

C18. SCHOOL PLANNING INTERVIEW
(GROUPS 2, 3 & FULL OUTLYING AREAS)

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OMB Control # 0584-xxxx
Expiration Date: x/x/xxxx

**USDA/Food and Nutrition Service
School Nutrition and Meal Cost Study-II
School Planning Interview**



[SCHOOLNAME] has been selected for [IF G2 OR G3: on-site] data collection for SNMCS-II. This short survey gathers information we will need for [IF G2 OR G3: the on-site] data collection. [G3 only: Question topics include food production, scheduling, availability of self-service items, and meal service characteristics.]

Cooperation by selected States, districts, and schools is required under Section 28 of the Richard B. Russell National School Lunch Act. We thank you in advance for your time in this important study. If you have any questions about the study, please feel free to reach out to your study contact at XXX-XXX-XXXX or send an e-mail to xxxxx@xxxx.com.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 15 minutes per response for mainland SFA directors and 4 minutes per response for full approach outlying areas SFA directors, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

ASK IF G2, G3, FULL OA
 IF SCHOOLTYPE= G2 MS or G2 HS, DO NOT INCLUDE MONDAY LINE and FILL "For Tuesday through Friday". OTHERWISE FILL "For each day of the week"
 ADD BUTTON THAT ALLOWS RESPONDENT TO REPLICATE THE FIRST DAY'S SCHEDULE FOR THE REST OF THE WEEK.

1. [For each day of the week/For Tuesday through Friday], at what time do you usually arrive to work and at what time do you usually leave work?

DAY	TIME TO ARRIVE	TIME TO LEAVE
Monday	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM
<input type="radio"/> I do not usually work on Mondays		
Tuesday	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM
<input type="radio"/> I do not usually work on Tuesdays		
Wednesday	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM
<input type="radio"/> I do not usually work on Wednesdays		
Thursday	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM
<input type="radio"/> I do not usually work on Thursdays		
Friday	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM
<input type="radio"/> I do not usually work on Fridays		

PROGRAMMING RANGE: TIME TO LEAVE SHOULD NOT BE 1 HOUR OR LESS AFTER TIME TO ARRIVE. TIME TO LEAVE SHOULD NOT BE SET TO BEFORE TIME TO ARRIVE.

ASK IF FULL OA

1a. For the Cost Interview, we will be using an online meeting tool which will give the interviewer the ability to share their screen. This tool requires that you have reliable internet connection. Do you have access to reliable internet connection?

- ₁ Yes
- ₀ No

ASK IF FULL OA AND IF 1a = 0

1b. We will need to mail you some study materials. We will be mailing you materials from the eastern U.S. How many business days would you estimate the materials will take to get to your address?

DAYS

ASK IF FULL OA AND IF 1a = 0

1c. What is the address that we should send the study materials to?

Street Address: _____

Street Address Line 2: _____

City: _____

State: _____

ZIP Code: _____

ASK IF G2, G3, OR FULL OA

2. In general, what is the best time of day to reach you?

From: : ₁ AM ₂ PM To: : ₁ AM ₂ PM

ASK IF G2, G3, OR FULL OA

3. What is the best way to reach you?

Select one only

- Email..... 1
- Phone..... 2

ASK IF G2 OR G3

4. We will be contacting you prior to the visit date to discuss data collection logistics. Please review the information below and update as necessary.

Your phone number: [PHONE NUMBER]

Your email address: [EMAIL ADDRESS]

Physical Address of [SCHOOL]:

Street Address: [PHYSICAL STREET ADDRESS 1]

Street Address Line 2: [PHYSICAL STREET ADDRESS 2]

City: [PHYSICAL CITY]

State: [PHYSICAL STATE]

ZIP Code: [PHYSICAL ZIP]

ASK IF G2 OR G3

5. What times are the breakfast and lunch periods in [SCHOOL]?

MEAL/PERIOD	START TIME	END TIME
Breakfast <input type="radio"/> we do not serve breakfast	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 1	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 2	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 3	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 4	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 5	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM
Lunch period 6	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text" value=":"/> <input type="radio"/> AM <input type="radio"/> PM

Lunch period 7	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM PM
Lunch period 8	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM PM
Lunch period 9	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM	<input type="text" value=":"/> ₁ <input type="radio"/> AM ₂ <input type="radio"/> PM PM

ASK IF G2 OR G3

6a. What time does [SCHOOL] open? This refers to the time that the front doors open to the school or the time that front office staff arrive.

: : AM PM

ASK IF G2 OR G3

6b. What time does the cafeteria open?

: : AM PM

ASK IF G2 OR G3

6c. What time does your school close?

: : AM PM

ASK IF G3

7. Does [SCHOOL] ever offer any type of food bar (this includes self-serve and made-to-order food bars) as part of reimbursable lunches? Some examples of food bars include entrée salad bars, side salad bars, fruit and vegetable bars, sandwich or deli bars, potato bars, nacho/taco or other Mexican-themed bars, pasta or Italian-themed bars, or condiment, toppings, or fixins' bars.

- Yes..... 1
- No..... 0

HARD CHECK IF MISSING: Please provide an answer to the question food bars. This question is required so that we can appropriately plan for our visit to your school.

ASK IF G3

IF Q7 =1 GO TO Q8. ELSE GO TO Q9.

8. Thinking about the food bars that your school offers as part of reimbursable lunches, what is the largest number of food bars that are available on any given day during lunch?

MAX NUMBER OF BARS AT LUNCH

(RANGE 0 - 10)

HARD CHECK IF MISSING: Please provide an answer to the question about food bars. This question is required so that we can appropriately plan for our visit to your school.

SOFT CHECK IF RANGE GREATER THAN 3: You reported that your school has more than 3 food bars in your cafeteria for lunch. Please confirm your answer before proceeding.

ASK IF G3

9. Does [SCHOOL] ever offer any type of food bar (this includes self-serve and made-to-order food bars) as part of reimbursable breakfasts? Some examples might include parfait bars, cereal bars, or condiment bars.

- Yes..... 1
- No..... 0

HARD CHECK IF MISSING: Please provide an answer to the question about self-serve and made-to-order food bars. This question is required so that we can appropriately plan for our visit to your school.

ASK IF G3

IF Q9=1 GO TO Q10. ELSE GO TO Q11a.

10. Thinking about the food bars that your school offers as part of reimbursable breakfasts, what is the largest number of food bars that are available on any given day during breakfast?

MAX NUMBER OF BARS AT BREAKFAST

(RANGE 0 - 10)

HARD CHECK IF MISSING: Please provide an answer to the question about food bars. This question is required so that we can appropriately plan for our visit to your school.

SOFT CHECK IF RANGE GREATER THAN 2: You reported that your school has more than 2 food bars in your cafeteria for breakfast. Please confirm your answer before proceeding.

ASK IF G3 AND SCHOOL PLATE WASTE = ELIGIBLE OR UNKNOWN, ELSE GO TO Q12.

IF PK = YES, FILL "Please exclude reimbursable breakfasts served to students in pre-kindergarten."

11a. How many reimbursable lunches are served to students in [SCHOOL] on a typical school day? [Please exclude reimbursable lunches served to students in pre-kindergarten.]

NUMBER OF LUNCHES

(RANGE 1 - 6,000)

HARD CHECK IF MISSING: Please provide your best estimate.

ASK IF G3 AND SCHOOL PLATE WASTE = ELIGIBLE OR UNKNOWN

11b. Are all lunches served and eaten in the cafeteria?

- Yes.....1
- No.....0

ASK IF G3 AND SCHOOL PLATE WASTE = ELIGIBLE OR UNKNOWN

11c. Are all breakfasts served and eaten in the cafeteria?

- Yes.....1
- No.....0

ASK IF G3 AND SCHOOL PLATE WASTE = ELIGIBLE OR UNKNOWN

12. How many points-of-sale for reimbursable lunches are there in [SCHOOL]’s cafeteria (including electronic systems and cashiers)?

NUMBER OF POINTS-OF-SALE

(RANGE 0 - 10)

ASK IF G3 AND SCHOOL PLATE WASTE = ELIGIBLE OR UNKNOWN

IF PK = YES, FILL “Please exclude reimbursable breakfasts served to students in pre-kindergarten.”

13. How many reimbursable breakfasts are served to students in [SCHOOL] on a typical school day? [Please exclude reimbursable breakfasts served to students in pre-kindergarten.]

NUMBER OF BREAKFASTS

(RANGE 0 - 3,000)

HARD CHECK IF MISSING: Please provide your best estimate.

ASK IF G2

14a. We will be sending study materials to the parents of students selected to participate in our study before your visit week. Would you like us to send the study materials directly to parents or would you prefer to give the students the study materials to take home?

- Mathematica to send materials directly to parents.....1
- School opts to send study materials home with students.....2

ASK IF G2 AND Q14a = 2
FILL FROM Q4

14b. Please confirm that this is the address that the study materials should be sent to for distribution by the school:

Physical Address of [SCHOOL]:

Attention: [SCHOOL LIAISON NAME]
Street Address: [PHYSICAL STREET ADDRESS 1]
Street Address Line 2: [PHYSICAL STREET ADDRESS 2]
City: [PHYSICAL CITY]
State: [PHYSICAL STATE]
ZIP Code: [PHYSICAL ZIP]

ASK IF G2 OR G3

15a. Does your school have any special security requirements that data collectors must meet prior to visiting?

- Yes.....1
- No.....0

ASK IF Q15a = 1

15b. What are these requirements?

(STRING (1000))