

APPENDIX M

COMMENTS RECEIVED DURING 60-DAY NOTICE PERIOD AND FNS RESPONSES

School Nutrition Dietary Assessment Study IV

(OMB No.: 0584-0527)

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

SFA: _____

City and State: _____

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

OMB Clearance Number: 0584-0527

Expiration Date: xx/xx/xxxx

School Nutrition Dietary Assessment Study

School Food Authority Recruitment Interview

RECRUITER NAME: _____

CONTACT RECORD

Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|_|

Time: |_|_|_| : |_|_|_|

STATUS: _____

DATE COMPLETED: |_|_|_| / |_|_|_| / |2|0|_|_|_|

RECRUITMENT INTERVIEW

SFA: _____

SCHOOL 1: _____

SFA DIRECTOR: _____

SCHOOL 2: _____

PHONE: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|

SCHOOL 3: _____

EMAIL: _____

SCHOOL 4: _____

INTRODUCTORY REMARKS

Confirm receipt of introductory letter and brochure.

If material hasn't been received, check mailing address and make arrangements for re-mailing.

Check on whether respondent was contacted by State Child Nutrition Director.

Answer questions respondent may have about the study or about how/why the SFA and the specific schools within the SFA were sampled for the study.

Provide assurance about confidentiality:

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.

Read burden statement:

Public reporting burden for this collection of information is estimated to average 18 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 Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

0. The first question I have is whether your district has any schools that began operating during the 2007 - 2008 school year or later? Please include any new schools for 2009 – 2010 (even if they're not officially opened yet).

IF YES: Can you give me the name(s) and zip code(s) of the new school(s)? (If necessary, you can fax me a list at 609-799-0005.)

Does (SCHOOL) participate in the NSLP? **IF YES:** What grades are included in the school?

0. a. NEW SCHOOLS	b. ZIP CODE	c. PARTICIPATE IN NSLP?	d. GRADES
_____ _____ _____	_ _ _ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ _ to _ _ _
_____ _____ _____	_ _ _ _ _ _ _	YES → → NO SKIP TO NEXT SCHOOL	_ _ _ to _ _ _
_____ _____ _____	_ _ _ _ _ _ _	YES → → NO SKIP TO NEXT PAGE	_ _ _ to _ _ _

Because you have [number] new school(s) in your SFA, there is a slight chance we may need to change the schools that have been selected to participate in the study. I will check into this after we complete this call and get back to you shortly.

We have made a preliminary selection of schools for the study. The first school we plan to contact in your district is (INSERT SCHOOL 1).

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
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____
1. Can you tell me the name of the principal at SCHOOL and give me his/her contact information?	NAME PHONE # EMAIL	NAME PHONE # EMAIL	NAME PHONE # EMAIL	NAME PHONE # EMAIL
2. What grades are included in SCHOOL? CHECK ALL THAT APPLY	P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12
3. Does SCHOOL participate in the National School Lunch Program (NSLP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> SKIP TO NEXT SCHOOL	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> SKIP TO NEXT SCHOOL	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> SKIP TO NEXT SCHOOL	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> GO TO PAGE 7
3a. What grades are served by the NSLP? CHECK ALL THAT APPLY	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12

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	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____
4. (CODE IF KNOWN) Does SCHOOL participate in the School Breakfast Program (SBP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> GO TO Q5	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No-> GO TO Q5	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> GO TO Q5	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No -> GO TO Q5
4a. What grades at SCHOOL are served by the SBP? CHECK ALL THAT APPLY	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12	A <input type="checkbox"/> All grades served P <input type="checkbox"/> Pre-K 6 <input type="checkbox"/> 6 K <input type="checkbox"/> K 7 <input type="checkbox"/> 7 1 <input type="checkbox"/> 1 8 <input type="checkbox"/> 8 2 <input type="checkbox"/> 2 9 <input type="checkbox"/> 9 3 <input type="checkbox"/> 3 10 <input type="checkbox"/> 10 4 <input type="checkbox"/> 4 11 <input type="checkbox"/> 11 5 <input type="checkbox"/> 5 12 <input type="checkbox"/> 12
5. Does SCHOOL operate under Provision 2 for the National School Lunch Program (NSLP) or the School Breakfast Program (SBP)? NOTE: Provision 2 schools serve meals at no charge to all children as determined by application once every three years.	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above

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	NAME	NAME	NAME	NAME
	MPR ID	MPR ID	MPR ID	MPR ID
	LEVEL	LEVEL	LEVEL	LEVEL
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____
6. Does SCHOOL operate under Provision 3 for the NSLP or SBP? NOTE: Provision 3 schools serve meals at no charge to all children regardless of eligibility status.	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP-> GO TO Q8 2 <input type="checkbox"/> SBP -> GO TO Q8 0 <input type="checkbox"/> None of the above
7. Does SCHOOL offer universal-free breakfast?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)
8. Does SCHOOL operate any NSLP or SBP year-round meal programs? CHECK ALL THAT APPLY	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above
9. Does SCHOOL offer reimbursable afterschool snacks?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
NOTE: ELEMENTARY SCHOOLS ONLY 10. Does SCHOOL participate in the Fresh Fruit and Vegetable Program?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No

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
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____
11. Which of the following menu planning options is currently used for SCHOOL?	1 <input type="checkbox"/> Nutrient-Based (NSMP) 2 <input type="checkbox"/> Assisted NSMP 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (Explain) _____ _____ 0 <input type="checkbox"/> DON'T KNOW	1 <input type="checkbox"/> Nutrient-Based (NSMP) 2 <input type="checkbox"/> Assisted NSMP 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (Explain) _____ _____ 0 <input type="checkbox"/> DON'T KNOW	1 <input type="checkbox"/> Nutrient-Based (NSMP) 2 <input type="checkbox"/> Assisted NSMP 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (Explain) _____ _____ 0 <input type="checkbox"/> DON'T KNOW	1 <input type="checkbox"/> Nutrient-Based (NSMP) 2 <input type="checkbox"/> Assisted NSMP 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (Explain) _____ _____ 0 <input type="checkbox"/> DON'T KNOW
12. Are meals for SCHOOL partly or fully prepared in an off-site kitchen?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
13. What is the name of the foodservice manager or other person who will complete the menu survey for SCHOOL? What is the best way to reach him/her?	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____	NAME _____ 1 <input type="checkbox"/> PHONE # _____ 2 <input type="checkbox"/> EMAIL _____
13a. What is the best time or day to reach him/her?	DAY _____ TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	DAY _____ TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	DAY _____ TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	DAY _____ TIME 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM
13b. Is (he/she) a district employee or does (he/she) work for a Food Service Management Company?	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee	1 <input type="checkbox"/> District Employee 2 <input type="checkbox"/> Food Service Management Company Employee

TARGET WEEK

We would like to schedule a specific week for schools in your district to complete the menu survey. For logistical reasons, all of the schools should complete the survey the same week. We have the following weeks available:

OPTION 1: |_|_|/|_|_|/|_|_|_|_| 1 Yes 0 No 3 Maybe
 Month Day Year

OPTION 2: |_|_|/|_|_|/|_|_|_|_| 1 Yes 0 No 3 Maybe
 Month Day Year

OPTION 3: |_|_|/|_|_|/|_|_|_|_| 1 Yes 0 No 3 Maybe
 Month Day Year

We will be conducting a joint over-the-phone training session with the person at each school who will be completing the menu survey. Is that something you would like to coordinate centrally or should we work that out with the food service managers and others at the schools?

- SFA director will coordinate centrally ----- OK. We will be in touch closer to the date of the target week.
- MPR will schedule with schools.

Those are all the questions we have at this time. We will confirm this information with you in an email. [MAKE SURE WE HAVE THEIR E-MAIL ADDRESS]. [IF NO NEW SCHOOLS WERE REPORTED] Please let the foodservice managers in the individual schools know that they have been selected for the study and confirm with them the potential target week(s) for the menu survey. Also, please talk to the principal in each school and encourage them to participate in the study. I will send you some additional information about the study that you can pass along to the foodservice managers and principals. We may need to contact you for additional information later as we prepare to get in touch with the schools.

[IF NEW SCHOOLS WERE REPORTED] I will get back to you shortly about whether we need to make any changes in the schools that have been selected to participate in the study.

Thank you for your time. (I look forward to speaking with you again soon.) If you have any questions (before we speak again), please call me directly at: (609) 799-3535.

