



This information is being collected to provide the Food and Nutrition Service with key information on the annual error rates and improper payments for the school meal programs. This is a voluntary collection and FNS will use the information to examine school meal error rates and inform future APEC studies. This collection requests personally identifiable information under the Privacy Act of 1974. 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 0584-0530. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, 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, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0530). Do not return the completed form to this address.

## **Fourth Access, Participation, Eligibility and Certification Study**

### **Series (APEC IV)**

## **MEAL TRANSACTION OBSERVATION FORM**

COMPLETE ONCE PER SCHOOL

<b>SECTION A: SUMMARY</b>	
SFA Name and ID: _____	School Name and ID: _____
Date of Observation: _____ / _____ / _____ Month                  Day                  Year	Data Collector Name & ID: _____

**Sampling Information and Results: List all registers/locations for each period. Period is defined by non-overlapping start and end time.**

Sampling Information			Sampling Results				
PERIOD	# of Registers or Locations in PERIOD	Approximate # of students in PERIOD	PERIOD	Location	# of Trays to Observe	Start with	Interval
<b>BREAKFAST</b>							
1			1				
2			2				
3			3				
4			4				
5			5				
<b>LUNCH</b>							
1			1				
2			2				
3			3				
4			4				
5			5				
6			6				
7			7				
8			8				
9			9				

**Sampling Notes:**



**COMPLETE ONE FOR EACH MEAL OBSERVATION**

**SECTION B: MEAL OBSERVATION DETAILS**

<p><b>Meal Type:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch</p>	<p><b>Meal Period:</b> _____</p>	<p><b>Time Observation Began:</b>                   _ _  /  _ _  AM PM</p> <p><b>Time Observation Ended:</b>                   _ _  /  _ _  AM PM</p>
<p><b>Location of Observation:</b></p> <p><input type="checkbox"/> Cafeteria  <input type="checkbox"/> Multipurpose Room  <input type="checkbox"/> Gym  <input type="checkbox"/> Hallway  <input type="checkbox"/> Classroom # or Name: _____</p> <p>Grade level(s): _____</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p><b>Meal Service Delivery Type</b> (<i>select all that apply</i>)</p> <p><input type="checkbox"/> Tray  <input type="checkbox"/> Bagged or boxed meal  <input type="checkbox"/> Pre-plated meal  <input type="checkbox"/> "Grab n Go" cart or Kiosk  <input type="checkbox"/> Vending machine  <input type="checkbox"/> Food/Salad bar  <input type="checkbox"/> Other (specify): _____</p>	<p><b>Meal Claiming Protocols</b></p> <p><input type="checkbox"/> Electronic  <input type="checkbox"/> Manual  <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Cafeteria Staff  <input type="checkbox"/> Teacher  <input type="checkbox"/> Other (specify): _____</p>

**Offer Versus Serve (OVS)?**  NO  YES

**Total number of OVS Food Items Offered in meal service space:** \_\_\_\_\_ (*enter number*)

Fruit and Vegetable Quantity:	1/4 cup	1/2 cup	3/4 cup	1 cup	1/2 (half portion)	1 (whole)	<b>Additional Notes:</b>
Fruit 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetable 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetable 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetable 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Notes:**

**APPENDIX B18 (Instrument C1). Meal Observation Booklet**

**Meal Level Exceptions (to be completed after meal observation):**

*(select all that apply)*

1. Could not observe all sampled meals (e.g., trays, boxes, bags, etc.)

Comments: \_\_\_\_\_

2. Food item ran out, and was not replenished

Comments: \_\_\_\_\_

3. Substitute Cashier

Comments: \_\_\_\_\_

4. Atypical circumstance

Describe: \_\_\_\_\_

5. IF THERE IS A FOOD BAR: Are food components/food items provided on the bars with the minimum serving size for each food component/food item? Yes / No (circle one)

Additional notes: \_\_\_\_\_

6. IF THERE IS A FOOD BAR: Is there signage to show which foods and combinations of foods the students may choose to select a reimbursable meal under OVS? Yes / No (circle one)

Additional notes: \_\_\_\_\_

7. NO CASHIER/REGISTER: describe how reimbursable meal status was determined:

\_\_\_\_\_

8. OTHER EXCEPTION

Comments: \_\_\_\_\_

**Additional Notes:**

**APPENDIX B18 (Instrument C1). Meal Observation Booklet**

Tray #: _____			
Type of Participant: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Adult			
<b>Tray Level Exceptions:</b> <input type="checkbox"/> E1. Did not observe tray <input type="checkbox"/> E2. Did not observe all food components <input type="checkbox"/> E3. Did not observe all food offered <input type="checkbox"/> E4. Food item ran out with no replacement item		<b>Tray Level Comments:</b>	
<b>NOTES:</b>	<b>Check if food item NOT available to student</b>	<b>Number of Servings Taken</b>	<b>Food Items</b>
	<input type="checkbox"/>		1.
	<input type="checkbox"/>		2.
	<input type="checkbox"/>		3.
	<input type="checkbox"/>		4.
	<input type="checkbox"/>		5.
	<input type="checkbox"/>		6.
	<input type="checkbox"/>		7.
	<input type="checkbox"/>		8.
	<input type="checkbox"/>		9.
	<input type="checkbox"/>		10.
Recorded as Reimbursable? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Tray #: _____			
Type of Participant: <input type="checkbox"/> Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Adult			
<b>Tray Level Exceptions:</b> <input type="checkbox"/> E1. Did not observe tray <input type="checkbox"/> E2. Did not observe all food components <input type="checkbox"/> E3. Did not observe all food offered <input type="checkbox"/> E4. Food item ran out with no replacement item		<b>Tray Level Comments:</b>	
<b>NOTES:</b>	<b>Check if food item NOT available to student</b>	<b>Number of Servings Taken</b>	<b>Food Items</b>
	<input type="checkbox"/>		1.
	<input type="checkbox"/>		2.
	<input type="checkbox"/>		3.
	<input type="checkbox"/>		4.
	<input type="checkbox"/>		5.
	<input type="checkbox"/>		6.
	<input type="checkbox"/>		7.
	<input type="checkbox"/>		8.
	<input type="checkbox"/>		9.
	<input type="checkbox"/>		10.
Recorded as Reimbursable? <input type="checkbox"/> Yes <input type="checkbox"/> No			



<b>Breakfast    Lunch</b> <b>(circle one)</b>
<b>Food Items</b>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

<b>Breakfast    Lunch</b> <b>(circle one)</b>
<b>Food Items</b>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

