

School ID #: _____
School Name: _____
LEA Name: _____
Cafeteria Manager Name: _____
Cafeteria Manager Phone: _____
Cafeteria Manager email: _____

Community Eligibility Option Evaluation

Pre-Visit School Information Questionnaire

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

Pre-Visit School Information Questionnaire

INTRO1: 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 [School Foodservice Contact]?

[IF NEEDED: He/she agreed to participate in the Community Eligibility Option Evaluation and I have some questions about food service operations in your school.]

YES (*Go to Intro2*) 1
NO (*SET CALLBACK / LEAVE A MESSAGE*)..... 2

INTRO2: [IF NEEDED: Hello, My name is _____. I am calling from Abt Associates about the Community Eligibility Option Evaluation.] As you know, your school (SCHOOL NAME) has been selected to be part of the study. Before we start I would like to thank you for agreeing to participate in this important study. Today, I would like to ask you some preliminary questions about food service operations in your school. The interview today should last about 15 minutes and the call may be recorded for quality control purposes. 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).

May I proceed with the interview?

YES 1
NO..... 2 [TERMINATE]

Thank you.

Kitchen Characteristics

1. Are you the person that oversees or are familiar with the foodservice operations at the school on a day-to-day basis?

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

1a. Who is the person who does this? _____

1b. What is this person's phone number? (|_|_|_|) |_|_|_| - |_|_|_|_|_|

Thank you. We will get in touch with him/her.

TERMINATE INTERVIEW

2. Could you tell me your weekly schedule, that is, the days of the week you work and when you arrive and leave? (Enter arrival time and time the school foodservice manager leaves for the day for each day of the week.)

Day	Time Arrives	Times Leaves
Monday	_ _ : _ _ am pm	_ _ : _ _ am pm
Tuesday	_ _ : _ _ am pm	_ _ : _ _ am pm
Wednesday	_ _ : _ _ am pm	_ _ : _ _ am pm
Thursday	_ _ : _ _ am pm	_ _ : _ _ am pm
Friday	_ _ : _ _ am pm	_ _ : _ _ am pm

3. How many other foodservice employees work directly at the school and what are their jobs?

Position/job	Number of employees at the school
Other Cafeteria Managers	
Assistant Cafeteria Managers	
Cooks	
Line Servers	
Cashiers	
Other, specify:	
Other, specify:	

CEO C_19 Pre-visit School Information Questionnaire

4. Does your school receive and serve any foods that are prepared off-site? (Circle one.)

- YES (Ask 4a).....1
- NO (Go to 5).....2
- REFUSED (Go to 5).....7
- DON'T KNOW (Go to 5).....8

4a. For foods prepared off-site, do you assemble or complete assembly of foods, such as sandwiches or desserts? (Circle one.)

- YES (Go to 5).....1
- NO (Ask 4b).....2
- REFUSED (Go to 5).....7
- DON'T KNOW (Go to 5).....8

4b. Do you receive fully plated meals prepared off-site? (Circle one.)

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

5. What grades are included in your school meal program? (Circle all that apply)

- K 1 2 3 4 5 6 7 8 9 10 11 12

MEAL SERVICE

Now, I would like to ask you some questions about breakfast in your school.

IF NON-CEO SCHOOL, ASK 6, ELSE GO TO 7

6. Does your school offer the School Breakfast Program?

- YES (Ask 7).....1
- NO (Go to 12).....2
- REFUSED (Go to 12).....7
- DON'T KNOW (Go to 12).....8

7. What time do you serve breakfast? [IF NEEDED: When does breakfast start, and when does breakfast end?]

START TIME: |_|_| : |_|_| am
END TIME: |_|_| : |_|_| am

7a. How long is the total breakfast period?

|_|_| MINUTES

8. What type of breakfast service do you offer? (Select all that apply)

[IF NEEDED: Do you offer...]

- Traditional (line service),..... 1
- In-classroom breakfast,..... 2
- Grab 'n go breakfast, or..... 3
- Something else? (specify)..... 95

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

9. Are different portion sizes offered for different grades for breakfast? (Circle one.)

- YES (Ask 9a and 9b).....1
- NO (Go to 10).....2
- REFUSED (Go to 10).....7
- DON'T KNOW (Go to 10).....8

9a. What grades receive smaller portion sizes for breakfast? (Circle all that apply.)

K 1 2 3 4 5 6 7 8 9 10 11 12

9b. What grades receive larger portion sizes for breakfast? (Circle all that apply.)

K 1 2 3 4 5 6 7 8 9 10 11 12

CEO C_19 Pre-visit School Information Questionnaire

10. Do students have a choice of foods at breakfast?

- YES1
- NO.....2
- REFUSED.....7
- DON'T KNOW.....8

11. IF THIS SCHOOL IS A HIGH SCHOOL, GO TO Q12

Do you use the offer-versus-serve option at breakfast? [IF NEEDED: For all students or some students?] (*Circle one*)

- Yes, for all students (*Go to 12*).....1
- Yes, for some students (*Ask 11a*).....2
- No (*Go to 12*).....3
- REFUSED (*Go to 12*).....7
- DON'T KNOW (*Go to 12*).....8

11a. What grades are allowed to use offer-versus-serve? (*Circle all that apply.*)

- K 1 2 3 4 5 6 7 8

12. Now, I'd like to ask you some questions about lunch.

How many lunch periods do you have and what time are they? AFTER RECORDING FIRST LUNCH PERIOD, ASK, Which grades eat at this lunch period? RECORD, THEN ASK, Approximately how many students are scheduled to have lunch during this lunch period?

When is the next lunch period? (REPEAT ABOVE QUESTIONS) *(Complete the chart).*

Lunch Period	Time period	Grades (Circle all that apply)	Average number of students
1	FROM: _____ TO: _____ _ _ : _ _ am/pm _ _ : _ _ am/pm	PreK K 1 2 3 4 5 6 7 8 9 10 11 12	_ _ _
2	FROM: TO: _____ _ _ : _ _ am/pm _ _ : _ _ am/pm	PreK K 1 2 3 4 5 6 7 8 9 10 11 12	_ _ _
3	FROM: TO: _____ _ _ : _ _ am/pm _ _ : _ _ am/pm	PreK K 1 2 3 4 5 6 7 8 9 10 11 12	_ _ _
4	FROM: TO: _____ _ _ : _ _ am/pm _ _ : _ _ am/pm	PreK K 1 2 3 4 5 6 7 8 9 10 11 12	_ _ _

NOTE TO CATI PROGRAMMER: ALLOW INTERVIEWER TO ADD MORE LUNCH PERIODS IF NECESSARY

13. Are different portion sizes offered for different grades for lunch? *(Circle one.)*

- YES *(Ask 13a and 13b)*.....1
- NO *(Go to 14)*.....2
- REFUSED *(Go to 14)*.....7
- DON'T KNOW *(Go to 14)*.....8

13a. What grades receive smaller portion sizes for lunch? *(Circle all that apply.)*

- K 1 2 3 4 5 6 7 8 9 10 11 12

13b. What grades receive larger portion sizes for lunch? *(Circle all that apply.)*

- K 1 2 3 4 5 6 7 8 9 10 11 12

CEO C_19 Pre-visit School Information Questionnaire

14. IF HIGH SCHOOL, GO TO 15, ELSE, ASK:

Do you use the offer-versus-serve option at lunch? [IF NEEDED: For all students or some students?]

- Yes, for all students (*Go to 15*).....1
- Yes, for some students (*Ask 14a*).....2
- No (*Go to 15*).....3
- REFUSED (*Go to 15*).....7
- DON'T KNOW (*Go to 15*).....8

14a. What grades are allowed to use offer-versus-serve? (*Circle all that apply.*)

K 1 2 3 4 5 6 7 8

15. How many cafeterias (that is, separate rooms or areas where students can get a reimbursable lunch) are in the school?

|_|_| (NO. OF CAFETERIAS IN SCHOOL)

16. Are any lunch meals delivered from the cafeteria to classrooms, for students to eat in their classrooms? (*Circle one; if "yes", explain.*)

- YES (*Explain below*).....1
- NO (*Go to 17*).....2
- REFUSED (*Go to 17*).....7
- DON'T KNOW (*Go to 17*).....8

17. How many serving lines in the school cafeteria offer USDA-reimbursable lunches? (*If only one serving line, go to 19.*)

|_|_| NUMBER OF SERVING LINES

17a. How many cashiers are there in lines that offer USDA-reimbursable lunches?

|_|_| NUMBER OF CASHIERS

CEO C_19 Pre-visit School Information Questionnaire

18. Are different reimbursable meals offered in different lines, such as hot foods in a line separate from sandwiches? (Circle one.)

- YES.....1
- NO (Go to 19).....2
- REFUSED.....7
- DON'T KNOW.....8

18a. What are the different reimbursable food lines?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

19. Does your USDA-reimbursable meal service ever include self-service items (including self-serve salad bars and potato or other theme bars)? (Circle one.)

- YES (Ask 19a).....1
- NO (Go to 20).....2
- REFUSED (Go to 20).....7
- DON'T KNOW (Go to 20).....8

19a. Which of the following types of items do students portion for themselves in USDA-reimbursable meals?

- Entrée salad bar.....1
- Side salad (fruit/vegetable) bar.....2
- Potato bar.....3
- Cereal bar.....4
- Fixings bar (including condiment bars).....5
- Other (Specify):.....6
- _____
- REFUSED.....7
- DON'T KNOW.....8

20. Are any a la carte foods offered in the cafeteria?

- YES (Ask 20a).....1
- NO (Go to 21).....2
- REFUSED (Go to 21).....7
- DON'T KNOW (Go to 21).....8

CEO C_19 Pre-visit School Information Questionnaire

20a. Are any a la carte foods offered in any of the lines that serve USDA-reimbursable lunches? *(Circle one.)*

- YES *(Ask 20b)*.....1
- NO *(Go to 21)*.....2
- REFUSED *(Go to 21)*.....7
- DON'T KNOW *(Go to 21)*.....8

20b. Which of the following types of a la carte foods are offered in USDA-reimbursable lines? *(Circle all that apply.)*

- Entrées.....1
- Desserts.....2
- Snacks.....3
- Drinks.....4
- Fruits and/or vegetables.....5
- REFUSED.....7
- DON'T KNOW.....8

21. Does the school offer foods from national or regional brand-name or chain restaurants, such as Domino's, McDonald's, Burger King, Taco Bell, Pizza Hut, or Subway? *(Circle one.)*

- YES *(Ask 21a)*.....1
- NO *(Go to 22)*.....2
- REFUSED *(Go to 22)*.....7
- DON'T KNOW *(Go to 22)*.....8

21a. Are these foods offered on an a la carte basis? *(Circle one.)*

- YES *(Ask 21b)*.....1
- NO *(Ask 21b)*.....2
- REFUSED *(Go to 22)*.....7
- DON'T KNOW *(Go to 22)*.....8

21b. Are these foods offered in reimbursable lunches? *(Circle one.)*

- YES *(Ask 21c)*.....1
- NO *(Ask 21c)*.....2
- REFUSED *(Go to 22)*.....7
- DON'T KNOW *(Go to 22)*.....8

21c. Are these foods offered in reimbursable breakfasts? *(Circle one.)*

- YES..... 1
- NO..... 2
- N/A (no breakfast program)..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

Meal Counting

22. What system does your school use for recording reimbursable meals either totally or by Free, Reduced Price, or Paid for students at the point of sale? *(Circle one)*

[IF NEEDED: Do you use...]

- Electronic Point of Sale System (button on the cash register)..... 1
- Slip of paper/token collected..... 2
- Checklist/form..... 3
- Handheld clicker..... 4
- Headcount from teacher
- Other *(specify)*..... 95

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

23. Who records reimbursable meals at the point of service? *(Select one)*

- Cashier..... 1
- Cook..... 2
- Cafeteria Manager..... 3
- Lunch monitor..... 4
- Teacher..... 5
- Other, *(specify)*..... 95

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

24. Who compiles the meal counts once the meal service is over? *(Select one)*

- Cashier..... 1
- Cook..... 2
- Cafeteria Manager..... 3
- Lunch monitor..... 4
- Teacher..... 5
- Office personnel 6
- Other, *(specify)*..... 95

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

25. How often do the meal counts at the school get reported to the district office?

- Daily..... 1
- Weekly..... 2
- Monthly..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

26. Is there a working photocopy machine available at your school that we may use during our visits? We would be happy to pay for any photocopying. *(Circle one.)*

- YES *(Ask 25a)*.....1
- NO *(Go to end)*.....2
- REFUSED *(Go to end)*.....7
- DON'T KNOW *(Go to end)*.....8

26a. If yes, where is it and who do we see about using it? We will pay for copies, if necessary.

End

That was my last question. Thank you very much for your time.