

Appendix G1

FOOD SERVICE MANAGER INTERVIEW FORM

FOOD SERVICE MANAGER INTERVIEW FORM

School Name: _____
Grade span: _____ SFA ID: _____ School ID: _____
Observer Name: _____ Date: _____

INTRODUCTION: We have a few questions about food service operations and the availability non-reimbursable or competitive foods in your school.

A. Cafeteria Operations

1. Is breakfast served at this school?
 Yes
 No → SKIP TO Q3
2. What time does breakfast begin and end?
Start time: _____
End time: _____
3. What time does the first bus arrive at school?
Time: _____
4. What time does school start?
Time: _____
5. Is there more than one lunch period?
 Yes
 No → SKIP TO Q8
6. How many lunch periods are there?
Number: _____

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7. What time does lunch start?

Time: _____

8. What time does lunch end?

Time: _____

9. Is there a hand washing station and supplies available to students in or near (within 20 feet of) the cafeteria?

Yes

No

10. Are reimbursable meals and a la carte items offered to students in the same line?

Yes

No, separate a la carte line

Not applicable, a la carte items are not offered to students

11. How many serving lines are there?

_____ Number of lines serving reimbursable meals only

_____ Number of lines serving non-reimbursable meals only

_____ Number of lines serving both reimbursable and non-reimbursable meals

12. Can students get food from the cafeteria outside of meal times?

Yes

No

13. Since starting to implement the new pattern requirements, have you noticed any changes in the amount of food students don't eat and throw away at lunch time? For each of the following foods, would you say students waste more, waste less, or there's no change in the amount of waste?

Foods	Students waste more	Students waste less	No change in waste	Don't know
Fluid Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main dish/entrée	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread/bread alternate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad/raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF CHECKED "NO CHANGE" FOR ALL FOODS THEN SKIP TO SECTION B
OTHERWISE CONTINUE WITH Q14.

14. Is the change in the amount of plate waste due to:
- | | YES | NO |
|---|--------------------------|--------------------------|
| a. The amount of time available to eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The type of food served? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The amount of food served? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other reason? (SPECIFY _____) | <input type="checkbox"/> | <input type="checkbox"/> |

B. Other Food Sources

1. Is there a school store that sells food in the school? For study purposes, a store may sell food items but does not do any food preparation.

- Yes
 No → SKIP TO Q3

2. How many school stores are there?

Number: _____
 Note locations: _____
 Hours of operation _____

FILL OUT AN OTHER FOOD SOURCES CHECKLIST FOR EACH SCHOOL STORE.

3. Is there a school snack bar where prepared food is served? (**NOTE:** To qualify as a snack bar, there must be some food preparation done to order by the snack bar. A place where students can get a reimbursable meal is a cafeteria, not a snack bar.)

- Yes
 No → SKIP TO Q5

4. How many school snack bars are there?

Number: _____
 Note locations: _____
 Hours of operation _____

FILL OUT AN OTHER FOOD SOURCES CHECKLIST FOR EACH SCHOOL SNACK BAR.

5. Is there a food cart that sells food either in the school or on the school campus?

- Yes
 No → SKIP TO Q7

6. How many food carts are there?

Number: _____

Note locations: _____

Hours of operation _____

FILL OUT AN OTHER FOOD SOURCES CHECKLIST FOR EACH FOOD CART.

7. Does the school have any vending machines that dispense food or beverages?

- Yes, inside cafeteria
- Yes, outside cafeteria but within 20 feet
- Yes, outside cafeteria (further than 20 feet)
- No → SKIP TO SECTION C

8. Are the vending machines available to students for purchasing items at any time during the school day?

- Yes
- No → SKIP TO SECTION C

9. Can students purchase items from vending machines during breakfast or lunch?

- Yes, breakfast only
- Yes, lunch only
- Yes, both breakfast and lunch
- No, neither

FILL OUT A VENDING MACHINE CHECKLIST FOR EACH VENDING MACHINE.

C. Changes in Availability of Competitive Foods

1. Have there been any changes made to the availability of competitive foods over the past 2 years?

- Yes
- No → SKIP TO Q3

2. In which areas were changes made?

<u>AREA</u>	<u>Yes</u>	<u>No</u>
a. À la carte items.....	<input type="checkbox"/>	<input type="checkbox"/>
b		
. School Store.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Snack Bar.....	<input type="checkbox"/>	<input type="checkbox"/>
d		
. Food Cart.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Vending machines.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH OF THE AREAS CHECKED ABOVE ASK THE FOOD SERVICE MANAGER.....

3. Which of the following best describes the changes made in each area?

<u>Changes</u>	<u>À la carte</u>	<u>Schoo l Store</u>	<u>Snack Bar</u>	<u>Food Cart</u>	<u>Vending machines</u>
a. Reduced hours.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b					
. Increased hours.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eliminated hours during school day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d					
. Eliminated/closed; no longer have.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Changed types of foods available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Moved the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (SPECIFY _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Were the changes in response to?

<u>Reason</u>	<u>Yes</u>	<u>No</u>
a. School district policy.....	<input type="checkbox"/>	<input type="checkbox"/>
b		
. Principal's decision.....	<input type="checkbox"/>	<input type="checkbox"/>
c. New state regulations.....	<input type="checkbox"/>	<input type="checkbox"/>
d		
. Parent requests/initiatives.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher requests/initiatives.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (SPECIFY _____)	<input type="checkbox"/>	<input type="checkbox"/>

5. Are decisions about competitive foods made centrally by the Board of Education or school administrators?

Yes

No

6. Do you have a suggestion box in your cafeteria where students can provide feedback?

Yes

No → SKIP TO Q8

7. How do you decide which suggestions to implement?

8. Over the past 2 years have parents provided any input on the availability of competitive foods in the school?

Yes

No → SKIP TO 10

9. How did parents provide input?

	<u>Yes</u>	<u>No</u>
a. Survey sent by school district.....	<input type="checkbox"/>	<input type="checkbox"/>
b		
. Survey sent by PTA/PTO.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Survey sent by SFA.....	<input type="checkbox"/>	<input type="checkbox"/>
d		
. On-line suggestion box.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Through school principal/teacher.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (SPECIFY _____).....	<input type="checkbox"/>	<input type="checkbox"/>

10. Is there anything else we should know about changes in food service operations and competitive foods over the past 2 years?

END