

| |
|---------------------------|
| LEA ID #: _____ |
| LEA Name: _____ |
| LEA Director Name: _____ |
| LEA Director phone: _____ |
| LEA Director email: _____ |

Community Eligibility Option Evaluation

Pre-Visit LEA Foodservice Director Questionnaire: Telephone Interview

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 20 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

INTRODUCTION: Hello, my name is ___ and I'm calling from Abt Associates on behalf of the Food and Nutrition Service (of the USDA) about the Community Eligibility Option Evaluation. May I please speak with (LEA CONTACT)?

Before we start I would like to thank you for agreeing to participate in the study.

Under the Community Eligibility Option, participating schools and Local Education Agencies will no longer be required to certify the eligibility of every student for free or reduced price meals. Instead, the school or LEA provides free meals to all students, and is reimbursed for a fixed percentage of the meals it serves based on the percent of directly certified students.

Today, we are interested in knowing about foodservice operations in your Local Education Agency. The interview today should last about 20 minutes, including the time to gather some information. Do you have time now or would you like to set up another time to complete this interview?

- Do interview now..... 1
- Set callback..... 2

Before we start, I need to review a few details about the survey with you.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

[IF NECESSARY, READ:] If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

As you may already know we will be visiting your LEA for one day sometime in the next week or so to conduct an in-person interview with you about foodservice administration and costs and to review certification records. This survey will provide us with the necessary information to efficiently plan activities for the on-site visit.

May I proceed with the interview?

- YES 1
 - NO..... 2
- (IF NO, ASK: Why do you not want to proceed with the interview?) (*Record verbatim*)

Thank you.

Foodservice Operations

1. Now I'd like to ask you some questions about the foodservice operations in your Local Education Agency or LEA. Thinking about the current 2012-2013 school year, does your LEA use an outside vendor to provide pre-prepared reimbursable meals that are served by LEA personnel?

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| REFUSED..... | 7 |
| DON'T KNOW..... | 8 |

1a. What menu planning method is used in planning school breakfasts in your district?
(READ RESPONSE CATEGORIES IF NECESSARY)

| | |
|---|----|
| NuMenus..... | 1 |
| Assisted NuMenus..... | 2 |
| Enhanced Food Based..... | 3 |
| Traditional Food Based..... | 4 |
| The New Meal Pattern (IF NEEDED: from Final Rule 01-26-12)..... | 5 |
| Other, specify:..... | 95 |
| <hr/> | |
| REFUSED..... | 7 |
| DON'T KNOW..... | 8 |

Accounting Information

2. Now, I would like to ask some questions about foodservice accounting in your Local Education Agency. Are you the person responsible for foodservice accounting, that is, do you prepare and approve financial statements for the school foodservice account?

YES (*Go to 3*) 1
 NO (*Go to 2a*)..... 2
 REFUSED (*Go to 3*)..... 7
 DON'T KNOW (*Go to 3*)..... 8

- 2a. Please give me the name, title, telephone number, and email address of the person who is responsible for foodservice accounting.

Contact name: _____

Title: _____

Phone: _____

Address: _____

Email: _____

3. Who submits the reimbursable meals claims to the state? Is it... (*Circle one only*)

The Local Education Agency, (*GO TO 3a*)..... 2

The individual school (*GO TO 3b*)..... 1

Some other entity? (*Specify*) (*GO TO 3d*)..... 95

REFUSED (*GO TO 4*)..... 7

DON'T KNOW (*GO TO 4*)..... 8

- 3a. How frequently does the Local Education Agency collect meal counts from the individual schools? (*Circle one only*)

Daily..... 1

Weekly..... 2

Every two weeks..... 3

Monthly..... 4

Other (specify:)..... 95

REFUSED..... 7

DON'T KNOW..... 8

- 3b. How often are meal claims submitted to the state? *(Circle one only)*
- Daily.....1
 Weekly.....2
 Every two weeks.....3
 Monthly.....4
 Other (specify):.....95
-
- REFUSED.....7
 DON'T KNOW.....8

- 3c. How are meal claims submitted to the state? Are they submitted...*(Circle one only)*
- Separately for each individual school,.....1
 Consolidated for all schools in the Local Education Agency, or.....2
- Consolidated with detail for each school.....3
- Some other way? (specify):.....95
-
- REFUSED.....7
 DON'T KNOW.....8

GO TO CERTIFICATION

- 3d. Please tell me the name, email address and telephone number of the person responsible for submitting meal claims for this Local Education Agency.

Contact name: _____

Title: _____

Phone: _____

Email: _____

Certification

During our visit with your Local Education Agency, we will examine a sample of certification records from students that were determined to be eligible for free and reduced price meals, as well as some that applied but were denied. Although the records we will view may contain personal identifying information, be assured that no personal identifying information will be collected, whether transcribed, photocopied or in electronic format. No copies of source documents for direct certification or other lists of potentially eligible students will be obtained.

4. When we visit your LEA, we will need a list of students eligible for free and reduced price meals, for each of the schools in the study so that we can select a sample of certification records. [FOR NON-CEO: This list should indicate whether students were approved by application or identified via direct certification or other lists.] Are you able to generate such a list that includes student name, student ID, and certification type by school?

YES (GO TO Q4a).....1
 NO (GO TO Q5).....2
 REFUSED (GO TO Q5).....7
 DON'T KNOW (GO TO Q5).....8

- 4a. Can you sort this list by student ID number or name?

YES (GO TO Q4a).....1
 NO (GO TO Q5).....2
 REFUSED (GO TO Q5).....7
 DON'T KNOW (GO TO Q45).....8

- 4b. Which of the following can you include on this list?

| | Yes | No | Refused | Don't Know |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Application number (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student date-of-birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household size, and income? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Are you able to generate a list that includes student name, student ID, and certification type by school for **denied** students?

YES (GO TO Q5a).....1
 NO (GO TO Q6).....2
 REFUSED (GO TO Q6).....7
 DON'T KNOW (GO TO Q6).....8

5a. Can you sort this list by student ID number or name?

- YES (GO TO Q5b).....1
- NO (GO TO Q6).....2
- REFUSED (GO TO Q6).....7
- DON'T KNOW (GO TO Q6).....8

4b. Which of the following can you include on this list?

| | Yes | No | Refused | Don't Know |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Application number (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Student date-of-birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household size, and income? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Can you provide the total number of students approved by (SKIP FOR CE SCHOOLS), identified students, and denied students (SKIP FOR CE SCHOOLS) in each of these three schools as well as for your entire LEA?

| | School 1 | School 2 | School 3 | LEA total |
|--------------------------------|----------|----------|----------|-----------|
| Approved (SKIP FOR CE SCHOOLS) | | | | |
| Identified | | | | |
| Denied (SKIP FOR CE SCHOOLS) | | | | |

[PROGRAMMING NOTE: Name of sampled schools will display in place of “School 1,” etc.]

7. When we visit your Local Education Agency we will be accessing several pieces of documentation. I am going to ask you where each of these pieces of documentation is located, such as with your Local Education Agency, the school, the state department of education, or somewhere else, and how each is stored.

7a. (First/Next) where is/are (INSERT DOCUMENTATION) located?

8b. How is it/are they stored?

| Documentation | Storage Location | | | | DK | Format | | | | | DK |
|---|------------------|--------|-------------------------|------------------|----|---------------------|---------------|----------------|------------------|---|----|
| | LEA office | School | State Dept of Ed Office | Other, (specify) | | Hardcopy (in files) | Point of Sale | Electronically | Other, (specify) | | |
| List of students eligible for free/reduced price meals | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| List of students receiving SNAP/Food Stamps or other benefits, used for direct certification | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| Other agency lists for certification (homeless, migrant youth, runaway, etc.) | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| Documentation of LEA determination of extended direct certification eligibility ^a | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| NON CEO ONLY: Approved household applications | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| NON CEO ONLY: Household applications that were denied (&documentation of LEA's determination – may or may not be noted on HH application) | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| Documentation of school reported meal counts | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |
| Copies of meal claims submitted to the state | 1 | 2 | 3 | 95 | 8 | 1 | 2 | 3 | 95 | 8 | |

^a (I.e., when LEA certifies additional students in households with a directly certified student.)

7c. Is there a staff member in each of the locations you have named who will be able to assist us in accessing and obtaining this data?

- YES (GO TO 7d).....1
- NO (GO TO 8).....2
- REFUSED (GO TO 8).....7
- DON'T KNOW (GO TO 8).....8

7d. Who will be able to assist us? (Specify) [PROGRAMMING NOTE: Name of sampled schools will display in place of "School 1," etc.]

LEA office: _____
 SCHOOL 1: _____
 SCHOOL 2: _____
 SCHOOL 3: _____

- REFUSED.....7
- DON'T KNOW.....8

8. Is there a photocopy machine available at the Local Education Agency office that we may use during our visits? We would be happy to pay for any photocopying. (Circle one.)

- YES (Ask 8a).....1
- NO (Go to Q9).....2
- REFUSED (Go to Q9).....7
- DON'T KNOW (Go to Q9).....8

8a. If yes, where is it and who do we see about using it? We will pay for copies, if necessary.

9. IF Q8a=2 (SCHOOL), ASK 9, ELSE GO TO END: Is there a photocopy machine available at each school office that we may use during our visits. We would be happy to pay for any photocopying? (Circle one.)

- YES (Ask 9a).....1
- NO (Go to end).....2
- REFUSED (Go to end).....7
- DON'T KNOW (Go to end).....8

9a. If yes, where is it and who do we see about using it? We will pay for copies, if necessary. [PROGRAMMING NOTE: Name of sampled schools will display in place of "School 1," etc.]

SCHOOL 1: _____
 SCHOOL 2: _____
 SCHOOL 3: _____

END

Those are all my questions. Thank you so much for your time. Please feel free to call us at 855-759-5752 if you have any questions.