

D3. GROUP 3—SCHOOL PRINCIPAL COST INTERVIEW GUIDE

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OMB Control # 0584-XXXX

Expiration Date: XX/XX/20XX

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study
School Principal Interview Guide**



SFA Name: _____

School ID #: _____ School Name [INSERT SCHOOL NAME HERE]

Principal Name: _____

Principal Phone: _____

Principal email: _____

INTRODUCTION

Thank you for participating in the School Nutrition and Meal Cost Study. The purpose of this interview is to obtain information about the time and costs spent by staff of this school in support of the school meals programs. Should you have any questions about this study, please call 855-###-#### at Abt Associates, Inc.

About the Study. The *School Nutrition and Meal Cost Study* (SNMCS) will continue the long-standing commitment of the US Department of Agriculture's (USDA's) Food and Nutrition Service (FNS) to periodic assessment of the school meal programs. This current assessment coincides with a period of considerable change for the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). In recent years, schools participating in these programs implemented sweeping regulatory changes designed to increase children's access to healthy foods at school and to promote adoption of healthy eating and physical activity habits. While FNS has conducted multiple studies of school nutrition and meal costs to date, SNMCS is the first such study after these major changes were implemented and the first to explore both nutrition and cost on a large national scale. This study will provide critical information of interest to USDA, the States, School Food Authorities (SFAs), and other program stakeholders that is not currently available.



The USDA Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research and its research partners Abt Associates, Agralytica, and Relyon Media to conduct the SNMCS for SY 2014-2015. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

SNMCS will collect a broad range of data from nationally representative samples of public SFAs, schools, and students and their parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with needed information about how federally sponsored school meal programs are operating after implementation of the new meal pattern and nutrient requirements and other changes in regulations. Comparisons of results from SNMCS with previous School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC) studies will provide information to assess the effects of the new nutrition standards on food service operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.

Protecting Privacy. All information gathered from school districts, schools, and households is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual schools, districts, or students will be identified. We will inform parents of the study and our privacy practices. Any selected parent or student can choose not to participate in the study. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts and schools or school meal program benefits to participating households.

1. Please refer to the list of Food Service Activities That May Involve Non-Food Service Staff (*on next page*). This list identifies food service-related activities that may be done entirely or in part by school staff who are not food service staff. (*Verify that respondent has list. If not read the name of each activity A-K and the bullets of tasks that it includes.*) Please tell me which of these activities involve you or other staff of this school, **excluding** employees of the food service department. (*If necessary, say: We'll go into the details of what you do later. For now, just tell me whether the school performs any activities that fall under the main categories on the list. (Check one response for each activity.)*)

ACTIVITY	YES	NO	REFUSE D	DON'T KNOW
a. Distributing & processing applications for free or reduced-price meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Direct certification and other certification from lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Verifying income of free/reduced-price students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cleaning food service areas and other custodial services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Management of cafeteria personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Supervising students during meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Menu planning and other policy decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ordering, storing, and transporting food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Collecting meal payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Counting and claiming reimbursable meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Nutrition education and promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Are there other food service activities that I have not listed in which you or your staff are involved? If so, please identify these activities.

- a. _____
- b. _____
- c. _____
- d. _____

Note to interviewers: *The purpose of this interview is to find out what kinds of employees are involved and how much time they spend on each activity and task using the Staffing and Time Grids. Once the Staffing and Time Grids are completed, you will write all the titles/positions you have captured on this form in column (1) of the School Administrative Staff Roster. This roster will then be given to the SFA Director or the Business Manager to complete with salary and hours worked information.*

To respondents: You have just identified activities for the school meals programs that non-food service staff in your school perform. I want to find out how much time the staff in your school spends each year for each of these activities. The reference period is the program year July 2014 – June 2015, so you will need to base your responses on your experience from July 2014 through the present, and your best estimate for the period from now through June 2015.

Before we turn to the Grids, please tell me how many weeks your school will be in session during the year? Please **exclude** breaks of a week or longer.

How many hours per school day does a typical salaried administrative staff person work?

Question 3: How many weeks will your school be session this year? Please **exclude** breaks of one week or longer. _____

Question 4: How many hours per day does the typical salaried administrative staff member in your school work? _____

For each general activity that you have identified, I will ask you questions about specific tasks that are related. Here is a handout with the questions that I will ask you for each task. (*Read through the handout*). Do you have any questions before we start?

Instructions script for all respondents (including LEA foodservice director)

Now, let's start with *(read first circled activity in Question 1 and go to the grid for this activity)*. The first task for this activity is *(read task 1 description on grid for this activity)*. Does any school staff member do this task? Do not include school foodservice staff. *(Check yes or no in column a. Complete columns b-d for each task that staff perform.)*

Complete the Staffing and Time Grid for each activity identified in Question 1. If the respondent does not know what types of employees do a task, or how many of a type, or how much time it takes to do a task – write "DK" in all relevant columns.

For each task in each activity that the school personnel are involved in, ask Question A and check Yes or No in Column A. If yes, ask Questions B-D to obtain time estimates. Start with asking for an estimate of hours per week. If the respondent is unable to provide an estimate in terms of hours per week, then try to get an estimate for some other time period like day, month, or year. When the respondent can only provide time estimates for a set of combined tasks, write the task numbers that are being combined in the shaded boxes at the end of each grid, and then fill out the appropriate time estimate in columns c and d. Use the Workspace area at the end of each grid to work out time estimates with the respondent if the respondent can only provide time per episode rather than per time.

(After completing all tasks for each activity:) Have I left out a task for this activity? (If yes) Please tell me what it is, and what type of staff does it. (Use row for most similar task on list if possible; otherwise use shaded boxes at end of grid for activity, write task description in column a, and complete columns b-d, using the questions in the column headings.)

(When all Staffing and Time Grids are complete, ask:) Are there any other activities related to the school meals programs that you do that we have missed? Are there any that we counted more than once? (Follow script to identify missing tasks and complete Grid L. Then complete Staff Roster Checklist.)

School Nutrition and Meal Cost Study Principal Cost Interview Guide Handout

- A. Does any employee of this school (other than food service workers) perform this task?**
- B. What types of employees do this task (i.e., title, position, etc.)?**
- a. Please refer to the Staff Roster and select the title. If the title is not listed on the Staff Roster, I will add it to the Roster.
- C. How many employees of this type do this task?**
- D. How many hours per week does each person of this type spend on this task? For how many weeks per year?**
- If more than one type of employee does this task, please tell me how many hours per week each person of the type(s) spends on this task. So the total time will be the time per person multiplied by the number of employees of this type.
 - It is best if you can provide the estimate of hours per week, and number of weeks per year. Usually the number of weeks is the length of the school year, unless the task happens outside of the school year.
 - This may not work so there are some other ways to estimate the time:
 - If a test is done each day during the school year, take the time per day and multiply by the average number of days per week to get an estimate of the number of hours per week the type of person spends on the task.
 - If a task is done on a monthly basis, please tell me the hours per month and the number of months per year.
 - If the task is done once per year or infrequently, you can tell me the number of hours each employee of this type spends per year.
 - If the task is performed for different amounts of time at various points during the year, tell me how many hours each person spends on the task separately for each time period.
 - Example: An employee spends 30 hours per week processing school meals applications in the month before the start of school and 5 hours per month for the 9 months of the school year. Tell me the time for the first month and then the time for the other 8 months.
- If not per week, is this time per day, per month, or per year? For how many days or months?**
- Provide the time period that goes with the number of hours spent on the task.

What we need to know is how much time each type of employee spends on each activity including all of the tasks that they do. It's OK to combine tasks when providing time estimates if that's easier.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals					
(a) Is this task done by school staff? (Check yes or no for each task)	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Roster for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Distributing applications (i.e. printing, mailing, handing out at meetings) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Communications about applications for free/reduced price meals (newsletters, public service announcements, web site postings, speaking to parent groups or community organizations, contacting individual parents etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Maintaining and providing support for online applications <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals					
(a) Is this task done by school staff? (Check yes or no for each task)	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Roster for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Collecting and checking applications, resolving problems, and adding school information <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
5. Approving/rejecting applications and notifying parents <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
6. Compiling lists of eligible students <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals					
(a) Is this task done by school staff? (Check yes or no for each task)	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Roster for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
7. Updating lists to include transfers and other changes <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
8. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid A: Distributing and processing applications for free or reduced-price meals

(a) Is this task done by school staff? (Check yes or no for each task)	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Roster for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

Workspace:

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid B: Direct Certifications and other certifications from lists

(a)		(b)	(c)	(d)		
Check applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Week/Other Period	# Weeks/Other Periods	
1. Direct certification of students for free meals using program data (SNAP/Food Stamps, TANF/welfare, Medicaid, or other) <input type="checkbox"/> Yes <input type="checkbox"/> No	Processing batches of students <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
	Lookups for Individual students <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid B: Direct Certifications and other certifications from lists						
(a)		(b)	(c)	(d)		
Check applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Week/Other Period	# Weeks/Other Periods	
2. Other Certification of students for free meals from lists (foster children, homeless, migrants, Head Start, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification from Homeless List <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
	Certification from Head Start list <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid B: Direct Certifications and other certifications from lists

(a) Check applicable tasks		(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Week/Other Period		# Weeks/Other Periods
Certification from foster care list <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
Certification from other lists (runaways, migrants) <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M
				_____ hrs per	D W M Y Other: _____	For: _____ D W M

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Staffing and Time Grid B: Direct Certifications and other certifications from lists						
(a)		(b)	(c)	(d)		
Check applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Week/Other Period	# Weeks/Other Periods	
3. Reporting on direct certification <input type="checkbox"/> Yes <input type="checkbox"/> No				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
4. Other (specify): _____ _____ _____				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid B: Direct Certifications and other certifications from lists						
(a)		(b)	(c)	(d)		
Check applicable tasks		What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
				Hours per Week/Other Period	# Weeks/Other Periods	
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M
				_____ hrs per _____	D W M Y Other: _____	For: _____ D W M

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Workspace:

Staffing and Time Grid C: Verifying income of free/reduced price students					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Selecting applications for verification <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Sending out requests for proof of eligibility, answering questions <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Verifying applications using SNAP/Food Stamp, TANF/welfare, or Medicaid information (direct verification) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid C: Verifying income of free/reduced price students					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Reviewing information provided by parents, verifying eligibility, and following up on missing information <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
5. Notifying parents of changes in eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
6. Reporting on verification <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid C: Verifying income of free/reduced price students					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
7. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid C: Verifying income of free/reduced price students

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

Workspace:

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid D: Cleaning food service areas and other custodial services

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Clean-up in kitchen area (dishes, trays, garbage, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Maintenance and repairs of facilities and equipment <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid D: Cleaning food service areas and other custodial services					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid E: Management of cafeteria personnel					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Hiring new staff <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Performance reviews or evaluations <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Resolving personnel problems <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid E: Management of cafeteria personnel					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid E: Management of cafeteria personnel					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid F: Supervising students during meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Supervising students during breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Supervising students during lunch <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Supervising students during after-school snacks <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid F: Supervising students during meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid F: Supervising students during meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid G: Menu planning and other policy decisions

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Menu planning (routine, special occasions) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Setting meal schedules <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Other policy decisions regarding school food service (for example, availability of a la carte items) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid G: Menu planning and other policy decisions					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid G: Menu planning and other policy decisions					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

A large, empty rectangular box with a thin black border, intended for workspace or notes. It occupies most of the page's vertical space below the header and above the footer.

Staffing and Time Grid H: Ordering, storing, and transporting food					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Receiving deliveries of food and/or supplies, other "heavy lifting" <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Picking up food and/or supplies at storage sites <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Stocking vending machines or school store with food <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid H: Ordering, storing, and transporting food					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid H: Ordering, storing, and transporting food

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid I: Meal payment collections and accounting					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Collecting money at meals <input type="checkbox"/> Yes <input type="checkbox"/> No			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
2. Collecting money owed for meals <input type="checkbox"/> Yes <input type="checkbox"/> No			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
3. Collecting money from cafeterias <input type="checkbox"/> Yes <input type="checkbox"/> No			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid I: Meal payment collections and accounting					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Receiving money for student meal payment accounts or selling meal tickets <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
5. Depositing money for meals or meal tickets <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
6. Selling meal tickets <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid I: Meal payment collections and accounting					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
7. Issuing meal payment cards or ID/PIN numbers <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
8. Maintaining student meal payment accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
9. Reconciling deposits to bank statements <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid I: Meal payment collections and accounting					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
10. Other (specify): _____ _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid I: Meal payment collections and accounting					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid J: Counting and claiming reimbursable meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Compiling meal counts for breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Compiling meal counts for lunch <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Compiling meal counts for after-school snacks <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid J: Counting and claiming reimbursable meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Reporting on meal counts <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
5. Submitting meal claims to State <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
6. Other (specify): _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid J: Counting and claiming reimbursable meals					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Workspace:

Staffing and Time Grid K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
1. Placing displays, banners, or other visual messages in school facilities <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
2. Demonstrations or events to promote healthy eating <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
3. Distributing materials to students or parents (newsletters, recipes, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
4. Training for school personnel for nutrition education/promotion activities (at school or elsewhere) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
5. Meetings of teams or advisory groups to plan and assess nutrition education/promotion activities (at school or elsewhere) <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
6. Planting, maintaining, and harvesting school gardens <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)					
(a)	(b)	(c)	(d)		
Check applicable tasks	What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	How many employees of this type do this task?	How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period	# Weeks/Other Periods	
7. Involving students in planning the menu, naming menu items, or taste-testing new items <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
8. Nutrition education/promotion activities included in classroom curricula <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
9. Other activities related to Team Nutrition, Healthier US School Challenge, or other Federal/State nutrition education/promotion programs <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)

(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
10. Local Wellness Policy development and monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
11. Other (specify): _____ _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

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Staffing and Time Grid K: Nutrition education and promotion (includes messages about healthy eating and participating in school meals)					
(a) Check applicable tasks	(b) What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters for titles)	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
COMBINED TASK NUMBERS: _____			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

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Workspace:

Script to identify missing tasks

Are there other tasks related to the school meals programs that I have not listed in which you or your staff are involved?

Yes No

(IF YES, ask) What tasks have we left out?

(IF NO, proceed to Staff Roster Checklist)

Instructions to interviewer: Write the identified missing tasks below and the letter for the appropriate Activity for the task. Make sure that the task has not already been previously listed. Then, fill in the applicable staff type, number of staff, time per period, and periods per year in Staffing and Time Grid L on the next page.

- a. _____

- b. _____

- c. _____

- d. _____

Staffing and Time Grid L: Missing Tasks					
(a) Tasks	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period	# Weeks/Other Periods	
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Staffing and Time Grid L: Missing Tasks					
(a) Tasks	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours does each person of this type spend on this task during the July 2014 – June 2015 program year? (fill in hours and number of periods, and circle type of period)		
			Hours per Week/Other Period		# Weeks/Other Periods
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

D=Day, W=Week, M=Month, Y=Year.

Note to interviewers: When you have completed all Staffing and Time Grids, you will need to copy all the title/positions listed in this interview onto the School Administrative Staff Roster. Be sure to copy each title/position once, and list it with the exact text and phrasing you used in this interview. In the end, we need to link the hours listed above to the salary for that position.

STAFF ROSTER CHECKLIST

Verify the following information for each roster. Check OK or Follow Up in the Column on the left.

- There is an entry on the roster for each type of employee on mentioned in the Staffing and Time Grid. If needed, add any staff types not already listed on Roster.
- Every type of employee referenced on the salary roster is included on at least one staffing grid.

The School Administrative Staff Roster should now be given to either the SFA Director, or Business Manager to complete with salary and hours worked information.

Prepared by Mathematica Policy Research and Abt Associates

Food Service Function List for School Staff

Food Service Activities That May Involve Non-Food Service Staff (continued)

- J. Counting and claiming reimbursable meals
- Compiling meal counts for breakfast
 - Compiling meal counts for lunch
 - Compiling meal counts for after-school snacks
 - Reporting on meal counts
 - Submitting meal claims to State
- K. Nutrition education and promotion (includes messages about healthy eating and participating in school meals)
- Placing displays, banners, or other visual messages in school facilities
 - Demonstrations or events to promote healthy eating
 - Distributing materials to students or parents (newsletters, recipes, etc.)
 - Training for school personnel for nutrition education/promotion
 - Meetings of teams or advisory groups to plan and assess nutrition education/promotion activities (at school or elsewhere)
 - Planting, maintaining, and harvesting school gardens
 - Involving students in planning the menu, naming menu items, or taste-testing new items
 - Nutrition education/promotion activities included in classroom curricula
 - Developing and monitoring school wellness policies
 - Other activities related to Team Nutrition, Healthier US School Challenge, or other Federal/State nutrition education/promotion programs

Food Service Activities That May Involve Non-Food Service Staff

- A. Distributing and processing applications for free or reduced price meals
- Distributing applications (i.e. printing, mailing, handing out at meetings)
 - Communications about applications for free/reduced price meals (newsletters, public service announcements, web site postings, speaking to parent groups or community organizations, contacting individual parents etc.)
 - Maintaining and providing support for online applications
 - Collecting and checking applications, resolving problems, and adding school information
 - Approving/rejecting applications and notifying parents
 - Compiling lists of eligible students
 - Updating lists to include transfers and other changes
- B. Direct certification and other certification from lists
- Direct certification of students for free meals using program data (SNAP/Food Stamps, TANF/welfare, Medicaid, or other)
 - Other certification of students for free meals from lists (foster children, homeless, migrants, Head Start, etc.)
 - Reporting on direct certification, calculating the identified student percentage (ISP) for school
- C. Verifying income of free/reduced price students
- Selecting applications for verification
 - Sending out requests for proof of eligibility, answering questions
 - Verifying applications using SNAP/Food Stamp, TANF/welfare, or Medicaid information (direct verification)
 - Reviewing information provided by parents, verifying eligibility, and following up on missing information
 - Notifying parents of changes in eligibility
 - Reporting on verification
- D. Cleaning food service areas and other custodial services
- Clean-up in kitchen area (dishes, trays, garbage, etc.)
 - Maintenance and repairs of facilities and equipment

Food Service Activities That May Involve Non-Food Service Staff (continued)

- E. Management of cafeteria personnel

- Hiring new staff
 - Performance reviews or evaluations
 - Resolving personnel problems
- F. Supervising students during meals
- Supervising students during breakfast
 - Supervising students during lunch
 - Supervising students during after-school snacks
- G. Menu planning and other policy decisions
- Menu planning (routine, special occasions)
 - Setting meal schedules
 - Other policy decisions regarding school foodservice (for example, availability of a la carte items)
- H. Ordering, storing and transporting food (*Includes only food purchased with foodservice funds*)
- Receiving deliveries of food and/or supplies, other “heavy lifting”
 - Picking up food and/or supplies at storage sites
 - Stocking vending machines or school store with food
- I. Collecting meal payments
- Collecting money at meals
 - Collecting money owed for meals
 - Collecting money from cafeterias
 - Receiving money for student meal payment accounts or selling meal tickets
 - Depositing money for meals or meal tickets
 - Selling meal tickets
 - Issuing meal payment cards or ID /PIN numbers (other than regular student ID/PIN)
 - Maintaining student meal payment accounts
 - Reconciling deposits to bank statements