

G3. SFA ON-SITE COST INTERVIEW (GROUP 3 & FULL AND LIMITED OUTLYING AREAS)

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Note to Reviewer: The burden associated with Appendix G8, and providing price lists referenced in Appendices C19 and C27, is included in the burden disclosure statement for this appendix.

School Nutrition and Meal Cost Study-II

SFA On-site Cost Interview

Includes the following instruments:

**SFA Director Staff Salary and Time Allocation Grid
Preliminary SFA Indirect Cost Survey
Preliminary Food Service Expense Statement
Off-Budget Staff Salary and Time Allocation Grid**

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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 3 hours and 5 minutes per response for Group 3 and Full Outlying Area respondents and 90 minutes per response for Limited Outlying Area and FSMC respondents, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All information will be kept private under the Privacy Act to the extent allowed by law. 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.

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CONFIRMING RESPONDENT INFORMATION

ALL
PREFILL ANSWERS TO THESE QUESTIONS FROM SFADNAME, SFADPHONE, and SFADEMAIL AND ALLOW INTERVIEWER TO EDIT
DISPLAY ALL THREE QUESTIONS ON SAME PAGE

SC1. Please confirm your name and contact information.

_____ (STRING (20))
FIRST NAME

_____ (STRING (15))
MIDDLE INITIAL/NAME

_____ (STRING (30))
LAST NAME

SC2. What is your phone number?

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
(0-999) (0-999) (0-9999)

HOME..... 1

WORK..... 2

CELL PHONE..... 3

SC3. What is your email address?

_____ @ _____

DO NOT HAVE EMAIL ADDRESS.....N

SOFT CHECK: VERIFY EMAIL PATTERN AS *@*.*. IF EMAIL DOES NOT MATCH PATTERN: EMAIL SHOULD BE IN THE FORM OF name@domain.xxx. RE-ASK AND VERIFY EMAIL ADDRESS.

Additional Respondents

Name: _____
Title: _____
Phone: _____
Email: _____
Name: _____
Title: _____
Phone: _____
Email: _____

ALL

IF SCHOOL_STATE = AK OR HI, FILL **State**; ELSE, FILL **Territory**

INTRODUCTION

FNS has contracted with Mathematica Policy Research, Insight Policy Research, Decision Information Resources, and Agralytica to conduct the School Nutrition and Meal Cost Study-II (SNMCS-II) for school year 2019–2020.

Your participation is vital to informing future policies for school meals to ensure the meals contribute to a healthy future for all children.

[IF GROUP=3: This important study will (1) describe the food and nutritional quality of school meals and afterschool snacks, (2) update information on the school food environment and food service policies and practices, (3) estimate the cost to produce school meals and snacks, and (4) collect information about student participation, satisfaction, and dietary intake. Having updated information about the school meals programs will help States, SFAs, and schools better serve students.]

[IF GROUP=FOA OR LOA: This important study will estimate the cost to produce school meals in your [State/Territory].]

All information gathered for this study is for research purposes only and will not affect meal reimbursements to participating schools or school meal program benefits of participating households.

PROGRAMMER BOX

SKIP TO FOOD COST WORKSHEET IF RESPONDENT IS FSMC (ISFSMC=1) OR LIMITED OA (GROUP=LOA).

ISFSMC=0

Preliminary Questions – Module A

A1. I will first ask some general questions and then we will review staff time and food service costs. Let’s start with the types of kitchens in your SFA. This school year, does the SFA have any...

PROBE: Exclude any special arrangements that are only in place for summer food production.

Type of kitchen	Yes	No
a. On-site kitchens, which are school-based and prepare meals for serving at only the school where the kitchen is located?	1	0
b. Central kitchens, which are non-school facilities that prepare meals for serving at only receiving or satellite schools?	1	0
c. Production kitchens, which are school-based and prepare meals for serving at both the school where the kitchen is located and for sending to receiving or satellite schools?	1	0

ISFSMC=0 AND HAS ON-SITE AND CENTRAL/PRODUCTION, CONTINUE. ELSE GO TO FOOD COST WORKSHEET.

A2. How many schools in this SFA had a majority of their food produced in on-site kitchens for SY 2019-2020?

|_|_|_|_| SCHOOLS

ISFSMC=0 AND HAS ON-SITE AND CENTRAL/PRODUCTION, CONTINUE. ELSE GO TO FOOD COST WORKSHEET.

A3. How many schools in this SFA received a majority of their food from a central or production kitchen during SY 2019-2020?

|_|_|_|_| SCHOOLS

PROGRAMMER BOX
 POPUP TEXT FOR INTERVIEWER (ALL): COMPLETE FOOD COST WORKSHEET

GROUP=3 OR FOA. I.E., EXCLUDES LIMITED OUTLYING AREAS

SFA Staff Salary and Time Allocation Grid – Module B**PART 1: STAFF EMPLOYED BY THE SFA**

- B1.** Does the SFA employ the following types of central food service staff? Please include all staff whose time is charged to the school food service account, even if part of their wages are paid from a non-food service account. Exclude staff who are not employed by the SFA, for example, contracted staff. We will collect information about staff who work in support of the SFA, but are not paid out of the school food service account, in a separate section.

CENTRAL STAFF GRID		Employed by SFA?	
		Yes	No
a.	SFA director	1	0
b.	Administrative or clerical staff	1	0
c.	Maintenance staff	1	0
d.	Warehouse staff	1	0
e.	Drivers (include ALL drivers)	1	0
f.	Nutritionists	1	0
g.	Staff supervising multiple kitchens (e.g. regional managers)	1	0

Now we are going to create a central food service staff roster, based on the types of staff you just told me are employed by the SFA. The roster will help us to analyze the cost of direct labor for your central food service staff. I will ask you to list the different job titles or positions of all central staff, listing regular, part time, and temporary staff separately, even if they have the same title. Again, please include any staff on the food service payroll. This needs to account for every person who works for the SFA and is not based in an individual school. Note that even staff who conduct an SFA-level activity only one time should be included here. The purpose of this roster is to collect enough salary information to calculate what one hour of staff time costs per person, title, or position.

INTERVIEWER NOTE: REFER TO HANDOUT 3: CENTRAL FOOD SERVICE STAFF INTERVIEW GUIDE AND HANDOUT 4: SAMPLE STAFF SALARY GRID, LOCATED IN THE INTERVIEW REFERENCE GUIDE.

As we go through, please:

- o Do not include anyone who works primarily in a school or school kitchen.
- o Do not include anyone who works primarily in a central kitchen; in other words, a kitchen where food is prepared to be sent off-site only, and does not serve food on-site.
- o Please include all drivers, even if they may be considered school-specific.

INTERVIEWER NOTE: THE INSTRUMENT WILL RUN THROUGH ALL TYPES OF STAFF WITH A YES CHECKED IN B1A-G TO PROMPT THE CREATION OF THE STAFF ROSTER.

GROUP=3 OR FOA. I.E., EXCLUDES LIMITED OUTLYING AREAS

SHOW GRID ON ONE PAGE. ALLOW UP TO X ROWS

PART 2: CENTRAL FOOD SERVICE STAFF ROSTER

SAMPLE GRID, COLUMN NUMBERS CORRESPOND TO QUESTIONS BELOW.

(1)	(2)	(3)	(4)	(5)	(6)
Title/Position	Number of staff	Total paid hours/ week	Total paid time/ year	Total central food service hours	Percentage of salary/wage charged to the central food service account
E.g. SFA Director	1 40 hrs/wk		44 <input type="checkbox"/> Days <input checked="" type="checkbox"/> Weeks <input type="checkbox"/> Months Per year	40 hrs per <input checked="" type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	100%
A .	_ _ _		_ _ _ _ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months Per year	_ _ _ hrs per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	_ _ _ %

SOFT CHECK: ALL RESPONDENTS WHEN GOING TO NEXT SCREEN; Please confirm that we covered all staff on the central food service payroll in the following positions: [list items=1 from employfad:employregional]

(1)	(2)	(7a)	(7b)	(8a)	(8b)
Title/Position	Number of staff	[if Col2>1: Low] Salary/Wage	[Only display if Col2>1] High Salary/Wage	[if Col2>1: Low] Fringe benefits/ year	[Only display if Col2>1] High fringe benefits/ year
E.g. Admin assistant	3	\$ <u>30,000</u> per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input checked="" type="checkbox"/> Year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: <input type="checkbox"/> Two times a month	\$ <u>45,000</u> per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input checked="" type="checkbox"/> Year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: <input type="checkbox"/> Two times a month	per year	per year
	A. [FI\$ <u>L</u>] [FILL / DRO PDO WN]	_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: <input type="checkbox"/> Two times a month	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: <input type="checkbox"/> Two times a month	\$ _____ per year	\$ _____ per year

PROGRAMMER BOX
ALLOW UP TO 50 ROWS IN TABLE

PROGRAMMER BOX
ASK COL2 FOR ALL POSITIONS PROVIDED IN COL1.

PROGRAMMER BOX
PROGRAMMER: IF COL2=1, DO NOT DISPLAY COL 7B OR 8B
I.E., IF THERE IS ONLY ONE STAFF MEMBER IN POSITION, ONLY
DISPLAY ONE SALARY/BENEFITS COLUMN.

PART 3: CENTRAL FOOD SERVICE STAFF ALLOCATION GRID

INTERVIEWER NOTE: REFER THE RESPONDENT TO HANDOUT 5. READ THROUGH THIS HANDOUT WITH THE RESPONDENT, AND HAVE THEM REFERENCE THE HANDOUT THROUGH THE REMAINDER OF THIS SECTION.

(1)	(5)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
Title/Position	Central food service hours	Food service administration, %	Nutrition education and promotion, %	Other non-production, %	Breakfast production, %	Lunch production, %	Breakfast and lunch production, %	Snack/ supper production (FFVP, CACFP, and NSLP), %	Other meal production, %	Central food service total
E.g. SFA Director	40 hrs/wk	100%	0%	0%	0%	0%	0%	0%	0%	= 100%
A. [FILL]	[FILL]									

PROGRAMMER BOX

SUM OF 9-16 FOR EACH TITLE/POSITION SHOULD SUM 100%, IF IT DOES NOT SHOW: **THE TOTAL PERCENTAGE DOES NOT ADD UP TO 100 PERCENT. I AM GOING TO READ BACK THE PERCENTAGE OF TIME FOR EACH TYPE OF FOOD SERVICE ACTIVITY. PLEASE LET ME KNOW WHAT I SHOULD CORRECT SO THAT THE TIME ADDS UP TO 100 PERCENT.**

END OF SECTION: That concludes this section of the survey. [Group 3 or full OA: Next, I would like to ask you about your SFA’s indirect costs.] [FSMC or limited OA: Next, I would like to ask you about your SFA’s food service expense statement.]

PROGRAMMER BOX

SKIP TO PRELIMINARY FOOD SERVICE EXPENSE STATEMENT IF RESPONDENT IS FSMC OR LIMITED OA

PROGRAMMER BOX
SKIP SECTION IF LIMITED OA OR RESPONDENT IS FSMC.

Preliminary SFA Indirect Cost Survey – Module C

- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

Name: _____
Title: _____
Phone: _____
Email: _____
Name: _____
Title: _____
Phone: _____
Email: _____

INTRODUCTION (INTERVIEWER: READ ONLY TO NEW RESPONDENTS)

FNS has contracted with Mathematica Policy Research, Insight Policy Research, Decision Information Resources, and Agralytica to conduct the School Nutrition and Meal Cost Study-II (SNMCS-II) for school year 2019–2020.

Your participation is vital to informing future policies for school meals to ensure the meals contribute to a healthy future for all children.

[GROUP 3: This important study will (1) describe the food and nutritional quality of school meals and afterschool snacks, (2) update information on the school food environment and food service policies and practices, (3) estimate the cost to produce school meals and snacks, and (4) collect information about student participation, satisfaction, and dietary intake. Having updated information about the school meals programs will help States, SFAs, and schools better serve students.]

[OACS: This important study will estimate the cost to produce school meals in your [State/Territory].]

All information gathered for this study is for research purposes only and will not affect meal reimbursements to participating schools or school meal program benefits of participating households.

The purpose of this section is to gather information about indirect costs that may be considered as part of the costs of school food service. In this section, I'll ask you to provide information about the methods that your school district uses to allocate indirect costs to its programs and activities. This study is not an audit or a compliance review.

PART 1: SCREENER

C1. INDIRECT COST RATES AVAILABLE FROM THE STATE AGENCY INDIRECT COST SURVEY

AVAILABLE..... 1 GO TO C2
 NOT AVAILABLE..... 0 GO TO C3

C2. Does your school district use the indirect cost rate calculated or approved by the State?

PROBE: If the school district is not *charged* the indirect cost rate, but still uses the State's calculation, answer yes.

YES..... 1 GO TO END
 NO..... 0
 DON'T KNOW..... d
 REFUSED..... r

PART 2: METHOD FOR ALLOCATING INDIRECT COSTS

C3. Does your school district have one or more indirect cost rate(s) for SY 2019-2020?

YES..... 1
 NO..... 0 GO TO C8
 DON'T KNOW d GO TO C8

C4. Does your school district have a restricted, unrestricted, or both types of indirect cost rates for SY 2019-2020?

CODE ALL THAT APPLY

RESTRICTED RATE..... 1
 UNRESTRICTED RATE..... 2
 DON'T KNOW 3

ASK IF RESTRICTED SELECTED, C4=1

C5. What is your school district's restricted indirect cost rate for SY 2019-2020?

INTERVIEWER: PLEASE ENTER AMOUNT AS A PERCENT.

|_|_|_|_|.|_|_|_| % RESTRICTED RATE

DON'T KNOW THE RATE.....d

ASK IF UNRESTRICTED SELECTED, C4=2

C6. What is your school district's unrestricted indirect cost rate for SY 2019-2020?

INTERVIEWER: PLEASE ENTER AMOUNT AS A PERCENT.

|_|_|_|_|.|_|_|_| % UNRESTRICTED RATE

DON'T KNOW THE RATE.....d

ASK IF DON'T KNOW RATE TYPE SELECTED, C4=3

C7. What is your school district's indirect cost rate for SY 2019-2020?

INTERVIEWER: PLEASE ENTER AMOUNT AS A PERCENT.

|_|_|_|_|.|_|_|_| % UNKNOWN RATE TYPE

DON'T KNOW THE RATE.....d

PROGRAMMER BOX
IF SCHOOL DISTRICT HAS INDIRECT COST RATE (C3= 1), GO TO
END

ASK IF DON'T HAVE OR DON'T KNOW IF HAVE INDIRECT COST RATE (C3=0 or D)

C8. Does your school district have one or more indirect cost allocation plan(s) that use a method other than indirect cost rate(s) to charge the SFA for indirect costs for SY 2019-2020?

YES 1

NO 0 GO TO END

DON'T KNOW.....d GO TO END

ONLY ASK IF WE DID NOT RECEIVE COPY OF PLAN PRIOR TO TARGET WEEK

C9. May I have a copy of your indirect cost allocation plan(s) for SY 2019-2020?

YES..... 1
NO, PLAN IS NOT DOCUMENTED..... 0
REFUSED..... r

ONLY ASK IF WE DID NOT RECEIVE COPY OF PLAN PRIOR TO TARGET WEEK

C10. INTERVIEWER CODE: INDIRECT COST ALLOCATION PLAN(S) FOR SY 2019-2020 COLLECTED?

YES..... 1
NO..... 0

_____(STRING (NUM))
NOTES

END OF INDIRECT COST SECTION.

Next, I would like to ask you about your SFA's food service expense statement.

Preliminary Food Service Expense Statement – Module D

- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

Name: _____
Title: _____
Phone: _____
Email: _____
Name: _____
Title: _____
Phone: _____
Email: _____

INTRODUCTION (INTERVIEWER: READ ONLY TO NEW RESPONDENTS)

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[OACS: This important study will estimate the cost to produce school meals in your [State/Territory].]

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Preliminary Food Service Expense Statement

First, thank you for providing a copy of your SFA's preliminary expense statement prior to this visit. Members of our team pulled information from this statement and populated a grid (INTERVIEWER: PROVIDE RESPONDENT WITH ABSTRACTED VERSION OF EXPENSE STATEMENT). I am going to pull this pre-filled grid up on my computer and walk through it with you now to make sure what we have is accurate and complete. I also have a copy of the expense statement provided for reference.

D1. FOR THIS ITEM, FILL THE SCHOOL YEAR OF THE PRELIMINARY EXPENSE STATEMENT THAT WAS PROVIDED AND THE DATES THAT IT COVERED:

I see the expense statement covers the [YYYY-YYYY] school year, and covers [DATE] to [DATE]. Is that correct?

INTERVIEWER NOTE: IF INCORRECT, OVERWRITE FIELDS WITH THE CORRECTED DATES.

PERIOD COVERED BY STATEMENT: |_|_|_|/|_|_|_|/|_|_|_|_| to |_|_|_|/|_|_|_|/|_|_|_|_|

I will refer to this as the “reporting period” throughout the rest of the interview.

D2. INTERVIEWER: REFER THE RESPONDENT TO HANDOUT 6: EXPENSE CATEGORIES AND DEFINITIONS.

D3. I'll start with labor expenses and then ask about non-labor expenses. [INTERVIEWER: BEGIN SHARING SCREEN WITH RESPONDENT AND WALK THROUGH EXPENSE GRID, MAKING CORRECTIONS AS NEEDED]

Preliminary Food Service Expense Statement

	A.	B.	C.	D.
MAJOR CATEGORY <i>Sub-category</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
A. LABOR				
Salaries and wages of:				
1. Regular food service employees	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
2. Other regular district employees	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
3. Temporary employees	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
Fringe benefits and payroll taxes				
4. Social security taxes (including Medicare and FICA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
5. Unemployment compensation (government benefit)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____

SFA ON-SITE COST INTERVIEW

	A.	B.	C.	D.
MAJOR CATEGORY <i>Sub-category</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
6. Worker's compensation (private insurance)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
7. Health insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
8. Retirement contributions (e.g., pensions)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
9. Other benefits (life insurance, disability insurance, sick leave, long-term disability, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET

Preliminary Food Service Expense Statement

	A.	B.	C.	D.
MAJOR CATEGORY <i>Sub-category</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
B. OTHER DIRECT OPERATING COSTS <i>Supplies and expendable equipment:</i>				
1. Food production supplies and expendable equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
2. Transportation supplies (gas, grease, oil, tires, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
3. Office supplies and expendable equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
4. Other supplies and expendable equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
<i>Utilities</i>				

SFA ON-SITE COST INTERVIEW

	A.	B.	C.	D.
MAJOR CATEGORY <i>Sub-category</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
5. Energy	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
6. Other utilities (water, sewer)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
Rent				
7. Equipment/vehicle rental	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
8. Storage space rental	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
9. Other space rental	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
Contracted services/interagency payments:				
10. Professional services	<input type="checkbox"/> YES	<input type="checkbox"/> YES		<input type="checkbox"/> INDIRECT COST

	A.	B.	C.	D.
MAJOR CATEGORY Sub-category Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
	<input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> NO		<input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
11. Food service management company fees, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
12. Repairs and maintenance of equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
13. Storage	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
14. Transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
15. Insurance and bond premiums	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____

SFA ON-SITE COST INTERVIEW

	A.	B.	C.	D.
MAJOR CATEGORY <i>Sub-category</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
16. Other contracted services	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OFF-BUDGET <input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
Miscellaneous direct operating costs				
17. Communications	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
18. Travel/miscellaneous	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET

Preliminary Food Service Expense Statement

	A.	B.	C.	D.
MAJOR CATEGORY <i>Subcategory</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS				
<i>Equipment purchases:</i>				
1. Kitchen equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
2. Motor vehicles	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
3. Other equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
<i>Equipment depreciation:</i>				
4. Cafeteria/kitchen	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
5. Other	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDIRECT COST <input type="checkbox"/> SEPARATE DOC. Name of doc:

SFA ON-SITE COST INTERVIEW

	A.	B.	C.	D.
MAJOR CATEGORY <i>Subcategory</i> Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
				_____ <input type="checkbox"/> OFF-BUDGET

	A.	B.	C.	D.
MAJOR CATEGORY Item	Is [ITEM] listed on the expense statement as its own separate line item(s)?	Is some or all of [ITEM] included in another line item on the expense statement?	(IF YES TO A OR B) Which item(s) contains this cost?	(IF YES TO A OR B) Is any of this item also included somewhere else? (IF NO TO A AND B) Why is this item not included as its own line item on the expense report?
D. INDIRECT COSTS				
1. Indirect cost for period covered by statement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET
2. Indirect cost for prior school year(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SEPARATE DOC. Name of doc: _____ <input type="checkbox"/> OFF-BUDGET

SECTION E: FOOD EXPENSES

E_INTRO: INTERVIEWER: STOP SHARING SCREEN.

Thank you for confirming the data in the expense statement. Now I want to ask you a few questions about food expenses.

E1. Does the expense for purchased food reported reflect the value of food *received* or food *used* during the reporting period?

PROBE: The value *received* is called cash-based reporting and the value *used* is called accrual-based reporting. Accrual-based reporting represents the value of the food used during the period regardless of when it was purchased.

VALUE RECEIVED (CASH).....1
 VALUE USED (ACCRUAL)2 GO TO E3
 Other **How is purchased food reported?**.....3

E2. Is the value of the purchased food inventory at the start and end of the 2019-2020 school year, or the change in the value of the inventory over the year, documented or reported?

PROBE: Say yes if the change in value is not directly reported, but can be calculated by reported starting and ending inventory values.

YES.....1
 NO.....0 GO TO E4

E3. Is it reported on this expense statement or on a separate document?

ON THE STATEMENT.....1
Name of line item _____
 ON A SEPARATE DOCUMENT (COLLECT DOCUMENT).....2
Name of document _____

E4. Does this SFA receive USDA Foods, also known as donated commodities?

YES1
 NO.....0 GO TO SECTION F

E5. Does the expense for purchased food reported on the expense statement include the value of USDA Foods received by the SFA?

YES.....1 GO TO E13
 NO.....0

E6. Is the value of USDA Foods received by the SFA documented or reported?

YES..... 1
 NO..... 0 GO TO E13

E7. Is the value of USDA Foods received by the SFA reported on the expense statement or on a separate document?

ON THE STATEMENT..... 1

Name of line item _____

ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2

Name of document _____

E8. Does the reported expense for USDA Foods reflect the value of food *received* or value of food *used* during the reporting period?

PROBE: The value *received* is called cash-based reporting and the value *used* is called accrual-based reporting. Accrual-based reporting represents the value of the food used during the period regardless of when it was purchased.

VALUE RECEIVED (CASH)..... 1

VALUE USED (ACCRUAL)..... 2 GO TO E11

OTHER How is USDA Foods value reported?..... 3

E9. Is the value of the USDA Foods inventory at the start and end of the 2019-2020 school year, or the change in the value of over the year, documented or reported?

PROBE: Say yes if the change in value is not directly reported, but can be calculated by reported starting and ending inventory values.

YES..... 1

NO..... 0 GO TO E11

E10. Is the change in value (or start and ending values) of the USDA Foods inventory over the year reported on the expense statement or on a separate document?

ON THE STATEMENT..... 1

Name of line item _____

ON A SEPARATE DOCUMENT (COLLECT DOCUMENT)..... 2

Name of document _____

E11. Does the amount documented include the value of discounts or rebates received for purchases of processed foods made from USDA Foods?

YES..... 1 GO TO E13
NO..... 0
NOT APPLICABLE..... N GO TO E13

E12. Is the value of these discounts or rebates documented or reported?

YES..... 1
Name of document _____
NO..... 0

E13. Did the State charge the SFA for any costs associated with the storage, transportation, or processing of USDA Foods received by the SFA?

YES..... 1
NO..... 0 GO TO SECTION F

E14. Do these charges appear as a separate line item on the SFA expense statement?

YES..... 1 GO TO SECTION F
NO..... 0

E15. Were these charges deducted from meal reimbursements that were due to the SFA?

YES..... 1 GO TO SECTION F
NO..... 0

E16. How are these charges accounted for?

SECTION F: UTILITIES AND EQUIPMENT SUPPLEMENT

In this section, we will collect information about food service utilities and equipment depreciation that are not available in your expense statement or in your SFA's indirect cost rate, if applicable.

F1. Does food service use any utilities that are not directly or indirectly charged to the food service account?

YES..... 1
 NO..... 0 GO TO F5

F2. We will call these “unreported” utility costs because they are not directly or indirectly charged to the food service account. By the time of our follow-up interview, will you be able to provide actual or estimated costs for utilities that were not directly or indirectly charged for the sampled kitchens for the 2019-2020 school year?

SAMPLED KITCHENS: [LIST]

YES..... 1 GO TO F4
 NO..... 0

F3. Will you be able to provide actual or estimated unreported utility costs for the SFA overall for the 2019-2020 school year?

YES..... 1
 NO..... 0 GO TO F5

F4. What is the name of the documentation you will reference to provide this information?

Name of document _____

F5. Is major food service equipment such as ranges, refrigerators, or delivery vans, owned by the school district or SFA, leased by the school district or SFA, provided by a food service management company, or supplied to the school district through other means?

CODE ALL THAT APPLY

SCHOOL DISTRICT OR SFA OWNS MAJOR EQUIPMENT..... 1
 SCHOOL DISTRICT OR SFA LEASES MAJOR EQUIPMENT..... 2
 FOOD SERVICE MANAGEMENT COMPANY PROVIDES MAJOR EQUIPMENT..... 3
 OTHER (Specify):..... 4

 REFUSED..... r
 DON'T KNOW..... d

PROGRAMMER BOX

IF SCHOOL DISTRICT DOES NOT LEASE OR RECEIVED MAJOR EQUIPMENT FROM THE FSMC (F5=1, 4, OR DK), CONTINUE WITH F6. OTHERWISE GO TO END OF EXPENSE STATEMENT.

F6. Are all of the costs for food service equipment depreciation charged to the school food service account as either a direct charge or in indirect costs?

YES..... 1 GO TO END OF EXPENSE STATEMENT
NO..... 0

F7. We will call these “unreported” equipment depreciation costs because they are not directly or indirectly charged to the food service account. By the time of our follow-up interview, will you be able to provide actual or estimated unreported equipment depreciation costs for the sampled kitchens for the 2019-2020 school year?

PROBE: Here we are just interested in the equipment depreciation costs that were not directly or indirectly charged to the SFA. We collect direct and indirect charges separately.

SAMPLED KITCHENS: [LIST]

YES..... 1 GO TO F10
NO..... 0

F8. Will you be able to provide actual or estimated unreported equipment depreciation costs for the SFA overall for the 2019-2020 school year?

YES..... 1 GO TO F10
NO..... 0

F9. Will you be able to provide the initial purchase price for food service equipment in any of the sampled kitchens or the SFA overall?

YES..... 1
NO..... 0 GO TO END OF EXPENSE STATEMENT

F10. What is the name of the documentation you will reference to provide this information?

Name of document _____

END OF PRELIMINARY EXPENSE STATEMENT.

This concludes our preliminary review of your SFA’s expenses. When the final food service expense statement for the 2019-2020 school year is available, we will review that statement with you by telephone or in a virtual meeting next fall to ask some follow-up questions. In the next section, I am going to ask you about staff time and salaries for people who work on food service activities but are not paid from the food service account.

PROGRAMMER BOX
SKIP SECTION IF LIMITED OA OR RESPONDENT IS FSMC.

Off-Budget Staff Salary and Time Allocation – Module E

- Completed by SFA Director
- Completed by Business Manager

Additional Respondents

Name: _____
Title: _____
Phone: _____
Email: _____
Name: _____
Title: _____
Phone: _____
Email: _____

INTRODUCTION (INTERVIEWER: READ ONLY TO NEW RESPONDENTS)

FNS has contracted with Mathematica Policy Research, Insight Policy Research, Decision Information Resources, and Agralytica to conduct the School Nutrition and Meal Cost Study-II (SNMCS-II) for school year 2019–2020.

Your participation is vital to informing future policies for school meals to ensure the meals contribute to a healthy future for all children.

[GROUP 3: This important study will (1) describe the food and nutritional quality of school meals and afterschool snacks, (2) update information on the school food environment and food service policies and practices, (3) estimate the cost to produce school meals and snacks, and (4) collect information about student participation, satisfaction, and dietary intake. Having updated information about the school meals programs will help States, SFAs, and schools better serve students.]

[OACS: This important study will estimate the cost to produce school meals in your [State/Territory]].

All information gathered for this study is for research purposes only and will not affect meal reimbursements to participating schools or school meal program benefits of participating households.

OFF-BUDGET STAFF INTERVIEW

In this part of the interview, we will talk about the labor or other costs that support central food service operations but are paid out of a non-food service account. These are costs that are not charged as direct costs nor included in the school district's indirect cost rate. We will refer to these as "off-budget costs."

First, we need to identify if the costs for the functions that support central food service operations are treated as direct costs, indirect costs, or handled some other way. If the food service department does not use a particular support function, let me know. I will take into account what you have already told me about indirect costs charged to the food service account and will just ask for confirmation on these items.

INTERVIEWER: REFER THE RESPONDENT TO HANDOUT 7: DEFINITIONS FOR SUPPORT FUNCTION COST GRID

PROGRAMMER BOX

PREFILL RESPONSE FROM SA INDIRECT COST SURVEY (SAICS Q4A-M, UNRESTRICTED IF AVAILABLE, ELSE RESTRICTED) TO G1A-M, COLUMN IC.

E.G., IF Q4A_U=1 ON SAICS, THEN G1A_IC=1.

G1. For each of the following tasks, if they are performed in support of central food service, are the costs associated with this task charged directly to food service (DC), are they part of the school district’s indirect cost rate (IC), or are they charged somewhere else (OB)?

INTERVIEWER NOTE: IF RESPONSE IS PRE-FILLED FROM SA INDIRECT COST SURVEY, JUST CONFIRM RESPONSE. **“According to my information, the costs associated with this task are part of the school district’s indirect cost rate. Is that correct?”**

How handled codes:
DC = direct SFA charge; **IC** = included in indirect cost rate/other cost allocation plan; **OB** = other (off budget) costs

Task in Support of Central Food Service	How Handled? (SELECT ALL THAT APPLY)			N/A
	DC	IC	OB	
a. Accounting, budget, finance, and payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Data processing operations and programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Administration of personnel, benefits, and human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Purchasing and contracting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. General administration and policy (Superintendent’s office, School Board, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Custodial and janitorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Building operations and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Equipment and vehicle operations and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Refuse disposal, pest control and other sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Storage and transportation of goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Providing and maintaining uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Medical/health services and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFF-BUDGET STAFF ROSTER INTRODUCTION

Now I would like to get information on the jobs and costs of the school district staff and employees of other agencies who provide the support functions we have just discussed. I want to list staff whose labor we have identified as “off-budget.”

These are the labor costs that are neither charged directly to the food service account nor included in the indirect cost rate. These could be school district staff or other government agency staff. We will not discuss any costs incurred at the school level by non-food service school staff because we will get this information during interviews with the principals of the sampled schools. We will also not discuss the labor costs that are included in the district’s indirect cost [rate/allocation plan].

For the next set of questions, we need to account for every person that works on food service activities whose salary, at least in part, is not charged to the SFA’s budget. Staff should be listed by title or position.

INTERVIEW NOTE: REFER TO HANDOUT 8: OFF-BUDGET FOOD SERVICE STAFF INTERVIEW GUIDE AND HANDOUT 9: OFF-BUDGET STAFF SALARY GRID

PROGRAMMER BOX

PROGRAMMING: IF TASK IS NOT MARKED ONLY OFF-BUDGET (G1=1 OR 2 OR (2 AND 3) OR (1 AND 3) FOR A SINGLE TASK, SKIP THE ROSTER ITEM FOR THESE STAFF. WE WANT TO ASK ABOUT TASKS WHERE ONLY "OFF-BUDGET" WAS SELECTED (3).

SAMPLE OFF-BUDGET STAFFING GRID

(1)	(2)	(3)	(4)	(5)	(6)
Title/ Position	Number of staff	Department	Total paid hours/ week	Total paid time/ year	Total off-budget central food service hours
E.g. Accountant	3	<input checked="" type="checkbox"/> District <input type="checkbox"/> Non-district	40 hrs/wk	44 <input type="checkbox"/> Days <input checked="" type="checkbox"/> Weeks <input type="checkbox"/> Months } → Per year	40 hrs per <input checked="" type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
A.	_ _ _	<input type="checkbox"/> District <input type="checkbox"/> Non-district	_ _ _ hrs/wk	_ _ _ _ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months } → Per year	_ _ _ hrs per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

(1)	(2)	(7a)	(7b)	(8a)	(8b)
Title/Position	Number of staff	[if Col2>1: Low] Salary/Wage	[Only display if Col2>1] High Salary/Wage	[if Col2>1: Low] Fringe benefits/ year	[Only display if Col2>1] High fringe benefits/ year
E.g. Accountant	3	\$ 40,000 per	\$ 65,000 per		

(1)	(2)	(7a)		(7b)		(8a)	(8b)
Title/Position	Number of staff	[if Col2>1: Low] Salary/Wage		[Only display if Col2>1] High Salary/Wage		[if Col2>1: Low] Fringe benefits/ year	[Only display if Col2>1] High fringe benefits/ year
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$5,000 per year	\$35,000 per year
A. [FILL]	[FILL]	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per year	\$ _____ per year

PROGRAMMER BOX

ALLOW UP TO 20 POSITIONS

OFF BUDGET STAFF TIME ALLOCATION GRID

INTERVIEWER NOTE: REFER THE RESPONDENT TO HANDOUT 5. READ THROUGH THIS HANDOUT WITH THE RESPONDENT, AND HAVE THEM REFERENCE THE HANDOUT THROUGH THE REMAINDER OF THIS SECTION.

INTRO: For each position listed we just collected salary information on, please also tell me the percentage of off-budget food service time spent on each function from Handout 5 over the school year.

INTERVIEWER: IF UNABLE TO ESTIMATE PERCENTAGE FOR ONE OR MORE FUNCTIONS, PUT "PG" IN THE COLUMN [THAT IS, "SEE PROCESS GRID"] AND COMPLETE A PROCESS GRID

(1)	(6)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
Title/Position	Central food service hours	Food service administration, %	Nutrition education and promotion, %	Other non-production, %	Breakfast production, %	Lunch production, %	Breakfast and lunch production, %	Snack/ supper production (FFVP, CACFP, and NSLP), %	Other meal production, %	Central food service total
E.g. Accountant	40 hrs/wk	100%	0%	0%	0%	0%	0%	0%	0%	= 100%
A. [FILL]	[FILL]									

PROGRAMMER BOX

SUM OF 9-16 FOR EACH TITLE/POSITION SHOULD SUM 100%, IF IT DOES NOT SHOW: THE TOTAL PERCENTAGE DOES NOT ADD UP TO 100 PERCENT. I AM GOING TO READ BACK THE PERCENTAGE OF TIME FOR EACH TYPE OF FOOD SERVICE ACTIVITY. PLEASE LET ME KNOW WHAT I SHOULD CORRECT SO THAT THE TIME ADDS UP TO 100 PERCENT.

INTERVIEWER: AFTER ALL POSITIONS REVIEWED, COMPLETE PROCESS GRID FOR ANY POSITIONS UNABLE TO ESTIMATE.

PROGRAMMER BOX

GO TO END IF NO POSITIONS HAVE 'PG' MARKED IN 9-16.

PROCESS GRID FOR OFF-BUDGET STAFF

To help you estimate the time spent by [TYPE OF STAFF] on food service support, I will ask you some questions about their activities. I'll need to do this for each type of support activity involving [TYPE OF STAFF].

G18. What is the first function involving [TYPE OF STAFF]?

PROBE: You can also list activities by task if that is easier to report.

G19. [IF MORE THAN ONE TYPE OF STAFF NEEDS PROCESS GRID COMPLETED] Do any other types of staff aside from [TYPE OF STAFF] do this function? What are their titles?

PROBE: We are only interested in the following off-budget staff types in this grid: [LIST TYPES OF STAFF]. We will use the percentages you provided to estimate other staff member's time.

G20. Do all [NUMBER FROM ROSTER] [TYPE OF STAFF] do this task?

YES.....1

NO 0..... GO G22

G21. How many [TYPE OF STAFF] do this task?

|_|_| STAFF

(RANGE: 1-[number from roster])

G22. How many hours per week does each person of this type spend on this task during the 2019 – 2020 school year?

PROBE: If hours per week are hard to estimate, I can also record hours per day, month, or year.

PROBE: If this is a task that is done many times, tell me how long it takes to do the task once and then how often it's done. If it is a one-time or infrequent step, you can just tell me the time spent per year by this type of employee on the task.

|_|_| HOURS

(RANGE: 1-999)

PER DAY.....1

PER WEEK.....2

PER MONTH.....3

PER YEAR.....4 GO TO G24

OTHER (SPECIFY).....5

G23. How many [PERIOD FROM G22]s during the 2019-2020 school year is this task done?

|_|_| [DAYS/WEEKS/MONTHS/OTHER]

(NUMBER RANGE)

G24. Do [TYPE OF STAFF] do any other food service support tasks?

YES.....1

NO.....0

PROGRAMMER BOX

IF G24=1, REPEAT G18-24 FOR SAME TYPE OF STAFF, ASKING ABOUT NEXT TASK. ALLOW UP TO 10 TASKS.

IF G24=0, REPEAT G18-24 FOR NEXT TYPE OF STAFF FOR WHICH UNABLE TO ESTIMATE TIME (HAS A 'PG' MARKED IN COL 9-16).

Example Process Grid for Off Budget Staff for reference:

(1)	(2)	(3)	(4)		
Describe applicable tasks	What types of employees do this task (i.e., title, position, etc.)? (refer to Staff Rosters and enter initials or row number)	How many employees of this type do this task?	How many hours per week does each person of this type spend on this task during the July 2019 – June 2020 program year? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS in (d) MUST MATCH: D-D, W-W, M-M.		
			Hours per Period		Number of Periods
A.			_ _ 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
B.			_ _ 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

END OF SURVEY.

Thank you for completing the Off-Budget District Staff interview. We may contact you later if we have follow-up questions. Those are all of my questions for you today. Thank you for taking the time to complete these interviews with me. Your participation is vital to the success of the School Nutrition and Meal Cost Study-II.