

School ID #: _____
School Name: _____
LEA Name: _____
LEA ID #: _____

Community Eligibility Option Evaluation

Meal and Cashier Observation Form

Day: M T W Th F
(circle one)

Date: _____

Data Collected By: _____
(Name) *(ID)*

INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to advance letter if needed). Review informed consent paragraph from the advance letter; and give them a copy of this letter.

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

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

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

Prepared by:
Abt Associates

Meal and Cashier Observation Form Instructions for Data Collectors

This booklet is divided into two sections for lunch and for breakfast observations and contains sufficient Meal and Cashier Observation Forms for conducting 40 observations of paired student selections and cashier transactions at breakfast and 60 paired observations for lunch with extra pages should they be needed. Instructions for using the forms in each section of this booklet are identical.

Complete the Booklet Cover and Section Headings

Circle the letter on the cover of the booklet that represents the day of the week (M T W Th F) you are doing your observations. Enter the date and your name and Interviewer ID number. On At the top of each cardstock page within the booklet, complete the heading information by checking off the meal type (breakfast or lunch) as appropriate, and check off the day of the week.

Recording Reimbursable Food Selections for the Meal

Prior to the meal service, record all reimbursable food offered to students for the meal, on the back full page behind each section of the booklet in the "Food Item" column. You will need to talk with the cafeteria manager before the meal begins to be sure you have included all reimbursable choices offered to the students on that day. Each distinct food item should be listed on a separate line. Be sure to include all types of milk available and list them on separate lines. Likewise, all types of fruits offered and all types of vegetables offered should be listed on separate lines. The list should include food offered on self-serve line(s) such as a salad bar. Enter "salad bar" as an individual food item on a separate line (do not list the various components of the salad bar separately). Only foods offered as part of a reimbursable meal should be included. Refer to your training manual for more detailed information.

Meal Component Column

While talking to the cafeteria manager to determine all foods offered as part of the reimbursable meal, you will need to ask which meal component each food satisfies, and make the appropriate entry in the Meal Component column beside each food item listed. Enter "M" for Meat/Meat Alternate, "G" for Grains, "V" for vegetable, "F" for fruit, and "MLK" for Milk. Note that for some foods (such as sandwiches or mixed dishes) more than one meal component is appropriate. Be sure to include all applicable meal components.

Planning Observations

The goal is to obtain 40 observations for each breakfast (if applicable), and 60 observations for each lunch in every school. Observations should be divided evenly among all meal periods or seatings. Likewise, observations should be divided evenly among the cashiers that are responsible for transactions of reimbursable meals. Each pair of data collectors should determine the approximate number of observations per meal period and cashier prior to the first meal period. Refer to your training manual for more details about this.

Recording Meal Observations

Each of the numbered columns represents one observation of a student selection with a paired observation at the top of the column for what the cashier recorded for the meal. Be sure to position yourself such that you can see what the students have on their trays and what the cashier records for the meal (reimbursable or not). As the student passes, enter the number of servings (1 for a single serving or 2 for two servings) taken by the student in the observation column beside each reimbursable item on your list the student has on their tray. When the cashier makes the transaction with the student, record a check mark for "yes" or for "no" at the top of the column to indicate whether the cashier transaction reflected a reimbursable meal or not.

Please note: Occasionally schools may run out of one selection and have to provide a substitution. Ask the cafeteria manager in advance (as you are listing the available foods) if this is likely to happen. If so list the potential substitute item. If an unexpected food appears on the line during the course of student observations, add it to your list and continue making observations. You can ask the cafeteria manager after the meal service which meal component(s) the food satisfies.

Please refer to your training manual for more detailed information on meal observations using the Meal and Cashier Observation Form.

Meal and Cashier Observation Form

Meal: 1 Breakfast 2 Lunch

Day: 1 Mon
2 Tue 3 Wed 4 Thu 5 Fri

Record each food item offered and the meal component it satisfies. Enter "M" for meat/meat alternate, "G" for grains, "V" for vegetable, "F" for fruit, and "Mlk" for milk. For NSMP schools, enter "E" for entrée and "SD" for side dish (brkfst only)

Food Item	Meal component	1	2	3	4	5
		Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No

Meal and Cashier Observation Form

Meal: 1 Breakfast 2 Lunch

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

Record each food item offered and the meal component it satisfies. Enter "M" for meat/meat alternate, "G" for grains, "V" for vegetable, "F" for fruit, and "Mlk" for milk. For NSMP schools, enter "E" for entrée and "SD" for side dish (brkfst only)

Food Item	Meal component	6	7	8	9	10
		Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cashier recorded reimb. meal? <input type="checkbox"/> Yes <input type="checkbox"/> No

CEO C_11 Meal and Cashier Observation Form
