

APPENDIX G

SCHOOL FOOD SERVICE MANAGER SURVEY

**School Nutrition Dietary
Assessment Study IV**

(OMB No.: 0584-0527)

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

Name of School: _____

SFA: _____

City and State: _____

Return Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|_|
Month Day Year

OMB Clearance Number: 0584-0527

Expiration Date: xx/xx/xxxx

School Nutrition Dietary Assessment Study

Food Service Manager Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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INSTRUCTIONS

- When completing the survey please use a black or blue pen, and write only in the spaces provided.
- Please answer all of the questions, except for those that you are instructed to skip based on your answer to a specific question.
- Unless you see the words MARK ALL THAT APPLY after a question, please mark only one answer for each question.
- If you have any questions about the study or about completing this survey, please do not hesitate to contact Annalee Kelly by phone at 1-xxx-xxx-xxxx or e-mail akelly@mathematica-mpr.com

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 be kept confidential and will not be disclosed to anyone but analysts conducting this study, except as otherwise required by law.

Participation is completely voluntary. Choosing not to participate will not affect your employment or your district's participation in school meal programs in any way.

We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-xxx-xxx-xxxx

KITCHEN CHARACTERISTICS

1. Which of the following best describes your kitchen?
- 1 An on-site kitchen where meals are prepared for serving only at this school
 - 2 A base kitchen where meals are prepared for serving on-site and for shipment to other schools
 - 3 A receiving or satellite kitchen which obtains partially or fully prepared meals from a base or central kitchen
2. Do you receive fully plated meals that are prepared off-site?
- 1 Yes
 - 0 No

VENDING MACHINES

3. Are any vending machines located **in your food service area** (that is, the indoor or outdoor areas where reimbursable meals are served/eaten)?
- 1 Yes
 - 0 No → **Go to Q.5**
- 3a. Who receives revenue or profit from these machines?
- MARK ALL THAT APPLY**
- 1 School
 - 2 School food service **only**
 - 3 School food service and other school/district departments
 - 4 Student organization (student council/clubs/activities)
 - 5 Student marketing/business class/club
 - 6 Parent organization
 - 7 Athletic department
 - 8 Other (*Specify*)
- _____
- d Don't know

4. Not counting machines that sell only milk, 100% juice, or water, when can students use **beverage machines** in the food service area?
- MARK ALL THAT APPLY**
- 1 No other beverage machines in food service area
 - 2 Before school
 - 3 During breakfast
 - 4 During school hours, before lunch
 - 5 During lunch
 - 6 After lunch, before end of last regular class
 - 7 After last regular class
 - 8 Other (*Specify*)
- _____

- 4a. When can students use **snack machines** or other machines containing **snack foods** in the food service area?
- MARK ALL THAT APPLY**
- 1 No machines with snack foods in food service area
 - 2 Before school
 - 3 During breakfast
 - 4 During school hours, before lunch
 - 5 During lunch
 - 6 After lunch, before end of last regular class
 - 7 After last regular class
 - 8 Other (*Specify*)
- _____

- 4b. Can students obtain reimbursable meals from vending machines?
- 1 Yes
 - 0 No → **Go to Q.5**
- 4c. When can students use vending machines offering reimbursable meals?
- MARK 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
 - 7 Other (*Specify*)
- _____
- d Don't know

5. Does the school food service department receive revenue or profit from vending machines located outside of the school food service area?

- 1 Yes
- 0 No

6. Approximately how much net income does the **school food service department** receive from vending machines anywhere in this school or on the school grounds (per year, month, or week)? Do not include any income that goes to the school or district in general or to other departments or groups.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 No vending machines in school
- 0 School food service gets no income from vending machines
- d Don't know

6a. Does the net income for the school food service department from vending machines include income from reimbursable meals sold through vending machines?

- 1 Yes
- 0 No → **Go to Q.7**

6b. How much of that net income to the school food service department comes from reimbursable meals sold through vending machines?

\$ PER

- 1 Year
- 2 Month
- 3 Week
- d Don't now

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

- 0 Don't participate in School Breakfast Program → **Go to Q.8**
- 1 All students receive free breakfasts → **Go to Q.7b**

\$

7a. 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*)

7b. Do you allow students to purchase individual components of reimbursable breakfasts on an a la carte basis?

- 1 Yes
- 0 No

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

0 " **All students receive free lunches** → **Go to Q.9**

\$

8a. 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*)

9. Do you allow students to purchase individual components of reimbursable lunches on an a la carte basis?

- 1 Yes
- 0 No → **Go to Q.10**

9a. What prices do you generally charge for the following components of reimbursable lunches, when purchased a la carte? If the price varies by portion size or specific type of food, please report the price that is charged most often.

- | | | |
|---|----|-------|
| 1. Milk | \$ | _____ |
| 2. Fruit | \$ | _____ |
| 3. 100% juice | \$ | _____ |
| 4. Vegetable other than French fries | \$ | _____ |
| 5. French fries | \$ | _____ |
| 6. Side salad | \$ | _____ |
| 7. Entrée salad (chef, grilled chicken) | \$ | _____ |
| 8. Roll, bread, other grain item | \$ | _____ |
| 9. Sandwiches, hot dog, hamburger, cheeseburger | \$ | _____ |
| 10. Chicken nuggets/strips/patties | \$ | _____ |
| 11. Pizza | \$ | _____ |
| 12. Nachos | \$ | _____ |
| 13. Burritos or other Mexican entrees | \$ | _____ |
| 14. Desserts | \$ | _____ |
| Other (Specify) | | _____ |
| 15. _____ | \$ | _____ |
| 16. _____ | \$ | _____ |

10. Are you responding for a high school?

- 1 Yes → **Go to Q.13**
- 0 No

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

- 1 Yes, for all students → **Go to Q.12**
- 2 Yes, for some students
- 0 No → **Go to Q.12**
- 3 Don't participate in School Breakfast Program → **Go to Q.12**

11a. What grades are allowed to use offer-versus-serve at breakfast?

MARK ALL THAT APPLY

- | | |
|----------------------------------|------------------------------|
| P <input type="checkbox"/> Pre-K | 5 <input type="checkbox"/> 5 |
| K <input type="checkbox"/> K | 6 <input type="checkbox"/> 6 |
| 1 <input type="checkbox"/> 1 | 7 <input type="checkbox"/> 7 |
| 2 <input type="checkbox"/> 2 | 8 <input type="checkbox"/> 8 |
| 3 <input type="checkbox"/> 3 | 9 <input type="checkbox"/> 9 |
| 4 <input type="checkbox"/> 4 | |

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

- 1 Yes, for all students → **Go to Q.13**
- 2 Yes, for some students
- 0 No → **Go to Q.13**

12a. What grades are allowed to use offer-versus-serve at lunch?

MARK ALL THAT APPLY

- | | |
|----------------------------------|------------------------------|
| P <input type="checkbox"/> Pre-K | 5 <input type="checkbox"/> 5 |
| K <input type="checkbox"/> K | 6 <input type="checkbox"/> 6 |
| 1 <input type="checkbox"/> 1 | 7 <input type="checkbox"/> 7 |
| 2 <input type="checkbox"/> 2 | 8 <input type="checkbox"/> 8 |
| 3 <input type="checkbox"/> 3 | 9 <input type="checkbox"/> 9 |
| 4 <input type="checkbox"/> 4 | |

13. Does your school use food-based menu planning or nutrient-based menu planning?



- 1 Food-based
- 2 Nutrient-based **Go to Q.15**

14. How many servings of fruits and vegetables are students allowed to take in a reimbursable lunch?
- 1 Two
 - 2 Three
 - 3 Four
 - 4 Five
 - 5 As many as they want

GO TO Q.21

15. For reimbursable lunches, can students select any type of food to provide the allowable number of sides, or are sides divided into specific groups, for example, fruits and vegetables as one group of sides and desserts as another?
- 1 Any type of side
 - 2 Sides divided into different groups → **Go to Q.17**

16. Excluding milk, what is the maximum number of sides students are allowed to take in a reimbursable lunch?

SIDES → **Go to Q.18**

17. Which of the following groups of sides do you use at lunch? What is the maximum number of sides students can take from each group?

| | Use this Group? | | Maximum number from this group |
|---------------------------------------|----------------------------|----------------------------|--------------------------------|
| | Yes | No | |
| a. Fruits and vegetables..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| b. Fruit/juice..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| c. Vegetables..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| d. Grains or desserts (combined)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| e. Grains/breads..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| f. Desserts..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| g. Other (Specify) _____ | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |

18. For reimbursable breakfasts, can students select any type of food to provide the allowable number of sides, or are sides divided into specific groups, for example, fruit and juice as one group of sides and cereal as another?

- 1 Any type of side
- 2 Sides divided into different groups → **Go to Q.20**
- 0 Don't participate in School Breakfast Program → **Go to Q.21**

19. Excluding milk, what is the maximum number of sides students are allowed to take in a reimbursable breakfast?

SIDES → **Go to Q.21**

20. Which of the following groups of sides do you use at breakfast? What is the maximum number of sides students can take from each group?

| | Use this Group? | | Maximum number from this group |
|--|----------------------------|----------------------------|--------------------------------|
| | Yes | No | |
| a. Fruit and juice (combined) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| b. Fruit..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| c. Juice..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| d. Cereal..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| e. Other grains/breads..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| f. Meats/meat alternates..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| g. Meats/meat alternates and grains (combination entrees)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| h. Other (<i>Specify</i>) _____ | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |

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

MARK ALL THAT APPLY

- 1 Coded tickets or tokens
- 2 Cashier lists
- 3 Personal ID numbers (PINs)
- 4 Bar code/magnetic strip
- 5 Coded identification cards
- 6 Verbal identification
- 7 All students receive free lunches
- 8 Other (*Specify*)

MEAL PERIODS

22. What time do you serve breakfast?

- o Don't participate in School Breakfast Program → **Go to Q.23**

| From | To |
|-----------|-----------|
| _ _ : _ _ | _ _ : _ _ |

22a. How many minutes, on average, would you estimate a student spends in line to get breakfast?

| | | |
|--|--|---------|
| | | MINUTES |
|--|--|---------|

22b. Does your school offer breakfast in places other than the cafeteria, for example, in the classroom, on the bus, or grab and go breakfasts?

MARK ALL THAT APPLY

- 1 Yes, classrooms
- 2 Yes, school bus
- 3 Yes, grab and go
- 4 Yes, other
- 0 No, cafeteria only

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

| Period | From | To |
|--------|-----------|-----------|
| 1 | _ _ : _ _ | _ _ : _ _ |
| 2 | _ _ : _ _ | _ _ : _ _ |
| 3 | _ _ : _ _ | _ _ : _ _ |
| 4 | _ _ : _ _ | _ _ : _ _ |
| 5 | _ _ : _ _ | _ _ : _ _ |
| 6 | _ _ : _ _ | _ _ : _ _ |
| 7 | _ _ : _ _ | _ _ : _ _ |
| 8 | _ _ : _ _ | _ _ : _ _ |
| 9 | _ _ : _ _ | _ _ : _ _ |
| 10 | _ _ : _ _ | _ _ : _ _ |

24. 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 |
|--|--|---------|

25. Does your school have enough serving lines or stations to serve lunch to all students in the first half of each lunch period?

- 1 Yes
- 0 No

AFTERSCHOOL SNACKS

NUTRITION PROMOTION/EDUCATION

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

- 1 Yes
- 0 No → **Go to Q.29**

27. How often are snacks picked up by or delivered to afterschool program staff?

MARK ONLY ONE

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Other (*Specify*)

28. How do you determine the number of reimbursable snacks served each day?

MARK ONLY ONE

- 1 Based on leftovers returned (compared to number of snacks provided the day before) → **Go to Q.29**
- 2 Based on number of students enrolled in afterschool program → **Go to Q.29**
- 3 Based on number of snacks requested by afterschool program → **Go to Q.28a**
- 4 Based on attendance sheets maintained by afterschool program and provided to food service department → **Go to Q.28b**
- 5 Based on other records maintained by afterschool program staff (*Specify*) → **Go to Q.29**

- 6 Other (*Specify*) → **Go to Q.29**
- _____

28a. The number of reimbursable snacks are based on snacks requested on a . . .

MARK ONLY ONE

- 1 Daily basis
- 2 Weekly basis
- 3 Monthly basis
- 4 Some other basis (*Specify*)

GO TO Q.29

28b. The number of reimbursable snacks are based on attendance sheets provided on a . . .

MARK ONLY ONE

- 1 Daily basis

Insert Section head: Nutrition Promotion/Education

29. Does your school participate in the Fresh Fruit and Vegetable Program (FFVP)—a program that provides funds to purchase fresh fruits and vegetables and distribute them free to students outside of reimbursable meals?

1 Yes

0 No

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

1 Yes

0 No → **Go to Q.31**

30a. Which initiatives is your school involved in?

MARK ALL THAT APPLY

1 Team Nutrition

2 Healthy Schools Program (Alliance for a Healthier Generation)

3 Steps to a Healthier US (Centers for Disease Control and Prevention program)

4 Healthy Kids Challenge

5 PE4Life

6 CATCH (Coordinated Approach to Child Health)

7 Game On! The Ultimate Wellness Challenge (Action for Healthy Kids)

8 ReCharge! Energizing Afterschool (Action for Healthy Kids)

8 Healthy Eating by Design (Robert Wood Johnson Foundation)

10 Active Living by Design (Robert Wood Johnson Foundation)

11 Healthy Kids Healthy Communities (Robert Wood Johnson Foundation)

12 HealthierUS School Challenge

13 Other (*Specify*) _____

14 Other (*Specify*) _____

15 Other (*Specify*) _____

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

- 1 Yes
- 0 No → **Go to Q.32**

31a. How do you make nutrition information available to students or parents?

MARK ALL THAT APPLY

- 1 Send menus/flyers home
 - 2 Post information in school (for example, on bulletin boards or on cafeteria lines)
 - 3 Post information online
 - 4 Post information on TV
 - 5 Post information in newspapers
 - 6 Other (*Specify*)
-

32. In the past 12 months, have you or anyone on your staff engaged in the following activities?

| | Yes | No |
|---|----------------------------|----------------------------|
| a. Attended a PTA or other parent group meeting to discuss the school food service program..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Provided families with information about the school food service program..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Invited family members to consume a school meal..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Participated in a nutrition education activity in the classroom..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Conducted a nutrition education activity in the food service area..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Participated in a school meeting about local wellness policy..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Participated in a district meeting about local wellness policy..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

33. How long have you been a school food service manager?

| | | | | | | |
|--|--|--------|--|--|--|--------|
| | | YEARS | | | | MONTHS |
| | | AND/OR | | | | |

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

MARK ONLY ONE

- 1 Less than high school
- 2 High school
- 3 Some college, no degree
- 4 Associates degree
- 5 Bachelor's degree
- 6 Graduate degree

35. Which of the following credentials do you hold?

MARK ALL THAT APPLY

- 1 Associates degree in consumer science, hotel/restaurant management, baking/ culinary arts, etc.
 - 2 Bachelor's degree in consumer science, hotel/restaurant management, culinary arts, etc.
 - 3 Licensed nutritionist
 - 4 Master's level nutritionist
 - 5 On-the-job training
 - 6 Registered Dietitian
 - 7 School Nutrition Specialist (SNA certified)
 - 8 State food service certificate
 - 0 None of the above
 - 9 Other (*Specify*)
-

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

Please keep a copy of the completed form for your records. Please return the completed form with the completed Menu Survey forms in the pre-addressed Federal Express Pak provided. If you no longer have the envelope, please mail this completed form to:

Mathematica Policy Research, Inc.
 Attn: Receipt Control – SNDA IV Project 6546
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