

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

SFA: \_\_\_\_\_

City and State: \_\_\_\_\_

OMB Clearance Number: 0584-0527

Expiration Date: xx/xx/xxxx

# School Nutrition Dietary Assessment Study

## *School Food Authority Director Survey*

School 1: \_\_\_\_\_

School 2: \_\_\_\_\_

School 3: \_\_\_\_\_

School 4: \_\_\_\_\_

### Sponsored by:

U.S. Department of Agriculture  
Food and Nutrition Service

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

## ***INSTRUCTIONS***

- Please answer all of the questions.
- 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](mailto: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 not 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

**SECTION I: SCHOOL CHARACTERISTICS AND OPERATIONS**

<b>NAMES OF SCHOOLS</b>	<b>SCHOOL 1</b>	<b>SCHOOL 2</b>	<b>SCHOOL 3</b>	<b>SCHOOL 4</b>
	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
1. How many students in SCHOOL are approved for free meals in the 2009 – 2010 school year?	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _
2. How many students in SCHOOL are approved for reduced-price meals in the 2009 – 2010 school year?	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _	<input type="checkbox"/> ALL STUDENTS   _ _ _

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
3. What grade or age groups were used when planning NSLP/lunch menus for the 2009 – 2010 school year?	<b>MARK ALL THAT APPLY</b> Established Groups 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> Grades K-3 3 <input type="checkbox"/> Grades K-6 4 <input type="checkbox"/> Grades 4-12 5 <input type="checkbox"/> Grades 7-12 6 <input type="checkbox"/> Ages 3-6 7 <input type="checkbox"/> Ages 7-10 8 <input type="checkbox"/> Ages 11-13 9 <input type="checkbox"/> Ages 14 and older  Customized Age Groups 10 <input type="checkbox"/> Ages 3-5 11 <input type="checkbox"/> Ages 6-11 12 <input type="checkbox"/> Ages 12-14 13 <input type="checkbox"/> Ages 15-17 14 <input type="checkbox"/> Ages 5-10 15 <input type="checkbox"/> Ages 14-17 16 <input type="checkbox"/> Ages _____ 17 <input type="checkbox"/> Ages _____ 18 <input type="checkbox"/> Ages _____	<b>MARK ALL THAT APPLY</b> Established Groups 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> Grades K-3 3 <input type="checkbox"/> Grades K-6 4 <input type="checkbox"/> Grades 4-12 5 <input type="checkbox"/> Grades 7-12 6 <input type="checkbox"/> Ages 3-6 7 <input type="checkbox"/> Ages 7-10 8 <input type="checkbox"/> Ages 11-13 9 <input type="checkbox"/> Ages 14 and older  Customized Age Groups 10 <input type="checkbox"/> Ages 3-5 11 <input type="checkbox"/> Ages 6-11 12 <input type="checkbox"/> Ages 12-14 13 <input type="checkbox"/> Ages 15-17 14 <input type="checkbox"/> Ages 5-10 15 <input type="checkbox"/> Ages 14-17 16 <input type="checkbox"/> Ages _____ 17 <input type="checkbox"/> Ages _____ 18 <input type="checkbox"/> Ages _____	<b>MARK ALL THAT APPLY</b> Established Groups 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> Grades K-3 3 <input type="checkbox"/> Grades K-6 4 <input type="checkbox"/> Grades 4-12 5 <input type="checkbox"/> Grades 7-12 6 <input type="checkbox"/> Ages 3-6 7 <input type="checkbox"/> Ages 7-10 8 <input type="checkbox"/> Ages 11-13 9 <input type="checkbox"/> Ages 14 and older  Customized Age Groups 10 <input type="checkbox"/> Ages 3-5 11 <input type="checkbox"/> Ages 6-11 12 <input type="checkbox"/> Ages 12-14 13 <input type="checkbox"/> Ages 15-17 14 <input type="checkbox"/> Ages 5-10 15 <input type="checkbox"/> Ages 14-17 16 <input type="checkbox"/> Ages _____ 17 <input type="checkbox"/> Ages _____ 18 <input type="checkbox"/> Ages _____	<b>MARK ALL THAT APPLY</b> Established Groups 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> Grades K-3 3 <input type="checkbox"/> Grades K-6 4 <input type="checkbox"/> Grades 4-12 5 <input type="checkbox"/> Grades 7-12 6 <input type="checkbox"/> Ages 3-6 7 <input type="checkbox"/> Ages 7-10 8 <input type="checkbox"/> Ages 11-13 9 <input type="checkbox"/> Ages 14 and older  Customized Age Groups 10 <input type="checkbox"/> Ages 3-5 11 <input type="checkbox"/> Ages 6-11 12 <input type="checkbox"/> Ages 12-14 13 <input type="checkbox"/> Ages 15-17 14 <input type="checkbox"/> Ages 5-10 15 <input type="checkbox"/> Ages 14-17 16 <input type="checkbox"/> Ages _____ 17 <input type="checkbox"/> Ages _____ 18 <input type="checkbox"/> Ages _____
	4. Does SCHOOL use the USDA-approved modification for portion sizes and nutrient levels available for Traditional Food-Based Menu Planning?	1 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades K-6 2 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades 7-12 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (Traditional Food-Based system not used)	1 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades K-6 2 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades 7-12 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (Traditional Food-Based system not used)	1 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades K-6 2 <input type="checkbox"/> Yes, Grades 4-12 meal pattern and nutrient standards for Grades 7-12 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (Traditional Food-Based system not used)

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
5. What grade or age groups were used when planning SBP/ breakfast menus for school year 2009 - 2010?	<p><b>MARK ALL THAT APPLY</b></p> <p>Established Groups</p> <p>1 <input type="checkbox"/> Preschool</p> <p>2 <input type="checkbox"/> Grades K-12</p> <p>3 <input type="checkbox"/> Grades 7-12</p> <p>4 <input type="checkbox"/> Age 3</p> <p>5 <input type="checkbox"/> Ages 3-5</p> <p>6 <input type="checkbox"/> Ages 3-6</p> <p>7 <input type="checkbox"/> Ages 7-10</p> <p>8 <input type="checkbox"/> Ages 11-13</p> <p>9 <input type="checkbox"/> Ages 14 and older</p> <p>Customized Age Groups</p> <p>10 <input type="checkbox"/> Ages 3-5</p> <p>11 <input type="checkbox"/> Ages 6-11</p> <p>12 <input type="checkbox"/> Ages 12-14</p> <p>13 <input type="checkbox"/> Ages 15-17</p> <p>14 <input type="checkbox"/> Ages 5-10</p> <p>15 <input type="checkbox"/> Ages 14-17</p> <p>Other (Specify)</p> <p>16 <input type="checkbox"/> Ages _____</p> <p>17 <input type="checkbox"/> Ages _____</p> <p>18 <input type="checkbox"/> Ages _____</p> <p>n.a. <input type="checkbox"/> NA (do not participate in SBP)</p>	<p><b>MARK ALL THAT APPLY</b></p> <p>Established Groups</p> <p>1 <input type="checkbox"/> Preschool</p> <p>2 <input type="checkbox"/> Grades K-12</p> <p>3 <input type="checkbox"/> Grades 7-12</p> <p>4 <input type="checkbox"/> Age 3</p> <p>5 <input type="checkbox"/> Ages 3-5</p> <p>6 <input type="checkbox"/> Ages 3-6</p> <p>7 <input type="checkbox"/> Ages 7-10</p> <p>8 <input type="checkbox"/> Ages 11-13</p> <p>9 <input type="checkbox"/> Ages 14 and older</p> <p>Customized Age Groups</p> <p>10 <input type="checkbox"/> Ages 3-5</p> <p>11 <input type="checkbox"/> Ages 6-11</p> <p>12 <input type="checkbox"/> Ages 12-14</p> <p>13 <input type="checkbox"/> Ages 15-17</p> <p>14 <input type="checkbox"/> Ages 5-10</p> <p>15 <input type="checkbox"/> Ages 14-17</p> <p>Other (Specify)</p> <p>16 <input type="checkbox"/> Ages _____</p> <p>17 <input type="checkbox"/> Ages _____</p> <p>18 <input type="checkbox"/> Ages _____</p> <p>n.a. <input type="checkbox"/> NA (do not participate in SBP)</p>	<p><b>MARK ALL THAT APPLY</b></p> <p>Established Groups</p> <p>1 <input type="checkbox"/> Preschool</p> <p>2 <input type="checkbox"/> Grades K-12</p> <p>3 <input type="checkbox"/> Grades 7-12</p> <p>4 <input type="checkbox"/> Age 3</p> <p>5 <input type="checkbox"/> Ages 3-5</p> <p>6 <input type="checkbox"/> Ages 3-6</p> <p>7 <input type="checkbox"/> Ages 7-10</p> <p>8 <input type="checkbox"/> Ages 11-13</p> <p>9 <input type="checkbox"/> Ages 14 and older</p> <p>Customized Age Groups</p> <p>10 <input type="checkbox"/> Ages 3-5</p> <p>11 <input type="checkbox"/> Ages 6-11</p> <p>12 <input type="checkbox"/> Ages 12-14</p> <p>13 <input type="checkbox"/> Ages 15-17</p> <p>14 <input type="checkbox"/> Ages 5-10</p> <p>15 <input type="checkbox"/> Ages 14-17</p> <p>Other (Specify)</p> <p>16 <input type="checkbox"/> Ages _____</p> <p>17 <input type="checkbox"/> Ages _____</p> <p>18 <input type="checkbox"/> Ages _____</p> <p>n.a. <input type="checkbox"/> NA (do not participate in SBP)</p>	<p><b>MARK ALL THAT APPLY</b></p> <p>Established Groups</p> <p>1 <input type="checkbox"/> Preschool</p> <p>2 <input type="checkbox"/> Grades K-12</p> <p>3 <input type="checkbox"/> Grades 7-12</p> <p>4 <input type="checkbox"/> Age 3</p> <p>5 <input type="checkbox"/> Ages 3-5</p> <p>6 <input type="checkbox"/> Ages 3-6</p> <p>7 <input type="checkbox"/> Ages 7-10</p> <p>8 <input type="checkbox"/> Ages 11-13</p> <p>9 <input type="checkbox"/> Ages 14 and older</p> <p>Customized Age Groups</p> <p>10 <input type="checkbox"/> Ages 3-5</p> <p>11 <input type="checkbox"/> Ages 6-11</p> <p>12 <input type="checkbox"/> Ages 12-14</p> <p>13 <input type="checkbox"/> Ages 15-17</p> <p>14 <input type="checkbox"/> Ages 5-10</p> <p>15 <input type="checkbox"/> Ages 14-17</p> <p>Other (Specify)</p> <p>16 <input type="checkbox"/> Ages _____</p> <p>17 <input type="checkbox"/> Ages _____</p> <p>18 <input type="checkbox"/> Ages _____</p> <p>n.a. <input type="checkbox"/> NA (do not participate in SBP)</p>

6. For each type of school, indicate whether any of the following practices are used in setting prices for components of reimbursable meals that are also sold a la carte:

MARK ALL THAT APPLY

	ELEMENTAR Y SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL	OTHER TYPE OF SCHOOL – SPECIFY GRADES: __ to __
a. More healthful foods and beverages are discounted (for example, fruit priced lower than baked goods)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Foods and beverages sold as second servings are priced lower for students who select a reimbursable meal (for example, entrées, French fries).....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Less healthful foods and beverages are offered at “premium” prices (for example, French fries, desserts).....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
d. None of the above.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
e. No reimbursable components sold a la carte other than milk.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Thinking about all a la carte offerings, not just items that are also components of reimbursable meals, indicate whether any of the following practices are used in setting prices:

MARK ALL THAT APPLY

	ELEMENTAR Y SCHOOL	MIDDLE SCHOO L	HIGH SCHOO L	OTHER TYPE OF SCHOOL – SPECIFY GRADES: __ to __
a. A la carte entrées are always priced the same or higher than a full reimbursable meal (to encourage selection of nutritious reimbursable meal).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. A la carte entrées are sometimes priced lower than a full reimbursable meal.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Combinations of a la carte items that qualify as a reimbursable meal are always priced higher than a reimbursable meal.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Combinations of a la carte items that qualify as a reimbursable meal are sometimes priced higher than a reimbursable meal.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
e. None of the above.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
f. No a la carte items sold other than milk.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

## MENU PLANNING AND COMPUTER SYSTEMS

8. Does your district use a computerized system for . . .

**MARK ALL THAT APPLY**

- 1  Nutrient analysis of menus?
- 2  Point of sale (POS) payment/meal counts?
- 3  Processing applications for free/reduced price (F/RP) meals?
- 4  Food inventory?
- 0  ~~None~~ of the above      **Go to Q.9**

8a. Which software system do you use?

**MARK ONE RESPONSE FOR EACH FUNCTION**

	Nutrient Analysis		POS		F/RP Applications		Food Inventory	
	MARK ONLY ONE		MARK ONLY ONE		MARK ONLY ONE		MARK ONLY ONE	
	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
a. Bon Appetit.....	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
b. Café Terminal.....	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
c. CookenPro Commercial .....	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
d. EatecNetX.....	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
e. LunchBox.....	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>
f. Meal Tracker.....	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>
g. Meals Plus Menus.....	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>
h. NUTRIKIDS.....	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>
i. PCS Revenue Control Systems.....	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>
j. TrakNOW.....	1	0 <input type="checkbox"/>	1	0 <input type="checkbox"/>	1	0 <input type="checkbox"/>	1	0 <input type="checkbox"/>
k. NutriMenu 2000.....	1	1 <input type="checkbox"/>	1	1 <input type="checkbox"/>	1	1 <input type="checkbox"/>	1	1 <input type="checkbox"/>
l. Visual B.O.S.S.....	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>
m. WinFSIM.....	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>
n. Custom-developed system.....	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>
o. Other ( <i>Specify</i> ).....	15	<input type="checkbox"/>	15	<input type="checkbox"/>	15	<input type="checkbox"/>	15	<input type="checkbox"/>
p. No software for this function.....	16	<input type="checkbox"/>	16	<input type="checkbox"/>	16	<input type="checkbox"/>	16	<input type="checkbox"/>

8b. When you do a nutrient analysis of your menus, is it weighted, simple averages (unweighted), or both? Weighted analysis takes into account how often the item is served.

- 1  Weighted
- 2  Simple averages (unweighted)
- 3  Both
- 4  Don't do nutrient analysis → **Go to Q.9**

8c. Do you complete separate analyses for breakfast and lunch or do you do a combined analysis?

**MARK ONLY ONE**

- 1  Breakfast and lunch separately
- 2  Breakfast and lunch combined
- 3  Only analyze breakfast
- 4  Only analyze lunch

9. What qualifications does your district's menu planner have?

**MARK ALL THAT APPLY**

- 1  Associates degree in consumer science, hotel/restaurant management, 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
- 9   Other (*Specify*)  
\_\_\_\_\_
- 0  None of the above

10. Are all menus planned at the district level?

- 1  Yes → **Go to Q.11**
- 0  No

10a. Which types of schools plan their own menus?

**MARK ALL THAT APPLY**

- 1  Elementary schools
- 2  Middle schools
- 3  High schools
- 4  Other (*Specify*)  
\_\_\_\_\_



11. Since school year 2004-2005, have you modified recipes to adjust calorie or nutrient content?

- 1  Yes
- 0  No → **Go to Q.12**

11a. Which types of recipes did you target in these modifications?

**MARK ALL THAT APPLY**

- 1  Sandwiches
  - 2  Prepared entrée items
  - 3  Desserts
  - 4  Sauces and gravies
  - 5  Prepared salads
  - 6  Vegetable side dishes
  - 7  Other (*Specify*)
- 

11b. Which of the following did you target in these modifications?

**MARK ONE PER ROW**

	Yes	No
a. Calories.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Protein.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Vitamin A.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Vitamin C.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Calcium.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Iron.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Saturated fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Cholesterol.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Sodium.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Sugar.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Trans fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Fiber .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Whole grains .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Portion or serving size.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
p. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>
q. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>
r. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

12. Since school year 2004-2005, have you used any of the following USDA resources or guidance materials in planning menus, developing or modifying recipes, or developing purchasing specifications?

**MARK ALL THAT APPLY**

- 1  Changing the Scene: Improving the School Nutrition Environment
- 2  Choice Plus: A Reference Guide for Foods and Ingredients
- 3  Fact Sheets for Healthier School Meals (for example, *Serve More Whole Grains* or *Trim Trans Fat*)
- 4  First Choice (second edition)
- 6  Food Buying Guide for Child Nutrition Programs
- 7  Fruits and Vegetables Galore
- 8  Healthier US School Challenge Whole Grains Resource
- 9  Making it Happen! School Nutrition Success Stories
- 10  Menu Planner for Healthy School Meals
- 11  Menu Planning Tools – South Dakota Team Nutrition
- 12  New School Lunch and Breakfast Recipes/ Meals Tool Kit for Healthy School
- 13  Nutrient Analysis Protocols: How to Analyze Menus for USDA's School Meals Programs
- 14  Offer versus Serve
- 15  Recipes for Schools (USDA)
- 16  Road to SMI Success: A Guide for School Food Service Directors
- 17  SMI Frequently Asked Questions
- 18  Team Nutrition Guide to Purchasing Food Service Equipment
- 19  Other (*Specify*)  

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- 0  None of the above

**FOOD PURCHASING**

13. Do any of the schools in your district 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?

- 1  Yes
- 0  No → **Go to Q.14**

13a. Are these foods offered in reimbursable meals?

- 1  Yes
- 0  No

13b. Which types of schools offer these items?

**MARK ALL THAT APPLY**

- 1  Elementary Schools
- 2  Middle Schools
- 3  High Schools
- 4  Other (*Specify grades*)

\_\_\_ to \_\_\_

13c. Vendor Name	13d. Items Offered
1.	a.
	b.
	c.
2.	a.
	b.
	c.
3.	a.
	b.
	c.
4.	a.
	b.
	c.

14. 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.

**MARK ONE ANSWER**

- 1  Yes, district-wide
- 2  Yes, some schools
- 0  No → **Go to Q.15**

14a. Does the beverage contract limit the types or brands of beverages that can be sold in school food service areas?

- 1  Yes
- 0  No

14b. Where does the income from the contract go?

**MARK ALL THAT APPLY**

- 1  School food service account
- 2  Individual school funds
- 3  Athletic department
- 4  District fund
- 5  Other (*Specify*)

---

d  Don't know

15. Other than the USDA restriction on selling soft drinks during meals, has your school district, or any school in your district, imposed a ban or restriction on the **types** of soda, soft drinks, or sweetened fruit beverages (less than 100% juice) that may be sold to students in schools or on school grounds (including vending machines) since school year 2006-2007?

**MARK ONE ANSWER**

- 1  Yes, a district ban/restriction
- 2  Yes, school-level bans/restrictions
- 3  Had a ban/restriction before the 2006-2007 school year
- 0  No district or school bans/restrictions
- na  Never offered soda, soft drinks or sweetened fruit beverages → **Go to Q.15b**

15a. Other than USDA restrictions, has your school district, or any school in your district, set restrictions on the **time** of day when students may purchase soda, soft drinks, or sweetened fruit beverages (less than 100% juice) in schools or on school grounds (including vending machines) since school year 2006-2007?

**MARK ONE ANSWER**

- 1  Yes, a district-wide limit on time of day
- 2  Yes, school-level limits on time of day
- 3  Had a ban/restriction before the 2006-2007 school year
- 0  No district or school limits on time of day

15b. Other than USDA restrictions, has your school district, or any school in your district, restricted the **types** of food or snack items sold to students in schools or on school grounds (including school stores and vending machines) since school year 2006-2007?

**MARK ONE ANSWER**

- 1  Yes, a district-wide restriction
- 2  Yes, school-level restrictions
- 3  Had a ban/restriction before the 2006-2007 school year
- 0  No district or school restrictions
- na  Never offered snacks or other foods outside of the school meal programs

16. Does your district purchase foods through the U.S. Department of Defense "DoD Fresh" program?

- 1  Yes
- 0  No

17. Does your district purchase foods through the "State Farm to School" program?

- 1  Yes
- 0  No

18. Does your district use food purchasing specifications that include specific per-serving requirements for any of the following?

MARK ONE PER ROW

	Yes	No
a. Calories.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Total fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Saturated fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Trans fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Sodium.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Total or added sugar.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Fiber.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Whole grains.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

19. Does your district require child nutrition (CN) or other nutrient labels on some or all purchased foods?

1  Yes

0  No

## FOOD SAFETY AND SANITATION

20. Do all the schools in your district have a Food Safety Plan based on Hazard Analysis and Critical Control Point (HACCP) principles?

- 1  Yes  
0  No → **Go to Q.22**

21. Which of the following components does the Food Safety Plan contain?

**MARK ALL THAT APPLY**

- 1  Written standard operating procedures  
2  Documentation of hazards or HACCP category for menu items served  
3  Monitoring of food safety procedures  
4  Procedures for assessing mercury levels in cooked foods  
5  Procedures for correcting problems  
6  Recordkeeping  
7  Periodic review and revision of the Food Safety Plan  
8  Other (*Specify*)

- 
- 0  None of the above

22. Do you require food service personnel to have food safety certification?

- 1  Yes  
0  No → **Go to Q.23**

22a. Which personnel do you require to have food safety certification?

**MARK ALL THAT APPLY**

- 1  Managers  
2  Assistant Managers  
3  Cooks  
4  Other (*Specify*)

23. Do you have policies and procedures to accommodate students with food allergies?

- 1  Yes  
0  No → **Go to Q.24**

23a. What types of food service 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 food service staff
  - 5  Other (*Specify*)
- 

24. Considering all of your experience with food safety and sanitation in your school district, which of the following are the most persistent problems or challenges?

**MARK ALL THAT APPLY**

- 1  Food storage problems, including no date marking on foods (i.e. refrigerated or ready-to-eat foods)
  - 2  Improper storage or holding times and/or temperatures for foods (hot, cold or both)
  - 3  Pests
  - 4  Cleanliness of food preparation equipment and areas, especially lack of proper cleaning and sanitizing of food contact surfaces
  - 5  Food handling problems, including lack of separation between raw and ready-to-eat foods (during preparation, storage or both)
  - 6  Inconsistent, improper, or lack of use of gloves and/or hair restraints; bare hand contact with ready-to-eat foods
  - 7  Poor personal cleanliness, including inadequate hand washing
  - 8  Other (*Specify*)
-



NUTRITION PROMOTION/WELLNESS

25. Does your school district have a local wellness policy?

- 1  Yes
- 0  No → **Go to Q. 31**

26. Do you or anyone on your staff participate on a wellness committee at the district level?

- 1  Yes
- 0  No

27. Does your district have a designated wellness coordinator?

- 1  Yes
- 0  No → **Go to Q.28**

27a. Does this person have another job in the district?

- 1  Yes → **Go to Q.27c**
- 0  No

27b. Is the wellness coordinator a paid or volunteer position?

- 1  Paid → **Go to Q.27d**
- 2  Volunteer → **Go to Q.27d**

27c. What is this person's title?

TITLE: \_\_\_\_\_

27d. How many hours per week does this person spend on wellness-related activities?

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HOURS PER WEEK

28. Following is a list of potential 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 requirements have been implemented.

MARK ONE RESPONSE FOR EACH

	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="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Physical education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Daily physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Use of food or food coupons as student rewards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Access to competitive foods during school hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Minimum amount of time for students to eat lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Staff wellness program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Parent involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Community involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Plan for measuring implementation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Plan for measuring impact	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

29. 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?

MARK ONE ONLY

- 1  Have standards that exceed federal requirements and they are fully implemented
- 2  Have standards that exceed federal requirements and they are partially implemented
- 3  Will have standards that exceed federal requirements, but they are still being planned
- 4  Do not have standards that exceed federal requirements

29a. Does your district wellness policy include nutrition standards for foods and beverages offered in afterschool snacks that exceed current federal requirements? If so, to what extent have the standards been implemented?

MARK ONE ONLY

- 1  Have standards that exceed federal requirements and they are fully implemented
- 2  Have standards that exceed federal requirements and they are partially implemented
- 3  Will have standards that exceed federal requirements, but they are still being planned
- 4  Do not have standards that exceed federal requirements
- 0  Do not offer reimbursable afterschool snacks

29b. Does your district wellness policy include nutrition standards for foods and beverages offered in other school settings? If so, to what extent have the standards been implemented?

SCHOOL SETTING	MARK ONE RESPONSE FOR EACH				
	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. A la carte offerings in cafeteria or other food service area.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Foods and beverages served at classroom or school celebrations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Foods and beverages served at staff or parent meetings.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Foods and beverages served as part of fundraising activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Foods and beverages sold in vending machines, school stores, or other non-food service venues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

**IF Q29=4 AND Q29a=4 or 0 AND Q29b=4 or 0 for all items, GO TO Q31**

30. Are any of the nutrition standards included in your district wellness policy based on the standards developed by other groups, such as the Institute of Medicine or the Alliance for a Healthier Generation?

- 1  Yes
- 0  No → **Go to Q.31**
- d  Don't know → **Go to Q.31**

30a. Which standards did you use or adapt?

- 1  Institute of Medicine
- 2  Alliance for a Healthier Generation
- 3  National Alliance for Nutrition and Physical Activity
- 4  HealthierUS School Challenge
- 5  State-developed standards
- 6  Other (*Specify*)

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## FOOD SERVICE MANAGEMENT COMPANIES

31. Does your school district currently use a food service management company to perform any food service functions?

- 1  Yes
- 0  No → **Go to Q.33**

32. Is menu planning performed by the school district, by the food service management company, or shared by both?

- 1  School district
- 2  Food service management company
- 3  Shared by both

**PRICING**

33. Has your school district changed prices for a la carte foods since school year 2004-2005?

**MARK ALL THAT APPLY**

- 1  Yes, at elementary schools → **Ask Q.34**
- 2  Yes, at middle schools → **Ask Q.35**
- 3  Yes, at high schools → **Ask Q.36**
- 4  Yes, at another type of school (*Specify grades*) → **Ask Q.37**  
     \_\_\_ to \_\_\_
- o  No change → **Go to Q.38**
- d  Don't know → **Go to Q.38**

34. How did the prices for a la carte foods change in elementary schools?

**MARK ONE ANSWER FOR EACH FOOD TYPE**

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW
a. Milk.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Other items also on reimbursable menu.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Other (a la carte-only) items.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

35. How did the prices for a la carte foods change in middle schools?

**MARK ONE ANSWER FOR EACH FOOD TYPE**

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW
a. Milk.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Other items also on reimbursable menu.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Other (a la carte-only) items.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

36. How did the prices for a la carte foods change in high schools?

**MARK ONE ANSWER FOR EACH FOOD TYPE**

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW
a. Milk.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Other items also on reimbursable menu.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Other (a la carte-only) items.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

37. How did the prices for a la carte foods change at the OTHER SPECIFY FROM Q33 school level?

MARK ONE ANSWER FOR EACH FOOD TYPE

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW
a. Milk.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Other items also on reimbursable menu.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Other (a la carte-only) items.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

38. Has your school district changed prices for reduced-price or full-price lunches or breakfasts since school year 2004-2005?

MARK ALL THAT APPLY

- 1  Yes, at elementary schools → Ask Q.39
- 2  Yes, at middle schools → Ask Q.40
- 3  Yes, at high schools → Ask Q.41
- 4  Yes, at another type of school (Specify grades) → Ask Q.42  
 \_\_\_ to \_\_\_
- o  No change → Go to Q.43
- d  Don't know → Go to Q.43

39. Please indicate how meal prices changed in elementary schools:

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW	NO BREAKFAST
a. Reduced-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
b. Full-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
c. Reduced-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>
d. Full-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>

40. Please indicate how meal prices changed in middle schools:

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW	NO BREAKFAST
a. Reduced-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
b. Full-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
c. Reduced-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>
d. Full-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>

41. Please indicate how meal prices changed in high schools?

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW	NO BREAKFAST
a. Reduced-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
b. Full-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
c. Reduced-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>
d. Full-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>

42. Please indicate how meal prices changed at the OTHER SPECIFY FROM Q38 school level.

	INCREASED	DECREASED	NOT CHANGED	DON'T KNOW	NO BREAKFAST
a. Reduced-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
b. Full-price lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
c. Reduced-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>
d. Full-price breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	o <input type="checkbox"/>

**SECTION II: SFA DIRECTOR BACKGROUND AND EXPERIENCE**

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

YEARS AND/OR  MONTHS

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

**MARK ALL THAT APPLY**

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

44a. 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
- 9  Other (*Specify*)  
\_\_\_\_\_
- 0  None of the above

44b. How many hours do you spend each week as Director of the School Food Authority?

HOURS/WEEK



44c. What are your other district- or school-level responsibilities?

**MARK ALL THAT APPLY**

- 1  Full-time school food service director
- 2  Part-time school food service director
- 3  Business manager (district)
- 4  Transportation coordinator (district)
- 5  Other (*Specify*)

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- 6  Other (*Specify*)

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- 0  No other responsibilities

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

**MPR DOCUMENTATION PURPOSES ONLY:**

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