Student Information | Number of Students as of October 2014 | | | | |
|--|---------------------------------------|--------|-------|--------|-------|
| | Elementary | Middle | High | *Other | Total |
| a. Total student enrollment in schools with NSLP | _____ | _____ | _____ | _____ | _____ |
| b. Students approved for reduced-price lunch | _____ | _____ | _____ | _____ | _____ |
| c. Students approved for free lunch | _____ | _____ | _____ | _____ | _____ |
| d. Students in Provision 2/3 schools in non-base year | _____ | _____ | _____ | _____ | _____ |
| e. Students in Community Eligibility Provision schools | _____ | _____ | _____ | _____ | _____ |

*Definition and grade ranges of "other" schools: _____

12. What was the value of the School Food Authority's (SFA's) **purchased** food inventory at the start of the current fiscal year?

\$ _____ START-OF-YEAR PURCHASED FOOD INVENTORY

12a. What is the procedure used to determine the value of the purchased food inventory? (*CHECK ONE*)

- Purchased cost,
- Current cost or market value, or
- Average cost?
- OTHER (*SPECIFY*): _____

13. What was the value of the SFA's inventory of USDA Foods (also known as donated commodities/brown boxes) at the start of the current fiscal year? (ENTER 0 IF SFA DOES NOT RECEIVE USDA FOODS.)

\$_____ START-OF-YEAR USDA FOODS INVENTORY

CHECK HERE IF VALUE NOT AVAILABLE

- 13a. Does the SFA use a single inventory method for all purchased food and USDA Foods?

- YES (GO TO 14)
 NO (GO TO 13b)

- 13b. How does this SFA treat commodity processed products in computing the value of purchased food and USDA Foods inventories? Are they...
(CHECK ONE)

- Included in purchased food inventory, or
 Included in USDA foods inventory?
 NOT APPLICABLE (DO NOT RECEIVE COMMODITY PROCESSED PRODUCTS)
 OTHER (SPECIFY): _____

PART 4: FINANCIAL MANAGEMENT

14. What time period does this school district use for its annual statements of income and expenses for the school foodservice account?

BEGIN _____ (DAY) OF _____ (MONTH)
END _____ (DAY) OF _____ (MONTH)

15. When will the unaudited SFA income and expense statements for the current school year be available?

_____ DAY _____ MONTH _____ YEAR

16. When will the audited SFA income and expense statements for the current school year be available?

_____ DAY _____ MONTH _____ YEAR

END OF STAFFING AND OPERATIONS INTERVIEW SCRIPT.

The next section asks questions about the vendors who supply food for your SFA.

Prepared by Mathematica Policy Research and Abt Associates

HANDOUT 1: Staffing and Operations Interview

Definitions:

Provision 2 and 3 schools serve meals at no charge to all children as determined by application or other means once every four years.

Schools participating in the **Community Eligibility Provision (CEP)** serve meals at no charge to all children based on the proportion of children certified for free school meals through means other than a household application.

Instructions:

Refer to the following chart to classify schools by type. Count students according to the type of school they attend. If any schools do not fit these definitions (e.g., ungraded schools), please provide a description of the grade ranges for these schools.

| Lowest Grade | Highest Grade | Type |
|---------------------|----------------------|-------------|
| K, 1, 2 or 3 | Any | Elementary |
| 4 or 5 | Less than 8 | Elementary |
| 4 or 5 | 8 or higher | Middle |
| 6, 7, 8 or 9 | Less than 10 | Middle |
| 6, 7, 8 or 9 | 10 or higher | High |
| 10, 11 or 12 | 10, 11 or 12 | High |

Booklet #2

Business Manager and SFA Director Interviews



| |
|-------------------------------|
| SFA ID #: _____ |
| SFA Name: _____ |
| SFA Director Name: _____ |
| SFA Director Phone: _____ |
| SFA Director email: _____ |
| Business Manager Name: _____ |
| Business Manager Phone: _____ |
| Business Manager email: _____ |

Includes the following instruments:

CHECK WHEN COMPLETED

- SFA Indirect Cost Questionnaire**
- Preliminary Foodservice Expense Statement**
 - Copy of Expense Statement collected**
- Off-Budget District Staff Interview**
 - Salary information collected**

OMB Control # 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
SFA Indirect Cost Questionnaire—On-Site**



- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

| | |
|--------------|--------------|
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |

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PART 1 – SCREENER

1. SEA FINANCE OFFICER INDIRECT COST SURVEY IS AVAILABLE

- AVAILABLE *[GO TO QUESTION 1a.]*
- NOT AVAILABLE *[GO TO QUESTION 2a.]*

1a. Does your SFA use the indirect cost rate or other allocation method calculated or approved by the State?

- YES *[GO TO END SCRIPT, DO NOT COMPLETE THIS QUESTIONNAIRE.]*
- NO *[GO TO QUESTION 2a.]*
- REFUSED *[GO TO QUESTION 2a.]*
- DON'T KNOW *[GO TO QUESTION 2a.]*

PART 2 – METHOD FOR ALLOCATING INDIRECT COSTS

The questions in this section ask about the methods your school district may use to calculate indirect costs attributable to foodservice and other programs or grants. The questions also ask about the procedures your school district may use to obtain approval for these methods from the State Education Agency.

2a. Does your school district have one or more indirect cost rate(s) for SY2014-2015?

- YES
- NO *[GO TO QUESTION 3A.]*
- DON'T KNOW *[GO TO QUESTION 3A.]*

2b. Did the State Education Agency provide your school district with an indirect cost rate(s) for SY2014-2015?

- YES *[GO TO QUESTION 2E.]*
- NO
- DON'T KNOW *[GO TO QUESTION 2E.]*

2c. Did your school district use a formula provided by the State Education Agency to calculate its indirect cost rate(s) for SY2014-2015?

- YES *[GO TO QUESTION 2E.]*
- NO
- DON'T KNOW *[GO TO QUESTION 2E.]*

2d. Did your school district obtain approval from the State Education Agency for its indirect cost rate(s) for SY2014-2015?

- YES
- NO
- DON'T KNOW

2e. What **types of indirect cost rate(s)** does your school district have for SY2014-2015?

CHECK ALL THAT APPLY.

- Restricted rate
- Unrestricted rate
- Other rate (*specify*) _____
- DON'T KNOW

2f. What is your school district's [restricted/unrestricted/other or unknown] indirect cost rate(s) for SY2014-2015?

WRITE 'DK' FOR DON'T KNOW IF THE INDIRECT COST RATE PERCENTAGE IS UNKNOWN.

2g. Is this rate final for SY 2014-2015?

- | | | | |
|---------------------------------|--------------------------------|------------------------------------|-------------------------------------|
| ___% RESTRICTED RATE | <input type="checkbox"/> FINAL | <input type="checkbox"/> NOT FINAL | <input type="checkbox"/> DON'T KNOW |
| ___% UNRESTRICTED RATE | <input type="checkbox"/> FINAL | <input type="checkbox"/> NOT FINAL | <input type="checkbox"/> DON'T KNOW |
| ___% OTHER/UNKNOWN TYPE OF RATE | <input type="checkbox"/> FINAL | <input type="checkbox"/> NOT FINAL | <input type="checkbox"/> DON'T KNOW |

3a. Does your school district have one or more **indirect cost allocation plan(s)** that use a method other than indirect cost rate(s) for SY2014-2015?

- YES
- NO [*GO TO PART 3 – COMPONENTS OF INDIRECT COSTS. IF ALSO NO OR DON'T KNOW TO 2a GO TO END SCRIPT*]
- DON'T KNOW [*GO TO PART 3 – COMPONENTS OF INDIRECT COSTS. IF ALSO NO OR DON'T KNOW TO 2a GO TO END SCRIPT*]

3b. Did the State Education Agency provide your school district with one or more **indirect cost allocation plan(s)** for SY2014-2015?

- YES [*GO TO PART 3 – COMPONENTS OF INDIRECT COSTS*]
- NO
- DON'T KNOW

3c. Did your school district obtain approval from the State Education Agency for its **indirect cost allocation plan(s)** for SY2014-2015?

- YES
- NO
- DON'T KNOW

3d. What type(s) of factors are used to allocate indirect costs in **the indirect cost allocation plan**? For example: percentage of square feet, percentage of staff, percentage of staff hours, or number of students served.

[IF THERE IS MORE THAN ONE PLAN READ: Please answer for the plan that is most applicable to foodservice, whether or not you plan to recover indirect costs to the school foodservice account. Refer to this plan in the rest of the questionnaire.]

3e. May I have a copy of your **indirect cost allocation plan(s)** for SY2014-2015?

- YES
- NO

INDIRECT COST ALLOCATION PLAN(S) FOR SY2014-2015 COLLECTED?

- YES
- NO

NOTES:

PART 3 – COMPONENTS OF INDIRECT COSTS

COPY RESPONSES FROM QUESTION 2e AND 3a (pg. 4)

2e. What types of indirect cost rate(s) does your school district have for SY2014-2015?

CHECK ALL THAT APPLY.

Restricted rate → IF NOT CHECKED CROSS OUT IN QUESTIONS 4, 5 AND 6
 Unrestricted rate → IF NOT CHECKED CROSS OUT IN QUESTIONS 4, 5 AND 6
 Other rate
 DON'T KNOW } IF BOTH NOT CHECKED CROSS OUT IN QUESTIONS 4, 5 AND 6

3a. Does your school district have one or more indirect cost allocation plan(s) that use a method other than indirect cost rate(s) for SY2014-2015?

YES → IF NOT CHECKED CROSS OUT IN QUESTIONS 4, 5 AND 6
 NO
 DON'T KNOW

This section asks about the components of indirect costs that apply to your school district for SY2014-2015.

4. Which of the following **cost categories** are included as indirect costs in the [Restricted Rate / Unrestricted Rate / Other Rate / Other Allocation Plan] for your school district for SY2014-2015?

*READ COST CATEGORIES A. THROUGH K, RECORDING A RESPONSE FOR EACH.
 THEN ASK ABOUT THE NEXT RATE/PLAN THE DISTRICT USES.*

Table 1.

| Cost Categories | Restricted Rate | | | Unrestricted Rate | | | Other/Unknown Rate | | | Other Allocation Plan | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | DK | Yes | No | DK | Yes | No | DK | Yes | No | DK |
| a. Salaries and wages | <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"/> |
| b. Employee benefits and payroll taxes | <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"/> |
| c. Workers' compensation | <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"/> |
| d. Supplies and expendable equipment | <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"/> |
| e. Equipment rental | <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"/> |
| f. Energy (gas, oil, or electricity) | <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"/> |
| g. Water or sewer | <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"/> |
| h. Communications (phone, internet) | <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"/> |
| i. Insurance (liability, vehicle, etc.) | <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"/> |
| j. Other purchased services | <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"/> |
| k. Any other cost categories? (Describe below.) | <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"/> |
| l. Description of other cost categories. | | | | | | | | | | | | |

WHEN COMPLETING OFF-BUDGET DISTRICT STAFF INTERVIEW REFER TO THIS PAGE

5. Which of the following **support functions** are treated as indirect costs in the [Restricted Rate / Unrestricted Rate / Other Rate / Other Allocation Plan] for your school district for SY2014-2015?

READ SUPPORT FUNCTIONS A. THROUGH Q., RECORDING A RESPONSE FOR EACH. THEN ASK ABOUT THE NEXT RATE/PLAN THE DISTRICT USES.

Table 2.

| Support Function | Restricted Rate | | | Unrestricted Rate | | | Other/Unknown Rate | | | Other Allocation Plan | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | DK | Yes | No | DK | Yes | No | DK | Yes | No | DK |
| a. Accounting, budget, finance and payroll | <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"/> |
| b. Data processing operations and programming | <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"/> |
| c. Administration of personnel, benefits and human resources | <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"/> |
| d. Purchasing and contracting | <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"/> |
| e. General administration and policy (Superintendent's office, School Board, etc.) | <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"/> |
| f. Custodial and janitorial | <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"/> |
| g. Building operations and maintenance | <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"/> |
| h. Equipment and vehicle operations and maintenance | <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"/> |
| i. Refuse disposal, pest control, other sanitation | <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"/> |
| j. Security | <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"/> |
| k. Storage and transportation of goods | <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"/> |
| l. Providing and maintaining uniforms | <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"/> |
| m. Medical/health services and supplies | <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"/> |
| n. Any other support functions? (Describe below.) | <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"/> |
| o. Description of other support function in n. above. | | | | | | | | | | | | |
| p. Any other support functions? (Describe below.) | <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"/> |
| q. Description of other support function in p. above. | | | | | | | | | | | | |

6a. Does your school district treat any **salaries** for the following types of personnel – entirely or in part – as indirect costs in the [Restricted Rate / Unrestricted Rate / Other Rate / Other Allocation Plan] for SY2014-2015?

READ TYPES OF PERSONNEL 1. THROUGH 7, RECORDING A RESPONSE FOR EACH.

THEN ASK ABOUT THE NEXT RATE/PLAN THE DISTRICT USES.

Table 3.

| Type of Personnel | Restricted Rate | | | Unrestricted Rate | | | Other/Unknown Rate | | | Other Allocation Plan | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | DK | Yes | No | DK | Yes | No | DK | Yes | No | DK |
| 1. Teachers | <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"/> |
| 2. Teachers' aides | <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"/> |
| 3. Educational specialists | <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"/> |
| 4. School administrative personnel (includes principals, assistant principals, office personnel etc.) | <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"/> |
| 5. Pupil support personnel (guidance counselors, social workers, nurses etc.) | <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"/> |
| 6. Cooks and other cafeteria workers | <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"/> |
| 7. Foodservice administrative or food warehouse/transportation workers | <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"/> |

IF "YES" IS CHECKED FOR ANY ITEM IN TABLE 3 ABOVE, THEN ASK 6b.

OTHERWISE, GO TO END OF INDIRECT COST QUESTIONNAIRE SCRIPT

6b. Please describe the situations when salaries are treated - entirely or in part - as indirect costs for your school district for SY2014-2015.

END OF INDIRECT COST QUESTIONNAIRE SCRIPT.

We will contact you for information about the charging and recovery of indirect costs from school foodservice for SY 2014-2015 once the year-end financial reports have been completed. Next, I would like to ask you about your SFA's statement of foodservice expenses.

Prepared by Mathematica Policy Research and Abt Associates

SFA INDIRECT COST QUESTIONNAIRE

DEFINITIONS USED IN THIS QUESTIONNAIRE

Accounting, budget, finance, and payroll includes tasks to process payments to and from the school district, maintain financial records, manage cash, and produce financial reports.

Administration of personnel, benefits, and human resources includes recruiting, hiring, enrollment/disenrollment in benefit plans, and other human resource (HR) administration functions. This does not include the costs of non-HR personnel or the cost of employee benefits (health/dental insurance, pension/retirement, tuition assistance, etc.).

Allocation is the process of assigning indirect costs to particular programs and other cost objectives, such that each program bears a portion of the indirect costs commensurate with the benefit received from that cost.

Building operations and maintenance means services of this type not provided by custodial/janitorial staff, particularly more skilled services (such as heating/ventilation/air conditioning maintenance or repair).

Business Manager is the official who is responsible for your school district's procedures regarding indirect costs for school foodservice and other programs. In some school districts the Business Manager is the Chief Financial Officer (CFO).

Custodial and janitorial means routine cleaning, storage, setting up/rearranging furniture, and other work performed by staff or contractors whose primary work is routine cleaning, storage, and setting up/rearranging furniture.

Data processing operations and programming includes all support for mainframe, server, and client computers, and for communications networks (voice and data).

Direct cost base is the total cost of foodservice in SY2014-2015, less any amounts excluded when calculating indirect costs (e.g., capital outlays).

Equipment and vehicle operations and maintenance includes management of motor pools, routine maintenance and repair of vehicles, and routine maintenance and report of equipment.

Expendable equipment means equipment purchases treated as an annual operating expense; not a capital expense, under Federal and State rules.

Final rate is an indirect cost rate based on the actual allowable costs of a specified period. A final, audited rate is not subject to adjustment.

Full indirect cost of a grant or program is the amount of indirect cost determined by applying the appropriate method for determining the grant or program's share of the school district's indirect costs. For an school district that uses indirect cost rates, the full indirect cost is equal to applicable indirect cost rate times the base of direct costs for the grant or program.

General administration and policy includes the Superintendent and other administration not listed elsewhere.

Indirect costs are costs incurred for the benefit of multiple programs, functions, or other cost objectives and therefore cannot be identified readily and specifically with a particular program or other cost objective. They typically support administrative overhead functions such as fringe benefits, accounting, payroll, purchasing, facilities management, utilities, etc. (*from Indirect Costs: Guidance for State Agencies & School Food Authorities*)

Indirect cost allocation plans define how indirect costs will be allocated and the method or methods to be used to allocate indirect costs.

Indirect cost rate is calculated as:

Indirect Cost Rate = Total Indirect Costs ÷ Total Direct Costs

Note: Certain costs may be excluded from indirect or direct costs according to applicable Federal and State rules for computing and claiming indirect costs.

Indirect cost rate agreement between the SEA and the school district is the documented and approved indirect cost rate plan and includes the current and approved indirect cost rate (or other allocation method) and the corresponding direct cost base.

Medical/health services and supplies refers to school-based health services such as a school nurse, traditional first aid, administration of medications, screening services (vision, hearing, counseling, mental health services, etc.).

Not Final Rate is an indirect cost rate that is subject to adjustment or revision. An example of a not final rate is a provisional rate. A provisional rate is a temporary indirect cost rate applicable to a specified period which is used for funding, interim reimbursement, and reporting indirect costs on Federal awards pending the establishment of a “final” rate for that period.

Programs are activities or services, such as instruction and school foodservice that have identifiable direct costs. These direct costs may be charged to grants or other special-purpose accounts, or to the school district’s general fund.

Providing and maintaining uniforms includes obtaining, distributing, and cleaning uniforms for school district personnel.

Purchasing and contracting includes solicitation and review of bids for purchases and contracts, preparation and negotiation of purchasing agreements and contracts, processing purchase requests and purchase orders, and managing contracts (other than processing of contractor invoices).

Recovery of indirect costs means that funds are transferred, from the school foodservice account and other programs and grants, to the school district general fund, in payment of indirect costs.

Refuse disposal, pest control, other sanitation refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.

Restricted indirect rates (restricted rates) are used for grants, such as Title I, with a requirement that Federal funds supplement, not supplant non-Federal funds.

School board includes salaries or other compensation to board members, and support staff assigned to school board.

Security includes tasks to ensure the safety of students, school district personnel, and school district property.

Storage and transportation of goods refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.

Unrestricted indirect rates (unrestricted rates) may be used when a requirement that Federal funds supplement, not supplant non-Federal funds, does not apply.

OMB Control # 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
Preliminary Foodservice Expense Statement**



- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

| | |
|--------------|--------------|
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 195 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

School Foodservice Expense Statement

At this time I want to review your SFA's statement of foodservice expenses.

1. I would like to get your SFA's expense statement for the current fiscal year to date. If you do not have an available expense statement for the current fiscal year, we can review last year's expense statement. We want to work from the version of your expense statement that has the most detail for this period. We are most interested in the breakdown of expenses among the following major categories:
 - A. Labor (including salaries and wages, and the employer's share of payroll taxes and employee benefits)
 - B. Other direct operating costs (including supplies, utilities, rent, and contracted services)
 - C. Equipment purchases and depreciation costs
 - D. Indirect or overhead costs
 - E. Food (including purchased food and value of USDA donated foods), processing fees for USDA foods
2. **INTERVIEWER:** QUICKLY REVIEW THE AVAILABLE STATEMENT TO DETERMINE IF THE ABOVE CATEGORIES ARE IDENTIFIED. IF NOT, ASK IF THERE IS A MORE COMPLETE AND DETAILED STATEMENT.
3. CHECK ONE BELOW:
 2014-2015 Fiscal Year to date expense statement provided
 Previous Fiscal Year expense statement provided
4. Please confirm what period the most recent expense statement covers.
Period covered by statement: ___/___/___ to ___/___/___
5. **INTERVIEWER:** GIVE THE RESPONDENT HANDOUT 1: MAJOR EXPENSE CATEGORIES. WALK THROUGH THE EXPENSE STATEMENT LINE-BY-LINE WITH THE RESPONDENT. MARK UP EACH LINE OF THE EXPENSE STATEMENT, IN PENCIL, WITH THE MAJOR CATEGORY (A-E ABOVE) THE EXPENSE FALLS UNDER.

School Foodservice Expense Statement Worksheet

I have some questions to understand how the expenses are reported. I'll start with Labor and then ask about non-labor expenses.

GIVE THE RESPONDENT HANDOUT 2: EXPENSE ITEMS, AND INVITE THEM TO FOLLOW ALONG WITH YOU

| MAJOR CATEGORY <i>Sub Category</i> Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which line item contains this cost? | D. (IF NO TO A AND B) Why is this item not included as an expense? |
|--|--|---|--|---|
| A. LABOR | | | | |
| <i>Salaries and Wages of</i> | | | | |
| 1. Regular foodservice employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 2. Other regular district employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 3. Temporary employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| <i>Fringe benefits and payroll taxes</i> | | | | |
| 4. Social security taxes | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 5. Unemployment compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 6. Worker's compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 7. Health insurance | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 8. Pension contributions | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 9. Other benefits (life insurance, disability insurance, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which line item contains this cost? | D. (IF NO TO A AND B) Why is this item not included as an expense? |
|---|--|--|--|---|
| B. OTHER DIRECT OPERATING COSTS | | | | |
| Supplies and expendable equipment: | | | | |
| 1. Food production supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 2. Transportation supplies (gas, grease, oil, tires, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 3. Office supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 4. Other supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| Utilities: | | | | |
| 5. Energy | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 6. Other utilities (water, sewer) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| Rent: | | | | |
| 7. Equipment/vehicle rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 8. Storage space rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 9. Other space rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which line item contains this cost? | D. (IF NO TO A AND B) Why is this item not included as an expense? |
|---|--|---|--|---|
| B. OTHER DIRECT OPERATING COSTS (continued from previous page) | | | | |
| Contracted services/interagency payments: | | | | |
| 10. Professional services | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 11. Foodservice management company fees, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 12. Repairs and maintenance of equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 13. Storage | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 14. Transportation | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 15. Insurance and bond premiums | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 16. Other services | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| Miscellaneous direct operating costs: | | | | |
| 17. Communications | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 18. Travel/miscellaneous | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which line item contains this cost? | D. (IF NO TO A AND B) Why is this item not included as an expense? |
|--|--|---|--|---|
| C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS | | | | |
| Equipment purchase: | | | | |
| 1. Kitchen equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 2. Motor vehicles | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 3. Other equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| Equipment depreciation: | | | | |
| 4. Cafeteria/kitchen | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 5. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which line item contains this cost? | D. (IF NO TO A AND B) Why is this item not included as an expense? |
|------------------------------------|--|---|--|---|
| D. INDIRECT COSTS | | | | |
| 1. Indirect cost for SY2014-2015 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |
| 2. Indirect cost for prior year(s) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> SEPARATE DOC. |

QUESTIONS FOR MAJOR CATEGORY E: FOOD

E1. Is the expense for purchased food reported on a cash basis; that is, does it represent only the amount paid for food during the reporting period?

- YES (*CONTINUE TO E1a.*) 1
- NO (*GO TO E1b.*) 2

E1a. Is the change in the value of the food inventory over the year reported on this expense statement or on a separate document?

- YES, ON THE STATEMENT → **Where?** _____ 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2
- NO, IT IS NOT REPORTED 3

→ GO TO E2.

E1b. So was the expense for food reported on an accrual basis, that is, representing the value of the food used during the period regardless of when it was purchased?

- YES (*CONTINUE TO E2.*) 1
- NO → **How is purchased food reported?** _____ 2

E2. Were there any unreported costs for purchased food?

- YES → **What was the amount of these costs? \$** _____ 1
- NO (*CONTINUE TO E3.*) 2

E3. Does this SFA receive USDA foods (also known as donated commodities)?

- YES (*CONTINUE TO E4*) 1
- NO (*GO TO NEXT SECTION: FRINGE RATE BENEFIT CHART*)..... 2

E4. Does the expense for purchased food include the value of USDA foods received by the SFA?

- YES (*GO TO E5.*) 1
- NO (*CONTINUE TO E4a.*) 2

E4a. Is the value of USDA foods received by the SFA reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT → **Where?** _____ 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2
- NO, IT IS NOT REPORTED (*GO TO E5.*)..... 3

E5. Does the expense for purchased food include storage, transportation, or processing of USDA foods (also known as donated commodities) received by the SFA?

- YES (GO TO E6.) 1
- NO (CONTINUE TO E5a.) 2

E5a. Are the expenses for storage, transportation, and processing of USDA foods reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT → **Where?** _____ 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2
- NO, IT IS NOT REPORTED (GO TO E6.)..... 3

E6. Is the expense for USDA foods reported on a cash basis; that is, does it represent the value of USDA foods received during the period?

- YES (CONTINUE TO E6a.) 1
- NO (GO TO E6b.) 2

E6a. Is the change in USDA foods inventory reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT → **Where?** _____ 1
(GO TO NEXT SECTION: *FRINGE RATE BENEFIT CHART*)
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2
(GO TO NEXT SECTION: *FRINGE RATE BENEFIT CHART*)
- NO, IT IS NOT REPORTED (CONTINUE TO E6b.) 3

E6b. So was the expense for USDA foods reported on an accrual basis (that is, representing the value of the food used during the period regardless of when it was purchased)?

- YES (CONTINUE TO NEXT SECTION: *FRINGE RATE BENEFIT CHART*).. 1
- NO → **How are USDA foods reported?** _____ 2

The fringe benefit rate is the amount your district paid in employee benefits and employer paid taxes as a percentage of payroll. Benefits and taxes include: the employer’s share of payroll taxes such as FICA and unemployment taxes; the employer paid portion of health, dental, vision, life and other insurance; and employer contributions to retirement/pensions. For foodservice staff, the fringe rate should include both the share of benefits that is charged to the SFA (School Foodservice Authority) account and any benefits that are paid by the district with other funds (for example, if a portion of retirement funds is paid by the district).

For example: If the district pays \$1 million in payroll and \$300,000 in benefits and taxes, the fringe rate is 30%.

What is the fringe benefit rate for [employees in the Foodservice Department / School Personnel / District-level Personnel]? Is that the rate for all employees, all regular employees, employees who receive partial benefits, or employees who receive no benefits?

We are interested in an average fringe rate, either the rate used for budgeting or calculated from last year. You may report a single rate for all employees, or give a more specific rate based on type of employee (i.e. full benefits, partial benefits, and no benefits).

COMPLETE FRINGE BENEFIT RATE CHART BELOW. IF THE RATE IS THE SAME FOR ALL DEPARTMENTS FOR A ROW, WRITE IN THE SAME RATE IN ALL COLUMNS. IF ONLY THE RATE FOR ALL EMPLOYEES IS AVAILABLE, FILL IN THE “All employees” ROW AND CHECK “DK” IN THE OTHER ROWS.

| Fringe Benefit Rate Chart | | | | |
|--|------------------------|------------------|--------------------------|---|
| Type of employee | Fringe Benefit Rate | | | Check if Don't Know/ Refused/ Not Applicable |
| | Foodservice Department | School Personnel | District-level Personnel | |
| All employees | | | | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| All regular employees (those who are eligible for full benefits) | | | | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| Employees who receive partial benefits | | | | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| Employees who do not receive any benefits | | | | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |

UTILITIES AND EQUIPMENT SUPPLEMENT

UES. Are utilities (e.g. gas, oil, electricity, water, sewer) included in the SFA's indirect cost rate, or cost allocation plan?

- YES (SKIP TO UE2)1
- NO (CONTINUE TO UE1).....2
- DON'T KNOW (CONTINUE TO UE1)3

UE1. In the reporting period, did foodservice use any utilities that were not charged to the school foodservice account?

- YES (ASK UE1a)1
- NO (GO TO UE2).....2

UE1a. Does the SFA have actual utility costs for any kitchens for the reporting period or other recent period?

- YES (ASK UE1b)1
- NO (GO TO UE1c)2

UE1b. Please tell me the names of the schools/facilities for these kitchens, the type of kitchen (independent, base, central, or satellite), the grade level served (elementary, middle, high), the monthly average number of reimbursable lunches and breakfasts produced/served, the reference period, and the utility costs for the period. *(If available, use data from sample schools and linked base/central kitchens.)*

| School/Facility | Kitchen Type (I/B/C/S) | Grade Level (E/M/H) | Monthly Average No. of Reimbursable Meals | | Utility Costs for Period |
|-----------------|---------------------------|------------------------|---|-------|--------------------------|
| | | | Breakfast | Lunch | |
| _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ |

*Kitchen types: I=independent, B=base, C=central, S=satellite.
Grade levels: E=elementary, M=Middle, H=High. List all that apply.*

Reference period: ___/___/___ to ___/___/___
(Go to UE2)

UE1c. Does the SFA have a basis to estimate the average annual utility cost for each type of kitchen?

YES (COMPLETE GRID BELOW)1
 NO (GO TO UE2).....2

SCRIPT FOR COMPLETING GRID BELOW

GIVE THE RESPONDENT **HANDOUT 3: KITCHEN TYPES.**

➤ **Does your district have any independent kitchens? Any base or central kitchens? Any satellite kitchens?** [CIRCLE COLUMN HEADING INDEPENDENT, BASE/CENTRAL, OR SATELLITE FOR EACH YES]

ASK THE FOLLOWING QUESTIONS FOR KITCHEN TYPE CIRCLED. WORK ACROSS ROW FOR ONE KITCHEN TYPE BEFORE MOVING TO THE NEXT.

➤ **What is the most common grade level for [KITCHEN TYPE]? Is it elementary, middle or high school?**

➤ **What is the estimated annual utility cost for a [GRADE LEVEL] with a [KITCHEN TYPE]? An estimated average cost is fine.**

➤ **Is this also a good estimate for [KITCHEN TYPE] in the other grade level schools [ELEMENTARY/MIDDLE/HIGH]? [IF YES, CIRCLE OTHER GRADES. IF NOT A GOOD ESTIMATE FOR OTHERS, RECORD A SECOND ESTIMATE IN NEW ROW]**

REPEAT FOR ALL IDENTIFIED KITCHEN TYPES

| Kitchen Production Type <i>(Circle one)</i> | | | Grade Level <i>(Circle all that apply)</i> | | | Estimated Annual Utility Costs |
|--|--------------------------------|------------------|---|---------------|-------------|-----------------------------------|
| <u>Independ-</u> <u>dent</u> | <u>Base/</u> <u>Central</u> | <u>Satellite</u> | <u>Elementary</u> | <u>Middle</u> | <u>High</u> | |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ |

UE2. Is major foodservice equipment (ranges, refrigerators, delivery vans, etc.) owned by the school district, leased by the school district, provided by a foodservice management company, or supplied to the school district through other means? *(Circle all that apply.)*

- SCHOOL DISTRICT OWNS MAJOR EQUIPMENT1
- SCHOOL DISTRICT LEASES MAJOR EQUIPMENT2
- FOODSERVICE COMPANY PROVIDES MAJOR EQUIPMENT3
- OTHER (*Specify*): _____ ..4
- REFUSED7
- DON'T KNOW8

IF 1, 4, or 8 IS CIRCLED, CONTINUE WITH UE3. OTHERWISE GO TO END OF EXPENSE STATEMENT SCRIPT.

UE3. In the reporting period, were there costs for foodservice equipment depreciation that were not charged to the school foodservice account?

YES (ASK UE3a)1
 NO (GO TO END OF EXPENSE STATEMENT SCRIPT)2

UE3a. Does the SFA have actual equipment depreciation costs for any kitchens for the reporting period or other recent period?

YES (ASK UE3b)1
 NO (GO TO UE3c)2

UE3b. Please tell me the names of the schools/facilities for these kitchens, the type of kitchen (independent, base, central, or satellite), the grade level served (elementary, middle, high), the monthly average number of reimbursable lunches and breakfasts produced/served, the total equipment value, and the depreciation costs for the period. *(If available, use data from sample schools and linked base/central kitchens.)*

| School/Facility | Kitchen Type (I/B/C/S) | Grade Level (E/M/H) | Monthly Average No. of Reimbursable Meals | | Data for reference period | |
|-----------------|---------------------------|------------------------|---|-------|---------------------------|--------------|
| | | | Breakfast | Lunch | Equipment Value | Depreciation |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |

*Kitchen types: I=independent, B=base, C=central, S=satellite.
 Grade levels: E=elementary, M=Middle, H=High. List all that apply.*

Reference period: ___/___/___ to ___/___/___

(GO TO END OF EXPENSE STATEMENT SCRIPT)

UE3c. Does the SFA have a basis to estimate the average equipment value or annual depreciation cost for each type of kitchen?

YES (COMPLETE GRID BELOW)1
 NO (GO TO END OF EXPENSE STATEMENT SCRIPT)2

SCRIPT FOR COMPLETING GRID BELOW

GIVE THE RESPONDENT **HANDOUT 3: KITCHEN TYPES.**

- **Does your district have any independent kitchens? Any base or central kitchens? Any satellite kitchens?** [CIRCLE COLUMN HEADING INDEPENDENT, BASE/CENTRAL, OR SATELLITE FOR EACH YES]

ASK THE FOLLOWING QUESTIONS FOR KITCHEN TYPE CIRCLED. WORK ACROSS ROW FOR ONE KITCHEN TYPE BEFORE MOVING TO THE NEXT.

- **What is the most common grade level for [KITCHEN TYPE]? Is it elementary, middle or high school?**
- **What is the estimated average equipment value or annual depreciation cost for a [GRADE LEVEL] with a [KITCHEN TYPE]?**
- **Is this also a good estimate for [KITCHEN TYPE] in the other grade level schools [ELEMENTARY/MIDDLE/HIGH]? [IF YES, CIRCLE OTHER GRADES. IF NOT A GOOD ESTIMATE FOR OTHERS, RECORD A SECOND ESTIMATE IN NEW ROW]**

REPEAT FOR ALL IDENTIFIED KITCHEN TYPES

| Kitchen Production Type <i>(Circle one)</i> | | | Grade Level <i>(Circle all that apply)</i> | | | Estimated | |
|--|------------------|-----------|---|--------|------|--------------------|------------------------|
| Independent | Base/ Central | Satellite | Elementary | Middle | High | Equipment Value | Annual Depreciation |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |
| 1 | 2 | 3 | 1 | 2 | 3 | \$ _____ | \$ _____ |

END OF EXPENSE STATEMENT SCRIPT.

This concludes our preliminary review of your SFA's expenses. When the final foodservice expense statement for the 2014-2015 school year is available, we will review that statement with you by telephone and ask some follow-up questions.

Next, I am going to ask you about off-budget staff time and salaries.

PRELIMINARY FOODSERVICE EXPENSE STATEMENT

Preliminary Foodservice Expense Statement

Definitions of Expense Categories

- A. LABOR: Personnel costs, including salaries and wages, and fringe benefits and payroll taxes.**
- **Salaries and Wages:** Includes salaries and wages paid to regular and temporary or contract employees. Does not include fees paid to independent consultants.
 - **Fringe benefits and payroll taxes:** Includes the school foodservice share of the cost of health insurance, life insurance, pension or other retirement benefits, tuition assistance, dental insurance, meal allowances, or other non-cash employee benefits. Also includes the school foodservice share of payroll taxes or similar mandatory charges for Social Security, Medicare, Unemployment Compensation, and Workers' Compensation insurance.
- B. OTHER DIRECT OPERATING COSTS: Direct expenses for foodservice of an operational (recurring) nature, other than labor and food. Does not include capital outlays, depreciation, or indirect costs.**
- **Supplies and expendable equipment:** This category includes all types of supplies (other than food) used for all aspects of foodservice operations. Expendable equipment includes any type of equipment purchase that may be treated as an expense according to USDA and other applicable rules. Usually this is equipment with a cost below a specified dollar amount (such as \$500).
 - **Utilities:** This category includes electricity, heating and cooking fuels, water, and sewer services.
 - **Rent:**
 7. **Equipment/vehicle rental:** This category includes expenses for rent of any type of school foodservice equipment or vehicles.
 8. **Storage space rental:** This category includes expenses for rent of facilities for storing food and foodservice supplies.
 9. **Other space rental:** This category includes expenses for rent of facilities for food preparation, serving, or foodservice administration.
 - **Contracted services/interagency payments:** This category includes all expenses for contracted or purchased services from private organizations or individuals, and payments to other agencies for specific services charged on a direct cost basis.
 10. **Professional services:** includes services provided by professionals, such as dietary/management consulting, training of staff, legal services, audits, etc.
 11. **Foodservice management company fees:** includes all payments to foodservice management companies other than reimbursement of expenses for labor and food. Examples include management or consulting fees, and cost of funds or profit. NOTE: (1) The purchase of complete meals prepared under contract to the SFA ("pre-plated meals") or per-meal charges for meals prepared on-site should also be reported here; (2) If a foodservice management company bills a single amount to the SFA for all of its services, that amount should be reported here.
 12. **Repairs and maintenance of equipment:** includes repair, maintenance, and associated charges (e.g., parts) for foodservice equipment used in kitchens, cafeterias, storage facilities, and administrative offices.
 13. **Storage:** fees for storage on a contract basis and associated charges (such as loading/unloading of shipments)
 14. **Transportation:** charges for transportation of food, foodservice supplies, etc. on a contract basis.

Preliminary Foodservice Expense Statement

Definitions of Expense Categories

15. **Insurance and bond premiums:** includes payments for insurance of property and supplies, and liability insurance or bond. Does not include payments for insurance benefits to workers or workers' compensation insurance.

16. **Other services:** includes services not listed elsewhere, such as data processing, payroll processing, linen or laundry services, extermination, health inspections, etc.

➤ **Miscellaneous direct operating costs:**

17. **Communications:** includes telephone, fax, postage, courier services, and other communications costs.

18. **Travel / miscellaneous:** This category includes all other costs directly identified as foodservice expenses. Examples of costs in this category are: mileage and other travel reimbursements, association memberships, and subscriptions.

C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS: Includes equipment purchase and equipment depreciation.

➤ **Equipment purchase:** includes expenses for new or replacement equipment items considered capital equipment according to USDA and other applicable rules, based on their useful life and cost. Includes equipment for kitchens, cafeterias, storage facilities, transportation, and administration.

➤ **Equipment depreciation:** an annual charge equal to the purchase cost of capital equipment divided by the useful life of the equipment. Usually reported only under accrual accounting.

D. INDIRECT COSTS: costs shared among several SFA programs or functions, such as administrative support, occupancy, general-purpose supplies, and communications. Usually the indirect cost for foodservice, if reported, is computed by applying a percentage rate to specified types of direct costs, which may exclude food. The indirect cost should be the amount actually charged to the school foodservice account.

E. FOOD: Includes purchased food, donated commodities (a.k.a. USDA food), and charges for the transportation, storage, and processing of donated commodities.

➤ **Purchased food:** This is the value of purchased food used by the SFA, including purchased foods that have been made with donated USDA commodities as ingredients.

➤ **Value of USDA foods received:** This is the total USDA-assigned value of USDA donated commodities used by the SFA.

➤ **Storage and shipping fees:** This category includes charges from the State for the transportation, storage, and processing of USDA donated commodities.

➤ **Processing costs:** This category includes other charges (such as from contractors to the SFA) for the transportation, storage, and processing of USDA donated commodities.

➤ **Inventory used/loss:** The value of inventory of purchased food and donated commodities used or lost during the year, in addition to purchases or receipts.

Handout 1: Major Expense Categories

As we walk through the Expense Statement line-by-line, please indicate which of the following major categories each expense falls under:

A. Labor

Include salaries and wages, and the employer's share of payroll taxes and employee benefits.

B. Other direct operating costs

Include supplies, utilities, rent and contracted services.

C. Equipment purchases and depreciation costs

D. Indirect or overhead costs

E. Food

Include purchased food and the value of USDA donated foods.
Include processing fees for USDA foods.

Handout 2: Expense Items

A. LABOR

Salaries and wages:

1. Regular foodservice employees
2. Other regular district employees
3. Temporary employees

Fringe benefits and payroll taxes:

4. Social security taxes
5. Unemployment compensation
6. Worker's compensation
7. Health insurance
8. Pension contributions
9. Other benefits (life insurance, disability insurance, etc.)

B. OTHER DIRECT OPERATING COSTS

Supplies and expendable equipment:

1. Food production supplies and expendable equipment
2. Transportation supplies (gas, grease, oil, tires, etc.)
3. Office supplies and expendable equipment
4. Other supplies and expendable equipment

Utilities:

5. Energy
6. Other utilities (water, sewer)

Rent:

7. Equipment/vehicle rental
8. Storage space rental
9. Other space rental

Contracted services/interagency payments:

10. Professional services
11. Foodservice management company fees, etc.
12. Repairs and maintenance of equipment
13. Storage
14. Transportation
15. Insurance and bond premiums
16. Other services

Miscellaneous direct operating costs:

17. Communications
18. Travel/miscellaneous

Handout 2: Expense Items (cont')

C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS

Equipment purchase:

1. Kitchen equipment
2. Motor vehicles
3. Other equipment

Equipment depreciation:

4. Cafeteria/kitchen
5. Other

D. INDIRECT COSTS

1. Indirect cost for SY2014-2015
2. Indirect cost for prior year(s)

Handout 3: Kitchen Types

Independent Kitchen: A school based kitchen that produces and serves food for that school only.

Base Kitchen: A school based kitchen that produces and serves food for that school, as well as produces food to be shipped off-site to another school. Sometime called a Production Kitchen.

Central Kitchen: A kitchen where food is prepared to be sent off-site only, and does not serve food on-site.

Satellite Kitchen: A school based kitchen that receives all or some food from a kitchen located off-site, such as a base or central kitchen (see definitions above).

OMB Control # 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
Off-Budget District Staff Interview Guide**



- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

| | |
|--------------|--------------|
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 195 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



OFF-BUDGET STAFF INTERVIEW

THIS GUIDE SHOULD BE COMPLETED WITH THE BUSINESS MANAGER AND THE SFA DIRECTOR, PREFERABLY TOGETHER.

FIRST WRITE IN "IC" FOR FUNCTIONS COVERED BY INDIRECT COST RATE FROM THE SFA INDIRECT COST QUESTIONNAIRE (QUESTION 5 ON PAGE 7) OR THE SEA INDIRECT COST SURVEY (FOUND IN THE RIB) TO THE SCHOOL DISTRICT AND NON-SCHOOL DISTRICT COLUMNS ON THE SUPPORT FUNCTION COST GRID ON PAGE 5.

In this part of the interview, we will talk about the costs of functions that support food service operations. I may ask you to estimate the costs of support tasks that are not included on the foodservice financial statement. The purpose of this grid is to identify the support function costs that are not charged as direct costs and not included in the school district's indirect cost rate. We will refer to these as "off-budget costs."

Support Function Cost Grid Instructions

USE COLUMN A TO IDENTIFY WHICH ORGANIZATION IS RESPONSIBLE FOR EACH FUNCTION. THERE CAN BE MULTIPLE ORGANIZATIONS RESPONSIBLE PER ROW. USE COLUMN B TO INDICATE HOW EACH COST IS HANDLED:

- *DC: DIRECT CHARGE TO SFA ACCOUNT*
- *IC: INCLUDED IN SCHOOL DISTRICT'S INDIRECT COST RATE [OR OTHER INDIRECT COST ALLOCATION PLAN] WHETHER CHARGED TO FOODSERVICE OR NOT*
- *OB: OFF-BUDGET COSTS*

First, we need to identify the support functions performed by the foodservice department, other school district departments, and other non-school district organizations such as the town, city or county government. For each function, please tell me the organization or organizations responsible for providing that function, and whether costs are treated as direct costs, indirect costs, or handled some other way. If the foodservice department does not utilize a particular support function, let me know. I will take into account what you have already told me about indirect costs charged to the foodservice account.

GIVE THE RESPONDENT THE HANDOUT "Definitions for Support Function Cost Grid"

SCRIPT FOR SUPPORT FUNCTION COST GRID (WORK ACROSS THE ROWS)

To begin, which organization is responsible for [TASK] in support of food service - the food service department, the school district, non-school district or a combination of organizations? (IF NEEDED: The organization that is responsible is based on who manages the staff that perform the task. DEFER TO THE RESPONDENT)

IF THE TASK IS NOT APPLICABLE, CHECK “N/A” COLUMN, AND MOVE TO NEXT ROW. OTHERWISE, CHECK ‘COLUMN A. RESPONSIBLE?’ FOR EACH ORGANIZATION RESPONSIBLE FOR THE TASK.

IF MORE THAN ONE ORGANIZATION IS RESPONSIBLE, DETAIL HOW TASK IS SPLIT IN THE LAST COLUMN.

| FOR EACH ORGANIZATION IDENTIFIED AS RESPONSIBLE, ASK ONE OF THE FOLLOWING SETS OF QUESTIONS: | |
|---|--|
| <p style="text-align: center;">IF YOU PREFILLED “HOW HANDLED?” WITH IC, ASK:</p> <p>1. According to my information, the [ORGANIZATION's] costs associated with [TASK] are part of the school district's indirect cost rate. Is that correct?</p> <p style="padding-left: 40px;">IF NO (NOT INCLUDED IN INDIRECT COST RATE), CROSS OUT “IC” WITH A SLASH AND ASK 2. OTHERWISE LEAVE AS “IC” AND PROCEED ACROSS THE ROW TO NEXT RESPONSIBLE ORGANIZATION.</p> <p>2. Are the [ORGANIZATION's] costs associated with [TASK] charged directly to foodservice?</p> <p style="padding-left: 40px;">IF YES, CODE AS “DC” AND PROCEED ACROSS THE ROW TO THE NEXT RESPONSIBLE ORGANIZATION. IF NO, ASK:</p> <p>3. Then the [ORGANIZATION's] costs associated with [TASK] are not charged to foodservice and not part of the district's indirect costs. Is that correct?</p> <p style="padding-left: 40px;">IF YES CODE AS “OB”</p> | <p style="text-align: center;">IF “HOW HANDLED?” IS BLANK, ASK:</p> <p>1. Are the [ORGANIZATION's] costs associated with [TASK] charged directly to foodservice?</p> <p style="padding-left: 40px;">IF YES, CODE AS “DC” AND PROCEED TO NEXT RESPONSIBLE ORGANIZATION. IF NO, ASK:</p> <p>2. Are the [ORGANIZATION's] costs associated with [TASK] part of the school district's indirect cost rate?</p> <p style="padding-left: 40px;">IF YES, CODE AS “IC” AND PROCEED TO NEXT RESPONSIBLE ORGANIZATION. IF NO, ASK:</p> <p>3. Then the [ORGANIZATION's] costs associated with [TASK] are not charged to foodservice and not part of the district's indirect costs. Is that correct?</p> <p style="padding-left: 40px;">IF YES CODE AS “OB”</p> |

REPEAT FOR ALL REMAINING TASKS (a - m).

NOTE: “HOW HANDLED?” CAN CONTAIN A COMBINATION OF IC/DC/OB ALTHOUGH THIS WILL BE INFREQUENT. ONLY RECORD MULTIPLE CODES FOR “HOW HANDLED?” IF OFFERED BY THE RESPONDENT

Support Function Cost Grid

Column B codes: DC = direct SFA charge; IC = included in indirect cost rate/other cost allocation plan; OB = off-budget costs

| | Organization Responsible for Task in Support of Food Service | | | | | | N/A | How is this task split between organizations? |
|--|--|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|---|
| | Food Service Department | | School District (Other) | | Non-School District | | | |
| Task in Support of Food Service | A. Responsible? | B. How handled | A. Responsible? | B. How handled | A. Responsible? | B. How handled | | |
| a. Accounting, budget, finance and payroll | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| b. Data processing operations and programming | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| c. Administration of personnel, benefits and human resources | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| d. Purchasing and contracting | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| e. General administration and policy | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| f. Custodial and janitorial | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| g. Building operations and maintenance | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| h. Equipment and vehicle operations and maintenance | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| i. Refuse disposal, pest control and other sanitation | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| j. Security | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| k. Storage and transportation of goods | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| l. Providing and maintaining uniforms | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |
| m. Medical/health services and supplies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | |

Off-Budget Staff Roster Introduction

Now I would like to get information on the jobs and costs of the school district staff and employees of other agencies who provide the support functions we have just discussed. I want to list staff whose costs we have identified as “off-budget” (THESE ARE THE COSTS OF FUNCTIONS CODED AS “OB” IN THE SUPPORT FUNCTION COST GRID. IF CODED AS BOTH “OB” AND “IC” IN A SINGLE CELL, OR “OB” AND “DC” IN A SINGLE CELL, THEN YOU DO **NOT** NEED TO COMPLETE THE ROSTER FOR THESE STAFF).

These are the staff costs that are neither charged directly to the foodservice account nor included in the indirect costs identified by the school district. These could be school district staff or other government agency staff. **We will not discuss any costs incurred at the school level by non-foodservice school staff (these will be picked up by interviews with the principals of the sampled schools).** Staff costs that are included in the district’s indirect costs will not be treated as “off-budget” or unreported, even if indirect costs are not charged to, or recovered from, the school foodservice account.

R1. Are there any district or school foodservice staff who help prepare or serve meals but their time is not charged to the foodservice account?

RECORD THESE STAFF ON THE ROSTER

R2. Are there any foodservice staff whose time is not fully charged to the foodservice account? This may include Food Service Directors or other foodservice staff based in schools who spend some of their time on central administrative tasks in support of foodservice, which are not paid for by foodservice. RECORD THESE STAFF ON THE ROSTER.

R3. Now starting with the staff who perform [FIRST FUNCTION WITH OFF-BUDGET COSTS], please give me a list of their job titles or positions.

RECORD THESE STAFF ON THE ROSTER. REPEAT FOR EACH FUNCTION WITH UNREPORTED COSTS. THESE ARE THE FUNCTIONS CODED AS “OB” IN THE SUPPORT FUNCTION COST GRID. IF CODED AS “OB” AND “IC” IN A SINGLE CELL, OR “OB” AND “DC” IN A SINGLE CELL, THEN YOU DO **NOT** NEED TO COMPLETE THE ROSTER FOR THESE STAFF. DO NOT REPEAT A JOB TITLE/POSITION IF THE PERSON DOES MORE THAN ONE FUNCTION.

WHEN COMPLETE, ASK THE QUESTION BELOW TO CONFIRM:

R4. Have we listed all the staff who help with food service and represent “off-budget” or unreported costs?

ADD STAFF AS NEEDED, THEN PROCEED TO INSTRUCTIONS ON NEXT PAGE.

Instructions: LIST (1) THE JOB TITLES OR POSITIONS OF ALL CENTRAL STAFF WHO ARE INVOLVED WITH ACTIVITIES LISTED AS “OB” ON THE SUPPORT FUNCTION COST GRID.

For each position listed under column 1, please tell me (2) the appropriate unit; in column (3) the number of staff members in that position; (4) the average salary/wage of that position and the basis paid; (5) the total paid hours per week; and (6) total paid weeks per year. Indicate the total leave time hours per year including paid sick, vacation, and holiday time (7). If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.

Use staff initials in column 1 if listing several people with the same title separately. If more than 4 people with the same title, paid hours/week, paid weeks/year, and total leave hours per year, list the title, calculate the average salary, and leave the initials blank.

| Off-Budget Staff Roster | | | | | | | | |
|-------------------------|--|----------------------------|---|--|----------------------------------|-----------------------------------|--|---|
| (1) Title | (2) Unit (check the appropriate unit) | (3) Number of Staff | (4) Salary/Wage | | (5) Total Paid Hours/Week | (6) Total Paid Weeks/ Year | (7) Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time) | (8) Total Off-Budget Food Service Hours/Week |
| 1. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 2. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 3. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 4. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |

For each position listed on the first roster, please also tell me the **percentage of off-budget food service time** spent on the functions listed on this sheet. (GIVE FUNCTION LIST ON PAGE #10 TO RESPONDENT. NOTE: EACH ROW SHOULD ADD UP TO 100%.)

IF UNABLE TO ESTIMATE PERCENTAGE FOR ONE OR MORE FUNCTIONS, PUT "PG" IN THE COLUMN [THAT IS, "SEE PROCESS GRID"] AND COMPLETE A PROCESS GRID

Off-Budget Staff Time Allocation Grid

| (9) Breakfast Production % | (10) Lunch Production % | (11) Breakfast and Lunch Production % | (12) FFVP/After- school Snack Production % | (13) Other Meal Production % | (14) Nutrition education and promotion % | (15) Foodservice Administration % | (16) Other- Non-Production % | Off-Budget Food Service Total (should = 100%) |
|-------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|---------------------------------------|--|
| 1. | | | | | | | | = 100 % |
| 2. | | | | | | | | = 100 % |
| 3. | | | | | | | | = 100 % |
| 4. | | | | | | | | = 100 % |

| Off-Budget District Staff Roster | | | | | | | | |
|----------------------------------|--|-----------------|---|--|-----------------------|------------------------|---|--|
| (1) | (2) | (3) | (4) | | (5) | (6) | (7) | (8) |
| Title | Unit (check the appropriate unit) | Number of Staff | Salary/Wage | | Total Paid Hours/Week | Total Paid Weeks/ Year | Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time) | Total Off-Budget Food Service Hours/Week |
| 5. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 6. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 7. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 8. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 9. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 10. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |

Off-Budget Staff Time Allocation Grid (continued)

| (9) Breakfast Production % | (10) Lunch Production % | (11) Breakfast and Lunch Production % | (12) FFVP/After- school Snack Production % | 13) Other Meal Production % | (14) Nutrition education and promotion % | (15) Foodservice Administration % | (16) Other- Non-Production % | Total Off-Budget Food Service Total (should = 100%) |
|-------------------------------------|----------------------------------|---|---|--------------------------------------|--|--|---------------------------------------|--|
| 5. | | | | | | | | = 100% |
| 6. | | | | | | | | = 100% |
| 7. | | | | | | | | = 100% |
| 8. | | | | | | | | = 100% |
| 9. | | | | | | | | = 100% |
| 10. | | | | | | | | = 100% |

| Off-Budget District Staff Roster | | | | | | | | |
|----------------------------------|--|-----------------|---|--|-----------------------|------------------------|---|--|
| (1) | (2) | (3) | (4) | | (5) | (6) | (7) | (8) |
| Title | Unit (check the appropriate unit) | Number of Staff | Salary/Wage | | Total Paid Hours/Week | Total Paid Weeks/ Year | Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time) | Total Off-Budget Food Service Hours/Week |
| 11. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 12. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 13. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 14. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 15. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 16. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |
| 17. | <input type="checkbox"/> Food Service Department <input type="checkbox"/> School/District (other) <input type="checkbox"/> Non-school District | _____ | \$ _____ 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 | _____ hrs/wk |

Off-Budget Staff Time Allocation Grid (continued)

| (9) Breakfast Production % | (10) Lunch Production % | (11) Breakfast and Lunch Production % | (12) FFVP/After- school Snack Production % | (13) Other Meal Production % | (14) Nutrition education and promotion % | (15) Foodservice Administration % | (16) Other- Non-Production % | Total Off- Budget Food Service Total (should = 100%) |
|-------------------------------------|----------------------------------|---|---|---------------------------------------|--|--|---------------------------------------|--|
| 11. | | | | | | | | = 100% |
| 12. | | | | | | | | = 100% |
| 13. | | | | | | | | = 100% |
| 14. | | | | | | | | = 100% |
| 15. | | | | | | | | = 100% |
| 16. | | | | | | | | = 100% |
| 17. | | | | | | | | = 100% |

Process Grid for Off-Budget Staff—Instructions

To help you estimate the time spent by [TYPE OF STAFF] on food service support, I will ask you some questions about their activities. I'll need to do this for each type of support activity involving [TYPE OF STAFF].

What is the first type of support activity involving [TYPE OF STAFF]? What function is this for? *(RECORD FUNCTION FROM FOOD SERVICE FUNCTION LIST AT TOP OF PROCESS GRID AS INDICATED)*. First tell me what tasks are involved in this activity. *(LIST TASKS IN COLUMN A. REFER TO BULLETS ON FUNCTION LIST FOR PROMPTS.)*

(COMPLETE COLUMNS B-D FOR EACH STEP) Who does this step (that is, what type of employee)? If this is a step that is done many times, tell me how long it takes to do the step once and then how often it's done. If it is a one-time or infrequent step, you can just tell me the time spent per year by this type of employee on the step. *(REPEAT FOR EACH STEP UNTIL THE PROCESS GRID IS COMPLETE.)*

(COMPLETE ROW OF THE PROCESS GRID FOR EACH SUPPORT ACTIVITY INVOLVING THIS TYPE OF STAFF. START A NEW GRID IF STAFF TYPE DOES MORE THAN ONE FUNCTION. WHEN ROWS ARE COMPLETE FOR THIS TYPE OF STAFF, ASK:) Are there any other food service support functions or activities for this type of staff that we have missed? Are there any that we counted more than once?

(REPEAT FOR EACH TYPE OF STAFF ON OFF-BUDGET STAFF ROSTER FOR WHOM A PROCESS GRID IS NEEDED.)

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|--------------------------------------|--|--|---|-------------------------|--|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 1. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 2. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 3. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|---|---|---|---|-------------------------------|---|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 4. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 5. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 6. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|---|---|---|---|-------------------------|---|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 7. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 8. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 9. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|---|---|---|---|-------------------------|---|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 10. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 11. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 12. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|---|---|---|---|-------------------------|---|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 13. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 14. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 15. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

Process Grid for Off Budget Staff: Function:

| (a) Describe applicable tasks | (b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number) | (c) How many employees of this type do this task? | (d) How many hours per week does each person of this type spend on this task during the July 2014 – June 2015 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M | | |
|---|---|---|---|-------------------------|---|
| | | | Hours per Week? <i>or other period if necessary</i> | | Weeks per Year? <i>or other period if necessary</i> |
| 16. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 17. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| 18. | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

END OF OFF-BUDGET DISTRICT STAFF INTERVIEW AND BOOKLET #2 SCRIPT.

That is the end Off-Budget District Staff Interview. We may contact you later if we have follow-up questions.

Those are all of my questions for you today. Thank you for taking the time to complete these interviews with me. Your participation is vital to the success of the School Nutrition and Meal Cost Study.

Prepared by Mathematica Policy Research and Abt Associates

OFF-BUDGET DISTRICT STAFF INTERVIEW GUIDE

Definitions for Support Function Cost Grid

Programs are activities or services, such as instruction and food service, that have identifiable direct costs. These direct costs may be charged to grants or other special-purpose accounts, or to the school district's general fund.

Indirect costs are overhead-type costs that benefit the organization as a whole, such as the costs of human resources, accounting, payroll, and facilities maintenance units. (See instructions in SFA Indirect Cost Questionnaire for the following.) For the purposes of this study, the indirect costs for your school district are those that are included in the [indirect cost rate/other cost allocation plan].

The support functions are defined as follows:

“Accounting, budget, finance, and payroll” includes tasks to process payments to and from the school district, maintain financial records, manage cash, and produce financial reports.

“Data processing operations and programming” includes all support for mainframe, server, and client computers, and for communications networks (voice and data).

“Administration of personnel, benefits, and human resources” includes recruiting, hiring, enrollment/disenrollment in benefit plans, and other human resource (HR) administration functions. This does not include the costs of non-HR personnel or the cost of employee benefits (health/dental insurance, pension/retirement, tuition assistance etc.).

“Purchasing and contracting” includes solicitation and review of bids for purchases and contracts, preparation and negotiation of purchasing agreements and contracts, processing purchase requests and purchase orders, and managing contracts (other than processing of contractor invoices).

“General administration and policy” includes the Superintendent, School Board, support staff assigned to the school board, and other administration not listed elsewhere.

“Custodial and janitorial” means routine cleaning, storage, setting up/rearranging furniture, and other work performed by staff or contractors whose primary work is routine cleaning, storage, and setting up/rearranging furniture.

“Building operations and maintenance” means services of this type not provided by custodial/janitorial staff, particularly more skilled services (such as heating/ventilation/air conditioning maintenance or repair).

“Equipment and vehicle operations and maintenance” includes management of motor pools, routine maintenance and repair of vehicles, and routine maintenance and report of equipment.

“Refuse disposal, pest control, other sanitation” refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.

“Security” includes tasks to ensure the safety of students, district personnel, and district property.

“Storage and transportation of goods” refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.

“Providing and maintaining uniforms” includes obtaining, distributing, and cleaning uniforms for district personnel.

“Medical/health services and supplies” refers to school-based health services such as a school nurse, traditional first aid, administration of medications, screening services (vision, hearing), counseling, mental health services, etc.

OFF-BUDGET DISTRICT STAFF INTERVIEW GUIDE

Handout 4: Food Service Function List for Off-Budget Staff Allocation Grid

Column

9. Breakfast Production

- 9a. Making ready, preparing and serving food.
- 9b. Collecting money, meal tickets, or other payments at breakfast.
- 9c. Cleaning up after breakfast (kitchen and serving area).
- 9d. Any other work that involves direct production for breakfast.
- 9e. Supervising students during meals

10. Lunch Production

- 10a. Making ready, preparing and serving food.
- 10b. Collecting money, meal tickets, or other payments at lunch.
- 10c. Cleaning up after lunch (kitchen and serving area).
- 10d. Any other work that involves direct production for lunch.
- 10e. Supervising students during meals

11. Breakfast and Lunch Production

- 11a. Making ready, preparing and serving food for both breakfast and lunch.
- 11b. Collecting money, meal tickets, or other payments for both breakfast and lunch (if done at the same time).
- 11c. Cleaning up after breakfast and lunch (if done at the same time).
- 11d. Any other work that involves direct production for both breakfast and lunch.

12. Fresh fruit and vegetable program (FFVP)/After-school Snack Production

- 12a. Making ready, preparing and serving foods for snacks.
- 12b. Collecting money, meal tickets, or other payments for snacks.
- 12c. Cleaning up after snacks (kitchen and serving area).

13. Other Meal Production

- 13a. Making ready, preparing and serving or shipping catered meals (for special dinners at school, Meals on Wheels, senior citizen centers, Head Start or other child care programs, etc.).
- 13b. Any other work that involves direct production for meals other than breakfast, lunch, and FFVP/after-school snacks.

14. Nutrition education and promotion (includes messages about healthy eating and participating in school meals)

- 14a. Placing displays, banners, or other visual messages in school facilities
- 14b. Demonstrations or events to promote healthy eating
- 14c. Distributing materials to students or parents (newsletters, recipes, etc.)
- 14d. Training for school personnel for nutrition education/ promotion
- 14e. Meetings of teams or advisory groups to plan and assess nutrition education/promotion activities (at school or elsewhere)
- 14f. Planting, maintaining, and harvesting school gardens
- 14g. Involving students in planning the menu, naming menu items, or taste-testing new items

- 14h. Nutrition education/promotion activities included in classroom curricula
- 14i. Developing and monitoring school wellness policies
- 14j. Other activities related to Team Nutrition, Healthier US School Challenge, or other Federal/State nutrition education/promotion programs

15. Foodservice Administration

- 15a. Accounting, budget, finance, and payroll
- 15b. Data processing operations and programming
- 156c. Administration of personnel, benefits, and human resources
- 15d. Purchasing and contracting
- 15e. General administration and policy
- 15f. Food service management and administration:
 - 15f.1 Menu planning and nutritional analysis.
 - 15f.2 Maintaining student payment accounts for meals.
 - 15f.3 Preparing and distributing applications for free/ reduced-price meals.*
 - 15f.4 Obtaining and processing data for direct certification.
 - 15f.5 Processing applications for free/reduced-price meals.*
 - 15f.6 Selecting verification sample from applications for free/reduced-price meals.*
 - 15f.7 Conducting verification of applications for free/reduced-price meals.*
 - 15f.8 Updating student certification status and records.
 - 15f.9 Counting and claiming reimbursable meals

16. Other Non-Production Activities

- 16a. Custodial, janitorial, building operations, and maintenance of facilities i.e., cleaning and maintenance of buildings and other fixed assets used in food service (kitchens, warehouse space, and administrative space).
- 16b. Food service equipment maintenance.
- 16c. Maintenance and operation of vehicles and other equipment used in storage and transportation.
- 16d. Refuse disposal, pest control, security, and other services related to buildings and other fixed assets used in food service.
- 16e. Storage and transportation of goods:
- 16f. Receiving and storing food and supplies.
 - 16f.1 Preparing and loading deliveries of food and supplies from a central storage point to production sites.
 - 16f.2 Transporting food and supplies to production sites.
 - 16f.3 Transporting prepared food from production kitchens to satellite kitchens.
- 16d. Providing and maintaining uniforms
- 16e. Medical/health services and supplies

* Only include applications for Free/Reduced Price Meals. CEP and Provision 2/3 districts and schools should not include alternate forms, which may resemble applications but are not used for Free/Reduced Price Meal or Provision 2/3 eligibility.

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

OMB Control # 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
School Principal Interview Guide**



SFA Name: _____

School ID #: _____ School Name [INSERT SCHOOL NAME HERE]

Principal Name: _____

Principal Phone: _____

Principal email: _____

INTRODUCTION

Thank you for participating in the School Nutrition and Meal Cost Study. The purpose of this interview is to obtain information about the time and costs spent by staff of this school in support of the school meals programs. Should you have any questions about this study, please call 855-###-#### at Abt Associates, Inc.

About the Study. The *School Nutrition and Meal Cost Study* (SNMCS) will continue the long-standing commitment of the US Department of Agriculture’s (USDA’s) Food and Nutrition Service (FNS) to periodic assessment of the school meal programs. This current assessment coincides with a period of considerable change for the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). In recent years, schools participating in these programs implemented sweeping regulatory changes designed to increase children’s access to healthy foods at school and to promote adoption of healthy eating and physical activity habits. While FNS has conducted multiple studies of school nutrition and meal costs to date, SNMCS is the first such study after these major changes were implemented and the first to explore both nutrition and cost on a large national scale. This study will provide critical information of interest to USDA, the States, School Food Authorities (SFAs), and other program stakeholders that is not currently available.



The USDA Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research and its research partners Abt Associates, Agralytica, and Relyon Media to conduct the SNMCS for SY 2014-2015. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

SNMCS will collect a broad range of data from nationally representative samples of public SFAs, schools, and students and their parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with needed information about how federally sponsored school meal programs are operating after implementation of the new meal pattern and nutrient requirements and other changes in regulations. Comparisons of results from SNMCS with previous School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC) studies will provide information to assess the effects of the new nutrition standards on food service operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.

Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We will inform parents of the study and our privacy practices. Any selected parent or student can choose not to participate in the study. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.

1. Please refer to the list of Food Service Activities That May Involve Non-Food Service Staff. This list identifies food service-related activities that may be done entirely or in part by school staff who are not food service staff. Please tell me which of these activities involve you or other staff of this school, **excluding** employees of the food service department. *(If necessary, say:) We'll go into the details of what you do later. For now, just tell me whether the school performs any activities that fall under the main categories on the list. (Check one response for each activity.)*

| ACTIVITY | YES | NO | REFUSED | DON'T KNOW |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A Distributing & processing applications for free or reduced-price meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B Direct certification and other certification from lists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C Verifying income of free/reduced-price students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D Cleaning food service areas and other custodial services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E Management of cafeteria personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F Supervising students during meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G Menu planning and other policy decisions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H Ordering, storing, and transporting food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I Collecting meal payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J Counting and claiming reimbursable meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K Nutrition education and promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Are there other food service activities that I have not listed in which you or your staff are involved? If so, please describe these activities.

- a. _____
- b. _____
- c. _____
- d. _____

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. Once the Staffing and Time Grids are completed, you will write all the titles/positions you have captured on this form in column (1) of the School Administrative Staff Roster. This roster will then be given to the SFA Director or the Business Manager to complete with salary and hours worked information.*

To respondents: You have just identified activities for the school meals programs that non-food service staff in your school perform. I want to find out how much time the staff in your school spends each year for each of these activities. The reference period is the program year July 2014 – June 2015, so you will need to base your responses on your experience from July 2014 through the present, and your best estimate for the period from now through June 2015.

3. Before we turn to the Grids, please tell me how many weeks your school will be in session during the year? Please **exclude** breaks of a week or longer.

_____ weeks or _____ days

4. How many hours per school day does a typical salaried administrative staff person in your school work?

_____ hours/day

For each general activity that you have identified, I will ask you questions about specific tasks that are related. Here is a handout with the questions that I will ask you for each task. (*Read through the Principal Cost Interview Guide Handout*). Do you have any questions before we start?

Instructions script for school principal

Now, let's start with *(read first circled activity in Question 1 and go to the handout for this activity)*. The first task for this activity is *(read task 1 description on handout for this activity)*. Does any school staff member do this task? Do not include school foodservice staff. *(If yes, write task number and name in column a. Complete columns b-d for each task that staff perform.)*

Complete the Staffing and Time Grid for each activity identified in Question 1. 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.

For each task you list in column a, ask Questions B-D to obtain time estimates. Start with asking for an estimate of hours per week. If the respondent is unable to provide an estimate in terms of hours per week, then try to get an estimate for some other time period like day, month, or year. When the respondent can only provide time estimates for a set of combined tasks, write the task numbers that are being combined in column a, and then fill out the appropriate time estimate in columns c and d.

(After completing all tasks for each activity:) 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 task description in column a, assign Activity letter, and complete columns b-d, using the questions in the column headings.)

(When all Staffing and Time Grids are complete, ask:) Are there any other activities related to the school meals programs that you do that we have missed? Are there any that we counted more than once? (Follow script to identify missing tasks after the Staffing and Time Grids. Then complete Staff Roster Checklist.)

School Nutrition and Meal Cost Study

Principal Cost Interview Guide Handout

- 1. Does any employee of this school (other than food service workers) perform this task?**
- 2. What types of employees do this task (i.e., title, position, etc.)?**
- 3. How many employees of this type do this task?**
- 4. How many hours per week does each person of this type spend on this task? For how many weeks per year?**
 - If more than one type of employee does this task, please tell me how many hours per week 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.
 - It is best if you can provide the estimate of hours per week, and number of weeks per year. Usually the number of weeks is the length of the school year, unless the task happens outside of the school year.

If not per week, is this time per day, per month, or per year? For how many days or months?

- Here are some other ways to estimate the time:
 - If a task is done each day during the school year, take the time per day and multiply by the average number of days per week to get an estimate of the number of hours per week the type of person spends on the task.
 - If a task is done on a monthly basis, please tell me the hours per month and the number of months per year.
 - 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.
- 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.
 - Example: An employee spends 30 hours per week processing school meals applications in the month before the start of school and 5 hours per month for the 9 months of the school year. Tell me the time for the first month and then the time for the other 8 months.
- Provide the time period that goes with the number of hours spent on the task.

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.

Food Service Function List for School Staff

Food Service Activities That May Involve Non-Food Service Staff

Activity A: Distributing and processing applications for free or reduced price meals

- A1. Distributing applications (i.e. printing, mailing, handing out at meetings)
- A2. 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.)
- A3. Maintaining and providing support for online applications
- A4. Collecting and checking applications, resolving problems, and adding school information
- A5. Approving/rejecting applications and notifying parents
- A6. Compiling lists of eligible students
- A7. Updating lists to include transfers and other changes

Activity B: Direct certification and other certification from lists

- B1. Direct certification of students for free meals using program data (SNAP/Food Stamps, TANF/welfare, Medicaid, or other)
 - B1.a. Processing batches of students
 - B1.b. Lookups for individual students
- B2. Other certification of students for free meals from lists (foster children, homeless, migrants, Head Start, etc.)
 - B2.a. Certification from Homeless List
 - B2.b. Certification from Head Start List
 - B2.c. Certification from foster care list
 - B2.d. Certification from other lists (runaways, migrants)
- B3. Reporting on direct certification, calculating the identified student percentage (ISP) for school

Activity C: Verifying income of free/reduced price students

- C1. Selecting applications for verification
- C2. Sending out requests for proof of eligibility, answering questions
- C3. Verifying applications using SNAP/Food Stamp, TANF/welfare, or Medicaid information (direct verification)
- C4. Reviewing information provided by parents, verifying eligibility, and following up on missing information
- C5. Notifying parents of changes in eligibility
- C6. Reporting on verification

Activity D: Cleaning food service areas and other custodial services

- D1. Clean-up in kitchen area (dishes, trays, garbage, etc.)
- D2. Maintenance and repairs of facilities and equipment

Food Service Activities That May Involve Non-Food Service Staff (continued)

Activity E: Management of cafeteria personnel

- E1. Hiring new staff
- E2. Performance reviews or evaluations
- E3. Resolving personnel problems

Activity F: Supervising students during meals

- F1. Supervising students during breakfast
- F2. Supervising students during lunch
- F3. Supervising students during after-school snacks

Activity G: Menu planning and other policy decisions

- G1. Menu planning (routine, special occasions)
- G2. Setting meal schedules
- G3. Other policy decisions regarding school foodservice (for example, availability of a la carte items)

Activity H: Ordering, storing and transporting food (*Includes only food purchased with foodservice funds*)

- H1. Receiving deliveries of food and/or supplies, other “heavy lifting”
- H2. Picking up food and/or supplies at storage sites
- H3. Stocking vending machines or school store with food

Activity I: Collecting meal payments

- I1. Collecting money at meals
- I2. Collecting money owed for meals
- I3. Collecting money from cafeterias
- I4. Receiving money for student meal payment accounts or selling meal tickets
- I5. Depositing money for meals or meal tickets
- I6. Selling meal tickets
- I7. Issuing meal payment cards or ID /PIN numbers (other than regular student ID/PIN)
- I8. Maintaining student meal payment accounts
- I9. Reconciling deposits to bank statements

Activity J: Counting and claiming reimbursable meals

- J1. Compiling meal counts for breakfast
- J2. Compiling meal counts for lunch
- J3. Compiling meal counts for after-school snacks
- J4. Reporting on meal counts
- J5. Submitting meal claims to State

Food Service Activities That May Involve Non-Food Service Staff (continued)

Activity K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)

- K1. Placing displays, banners, or other visual messages in school facilities
- K2. Demonstrations or events to promote healthy eating
- K3. Distributing materials to students or parents (newsletters, recipes, etc.)
- K4. Training for school personnel for nutrition education/promotion
- K5. Meetings of teams or advisory groups to plan and assess nutrition education/promotion activities (at school or elsewhere)
- K6. Planting, maintaining, and harvesting school gardens
- K7. Involving students in planning the menu, naming menu items, or taste-testing new items
- K8. Nutrition education/promotion activities included in classroom curricula
- K9. Other activities related to Team Nutrition, Healthier US School Challenge, or other Federal/State nutrition education/promotion programs
- K10. Local Wellness Policy development and monitoring

| Staffing and Time Grid | | | | | |
|---|--|--|---|-------------------------|-----------------------|
| (a) Is this task done by school staff? <i>(List task # and task name performed by school staff)</i> | (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 2014 – June 2015 program year? <i>(fill in hours and number of periods, and circle type of period)</i> | | |
| | | | Hours per Week/Other Period | | # Weeks/Other Periods |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
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| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
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| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

D=Day, W=Week, M=Month, Y=Year.

| Staffing and Time Grid | | | | | |
|---|--|--|---|-------------------------|-----------------------|
| (a) Is this task done by school staff? <i>(List task # and task name performed by school staff)</i> | (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 2014 – June 2015 program year? <i>(fill in hours and number of periods, and circle type of period)</i> | | |
| | | | Hours per Week/Other Period | | # Weeks/Other Periods |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

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| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
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| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____hrs per | D W M Y Other: _____ | For: _____ D W M |

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| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |
| | | | _____ hrs per | D W M Y Other: _____ | For: _____ D W M |

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Script to identify missing tasks

(Look at Question 2 responses first and follow "Instructions to interviewer" below, for each task listed. Then ask if there are any additional tasks using the prompt below.)

Are there other tasks related to the school meals programs 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 Staff Roster Checklist)

Instructions to interviewer: Write the identified missing tasks and the letter for the appropriate Activity for the task (A-K) in the next blank space in the Staffing and Time Grid. Make sure that the task has not already been previously listed. Then, fill in the applicable staff type, number of staff, time per period, and periods per year.

Note to interviewers: When you have completed the Staffing and Time Grid, you will need to copy all the title/positions listed in this interview onto the School Administrative Staff Roster. Be sure to copy each title/position once, and list it with the exact text and phrasing you used in this interview. In the end, we need to link the hours listed above to the salary for that position.

STAFF ROSTER CHECKLIST

Verify the following information for each roster. Check OK or Follow Up in the Column on the left.

- There is an entry on the roster for each type of employee on mentioned in the Staffing and Time Grid. If needed, add any staff types not already listed on Roster.
- Every type of employee referenced on the salary roster is included on at least one staffing grid.

The School Administrative Staff Roster should now be given to either the SFA Director, or Business Manager to complete with salary and hours worked information.

Prepared by Mathematica Policy Research and Abt Associates

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OMB Control No.: 0584-0596

Expiration Date: 08/31/2017

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
School Nutrition Manager Cost Interview**



NOTE: This instrument should also be used for CENTRAL KITCHENS

SFA Name #: _____
School ID#: _____
School Name: _____
School Nutrition Mgr. Name: _____
School Nutrition Mgr. Phone: _____
School Nutrition Mgr. email: _____

INTRODUCTION

Thank you for participating in the School Nutrition and Meal Cost Study. Please review and complete this package in preparation for our site visit to collect data about school meal program costs. Should you have any questions about this study, please call (855) ###-#### at Abt Associates Inc.

About the Study. The *School Nutrition and Meal Cost Study* (SNMCS) will continue the long-standing commitment of the US Department of Agriculture’s (USDA’s) Food and Nutrition Service (FNS) to periodic assessment of the school meal programs. This current assessment coincides with a period of considerable change for the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). In recent years, schools participating in these programs implemented sweeping regulatory changes designed to increase children’s access to healthy foods at school and to promote adoption of healthy eating and physical activity habits. While FNS has conducted multiple studies of school nutrition and meal costs to date, SNMCS is the first such study after these major changes were implemented and the first to explore both nutrition and cost on a large national scale. This study will provide critical information of interest to USDA, the States, School Food Authorities (SFAs), and other program stakeholders that is not currently available.



The USDA Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research and its research partners Abt Associates, Agralytica, and Relyon Media to conduct the SNMCS for SY 2014-2015. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

SNMCS will collect a broad range of data from nationally representative samples of public SFAs, schools, and students and their parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with needed information about how federally sponsored school meal programs are operating after implementation of the new meal pattern and nutrient requirements and other changes in regulations. Comparisons of results from SNMCS with previous School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC) studies will provide information to assess the effects of the new nutrition standards on foodservice operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.

Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We will inform parents of the study and our privacy practices. Any selected parent or student can choose not to participate in the study. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.

Instructions to Interviewers for Completing the School Nutrition Manager Cost Interview

Review introduction with School Nutrition Manager before proceeding with interview.

Step 1: Complete The Kitchen Staff Time Allocation Grid.

Introduction:

I want to find out how much time the people who work in this kitchen spend on preparing meals and other foodservice activities. We will do this by completing a “time ladder” that represents the staff’s daily schedules. It may help if you have access to the schedules or time cards for the staff.

General instructions: The allocation grid represents a schedule of all foodservice staff in the school, i.e. an arrangement of staff across tasks over time for one day. You will collect this information for the prior week (five working days). This is the reference week. If Monday was a holiday then use the schedule for the most recent Monday that was a working day (similarly for any other weekday that was a holiday). Thus, you will complete Kitchen Staff Time Allocation Grids for five days for each school visited. Begin by completing one form for the first day of the reference week. This will be the reference day for completing the grids for the other four days.

Step by step instructions for completing the grid:

1. Header. Record the contact information. Circle the day of the reference week.

When did the first staff member arrive on [reference day], and when did the last staff member leave? (Record opening and closing times.)

2. Schedule 1. (Record School Nutrition Manager’s title in first column of grid.) **Let’s start with your work schedule on [reference day].**

- a) **When did you start work? At this time, which of the activities listed on the handout did you start working on?**

Show the FSM the Definitions of Activities for Kitchen Staff Time Allocation Grids and record the activity code in the cell for the start work time.

- b) **When did you finish this activity?**

Draw a vertical arrow through the cells (going down the column) to indicate the duration of time spent on that activity.

- c) **Which of the activities did you do next, and when did you finish this?**

Enter the code for this activity in the cell for the activity start time and draw a vertical arrow down to the time this activity ended.

- d) **Continue with this process until the School Nutrition Manager’s whole day is mapped out. Leave the Total for the Day rows blank.**

3. Schedules 2-5. Next, ask the School Nutrition Manager about the other kitchen staff –

- a) **Are there any kitchen staff that have an identical schedule on this day? In other words, are there kitchen staff who worked on the same activities for the same time periods?**

If yes, then record each unique title in a separate column, complete the schedule for the first title, and write the code SAP = Same as Previous for the other titles that share the same schedule for that day.

- b) **On [reference day] were there any other kitchen staff or groups of staff with the same title that shared a schedule of activities different from the schedule we just created?**

If yes, follow the same procedure of recording unique titles in each column, completing the shared schedule for the first title and then enter the code SAP = Same as Previous for the other titles that share that schedule for the day.

4. Repeat the process until all of the kitchen staff are accounted for on the reference day. If there are more than five distinct staff schedules or staff categories present for the reference day, start another page and mark "Page 2" in the upper right corner. Note that there may be individual staff that do not share a work schedule with any other staff. In such cases each person has a separate column with "1" entered for Number of People. Use additional pages if needed. Note that if a worker did more than one activity during a time interval of 30 minutes or more, determine the approximate amount of time spent on the two tasks during the time. If an activity took less than 8 minutes of the time interval, disregard it.

5. Other Days of the Week. **Was the schedule for all personnel for the day after the [reference day] the same?**

If so, circle the day at the top. If not, start a new form for that day. Repeat the process until you have accounted for all days of the Target Week.

Review

- *If there seems to be activity that is inappropriate for a Title/Position, verify that you have recorded the time under the correct activity and note this on the grid.*
- *Make certain that you have accounted for all of the time for each Title/Position from the start of the day until they leave. There should be no gaps in the time ladder. Ask for an explanation for any gap and correct the grid if needed.*

Step 2: Fill out the Cafeteria/Kitchen Staff Roster.

Complete the Cafeteria/Kitchen Staff Roster columns (1), (2) and (7) with the School Nutrition Manager after the Time Allocation Grid is complete.

1. Copy the Title/Position and Number of People from the first column of the Time Allocation Grid to the first row of the Cafeteria/Kitchen Staff Roster. NOTE: the Title/Position, Number of People and order must match exactly between the Time Allocation Grid and the Roster – as these two need to be linked in analysis.
2. Ask the School Nutrition Manager:

What percent of this person's time is spent on foodservice activities? (if needed) please include all types of meals and non-production tasks related to foodservice operations. Record this percent in the last column of the roster, column (7) Foodservice Percent.

Repeat this process creating a new row on the Roster for each Title/Position column in the Time Allocation Grid.

Review

- Make certain that the total number of staff on the grids is equal to the total number of staff on the Cafeteria/Kitchen Staff Roster.
- Give the Cafeteria/Kitchen Staff Roster to the SFA Director or the Business Manager to complete.

Kitchen Staff Time Allocation Grid

Schedule Days: **M Tu W Th F** Opening Time: _____ Closing Time: _____

Activity Codes

- BP = Set up / Make **Breakfast**
- BS= Serve **Breakfast**
- LP = Set up / Make **Lunch**
- LS= Serve **Lunch**
- JP = Set up/Make both **Breakfast and Lunch**
- SP=Set up/Make **Snacks**
- SS= Serve **Snacks**
- OP = Set up / Make **Other Meals**
- OS = Serve **Other Meals**
- EP = Nutrition **Education/Promotion**
- A = Foodservice **Administration**, etc.
- NF = **Non-Foodservice** Activity
- Break = **Breaks** / Non-Assignable Work
- OFF =Off work before / after the workday

| Time of Day | Schedule | | | | |
|----------------------|----------|----------|----------|----------|----------|
| | Schedule | Schedule | Schedule | Schedule | Schedule |
| Title / Position (s) | | | | | |
| Number of People | | | | | |
| 5:00 – 5:15 AM | | | | | |
| 5:15 – 5:30 | | | | | |
| 5:30 – 5:45 | | | | | |
| 5:45 – 6:00 | | | | | |
| 6:00 – 6:15 AM | | | | | |
| 6:15 – 6:30 | | | | | |
| 6:30 – 6:45 | | | | | |
| 6:45 – 7:00 | | | | | |
| 7:00 – 7:15 AM | | | | | |
| 7:15 – 7:30 | | | | | |
| 7:30 – 7:45 | | | | | |
| 7:45 – 8:00 | | | | | |
| 8:00 – 8:15 AM | | | | | |
| 8:15 – 8:30 | | | | | |
| 8:30 – 8:45 | | | | | |
| 8:45 – 9:00 | | | | | |

| | | | | | |
|-------------------------|--|--|--|--|--|
| 9:00 – 9:15 AM | | | | | |
| 9:15 – 9:30 | | | | | |
| 9:30 – 9:45 | | | | | |
| 9:45 – 10:00 | | | | | |
| 10:00 – 10:15 AM | | | | | |
| 10:15 – 10:30 | | | | | |
| 10:30 – 10:45 | | | | | |
| 10:45 – 11:00 | | | | | |
| 11:00 – 11:15 AM | | | | | |
| 11:15 – 11:30 | | | | | |
| 11:30 – 11:45 | | | | | |
| 11:45 – 12:00 | | | | | |
| 12:00 – 12:15 PM | | | | | |
| 12:15 – 12:30 | | | | | |
| 12:30 – 12:45 | | | | | |
| 12:45 – 1:00 | | | | | |
| 1:00 – 1:15 PM | | | | | |
| 1:15 – 1:30 | | | | | |
| 1:30 – 1:45 | | | | | |
| 1:45 – 2:00 | | | | | |
| 2:00 – 2:15 PM | | | | | |
| 2:15 – 2:30 | | | | | |
| 2:30 – 2:45 | | | | | |
| 2:45 – 3:00 | | | | | |

| | | | | | |
|-----------------------|--|--|--|--|--|
| 3:00 – 3:15 PM | | | | | |
| 3:15 – 3:30 | | | | | |
| 3:30 – 3:45 | | | | | |
| 3:45 – 4:00 | | | | | |
| 4:00 – 4:15 PM | | | | | |
| 4:15 – 4:30 | | | | | |
| 4:30 – 4:45 | | | | | |
| 4:45 – 5:00 | | | | | |

For times before 5 AM or after 5 PM, use the grid on the next page.

| | | | | | | |
|----------------------|----------------------------|--|--|--|--|--|
| Total for Day | Breakfast | | | | | |
| | Lunch | | | | | |
| | Breakfast and Lunch | | | | | |
| | Snacks/Other Meals | | | | | |
| | Nutrition Ed./Prom. | | | | | |
| | Administration | | | | | |
| | Non-Food | | | | | |
| | Breaks | | | | | |

SCHOOL NUTRITION MANAGER INTERVIEW

HANDOUT A – List of Cafeteria/Kitchen Staff Tasks

Definitions of Activities for Kitchen Staff Time Allocation Grids

1. **Breakfast Production**
 - Producing foods for breakfast
 - Cleaning up production area after breakfast
2. **Breakfast Serving**
 - Serving breakfast
 - Collecting money, meal tickets, or other payments for breakfast
 - Cleaning up serving area and cafeteria during/after breakfast
3. **Lunch Production**
 - Producing foods for lunch
 - Cleaning up production area after lunch
4. **Lunch Serving**
 - Serving lunch
 - Collecting money, meal tickets, or other payments
 - Cleaning up after serving area and cafeteria during/after lunch
5. **Breakfast and Lunch Production**
 - Producing foods for both breakfast and lunch (such as baking foods offered at breakfast and lunch)
 - Cleaning up production area after both breakfast and lunch
6. **Breakfast and Lunch Serving**
 - Serving foods offered for both breakfast and lunch at the same time
 - Collecting money, meal tickets, or payments for both breakfast and lunch
 - Cleaning serving area or cafeteria after both breakfast and lunch
7. **Snack Production**
 - Producing foods for FFVP or after-school snacks
 - Collecting money, meal tickets, or other payments for snacks
 - Cleaning production area after snacks
8. **Snack Serving**
 - Serving FFVP or after-school snacks
 - Cleaning up serving area and cafeteria after snacks
9. **Other Meal Production**
 - Producing meals other than breakfast, lunch, or FFVP/after-school snacks (such as special events, catered meals produced for other facilities, or other meals not counted as reimbursable meals by this SFA)
 - Includes cleaning up production area after preparing these meals
10. **Other Meal Serving**
 - Serving meals other than breakfast, lunch, or FFVP/after-school snacks (such as special events, catered meals produced for other facilities, or other meals not counted as reimbursable meals by this SFA)
 - Includes cleaning up serving area and cafeteria after these meals

11. **Nutrition education and promotion**
 - Activities to promote healthy eating and participation in school meals
 - Includes related communications, events, planning, and training
 - Also includes development and monitoring of school wellness policies
12. **Foodservice Administration**
 - Preparing, distributing and processing applications
 - Conducting income verification
 - Updating student status and records
 - Ordering and purchasing food and supplies
 - Planning, budgeting and management for foodservice program
 - Menu planning and nutritional analysis
 - Record keeping, accounting and data processing for foodservice program.
13. **Other Non-Production Activities**
 - Cleaning, maintenance, and security of foodservice space and equipment
 - Receiving, storing and/or transporting food and supplies
 - Maintenance of vehicles and other equipment used in storage and transportation.

Prepared by Mathematica Policy Research and Abt Associates

School Nutrition and Meal Cost Study

Follow-Up SFA Director and Business Manager Cost Interview

Includes the following instruments:

Foodservice Expense Statement Follow-Up
Foodservice Revenue Statement
Foodservice Indirect Cost Questionnaire Follow-Up



Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
Foodservice Expense Statement Follow-Up**



- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

Name: _____ Title: _____

Phone: _____ email: _____

Name: _____ Title: _____

Phone: _____ email: _____

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School Foodservice Expense Statement

1. CHECK ONE BASED ON INFORMATION PROVIDED IN ADVANCE AND PRE-RECORD TOTALS FOR EXPENSE CATEGORIES A-E ON THE FOODSERVICE EXPENSE STATEMENT WORKSHEET:

2014-2015 FISCAL YEAR EXPENSE REPORT TO STATE CHILD NUTRITION AGENCY PROVIDED

2014-2015 FISCAL YEAR EXPENSE STATEMENT FOR SCHOOL FOODSERVICE ACCOUNT FROM DISTRICT FINANCIAL STATEMENTS PROVIDED

At this time I want to review your SFA's statement of foodservice expenses for the 2014-2015 Fiscal Year.

2. Please confirm what period the final expense statement covers.

PERIOD COVERED BY STATEMENT: ___/___/___ to ___/___/___

INTERVIEWER: REVIEW HIGHLIGHTED PHASE II EXPENSE STATEMENT AND FOLLOW-UP QUESTIONNAIRE, AS WELL AS THE LIST OF QUESTIONS FROM THE ABT ABTRACTOR. ASK RESPONDENT FOR CLARIFICATION OR FINAL AMOUNTS ONLY FOR QUESTIONS FLAGGED BY ABSTRACTOR.

School Foodservice Expense Statement Worksheet

I have some questions to understand how the expenses are reported. I'll start with Labor and then ask about non-labor expenses.

GIVE THE RESPONDENT HANDOUT 2: EXPENSE ITEMS, AND INVITE THEM TO FOLLOW ALONG WITH YOU

| MAJOR CATEGORY <i>Sub Category</i> Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|---|--|---|--|--------------------------------------|---|
| A. LABOR <i>Salaries and Wages of</i> | | | | | |
| 1. Regular foodservice employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ _____ | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 2. Other regular district employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ _____ | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 3. Temporary employees | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ _____ | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| Total Salaries and Wages..... | | | | \$ _____ | |

| MAJOR CATEGORY <i>Sub Category</i> Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|--|--|---|--|--------------------------------------|--|
| <i>Fringe benefits and payroll taxes</i> | | | | | |
| 4. Social security taxes (including Medicare and FICA) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 5. Unemployment compensation (government benefit) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 6. Worker's compensation (Private Insurance) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 7. Health insurance | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 8. Pension contributions (Retirement) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 9. Other benefits (life insurance, disability insurance, sick leave, long term disability, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| Total Fringe Benefits and Payroll Taxes..... | | | | \$ _____ | |
| TOTAL LABOR COST..... | | | | \$ _____ | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|------------------------|---|---|--|--------------------------------------|--|
|------------------------|---|---|--|--------------------------------------|--|

B. OTHER DIRECT OPERATING COSTS

Supplies and expendable equipment:

| | | | | | |
|--|--|--|--|--|---|
| 1. Food production supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 2. Transportation supplies (gas, grease, oil, tires, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 3. Office supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 4. Other supplies and expendable equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |

Total Supplies and Expendable Equipment..... \$ _____

Utilities:

| | | | | | |
|-----------------------------------|--|--|--|--|---|
| 5. Energy | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 6. Other utilities (water, sewer) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |

Total Utilities..... \$ _____

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|-----------------------------|--|---|--|--------------------------------------|---|
| Rent: | | | | | |
| 7. Equipment/vehicle rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 8. Storage space rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 9. Other space rental | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| Total Rent | | | | \$ _____ | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014- 2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? | | |
|---|--|---|--|--|---|---|---|
| B. OTHER DIRECT OPERATING COSTS (continued from previous page) | | | | | | | |
| Contracted services/interagency payments: | | | | | | | |
| 10. Professional services | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 11. Foodservice management company fees, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 12. Repairs and maintenance of equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 13. Storage | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 14. Transportation | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 15. Insurance and bond premiums | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 16. Other services | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) | <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| Total contracted services/interagency payments..... | | | | | \$ _____ | | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|--|--|---|--|--------------------------------------|--|
| Miscellaneous direct operating costs: | | | | | |
| 17. Communications | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 18. Travel/miscellaneous | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| Total miscellaneous direct operating costs..... | | | | \$ _____ | |
| TOTAL OTHER DIRECT OPERATING COSTS..... | | | | \$ _____ | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|--|--|---|--|--------------------------------------|--|
| C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS | | | | | |
| Equipment purchase: | | | | | |
| 1. Kitchen equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 2. Motor vehicles | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| 3. Other equipment | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET (Provide estimate) \$ _____ |
| Total Equipment Purchase Cost..... | | | | \$ _____ | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Direct Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|---|--|---|--|--------------------------------------|--|
| Equipment depreciation: | | | | | |
| 4. Cafeteria/kitchen | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 5. Other | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| Total Depreciation Cost..... | | | | \$ _____ | |
| TOTAL EQUIPMENT PURCHASE AND DEPRECIATION..... | | | | \$ _____ | |

| MAJOR CATEGORY Item | A. Is [ITEM] listed on the expense statement as its own separate line item? | B. Is some or all of [ITEM] included in another line item on the expense statement? | C. (IF YES TO B) Which major category and sub-category contains this cost? | D. Fiscal Year 2014-2015 Cost | E. (IF NO TO A AND B) Why is this item not included as an expense? |
|------------------------------------|--|---|--|-------------------------------|---|
| D. INDIRECT COSTS | | | | | |
| 1. Indirect cost for SY2014-2015 | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| 2. Indirect cost for prior year(s) | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | <input type="checkbox"/> SEPARATE DOC. (Collect and Record in Column D) <input type="checkbox"/> OFF-BUDGET |
| TOTAL INDIRECT COSTS..... | | | | \$ _____ | |

| COSTS (OTHER THAN FOOD COSTS) LISTED ELSEWHERE (list and describe below) | Fiscal Year 2014-2015 Cost |
|---|-----------------------------------|
| 1. | \$ _____ |
| 2. | \$ _____ |
| 3. | \$ _____ |
| 4. | \$ _____ |
| 5. | \$ _____ |

QUESTIONS FOR MAJOR CATEGORY E: FOOD

E1. What is the total cost for purchased food for FY 2014-2015?

\$ _____

E2. Was the expense for purchased food reported on a cash basis or an accrual basis?

- Cash (*CONTINUE TO E2a.*)..... 1
- Accrual (*GO TO E3.*) 2
- Other **How is purchased food reported?** _____ 3

E2a. Is the change in the value of the purchased food inventory over the year reported on this expense statement or on a separate document?

- YES, ON THE STATEMENT (*CONTINUE TO E2a.1.*)..... 1
- YES, ON A SEPARATE DOCUMENT (*COLLECT DOCUMENT and CONTINUE TO E2a.1.*)..... 2
- NO, IT IS NOT REPORTED (*GO TO E3.*) 3

E2a.1 What is the change in value of the purchased food inventory received over the 2014-2015 fiscal year?

Starting Inventory Value \$ _____ and Ending Inventory Value \$ _____

OR

Change in Value \$ _____

➔ GO TO E3.

E3. Were there any unreported costs for purchased food?

- YES (**CONTINUE TO E3a**) 1
- NO (*GO TO E4.*)..... 2

E3a. What is the estimated value of unreported costs for purchased food for FY 2014-2015?

\$ _____

E4. Does this SFA receive USDA foods (also known as donated commodities)?

- YES (*CONTINUE TO E5*) 1
- NO (*GO TO NEXT SECTION: FRINGE RATE BENEFIT CHART*) 2

E5. Does the expense for purchased food include the value of USDA foods received by the SFA?

- YES (GO TO E6.) 1
- NO (CONTINUE TO E5a.) 2

E5a. Is the value of USDA foods received by the SFA reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT (CONTINUE TO E5a.1) 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT and CONTINUE TO E5a.1) 2
- NO, IT IS NOT REPORTED (GO TO E6.) 3

E5a.1 What is the total value of USDA foods (cost of USDA foods) received by the SFA?

\$ _____

E6. Does the expense for purchased food include storage, transportation, or processing of USDA foods (also known as donated commodities) received by the SFA?

- YES (GO TO E7.) 1
- NO (CONTINUE TO E6a.) 2

E6a. Are the expenses for storage, transportation, and processing of USDA foods reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT (CONTINUE TO E6a.1) 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT AND CONTINUE TO E6a.1) 2
- NO, IT IS NOT REPORTED (GO TO E7.) 3

E6a.1 What are the expenses for storage, transportation, or processing of USDA foods?
[BEFORE RECORDING TOTAL, MAKE SURE YOU ARE NOT DOUBLE COUNTING AMOUNT IN B13 AND B14]

\$ _____

E7. Is the expense for USDA foods reported on a cash basis; that is, does it represent the value of USDA foods received during the period, or is the expense for USDA foods reported on an accrual basis (that is, representing the value of the food used during the period regardless of when it was purchased)?

- CASH (CONTINUE TO E7a.) 1
- ACCRUAL (CONTINUE TO NEXT SECTION: FRINGE RATE BENEFIT CHART) 2
- OTHER **How are USDA foods reported?** _____ 3

E7a. Is the change in USDA foods inventory reported on the expense statement or on a separate document?

- YES, ON THE STATEMENT (CONTINUE TO E7a.1) 1
- YES, ON A SEPARATE DOCUMENT (COLLECT DOCUMENT and CONTINUE TO E7a.1)..... 2
- NO, IT IS NOT REPORTED (GO TO NEXT SECTION: *FRINGE RATE BENEFIT CHART*) 3

E7a.1 What is the change in value of the USDA food inventory received over the 2014-2015 fiscal year?

Starting Inventory Value \$ _____ and Ending Inventory Value \$ _____

OR

Change in Value \$ _____

Fringe Benefit Rate Chart In the previous interview, you provided information on your SFA's fringe benefit rates for FY 2014-2015. I would now like to confirm or update the information you gave us about your fringe benefit rates.

If necessary: The fringe benefit rate is the amount your district paid in employee benefits and employer paid taxes as a percentage of payroll. Benefits and taxes include: the employer's share of payroll taxes such as FICA and unemployment taxes; the employer paid portion of health, dental, vision, life and other insurance; and employer contributions to retirement/pensions. For foodservice staff, the fringe rate should include both the share of benefits that is charged to the SFA (School Foodservice Authority) account and any benefits that are paid by the district with other funds (for example, if a portion of retirement funds is paid by the district).

For example: If the district pays \$1 million in payroll and \$300,000 in benefits and taxes, the fringe rate is 30%.

We are interested in an average fringe rate, either the rate used for budgeting or calculated from the last year. You may report a single rate for all employees, or give more specific rate based on type of employee (i.e. full benefits, partial benefits, and no benefits).

Last year, you told us the fringe benefit rate for FY 2014-15 for [TYPE OF EMPLOYEE] in the [DEPARTMENT] was [PERCENT]. Is this correct? IF NO: What is the correct rate?

REPEAT FOR EACH COMBINATION OF EMPLOYEE TYPE (All, Regular, Partial Benefits, No Benefits) AND DEPARTMENT (Foodservice, School Personnel, and District-level Personnel). ENTER CORRECTED RATE OR CHECK "NO CHANGE" TO INDICATE ORIGINAL RATE IS CORRECT. IF THE RATE IS THE SAME FOR ALL DEPARTMENTS FOR A ROW, WRITE IN THE SAME RATE IN ALL COLUMNS. IF ONLY THE RATE FOR ALL EMPLOYEES IS AVAILABLE, FILL IN THE "All employees" ROW AND CHECK "DK" IN THE OTHER ROWS.

FRINGE BENEFIT RATE CHART

| Type of employee | Fringe Benefit Rate | | | Check if Don't Know (DK)/ Refused (RF)/ Not Applicable (NA) |
|--|--|--|--|---|
| | Foodservice Department | School Personnel | District-level Personnel | |
| All employees | ORIGINAL: | ORIGINAL: | ORIGINAL: | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| All regular employees (those who are eligible for full benefits) | ORIGINAL: | ORIGINAL: | ORIGINAL: | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| Employees who receive partial benefits | ORIGINAL: | ORIGINAL: | ORIGINAL: | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| Employees who do not receive any benefits | ORIGINAL: | ORIGINAL: | ORIGINAL: | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |
| | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | CORRECTED: <input type="checkbox"/> NO CHANGE | <input type="checkbox"/> DK <input type="checkbox"/> RF <input type="checkbox"/> NA |

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Handout 1: Definitions of Expense Categories

A. **LABOR: Personnel costs, including salaries and wages, and fringe benefits and payroll taxes.**

- **Salaries and Wages:** Includes salaries and wages paid to regular and temporary or contract employees. Does not include fees paid to independent consultants.
- **Fringe benefits and payroll taxes:** Includes the school foodservice share of the cost of health insurance, life insurance, pension or other retirement benefits, tuition assistance, dental insurance, meal allowances, or other non-cash employee benefits. Also includes the school foodservice share of payroll taxes or similar mandatory charges for Social Security, Medicare, Unemployment Compensation, and Workers' Compensation insurance.

B. **OTHER DIRECT OPERATING COSTS: Direct expenses for foodservice of an operational (recurring) nature, other than labor and food. Does not include capital outlays, depreciation, or indirect costs.**

- **Supplies and expendable equipment:** This category includes all types of supplies (other than food) used for all aspects of foodservice operations. Expendable equipment includes any type of equipment purchase that may be treated as an expense according to USDA and other applicable rules. Usually this is equipment with a cost below a specified dollar amount (such as \$500).
- **Utilities:** This category includes electricity, heating and cooking fuels, water, and sewer services.
- **Rent:**
 7. **Equipment/vehicle rental:** This category includes expenses for rent of any type of school foodservice equipment or vehicles.
 8. **Storage space rental:** This category includes expenses for rent of facilities for storing food and foodservice supplies.
 9. **Other space rental:** This category includes expenses for rent of facilities for food preparation, serving, or foodservice administration.
- **Contracted services/interagency payments:** This category includes all expenses for contracted or purchased services from private organizations or individuals, and payments to other agencies for specific services charged on a direct cost basis.
 10. **Professional services:** includes services provided by professionals, such as dietary/management consulting, training of staff, legal services, audits, etc.
 11. **Foodservice management company fees:** includes all payments to foodservice management companies other than reimbursement of expenses for labor and food. Examples include management or consulting fees, and cost of funds or profit. NOTE: (1) The purchase of complete meals prepared under contract to the SFA ("pre-plated meals") or per-meal charges for meals prepared on-site should also be reported here; (2) If a foodservice management company bills a single amount to the SFA for all of its services, that amount should be reported here.
 12. **Repairs and maintenance of equipment:** includes repair, maintenance, and associated charges (e.g., parts) for foodservice equipment used in kitchens, cafeterias, storage facilities, and administrative offices.
 13. **Storage:** fees for storage on a contract basis and associated charges (such as loading/unloading of shipments)
 14. **Transportation:** charges for transportation of food, foodservice supplies, etc. on a contract basis.
 15. **Insurance and bond premiums:** includes payments for insurance of property and supplies, and liability insurance or bond. Does not include payments for insurance benefits to workers or workers' compensation insurance.
 16. **Other services:** includes services not listed elsewhere, such as data processing, payroll processing, linen or laundry services, extermination, health inspections, etc.
- **Miscellaneous direct operating costs:**
 17. **Communications:** includes telephone, fax, postage, courier services, and other communications costs.
 18. **Travel / miscellaneous:** This category includes all other costs directly identified as foodservice expenses. Examples of costs in this category are: mileage and other travel reimbursements, association memberships, and subscriptions.

C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS: Includes equipment purchase and equipment depreciation.

- **Equipment purchase:** includes expenses for new or replacement equipment items considered capital equipment according to USDA and other applicable rules, based on their useful life and cost. Includes equipment for kitchens, cafeterias, storage facilities, transportation, and administration.
- **Equipment depreciation:** an annual charge equal to the purchase cost of capital equipment divided by the useful life of the equipment. Usually reported only under accrual accounting.

D. INDIRECT COSTS: costs shared among several SFA programs or functions, such as administrative support, occupancy, general-purpose supplies, and communications. Usually the indirect cost for foodservice, if reported, is computed by applying a percentage rate to specified types of direct costs, which may exclude food. The indirect cost should be the amount actually charged to the school foodservice account.

E. FOOD: Includes purchased food, donated commodities (a.k.a. USDA food), and charges for the transportation, storage, and processing of donated commodities.

- **Purchased food:** This is the value of purchased food used by the SFA, including purchased foods that have been made with donated USDA commodities as ingredients.
- **Value of USDA foods received:** This is the total USDA-assigned value of USDA donated commodities used by the SFA.
- **Storage and shipping fees:** This category includes charges from the State for the transportation, storage, and processing of USDA donated commodities.
- **Processing costs:** This category includes other charges (such as from contractors to the SFA) for the transportation, storage, and processing of USDA donated commodities.
- **Inventory used/loss:** The value of inventory of purchased food and donated commodities used or lost during the year, in addition to purchases or receipts.

Handout 2: Expense Items

A. LABOR

Salaries and wages:

1. Regular foodservice employees
2. Other regular district employees
3. Temporary employees

Fringe benefits and payroll taxes:

4. Social security taxes
5. Unemployment compensation
6. Worker's compensation
7. Health insurance
8. Pension contributions
9. Other benefits (life insurance, disability insurance, etc.)

B. OTHER DIRECT OPERATING COSTS

Supplies and expendable equipment:

1. Food production supplies and expendable equipment
2. Transportation supplies (gas, grease, oil, tires, etc.)
3. Office supplies and expendable equipment
4. Other supplies and expendable equipment

Utilities:

5. Energy
6. Other utilities (water, sewer)

Rent:

7. Equipment/vehicle rental
8. Storage space rental
9. Other space rental

Contracted services/interagency payments:

10. Professional services
11. Foodservice management company fees, etc.
12. Repairs and maintenance of equipment
13. Storage
14. Transportation
15. Insurance and bond premiums
16. Other services

Miscellaneous direct operating costs:

17. Communications
18. Travel/miscellaneous

C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS

Equipment purchase:

1. Kitchen equipment
2. Motor vehicles
3. Other equipment

Equipment depreciation:

4. Cafeteria/kitchen
5. Other

D. INDIRECT COSTS

1. Indirect cost for SY2014-2015
2. Indirect cost for prior year(s)

OMB Control # 0584-0596
Expiration Date: 08/31/2017



**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
Foodservice Revenue Statement**

- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

| | |
|--------------|--------------|
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____ | Title: _____ |
| Phone: _____ | email: _____ |

SCHOOL FOODSERVICE REVENUE STATEMENT

INTRODUCTION

In this part of the interview, we will discuss your SFA's revenue statement for Fiscal Year 2014-2015, as part of the collection of data about school meal program costs.

The purpose of this interview is to walk through these documents and enter your SFA's revenues correctly into our "School Foodservice Revenue Statement" form.

COMPLETING THE GRID

Let's start with revenue from [MAIN CATEGORY].

The first/next category is [SUB CATEGORY]. Do you have any revenues in this category?

IF YES: What was the total revenue for this category in Fiscal Year 2014-2015?
RECORD DOLLAR AMOUNT IN GRID.

Where is that item listed on the statement?
ON STATEMENT, NOTATE CATEGORY NUMBER NEXT TO LINE ITEM(S).

IF NO: CHECK "Not Applicable" IN GRID.

IF REPORTED IN ANOTHER CATEGORY: In what other category(ies) is this revenue type included?
IN GRID, NOTATE CATEGORY NUMBER(S) IN WHICH THE REVENUE TYPE IS INCLUDED.

IF THE REVENUE EXISTS BUT THE AMOUNT IS NOT AVAILABLE: IN "Notes" COLUMN, WRITE "Present but not available".

IF THE RESPONDENT IS UNABLE TO GIVE THE FULL BREAKDOWN OF EACH REVENUE TYPE IN A CATEGORY, BUT THE TOTAL FOR THE CATEGORY IS AVAILABLE: RECORD TOTAL ON CATEGORY TOTAL LINE (I.E. *TOTAL STUDENT PAYMENTS*) OTHERWISE, THERE IS NO NEED TO COLLECT TOTALS.

PROCEED TO NEXT CATEGORY. REPEAT QUESTIONS ABOVE.

School Foodservice Revenue Statement (FSRS)

| Category Number | Revenue Type | FY 2014-2015 Revenues | Check Here If Not Applicable | If Included in Another Revenue Type, Record Category # | Notes |
|--|--|-----------------------|------------------------------|--|-------|
| A. Student payments | | | | | |
| 1. | NSLP lunches | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 2. | SBP breakfasts | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 3. | NSLP after-school snacks | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 4. | Other/unspecified student payments (extra student meals, a la carte, etc.) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 5. | TOTAL STUDENT PAYMENTS | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| B. Other sales (excluding meal tax) | | | | | |
| 6. | Adult lunches | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 7. | Adult breakfasts | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 8. | Other/unspecified adult cafeteria sales | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 9. | External sales (catering, senior meals, etc.) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 10. | Vending machines | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 11. | Other unspecified sales | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 12. | TOTAL OTHER SALES | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |

School Foodservice Revenue Statement (FSRS)

| Category Number | Revenue Type | FY 2014-2015 Revenues | Check Here if Not Applicable | If Included in Another Revenue Type, Record Category # | Notes |
|---|---|-----------------------|------------------------------|--|-------|
| C. <i>USDA reimbursements</i> | | | | | |
| 13. | NSLP lunches | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 14. | SBP breakfasts | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 15. | NSLP snacks | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 16. | Other USDA reimbursements (Summer Foodservice Program, Special Milk Program, Fresh Fruit and Vegetable Program, CACFP snacks, etc.) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 17. | TOTAL USDA REIMBURSEMENTS | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| D. <i>State reimbursements/funds</i> | | | | | |
| 18. | Lunch reimbursements | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 19. | Breakfast reimbursements | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 20. | Other/unspecified State revenues (State match etc.) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 21. | TOTAL STATE REIMBURSEMENTS/FUNDS | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |

School Foodservice Revenue Statement (FSRS)

| Category Number | Revenue Type | FY 2014-2015 Revenues | Check Here If Not Applicable | If Included in Another Revenue Type, Record Category # | Notes |
|-----------------|---|-----------------------|------------------------------|--|-------|
| E. | <i>Local reimbursements/funds transfers</i> | | | | |
| 22. | Lunch reimbursements | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 23. | Breakfast reimbursements | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 24. | Other local revenue/funds transfers (appropriated funds, transfer to offset loss, etc.) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 25. | TOTAL LOCAL REIMBURSEMENTS/FUNDS TRANSFERS | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |

School Foodservice Revenue Statement (FSRS)

| Category Number | Revenue Type | FY 2014-2015 Revenues | Check Here If Not Applicable | If Included in Another Revenue Type, Record Category # | Notes |
|-----------------|---|-----------------------|------------------------------|--|-------|
| F. | <i>Other cash revenue</i> | | | | |
| 26. | Interest on deposits | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 27. | Sale of equipment | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 28. | Compensation for loss | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 29. | Sales tax receipts | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 30. | Rebates or other payments/credits from supplies (includes pouring rights contracts) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 31. | Other cash revenue (not specified elsewhere) | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 32. | TOTAL OTHER CASH REVENUE | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 33. | TOTAL CASH REVENUE <i>Total of lines 17, 21, 25, 32</i> | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |

School Foodservice Revenue Statement (FSRS)

| Category Number | Revenue Type | FY 2014-2015 Revenues | Check Here If Not Applicable | If Included in Another Revenue Type, Record Category # | Notes |
|-----------------|--|-----------------------|------------------------------|--|-------|
| G. | USDA Foods and Other Donated Commodities | | | | |
| 34. | USDA entitlement foods received and credits* | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 35. | USDA bonus foods** | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 36. | Other donated commodities | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 37. | TOTAL USDA FOODS AND OTHER DONATED COMMODITIES | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |
| 38. | GRAND TOTAL REVENUE**** <i>Total of Cash (line 33) and line 37</i> | \$ | <input type="checkbox"/> | INCLUDED IN CATEGORY #_____ | |

*Credits include rebates or other payments received from processors for USDA foods used to produce processed foods. Do not include discounts on processed foods made with USDA foods if the price paid is net of the discount for the value of USDA foods.

**USDA bonus foods are considered those over and above entitlement foods. They are offered periodically, but only as they become available through agricultural surpluses. They are then offered to States on a fair-share basis, and do not count against a State's regular entitlement dollars.

***The grand total revenue for USDA foods includes value of USDA foods received, credit for USDA foods included on processed foods, and cash in lieu of USDA foods.

R3. Is your school district, or are any schools in your district, engaged in a “pouring rights” contract (that is, a long-term contract with a beverage company that establishes the company as the exclusive vendor for certain types of beverages in the district or in the school)? Count contracts for beverages sold in the cafeteria and other venues controlled by school foodservice (vending machines, snack bars, etc.).

IF YES: Is that district-wide, or only in some schools?

CIRCLE ONE

- YES, DISTRICT-WIDE 1
- YES, SOME SCHOOLS 2
- NO 3
- REFUSED 7
- DON'T KNOW 8

END OF REVENUE STATEMENT.

CONTINUE TO INDIRECT COST QUESTIONNAIRE IF APPLICABLE; IF NOT APPLICABLE, GO TO CLOSING

Prepared by Mathematica Policy Research and Abt Associates

SCHOOL FOODSERVICE REVENUE STATEMENT

Handout 4: Revenue Categories

A. Student Payments

1. NSLP lunches
2. SBP Breakfasts
3. NSLP after-school snacks
4. Other/unspecified student payments (extra student meals, a la carte, etc.)
5. TOTAL STUDENT PAYMENTS

B. Other sales (excluding meal tax)

6. Adult lunches
7. Adult breakfasts
8. Other/Unspecified adult cafeteria sales
9. External Sales (catering, senior meals, etc.)
10. Vending Machines
11. Other unspecified sales
12. TOTAL OTHER SALES

C. USDA Reimbursements

13. NSLP lunches
14. SBP Breakfasts
15. NSLP Snacks
16. Other USDA reimbursements (Summer Foodservice Program, Special Milk Program, Fresh Fruit and Vegetable Program, CACFP snacks, etc.)
17. TOTAL USDA REIMBURSEMENTS

D. State reimbursements/funds

18. Lunch reimbursements
19. Breakfast reimbursements
20. Other/unspecified State revenues (State match. Etc.)
21. TOTAL STATE REIMBURSEMENTS/FUNDS

E. Local Reimbursements/Funds transfers

22. Lunch Reimbursements
23. Breakfast Reimbursements
24. Other local revenue/funds transfers (appropriated funds, transfer to offset loss, etc.)
25. TOTAL LOCAL REIMBURSEMENTS/FUNDS TRANSFERS

F. Other Cash Revenue

- 26. Interest on deposits
- 27. Sale of equipment
- 28. Compensation for loss
- 29. Sales tax receipts
- 30. Rebates or other payments/credits from supplies (includes pouring rights contracts)
- 31. Other cash revenue (not specified elsewhere)
- 32. TOTAL OTHER CASH REVENUE
- 33. TOTAL CASH REVENUE (Total of lines 17, 21, 25, and 32)

G. USDA Foods and Other Donated Commodities

- 34. USDA entitlement foods received and credits*
- 35. USDA bonus foods**
- 36. Other donated commodities
- 37. TOTAL USDA FOODS AND OTHER DONATED COMMODITIES
- 38. GRAND TOTAL REVENUE (Total of Cash (line 33) and line 37)***

Notes

***Credits** include rebates or other payments received from processors for USDA foods used to produce processed foods. Do not include discounts on processed foods made with USDA foods if the price paid is net of the discount for the value of USDA foods.

****USDA bonus foods** are considered those over and above entitlement foods. They are offered periodically, but only as they become available through agricultural surpluses. They are then offered to States on a fair-share basis, and do not count against a State's regular entitlement dollars.

***The grand total revenue for USDA foods includes value of USDA foods received, credit for USDA foods included on processed foods, and cash in lieu of USDA foods.

OMB Control # 0584-0596

Expiration Date: 08/31/2017



**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
SFA Indirect Cost Questionnaire—Follow-Up**

- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

Name: _____ Title: _____

Phone: _____ email: _____

Name: _____ Title: _____

Phone: _____ email: _____

INDIRECT COST INTERVIEW SCREENER

1. INDIRECT COST QUESTIONNAIRE IN ONSITE BOOKLET #2 COMPLETED BEYOND PART 1 – SCREENER ?

- YES → CONTINUE TO QUESTION 1A
- NO → GO TO END OF QUESTIONNAIRE

1a. INDIRECT COST QUESTIONNAIRE IN ONSITE BOOKLET #2 INDICATES THAT SFA HAS NO INDIRECT COST RATE OR INDIRECT COST ALLOCATION PLAN FOR FY 2014-2015.

- YES → GO TO END OF QUESTIONNAIRE
- NO → COMPLETE THIS INDIRECT COST QUESTIONNAIRE

PART 1 – CALCULATION OF INDIRECT COSTS FOR SCHOOL FOODSERVICE

The purpose of this questionnaire is to gather information from Business Managers or Chief Financial Officers of public school districts about how indirect costs are applied in the financial reporting for school foodservice. In this questionnaire, you will be asked to provide information on whether and how your school district charged and recovered its indirect costs for School Year 2014-2015 from the school foodservice account.

My first questions ask about the calculation of the indirect cost of school foodservice according to the method (if any) that your school district used to allocate indirect costs for School Year (SY) 2014-2015.

2a. A school district may **calculate** indirect costs even if it does not plan to **charge** or **recover** them.

For the 2014-15 school year, would you say the school district...

READ ALL. CHECK ONE.

- Has calculated** foodservice indirect costs? [GO TO 3a.]
- Has not yet calculated** foodservice indirect costs **but plans to**? [GO TO 3a.]
- Will not calculate** foodservice indirect costs? [GO TO 2b.]
- or, **has not decided yet**? [GO TO PART 3, WHICH STARTS WITH 4a.]
- DON'T KNOW [GO TO 3a.]

2b. Please tell me if any of the following is a reason why your school district **will not calculate** indirect costs for the school foodservice account for school year 2014-2015. READ ALL. CHECK ALL THAT APPLY.

- School district has no method to calculate indirect costs for school foodservice?
- School district does not **charge** indirect costs to any grant or program?
- School district never **charges** the school foodservice account for indirect costs?
- School district did not know it was possible to **charge** indirect costs to the school foodservice account?
- The school foodservice account has insufficient funds?
- School district chose to bear the costs?
- School district uses a foodservice management company (FSMC) and the contract does not provide for recovery of indirect costs?
- School district was directed by the State or another agency not to calculate indirect costs for school foodservice? (PROVIDE NAME OF AGENCY)
- _____
- DON'T KNOW
- Any other reasons? (DESCRIBE)
- _____

GO TO END OF QUESTIONNAIRE.

SFA only has an indirect cost allocation plan, but no indirect cost rates for FY 2014-2015

IF CHECKED GO TO QUESTION 3c1 ON THE NEXT PAGE.

3a. Did or will your school district exclude any direct costs from the foodservice **direct cost base** when it calculates indirect costs for school foodservice for school year 2014-2015?

Examples of costs that might be excluded from the direct cost base are costs that are unallowable under Federal rules and any costs that you are instructed by your State to exclude when computing foodservice indirect costs - such as capital expenditures.

- YES
- NO [GO TO 3c.]
- THIS AMOUNT HAD NOT YET BEEN DETERMINED [GO TO 3c.]
- DON'T KNOW

3b. What is the total **direct cost base** that you used or plan to use for calculating the school foodservice indirect costs for school year 2014-2015?

\$ _____

- THIS AMOUNT HAS NOT YET BEEN DETERMINED
- DON'T KNOW

3c. I would like to confirm the indirect cost rate(s) you provided during our visit to your SFA last spring. Please tell me if there have been any updates to the following indirect cost rate(s) your school district used (or plans to use) to calculate the school year 2014-2015 indirect costs for foodservice.

You told us the ____ rate was X% (OR not used). Is that rate the rate you used or plan to use to calculate indirect costs for Fiscal Year 2014-2015?

| | RATE COLLECTED DURING ON-SITE VISIT | CONFIRM OR UPDATE | |
|---|---|------------------------------------|---|
| RESTRICTED RATE | _____% <input type="checkbox"/> Not used | <input type="checkbox"/> Confirmed | _____% <input type="checkbox"/> Not used |
| UNRESTRICTED RATE | _____% <input type="checkbox"/> Not used | <input type="checkbox"/> Confirmed | _____% <input type="checkbox"/> Not used |
| OTHER RATE/UNKNOWN TYPE OF RATE (IF OTHER SPECIFY): _____ | _____% <input type="checkbox"/> Not used | <input type="checkbox"/> Confirmed | _____% <input type="checkbox"/> Not used |

- THIS RATE HAS NOT YET BEEN DETERMINED
- DON'T KNOW

PART 2 – INDIRECT COSTS CHARGED TO SCHOOL FOODSERVICE

The next set of questions ask about indirect costs charged to the school foodservice account for school year 2014-2015. Indirect costs are charged when they are recorded as an expense on the financial statement for the school foodservice account. The indirect costs charged may be different from the amount of indirect costs calculated, or from the amount recovered by the school district.

3c1. Were or will indirect costs be **charged** to the school foodservice account for school year 2014-2015?

[IF NEEDED: The indirect costs **charged** may be different from the amount of indirect costs **calculated** by applying the indirect cost rate to the direct cost base, or from the amount **recovered** by the school district.]

- YES
- NO *[GO TO 3g.]*
- HAVEN'T DECIDED YET *[GO TO END OF QUESTIONNAIRE]*
- DON'T KNOW *[GO TO END OF QUESTIONNAIRE.]*

3d. What amount of indirect costs was or will be **charged** to the school foodservice account for school year 2014-2015?

[IF NEEDED: This is the amount of indirect costs shown on the expense statement for the school foodservice account.]

\$ _____

- THIS AMOUNT HAS NOT YET BEEN DETERMINED
- DON'T KNOW

3e. Do the indirect costs that were or will be charged to the school foodservice account for school year 2014-2015 include indirect costs for one or more previous years?

- YES
- NO *[GO TO PART 3, WHICH STARTS WITH QUESTION 4a.]*
- DON'T KNOW *[GO TO PART 3, WHICH STARTS WITH QUESTION 4a.]*
- SCHOOL DISTRICT HAS NOT YET DECIDED *[GO TO PART 3, WHICH STARTS WITH QUESTION 4a.]*

3f. What amount of indirect costs for one or more previous years was or will be charged to the school foodservice account for school year 2014-2015?

\$ _____

- THIS AMOUNT HAS NOT YET BEEN DETERMINED
- DON'T KNOW

[GO TO 4a]

3g. Please tell me if any of the following is a reason why your school district **will not charge** indirect costs to the school foodservice account for school year 2014-2015. READ ALL. CHECK ALL THAT APPLY.

- School district has no method to calculate indirect costs for school foodservice?
- School district does not **charge** indirect costs to any grant or program?
- School district never **charges** the school foodservice account for indirect costs?
- School district did not know it was possible to **charge** indirect costs to the school foodservice account?
- The school foodservice account has insufficient funds?
- School district chose to bear the costs?
- School district uses a foodservice management company (FSMC) and the contract does not provide for recovery of indirect costs?
- School district was directed by the State or another agency not to calculate indirect costs for school foodservice? (*PROVIDE NAME OF AGENCY*)

- Any other reasons? (*DESCRIBE.*) _____
- DON'T KNOW

GO TO END OF QUESTIONNAIRE.

PART 3 –RECOVERY OF INDIRECT COST FOR SCHOOL FOODSERVICE

Finally, we are interested in the recovery of the indirect cost of school foodservice according to the method (if any) that your school district used to calculate indirect costs for school year 2014-2015. Indirect costs are recovered when funds are transferred from the school foodservice account to the school district's general fund to cover the indirect costs incurred by the school district in support of school foodservice.

4a. For School year 2014-2015 would you say your school district....
READ ALL. CHECK ONE.

- Has recovered** indirect costs for school foodservice?
- Plans to recover** indirect costs for school foodservice?
- Will not recover** indirect costs for school foodservice? [*GO TO 4d.*]
- or, **has not yet decided?** [*GO TO END OF QUESTIONNAIRE.*]
- DON'T KNOW [*GO TO END OF QUESTIONNAIRE.*]

4b. Is the amount of indirect costs that your school district has **recovered** or plans to recover more than, equal to, or less than the amount of indirect costs **charged** to the school foodservice account for school year 2014-2015? CHECK ONE.

[IF NECESSARY: REFER TO THE AMOUNT CHARGED REPORTED IN 3d]

- AMOUNT RECOVERED IS **MORE THAN** AMOUNT CHARGED [*GO TO 4d.*]
- AMOUNT RECOVERED **EQUALS** AMOUNT CHARGED [*GO TO END OF QUESTIONNAIRE.*]
- AMOUNT RECOVERED IS **LESS THAN** AMOUNT CHARGED [*GO TO 4c*]
- SCHOOL DISTRICT HAS NOT YET DECIDED [*GO TO END OF QUESTIONNAIRE.*]
- DON'T KNOW [*GO TO END OF QUESTIONNAIRE.*]

4c. Please tell me if any of the following is a reason why your school district did not, or will not, **recover** any or all of the indirect costs charged to the school foodservice account for school year 2014-2015?

READ ALL. CHECK ALL THAT APPLY.

- School district does not recover indirect costs from any grant or program?
- School district never recovers indirect costs from the school foodservice account?
- School district did not know it was possible to recover indirect costs from school foodservice?
- The school foodservice account has insufficient funds?
- School district chose to bear the costs?
- School district uses a foodservice management company (FSMC) and the contract does not provide for recovery of indirect costs?
- School district was directed by the State or another agency to recover less than the calculated indirect cost? (*PROVIDE NAME OF AGENCY.*)

- DON'T KNOW
- Any other reasons? (*DESCRIBE.*)

[GO TO 4e]

4d. Why is the amount of indirect cost **recovered** from the school foodservice account greater than the amount **charged**? Is it because it....

READ ALL. SELECT ALL THAT APPLY.

- Includes indirect cost charged but not recovered in a previous year?
- Includes interest on amount charged?
- DON'T KNOW
- or, some other reason? (*DESCRIBE.*)

4e. What amount of indirect costs was or will be **recovered from** the school foodservice account for school year 2014-2015?

[IF NEEDED: This is the amount of funds transferred from the school foodservice account to the school district's general fund to cover the indirect costs incurred by the school district in support of school foodservice.]

\$ _____

END OF QUESTIONNAIRE.

Thank you for completing this questionnaire. We may contact you if we have follow-up questions. If you have any questions about the School Nutrition and Meal Cost Study, please contact us at 866-890-6950 (toll-free) or SNMCS@SRBI.com.

Prepared by Mathematica Policy Research and Abt Associates

INDIRECT COST QUESTIONNAIRE – FOLLOW UP

Handout 3: Indirect Cost Definitions

The Indirect Cost Questionnaire is divided into three sections: Calculating indirect costs; Charging indirect costs; and Recovery of indirect costs. Definitions of these three terms are listed below.

Calculating indirect costs for school foodservice means that the school district applies its indirect cost rate or other method to determine the indirect cost that is attributable to school foodservice for a specified period such as the fiscal year. Indirect costs must be calculated before they can be charged and recovered.

Charging indirect costs for school foodservice means that indirect cost is recorded as an expense on the financial statement for the school foodservice account. Indirect costs may be charged but not recovered if the school district decides not to transfer funds equal to the costs charged from the school foodservice account to the general fund.

Recovery of indirect costs means that funds are transferred, from the school foodservice account and other programs and grants, to the school district general fund, in payment of indirect costs.

Additional definitions used in this questionnaire

Direct cost base is the total cost of foodservice in SY2014-2015, less any amounts excluded when calculating indirect costs (e.g., capital outlays).

Indirect cost rate is calculated as:

Indirect Cost Rate = Total Indirect Costs ÷ Total Direct Costs

Note: Certain costs may be excluded from indirect or direct costs according to applicable Federal and State rules for computing and claiming indirect costs.

Restricted indirect rates (restricted rates) are used for grants, such as Title I, with a requirement that Federal funds supplement, not supplant non-Federal funds.

Unrestricted indirect rates (unrestricted rates) may be used when a requirement that Federal funds supplement, not supplant non-Federal funds, does not apply.



OMB Clearance Number: 0584-0596

Expiration Date: 08/31/2017

School Nutrition & Meal Cost Study

Child - Youth Interview

CAPI Requirements

December 8, 2014



Frequently Used Fills

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

| Fill | Source / Condition | First Used at Question #: |
|---|---|---------------------------|
| EXAMPLE 1: [PARENT] | Fill from Preload File: RespName | A2 |
| EXAMPLE 2: [he / she] | he IF A5 = 1; she IF A5 = 2 | E16 |
| [Today/Yesterday] | FILL 'TODAY' IF LEVELCCD = E, FILL 'YESTERDAY' IF LEVELCCD = M OR H | 3 |
| LevelCCD | CHILD = E AND YOUTH = M OR H | |
| SECOND DIETARY RECALL FLAG FOR YOUTH | 1=FLAGGED AND 2 = NOT FLAGGED | |

i. INTRODUCTION

PROGRAMMER:

PRELOAD SCHOOL NAME, STUDENT MPRID, LEVELCCD (CHILD = E AND YOUTH = M OR H), STUDENT NAME, STUDENT DOB, STUDENT GENDER, STUDENT GRADE, SECOND DIETARY RECALL FLAG FOR YOUTH (1=FLAGGED AND 2 = NOT FLAGGED), PARENT INTERVIEW STATUS (FLAG =1 IF COMPLETE, ELSE FLAG = 0)

LevelCCD = M or H

INTRO1. Okay, now we are going to start the next part of our interview. I'll be asking about your experiences with school meals as well as your diet and physical activity. Feel free to get up and stretch for a minute or two now if you'd like.

Bien, ahora vamos a empezar la parte siguiente de la entrevista. Estaré preguntando acerca de tus experiencias con las comidas escolares, así como tu dieta y actividad física. Puedes levantarte ahora y estirarte por un minuto o dos si lo deseas.

LevelCCD = E

INTRO2. Okay, now we are going to start the next part of our interview. I'll be asking about your experiences with school meals. Feel free to get up and stretch for a minute or two now if you'd like.

Bien, ahora vamos a empezar la parte siguiente de la entrevista. Voy a estar preguntando acerca de tus experiencias con las comidas escolares. Puedes levantarte ahora y estirarte por un minuto o dos si lo deseas.

ALL

FILL WITH NAME FROM PRELOAD FILE

11. In order to make sure we have the correct records, can you tell me your full name? Please spell that for me.

Para asegurarnos que tenemos los registros correctos, ¿puedes decirme tu nombre completo? Por favor deletreámelo.

INTERVIEWER: MAKE SURE TO REVIEW THE STUDENT'S NAME, DATE OF BIRTH, AND GENDER BEFORE STARTING THE INTERVIEW. YOU WILL CONFIRM THIS INFORMATION WITH THE STUDENT.

INTERVIEWER: IF STUDENT CANNOT SPELL THEIR NAME THEN EXPLAIN TO THE STUDENT THAT IT'S OKAY AND FILL IN MISSING INFORMATION.

[STUDENTFIRSTNAME] [STUDENTMIDDLENAME] [STUDENTLASTNAME]

CONFIRMED 1 GO TO I2
NEEDS CORRECTIONS 2

I1=2

I1a. ENTER CORRECT NAME

_____ (STRING 50)
FIRST NAME

_____ (STRING 50)
MIDDLE INITIAL/NAME

_____ (STRING 50)
LAST NAME

ALL

I2. What is your date of birth?

¿Cuál es tu fecha de nacimiento?

INTERVIEWER: MAKE SURE TO REVIEW THE STUDENT'S NAME, DATE OF BIRTH, AND GENDER BEFORE STARTING THE INTERVIEW. YOU WILL CONFIRM THIS INFORMATION WITH THE STUDENT.

____ / ____ / _____
(01-12) (01-31) (1960-2012)
MONTH DAY YEAR

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF BORN EARLIER THAN 1980; **Can you confirm this answer?**

ALL

I3. INTERVIEWER: CODE STUDENT'S GENDER

INTERVIEWER: MAKE SURE TO REVIEW THE STUDENT'S NAME, DATE OF BIRTH, AND GENDER BEFORE STARTING THE INTERVIEW. YOU WILL CONFIRM THIS INFORMATION WITH THE STUDENT.

MALE.....1

FEMALE.....2

ALL

I3b. INTERVIEWER: CODE OBSERVED STUDENT'S RACE/ETHNICITY

WHITE, NON-HISPANIC1

OTHER.....2

ALL

14. INTERVIEWER: CODE IF SCHOOL BREAKFAST SERVED AT SCHOOL.

YES 1

NO 0

SECTION A

ALL

1. Now I'm going to ask you some questions about what you eat and about what you like and dislike about the meals served at school.

Let me start by asking what grade you are in?

Ahora te voy a hacer algunas preguntas acerca de lo que comes, y de lo que te gusta y no te gusta de las comidas que sirven en la escuela.

Déjame empezar preguntando: ¿En qué grado estás?

INTERVIEWER: IF STUDENT DOES NOT KNOW HIS OR HER GRADE LEVEL OR REFUSES TO ANSWER THEN YOU SHOULD ENTER THE GRADE LEVEL THAT IS PRINTED ON THE STUDENT CONTACT SHEET.

|_|_| RECORD GRADE
(1-12)

GRADE IN Q1 = 1-3

- 2a. Thinking back to the last full week of school, how often did you eat breakfast? That is breakfast anywhere—at home, at school, or somewhere else. Would you say you ate breakfast every day, most days, some days, or never?

Pensando en la última semana completa de escuela, ¿con qué frecuencia desayunaste? Eso puede ser desayuno en cualquier lugar — en tu casa, en la escuela, o en cualquier otro sitio. ¿Dirías que desayunaste todos los días, la mayoría de los días, algunos días, o nunca?

CODE ONE ONLY

| | | |
|------------------|---|----------|
| EVERY DAY | 1 | GO TO Q3 |
| MOST DAYS | 2 | GO TO Q3 |
| SOME DAYS | 3 | GO TO Q3 |
| NEVER | 4 | GO TO Q4 |
| DON'T KNOW | d | GO TO Q3 |
| REFUSED | r | GO TO Q3 |

GRADE IN Q1 = 4-12

- 2b. Thinking back to the last full week of school, how often did you eat breakfast? That is breakfast anywhere—at home, at school, or somewhere else. Would you say you ate breakfast every school day, ate breakfast on 3 or 4 school days, ate breakfast on 1 or 2 school days, or did not eat breakfast on any school days?

Pensando en la última semana completa de escuela ¿con qué frecuencia desayunaste? Eso puede ser desayuno en cualquier lugar — en tu casa, en la escuela, o en cualquier otro sitio. ¿Dirías que desayunaste todos los días de escuela, desayunaste en 3 o 4 de los días de escuela, desayunaste en 1 o 2 días de escuela, o nunca desayunaste en días de escuela?

CODE ONE ONLY

| | | |
|--------------------------|---|-----------------|
| EVERY SCHOOL DAY | 1 | |
| 3 TO 4 SCHOOL DAYS | 2 | |
| 1 TO 2 SCHOOL DAYS | 3 | |
| NO SCHOOL DAYS..... | 4 | GO TO Q4 |
| DON'T KNOW | d | |
| REFUSED | r | |

PROGRAMMER BOX Q.2A and Q.2B
GO TO Q.13 IF SCHOOL DOES NOT SERVE BREAKFAST
(Q14=0)

Q14=1 AND (Q2A AND Q2B NE 4)

FILL 'TODAY/HOY' IF LEVELCCD = E, FILL 'YESTERDAY/AYER' IF LEVELCCD = M OR H

3. Did you eat the regular school breakfast (today/yesterday)? By school breakfast we mean a complete breakfast provided by your school, not something from home.

¿Comiste el desayuno escolar normal (hoy/ayer)? Por desayuno escolar queremos decir un desayuno completo que sirven en la escuela, no algo que traes de casa.

| | | |
|------------------|---|-----------------|
| YES | 1 | GO TO Q6 |
| NO | 0 | |
| DON'T KNOW | d | |
| REFUSED | r | |

QI4=1 AND Q3 NE 1

4. Do you ever eat a school breakfast?

PROBE: By school breakfast we mean a complete breakfast provided by your school, not something from home.

¿Alguna vez comes un desayuno escolar?

PROBE: Por desayuno escolar queremos decir un desayuno completo que sirven en la escuela, no algo que traes de casa.

| | | |
|------------------|---|----------|
| YES | 1 | GO TO Q6 |
| NO | 0 | |
| DON'T KNOW | d | GO TO Q7 |
| REFUSED | r | |

QI4=1 AND Q4=0 OR R

5. Why don't you eat the school breakfast?

PROBE: Any other reason?

¿Por qué no comes el desayuno escolar?

PROBE: "¿Alguna otra razón?"

INTERVIEWER: PROBE FOR ADDITIONAL REASONS

INTERVIEWER: IF RESPONDENT LISTS MORE THAN THREE REASONS YOU SHOULD CODE ONLY THE FIRST THREE REASONS GIVEN

CODE UP TO THREE REASONS

| | | |
|---|----|-----------|
| EAT BREAKFAST AT HOME | 10 | GO TO Q12 |
| LONG LINES, NOT ENOUGH TIME | 11 | GO TO Q12 |
| FOODS OFFERED ARE NOT APPEALING/NOT TASTY | 12 | GO TO Q12 |
| MONETARY REASONS | 13 | GO TO Q12 |
| TRANSPORTATION ISSUE | 14 | GO TO Q12 |
| NOT CONVENIENT | 15 | GO TO Q12 |
| NOT NUTRITIOUS ENOUGH..... | 16 | GO TO Q12 |
| BUSY WITH SCHOOL ACTIVITIES | 17 | GO TO Q12 |
| I DON'T EAT BREAKFAST..... | 18 | GO TO Q12 |
| OTHER (SPECIFY)..... | 99 | GO TO Q12 |
| _____ (STRING 250) | | |
| DON'T KNOW | d | GO TO Q12 |
| REFUSED | r | GO TO Q12 |

IF OTHER SPECIFY (99): Please specify a reason: Por favor especifica una razón:

QI4=1 AND (Q3 = 1 OR Q4 = 1)

6. **What is the number one reason you eat school breakfasts?**

¿Cuál es la razón número uno por la cual comes desayunos escolares?

INTERVIEWER: IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CODE ONE ONLY

- EASY/CONVENIENT TO GET 1
- FOOD IS GOOD 2 **GO TO Q8**
- I AM HUNGRY 3
- PARENTS MAKE ME..... 4
- NO OTHER CHOICE 5
- FRIENDS EAT THERE 6
- PRICES ARE GOOD 7
- OTHER (SPECIFY)..... 99
- _____ (STRING 250)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **Please specify a reason: Por favor especifica una razón:**

QI4=1 AND Q6 NE 2 AND Q5=NULL

7. **What do you think about school breakfast? Do you like it, think it is only okay, or don't like it?**

¿Qué piensas del desayuno escolar? ¿A ti te gusta, piensas que sólo es aceptable, o no te gusta?

INTERVIEWER: SHOW HAND CARDS WITH SMILEY FACES FOR STUDENTS IN GRADE 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE ONLY

- LIKE IT 1
- ONLY OKAY 2
- DON'T LIKE IT 3
- DON'T KNOW d
- REFUSED r

QI4=1 AND (Q6=2 OR Q7= NOT NULL)

8. Is there enough time to eat the school breakfast before classes begin?

¿Hay suficiente tiempo para comer el desayuno escolar antes de que empiecen las clases?

YES 1
NO 0
DON'T KNOW d
REFUSED r

QI4=1 AND (Q6=2 OR Q7= NOT NULL)

9. Do you think school breakfast is served too early in the day, too late, or is the time it is served okay?

¿Crees que sirven el desayuno escolar demasiado temprano en la mañana, demasiado tarde, o lo sirven a una buena hora?

CODE ONE ONLY

TOO EARLY 1
TOO LATE 2
OKAY 3
DON'T KNOW d
REFUSED r

QI4=1 AND Q1 = 1-3 AND Q9=NOT NULL

10a. Do you usually eat a school breakfast three or more times a week?

¿Sueles comer un desayuno escolar tres o más veces por semana?

YES 1
NO 0
DON'T KNOW d
REFUSED r

QI4=1 AND Q1 = 4-12 AND Q9=NOT NULL

10b. How many days a week do you usually eat a school breakfast?

¿Cuántos días por semana sueles comer un desayuno escolar?

CODE ONE ONLY

NONE-DON'T USUALLY EAT SCHOOL BREAKFAST0 GO TO 12
ONE.....1
TWO.....2
THREE.....3
FOUR.....4
FIVE.....5
DON'T KNOW.....d
REFUSED.....r

QI4=1 AND (Q10a=NOT NULL OR Q10b=NOT NULL) AND Q10b NE 0

11. Where do you usually eat school breakfast?

¿Dónde sueles comer el desayuno escolar?

CODE ONE ONLY

CAFETERIA1
CLASSROOM2 GO TO Q13
GYMNASIUM3
OUTDOORS4
OTHER (SPECIFY).....99
_____ (STRING
100)
DON'T KNOW.....d
REFUSED.....r

IF OTHER SPECIFY (99): **Please specify a location: Por favor especifica un lugar:**

ASK IF Q10a =0 OR 10b = 0, 1, 2, or 3 OR Q4=0 AND Q11 NE 2

FILL WITH "MORE OFTEN/MAS SEGUIDO" IF Q10a =0 OR 10b = 0, 1, 2, or 3

12. Would you eat breakfast at school (more often) if it was served in your classroom?

¿Comerías el desayuno escolar (más seguido), si lo sirvieran en tu salón de clases?

CODE ONE ONLY

YES1
NO.....0
NO, ALREADY SERVED IN CLASSROOM2
ALREADY EAT BREAKFAST EVERY DAY3
DON'T KNOW.....d
REFUSED.....r

ALL

FILL 'TODAY' IF LEVELCCD = E, FILL 'YESTERDAY' IF LEVELCCD = M OR H

13. Now I'd like to ask you about lunch. What time is your lunch period?

Ahora me gustaría preguntarte acerca del almuerzo. ¿A qué hora es tu hora de almuerzo?

INTERVIEWER: IF RESPONDENT SAYS IT VARIES BY DAY, ASK FOR [TODAY/YESTERDAY].

|_|_| HOURS (1-12) : |_|_| MINUTES (0-59)

AM1

PM2

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF 3PM TO 5PM OR 8AM TO 10AM: Can you confirm that this time is correct?

¿Puedes confirmar que la hora es correcta?

HARD CHECK: IF > 5PM OR < 8AM; That time does not appear to be during the school day. Please tell me what time your school lunch period is. Esa hora no parece estar dentro del horario escolar. Por favor dime cuál es tu hora de almuerzo escolar.

ALL

FILL 'TODAY' IF LEVELCCD = E, FILL 'YESTERDAY' IF LEVELCCD = M OR H

14. Did you eat the regular school lunch [today/yesterday]? By regular school lunch, I mean a complete meal—such as salad, soup, a sandwich, or a hot meal—not just milk, snacks, cookies, or ice cream, and not a lunch you brought from home.

¿Comiste el almuerzo escolar normal (hoy/ayer)? Por almuerzo escolar normal quiero decir una comida completa – tal como ensalada, sopa, un sandwich, o una comida caliente – no solamente leche, meriendas, o helados, y no un almuerzo que trajiste de casa.

YES1

NO0 GO TO

Q14b

DON'T KNOWd GO TO Q15

REFUSEDr GO TO Q15

Q14 = 1

14a. Did you buy any other foods in school to go along with your regular school lunch, such as a drink, french fries, pizza, fruit, ice cream or cookies?

¿Compraste alguna otra comida en la escuela para comer junto con tu almuerzo escolar, tal como una bebida, papas fritas, pizza, un helado, o galletas?

YES1 GO TO Q17

NO0 GO TO Q17

DON'T KNOWd GO TO Q17

REFUSEDr GO TO Q17

Q14 = 0

14b. Did you stay at school for lunch, go home, go off the school grounds, or did you do something else for lunch?

¿Te quedaste en la escuela para el almuerzo, fuiste a casa, saliste del terreno de la escuela, o hiciste alguna otra cosa para el almuerzo?

CODE ONE ONLY

- SCHOOL 1
- HOME..... 2
- OFF SCHOOL GROUNDS 3
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): Please specify a response:

Q14 = D, R OR Q14B=NOT NULL

15. Do you ever eat the regular school lunch?

¿Alguna vez comes el almuerzo escolar normal?

- YES 1 GO TO Q17
- NO 0
- DON'T KNOW d GO TO Q19
- REFUSED r GO TO Q19

Q15=0

16. Why don't you eat the school lunch?

PROBE: Any other reason?

INTERVIEWER: IF RESPONDENT LISTS MORE THAN THREE REASONS YOU SHOULD CODE ONLY THE FIRST THREE REASONS GIVEN.

¿Por qué no comes el almuerzo escolar?

PROBE: ¿Alguna otra razón?

CODE UP TO 3 REASONS

- BRING LUNCH FROM HOME 10
- DON'T LIKE SCHOOL LUNCH/TASTE IN GENERAL 11
- MONETARY REASONS 12
- EAT LUNCH OFF CAMPUS 13
- NOT HUNGRY, DON'T FEEL LIKE EATING..... 14
- NO TIME, LONG LINES..... 15
- WANT A LA CARTE ITEM..... 16
- NOT ENOUGH VARIETY, TIRED OF WHAT'S OFFERED 17

| | |
|--|----|
| BUSY WITH SCHOOL ACTIVITIES | 18 |
| PARENT PROHIBITS/LIMITS HOW OFTEN EAT SCHOOL LUNCH | 19 |
| NOT NUTRITIOUS..... | 20 |
| LEAVE SCHOOL BEFORE LUNCH IS SERVED..... | 21 |
| SPECIAL DIET (VEGETARIAN RELIGIOUS RESTRICTIONS, WEIGHT LOSS)..... | 22 |
| DON'T EAT ANY LUNCH | 23 |
| PORTIONS NOT BIG ENOUGH/NOT ENOUGH FOOD..... | 24 |
| OTHER (SPECIFY)..... | 99 |
| _____ (STRING 100) | |
| DON'T KNOW | d |
| REFUSED | r |

IF OTHER SPECIFY (99): **Please specify a response: Por favor especifica una respuesta:**

PROGRAMMER BOX Q.16
 IF LEVELCCD = M OR H AND Q16=23 THEN GO TO Q41;
 OR IF LEVELCCD = E AND Q16=23 GO TO Q59;
 IF Q.15=0 THEN GO TO Q21
 ELSE CONTINUE

Q14a =NOT NULL OR Q15 = 1

17. What is the number one reason you eat the school lunch?

¿Cuál es la razón número uno por la que comes el almuerzo escolar?

INTERVIEWER: IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CODE ONE ONLY

| | |
|--|----|
| HUNGRY..... | 1 |
| LIKE THE FOOD (GENERAL)..... | 2 |
| LIKE TODAY'S/YESTERDAY'S MEAL..... | 3 |
| EASY/CONVENIENT TO GET | 4 |
| PARENTS WANT ME TO/NO OTHER CHOICE | 5 |
| NO ONE AT HOME TO MAKE LUNCH..... | 6 |
| NO TIME TO MAKE LUNCH | 7 |
| IT'S FREE/PRICES ARE GOOD | 8 |
| OTHER (SPECIFY)..... | 99 |
| _____ (STRING 100) | |
| DON'T KNOW | d |
| REFUSED | r |

IF OTHER SPECIFY (99): **Please specify a response: Por favor especifica una respuesta:**

(Q14a =NOT NULL OR Q15 = 1) AND Q1=1-3

18a. Do you usually eat a regular school lunch three or more times a week?

¿Sueles comer un almuerzo escolar normal tres veces o más por semana?

YES 1
NO 0
DON'T KNOW d
REFUSED r

(Q14a =NOT NULL OR Q15 = 1) AND Q1=4-12

18b. How many days a week do you usually eat a regular school lunch?

¿Cuántos días a la semana sueles comer un almuerzo escolar normal?

CODE ONE ONLY

NONE-DON'T USUALLY EAT SCHOOL LUNCH 0
ONE 1
TWO 2
THREE 3
FOUR 4
FIVE 5
DON'T KNOW d
REFUSED r

Q14a =NOT NULL OR Q15 = 1, D, OR R

19. What do you think about school lunch? Do you like it, think it is only okay, or don't like it?

¿Qué piensas del almuerzo escolar? ¿A ti te gusta, piensas que sólo es aceptable, o no te gusta?

INTERVIEWER: SHOW HAND CARDS WITH SMILEY FACES FOR STUDENTS IN GRADE 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE ONLY

LIKE IT 1
ONLY OKAY 2
DON'T LIKE IT 3
DON'T KNOW d
REFUSED r

Q14a =NOT NULL OR Q15 = 1, D, OR R

20. Are you required to take certain foods or put certain foods on your tray such as milk, when you get the regular school lunch or can you turn down foods you don't want?

¿Es obligatorio que tomes ciertas comidas o pongas ciertas comidas en tu bandeja, como leche, cuando comes un almuerzo escolar normal, o puedes rechazar comidas que no quieres?

CODE ONE ONLY

REQUIRED TO TAKE CERTAIN FOODS 1
CAN TURN DOWN FOODS 2
DON'T KNOW d
REFUSED r

SECTION B

ALL

21. Do you think your lunch period is too early in the day, too late, or is your lunch period time about right?

¿Crees que tu horario de almuerzo es demasiado temprano en el día, demasiado tarde, o la hora de tu periodo de almuerzo es adecuada?

CODE ONE ONLY

TOO EARLY 1
TOO LATE 2
ABOUT RIGHT 3
DON'T KNOW d
REFUSED r

ALL

22. I want to ask you some questions about the place where you eat your lunch, like the cafeteria, gym, classroom, or wherever you eat your lunch.

Would you say the place you eat your lunch is usually too noisy, too quiet, or about right?

Quiero hacerte unas preguntas acerca del lugar donde comes tu almuerzo, como la cafetería, el gimnasio, la clase, o cualquier lugar donde comes tu almuerzo.

¿Dirías que el lugar donde comes tu almuerzo es generalmente demasiado ruidoso, demasiado tranquilo, o es adecuado?

CODE ONE ONLY

TOO NOISY 1
TOO QUIET 2
ABOUT RIGHT 3
DON'T KNOW d
REFUSED r

ALL

23. Would you say the tables are always, usually, sometimes, or never clean?

¿Dirías que las mesas están siempre, generalmente, a veces, o nunca limpias?

CODE ONE ONLY

ALWAYS 1
USUALLY 2
SOMETIMES 3
NEVER 4
DON'T KNOW d
REFUSED r

ALL

24. **Would you say the floor is always, usually, sometimes, or never clean?**

¿Dirías que el piso está siempre, generalmente, a veces o nunca limpio?

CODE ONE ONLY

ALWAYS 1
USUALLY 2
SOMETIMES 3
NEVER 4
DON'T KNOW d
REFUSED r

ALL

25. **Would you say there are usually plenty of seats and tables, or not enough seats and tables?**

¿Dirías que generalmente hay bastantes sillas y mesas, o no hay suficientes sillas y mesas?

CODE ONE ONLY

USUALLY PLENTY 1
NOT ENOUGH 2
DON'T KNOW d
REFUSED r

ALL

26. **Would you say most of the time there are long lines, short lines, no lines, or it depends on what is served?**

¿Dirías que la mayoría de las veces hay filas muy largas, filas cortas, no hay filas, o depende de lo que están sirviendo?

CODE ONE ONLY

LONG 1
SHORT 2
NO LINES 3
DEPENDS ON WHAT IS SERVED 4
DON'T KNOW d
REFUSED r

ALL

27. Do you have enough time to eat your lunch after you have your food and you are seated?

¿Tienes suficiente tiempo para comer tu almuerzo después de tener tu comida y haber tomado asiento?

CODE ONE ONLY

- YES 1
- NO 2
- SOMETIMES 3
- DON'T KNOW d
- REFUSED r

Q14=1 OR Q15=1

28. Do the food servers and cashiers always, often, sometimes, or never listen to you and other students?

¿Las personas que sirven la comida y los cajeros siempre, con frecuencia, a veces, o nunca, escuchan lo que tú y otros estudiantes dicen?

CODE ONE ONLY

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

Q14=1 OR Q15=1

29. Do the food servers and cashiers always, often, sometimes, or never smile and say hello to you when you're getting school breakfast or lunch?

¿Las personas que sirven la comida y los cajeros siempre, con frecuencia, a veces, o nunca, sonrían o te dicen "hola" cuando estás recibiendo el desayuno o el almuerzo escolar?

CODE ONE ONLY

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

ALL

30. Do you get to pick where you sit and who you can eat with during your lunch period?
¿Puedes escoger dónde sentarte y con quién comer durante tu periodo de almuerzo?

CODE ONE ONLY

YES 1
NO 0
DON'T KNOW d
REFUSED r

ALL

31. Now I'd like to ask you about the food served at lunch by the school.
Ahora quisiera preguntarte acerca de las comidas que la escuela sirve en el almuerzo.

SHOW CARD #2

INTERVIEWER: SHOW HAND CARD WITH PICTURES OF ADVERBS OF FREQUENCY TO STUDENTS IN GRADES 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE PER ROW

| | ALWAYS | OFTEN | SOMETIMES | NEVER | DON'T KNOW | REFUSED |
|---|--------|-------|-----------|-------|------------|---------|
| a. Do you always, often, sometimes, or never like the taste of the food? | 1 | 2 | 3 | 4 | d | r |
| b. Do you always, often, sometimes, or never like the smell of the food? | 1 | 2 | 3 | 4 | d | r |
| c. Do you always, often, sometimes, or never like the way the food looks? | 1 | 2 | 3 | 4 | d | r |
| d. Not counting French fries, do the vegetables on the serving line always, often, sometimes, or never look good? | 1 | 2 | 3 | 4 | d | r |
| e. Not counting French fries, do you always, often, sometimes, or never like the vegetables on the serving line? | 1 | 2 | 3 | 4 | d | r |
| f. Do the fruits on the serving line always, often, sometimes, or never look good? | 1 | 2 | 3 | 4 | d | r |

CODE ONE PER ROW

| | ALWAYS | OFTEN | SOMETIMES | NEVER | DON'T KNOW | REFUSED |
|---|--------|-------|-----------|-------|------------|---------|
| g. Do you always, often, sometimes, or never like the fruits on the serving line? | 1 | 2 | 3 | 4 | d | r |
| h. Does the serving line always, often, sometimes, or never have the kind of milk you like? | 1 | 2 | 3 | 4 | d | r |

CODE ONE PER ROW

| | ALWAYS | OFTEN | SOMETIMES | NEVER | DON'T KNOW | REFUSED |
|---|--------|-------|-----------|-------|------------|---------|
| a. ¿Siempre, con frecuencia, a veces, o nunca te gusta el sabor de la comida? | 1 | 2 | 3 | 4 | d | r |
| b. ¿Siempre, con frecuencia, a veces, o nunca te gusta el olor de la comida? | 1 | 2 | 3 | 4 | d | r |
| c. ¿Siempre, con frecuencia, a veces, o nunca te gusta cómo se ve la comida? | 1 | 2 | 3 | 4 | d | r |
| d. Sin contar las papas fritas, ¿siempre, con frecuencia, a veces, o nunca se ven bien los vegetales en la línea de servir? | 1 | 2 | 3 | 4 | d | r |
| e. Sin contar las papas fritas, ¿siempre, con frecuencia, a veces, o nunca te gustan los vegetales en la línea de servir? | 1 | 2 | 3 | 4 | d | r |
| f. ¿Siempre, con frecuencia, a veces, o nunca se ven bien las frutas en la línea de servir? | 1 | 2 | 3 | 4 | d | r |
| g. ¿Siempre, con frecuencia, a veces, o nunca te gustan las frutas en la línea de servir? | 1 | 2 | 3 | 4 | d | r |
| h. ¿Siempre, con frecuencia, a veces, o nunca tienen el tipo de leche que te gusta en la línea de servir? | 1 | 2 | 3 | 4 | d | r |

Q14=1 OR Q15=1

32. READ IF IN GRADES 1-3: **Whole grain foods are darker in color. Examples are brown bread or brown pizza crust instead of white bread or crust, brown rice instead of white rice, and brown spaghetti instead of white spaghetti.**

READ IF IN GRADES 4 and ABOVE: **Examples of whole grains are whole wheat bread, pizza crust, or tortillas, whole grain pasta, and brown rice.**

ALL: **Do you always, often, sometimes, or never like the whole grain foods in the serving line?**

READ IF IN GRADES 1-3: **Las comidas de grano entero son de color más oscuro. Algunos ejemplos son pan marrón o corteza de pizza marrón en vez de pan blanco o corteza de pizza blanca, arroz marrón en vez de arroz blanco y espagueti marrón en vez de espagueti blanco.**

READ IF IN GRADES 4 and ABOVE: **Ejemplos de granos enteros son pan, corteza de pizza o tortillas de harina integral, pasta de harina integral y arroz marrón.**

ALL: **¿Siempre, con frecuencia, a veces, o nunca te gustan las comidas de grano entero en la línea de servir?**

INTERVIEWER: SHOW HAND CARD WITH PICTURES OF ADVERBS OF FREQUENCY TO STUDENTS IN GRADES 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE ONLY

ALWAYS 1
OFTEN 2
SOMETIMES..... 3
NEVER..... 4
DON'T KNOW d
REFUSED r

Q14=1 OR Q15=1

33. **Do you think the amount of food they give you is too much, too little, or about right?**
¿Crees que la cantidad de comida que te dan es demasiada, muy poca, o es adecuada?

CODE ONE ONLY

TOO MUCH..... 1
TOO LITTLE..... 2
ABOUT RIGHT 3
DON'T KNOW d
REFUSED r

Q14=1 OR Q15=1

33a. Do you think that the food served is too salty, not salty enough, or about right?

¿Crees que la comida servida es demasiado salada, no es suficiente salada, o es adecuada?

CODE ONE ONLY

- TOO SALTY 1
- NOT SALTY ENOUGH 2
- ABOUT RIGHT 3
- DON'T KNOW d
- REFUSED r

ALL

34. Does the school menu always, often, sometimes, or never include foods you like?

¿El menú escolar siempre, con frecuencia, a veces o nunca incluye comidas que te gustan?

INTERVIEWER: SHOW HAND CARD WITH PICTURES OF ADVERBS OF FREQUENCY TO STUDENTS IN GRADES 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE ONLY

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

ALL

35. Does the school lunch always, often, sometimes, or never have enough choices of food?

¿El almuerzo escolar siempre, con frecuencia, a veces o nunca tiene suficientes opciones de comidas?

INTERVIEWER: SHOW HAND CARD WITH PICTURES OF ADVERBS OF FREQUENCY TO STUDENTS IN GRADES 1-3 WHILE READING ANSWER CATEGORIES.

CODE ONE ONLY

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

Q14=1 OR Q15=1

36. What is your favorite school lunch?

IF NEEDED, PROBE: The main course.

¿Cuál es tu almuerzo escolar favorito?

IF NEEDED, PROBE: El plato principal.

CODE ONE ONLY

RECORD ANSWER ON NEXT SCREEN..... 1

NO FAVORITE FOOD 0

DON'T KNOW d

REFUSED r

IF ANSWER (1): **Description:**

Q14=1 OR Q15=1

37. What is your least favorite school lunch?

IF NEEDED, PROBE: The main course.

¿Cuál es el almuerzo escolar que menos te gusta?

IF NEEDED, PROBE: El plato principal.

CODE ONE ONLY

RECORD ANSWER ON NEXT SCREEN..... 1

LIKE ALL THE FOODS, NO LEAST FAVORITE FOOD 0

DON'T KNOW d

REFUSED r

IF ANSWER (1): **Description:**

Section C

ALL

38. Do all kids that get the regular school lunch pay the same amount for the lunch, or do some kids pay less or get it for free?

¿Todos los niños que reciben el almuerzo escolar regular pagan lo mismo por el almuerzo, o algunos niños pagan menos o lo reciben gratis?

CODE ONE ONLY

ALL PAY THE SAME AMOUNT1
EVERYONE GETS IT FOR FREE2
SOME PAY LESS/ SOME GET IT FREE3 **GO TO Q39**
DON'T KNOWd
REFUSEDr

PROGRAMMER BOX 38.
IF Q38 is 1, 2, d, r AND LevelCCD = M or H GO TO Q41;
IF Q38 is 1, 2, d, r AND LevelCCD = E GO TO Q59;
ELSE GO TO Q39

Q38 = 3

39. Can you tell who is getting the regular school lunches for free or less than the full price?

¿Puedes saber quién está recibiendo los almuerzos regulares de la escuela gratis o por menos del precio completo?

CODE ONE ONLY

YES1 **GO TO Q40**
NO0
DON'T KNOWd
REFUSEDr

PROGRAMMER BOX 39.
IF Q39 is 0, d, or r AND LevelCCD = M or H GO TO Q41;
IF Q39 is 0, d, or r AND LevelCCD = E GO Q59;
ELSE GO TO Q40

Q39 = 1

40. How do you know?

¿Cómo lo sabes?

CODE ALL THAT APPLY

- AMOUNT PAID TO CASHIER 11
- FORM OF PAYMENT (TICKET, TOKEN, ETC.) 12
- PERSONAL KNOWLEDGE 13
- CASHIER CHECKS LIST OR SAYS SOMETHING TO STUDENT 14
- SEPARATE LINE 15
- APPEARANCE OR BEHAVIOR 16
- CAN SEE ON REGISTER/SCREEN 17
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): Please specify a response:

PROGRAMMER BOX 40.
 IF LevelCCD = E GO TO Q59;
 IF LevelCCD = M or H CONTINUE TO Q41

LEVELCCD = M OR H

41. How many nights a week do you and your family typically sit down together to have dinner as a family?

¿Cuántas noches por semana tú y tu familia típicamente se sientan juntos para cenar en familia?

CODE ONE ONLY

- EVERY NIGHT 1
- 5 OR 6 NIGHTS A WEEK 2
- 3 OR 4 NIGHTS A WEEK 3
- 1 OR 2 NIGHTS A WEEK 4
- NEVER 5
- DON'T KNOW d
- REFUSED r

LEVELCCD = M OR H

42. During the past 30 days, did you eat less food, fewer calories, or foods low in fat or carbohydrates to lose weight or to keep from gaining weight?

Durante los últimos 30 días, ¿comiste menos comida, menos calorías o comidas con bajo contenido de grasas o carbohidratos para perder peso o para evitar subir de peso?

YES 1
NO 0
DON'T KNOW d
REFUSED r

LEVELCCD = M OR H

43. How often do you take any vitamins in pill or liquid form such as multi-vitamins or Vitamin C? Would you say every day or almost every day, every so often, or not at all?

¿Con qué frecuencia tomas vitaminas en forma líquida o en píldoras tales como multivitaminas o vitamina C? ¿Dirías que todos los días o casi todos los días, de vez en cuando, o nunca?

CODE ONE ONLY

EVERY DAY/ALMOST EVERY DAY 1
EVERY SO OFTEN 2
NOT AT ALL 3
DON'T KNOW d
REFUSED r

LEVELCCD = M OR H

FILL WITH 'OTHER THAN MULTI-VITAMINS WITH MINERALS' AND 'ADDITIONAL' IF Q43=1 OR 2.

44. (Other than multi-vitamins with minerals) How often do you take (additional) minerals such as calcium or zinc? Would you say every day or almost every day, every so often, or not at all?

(Fuera de multivitaminas con minerales) ¿Con qué frecuencia tomas minerales (adicionales) tales como calcio o zinc? ¿Dirías que todos los días o casi todos los días, de vez en cuando o nunca?

CODE ONE ONLY

EVERY DAY/ALMOST EVERY DAY 1
EVERY SO OFTEN 2
NOT AT ALL 3
DON'T KNOW d
REFUSED r

LEVELCCD = M OR H

45. How often do you take any herbal products or sports supplements like Echinacea or alfalfa extract? Would you say every day or almost every day, every so often, or not at all?

¿Con qué frecuencia tomas algún producto a base de hierbas o suplementos deportivos tal como equinácea o extracto de alfalfa? ¿Dirías que todos los días o casi todos los días, de vez en cuando o nunca?

CODE ONE ONLY

EVERY DAY/ALMOST EVERY DAY 1
EVERY SO OFTEN.....2
NOT AT ALL.....3
DON'T KNOWd
REFUSEDr

LEVELCCD = M OR H

46. In a typical week when you are in school, on how many days do you go to physical education classes?

En una semana típica cuando estás en la escuela, ¿cuántos días vas a clases de educación física?

CODE ONE ONLY

0 DAYS.....0
1 DAY 1
2 DAYS.....2
3 DAYS.....3
4 DAYS.....4
5 DAYS.....5
DON'T KNOWd
REFUSEDr

LEVELCCD = M OR H

47. During the past 12 months, on how many sports teams did you play? Count any teams run by your school or community groups, such as soccer, tennis, golf, cheerleading, or dance.

Durante los últimos 12 meses, ¿en cuántos equipos deportivos jugaste? Cuenta cualquier equipo organizado por tu escuela o por grupos comunitarios, tales como fútbol, tenis, golf, porristas (cheerleading) o baile.

CODE ONE ONLY

0 TEAMS0
1 TEAM 1
2 TEAMS.....2
3 OR MORE TEAMS.....3
DON'T KNOWd
REFUSEDr

LEVELCCD = M OR H

48. On an average school day, about how many hours do you spend watching TV or DVDs?

En un día escolar promedio, ¿más o menos cuántas horas pasas viendo televisión o DVDs?

INTERVIEWER: IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.

|_|_|.|_| HOURS
(HOUR NUMBER RANGE: 0-24; DECIMAL NUMBER: 0 or 5)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF > 12.0 HOURS: Can you confirm this answer? ¿Puedes confirmar esta respuesta?

LEVELCCD = M OR H

49. And on an average school day, about how many hours do you use a computer, go online, or play video or computer games for something that is not school work?

PROBE: Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.

Y en un día escolar promedio, ¿más o menos cuántas horas usas una computadora, te conectas al Internet, o juegas videos o juegos de computadora para algo que no es trabajo escolar?

PROBE: Cuenta el tiempo pasado en cosas como Xbox, PlayStation, un iPod, un iPad u otra tableta, un smartphone, YouTube, Facebook u otras herramientas de redes sociales, y el Internet.

INTERVIEWER: IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.

|_|_|.|_| HOURS
(HOUR NUMBER RANGE: 0-24; DECIMAL NUMBER: 0 or 5)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF > 12.0 HOURS: Can you confirm this answer? ¿Puedes confirmar esta respuesta?

LEVELCCD = M OR H

IF I3 = 1 THEN FILL WITH 'BOYS.' IF I3 = 2 THEN FILL WITH 'GIRLS.'

50. Compared to other [boys/girls] the same age, would you say you are less active, about as active, more active, or much more active?

Comparado con otros (niños/ niñas) de la misma edad, ¿dirías que eres menos activo(a), casi tan activo(a), más activo(a) o mucho más activo(a)?

CODE ONE ONLY

LESS ACTIVE 1
ABOUT AS ACTIVE 2
MORE ACTIVE 3
MUCH MORE ACTIVE..... 4
DON'T KNOW d
REFUSED r

LEVELCCD = M OR H

51. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time. Examples of these activities are competitive sports, running, biking, brisk walking, swimming laps, dancing or pushing a lawn mower.

Durante los últimos 7 días, ¿cuántos días estuviste físicamente activo(a) por un total de por lo menos 60 minutos por día? Suma todo el tiempo que pasaste en cualquier tipo de actividad física que aumentó tu ritmo cardíaco y te hizo respirar fuerte por parte del tiempo. Ejemplos de estas actividades son deportes competitivos, correr, andar en bicicleta, caminar rápidamente, nadar, bailar o empujar una cortadora de césped.

CODE ONE ONLY

0 days 0
1 day 1
2 days 2
3 days 3
4 days 4
5 days 5
6 days 6
7 days 7
DON'T KNOW d
REFUSED r

LEVELCCD = M OR H

52. During the past month, on how many days did you smoke cigarettes?

PROBE: Your best estimate is fine.

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER, ENTER "0" DAYS.

INTERVIEWER: IF RANGE GIVEN, TAKE THE MID POINT.

Durante el último mes, ¿cuántos días fumaste cigarrillos?

PROBE: Tu mejor estimación está bien.

____ DAYS
(RANGE 0-31)

CODE ONE ONLY

DON'T KNOWd

REFUSEDr

PROGRAMMER BOX Q52.
IF PARENT INTERVIEW STATUS = 1 THEN GO TO Q59;
ELSE PROCEED TO Q53.

LEVELCCD = M OR H

53. And finally, we would like to follow-up with your parent or guardian in order to better understand their feelings about the meals served at this school. In order to do this, I will need you to give me some contact information.

First, which adult tends to prepare most of the meals in your home?

Y finalmente, quisiéramos hacer un seguimiento con uno de tus padres o tu guardián, para entender mejor lo que sienten acerca de las comidas servidas en esta escuela. Para hacer esto voy a necesitar que me des alguna información de contacto.

Primero, ¿qué adulto tiende a preparar la mayoría de las comidas en tu hogar?

INTERVIEWER: READ LIST ONLY IF NECESSARY.

CODE ONE ONLY

MOTHER/FATHER/PARENT 1

PARENT'S SPOUSE OR PARTNER.....2

GRANDPARENT.....3

OTHER RELATIVE4

LEGAL GUARDIAN.....5

OTHER (SPECIFY).....99

_____ (STRING 100)

DON'T KNOWd

REFUSEDr

IF OTHER SPECIFY (99): Please specify a response. Por favor especifica una respuesta.

LEVEL CCD = M OR H

53a. And, what is (HIS/HER/YOUR PARENT OR GUARDIAN'S) first name?

¿Y cuál es ([SU] primer nombre/[EL PRIMER NOMBRE DE TU PADRE/ MADRE/ GUARDIÁN?])

_____ (STRING 100)
FIRST NAME
DON'T KNOWd
REFUSEDr

LEVEL CCD = M OR H

53b. And, what is (HIS/HER) last name?

¿Y cuál es su apellido?

_____ (STRING 100)
LAST NAME
DON'T KNOWd
REFUSEDr

LEVEL CCD = M OR H

54a. What is (HIS/HER) home phone number?

¿Cuál es su número de teléfono en el hogar?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)
DOESN'T HAVE HOME PHONE NUMBER0
DON'T KNOWd
REFUSEDr

LEVEL CCD = M OR H

54b. And, what is (HIS/HER) cellular phone number?

¿Y cuál es su número de teléfono celular?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)
DOESN'T HAVE CELLULAR PHONE NUMBER0
DON'T KNOWd
REFUSEDr

LEVELCCD = M OR H

54c. And, what is (HIS/HER) work phone number?

¿Y cuál es su número de teléfono en el trabajo?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(RANGE) (RANGE) (RANGE)

DOESN'T HAVE WORK PHONE NUMBER.....0
DON'T KNOWd
REFUSEDr

PROGRAMMER BOX 54C.
IF NO PHONE NUMBERS PROVIDED (54A, 54B, AND 54C ARE ALL 0, D, OR R) GO TO Q59

LEVELCCD = M OR H AND (Q54A, Q54B, AND Q54C NE N, D, OR R)

55. What is the best time to reach (HIM/HER)?

¿Cuál es la mejor hora para hablar con (ÉL/ELLA)?

TEXT FIELD

CODE ONE ONLY

DON'T KNOWd
REFUSEDr

LEVELCCD = M OR H AND (Q54A, Q54B, AND Q54C NE N, D, OR R) [ONLY SHOW IF MORE THAN 1 NUMBER GIVEN]

PROGRAMMER NOTE: POPULATE RESPONSE FIELDS BASED ON WHAT NUMBERS WERE GIVEN.

57. Finally, which of the phone numbers that you gave me should I use to reach (HIM/HER) when I call?

Finalmente, ¿cuál de los números de teléfono que me diste debo usar cuando le llame a (ÉL/ELLA)?

CODE ONE ONLY

HOME PHONE.....1
CELL PHONE2
WORK PHONE3
DON'T KNOWd
REFUSEDr

SECTION D. HEIGHT & WEIGHT MEASUREMENTS

ALL

59. Thank you for all of your responses. We are almost finished. Now, I am going to measure your height and your weight. We are going to go over to where we are doing the measurements. Let's walk there together now.

Gracias por todas tus respuestas. Casi terminamos. Ahora voy a medir tu altura y tu peso. Vamos a ir a donde estamos haciendo las mediciones. Caminemos juntos ahora.

WEIGHT:

INTERVIEWER: ENTER WEIGHT MEASUREMENT TO THE NEAREST 0.2 POUNDS

INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, AND EXTRA CLOTHES

INTERVIEWER: YOU SHOULD WRITE THE MEASUREMENTS ON HARD COPY FIRST AND TRANSFER THE RESULTS INTO CAPI. PLEASE MAKE SURE THE RESPONDENT IS WITH YOU WHILE YOU ARE ENTERING THE NUMBERS INTO CAPI. IF THE PROGRAM DOES NOT ALLOW YOU TO PROCEED THEN YOU WILL NEED TO RETAKE THE MEASUREMENT.

FIRST MEASUREMENT |__|__|__| . |__| POUNDS (RANGE 000.0-308.0) ...

DID NOT COMPLETE MEASUREMENT0 GO TO 60

REFUSEDr GO TO 61

SOFT CHECK: IF LT 30 OR GT 200; **Please confirm that the value entered matches the hard copy.**

Q59 NE 0 OR R

59a. **WEIGHT:**

INTERVIEWER: ENTER WEIGHT MEASUREMENT TO THE NEAREST 0.2 POUNDS

INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES

INTERVIEWER: YOU SHOULD WRITE THE MEASUREMENTS ON HARD COPY FIRST AND TRANSFER THE RESULTS INTO CAPI. PLEASE MAKE SURE THE RESPONDENT IS WITH YOU WHILE YOU ARE ENTERING THE NUMBERS INTO CAPI. IF THE PROGRAM DOES NOT ALLOW YOU TO PROCEED THEN YOU WILL NEED TO RETAKE THE MEASUREMENT.

SECOND MEASUREMENT |__|__|__| . |__| POUNDS (RANGE 000.0-308.0)

DID NOT COMPLETE MEASUREMENT0 GO TO 60

REFUSEDr GO TO 60

SOFT CHECK: IF LT 30 OR GT 200; **Please confirm that the value entered matches the hard copy.**

PROGRAMMER BOX 59B.

IF DIFFERENCE BETWEEN Q59 AND Q59a IS GREATER THAN 1.0
POUND, GO TO Q59b;
ELSE SKIP TO Q60

| Q59 – Q59A | > 1.0

59b. WEIGHT:

INTERVIEWER: ENTER WEIGHT MEASUREMENT TO THE NEAREST 0.2 POUNDS
 INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES
 INTERVIEWER: THERE IS A MORE THAN 1 POUND DIFFERENCE BETWEEN THE TWO PREVIOUSLY ENTERED WEIGHT MEASUREMENTS. PLEASE TAKE A THIRD MEASUREMENT.
 INTERVIEWER: IF YOU DID NOT TAKE THE THIRD MEASUREMENT ON PAPER, TAKE THE MEASUREMENT NOW. IF YOU ARE NO LONGER ABLE TO COMPLETE THE THIRD MEASUREMENT, MARK "STUDENT DID NOT COMPLETE MEASUREMENT."

THIRD MEASUREMENT |__|__|__| . |__| POUNDS (RANGE 000.0 – 308.0)

DID NOT COMPLETE MEASUREMENT0

REFUSEDr

SOFT CHECK: IF LT 30 OR GT 200; **Please confirm that the value entered matches the hard copy.**

Q59 NE R

60. CONCERNS ABOUT WEIGHT MEASUREMENT:

CODE ALL THAT APPLY

NO CONCERNS 10
 WEARING HEAVY CLOTHING, BRACE, OR CAST 11
 WEARING SHOES 12
 WEIGHT EXCEEDED SCALE LIMIT 13
 PREGNANT 14
 DIFFICULTY OBTAINING MEASUREMENT 15
 STUDENT OR PARENT REPORT 16 **GO TO 60A**
 OTHER (SPECIFY)..... 99
 _____ (STRING (NUM))

IF OTHER SPECIFY (99): **Please specify a response.**

Q60=16

60a. INTERVIEWER: DESCRIBE REASON FOR STUDENT OR PARENT REPORT
 _____ (STRING 200)

ALL

61. STANDING HEIGHT:

INTERVIEWER: ENTER HEIGHT MEASUREMENT TO THE NEAREST CENTIMETER

INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES

INTERVIEWER: YOU SHOULD WRITE THE MEASUREMENTS ON HARD COPY FIRST AND TRANSFER THE RESULTS INTO CAPI. PLEASE MAKE SURE THE RESPONDENT IS WITH YOU WHILE YOU ARE ENTERING THE NUMBERS INTO CAPI. IF THE PROGRAM DOES NOT ALLOW YOU TO PROCEED THEN YOU WILL NEED TO RETAKE THE MEASUREMENT.

FIRST MEASUREMENT |__|__|__| CENTIMETERS (RANGE 0-206)..... 1

DID NOT COMPLETE MEASUREMENT 0 **GO TO Q62**

REFUSED r **GO TO**

PROGRAMMER

BOX Q62A

SOFT CHECK: IF LT 92 OR GT 196; **Please confirm that the value entered matches the hard copy.**

PROGRAMMER BOX Q61.

IF Q61=0 OR R AND LEVELCCD = E, GO TO END1;
ELSE IF Q61=0 OR R AND LEVELCCD = M OR H AND FLAGGED
FOR THE 2ND DIETARY RECALL GO TO SELECTED YOUTH;
ELSE IF Q61=0 OR R AND LEVELCCD = M OR H AND NOT FLAGGED
FOR THE 2ND DIETARY RECALL GO TO END3;
ELSE GO TO Q61A

Q61 NE 0 OR R

61a. STANDING HEIGHT:

INTERVIEWER: ENTER HEIGHT MEASUREMENT TO THE NEAREST CENTIMETER

INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES

INTERVIEWER: YOU SHOULD WRITE THE MEASUREMENTS ON HARD COPY FIRST AND TRANSFER THE RESULTS INTO CAPI. PLEASE MAKE SURE THE RESPONDENT IS WITH YOU WHILE YOU ARE ENTERING THE NUMBERS INTO CAPI. IF THE PROGRAM DOES NOT ALLOW YOU TO PROCEED THEN YOU WILL NEED TO RETAKE THE MEASUREMENT.

SECOND MEASUREMENT |__|__|__|CENTIMETERS (RANGE 0-206) 1

DID NOT COMPLETE MEASUREMENT 0 **GO TO Q62**

REFUSED r **GO TO Q62**

SOFT CHECK: IF LT 92 OR GT 196; **Please confirm that the value entered matches the hard copy.**

PROGRAMMER BOX 61B.

IF DIFFERENCE BETWEEN Q61 AND Q61a IS GREATER THAN 2
CENTIMETERS, GO TO Q61b;

ELSE SKIP TO Q62

| Q61 – Q61A | > 2

61b. STANDING HEIGHT:

- INTERVIEWER: ENTER HEIGHT MEASUREMENT TO THE NEAREST CENTIMETER
- INTERVIEWER: ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES
- INTERVIEWER: IF THERE IS A MORE THAN 2 CENTIMETERS DIFFERENCE BETWEEN THE TWO PREVIOUSLY ENTERED MEASUREMENTS. PLEASE TAKE A THIRD MEASUREMENT.
- INTERVIEWER: IF YOU DID NOT TAKE THE THIRD MEASUREMENT ON PAPER, TAKE THE MEASUREMENT NOW. IF YOU ARE NO LONGER ABLE TO COMPLETE THE THIRD MEASUREMENT, MARK “STUDENT DID NOT COMPLETE MEASUREMENT.”

THIRD MEASUREMENT |__|__|__|CENTIMETERS (RANGE 0-206)..... 1
 DID NOT COMPLETE MEASUREMENT 0
 REFUSED r

SOFT CHECK: IF LT 92 OR GT 196; **Please confirm that the value entered matches the hard copy.**

Q61 NE R

62. CONCERNS ABOUT HEIGHT MEASUREMENT:

CODE ALL THAT APPLY

- NO CONCERNS 10
 - WEARING SHOES OR BOOTS 11
 - HAIR, HAIR PIECE, OR HAT INTERFERED 12
 - DIFFICULTY OBTAINING MEASUREMENT 13
 - STUDENT OR PARENT REPORT 14 **GO TO 62A**
 - OTHER (SPECIFY)..... 99
- _____ (STRING 250)

IF OTHER SPECIFY (99): **Please specify a response.**

Q62=14

62a. INTERVIEWER: DESCRIBE REASON FOR STUDENT OR PARENT REPORT
_____ (STRING 200)

PROGRAMMER BOX Q62A.
IF LevelCCD = E GO TO END1;
ELSE IF LevelCCD = M or H AND Dietary2_Recall=1 (from load) GO TO
SELECTED YOUTH;
ELSE IF LevelCCD = M or H AND Dietary2_Recall=2 GO TO END3.

LevelCCD = E

END1. Those are all the questions I have today. You've done great. Here is a \$5 gift card to thank you for all your help. Please sign this gift card receipt.

Esas son todas las preguntas que tengo hoy. Has hecho un buen trabajo. Aquí tienes una tarjeta de regalo de \$5 como agradecimiento por toda tu ayuda. Por favor firma este recibo por la tarjeta de regalo.

INTERVIEWER: GIVE CHILD GIFT CARD. ASK TO SIGN RECEIPT AND IF CHILD NEEDS A PASS TO GET BACK INTO CLASS.

IF LevelCCD = M or H AND Dietary2_Recall=1 (from load)

SELECTED YOUTH. Thanks for all of your help today. Before we're done I'd like to schedule a time for one of my team members to call you for a second interview about what you ate. We'd like to call you on the phone in 3 to 5 days to do this. That would be [DAY] to [DAY]. We will mail you an additional \$15 gift card for your help. What day and time can we call you to complete the second part of the dietary recall?

Gracias por toda tu ayuda hoy. Antes de terminar quisiera hacer una cita para que uno de mis compañeros de equipo te llame para una segunda entrevista sobre lo que comiste. Nos gustaría llamarte por teléfono en unos 3 a 5 días para hacer esto. Eso sería entre [DAY] y [DAY]. Te enviaremos por correo una tarjeta de regalo adicional de \$15 por tu ayuda. ¿Qué día y a qué hora podemos llamarte para completar la segunda parte del recordatorio de alimentos consumidos?

INTERVIEWER: THIS INTERVIEW CAN TAKE PLACE ON TUESDAYS THROUGH SATURDAYS ONLY.

INTERVIEWER: IF YOUTH DOES NOT WANT TO OR CAN'T COMMIT TO AN APPOINTMENT, MARK "DON'T KNOW." IF YOUTH REFUSES SECOND DIETARY RECALL, MARK REFUSED.

RECORD TIME AND DAY1

DON'T KNOWd GO TO

SELECTED PHONE

REFUSEDr GO TO END3

SELECTED YOUTH=1

SELECTED YOUTH TIME.

|_|_| HOURS (1-12) : |_|_| MINUTES (0-59) [AM/PM]

SELECTED YOUTH=1

ONLY DISPLAY AVAILABLE DAYS THAT ARE 3-5 DAYS FROM THE DATE OF THE INTERVIEW

SELECTED YOUTH DAY.

TUESDAY3
 WEDNESDAY4
 THURSDAY5
 FRIDAY6
 SATURDAY.....7

SELECTED YOUTH NE R AND IF LevelCCD = M or H AND Dietary2_Recall=1 (from load)

SELECTED PHONE. What number can we call at that time? If possible, we would prefer to use a landline.

¿A qué número podemos llamar en ese momento? Si es posible, preferiríamos usar un teléfono fijo.

INTERVIEWER: REFER TO THE STUDENT CONTACT SHEET FOR PHONE NUMBERS IF RESPONDENT IS UNABLE TO PROVIDE A PHONE NUMBER.

|_|_| - |_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

SELECTED PHONE IS NOT NULL

SELECTED PHONETYPE. Is the number a home phone or cell phone?

¿Es un número de teléfono residencial o teléfono celular?

HOME PHONE.....1

CELL PHONE2

DON'T KNOWd

REFUSEDr

SELECTED YOUTH NE R

END2. Thanks for your help. Now I'm going to give you a ruler, measuring cups, measuring spoons, and a book to help you describe what you ate. Please have these near you when someone calls you for the phone interview. You can keep all of them.

Those are all the questions I have today. You've done great. Thanks for all your help. Here is your gift card. Please sign the receipt and leave it with me.

Gracias por tu ayuda. Ahora voy a darte un folleto de modelo de alimentos, una regla, tazas de medida, cucharas de medida, y un libro para ayudarte a describir lo que comiste. Por favor ten estas cosas cerca cuando alguien llame para la entrevista telefónica. Puedes quedarte con todos ellos.

Esas son todas las preguntas que tengo hoy. Has hecho un buen trabajo. Gracias por toda tu ayuda. Aquí tienes tu tarjeta de regalo. Por favor firma el recibo y déjalo conmigo.

INTERVIEWER: GIVE RULER, MEASURING CUPS, MEASURING SPOONS, AND PORTION REFERENCE BOOKLET. GIVE GIFT CARD AND ASK YOUTH TO SIGN RECEIPT. ASK IF YOUTH NEEDS A PASS TO GET BACK TO CLASS.

SELECTED YOUTH=R OR (IF LevelCCD = M or H AND Dietary2_Recall=2)

END3. Those are all the questions I have today. You've done great. Thanks for all your help. Here is your gift card. Please sign the receipt and leave it with me.

Esas son todas las preguntas que tengo hoy. Has hecho un buen trabajo. Gracias por toda tu ayuda. Aquí tienes tu tarjeta de regalo. Por favor firma el recibo y déjalo conmigo.

INTERVIEWER: GIVE GIFT CARD AND ASK YOUTH TO SIGN RECEIPT. ASK IF YOUTH NEEDS A PASS TO GET BACK TO CLASS.

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**School Nutrition
& Meal Cost Study**

OMB Clearance Number: 0584-0596

Expiration Date: 08/31/2017

PARENT INTERVIEW

CATI/CAPI Questionnaire

December 1, 2014

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

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i. INTRODUCTION

PROGRAMMER:

PRELOAD SCHOOL MPRID, PARENT MPRID, PARENT NAME, STUDENT MPRID, LEVEL CCD = E, M, OR H (CHILD = E AND YOUTH = M OR H), SECOND DIETARY RECALL FLAG FOR YOUTH (YES=FLAGGED AND NO = NOT FLAGGED), DIETARY RECALL INTERVIEW STATUS FOR YOUTH, STUDENT NAME, STUDENT DOB, STUDENT GENDER, AND STUDENT GRADE.

| Poverty Threshold Measure Table | | | | | |
|---|--------------------------|-----------------|---------------------|------------|------------|
| (2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA) | | | | | |
| Col A: Persons in family/household (See Q49 for number of persons in family/household. IF Q49=D OR R AND Q48=1,2, 3 THEN DO NOT CALCULATE % FPL AND GO TO Q60. IF Q49=D OR R AND Q48=4,D, OR R then we should only ask questions 60-63 and 81-83. Do not ask questions 64-80. | Col B: Poverty Guideline | Col C: 200% FPL | HH is ≤200% FPL IF: | | |
| | | | Col D: Q56 | Col E: Q58 | Col F: Q59 |
| 1 | 11,670 | 23,340 | if col D≤col C | If 1 – 5 | N/A |
| 2 | 15,730 | 31,460 | if col D≤col C | If 1 – 7 | N/A |
| 3 | 19,790 | 39,580 | if col D≤col C | If 1 – 7 | N/A |
| 4 | 23,850 | 47,700 | if col D≤col C | If 1 – 8 | N/A |
| 5 | 27,910 | 55,820 | if col D≤col C | If 1 – 8 | If 1 |
| 6 | 31,970 | 63,940 | if col D≤col C | If 1 – 8 | If 1 -2 |
| 7 | 36,030 | 72,060 | if col D≤col C | If 1 – 8 | If 1 – 3 |
| 8 | 40,090 | 80,180 | if col D≤col C | If 1 – 8 | If 1 – 4 |
| 9 | 44,150 | 88,300 | if col D≤col C | If 1 – 8 | If 1 – 4 |
| 10 | 48,210 | 96,420 | if col D≤col C | If 1 – 8 | If 1 – 5 |
| 11 | 52,270 | 104,540 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 12 | 56,330 | 112,660 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 13 | 60,390 | 120,780 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 14 | 64,450 | 128,900 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 15 | 68,510 | 137,020 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 16 | 72,570 | 145,140 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 17 | 76,630 | 153,260 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 18 | 80,690 | 161,380 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 19 | 84,750 | 169,500 | if col D≤col C | If 1 – 8 | If 1 – 6 |
| 20 | 88,810 | 177,620 | if col D≤col C | If 1 – 8 | If 1 – 6 |

IF CALCULATION LEADS YOU TO A CELL IN COLUMN 59 THAT IS "N/A", THEN SET HOUSEHOLD INCOME AS GREATER THAN 200% (FPL), GO TO Q64.

IF (Q56 = D OR R) AND (Q57 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

IF (Q56 = D OR R) AND (Q57 = 1) AND (Q58 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

IF (Q56 = D OR R) AND (Q57 = 0) AND (Q59 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

IF (Q56 = 1) AND (Q57 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

IF (Q56 = 1) AND (Q57 = 1) AND (Q58 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

IF (Q56 = 1) AND (Q57 = 0) AND (Q59 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60.

LevelICCD = E (CAPI)

INTERVIEWER CODE LOCATION OF INTERVIEW

I2. LOCATION:

- SCHOOL 1
 - HOME..... 2
 - OTHER (SPECIFY).....99
- _____ (100)

LevelICCD = E (CAPI)

INTRO1. Okay, now I am going to talk to your (mom/dad). Thank you, [STUDENT NAME] , for your help – you’re all done!

INTRO1. Bien, ahora voy a hablar con tu (mamá/papá). Gracias, [STUDENT NAME], por tu ayuda – ¡Ya has terminado!

LevelICCD = E (CAPI)

INTRODUCTION FOR PARENT OF CHILDREN:

INTRO2. Okay, now that we completed the dietary recall I’d like to ask you some questions about your household and the meals provided by your child’s school.

Muy bien, ahora que hemos completado el recordatorio de alimentos consumidos, quisiera hacerle algunas preguntas acerca de su casa y de las comidas proporcionadas por la escuela de su hijo(a).

{DoCallback = No} (CATI)

Hello

Hello, my name is [INTVNAME]. I am calling regarding the School Nutrition and Meal Cost Study, or SNMCS, that is sponsored by the US Department of Agriculture, Food and Nutrition Service. May I please speak to [FULLNAME]?

Hola, mi nombre es [INTVNAME]. Estoy llamando acerca del Estudio de Nutrición y Costo de Comidas Escolares, o SNMCS por sus siglas en inglés, que está patrocinado por el Departamento de Agricultura, Servicio de Alimentación y Nutrición. ¿Podría hablar con [FULLNAME] por favor?

| | | |
|--|----|-----------------------------|
| SPEAKING TO [FIRSTNAME] | 1 | (Go to SampMemb) |
| [FIRSTNAME] COMES TO THE PHONE | 2 | (Go to SampMemb) |
| PERSON ASKS WHAT CALL IS ABOUT | 3 | |
| NEED TO CALLBACK | 4 | (Go to Callback) |
| [FIRSTNAME] HAS A HEALTH PROBLEM | 5 | (Go to HealthProb) |
| [FIRSTNAME] IS IN AN INSTITUTION | 6 | (Go to NeedProxy) |
| [FIRSTNAME] HAS MOVED | 7 | (Go to KnowWhere) |
| [FIRSTNAME] DOES NOT SPEAK ENGLISH | 8 | (Go to Lang) |
| NEVER HEARD OF [FULLNAME]/WRONG NUMBER | 9 | (Status 1530, Go to Thanks) |
| | | |
| HUNG UP DURING INTRODUCTION | 10 | (Status 1640, Exit) |
| REFUSED..... | r | (Status 1220, Exit) |

{Hello = 3} (CATI)

WhatAbout

[FIRSTNAME] should have received a letter from us about [his/her] child's participation in a school nutrition study. The packet explained that we are interviewing parents and their children about the meals served at schools. Today we are calling to interview parents over the telephone. When is a good time to reach [FIRSTNAME]?

[FIRSTNAME] debería haber recibido una carta de nosotros acerca de la participación de su hijo(a) en el estudio de nutrición escolar. El paquete explicaba que estamos entrevistando a padres e hijos acerca de las comidas servidas en las escuelas. Hoy estamos llamando para entrevistar a padres por teléfono. ¿Cuándo sería un buen momento para hablar con [FIRSTNAME]?

| | | |
|---|---|---------------------|
| [FIRSTNAME] COMES TO THE PHONE | 1 | (Go to SampMemb) |
| NEED TO CALLBACK | 2 | (Go to Callback) |
| [FIRSTNAME] HAS HEALTH PROBLEM/IS DECEASED .. | 3 | |
| [FIRSTNAME] IS IN AN INSTITUTION | 4 | (Go to NeedProxy) |
| [FIRSTNAME] MOVED | 5 | (Go to KnowWhere) |
| [FIRSTNAME] DOES NOT SPEAK ENGLISH | 6 | (Go to Lang) |
| [FIRSTNAME] DIDN'T RECEIVE LETTER | 7 | (Go to NoLetter) |
| HUNG UP DURING INTRODUCTION | 8 | (Status 1640, Exit) |
| SUPERVISOR REVIEW | 9 | (Status 1380, Exit) |
| REFUSED..... | r | (Status 1220, Exit) |

{Hello = 5 OR WhatAbout = 3} (CATI)

HealthProb

ENTER TYPE OF HEALTH PROBLEM.

- | | | |
|-------------------------|---|---------------------|
| HEARING PROBLEM..... | 1 | (Go to NeedProxy) |
| SPEECH PROBLEM | 2 | (Go to NeedProxy) |
| PHYSICAL PROBLEM | 3 | (Go to CallLater) |
| COGNITIVE PROBLEM | 4 | (Go to NeedProxy) |
| TOO OLD / FRAIL | 5 | (Go to CallLater) |
| IN A COMA | 6 | (Go to NeedProxy) |
| DECEASED | 7 | (Go to Deceased) |
| REFUSED..... | r | (Status 1210, Exit) |

(If ProxyOkay = Yes, Go to NeedProxy, else Status 410, Go to Thanks)

{Hello = 5 OR WhatAbout = 3}
{HealthProb = 3 OR 5} (CATI)

CallLater

Will [FIRSTNAME] be able to talk on the telephone if I call back next week?

¿Podrá [FIRSTNAME] hablar por teléfono si vuelvo a llamar la semana próxima?

- | | | |
|---------------------------|---|---------------------|
| YES/MAYBE – CALLBACK..... | 1 | (Go to Callback) |
| NO | 2 | |
| DON'T KNOW..... | d | (Go to Callback) |
| REFUSED..... | r | (Status 1210, Exit) |

(If ProxyOkay = Yes, Go to NeedProxy, else Status 419, Go to Thanks)

{Hello = 5 OR WhatAbout = 3}
{HealthProb = 7} (CATI)

Deceased

I am very sorry to hear that [he/she] passed away. Please accept my condolences.

Siento escuchar que [él/ella] falleció. Por favor acepte mi pésame.

Go to NeedProxy

{Hello = 7 OR WhatAbout = 5}

ChildLocation

Does [STUDENTFULLNAME] still live at this address?

¿Vive aún [STUDENTFULLNAME] en esta dirección?

YES..... 1 (Go to NeedProxy)
NO 0

{Hello = 7 OR WhatAbout = 5}
{ChildLocation = 0}

KnowWhere

Do you or anyone there know how we can reach [FIRSTNAME]?

¿Sabe usted u otra persona ahí cómo podemos encontrar a [FIRSTNAME]?

YES..... 1
NO 0 (Status 1530, Go to Thanks)
DON'T KNOW..... d (Status 1530, Go to Thanks)
REFUSED..... r (Status 1530, Go to Thanks)

{Hello = 7 OR WhatAbout = 5}
{KnowWhere = 1}

NewPhone

May I please have [his/her] telephone number?

¿Podría darme su número de teléfono?

PHONE _____
DON'T KNOW..... d
REFUSED..... r

NewAddr

May I please have [his/her] address?

¿Podría darme su dirección?

ADDRESS _____

DON'T KNOW..... d
REFUSED..... r

If NewPhone = d or r, Status 1530, Go To Thanks, else Status 1899, Go to Thanks)

| | |
|--|--|
| {Hello = 8 OR WhatAbout = 6} | |
| Lang | |
| CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN: | |
| Thanks) | SPANISH 1 (Status 1401, Go to FRENCH..... 2 CHINESE..... 3 RUSSIAN..... 4 GERMAN 5 OTHER LANGUAGE (SPECIFY) 6 (Go To OtherLang) DON'T KNOW..... d |
| (If ProxyOkay = Yes, Go to NeedProxy, else Status 1400, Go To Thanks) | |
| {Hello = 8 OR WhatAbout = 6} {Lang = 6} | |
| OtherLang | |
| SPECIFY OTHER LANGUAGE | |
| LANGUAGE _____ | |
| (If ProxyOkay = Yes, Go to NeedProxy, else Status 1400, Go To Thanks) | |
| {ProxyOkay = Yes} {AmpTTY = 0 OR CallLater = 0 OR HealthProb = 1, 2, 4 or 6 OR HomeSoon = 2 OR Capable = 2 OR Lang <> 1} | |
| NeedProxy | |
| <p>[(Hello <> 3 AND Capable = EMPTY) [FULLNAME] should have received a letter about a school nutrition study we are conducting. Perhaps there is someone who could answer (or interpret) the questions on behalf of [FIRSTNAME]. Is there a family member or friend who is knowledgeable about what [STUDENTFULLNAME] eats?</p> <p>[(Hello <> 3 AND Capable = EMPTY) [FULLNAME] debería haber recibido una carta acerca del estudio de nutrición que estamos realizando. Tal vez hay alguien que podría responder (o interpretar) las preguntas en nombre de [FIRSTNAME]. ¿Hay un familiar o amigo que sabe lo que [STUDENTFULLNAME] come?</p> | |
| Thanks) | YES, SPEAKING TO FAMILY MEMBER/ FRIEND WHO WILL ACT AS PROXY 1 YES, BUT NOT A GOOD TIME/ PROXY NOT AVAILABLE 2 (Go to ProxyName2) PROXY LIVES ELSEWHERE 3 (Go to ProxyName2) NO, PROXY AVAILABLE 4 (Status 1470, Go to SUPERVISOR REVIEW 5 (Status 1380) DON'T KNOW..... d (Go to Callback) REFUSED..... r (Status 1210) |

{ProxyOkay = Yes}
{AmpTTY = 0 OR CallLater = 0 OR HealthProb = 1, 2, 4 or 6 OR
HomeSoon = 2 OR Capable = 2 OR Lang <> 1}
{NeedProxy = 1}

ProxyName

Before we begin, can you please tell me your name?

Antes de comenzar, ¿puede decirme su nombre?

NAME _____
REFUSED..... r

ProxyRel

And how you are related to [FIRSTNAME]?

¿Cuál es su parentesco con [FIRSTNAME]?

SPOUSE..... 1
CHILD..... 2
SIBLING..... 3
PARENT..... 4
NIECE/NEPHEW..... 5
FRIEND/NEIGHBOR/OTHER RELATIVE..... 6
GROUP HOME/FOSTER HOME/
ASSISTED LIVING FACILITY ADMINISTRATOR/
CAREGIVER..... 7
OTHER (SPECIFY)..... 8 (Go to OtherRel)
DON'T KNOW..... d
REFUSED..... r

(Go to Screener/Survey)

{ProxyOkay = Yes}
{AmpTTY = 0 OR CallLater = 0 OR HealthProb = 1, 2, 4 or 6 OR
HomeSoon = 2 OR Capable = 2 OR Lang <> 1}
{NeedProxy = 1}
{ProxyRel = 8}

OtherRel

SPECIFY OTHER RELATIONSHIP.

RELATIONSHIP _____

(Go to Screener/Survey)

{ProxyOkay = Yes}
{AmpTTY = 0 OR CallLater = 0 OR HealthProb = 1, 2, 4 or 6 OR
HomeSoon = 2 OR Capable = 2 OR Lang <> 1}
{NeedProxy = 2 or 3}

ProxyName2

May I please have (his/her) name?

¿Podría darme su nombre?

NAME _____
DON'T KNOW..... d
REFUSED..... r

ProxyPhone

May I please have (his/her) telephone number?

¿Podría darme su número de teléfono?

PHONE _____
DON'T KNOW..... d
REFUSED..... r

ProxyAddr

And (his/her) address?

¿Y su dirección?

ADDRESS _____

DON'T KNOW..... d
REFUSED..... r

ProxyRel2

How is (he/she) related to [FIRSTNAME]?

¿Cuál es su parentesco con [FIRSTNAME]?

SPOUSE..... 1
CHILD..... 2
SIBLING..... 3
PARENT..... 4
NIECE/NEPHEW..... 5
FRIEND/NEIGHBOR/OTHER RELATIVE..... 6
GROUP HOME/FOSTER HOME/
ASSISTED LIVING FACILITY ADMINISTRATOR/
CAREGIVER..... 7
OTHER (SPECIFY)..... 8 (Go to OtherRel2)
DON'T KNOW..... d
REFUSED..... r

(If NeedProxy = 2 or 3, Go to Callback, else
If ProxyPhone <> d/r, Status 1899, Go to Thanks, else
Status 1380, Go to Thanks)

{ProxyOkay = Yes}

{AmpTTY = 0 OR CallLater = 0 OR HealthProb = 1, 2, 4 or 6 OR
HomeSoon = 2 OR Capable = 2 OR Lang <> 1}

{NeedProxy = 2 or 3}

{ProxyRel2 = 8}

OtherRel2

SPECIFY OTHER RELATIONSHIP.

RELATIONSHIP _____

(If NeedProxy = 2 or 3, Go to Callback, else
If ProxyPhone = d or r, Status 1380, Go to Thanks, else
Status 1899, Go to Thanks)

{Hello = 1 or 2 OR WhatAbout = 1 OR AmpPhone = 1 OR CallTTY = 1}

LevelCCD = M or H AND YOUTH HAS COMPLETED FIRST DIETARY RECALL THEN FILL "interviewed your child at school about the school meal programs."

LevelCCD = M or H AND HAS NOT COMPLETED FIRST DIETARY RECALL THEN FILL "will be interviewing your child about the school meal programs."

SampMemb

{(Hello = 2 OR WhatAbout = 1 OR AmpPhone = 1 OR CallTTY = 1)}

Hello, my name is _____. I am calling regarding the School Nutrition and Meal Cost Study, or SNMCS, that is sponsored by the US Department of Agriculture, Food and Nutrition Service.

Hola, mi nombre es _____. Estoy llamando acerca del Estudio de Nutrición y Costo de Comidas Escolares, o SNMCS por sus siglas en inglés, que está patrocinado por el Departamento de Agricultura, Servicio de Alimento y Nutrición de los Estados Unidos.

[ALL]

I'm part of the study team that [interviewed your child at school about the school meal programs/that will be interviewing your child about the school meal programs]. I'm calling now to see if we can do the parent interview. As you may recall from the letter and consent form sent home earlier, this study is being conducted by the U.S. Department of Agriculture to better understand how children and parents feel about the meals provided by schools, why they choose to participate or not participate in school meals, and how these decisions are related to children's overall diets. The interview will take about 20 minutes, and your cooperation is completely voluntary. All answers you give me will be kept private and no individual results will be presented. As a thank you for your time, we will be sending you \$15.

Soy parte del equipo del estudio que [entrevistó a su hijo(a) en la escuela acerca de los programas de comidas escolares /que entrevistará a su hijo(a) acerca de los programas de comidas escolares]. Estoy llamando ahora para ver si podemos realizar la entrevista de padres. Como tal vez recuerda de la carta y el formulario de consentimiento enviados a casa antes, el Departamento de Agricultura de los Estados Unidos está llevando a cabo este estudio para entender mejor cómo se sienten los niños y padres acerca de las comidas que las escuelas proporcionan, por qué eligen participar o no en las comidas escolares, y cómo estas decisiones se relacionan con la alimentación de niños en general. La entrevista llevará unos 20 minutos, y su cooperación es completamente voluntaria. Todas las respuestas que me provea se mantendrán privadas y no se presentará ningún resultado individual. Para agradecerle por su tiempo, le enviaremos \$15.

| | | |
|---|---|---------------------|
| CORRECT RESPONDENT | 1 | (Go to I3) |
| DID NOT RECEIVE OR DOES NOT RECALL THE LETTER..... | 2 | (Go to NoLetter) |
| WANTS MORE INFORMATION..... | 3 | (Go to MoreInfo) |
| NOT A GOOD TIME | 4 | (Go to Callback) |
| HUNG UP DURING INTRODUCTION | 5 | (Status 1640, Exit) |
| SUPERVISOR REVIEW | 6 | (Status 1380, Exit) |
| REFUSED..... | r | (Status 1200, Exit) |

{SampMemb = 2 OR WhatAbout = 7}

NoLetter

The letter explained that the interview will take about 20 minutes and your cooperation is completely voluntary. All answers you give will be kept private and no individual results will be presented. As a thank you for your time, we will be sending you \$15.

... Can we begin now?

La carta explicaba que la entrevista tomará unos 20 minutos y su cooperación es completamente voluntaria. Todas las respuestas que nos dé se mantendrán privadas y no se presentarán resultados individuales. Como agradecimiento por su tiempo, le enviaremos \$15.

...¿Podemos empezar ahora?

| | | |
|-----------------------------------|---|---------------------|
| CORRECT RESPONDENT..... | 1 | (Go to I3) |
| WANTS ANOTHER LETTER | 2 | (Go to ReadLetter) |
| WANTS MORE INFORMATION..... | 3 | (Go to MoreInfo) |
| NOT A GOOD TIME | 4 | (Go to Callback) |
| HUNG UP DURING INTRODUCTION | 5 | (Status 1640, Exit) |
| REFUSED..... | r | (Status 1200, Exit) |

{SampMemb = 3 or NoLetter = 3}

MoreInfo

This study is being conducted by the U.S. Department of Agriculture to better understand how children and parents feel about the meals provided by schools, why they choose to participate or not participate in school meals, and how these decisions are related to children’s overall diets. ... Shall we begin?

Este estudio está realizado por el Departamento de Agricultura de los Estados Unidos para entender mejor cuál es la opinión de los niños y padres acerca de las comidas proporcionadas por las escuelas, por qué eligen o no participar en las comidas escolares, y cómo estas decisiones se relacionan con la dieta general de los niños. ...¿Comenzamos?

| | | |
|-----------------------------------|---|---------------------|
| BEGIN INTERVIEW | 1 | (Go to I3) |
| WANTS ANOTHER LETTER | 2 | (Go to ReadLetter) |
| NOT A GOOD TIME | 3 | (Go to Callback) |
| HUNG UP DURING INTRODUCTION | 4 | (Status 1640, Exit) |
| REFUSED..... | r | (Status 1200, Exit) |

{NoLetter = 2 OR MoreInfo = 2}

ReadLetter

May I read the letter to you and then we can begin?

¿Me permite leerle la carta y después podemos empezar?

| | | |
|---|---|---------------------|
| YES, READ THE LETTER FROM HARD COPY | 1 | |
| HUNG UP DURING INTRODUCTION | 2 | (Status 1640, Exit) |
| REFUSED..... | r | (Status 1200, Exit) |

(Go to Screener/Survey)

{ (Thanks)}

Thanks

Thank you very much for your time.

Muchas gracias por su tiempo.

| | | |
|----------------|---|--------|
| Continue | 1 | (Exit) |
|----------------|---|--------|

{ (Callback)}

Callback

When would be a good time to callback?

¿Cuándo sería un buen momento para volver a llamar?

INTERVIEWER: RECORD APPOINTMENT ON CONTACT SHEET.

LevelCCD = M OR H – CATI ONLY

FILL 'STUDENT NAME' WITH STUDENT NAME IN SAMPLE LOAD

13. **Would you say that you are the person who knows the most about what [STUDENT NAME] eats?**

¿Diría que usted es la persona que sabe más sobre lo que come [STUDENT NAME]?

YES 1 (Go to I4)

NO 0

I3 = 0

FILL 'STUDENT NAME' WITH STUDENT NAME IN SAMPLE LOAD

13a. **We will be asking questions related to what [STUDENT NAME] eats. Could you please provide the first and last name of the best person to talk to about this?**

Estaremos haciendo preguntas relacionadas a lo que [STUDENT NAME] come. ¿Podría dar el nombre y apellido de la mejor persona para hablar de esto?

_____ (STRING 50)
FIRST NAME

_____ (STRING 50)
LAST NAME

DON'T KNOWd

REFUSEDr

I3a ≠ d, r

FILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

I3b. What is their relationship to [STUDENT NAME]?

¿Cuál es su parentesco con [STUDENT NAME]?

INTERVIEWER: READ LIST ONLY IF NECESSARY

CODE ONE ONLY

- MOTHER/FATHER/PARENT 1
- PARENT'S SPOUSE OR PARTNER.....2
- GRANDPARENT.....3
- OTHER RELATIVE4
- LEGAL GUARDIAN.....5
- OTHER (SPECIFY).....99
- _____ (STRING 100)
- DON'T KNOWd
- REFUSEDr

IF OTHER SPECIFY (99): **Please specify a response: Por favor, especifique una respuesta**

I3b ≠ d, r

I3c. What is their phone number?

¿Cuál es su número de teléfono?

|_|_|_| - |_|_|_| - |_|_|_|_|
(RANGE) (RANGE) (RANGE)

- DON'T KNOWd
- REFUSEDr

I3c ≠ d, r

I3d. Is this a home phone number or a cell phone number?

¿Es este un número de teléfono residencial, o un número de teléfono celular?

- HOME PHONE.....1
- CELL PHONE2
- DON'T KNOWd
- REFUSEDr

I3d = 1 OR 2

I3e. What is the best time to call?

¿Cuál es la mejor hora para llamar?

|_|_|_| : |_|_|_|_|
(1-12 HOURS) (00-59 MINUTES)

CODE ONE ONLY

AM 1
PM 2
DON'T KNOW d
REFUSED r

I3e = 1,2,d,r

I3f. What is their email address?

¿Cuál es su dirección de correo electrónico?

_____ (STRING 50)
EMAIL ADDRESS

DON'T KNOW d
REFUSED r

I3 = 0

I3g. Thank you for your help. Those are all of the questions that I have for you today.

Gracias por su ayuda. Esas son todas las preguntas que tengo para usted hoy.

PROGRAMMER BOX I3F
END OF INTERVIEW. UPDATE SMS WITH NEWLY PROVIDED CONTACT
INFO AND STATUS THE CASE FOR LOCATING

ALL

FILL WITH STUDENT'S GRADE LISTED IN SAMPLE LOAD, IF FIELD IS MISSING FROM SAMPLE LOAD LEAVE BLANK

INTERVIEWER CONFIRMS CHILD'S GRADE WITH RESPONDENT.

14. **Just to confirm for our records, what grade is [STUDENT NAME] in?**

Sólo para confirmar nuestros datos, ¿en qué grado está [STUDENT NAME]?

GRADE: [FILL WITH GRADE]

GRADE

ALL

FILL WITH STUDENT NAME LISTED IN SAMPLE LOAD;
FILL WITH STUDENT GENDER LISTED IN SAMPLE LOAD,

INTERVIEWER CONFIRMS STUDENT'S GENDER WITH RESPONDENT:

15. **Just to confirm for our records, is [STUDENT NAME] male or female?**

Sólo para confirmar nuestros datos, ¿es [STUDENT NAME] hombre o mujer?

CHILD'S GENDER = [FILL WITH CHILD GENDER]

GENDER

MALE..... 1

FEMALE..... 2

ALL

INTERVIEWER: CODE IF KNOWN, OTHERWISE ASK:

16. **Are you male or female?**

¿Es usted hombre o mujer?

RESPONDENT'S GENDER:

GENDER

MALE..... 1

FEMALE..... 2

SECTION A

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

PREFILL WITH 'HIM' IF I5=1;

PREFILL WITH 'HER' IF I5=2

PREFILL INTERVIEWER INSTRUCTION (CAPI ONLY)

1. **First, I am going to ask you about [STUDENT NAME]'s eating habits and the food served at [his/her] school.**

Some schools offer meals each day to children for free or at a set, fixed price. Does [STUDENT NAME]'s school have a school breakfast program?

Primero, le voy a preguntar acerca de los hábitos alimenticios de [STUDENT NAME] y de la comida servida en su escuela.

Algunas escuelas ofrecen cada día, comidas gratis a los niños o a un precio fijo establecido. ¿Tiene la escuela de [STUDENT NAME] un programa de desayuno escolar?

CAPI ONLY: INTERVIEWER: IF PARENT MENTIONED DURING DIETARY RECALL THAT CHILD HAD SCHOOL BREAKFAST, CODE "1" IN QUESTION 1 WITHOUT ASKING.

- YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

ALL

2. **Do you agree or disagree with the following statement? "School breakfasts should be available for all school children." Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement?**

¿Está usted de acuerdo o en desacuerdo con la siguiente afirmación? "Los desayunos escolares deberían estar disponibles para todos los niños de la escuela". ¿Está usted muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo con esa afirmación?

CODE ONE ONLY

- STRONGLY AGREE 1
 SOMEWHAT AGREE 2
 SOMEWHAT DISAGREE 3
 STRONGLY DISAGREE 4
 DON'T KNOW d
 REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

3. **Thinking back to the last full week of school, how often did [STUDENT NAME] eat breakfast? That is breakfast anywhere, at home or at school or somewhere else. Would you say [STUDENT NAME] ate breakfast every school day, ate breakfast on 3 or 4 school days, ate breakfast on 1 or 2 school days, or did not eat breakfast on any school days?**

Pensando en la última semana completa de escuela, ¿con qué frecuencia desayunó [STUDENT NAME] ? Eso es desayuno en cualquier lugar, en casa, en la escuela, o en algún otro sitio. ¿Diría usted que [STUDENT NAME] desayunó todos los días de escuela, desayunó 3 o 4 días de escuela, desayunó 1 o 2 días de escuela, o no desayunó ningún día de escuela?

CODE ONE ONLY

- 1 TO 2 SCHOOL DAYS 1
 3 TO 4 SCHOOL DAYS 2
 EVERY SCHOOL DAY 3
 NO SCHOOL DAYS 0
 DON'T KNOW d
 REFUSED r

PROGRAMMER BOX Q3
 IF NO SCHOOL BREAKFAST (Q.1=0, D, OR R), GO TO Q.10

IF Q1 = 1
 PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

4. **Does [STUDENT NAME] ever eat a school breakfast, that is a complete breakfast provided by the school?**

¿ Come [STUDENT NAME] alguna vez un desayuno escolar, o sea un desayuno completo proporcionado por la escuela?

- YES 1
 NO 0 GO TO Q.6
 DON'T KNOW d GO TO Q.6
 REFUSED r GO TO Q.6

| |
|--|
| Q4 = 1 |
| PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME |

5. How many days a week does [STUDENT NAME] usually eat a school breakfast?

¿Cuántos días por semana generalmente come [STUDENT NAME] desayuno escolar ?

CODE ONE ONLY

- NONE, DOESN'T USUALLY EAT SCHOOL BREAKFAST.....0
- ONE.....1
- TWO.....2
- THREE3 GO TO Q.7
- FOUR.....4 GO TO Q.7
- FIVE5 GO TO Q.7
- DON'T KNOWd GO TO Q.7
- REFUSEDr GO TO Q.7

| |
|--|
| Q4= 0,D,R OR Q5=0, 1, OR 2 |
| PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME; PREFILL "more frequently" AND "more" IF Q5 = 1 OR 2 |

6. Which of the following reasons describe why [STUDENT NAME] does not eat school breakfast [more frequently] at school?

INTERVIEWER: READ LIST

PROBE: Is that a reason [STUDENT NAME] doesn't eat [more] school breakfasts?

CODE ONE PER ROW

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. Your child prefers to eat at home? | 1 | 0 | d | r |
| b. You prefer your child to eat breakfast at home? | 1 | 0 | d | r |
| c. There isn't enough time to eat breakfast at school, for example due to the bus arrival time? | 1 | 0 | d | r |
| d. Your child does not like the food served at school? . | 1 | 0 | d | r |
| e. Your child does not like to eat breakfast? | 1 | 0 | d | r |
| f. You thought your child couldn't participate in the School Breakfast Program? | 1 | 0 | d | r |
| g. Your child doesn't eat school breakfast because (his/her) friends don't? | 1 | 0 | d | r |

| | | | | |
|--|---|---|---|---|
| h. Your child thinks only needy kids eat school breakfast and (he/she) doesn't want to be thought of that way? | 1 | 0 | d | r |
| i. You don't want others to think you can't provide breakfast for your child? | 1 | 0 | d | r |
| j. Is there any other reason? (SPECIFY)..... _____ (STRING 300) | 1 | 0 | d | r |

IF OTHER SPECIFY (99): **Please specify a reason:**

¿Cuáles de las siguientes razones describen por qué [STUDENT NAME] no come (más frecuentemente) el desayuno escolar en la escuela?

INTERVIEWER: READ LIST

PROBE: ¿Es esa una razón por la que [STUDENT NAME] no come (más) desayunos escolares?

CODE ONE PER ROW

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. ¿Su hijo(a) prefiere comer en casa? | 1 | 0 | d | r |
| b. ¿Usted prefiere que su hijo(a) desayune en casa? | 1 | 0 | d | r |
| c. ¿No hay suficiente tiempo para desayunar en la escuela, por ejemplo por la hora que el autobús llega a la escuela? | 1 | 0 | d | r |
| d. ¿A su hijo(a) no le gusta la comida que sirven en la escuela? | 1 | 0 | d | r |
| e. ¿A su hijo(a) no le gusta desayunar?..... | 1 | 0 | d | r |
| f. ¿Usted pensó que su hijo(a) no podía participar en el Programa de Desayunos Escolares? | 1 | 0 | d | r |
| g. ¿Su hijo(a) no come el desayuno escolar porque sus amigos no lo hacen? | 1 | 0 | d | r |
| h. ¿Su hijo(a) piensa que solamente los niños necesitados comen desayuno escolar, y no quiere ser considerado de esa manera? | 1 | 0 | d | r |
| i. ¿Usted no quiere que otros piensen que no puede proporcionar desayuno a su hijo(a)? | 1 | 0 | d | r |
| j. ¿Hay alguna otra razón? (SPECIFY)..... _____ (STRING 300) | 1 | 0 | d | r |

IF OTHER SPECIFY (99): **Por favor especifique una razón:**

| |
|--|
| ALL |
| PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME |

7. Now I'd like to ask you your opinions about the school breakfast served at [STUDENT NAME]'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree.

CODE ONE PER ROW

| | STRONGLY AGREE | AGREE SOMEWHAT | DISAGREE SOMEWHAT | STRONGLY DISAGREE | DON'T KNOW | REFUSED |
|--|----------------|----------------|-------------------|-------------------|------------|---------|
| a. Children like the school breakfasts | 1 | 2 | 3 | 4 | d | r |
| b. I receive enough information about the School Breakfast Program | 1 | 2 | 3 | 4 | d | r |
| c. School breakfasts are served at a convenient time and place | 1 | 2 | 3 | 4 | d | r |
| d. School breakfast gives all children an opportunity to eat breakfast | 1 | 2 | 3 | 4 | d | r |
| e. Only children from needy families participate in the School Breakfast Program | 1 | 2 | 3 | 4 | d | r |

Ahora quisiera pedirle su opinión acerca del desayuno escolar que sirven en la escuela de [STUDENT NAME]. Después de que yo lea cada afirmación, por favor dígame si usted está muy de acuerdo, algo de acuerdo, algo en desacuerdo, o muy en desacuerdo.

CODE ONE PER ROW

| | STRONGLY AGREE | AGREE SOMEWHAT | DISAGREE SOMEWHAT | STRONGLY DISAGREE | DON'T KNOW | REFUSED |
|---|----------------|----------------|-------------------|-------------------|------------|---------|
| a. A los niños les gustan los desayunos escolares | 1 | 2 | 3 | 4 | d | r |
| b. Recibo suficiente información acerca del Programa de Desayunos Escolares | 1 | 2 | 3 | 4 | d | r |
| c. Los desayunos escolares son servidos a una hora y en un lugar conveniente..... | 1 | 2 | 3 | 4 | d | r |
| d. El desayuno escolar da a todos los niños la oportunidad de desayunar | 1 | 2 | 3 | 4 | d | r |

e. Solamente los niños de familias
necesitadas participan en el
Programa de Desayunos
Escolares

1

2

3

4

d

r

PROGRAMMER BOX Q7

ASK QS. 8-9 IF STUDENT EVER EATS SCHOOL BREAKFAST

(Q.4=1 AND Q.5 ≠ 0, d, or r)

ALL OTHERS GO TO Q.10

Q.4=1 AND Q.5 ≠ 0, d, or r

8. **Would you say the breakfasts served at school are very healthy, somewhat healthy, or not healthy?**

¿Diría usted que los desayunos que sirven en la escuela son muy saludables, algo saludables o no son saludables?

CODE ONE ONLY

VERY HEALTHY 1
SOMEWHAT HEALTHY 2
NOT HEALTHY 3
IT DEPENDS (VOLUNTEERED) 4
DON'T KNOW d
REFUSED r

Q.4=1 AND Q.5 ≠0, d, or r

9. Overall, how satisfied are you with the school breakfast provided at your child's school? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

En general, ¿qué tan satisfecho(a) está usted con el desayuno escolar proporcionado por la escuela de su hijo(a). ¿Diría usted que está muy satisfecho(a), algo satisfecho(a), algo insatisfecho(a) o muy insatisfecho(a)?

CODE ONE ONLY

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
DON'T KNOW d
REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

10. Does [STUDENT NAME] ever eat a school lunch, that is a complete lunch provided by the school?

¿Come [STUDENT NAME] alguna vez un almuerzo escolar, o sea un almuerzo completo proporcionado por la escuela?

YES 1
NO 0 GO TO Q.12
DON'T KNOW d GO TO Q.12
REFUSED r GO TO Q.12

Q10 = 1

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

11. How many days a week does [STUDENT NAME] usually eat a school lunch? By school lunch I mean a complete meal such as a fruit or vegetable, sandwich and milk, or a hot meal and milk for free or at a set, fixed price.

¿Cuántos días por semana suele [STUDENT NAME] comer un almuerzo escolar? Por almuerzo escolar quiero decir una comida completa, tal como una fruta o verdura, un sandwich y leche, o una comida caliente y leche, ya sea gratis o a un precio fijo establecido.

CODE ONE ONLY

| | | |
|---|---|------------|
| NONE, DOESN'T USUALLY EAT SCHOOL LUNCH..... | 0 | |
| ONE..... | 1 | |
| TWO..... | 2 | |
| THREE..... | 3 | GO TO Q.13 |
| FOUR..... | 4 | GO TO Q.13 |
| FIVE..... | 5 | GO TO Q.13 |
| DON'T KNOW..... | d | GO TO Q.14 |
| REFUSED..... | r | GO TO Q.14 |

Q10 = 0,d,r OR Q11 NE 0, 1, or 2

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME;
PREFILL WITH 'more frequently' AND 'more' IF Q11=1 OR 2

12. Which of the following reasons describe why [STUDENT NAME] does not eat school lunch [more frequently] at school?

INTERVIEWER: READ LIST

PROBE: Is that a reason [STUDENT NAME] doesn't eat [more] school lunches?

CODE ONE PER ROW

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. Your child does not like the food served at school? | 1 | 0 | d | r |
| b. Your child prefers to eat a lunch brought from home? | 1 | 0 | d | r |
| c. You prefer your child to eat foods sent from home? | 1 | 0 | d | r |
| d. Your child eats lunch at home or off campus? | 1 | 0 | d | r |
| e. Your child doesn't like waiting in lines for lunch? | 1 | 0 | d | r |
| f. Your child doesn't have enough time to get and eat lunch in school? | 1 | 0 | d | r |
| g. Your child doesn't eat school lunches because (his/her) friends don't? | 1 | 0 | d | r |
| h. You thought your child couldn't participate in the school lunch program? | 1 | 0 | d | r |
| i. Your child doesn't eat school lunches because they are too expensive? | 1 | 0 | d | r |
| j. Your child doesn't eat school lunches because (he/she) is a vegetarian or has a special diet? | 1 | 0 | d | r |
| k. Your child thinks only needy kids eat school lunches and (he/she) doesn't want to be thought of that way? | 1 | 0 | d | r |
| l. Is there any other reason? (SPECIFY) _____ (STRING 300) | 1 | 0 | d | r |

IF OTHER SPECIFY (99): **Please specify a reason:**

¿Cuáles de las siguientes razones describen por qué [STUDENT NAME] no come (más frecuentemente) el almuerzo escolar en la escuela?

INTERVIEWER: READ LIST

PROBE: ¿Es esa una razón por la cual [STUDENT NAME] no come (más) almuerzos escolares?

CODE ONE PER ROW

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. A su hijo(a) no le gusta la comida que sirven en la escuela | 1 | 0 | d | r |
| b. Su hijo(a) prefiere comer un almuerzo que trae de la casa | 1 | 0 | d | r |
| c. Usted prefiere que su hijo(a) coma comida enviada de la casa | 1 | 0 | d | r |
| d. Su hijo(a) almuerza en casa o fuera de la escuela | 1 | 0 | d | r |
| e. A su hijo(a) no le gusta esperar en fila para el almuerzo | 1 | 0 | d | r |
| f. Su hijo(a) no tiene suficiente tiempo para recibir y comer el almuerzo en la escuela..... | 1 | 0 | d | r |
| g. Su hijo(a) no come almuerzos escolares porque sus amigos no lo hacen | 1 | 0 | d | r |
| h. Usted pensó que su hijo(a) no podía participar en el Programa de Almuerzos Escolares..... | 1 | 0 | d | r |
| i. Su hijo(a) no come almuerzos escolares porque son demasiado caros | 1 | 0 | d | r |
| j. Su hijo(a) no come almuerzos escolares porque (él/ella) es vegetariano(a) o tiene una dieta especial | 1 | 0 | d | r |
| k. Su hijo(a) cree que solamente los niños necesitados comen almuerzos escolares, y no quiere ser considerado de esa manera? | 1 | 0 | d | r |
| l. ¿Hay alguna otra razón? (SPECIFY) | 1 | 0 | d | r |
| _____ (STRING 300) | | | | |

IF OTHER SPECIFY (99): **Por favor especifique una razón:**

PROGRAMMER BOX Q12
IF Q10 = 0, D, or R, OR Q11 = 0, go to Q14

Q11 = 1,2, 3, 4, or 5

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

13. **What is the main reason [STUDENT NAME] eats school lunches?**

¿Cuál es la razón principal por la que [STUDENT NAME] come almuerzos escolares?

CODE ONE ONLY

- EASY FOR PARENT 1
- CHILD LIKES THE FOOD.....2
- INEXPENSIVE/FREE/GOOD VALUE.....3
- HUNGER/WOULDN'T EAT LUNCH OTHERWISE4
- GOOD/HEALTHY MEALS5
- LIKES TO EAT WITH FRIENDS/FRIENDS GET IT6
- EASY FOR THE CHILD7
- OTHER (SPECIFY).....99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **Please specify a reason.**

Por favor especifique una razón.

SECTION B

ALL

- 14. Some schools have vending machines where children can purchase snacks, such as chips and cookies, fruit juices and sodas. In many cases, the school receives money from the companies for allowing the machines to be placed in schools. In general, do you think it is a good idea or a bad idea to have vending machines available to students in schools such as the one your child attends?

En algunas escuelas hay máquinas de venta en las cuales los niños pueden comprar meriendas tales como papitas, galletas, jugos de frutas y refrescos. En muchos casos, la escuela recibe dinero de las compañías por permitir que las máquinas sean colocadas en las escuelas. En general, ¿piensa usted que es una buena idea o una mala idea tener máquinas de venta disponibles para los estudiantes en escuelas como la que asiste su hijo(a)?

CODE ONE ONLY

- GOOD IDEA 1
- BAD IDEA 2
- IT DEPENDS..... 3
- DON'T KNOW d
- REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

- 15. Are there any vending machines available to children in [STUDENT NAME]'s school?
¿Hay máquinas de venta disponibles para los niños en la escuela de [STUDENT NAME] ?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ALL

16. Does your child's school cafeteria sell foods that children can buy for lunch other than the regular school lunch meal? These might be foods like, hamburgers, French fries, pizza, or ice cream, for example.

¿Vende la cafetería de la escuela de su hijo(a) alimentos que los niños pueden comprar para el almuerzo, además del almuerzo escolar regular? Estos pueden ser comidas como hamburguesas, papas fritas, pizza o helado, por ejemplo.

YES 1
NO 0
DON'T KNOW d
REFUSED r

ALL

PREFILL WITH 'his' IF I5=1,

PREFILL WITH 'her' IF I5=2

17. And does [his/her] school have a school store or snack bar, outside of the cafeteria, where children can buy foods or drinks?

¿Y tiene su escuela una tienda o un bar de meriendas fuera de la cafetería, donde los niños pueden comprar comidas o bebidas?

YES 1
NO 0
DON'T KNOW d
REFUSED r

ALL

18. Some schools have contracts with national companies such as McDonald's, Pizza Hut, and Taco Bell, to provide foods for student meals. Do you think it is a good idea or a bad idea to have brand name foods available to students in schools such as the one your child attends?

Algunas escuelas tienen contratos con compañías nacionales tales como McDonald's, Pizza Hut, y Taco Bell, para proporcionar alimentos para comidas de estudiantes. ¿Piensa que es una buena idea o una mala idea tener alimentos de marca disponibles para los estudiantes en escuelas como la que asiste su hijo(a)?

CODE ONE ONLY

GOOD IDEA 1
BAD IDEA 2
IT DEPENDS 3
DON'T KNOW/NO OPINION d
REFUSED r

| |
|--|
| ALL |
| PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME |

19. Now I would like to ask you your opinions about the school lunches served at [STUDENT NAME]'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree.

INTERVIEWER: REPEAT ANSWER CHOICES AS NEEDED.

CODE ONE PER ROW

| | STRONGLY AGREE | AGREE SOMEWHAT | DISAGREE SOMEWHAT | STRONGLY DISAGREE | DON'T KNOW | REFUSED |
|--|----------------|----------------|-------------------|-------------------|------------|---------|
| a. Children like the school lunches | 1 | 2 | 3 | 4 | d | r |
| b. I receive enough information about the School Lunch Program | 1 | 2 | 3 | 4 | d | r |
| c. School lunches are served at a convenient time and place | 1 | 2 | 3 | 4 | d | r |
| d. School lunch gives all children an opportunity to eat lunch | 1 | 2 | 3 | 4 | d | r |
| e. Only children from needy families participate in the School Lunch Program | 1 | 2 | 3 | 4 | d | r |

Ahora quisiera pedirle sus opiniones acerca de los almuerzos escolares que sirven en la escuela de [STUDENT NAME] . Después de que yo lea cada afirmación, por favor dígame si usted está muy de acuerdo, algo de acuerdo, algo en desacuerdo, o muy en desacuerdo.

INTERVIEWER: REPEAT ANSWER CHOICES AS NEEDED.

CODE ONE PER ROW

| | STRONGLY AGREE | AGREE SOMEWHAT | DISAGREE SOMEWHAT | STRONGLY DISAGREE | DON'T KNOW | REFUSED |
|---|----------------|----------------|-------------------|-------------------|------------|---------|
| a. A los niños les gustan los almuerzos escolares | 1 | 2 | 3 | 4 | d | r |
| b. Recibo suficiente información acerca del Programa de Almuerzos Escolares | 1 | 2 | 3 | 4 | d | r |
| c. Los almuerzos escolares son servidos a una hora y en un lugar conveniente..... | 1 | 2 | 3 | 4 | d | r |
| d. El almuerzo escolar da a todos los niños la oportunidad de almorzar | 1 | 2 | 3 | 4 | d | r |

e. Sólo los niños de familias
necesitadas participan en el
Programa de Almuerzos
Escolares

1 2 3 4 d r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

20. **Would you say the lunches served at [STUDENT NAME]'s school are very healthy, somewhat healthy, or not healthy?**

¿Diría usted que los almuerzos que sirven en la escuela de [STUDENT NAME] son muy saludables, algo saludables o no son saludables?

CODE ONE ONLY

VERY HEALTHY 1
SOMEWHAT HEALTHY 2
NOT HEALTHY 3
IT DEPENDS 4
DON'T KNOW d
REFUSED r

ALL

21. **Thinking about the cost of school lunches and the quality of the meals provided, do you think the school lunches are a very good value, a pretty good value, or not a good value?**

Pensando en el precio de los almuerzos escolares y la calidad de las comidas proporcionadas, ¿cree usted que los almuerzos escolares son un muy buen valor, un valor bastante bueno o no son un buen valor?

CODE ONE ONLY

VERY GOOD VALUE 1
PRETTY GOOD VALUE 2
NOT A GOOD VALUE 3
GET LUNCH FREE 4
DON'T KNOW d
REFUSED r

ALL

22. Overall, how satisfied are you with the school lunches provided at your child’s school. Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

En general, ¿qué tan satisfecho(a) está usted con los almuerzos escolares proporcionados por la escuela de su hijo(a). ¿Diría usted que está muy satisfecho(a), algo satisfecho(a), algo insatisfecho(a) o muy insatisfecho(a)?

CODE ONE ONLY

- VERY SATISFIED 1 GO TO Q.24
- SOMEWHAT SATISFIED2 GO TO Q.24
- SOMEWHAT DISSATISFIED3
- VERY DISSATISFIED4
- DON'T KNOWd GO TO Q.24
- REFUSEDr GO TO Q.24

Q22 = 3 or 4

23. Why are you dissatisfied with the school lunches provided by the school?

¿Por qué está usted insatisfecho(a) con los almuerzos escolares proporcionados por la escuela?

CODE ALL THAT APPLY

- NOT HEALTHY 1
- POOR QUALITY/TASTE.....2
- NOT ENOUGH CHOICES3
- CHILD WON'T EAT IT4
- POOR PRESENTATION/TEMPERATURE5
- NOT ENOUGH FOOD/SMALL PORTIONS.....6
- NOT GOOD VALUE/COST.....7
- NOT ENOUGH TIME/SCHEDULE8
- STIGMA/CHILD GETS TEASED9
- OTHER (SPECIFY).....99
- _____ (STRING (NUM))
- DON'T KNOWd
- REFUSEDr

IF OTHER SPECIFY (99): Please specify a reason:

Por favor especifique una razón

ALL

24. Did you apply for free or reduced price school meals during the current school year?

¿Usted solicitó comidas escolares gratis o a precio reducido durante el año escolar actual?

YES 1
NO 0 GO TO Q.26
NOT ELIGIBLE (VOLUNTEERED) 2 GO TO Q.26
DON'T KNOW d GO TO Q.26
REFUSED r GO TO Q.26

Q24=1

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

25. During the past 30 days, did [STUDENT NAME] receive free or reduced price lunches at school?

Durante los últimos 30 días, ¿recibió [STUDENT NAME] almuerzos gratis o a precio reducido en la escuela?

YES 1
NO 0
DON'T KNOW d
REFUSED r

Q24 = 1 AND Q1 = 1

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

25a. During the past 30 days, did [STUDENT NAME] receive free or reduced price breakfasts at school?

Durante los últimos 30 días, ¿recibió [STUDENT NAME] desayunos gratis o a precio reducido en la escuela?

YES 1
NO 0
DON'T KNOW d
REFUSED r

SECTION C

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

Now I'd like to ask you some questions about [STUDENT NAME].

Ahora quisiera hacerle algunas preguntas acerca de [STUDENT NAME] .

26. In general, would you say [STUDENT NAME]'s health is excellent, very good, good, fair, or poor?

En general, ¿diría usted que la salud de [STUDENT NAME] es excelente, muy buena, buena, regular, o mala?

CODE ONE ONLY

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW d
- REFUSED r

ALL

PREFILL WITH 'him' IF I5=1;

PREFILL WITH 'her' IF I5=2

27. Do you consider [him/her] to be a very picky eater, a somewhat picky eater, or not a picky eater?

¿Considera usted que (él/ella) es muy caprichoso(a) con la comida, algo caprichoso(a) con la comida, o no es caprichoso(a) con la comida?

CODE ONE ONLY

- VERY PICKY 1
- SOMEWHAT PICKY 2
- NOT PICKY 3
- DON'T KNOW d
- REFUSED r

ALL

PREFILL WITH 'boys' IF I5=1;

PREFILL WITH 'girls' IF I5=2;

PREFILL WITH 'otros niños' IF I5 = 1;

PREFILL WITH 'otras niñas' IF I5 = 2

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

28. Compared to other [boys/girls] the same age, would you say [STUDENT NAME] usually eats a larger amount of food, about the same amount of food, or a smaller amount of food?

En comparación con (otros niños/otras niñas) de la misma edad, ¿diría usted que [STUDENT NAME] generalmente come una mayor cantidad de comida, más o menos la misma cantidad de comida, o menor cantidad de comida?

CODE ONE ONLY

LARGER AMOUNT 1
SAME AMOUNT 2
SMALLER AMOUNT 3
DON'T KNOW d
REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

29. How often does [STUDENT NAME] take any vitamins, in pill or liquid form, such as multivitamins or vitamin C? Would you say every day or almost every day, every so often, or not at all?

¿Con qué frecuencia toma [STUDENT NAME] cualquier vitamina, en forma de pastilla o líquida, tal como multivitaminas o vitamina C? ¿Diría usted que todos los días o casi todos los días, de vez en cuando, o nunca?

CODE ONE ONLY

EVERY DAY OR ALMOST EVERY DAY 1
EVERY SO OFTEN 2
NOT AT ALL 3
DON'T KNOW d
REFUSED r

| |
|--|
| ALL |
| PREFILL WITH 'additional'/'adicionales' IF Q29=1 OR 2; PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME |

30. Other than multivitamins with minerals, how often does [STUDENT NAME] take [additional] minerals such as calcium or zinc? Would you say every day or almost every day, every so often, or not at all?

Fuera de multivitaminas con minerales, ¿con qué frecuencia toma [STUDENT NAME] minerales (adicionales) tales como calcio o zinc? ¿Diría usted que todos los días o casi todos los días, de vez en cuando, o nunca?

CODE ONE ONLY

- EVERY DAY OR ALMOST EVERY DAY..... 1
- EVERY SO OFTEN..... 2
- NOT AT ALL..... 3
- DON'T KNOW d
- REFUSED r

| |
|--|
| ALL |
| PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME |

31. How often does [STUDENT NAME] take any sports supplements or herbal products like Echinacea or alfalfa extract? Would you say every day or almost every day, every so often, or not at all?

¿Con qué frecuencia toma [STUDENT NAME] algún producto a base de hierbas o suplementos deportivos tal como equinácea o extracto de alfalfa? ¿Diría usted que todos los días o casi todos los días, de vez en cuando, o nunca?

CODE ONE ONLY

- EVERY DAY OR ALMOST EVERY DAY..... 1
- EVERY SO OFTEN..... 2
- NOT AT ALL..... 3
- DON'T KNOW d
- REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME;

PREFILL WITH 'he' IF I5=1;

PREFILL WITH 'she' IF I5=2

32. Does [STUDENT NAME] have any food allergies or special dietary needs that affect what [he/she] eats?

¿Tiene [STUDENT NAME] alguna alergia alimenticia o necesidades dietéticas especiales que afectan lo que come?

YES 1

NO 0

DON'T KNOW d

REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

33. Thinking now about the foods you serve your family, how often would you say you serve [STUDENT NAME] skim milk or 1% low-fat milk? Would you say always or almost always, sometimes, rarely, or never?

Pensando ahora en todos los alimentos que usted sirve a su familia, ¿con qué frecuencia diría usted que le sirve a [STUDENT NAME] leche sin-grasa o leche de 1% (uno por ciento) o baja grasa? ¿Diría usted que siempre o casi siempre, a veces, raramente o nunca?

CODE ONE ONLY

ALWAYS OR ALMOST ALWAYS 1

SOMETIMES 2

RARELY 3

NEVER 4

CHILD DOESN'T DRINK MILK (VOLUNTEERED) 5

DON'T KNOW d

REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

34. **When [STUDENT NAME] eats chicken, how often is it fried? Would you say always or almost always, sometimes, rarely, or never?**

Cuando [STUDENT NAME] come pollo, ¿con qué frecuencia es frito? ¿Diría usted que siempre o casi siempre, a veces, raramente o nunca?

CODE ONE ONLY

ALWAYS OR ALMOST ALWAYS 1
SOMETIMES.....2
RARELY3
NEVER4
CHILD DOESN'T EAT CHICKEN (VOLUNTEERED).....5
DON'T KNOWd
REFUSEDr

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE:STUDENT NAME

35. **And when [STUDENT NAME] eats baked or mashed potatoes, how often do you or your child add butter, margarine, or sour cream? Would you say always or almost always, sometimes, rarely, or never?**

Y cuando [STUDENT NAME] come papas al horno o puré de papas, ¿con qué frecuencia añade usted o su hijo(a) manteca, margarina, o crema agria? ¿Diría usted que siempre o casi siempre, a veces, raramente o nunca?

CODE ONE ONLY

ALWAYS OR ALMOST ALWAYS 1
SOMETIMES.....2
RARELY3
NEVER4
CHILD DOESN'T EAT THIS (VOLUNTEERED).....5
DON'T KNOWd
REFUSEDr

ALL

PREFILL WITH 'his' 'él' IF I5=1

PREFILL WITH 'her' 'ella' IF I5=2

36. How would you describe the amount of butter, cream cheese, or margarine usually spread on [his/her] breads and muffins? Would you say none, light, moderate, or generous?

¿Cómo describiría usted la cantidad de manteca, queso cremoso, o margarina, que (él/ella) generalmente pone en su pan o bizcocho? ¿Diría nada, un poco, moderada, o una cantidad generosa?

CODE ONE ONLY

NONE 1
LIGHT 2
MODERATE 3
GENEROUS 4
CHILD DOESN'T EAT THIS (VOLUNTEERED) 5
DON'T KNOW d
REFUSED r

PROGRAMMER BOX Q36

Q.37 TO Q.42 IS ASKED IF LevelCCD = E.

IF LevelCCD = M or H, GO TO Q.43

SECTION D

LevelCCD = E

PREFILL WITH 'his' IF I5=1;

PREFILL WITH 'her' IF I5=2;

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

37. Thinking now about how your child spends [his/her] free time . . .

On an average school day, about how many hours does [STUDENT NAME] spend watching TV or DVDs?

Pensando ahora en cómo su hijo(a) pasa su tiempo libre. . .

En un día normal de escuela, ¿más o menos cuántas horas pasa [STUDENT NAME] viendo televisión o DVDs?

INTERVIEWER: IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.

____.____ (HOUR NUMBER RANGE: 0-24; MINUTES NUMBER RANGE (1-9)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF > 12.0 HOURS: **Can you confirm this answer?**

LevelCCD = E

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

38. On an average school day, outside of school, about how many hours does [STUDENT NAME] play video or computer games or use a computer for something that is not school work? Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a Smartphone, YouTube, Facebook or other social networking tools, and the Internet.

En un día normal de escuela, fuera de la escuela, ¿más o menos cuántas horas juega [STUDENT NAME] juegos de video o de computadora, o usa la computadora para algo que no es trabajo escolar? Cuente el tiempo que pasa en cosas como Xbox, PlayStation, un iPod, un iPad u otra tableta, un Smartphone, YouTube, Facebook u otras herramientas de redes sociales, y el Internet.

INTERVIEWER: IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.

____.____ (HOUR NUMBER RANGE: 0-24; MINUTES RANGE (1-9)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF > 12.0 HOURS: **Can you confirm this answer?**

¿Puede confirmar esta respuesta?

LevelCCD = E

PREFILL WITH 'boys' IF I5=1;

PREFILL WITH 'girls' IF I5=2;

PREFILL WITH 'otros niños' IF I5=1;

PREFILL WITH 'otras niñas' IF I5=2;

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

39. Now I'd like to ask a question about exercise or other physical activities. Compared to other [boys/girls] the same age, would you say [STUDENT NAME] is less active, about as active, more active, or much more active?

Ahora quisiera hacerle una pregunta acerca de ejercicio u otras actividades físicas. En comparación con (otros niños/otras niñas) de la misma edad, ¿diría usted que [STUDENT NAME] es menos activo(a), casi tan activo(a), más activo(a) o mucho más activo(a)?

CODE ONE ONLY

LESS ACTIVE 1
ABOUT AS ACTIVE 2
MORE ACTIVE 3
MUCH MORE ACTIVE 4
DON'T KNOW d
REFUSED r

LevelCCD = E

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME;

PREFILL WITH 'he' IF I5=1;

PREFILL WITH 'she' IF I5=2;

PREFILL WITH 'his' IF I5=1;

PREFILL WITH 'her' IF I5=2

PREFILL WITH 'él' IF I5=1;

PREFILL WITH 'ella' IF I5=2

40. During the past 7 days, on how many days was [STUDENT NAME] physically active for a total of at least 60 minutes per day? Add up all the time [he/she] spent in any kind of physical activity that increased [his/her] heart rate and made [him/her] breathe hard some of the time. Examples of these activities are competitive sports, running, biking, brisk walking, swimming laps, dancing or pushing a lawn mower.

Durante los últimos 7 días, ¿en cuántos días fue [STUDENT NAME] físicamente activo(a) por un total de por lo menos 60 minutos por día? Sume todo el tiempo que [él/ella] pasó en cualquier tipo de actividad física que aumentó su ritmo cardíaco y le hizo respirar fuerte por parte del tiempo. Ejemplos de estas actividades son deportes competitivos, correr, andar en bicicleta, caminar rápidamente, nadar, bailar o empujar una cortadora de césped.

CODE ONE ONLY

0 DAYS.....0
1 DAY.....1
2 DAYS.....2
3 DAYS.....3
4 DAYS.....4
5 DAYS.....5
6 DAYS.....6
7 DAYS.....7
DON'T KNOWd
REFUSEDr

LevelCCD = E

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME;

PREFILL WITH 'he' IF I5=1;

PREFILL WITH 'she' IF I5=2

PREFILL WITH 'él' IF I5=1;

PREFILL WITH 'ella' IF I5=2

41. In a typical week when [STUDENT NAME] is in school, on how many days does [he/she] go to physical education classes?

En una semana típica cuando [STUDENT NAME] está en la escuela, ¿cuántos días va [él/ella] a clases de educación física?

CODE ONE ONLY

| | |
|------------------|---|
| 0 DAYS..... | 0 |
| 1 DAY..... | 1 |
| 2 DAYS..... | 2 |
| 3 DAYS..... | 3 |
| 4 DAYS..... | 4 |
| 5 DAYS..... | 5 |
| DON'T KNOW | d |
| REFUSED | r |

LevelCCD = E

PREFILL WITH 'he' IF I5=1,

PREFILL WITH 'she' IF I5=2;

PREFILL WITH 'él' IF I5=1;

PREFILL WITH 'ella' IF I5=2

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

42. In a typical week when [STUDENT NAME] is in school, on how many days does [he/she] have recess?

En una semana típica cuando [STUDENT NAME] está en la escuela, ¿cuántos días tiene [él/ella] recreo?

CODE ONE ONLY

| | |
|------------------|---|
| 0 DAYS..... | 0 |
| 1 DAY..... | 1 |
| 2 DAYS..... | 2 |
| 3 DAYS..... | 3 |
| 4 DAYS..... | 4 |
| 5 DAYS..... | 5 |
| DON'T KNOW | d |
| REFUSED | r |

SECTION E

IF SAMPLE LOAD FILE IS MISSING DOB THEN RESPONDENT SHOULD BE ASKED THIS QUESTION.
IF NOT MISSING THEN SKIP.

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME;
PREFILL WITH 'his' IF I5=1,
PREFILL WITH 'her' IF I5=2

43. How old was [STUDENT NAME] on [his/her] last birthday?

¿Qué edad cumplió [STUDENT NAME] en su último cumpleaños?

____ (AGE/YEARS NUMBER RANGE: 0-21)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF AGE IS LT 6 OR GT 18; **Can you confirm this answer?**

¿Puede confirmar esta respuesta?

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

44. Do you consider [STUDENT NAME] to be of Hispanic or Latino origin, such as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

¿Considera usted que [STUDENT NAME] es de origen hispano o latino, tal como cubano, mexicano, puertorriqueño, centro o sudamericano, o de otra cultura u origen español?

YES/HISPANIC OR LATINO 1

NO/NOT HISPANIC OR LATINO 0

DON'T KNOW d

REFUSED r

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

45. What race do you consider [STUDENT NAME] to be?

PROBE IF RESPONDS "HISPANIC" OR "LATINO": Would that be White Hispanic/Latino, African-American Hispanic/Latino, or something else?

¿De qué raza considera a [STUDENT NAME] ?

PROBE IF RESPONDS "HISPANIC" OR "LATINO": ¿Sería hispana o latina blanca, hispana o latina negra o afro-americana, o alguna otra?

CODE ALL THAT APPLY

- ASIAN..... 1
- AMERICAN INDIAN OR ALASKA NATIVE 2
- BLACK OR AFRICAN AMERICAN 3
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER..... 4
- WHITE..... 5
- OTHER (SPECIFY)..... 99
- _____ (STRING 100)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): Please specify a response:

Por favor especifique una respuesta

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

46. What is the primary language spoken at home with [STUDENT NAME]?

¿Cuál es el idioma principal que hablan en casa con [STUDENT NAME] ?

CODE ONE ONLY

ENGLISH 1

SPANISH 2

_____ (STRING 100)

OTHER (SPECIFY).....99

DON'T KNOW d

REFUSED r

IF OTHER SPECIFY (99): **Please specify a response:**

Por favor especifique una respuesta

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

47. What is your relationship to [STUDENT NAME]?

INTERVIEWER: READ LIST ONLY IF NECESSARY

CODE ONE ONLY

MOTHER/FATHER/PARENT 1
PARENT'S SPOUSE OR PARTNER.....2
GRANDPARENT.....3
OTHER RELATIVE4
LEGAL GUARDIAN.....5
OTHER (SPECIFY).....99
_____ (STRING 100)
DON'T KNOWd
REFUSEDr

IF OTHER SPECIFY (99): **Please specify a response:**

¿Qué parentesco tiene usted con [STUDENT NAME] ?

INTERVIEWER: READ LIST ONLY IF NECESSARY

CODE ONE ONLY

MADRE/PADRE 1
CÓNYUGE O PAREJA DE UNO DE LOS PADRES.....2
ABUELO(A).....3
OTRO PARIENTE.....4
TUTOR LEGAL5
OTRO (ESPECIFIQUE)99
_____ (STRING 100)
DON'T KNOWd
REFUSEDr

IF OTHER SPECIFY (99): **Por favor especifique una respuesta**

ALL

PREFILL STUDENT NAME FROM PRELOAD FILE: STUDENT NAME

48. Does [STUDENT NAME] live with you...

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS CHILD DOES NOT LIVE IN HOUSEHOLD,
CODE AS 4.

CODE ONE ONLY

- All of the time, 1
- Most of the time, or 2
- Some of the time? 3
- NONE OF THE TIME (VOLUNTEERED) 4
- DON'T KNOW d
- REFUSED r

¿[STUDENT NAME] vive con usted ...

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS CHILD DOES NOT LIVE IN HOUSEHOLD,
CODE AS 4.

CODE ONE ONLY

- Todo el tiempo, 1
- La mayoría del tiempo, o, 2
- Parte del tiempo? 3
- NONE OF THE TIME 4
- DON'T KNOW d
- REFUSED r

ALL

Now I'd like to ask you some questions about you and your household.

Ahora quisiera hacerle unas preguntas acerca de usted y su casa.

49. Including you, how many people live in your household?

PROBE: Ask for whole number if range given.

Incluyéndose usted, ¿cuántas personas viven en su casa?

PROBE: Ask for whole number if range given.

|_| PEOPLE IN HOUSEHOLD

(1 - 20)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF NUMBER IS GT 10: Can you confirm this answer? ¿Puede confirmar esta respuesta?

SOFT CHECK: IF 49=1 and 48=1,2,3: In the previous question you said that [STUDENT NAME] lives with you, but you just said that including yourself there is only 1 person who lives in your household. Is this correct?

En la pregunta anterior usted dijo que [STUDENT NAME] vive con usted, pero acaba de decir que incluyéndose usted, hay sólo una persona que vive en su casa. ¿Es esto correcto?

If 48 = 1, 2, OR 3 AND 49 > 1

50. Of these, how many are under the age of 18?

PROBE: Ask for whole number if range given.

De estas personas, ¿cuántas tienen menos de 18 años de edad?

PROBE: Ask for whole number if range given.

|_| CHILDREN

(0 - 20)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF NUMBER IS GT OR EQUAL TO Q49: Can you confirm this answer? ¿Puede confirmar esta respuesta?

If 48 = 1, 2, OR 3 AND 49 > 1 AND Q50 = 1, 2, 3...OR 20

50a. What is the age of the oldest child in your household?

PROBE: By child, I mean age 21 or younger.

____ YEARS
(0 – 21)

¿Cuál es la edad del niño mayor en su casa?

PROBE: Por “niño”, quiero decir de 21 años o menos.

____ ANOS
(0-21)

DON'T KNOWd

REFUSEDr

ALL

51. Are you currently living with a partner or spouse?

¿Está usted actualmente viviendo con pareja o cónyuge?

YES 1

NO 0

DON'T KNOW d

REFUSED r

SOFT CHECK: IF Q51=1 and Q49 = 1: In a previous question you said that including yourself there is only 1 person who lives in your household. Is this correct?

En una pregunta anterior usted dijo que incluyéndose usted, hay sólo una persona que vive en su casa. ¿Es esto correcto?

ALL

52. About how many hours a week do you usually spend outside of your home at a paid job, school or job training program?

¿Más o menos cuántas horas por semana pasa usted fuera de su casa en un empleo por pago, en estudios o en un programa de capacitación de empleo?

INTERVIEWER: PICK MIDPOINT IF RANGE GIVEN

____ HOURS PER WEEK
(1-99)

NONE 0

DON'T KNOW d

REFUSED r

SOFT CHECK: IF HOURS PER WEEK GT 60; Can you confirm this answer?
¿Puede confirmar esta respuesta?

ALL

53. **What is the last grade or highest level of education you completed? Is it 8th grade or less, some high school, high school graduate or GED, some college or technical school, Associates or 2 year degree, college graduate or 4 year degree, or graduate school?**

CODE ONE ONLY

| | |
|---|---|
| 8TH GRADE OR LESS | 1 |
| SOME HIGH SCHOOL | 2 |
| HIGH SCHOOL GRADUATE OR GED..... | 3 |
| SOME COLLEGE OR TECHNICAL SCHOOL | 4 |
| ASSOCIATES OR 2 YEAR DEGREE..... | 5 |
| COLLEGE GRADUATE OR 4 YEAR DEGREE | 6 |
| GRADUATE SCHOOL | 7 |
| DON'T KNOW | d |
| REFUSED | r |

¿Cuál es el último grado o nivel más alto de educación que usted completó? ¿Es...

CODE ONE ONLY

| | |
|--|---|
| 8° (OCTAVO) GRADO O MENOS,..... | 1 |
| ALGO DE SECUNDARIA,..... | 2 |
| GRADUADO(A) DE SECUNDARIA O GED, | 3 |
| ALGO DE UNIVERSIDAD O ESCUELA TÉCNICA, | 4 |
| TÍTULO DE ASOCIADO(A) O 2 AÑOS, | 5 |
| GRADUADO(A) DE UNIVERSIDAD O TÍTULO DE 4 AÑOS, O | 6 |
| ESTUDIOS DE POSGRADO? | 7 |
| DON'T KNOW | d |
| REFUSED | r |

PROGRAMMER BOX Q.53

IF Q.51=1, ASK QS. 54-55, OTHERS GO TO Q.56

Q51 = 1

PREFILL SOFT CHECK WITH HOURS ENTERED: NUMBER GIVEN

54. About how many hours a week does your partner or spouse usually spend outside of the home at a paid job, school or job training program?

¿Más o menos cuántas horas por semana pasa su pareja o cónyuge fuera de su casa en un empleo por pago, en estudios o en un programa de capacitación laboral?

____|____| HOURS PER WEEK
(1-99)

NONE.....0

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF HOURS PER WEEK GT 60; You said [NUMBER GIVEN] hours per week. Please confirm. Usted dijo [NUMBER GIVEN] horas a la semana. Confirme, por favor.

Q51 = 1

55. What is the last grade or highest level of education your partner or spouse completed? Is it 8th grade or less, some high school, high school graduate or GED, some college or technical school, Associates or 2 year degree, college graduate or 4 year degree, or graduate school?

¿Cuál es el último grado o nivel más alto de educación que su pareja o cónyuge completó? ¿Es el 8° (octavo) grado o menos, algo de secundaria, graduado(a) de secundaria (12 años) o GED, algo de universidad o escuela técnica, título de Asociado(a) o 2 años, graduado(a) universitario o título de 4 años, o estudios de posgrado?

CODE ONE ONLY

8TH GRADE OR LESS1

SOME HIGH SCHOOL2

HIGH SCHOOL GRADUATE/GED3

SOME COLLEGE/TECHNICAL SCHOOL.....4

ASSOCIATES/2 YEAR DEGREE5

COLLEGE GRADUATE/4 YEAR DEGREE6

GRADUATE SCHOOL7

DON'T KNOWd

REFUSEDr

ALL

56. We would like your best estimate of your total annual household income before taxes in the year 2014. Please include all forms of income, including wages, salaries, interest, dividends, and other forms of income such as Social Security, SSI or TANF for all household members.

Quisiéramos la mejor estimación del ingreso total de su casa antes de impuestos en el año 2014. Por favor incluya todas las fuentes de ingresos, incluyendo sueldos y salarios, interés y dividendos, y otras formas de ingreso, tal como pagos de Seguro Social, SSI o TANF para todos los miembros de la casa.

INTERVIEWER: IF NON-SPECIFIC AMOUNT GIVEN, PROBE FOR SPECIFIC AMOUNT.
AFTER PROBING, IF NON SPECIFIC AMOUNT GIVEN, MARK 1.

\$ |__|__|__| , |__|__|__| RECORD AMOUNT GO TO PROGRAMMER BOX 59
(0 – 999,999)

NON-SPECIFIC AMOUNT 1
DON'T KNOW d
REFUSED r

Q56 = 1, d, OR r

57. Is your total household income less than \$50,000?

¿Es el ingreso total de su casa menos de \$50,000 (cincuenta mil dólares)?

YES 1 GO TO Q.58
NO 0 GO TO Q.59
DON'T KNOW d GO TO
PROGRAMMER BOX 59
REFUSED r GO TO
PROGRAMMER BOX 59

58. **CATI:** I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

CAPI: Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income.

CATI: Le voy a leer unas categorías de ingreso. Por favor dígame cuando lea el rango que representa el ingreso de su casa.

CAPI: Aquí hay una lista de categorías de ingreso, en cantidades cada vez mayores. . Por favor dígame la letra que representa el ingreso de su casa.

INTERVIEWER: CAPI: SHOW CARD #1

CODE ONE ONLY

- A. LESS THAN \$5,000 1
- B. \$5,000 TO LESS THAN \$10,000 2
- C. \$10,000 TO LESS THAN \$15,000 3
- D. \$15,000 TO LESS THAN \$20,000 4
- E. \$20,000 TO LESS THAN \$25,000 5
- F. \$25,000 TO LESS THAN \$30,000 6
- G. \$30,000 TO LESS THAN \$40,000 7
- H. \$40,000 TO LESS THAN \$50,000 8
- DON'T KNOW d
- REFUSED r

GO TO PROGRAMMER
BOX 59

Q57 = 0

59. CATI: I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

CAPI: Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income.

CATI: Le voy a leer unas categorías de ingreso. Por favor dígame cuando lea el rango que representa el ingreso de su casa.

CAPI: Aquí hay una lista de categorías de ingreso, en cantidades cada vez mayores. Por favor dígame la letra que representa el ingreso de su casa.

INTERVIEWER: CAPI: SHOW CARD #2

CODE ONE ONLY

- A. \$50,000 TO LESS THAN \$60,000..... 1
- B. \$60,000 TO LESS THAN \$70,000..... 2
- C. \$70,000 TO LESS THAN \$80,000 3
- D. \$80,000 TO LESS THAN \$90,000 4
- E. \$90,000 TO LESS THAN \$100,000..... 5
- F. \$100,000 OR MORE..... 6
- DON'T KNOW d
- REFUSED r

PROGRAMMER BOX Q.59

- IF Q49=D OR R AND Q48=1,2,3 THEN THE %FPL SHOULD NOT BE CALCULATED, BUT STILL GO TO Q60.
 - IF Q49= D OR R AND Q48=4, D, OR R, THE %FPL SHOULD NOT BE CALCULATED. ONLY ASK Q60-Q63 AND Q81-Q83. WE SHOULD NOT ASK Q64-80.
- ELSE:
- IF (Q56 = D OR R) AND (Q57 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
 - IF (Q56 = D OR R) AND (Q57 = 1) AND (Q58 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
 - IF (Q56 = D OR R) AND (Q57 = 0) AND (Q59 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
 - IF (Q56 = 1) AND (Q57 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
 - IF (Q56 = 1) AND (Q57 = 1) AND (Q58 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60

- IF (Q56 = 1) AND (Q57 = 0) AND (Q59 = D OR R), THEN SET HOUSEHOLD INCOME AS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
- PROGRAM MUST CALCULATE IF HOUSEHOLD INCOME IS GREATER THAN 200% FPL, GO TO Q.64
- IF HOUSEHOLD INCOME IS LESS THAN OR EQUAL TO 200% (FPL), GO TO Q60
- REFER TO TABLE AT BEGINNING OF PARENT SPECS FOR CALCULATIONS.

SECTION F

HOUSEHOLD INCOME ≤ 200% OF POVERTY OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (Q49 = D OR R AND Q48 = 4, D, OR R)

PREFILL WITH CATI TEXT IF INTERVIEW IS BEING DONE IN CATI.

PREFILL WILL CAPI TEXT IF INTERVIEW IS BEING DONE IN CAPI.

CATI: Next I'd like to know if anyone living in your household currently receives income or benefits from a number of different sources.

CAPI: Please look at this card and tell me if anyone living in your household currently receives income or benefits from any of these sources.

CATI: Ahora quisiera saber si alguien que vive en su casa recibe actualmente ingresos o beneficios de una serie de fuentes diferentes.

CAPI: Por favor mire esta tarjeta y dígame si alguien que vive en su casa recibe actualmente ingresos o beneficios de cualquiera de estas fuentes.

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

60. Does your household receive SNAP (Supplemental Nutrition Assistance Program) benefits or participate in the Food Distribution Program on Indian Reservations?

CAPI: These are type A on the card.

¿Recibe su casa beneficios de SNAP (Programa de Asistencia de Nutrición Suplementaria) o participa en el Programa de Distribución de Comida en Reservas Indias?

CAPI: Estos son de tipo A en la tarjeta.

YES 1
NO 0
DON'T KNOW d
REFUSED r

HOUSEHOLD INCOME ≤ 200% OF POVERTY OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (Q49 = D OR R AND Q48 = 4, D, OR R)

PREFILL WITH INTERVIEWER INSTRUCTION IF INTERVIEW = CAPI.

61. Does your household receive assistance from TANF, Public Assistance, TAFDC, EAEDC, or Welfare?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: These are type B on the card.

¿Recibe su casa asistencia de TANF, Asistencia Pública, TAFDC, EAEDC, o Welfare?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: Estos son de tipo B en la tarjeta.

YES 1
NO 0
DON'T KNOW d
REFUSED r

HOUSEHOLD INCOME ≤ 200% OF POVERTY OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (Q49 = D OR R AND Q48 = 4, D, OR R)

PREFILL WITH INTERVIEWER INSTRUCTION IF INTERVIEW = CAPI.

62. Does your household participate in Medicaid, STATE HEALTH, or SCHIP?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: These are type C on the card.

¿Participa su casa en Medicaid, STATE HEALTH, o SCHIP?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: Estos son de tipo C en la tarjeta.

YES 1
NO 0
DON'T KNOW d
REFUSED r

HOUSEHOLD INCOME ≤ 200% OF POVERTY OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (Q49 = D OR R AND Q48 = 4, D, OR R)

PREFILL WITH INTERVIEWER INSTRUCTION IF INTERVIEW = CAPI.

63. Does anyone in your household receive benefits under the WIC Program—Women, Infants and Children Program?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: This is type D on the card.

¿ Recibe alguien en su casa beneficios del programa de WIC - el programa para Mujeres, Infantes y Niños?

INTERVIEWER: CAPI: SHOW CARD #3 FOR QUESTIONS 60 TO 63.

CAPI: Estos son de tipo D en la tarjeta.

YES 1
NO 0
DON'T KNOW d
REFUSED r

(HOUSEHOLD INCOME ≤ 200% OF POVERTY) OR (HOUSEHOLD INCOME > 200% OF POVERTY) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3)

64. These next questions are about the food eaten in your household in the last 12 months, since [FILL NAME OF CURRENT MONTH] of last year and whether you were able to afford the food you need.

Which of these statements best describes the food eaten in your household in the last 12 months: we have enough of the kinds of food we want to eat; enough, but not always the kinds of food we want; sometimes not enough to eat; or often not enough to eat?

Las próximas preguntas son acerca de la comida consumida en su casa en los últimos 12 meses, desde [FILL NAME OF CURRENT MONTH] del año pasado y si podía comprar la comida que necesita.

¿Cuáles de estas afirmaciones mejor describe los alimentos que comieron en su casa en los últimos 12 meses: tenemos suficiente de los tipos de comida que queremos comer; suficiente, pero no siempre los tipos de comida que queremos; a veces no lo suficiente para comer; o con frecuencia no hay suficiente para comer?

CODE ONE ONLY

ENOUGH OF THE KINDS OF FOOD WE WANT 1
ENOUGH BUT NOT ALWAYS THE KINDS OF FOOD WE WANT 2
SOMETIMES NOT ENOUGH TO EAT 3
OFTEN NOT ENOUGH..... 4
DON'T KNOW d
REFUSED r

PROGRAMMER BOX Q64

IF (HOUSEHOLD INCOME <= FPL200%)
 OR
 (Q49 = D OR R AND Q48 = 1, 2, OR 3)
 OR
 (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)
 GO TO 65
 ELSE
 IF 64 = 1 AND HOUSEHOLD INCOME > FPL200%, GO TO 84

Household Stage 1.

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

PREFILL WITH 'you', 'I', "my" IF Q51=0, D, R
 PREFILL WITH 'your household', 'we', 'our' IF Q51=1;
 PREFILL 'CURRENT MONTH' WITH MONTH OF INTERVIEW

65. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [you/your household] in the last 12 months, that is, since last [FILL NAME OF CURRENT MONTH].

The first statement is, [I/we] worried whether [my/our] food would run out before [I/we] got money to buy more. Was that often true, sometimes true, or never true for [you/your household] in the last 12 months?

Ahora le voy a leer varias afirmaciones que la gente ha hecho acerca de su situación en relación a la comida. Para estas afirmaciones, por favor dígame si la afirmación fue frecuentemente cierta, a veces cierta, o nunca cierta para (usted/su casa) en los últimos 12 meses, o sea desde [FILL NAME OF CURRENT MONTH] del año pasado.

La primera afirmación es: (Yo/Nosotros) estaba/estábamos preocupado(a)/os que (mi/nuestra) comida se iba a acabar antes de tener dinero para poder comprar más. ¿Fue eso frecuentemente cierto, a veces cierto o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

OFTEN TRUE 1
 SOMETIMES TRUE 2
 NEVER TRUE 3
 DON'T KNOW d
 REFUSED r

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

PREFILL WITH 'I' IF Q51=0, D, R

PREFILL WITH 'compré/tenía' IF Q51=0, D, R

PREFILL WITH 'we' IF Q51=1

PREFILL WITH 'compramos/ teníamos' IF Q51=1

66. “The food that [I/we] bought just didn’t last, and [I/we] didn’t have money to get more.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

La comida que (compré/compramos) simplemente no duró, y no (tenía/teníamos) dinero para comprar más.” ¿Fue eso frecuentemente, a veces o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

PREFILL WITH 'you', 'I' IF Q51=0, D, R

PREFILL WITH 'your household', 'we' IF Q51=1

PREFILL WITH 'usted', IF Q51=0, D, R

PREFILL WITH su casa, 'nosotros' IF Q51=1

67. “[I/we] couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for [you/your household] in the last 12 months?

“(Yo/Nosotros) no (podía/podíamos) (permitirme/permitirnos) comer comidas balanceadas.” ¿Fue eso frecuentemente, a veces o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

PROGRAMMER BOX Q67

FIRST LEVEL SCREEN (Screener for Stage 2):

[(Q64 = 3 or 4) OR (Q65, Q66, OR Q67 = 1 OR 2)]

CONTINUE TO STAGE 2 QUESTIONS 68-71.

OTHERWISE:

IF

Q50≥1

OR

(Q49 = D OR R AND Q48 = 1, 2, OR 3) ;

GO TO Q74;

ELSE GO TO Q.81

Adult Stage 2.

[(Q64 = 3 or 4) OR (Q65, Q66, OR Q67 = 1 OR 2)]

PREFILL 'you' IF Q51=0, D, R,

PREFILL 'you or other adults in your household' IF Q51=1;

PREFILL 'redujo usted' IF Q51=0, D, R,

PREFILL ' redujeron usted u otros adultos en su casa IF Q51=1;

PREFILL 'CURRENT MONTH' WITH MONTH OF INTERVIEW

68. In the last 12 months, since last [CURRENT MONTH], did [you/you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

En los últimos 12 meses, desde el pasado [CURRENT MONTH], ¿(redujo usted/redujeron usted u otros adultos en su casa) alguna vez el tamaño de sus comidas o no (comió/comieron) alguna comida porque no había suficiente dinero para comida?

- YES1 GO TO Q.68a
- NO0 GO TO Q.69
- DON'T KNOWd GO TO Q.69
- REFUSEDr GO TO Q.69

Q68 = 1

68a. How often did this happen-almost every month, some months but not every month, or in only one or two months?

¿Con qué frecuencia pasó esto? ¿Fue casi todos los meses, algunos meses pero no cada mes, o sólo en uno o dos meses?

CODE ONE ONLY

ALMOST EVERY MONTH..... 1
SOME MONTHS, BUT NOT EVERY MONTH.....2
ONLY ONE OR TWO MONTHS3
DON'T KNOWd
REFUSEDr

[(Q64 = 3 or 4) OR (Q65, Q66, OR Q67 = 1 OR 2)]

69. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

En los últimos 12 meses, ¿alguna vez comió usted menos de lo que creía que debía comer porque no había suficiente dinero para comprar comida?

YES 1
NO0
DON'T KNOWd
REFUSEDr

[(Q64 = 3 or 4) OR (Q65, Q66, OR Q67 = 1 OR 2)]

70. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

En los últimos 12 meses, ¿alguna vez tuvo hambre pero no comió porque no podía comprar suficiente comida?

YES 1
NO0
DON'T KNOWd
REFUSEDr

[(Q64 = 3 or 4) OR (Q65, Q66, OR Q67 = 1 OR 2)]

71. **In the last 12 months, did you lose weight because you didn't have enough money for food?**
En los últimos 12 meses, ¿perdió usted peso porque no tenía suficiente dinero para comida?

YES 1
NO 0
DON'T KNOW d
REFUSED r

PROGRAMMER BOX Q71
SECOND LEVEL SCREEN (Screener for Stage 3):
IF (Q68, Q69, Q70, OR Q71 = 1)
CONTINUE TO STAGE 3 QUESTIONS 72 THROUGH 73;

OTHERWISE:
IF
Q50≥1
OR
(Q49 = D OR R AND Q48 = 1, 2, OR 3),
GO TO Q74;

ELSE GO TO Q.81

Adult Stage 3.

(Q68, Q69, Q70, OR Q71 = 1)

PREFILL 'you' IF Q51=0, D, R,
PREFILL 'you or other adults in your household' IF Q51=1
PREFILL 'usted' IF Q51=0, D, R,
PREFILL 'usted u otros adultos en su casa' IF Q51=1;

72. **In the last 12 months, did (you/other adults in your household) ever not eat for a whole day because there wasn't enough money for food?**

En los últimos 12 meses, ¿alguna vez (usted/usted u otros adultos en su casa) no comió/comieron por todo un día, porque no había suficiente dinero para comida?

YES 1 GO TO Q.73
NO 0 GO TO PROGRAMMER
BOX 73
DON'T KNOW d GO TO PROGRAMMER
BOX 73
REFUSED r GO TO PROGRAMMER
BOX 73

Q72 = 1

73. How often did this happen-almost every month, some months but not every month, or in only one or two months?

¿Con qué frecuencia pasó esto? ¿Fue casi todos los meses, algunos meses pero no cada mes, o sólo en uno o dos meses?

CODE ONE ONLY

ALMOST EVERY MONTH..... 1
SOME MONTHS, BUT NOT EVERY MONTH.....2
ONLY ONE OR TWO MONTHS3
DON'T KNOWd
REFUSEDr

PROGRAMMER BOX Q73

```
IF
Q50≥1
OR
(Q49 = D OR R AND Q48 = 1, 2, OR 3),
GO TO Q74;

ELSE GO TO Q.81
```

Child Stage 1.

| |
|--|
| <p>IF [(HOUSEHOLD INCOME <= FPL200% AND Q50≥1)] OR (Q49 = D OR R AND Q48 = 1, 2, OR 3) OR [(HOUSEHOLD INCOME > FPL200%) AND (Q64 = 2, 3, 4, D, OR R) AND (Q50≥1)]</p> |
| <p>PREFILL WITH 'you', 'I', "my', 'I was' IF Q51=0, D, R PREFILL WITH 'your household', 'we', 'our', 'we were' IF Q51=1; PREFILL WITH 'child' IF Q50=1, PREFILL WITH 'children' IF Q50>1. PREFILL WITH 'children' IF Q50=D or R OR MISSING AND Q48 =1, 2, OR 3 PREFILL WITH 'usted, 'yo', contaba "mi, 'me acababa" IF Q51=0, D, R PREFILL WITH 'su casa, 'nosotros, contábamos, 'nuestros, ' nos acababa' IF Q51=1; PREFILL WITH 'hijo(a) IF Q50=1, PREFILL WITH 'hijos" IF Q50>1. PREFILL WITH 'hijos' IF Q50=D or R OR MISSING AND Q48 =1, 2, OR 3</p> |

74. Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true in the last 12 months for your [child/children] living in the household who are under 18 years old.

“[I/we] relied on only a few kinds of low-cost food to feed [my/our] [child/children] because [I was/we were] running out of money to buy food.” Was that often, sometimes, or never true for [you/your household] in the last 12 months?

Ahora voy a leerle varias afirmaciones que ha hecho la gente acerca de la situación alimenticia de sus hijos. Para estas afirmaciones, por favor dígame si la afirmación fue FRECUENTEMENTE verdadera, A VECES verdadera, o NUNCA verdadera en los últimos 12 meses para [su niño/sus niños] menores de 18 años que viven en la casa.

“(Yo/Nosotros) (contaba/contábamos) sólo con unos pocos tipos de comida barata para dar de comer a (mi(s)/nuestros) (hijo(a)/hijos) porque se (me/nos) acababa el dinero para comprar comida.” ¿Fue eso frecuentemente, a veces o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

IF [(HOUSEHOLD INCOME <= FPL200%) AND (Q50≥1)]

OR

(Q49 = D OR R AND Q48 = 1, 2, OR 3)

OR

[(HOUSEHOLD INCOME > FPL200%) AND (Q64 = 2, 3, 4, D, OR R) AND (Q50≥1)]

PREFILL WITH 'you', 'I', "my" IF Q51=0, D, R

PREFILL WITH 'your household', 'we', 'our', IF Q51=1;

PREFILL WITH 'child' IF Q50=1,.

PREFILL WITH 'children' IF Q50>1.

PREFILL WITH 'children' IF Q50=D or R OR MISSING AND Q48 = 1, 2, OR 3

PREFILL WITH 'usted, 'yo no podía', "mi, IF Q51=0, D, R

PREFILL WITH 'su casa, 'nosotros, 'nuestros, IF Q51=1;

PREFILL WITH 'hijo(a) IF Q50=1,

PREFILL WITH 'hijos" IF Q50>1.

PREFILL WITH 'hijos' IF Q50=D or R OR MISSING AND Q48 =1, 2, OR 3

75. “[I/we] couldn’t feed [my/our] [child/children] a balanced meal because [I/we] couldn’t afford that.”
Was that often, sometimes, or never true for [you/your household] in the last 12 months?

“(Yo/Nosotros) no (podía/podíamos) darle a (mi(s)/nuestros) (hijo(a)/hijos) una comida balanceada, porque no [podía/podíamos] comprarla” ¿Fue eso frecuentemente, a veces o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

OFTEN TRUE 1
SOMETIMES TRUE 2
NEVER TRUE 3
DON'T KNOW d
REFUSED r

IF [(HOUSEHOLD INCOME <= FPL200%) AND (Q50≥1)]

OR

(Q49 = D OR R AND Q48 = 1, 2, OR 3)

OR

[(HOUSEHOLD INCOME > FPL200%) AND (Q64 = 2, 3, 4, D, OR R) AND (Q50≥1)]

PREFILL 'My', "I", "you" IF Q51=0, D, R,

PREFILL 'our child was' IF Q51=1 AND Q50=1,

PREFILL WITH ' The children were' IF Q50>1.

PREFILL WITH ' The children were' IF Q50=D or R OR MISSING AND Q48 = 1, 2, OR 3

PREFILL 'we' AND 'your household' IF Q51=1

PREFILL 'Mi', "yo", "usted" IF Q51=0, D, R,

PREFILL 'nuestro hijo no comía IF Q51=1 AND Q50=1,

PREFILL WITH ' Los niños no comían" IF Q50>1.

PREFILL WITH 'Los niños no comían IF Q50=D or R OR MISSING AND Q48 =1, 2, OR 3 PREFILL 'nosotros' AND 'su casa" IF Q51=1

76. “[My/Our child was/The children were] not eating enough because [I/we] just couldn’t afford enough food.” Was that often, sometimes, or never true for [you/your household] in the last 12 months?

“(Mi(s)/Nuestro(s)) (hijo(a)/hijos) no comía(n) suficiente porque (yo/nosotros) no (tenía/teníamos) con que comprar suficiente comida.” ¿Fue eso frecuentemente, a veces o nunca cierto para (usted/su casa) en los últimos 12 meses?

CODE ONE ONLY

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

PROGRAMMER BOX Q.76

SCREENER FOR CHILD STAGE 2 QUESTIONS.

IF (Q74, Q75, OR Q76 = 1 OR 2)
CONTINUE TO CHILD STAGE 2 QUESTIONS 77 THROUGH 80;

OTHERWISE GO TO Q81.

SECTION G

Child Stage 2.

(Q74, Q75, OR Q76 = 1 OR 2)

PREFILL 'your child's' IF Q50 = 1;
 PREFILL 'your children's' IF Q50 > 1 OR D, R, OR MISSING;
 PREFILL 'de su hijo(a)' IF Q50 = 1;
 PREFILL 'de sus hijos' IF Q50 > 1 OR D, R, OR MISSING;

PREFILL 'CURRENT MONTH' WITH MONTH OF INTERVIEW

77. In the last 12 months, since [CURRENT MONTH] of last year, did you ever cut the size of [your child's/your children's] meals because there wasn't enough money for food?

En los últimos 12 meses, desde [CURRENT MONTH] del año pasado, ¿alguna vez redujo el tamaño de las comidas de [su hijo(a)/ sus hijos] porque no había suficiente dinero para comida?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

(Q74, Q75, OR Q76 = 1 OR 2)

PREFILL 'your child's' IF Q50 = 1;
 PREFILL 'any of your children' IF Q50 > 1 OR D, R, OR MISSING
 PREFILL 'su hijo' IF Q50 = 1;
 PREFILL 'alguno de los niños' IF Q50 > 1 OR D, R, OR MISSING;

78. In the last 12 months, did [your child/any of the children] ever skip meals because there wasn't enough money for food?

En los últimos 12 meses, ¿([su hijo(a)]/alguno de los niños) no comió alguna comida porque no había suficiente dinero para comprar comida?

YES 1
 NO 0 GO TO Q.79
 DON'T KNOW d GO TO Q.79
 REFUSED r GO TO Q.79

Q78 = 1

78a. How often did this happen-almost every month, some months but not every month, or in only one or two months?

¿Con qué frecuencia pasó esto? ¿Fue casi todos los meses, algunos meses pero no cada mes, o sólo en uno o dos meses?

CODE ONE ONLY

ALMOST EVERY MONTH..... 1
SOME MONTHS, BUT NOT EVERY MONTH.....2
ONLY ONE OR TWO MONTHS3
DON'T KNOWd
REFUSEDr

(Q74, Q75, OR Q76 = 1 OR 2)

PREFILL WITH 'was your child' **tenía su hijo** IF Q50=1,

PREFILL WITH 'were the children' **tenían sus hijos** IF Q50 >1 OR D, R, OR MISSING.

79. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

En los últimos 12 meses, ¿(tenía su hijo(a))/tenían los niños) hambre alguna vez, pero usted simplemente no podía comprar más comida?

YES 1
NO0
DON'T KNOWd
REFUSEDr

(Q74, Q75, OR Q76 = 1 OR 2)

PREFILL WITH 'your child' IF Q50=1,
PREFILL WITH 'any of the children' IF Q50 >1 OR D, R, OR MISSING.
PREFILL 'su hijo' IF Q50 = 1;
PREFILL 'cualquiera de los niños' IF Q50 > 1 OR D, R, OR MISSING

80. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

En los últimos 12 meses, ¿(su hijo(a)/cualquiera de los niños) no comió por todo un día porque no había suficiente dinero para comprar comida?

YES 1
NO 0
DON'T KNOW d
REFUSED r

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3), OR (Q49 = D OR R AND Q48 = 4, D, OR R), OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

81. Did you or another member of your household receive groceries from a food pantry in the last 30 days? Include groceries delivered to your household by the food pantry.

¿Usted u otro miembro de su casa recibió comestibles de una despensa de alimentos en los últimos 30 días? Incluya alimentos entregados a su casa por la despensa de alimentos.

YES 1
NO 0
DON'T KNOW d
REFUSED r

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3), OR (Q49 = D OR R AND Q48 = 4, D, OR R), OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

82. Did you or another member of your household receive one or more meals from a soup kitchen, mobile van, or food wagon in the last 30 days?

¿Recibió usted u otro miembro de su casa una o más comidas de un comedor popular, una cocina móvil o vagón de alimentos en los últimos 30 días?

YES 1
NO 0
DON'T KNOW d
REFUSED r

IF (HOUSEHOLD INCOME <= FPL200%) OR (Q49 = D OR R AND Q48 = 1, 2, OR 3), OR (Q49 = D OR R AND Q48 = 4, D, OR R), OR (HOUSEHOLD INCOME > FPL200% AND Q64 = 2, 3, 4, D, OR R)

83. Did you or another member of your household spend one or more nights in the past 30 days in a shelter?

¿Usted u otro miembro de su casa pasó una o más noches en un refugio en los últimos 30 días?

YES 1
NO 0
DON'T KNOW d
REFUSED r

SECTION H

ALL

84. We are finished with the survey. Thanks for all your help.

Hemos completado la encuesta. Gracias por toda su ayuda.

IF LevelCCD = M or H, THEN GO TO Q85.

IF LevelCCD = E AND FLAGGED FOR THE SECOND DIETARY RECALL, THEN GO TO Q88.

LevelCCD = E AND NOT FLAGGED FOR THE SECOND DIETARY RECALL, THEN GO TO Q92.

LevelCCD = M or H

85. To thank you for your time, we will mail you a \$15 check. I'd like to confirm your mailing information before you go.

Can you please verify your name?

PROBE: Can you spell that for me please?

Para agradecerle por su tiempo, le enviaremos un cheque por \$15. Quisiera confirmar su dirección antes de que se vaya.

¿Puede verificar su nombre?

PROBE: ¿Puede deletrearme ese nombre?

FIRST NAME

(STRING 50)

LAST NAME

(STRING 50)

LevelCCD = M or H

86. I'd also like to confirm your mailing address before you go.

ADDRESS: What is your current address?

PROBE: Is there an apartment number?

PROBE: This is where we will mail your check.

También quisiera confirmar su dirección antes de que se vaya.

ADDRESS: ¿Cuál es su dirección actual?

PROBE: ¿Hay un número de apartamento?

PROBE: Aquí es donde enviaremos su cheque.

STREET 1

STREET 2

APT. #

CITY

STATE

ZIP

LevelCCD = M or H

IF YOUTH INTERVIEW IS NOT COMPLETE THEN PREFILL='Someone from our study team will conduct an in-person interview with your child in the coming weeks when our team visits the school.'

87. Thanks again. [Someone from our study team will conduct an in-person interview with your child in the coming weeks when our team visits the school.]

Gracias de nuevo. [Algún miembro de nuestro equipo de estudio realizará una entrevista en persona con su hijo(a) en las próximas semanas cuando nuestro equipo visite la escuela.]

IF LevelCCD = E AND DIETARY2 RECALL = 1

PREFILL 'day1' WITH DAY OF WEEK THREE DAYS FROM CURRENT DAY;
PREFILL 'day 2' WITH DAY OF WEEK FIVE DAYS FROM CURRENT DAY

88. Before we're done I'd like to schedule a time for one of my team members to call you and your child for a second interview about what your child ate. We'd like call you on the phone in 3 to 5 days to do this. That would be [DAY1] to [DAY2]. Both you and your child should be available on the phone at that time. We will mail you an additional \$25 check for your help. What day and time can we call you to complete the second part of the dietary recall?

Antes de terminar, quisiera programar un tiempo para que un miembro de mi equipo les llame a usted y su hijo(a) para una segunda entrevista acerca de lo que su hijo(a) comió. Nos gustaría llamarle por teléfono en un plazo de 3 a 5 días para hacer esto. Eso sería [DAY1] a [DAY2]. Ambos usted y su hijo(a) deben estar disponibles por teléfono en ese momento. Le enviaremos un cheque por \$25 más por su ayuda. ¿Qué día y a qué hora podemos llamarle para completar la segunda parte del recordatorio de alimentos consumidos?

INTERVIEWER: IF PARENT DOES NOT WANT TO OR CAN'T COMMIT TO AN APPOINTMENT, MARK "DON'T KNOW." IF PARENT REFUSES SECOND DIETARY RECALL, MARK REFUSED.

INTERVIEWER: THIS INTERVIEW CAN TAKE PLACE ON TUESDAYS THROUGH SATURDAYS ONLY.

INTERVIEWER: ENTER A DATE AND TIME.

|_|_| HOURS : |_|_| MINUTES
(1-12) (0-59)

AM 1
PM 2
DON'T KNOW d
REFUSED r

PROGRAMMER NOTE: ONLY DISPLAY AVAILABLE DAYS THAT ARE 3-5 DAYS FROM THE DATE OF THE INTERVIEW

SELECTED DAY.

TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7

PROGRAMMER BOX 88

IF DATE AND TIME ENTERED, GO TO Q89.

ELSE:

IF GRADE GE 6 AND 88 = D OR R, GO TO Q88A.

IF GRADE <6 AND 88 = D, GO TO Q89.

IF GRADE < 6 AND 88 = R, GO TO Q92.

IF LevelICCD = E AND 88= D OR R AND GRADE greater than or equal 6

88a. That’s okay. If it’s more convenient we can call your child to complete this second interview. What day and time can we call your child to complete the second part of the dietary recall?

Está bien. Si le conviene mejor, podemos llamar a su hijo(a) para completar esta segunda entrevista. ¿Qué día y a qué hora podemos llamar a su hijo(a) para completar la segunda parte del recordatorio de alimentos consumidos?

INTERVIEWER: IF PARENT DOES NOT WANT TO OR CAN’T COMMIT CHILD TO AN APPOINTMENT, MARK “DON’T KNOW.” IF PARENT REFUSES SECOND DIETARY RECALL FOR CHILD, MARK REFUSED.

INTERVIEWER: THIS INTERVIEW CAN TAKE PLACE ON TUESDAYS THROUGH SATURDAYS ONLY.

INTERVIEWER: ENTER A DATE AND TIME.

|_|_| HOURS : |_|_| MINUTES
(1-12) (0-59)

- AM 1
- PM 2
- DON'T KNOW d
- REFUSED r

PROGRAMMER NOTE: ONLY DISPLAY AVAILABLE DAYS THAT ARE 3-5 DAYS FROM THE DATE OF THE INTERVIEW

SELECTED DAY.

- TUESDAY 3
- WEDNESDAY 4
- THURSDAY 5
- FRIDAY 6
- SATURDAY 7

PROGRAMMER BOX 88A

IF DATE AND TIME ENTERED OR D, GO TO Q89.

ELSE:

IF 88A = R, GO TO Q92.

IF LevelCCD = E AND DIETARY2 RECALL = 1 AND
 (GRADE < 6 AND (88 = FILLED WITH DAY AND TIME OR D))
 OR
 (GRADE GE 6 AND (88 = FILLED WITH DAY AND TIME) OR (88A = FILLED WITH DAY AND TIME OR D))

89. What number can we call at that time? If possible, we would prefer to use a home phone.

¿ A qué número podemos llamar en ese momento? Si es posible, preferiríamos usar un teléfono residencial.

INTERVIEWER: REFER TO THE STUDENT CONTACT SHEET FOR PHONE NUMBERS IF RESPONDENT IS UNABLE TO PROVIDE A PHONE NUMBER.

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|
 (RANGE) (RANGE) (RANGE)

SOFT CHECK: IF CONDITION (e.g. Exchange = 555); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. Area code LE 200); **Hard check statement/question**

IF LevelCCD = E AND DIETARY2 RECALL = 1 AND 89 NOT NULL

90. Is the number a home phone or cell phone?

¿Es un número de teléfono residencial o teléfono celular?

HOME PHONE..... 1

CELL PHONE2

IF LevelICCD = E AND DIETARY2 RECALL = 1 AND
(GRADE < 6 AND (88 = FILLED WITH DAY AND TIME OR D))
OR
(GRADE GE 6 AND (88 = FILLED WITH DAY AND TIME) OR (88A = FILLED WITH DAY AND TIME OR D))

91. **Thanks for your help. Now I'm going to give you a food model booklet, ruler, measuring cups, measuring spoons, and a book to help you describe what your child ate. Please have these near you when someone calls you for the phone interview. You can keep all of them.**

Now I'd like to give you your gift card before you go. You should sign the receipt and leave it with me.

Gracias por su ayuda. Ahora voy a darle un folleto de modelo de alimentos, una regla, tazas de medida, cucharas de medida, y un libro para ayudarlo a describir lo que comió su hijo(a). Por favor tenga estas cosas cerca de usted cuando alguien llame para la entrevista telefónica. Usted puede quedarse con todos ellos.

Ahora, me gustaría darle su tarjeta de regalo antes de que se vaya. Debe firmar el recibo y dejarlo conmigo.

INTERVIEWER: WRITE APPOINTMENT INFORMATION ON THE FOOD DIARY COVER. GIVE FOOD MODEL BOOKLET, RULER, MEASURING CUPS, MEASURING SPOONS, AND FOOD DIARY TO PARENT. GIVE PARENT A GIFT CARD AND ASK TO SIGN RECEIPT.

IF LevelICCD = E AND DIETARY2 RECALL = 2
OR
[IF LevelICCD = E AND DIETARY2 RECALL = 1 AND
(GRADE < 6 AND 88 = R)
OR
(GRADE GE 6 AND 88A = R)]

92. **Now I'd like to give you your gift card before you go. You should sign the receipt and leave it with me.**

Ahora, me gustaría darle su tarjeta de regalo antes de que se vaya. Debe firmar el recibo y dejarlo conmigo.

INTERVIEWER: GIVE PARENT A GIFT CARD AND ASK TO SIGN RECEIPT.



PLATE WASTE OBSERVATION BOOKLET

School ID: _____

Book _____ of _____

School Name: _____

Date: _____

Meal(s): Breakfast Lunch Day: Mon Tue Wed Thu Fri

| Meal Period | Meal Type <i>B = Breakfast</i> <i>L = Lunch</i> | Start Time | End Time | Grade Range | Target Number of Tagged Trays* |
|-------------|---|------------|----------|-------------|--------------------------------|
| 1 | B / L | | | | |
| 2 | B / L | | | | |
| 3 | B / L | | | | |
| 4 | B / L | | | | |
| 5 | B / L | | | | |
| 6 | B / L | | | | |

*Over the course of the day, the two Field Interviewers (FIs) should aim to tag a total of:
25 breakfast trays and 40 lunch trays

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 information collection is 0584-0596. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

NOTES

(Use this space to make notes to aid your work and to record issues that arise.)

ONSITE PLATE WASTE PROTOCOL FOR FIELD INTERVIEWERS

Materials Needed

The day of the school visit, FIs need to bring:

- 1) School foodservice information:
 - Notes from telephone calls with school nutrition managers
 - Printed menu for target week
- 2) Data collection materials:
 - Plate waste observation booklets
(Bring one for breakfast and two for lunch, for each FI. If there are two FIs, bring 6 booklets.)
 - Pens (ballpoint)
- 3) Plate waste measurement tools
 - Measuring cups for solid foods
 - Liquid measuring cups (two cup measure)
 - Portioned bean bags
 - Large bowl for pouring out liquids
 - Plastic bags, to ask students to deposit plate waste, if there are no cafeteria trays or plates
 - Plastic gloves (several pairs) and materials to tie up hair for foodservice setting
 - Brightly colored tags (pre-numbered for tagging trays) and extra tags
(Note that there should be a different color tag for each FI.)
 - Pre-made signs), markers for drawing arrows that direct students to the location for depositing tagged trays, and masking tape for signs
 - Payment for purchasing reference portions of reimbursable menu items
(According to payment method specified during reminder call)

Upon Arrival at the School

You will need adequate space and a large table, a rolling cart, or a bakery rack with sheet pans, where students can leave their trays. You will also need a trash container nearby to dispose of the waste, as well as a sink or bowl for liquids, after the observation is complete.

- Sign in at the main office—introduce yourselves and ask for directions to the cafeteria.
- Remind staff to make an announcement about the observation over the PA system.
- Introduce yourselves to the school nutrition manager and other kitchen staff and explain what you will be doing during the day. Make sure that you clarify that you are observing what students eat, not the staff's performance.

Ask about waste disposal procedures and discuss how the plate waste observations can be set up to minimize disruption to these procedures. Ideally, the observation area should not be set up too close to the disposal area as it will cause congestion and confusion among students without tagged trays. However, the location should be close enough for you to snag any tagged students who are headed for the disposal area. Speak with janitorial staff as well, if appropriate.

- Determine the best locations to position yourself to tag trays, and for students to bring tagged trays. You may need to ask kitchen staff for a cart, table, or rack where students can return trays. Put up signs for students indicating where to return tagged trays as needed.
- If possible, ask teachers and cafeteria monitors working during meals to help to make sure tagged trays get returned to the designated location.

Obtain a printed menu (if it was not available in advance), confirm with kitchen staff what foods are offered as part of a reimbursable meal (you will do this prior to each meal served), and ask for additional foods being served, or substitute foods. If available, review the list of reimbursable foods posted on the service line. Both the menu and posted reimbursable foods list should be used for listing foods.

Plate Waste Observation Booklet

You will use the Plate Waste Observation Booklet to record both foods taken and foods left over. The cover of the booklet provides space for listing details about the observation meal periods. The inside cover is the Food List Form, which allows space for listing and describing all reimbursable foods offered during the meal period. The Plate Waste Observation Forms are half size pages, printed only on the flip side of each half-page. Each form allows space for recording foods taken and left over for two sampled students. When you flip over each Plate Waste Observation Form, it will be aligned with the Food List Form on the front inside cover, allowing the observer to easily refer to and quantify the food items taken and left over by each student.

Completing the Cover Form

The cover page of the Plate Waste Observation Booklet is used to fill in information about the meal periods included in each booklet. Meal periods and grade ranges will be discussed during the pre-visit call, and should be confirmed with the SNM upon arrival at the school.

Listing Foods

The Food List Form on the front inside cover should be used to record all USDA-reimbursable menu items offered during the meal period, prior to foodservice. This list remains visible while you are recording observations of students. All FIs participating in plate waste observations should participate in compiling the food list, and agree upon what constitutes a “full” serving for each food item. List all foods offered in reimbursable meals on the Food List Form (inside cover of the Plate Waste Observation Booklet) prior to meal service as follows:

- Using the printed menu, reimbursable foods list, information from staff, and observations, list all foods available as part of a reimbursable meal on separate lines on the Food List Form. ***Do not list à la carte foods or items offered just to teachers or adults.*** Ask the SNM or server what the serving size is for each item if not obvious and record in the Portion Size column.
- Include enough information in the food description so that you can uniquely identify all menu items and later accurately link each item to the corresponding food on the EMS.
- It is generally useful to group foods that are served together, or in the same area of the cafeteria. For example, if a grilled cheese sandwich is paired with tomato soup, it will be helpful to write these one after the other on the Food List.
- Do not separate foods into separate components unless they can be offered to students that way. For instance, if a tuna salad sandwich on a whole wheat wrap is offered as an item, record “tuna salad on whole wheat wrap” (not “tuna salad” and “whole wheat wrap”).
- If there are a limited number of foods offered and space allows, skip a line between items, as it makes the observations easier to record.
- ***If a self-serve bar is available, list it as single item*** (e.g., salad bar, taco bar). If two sizes of containers are available (most likely for a salad bar), they should be listed on two lines of the Food List Form and indicate small or large, as appropriate.
- If different portion sizes of an item are available, list these on separate lines, indicating respective portion sizes.
- List all types of milk offered on a separate line for the meal (as long as they are included as part of a reimbursable meal.) Likewise, separately list all varieties of foods that may be nutritionally different, such as different types of breakfast cereal.
- You generally do not need to distinguish between different flavors of the same food (if not a different type or fat content), such as strawberry or cherry Jell-O. However, you should distinguish between the same foods that are flavored and unflavored, such as plain (unflavored) and blueberry yogurt, since these will have a different nutrient content.
- Include enough information in the food description so that you can uniquely identify all menu items and later accurately link each item to the corresponding food on the EMS.
- Do not include condiments or toppings on the Food List Form, unless they are a creditable part of the meal (such as salsa or cheese). Other condiments such as ketchup or mustard do not need to be recorded as they cannot be consistently observed as taken at the point of observation (at the POS station) in all schools.

USDA School Nutrition and Meal Cost Study

- If there are more foods than can be listed in one booklet, start a second booklet and clearly mark the “continuation” booklet on the cover page (for example, book 2 of 2).
- If different foods are served in different lines, consider assigning one FI to each line for both listing foods and tagging trays. If there is a salad line and a sandwich line, for instance, assign one FI to each to eliminate the need to juggle two observation booklets during the observations.
- If feasible, purchase a single serving of each reimbursable food offered as a reference portion. Because of space considerations and availability of foods, it may not be practical (or necessary) to have a reference portion for all foods. It is most important to purchase a reference portion for foods that do not have a “standard” size such as commercially pre-portioned foods or foods that are easily distinguishable as having a uniform size (e.g., hamburger, hot dog, chicken nuggets). For foods that are served by a foodservice worker that are non-standard in size, it is important to get a reference portion if you can. Some examples of these foods are spaghetti with meat sauce, macaroni and cheese, cooked vegetables, beans, rice, and French fries. Additionally, estimate the size of a whole piece of fruit (small, medium, large), and indicate the portion served (1/2 medium apple; 1 whole small banana).
- Regardless of whether you can purchase reference portions of all or only some foods, FIs should preview all foods on the serving line prior to the start of the meal service and agree upon what constitutes a “full” serving for each food item, and to be sure you can identify the foods easily prior to service—for example, distinguishing between a cheeseburger and a hamburger (some schools pre-wrap items like this but use a different color wrapping for each).
- For self-serve foods, a portion size is not possible but the assumption is that a full serving is equivalent to a full serving container. If a container is available, ask if you can have one to display with other reference portions.
- Ask the SNM if there are any other foods that may be served if the foods on the menu run out, and add these foods to the Food List Form. At the end of the meal observation period, cross off any foods from the list that were planned to be served, but were not served.

Sampling Students

As students go through the line, FIs need to station themselves at or near cashiers to sample students, ask if they may tag their trays, observe what is on their plates/ trays, and ask for their cooperation in bringing their plate waste to the designated location. In most schools, students will be provided with trays, but in some schools, trays may not be provided to students. If no trays are used, you should ask the students to leave leftover foods on their plates, give students a plastic bag, tag it, and ask them to put all waste in the bag, including milk carton or other beverage container, so you will be able to tell which waste goes with which observation when they place their waste in the designated location. **The goal is to tag 25 breakfast trays and 40 lunch trays for observation.**

Before sampling, be sure to speak to the cashier and explain what will be occurring. As with other staff, make clear that you are observing the students, not the staff’s performance. If cafeteria monitors are present, ask if they can help to make sure tagged trays are returned to the designated area.

USDA School Nutrition and Meal Cost Study

The goal is to tag 25 breakfast trays and 40 lunch trays. You will determine a sampling interval based on estimated number of meals served and the target number to observe. For example, if the school serves 400 reimbursable lunches, the interval should be 1 in every 10 students to tag 40 trays

Guidelines for distributing observations across multiple periods and serving lines are provided below:

- Observations should be divided evenly among all meal periods or seatings. At breakfast, all students are likely to eat at about the same time, so you will complete 25 observations during that period. For lunch, however, there may be as many as six different lunch periods. If there are six lunch periods, 6 to 7 observations should be completed during each period, adding up to a total of 40.
- Once you know how many observations to complete in a given period, you can develop a plan for how to distribute your observations throughout the period by determining how many students are expected. If, for example, 100 students are expected to come through the cafeteria during a period when you need to complete 20 observations, you should observe every fifth tray ($100 / 20 = 5$).
- Many schools have multiple serving lines. When multiple serving lines are available, schools may have line-specific cashiers or have one or more cashiers that can check students out regardless of which line they use. If a student can go to any cashier, regardless of serving line used, all observations can be conducted at any of the available cashier areas. If, however, there are line-specific cashiers, observations will need to be spread evenly across the available serving lines, with one FI at each line. The general rule of thumb is to *spend the same amount of time observing each line during each lunch period*.

As students are going through the line, you should mentally count to determine which student is next for sampling, assessing to his or her best ability whether the meal is likely to be reimbursable (based on the reimbursable items listed on the Food List Form). If the line includes both reimbursable meal items and non-reimbursable meal items, count only the reimbursable meals to the extent feasible. If possible, start to note the foods on the tray. If it turns out that the assessment of which meals were reimbursable is not completely accurate once the student reaches the cash register, sample the next student in line with a reimbursable meal, and just keep counting as best you can.

It is easy to lose count while you are tagging a tray, so while you are doing the tagging assume that 5 trays have gone through the line. For example, if your interval of observation is 6, once you get back to the line, you let one tray go by before taking the next tray

Also, do not concern yourself if you miss a few students going through the line while speaking to a sampled student, just resume counting after that student is observed.

When a student to be sampled reaches the cashier, you should confirm the meal is reimbursable by inspecting the tray, briefly explain the study and ask the student's permission to tag the tray, being as friendly and brief as possible. Tag each sampled tray using the pre-numbered tags, sequentially. It is important to be as unobtrusive as possible in the process. Some students may be concerned that their trays are being inspected. Similarly, if the student refuses, sample the next student in line with a reimbursable meal.

Tagging Trays and Observing What Is Served

To observe tagged trays and observe student food selections you will refer to their Food List Form that includes reimbursable menu items and, on the Plate Waste Observation Form, indicate the foods the student has included on his/her tray. Note that the booklet is designed so that the Food List Form on the

USDA School Nutrition and Meal Cost Study

inside cover lines up with the Plate Waste Observation Form which is a half-page. There is room on the form for two tray observations per page.

Record the tag number in the “#” field at the top of the Plate Waste Observation Form. Circle the gender of the student (M or F). Record the number of portions on the tray in the “# Units Served” field as quickly as possible. For each food the student has, note if there is 1 serving, 2 servings, 1.5 servings and so forth, by comparing the serving visually to the reference portions previously observed. It is not needed for this estimate to be too precise—half-serving intervals are fine. In general, you will record 1 for any item selected (to indicate that one serving of a food was taken). If a single serving consists of multiple pieces, (e.g., 5 chicken nuggets), enter “1” in the # of Units Served column. If a student takes multiple servings of an item, record the number of servings. It may be necessary to ask the student to pause briefly while the servings are entered—ideally, do this in a space beyond the cashier’s station, so as not to hold up the line. It is not necessary to distinguish the separate ingredients.

If an unexpected item appears on the line during the course of student observations, add it to your list and include it in your tally of foods selected. After the meal, you will need to check with the SNM to be sure that the food was a reimbursable item, and get a description, and portion size of the item.

If you start recording information for a particular student and then make a mistake, or can't complete the observation, draw an "X" over the observation (tray tag) number printed at the top of the column. This will tell our data entry staff to ignore this column. Do not try to make corrections during the observation period. This will only slow you down and may lead to more errors. There are more than enough forms in the observation books, so a few “lost” columns are not a problem, but you should try to make up for the lost observation during the meal same or the next meal period.

If non-reimbursable foods are included on the student’s tray, do not include them on the Plate Waste Observation Form.

Collecting Trays and Recording Plate Waste

Prior to the meal service you will have indicated with signs and arrows the area where students are to bring their trays when they finish eating. You should point this area out to students when they are sampled (this is part of the script). In this area, you will have already set up the purchased reference portions and the available sizes of salad bar and other food bar containers if food bars are part of the reimbursable choices. These items should be in close proximity to the area where students are dropping off their trays. It works well to put reference portions on a bakery rack with sheet pans, to conserve space, and so that students in the cafeteria do not take or tamper with them while observations are still going on.

Typically there is time during meal periods after all students are served while students are eating and before the next meal period starts. This is when you should move to the designated area for tagged trays and record the amounts wasted on the trays that have been left there. If students begin lining up for the next meal period before you finish measuring the wasted portions, you can finish measuring between the next meal period or after all meal periods. It is more important to complete the amount taken (# of units served), as the amount wasted can be captured later.

As students bring their trays to the designated area, at least one FI should be stationed at this area to thank students as they bring their trays. You should also keep an eye out for students with tagged trays

USDA School Nutrition and Meal Cost Study

who start to bring their trays to the usual disposal site. However, some students will discard their food without bringing it to be observed, will lose their tags, or will “mess up” their trays in such a way that the food left cannot be assessed. When this happens, check the box “Tray not returned” on the Plate Waste Observation Form for that tray number.

Assessment of Amount Wasted

Once each tray is returned, you should assess the amount remaining for each food served on the tray as follows and record these values in the “Amount Wasted” field next to each food item:

For liquids such as milk, juices or other beverages, measure the amount left in fluid ounces by pouring any remaining liquid into the measuring cup. Record the nearest fluid ounce (you can use either of the abbreviations FOZ or fl.oz) measure in the Amount Wasted column on the Plate Waste Observation Form. If the amount is exactly halfway between FOZ marks, round up for even numbers (e.g., 2.5 = 3) and down for odd numbers (e.g., 3.5 = 3). It will be useful to have a sink nearby or a bowl to pour out the liquid after measuring (and ideally, to rinse the measuring cup).

For foods other than liquids, assess the amount LEFT relative to the servings observed earlier and record the proportion of food left using the following values:

- 0—none remains
- $\frac{1}{4}$ of the food item left
- $\frac{1}{2}$ of the food item left
- $\frac{3}{4}$ of the food item left
- 1 – for full reference portion left (nothing eaten)

It is important that the amount wasted reflects the relative portion of the total number of reference portions served on a student’s tray. Keep in mind the reference portion and the number of servings noted originally on the form, so that the proportion left is relative to the amount served. For example, suppose a serving was 1 slice of bread, but the student had 2 slices on her plate when the tray was tagged. After the meal, 1 full slice remains. The appropriate code for the bread would be “1/2.”

If the amount left is between two potential estimates, choose the estimate that is *closest*. For example, if the amount wasted is closer to a full serving than to $\frac{3}{4}$ of a serving, record “1” in the Amount Wasted column. Likewise, if the amount left is less than half the size of the “ $\frac{1}{4}$ ” serving estimate, the amount wasted is closer to zero than to $\frac{1}{4}$, so you would record “0.”

Note any problems in recording plate waste on the Notes page.

Reviewing Data Forms

After all student observations have been completed, review the list of reimbursable foods on the Food List and flag the following situations: If an item that you listed was not actually served, draw a line through the menu item on the Food List. On the Notes page, indicate the items that have been crossed off. If no one takes an item that was actually offered, keep the item in the Food List.

Linking Foods to the Menu Survey

During each day of the target week, the SNM will be entering information about all reimbursable foods served into the EMS Reimbursable Foods Form (RFF). The purpose of the following procedure is to

USDA School Nutrition and Meal Cost Study

correctly link the SNM's EMS record to the foods you record in the Plate Waste Observation Booklet, in order to obtain detailed information about each item from the EMS.

NOTE: If the SNM is completing the menu survey on paper, instead of in the EMS, follow the "Paper Menu Survey" instructions at the end of this section.

- 1) When you speak with the SNM upon arrival at the school, remind him/her about the importance of promptly completing the EMS Reimbursable Foods Forms for that day, for both lunch and breakfast.
- 2) At the end of the day, log into the EMS via the viewing-only FI login.
- 3) On the **School Selection screen**, select from the drop-down lists that you are working on the Plate Waste Observation, the state where your school is located, and the school name.
- 4) On the **Meal Selection screen**, select the appropriate day and meal period of the target week, for the plate waste observation data that you have recorded.

NOTE: If the SNM has not yet completed the EMS RFF for that meal period, the meal period button will not be clickable. Remind the SNM to complete the EMS RFF and follow up.

- 5) On the **Confirmation screen** ensure that the state, school name, date, day of the week, and meal period all correspond to the meal period when you collected the plate waste data.
- 6) The information entered by the SNM for this food bar will appear on the **RFF screen**. You can return to this screen as many times as you need to. Carefully review each food item entered by the SNM to match it to the corresponding item on your form. Copy the "Line #" next to the food item in the EMS to the "Line #" column on your form, next to the corresponding food item.
- 7) If desired, print the EMS screen for your reference.

Paper Menu Survey: If the SNM is completing the Paper Menu Survey, request to see the SNM's RFF after he or she has completed it. Carefully review each food item entered by the SNM to match it to the foods that you recorded on your form. Copy the "Line #" next to the food item in the EMS to the "Line #" column on your form, next to the corresponding food item. If the SNM has not completed the RFF by the end of the day, the entry of line numbers will be conducted by coders when the Paper Menu Survey is received.

NOTE: For both the EMS and Paper Menu Survey methods, make sure that all information on the two forms matches, including the food description and portion size. If it is only a partial match, or if you do not see all the food items you entered in the SNM's records, work with the SNM to discuss and resolve the discrepancy.

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United States Department of Agriculture

Food and Nutrition Service

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