

F2. GROUPS 2, 3—FSM SURVEY

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ID#: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

SFA: _____

City and State: _____



OMB Clearance Number: 0584-xxxx

Expiration Date: xx/xx/xxxx

School Nutrition and Meal Cost Study

School Nutrition Manager Survey

February 6, 2014

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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 control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information



INSTRUCTIONS

- Please answer all of the questions, except for those that you are instructed to skip based on your answer to a specific question.
- If you have any questions about the study or about completing this survey, please do not hesitate to contact your technical assistant by phone at 1-xxx-xxx-xxxx (toll-free) or e-mail xxx@mathematica-mpr.com.

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.

Under the Healthy, Hunger-Free Kids Act of 2010, participation in this study is mandatory. We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-xxx-xxx-xxxx

PARTICIPATION IN SCHOOL MEAL PROGRAMS AND KITCHEN CHARACTERISTICS

1. Does your school participate in the School Breakfast Program (SBP)?

- 1 Yes
 0 No

2. Does your school do any of the following?

Note: School gardens include those that are used for nutrition education and/or foodservice purposes. The Fresh Fruit and Vegetable Program provides funds to purchase fresh fruits and vegetables and distribute them free to students outside of reimbursable meals.

MARK ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Operate a school garden.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Participate in the Fresh Fruit and Vegetable Program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Participate in a Farm to School Program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

3. Which of the following best describes your kitchen?

MARK ONE ONLY

- 1 An on-site kitchen where meals are prepared for serving only at this school
- 2 An on-site production kitchen where meals are prepared for serving at this school and shipped to other schools
- 3 A receiving or satellite kitchen that obtains partially prepared meals from a central or production kitchen
- 4 A receiving or satellite kitchen that obtains fully prepared meals from a central or production kitchen

4. Do students have the option to pre-order their lunch?

MARK ONE ONLY

- 1 Yes, students are required to pre-order lunch
- 2 Yes, students have the option to pre-order lunch but it is not required
- 3 No, students do not have the option to pre-order lunch

IMPLEMENTING THE NEW MEALS AND COMPETITIVE FOODS REQUIREMENTS

5. Since school year (SY) 2012-2013, which of the following types of food service operations training or technical assistance (TA) to implement the new meals requirements have you or other school nutrition staff received? For each type of training or TA received, please indicate who provided it.

MARK ONE RESPONSE PER ROW

	DID NOT RECEIVE TRAINING	SFA DIRECTOR OR OTHER SFA STAFF PROVIDED TRAINING	SOMEONE ELSE PROVIDED TRAINING
a. Menu planning.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Nutrition education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. General nutrition.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Food production.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Food serving.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Cashiering/point-of-service.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Food purchasing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Receiving and storage.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Food safety.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Verifying free/reduced meal applications.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Program and human resource management.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Financial management.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Staff training.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Facilities and equipment planning.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Communications, marketing, and/or public relations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

6. Does your school use any commercially prepared foods or ingredients in reimbursable meals that contain *trans* fat (greater than 0 grams of *trans* fat per serving)?

- 1 Yes
- 0 No

7. For lunch service, does your school have more than one serving line or food station that offers reimbursable lunches or components of reimbursable lunches? Food stations include kiosks or carts, service windows, standalone salad bars or other self-serve bars, fresh fruit bowls/displays, and milk coolers.

- 1 Yes
 0 No → GO TO Q.10

8. Which of the following strategies do you use to ensure that all students can select the required minimum amounts of all meal pattern components at lunch? Meal pattern components required at lunch include fruit, vegetables, grain, meat/meat alternates, and milk.

MARK ONE RESPONSE PER ROW

	YES	NO
a. All meal components are provided on <u>every</u> serving line or food station in the required minimum amounts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Students must visit multiple serving lines or food stations that together offer all required meal components (for example, pasta station, fruit and vegetable bar, and milk cooler).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Other (specify)..... _____ _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If you marked “yes” to more than one strategy in Q.8, go to Q.9. Otherwise, go to Q.10.

9. Does the number or type of serving lines or food stations at lunch vary...

MARK ONE RESPONSE PER ROW

	YES	NO	NOT APPLICABLE
a. From day to day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
b. By meal period or grade?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. From one cafeteria to another?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

10. For breakfast service (including grab-and-go), does your school have more than one serving line or food station that offers reimbursable breakfasts or components of reimbursable breakfasts?

- 1 Yes
 2 No, all breakfasts are served in the classroom
 3 No, school has only one serving line or station at breakfast
 4 School does not participate in School Breakfast Program
- GO TO Q.13

11. Which of the following strategies do you use to ensure that all students can select the required minimum amounts of all meal pattern components at breakfast? Meal pattern components required at breakfast include fruit, grains, and milk.

MARK ONE RESPONSE PER ROW

	YES	NO
a. All meal components are provided on <u>every</u> serving line or food station in the required minimum amounts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Students must visit multiple serving lines or food stations that together offer all required meal components (for example, hot food line, fruit bar, and milk cooler).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Other (specify)..... _____ _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If you marked “yes” to more than one strategy in Q.11, go to Q.12. Otherwise, go to Q.13.

12. Does the number or type of serving lines or food stations at breakfast vary...

MARK ONE RESPONSE PER ROW

	YES	NO	NOT APPLICABLE
a. From day to day?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
b. By meal period or grade?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. From one cafeteria to another?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. When attendance may be lower (for example, a late bus arrival or large field trip)?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

13. For reimbursable lunches, what is the maximum number of servings of fruits and vegetables (including 100% juice) that students are allowed to choose?

Note: If there is no limit on servings of fruits or vegetables, please check “unlimited.” If the maximum number of servings students can choose varies depending on the day, please check “varies from day to day.” If the maximum number of fruit or vegetable servings allowed varies depending on the serving line or food station a student uses, enter the maximum number allowed for the line/station that serves the most students.

MARK ONE RESPONSE PER ROW

	MAXIMUM NUMBER OF SERVINGS STUDENTS CAN CHOOSE AT LUNCH		
a. Fruits (including 100% juice).....	____ ____ SERVINGS	1 <input type="checkbox"/> Unlimited	na <input type="checkbox"/> Varies from day to day
b. Vegetables (including 100% juice).....	____ ____ SERVINGS	1 <input type="checkbox"/> Unlimited	na <input type="checkbox"/> Varies from day to day

14. For reimbursable **breakfasts**, what is the **maximum** number of servings of fruits and vegetables combined (including 100% juice) that students are allowed to choose?

Note: If there is no limit on servings of fruits and vegetables, please check “unlimited.” If the maximum number of servings students can choose varies depending on the day, please check “varies from day to day.” If the maximum number of fruit and vegetable servings allowed varies depending on the serving line or food station a student uses, enter the maximum number allowed for the line/station that serves the most students.

MARK ONE RESPONSE

MAXIMUM NUMBER OF SERVINGS STUDENTS CAN CHOOSE AT BREAKFAST							
a. Fruits and/or vegetables (including 100% juice).....	<table> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>¹ <input type="checkbox"/></td> <td>na <input type="checkbox"/></td> </tr> <tr> <td>SERVINGS</td> <td>Unlimited</td> <td>Varies from day to day</td> </tr> </table>	<input type="text"/> <input type="text"/> <input type="text"/>	¹ <input type="checkbox"/>	na <input type="checkbox"/>	SERVINGS	Unlimited	Varies from day to day
<input type="text"/> <input type="text"/> <input type="text"/>	¹ <input type="checkbox"/>	na <input type="checkbox"/>					
SERVINGS	Unlimited	Varies from day to day					

15. USDA issued new rules that define nutrition standards for **all foods and beverages** sold on school campuses during the school day. These rules went into effect in SY 2014-2015. Following is a list of potential challenges schools may face in implementing the new nutrition standards. Using a scale of 1 to 5, where 1=not a challenge and 5=a significant challenge, please rate the degree to which each is a challenge in your school.

MARK ONE RESPONSE PER ROW

	← MARK ONE RESPONSE PER ROW →				
	NOT A CHALLENGE		A SIGNIFICANT CHALLENGE		
a. Understanding the new nutrition standards for competitive foods..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Availability of competitive foods that meet the new nutrition standards.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Cost of competitive foods that meet the new nutrition standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Student acceptance of competitive foods that meet the new nutrition standards.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. School faculty and staff reactions to the competitive foods that meet the new nutrition standards.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

MEAL PRICING AND SERVICE

16. What is the price of a USDA-reimbursable breakfast for students who are classified as reduced price?

\$ |__|. |__| | AMOUNT

1 Don't participate in School Breakfast Program GO TO Q.18

2 All students receive free breakfasts GO TO Q.18

17. What is the price of a USDA-reimbursable breakfast for students who pay the full price? Record more than one answer if your school offers breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ |__|. |__| | STANDARD FULL PRICE

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

18. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

\$ |__|. |__| | AMOUNT

1 All students receive free lunches GO TO Q.20

19. What is the price of a USDA-reimbursable lunch for students who pay the full price? Record more than one answer if your school offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ |__|. |__| | STANDARD FULL PRICE

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

\$ |__|. |__| | OTHER FULL PRICE (*specify*) _____

20. How are reimbursable meals recorded by the cashier at the register?

MARK ALL THAT APPLY

1 Cashier visually confirms the meal

2 Cashier enters each item and system determines if it is a reimbursable meal

3 Other (*specify*) _____

21. How are students who are eligible for free or reduced-price lunches identified by the cashier?

MARK ALL THAT APPLY

- 1 Point-of-sale system
 - 2 Coded tickets or tokens
 - 3 Cashier lists
 - 4 Personal ID numbers (PINs)
 - 5 Bar code/magnetic strip
 - 6 Coded identification cards
 - 7 Verbal identification
 - 8 Finger scan
 - 9 All students receive free lunches
 - 10 Other (*specify*)
-

22. How do students pay for reimbursable meals or a la carte items?

MARK ALL THAT APPLY

	REIMBURSABLE MEALS		A LA CARTE ITEMS	
a. Cash.....	1	<input type="checkbox"/>	2	<input type="checkbox"/>
b. Amount debited from balance on student account.....	1	<input type="checkbox"/>	2	<input type="checkbox"/>
c. Tickets or tokens.....	1	<input type="checkbox"/>	2	<input type="checkbox"/>
d. Other (<i>specify</i>).....	1	<input type="checkbox"/>	2	<input type="checkbox"/>
<hr/>				
e. School does not sell a la carte items (including milk).....			2	<input type="checkbox"/>

23. Do you use the offer-versus-serve option at breakfast?

MARK ONE ONLY

- 1 Yes, for all students
- 2 Yes, for some students
- 0 No
- n Don't participate in School Breakfast Program

If responding for a high school, go to Q.25.

24. Do you use the offer-versus-serve option at lunch?

MARK ONE ONLY

- 1 Yes, for all students
- 2 Yes, for some students
- 0 No

25. What times are your lunch period(s)?

PERIOD	FROM	TO
1	_ _ : _ _	_ _ : _ _
2	_ _ : _ _	_ _ : _ _
3	_ _ : _ _	_ _ : _ _
4	_ _ : _ _	_ _ : _ _
5	_ _ : _ _	_ _ : _ _
6	_ _ : _ _	_ _ : _ _
7	_ _ : _ _	_ _ : _ _
8	_ _ : _ _	_ _ : _ _
9	_ _ : _ _	_ _ : _ _
10	_ _ : _ _	_ _ : _ _

If no School Breakfast Program, go to Q.29.

26. What time does your school serve breakfast?

FROM

TO

|_|_|:|_|_| |_|_|:|_|_|

27. How many minutes, on average, would you estimate a student spends in line to get breakfast?

|_|_| MINUTES

28. In which of the following locations do students eat breakfast?

MARK ALL THAT APPLY

- 1 Cafeteria or other indoor/outdoor food service area
- 2 School buses
- 3 Classrooms
- 4 Outdoors (other than a food service area)
- 5 Grab-and-go
- 6 Other (*specify*)

29. How many minutes, on average, would you estimate a student spends in line to get lunch? Do not count waiting for made- or cooked-to-order items.

|_|_| MINUTES

30. Does your school have policies and procedures to accommodate students with food allergies or special dietary needs?

MARK ONE RESPONSE PER ROW

	YES	NO
a. Food allergies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Special dietary needs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If no policies or procedures to accommodate students with food allergies or special dietary needs (Q.30a=0 and Q.30b=0), go to Q.33.

31. (If Q.30 = 1) What procedures do you use to protect students with food allergies?

MARK ALL THAT APPLY

- 1 Separate tables
- 2 Special sanitation procedures in the kitchen and/or dining area
- 3 Procedures to identify students in the serving line
- 4 Special training for school nutrition staff
- 5 Other (*specify*)

32. (If Q.30b = 1) What procedures do you use to protect students with special diets?

MARK ALL THAT APPLY

- 1 Signed prescription from child's physician
- 2 Cashier has child names to inspect trays
- 3 Consultation with registered dietitian to adapt menus
- 4 Other (*specify*)

AFTERSCHOOL SNACKS AND SUPPER

33. Does your school provide reimbursable snacks for one or more afterschool programs (either at this school or other locations)?

- 1 Yes, through the NSLP
- 2 Yes, through the Child and Adult Care Food Program (CACFP)
- 0 No

34. Does your school offer an afterschool program?

- 1 Yes
- 0 No → GO TO Q.36

35. Do you provide reimbursable snacks or suppers to the afterschool program that operates in your school?

MARK ONE ONLY

- 1 Yes, both afterschool snacks and suppers
- 2 Yes, afterschool snacks but not suppers
- 3 Yes, afterschool suppers but not snacks
- 0 No, afterschool snacks or suppers are not provided

NUTRITION PROMOTION AND OUTREACH

36. Does your school routinely make information on the calorie or nutrient content of USDA-reimbursable meals available to students or parents?

- 1 Yes
 0 No

37. Have you or anyone on your staff engaged in the following activities? Which have been adopted since SY 2012-2013 when the new meal patterns and nutrient standards for reimbursable lunches went into effect?

MARK ONE RESPONSE PER ROW

	YES, SINCE BEFORE SY 2012-2013	YES, NEW SINCE SY 2012-2013	NO
a. Involved students in planning school meal menus.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Sought student input into vegetable offerings in school meals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Sought student input into creative or descriptive names for school meal <u>dry bean and pea entrée items</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Encouraged children to select fruit.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Conducted a taste test activity with students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Attended a Parent-Teacher Association/Organization or other parent group meeting to discuss the school meal program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Conducted a nutrition education activity in the <u>classroom</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Conducted a nutrition education activity in the <u>food service area</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Set up a booth at a school even to promote or inform about school meals (for example, a family night or parent-teacher conference night).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Met with teachers to explain school meal program or discuss how program can work with classroom teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Discussed student food allergies with the school nurse or classroom teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Participated in a school or district meeting about the local wellness policy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Shared information about the school meal program with a nutrition advisory council.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Met with an advisory group to plan or assess nutrition education or promotion activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Provided information about the school meal program to families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
p. Provided information about the school meal program to the public.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
q. Invited family members to consume a school meal.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
r. Invited community members to plan or promote school meals (for example, local chefs, farmers, dietitians/nutritionists, Cooperative Extension agents, local sports figures, police officers, firefighters, or other local heroes).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
s. Presented information about school meals to a local civic or community service group (for example, a chamber of commerce, Lions Club, Rotary International, or a similar organization).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
t. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

SCHOOL CHARACTERISTICS

38. What time do the school doors open for students?

|_|_| : |_|_| AM

39. Do school buses arrive at your school in the morning?

1 Yes

0 No → GO TO Q.41

40a. When does the first school bus usually arrive at school?

|_|_| : |_|_| AM

40b. When does the last school bus usually arrive at school in the morning?

|_|_| : |_|_| AM

41. What time does the first class of the day usually start?

|_|_| : |_|_| AM

YOUR BACKGROUND

42. How long have you been a school nutrition manager?

|_|_| YEARS OR |_|_| MONTHS

43. Do you receive health benefits for your school food nutrition manager position?

1 Yes

0 No

44. What is the highest grade or year of schooling you have completed?

MARK ONE ONLY

1 Less than high school

2 High school

3 Some college, no degree

4 Associate's degree

5 Bachelor's degree

6 Master's degree

7 Graduate credits beyond a Master's degree

8 Doctorate

GO TO END

45. Is your degree in foods and nutrition, family and consumer sciences, nutrition education, food service management, culinary arts, business, or public/school administration?

MARK ONE ONLY

1 Yes

0 No

46. Which of the following credentials do you hold?

MARK ALL THAT APPLY

1 Licensed Nutritionist or Dietitian

2 Registered Dietitian

3 School Nutrition Association Level 1 certification

4 School Nutrition Association Level 2 certification

5 School Nutrition Association Level 3 certification

6 School Nutrition Association, School Nutrition Specialist (SNS)

7 State food service certificate

8 Food safety certification, such as ServSafe, National Registry of Food Safety Professionals, Prometric Certified Professional Food Manager, or Learn2Serve

9 Health department certification

10 Certified dietary manager

11 Dietetic Technician Registered (DTR)

12 Other (*specify*)

0 None of the above

Thank you for taking the time to complete this survey. Your cooperation is very much appreciated.