

**E5. Center Director Cost Interview**

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## Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

### CENTER DIRECTOR COST INTERVIEW

Center Name: \_\_\_\_\_

Center ID #: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_

Respondent Email: \_\_\_\_\_

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0584-0669. The time required to complete this information collection is estimated to average 0.75 hours (45 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 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

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## **INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)**

**About the Study.** SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica and its partner, Westat, are conducting SNACS-II for USDA. Under the terms of Section 28 of the Richard B. Russell National School Lunch Act, institutions participating in CACFP are required to participate in this data collection.

**Data Collection Activity.** The Center Director Cost Interview will gather time use and payroll data for child care center staff whose job responsibilities do not primarily include food service. It is expected to take approximately 45 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have questions about the study please call us toll-free at [STUDY PHONE], email us at [STUDY EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.**

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1. How many weeks was your center/program in operation overall during fiscal year 2022, which is October 2021 to September 2022? Please *exclude* breaks of a week or longer.

[IF NECESSARY: Please answer only for the sampled center/program]

|\_|\_| WEEKS OR |\_|\_|\_| DAYS

2. How many hours per day overall did a typical salaried staff person in your center work during fiscal year 2022? Please include any unpaid overtime worked on a regular basis.

*“Salaried” refers to employees that are not paid on an hourly basis; they are sometimes referred to as exempt staff.*

|\_|\_| HOURS/DAY

3. Please refer to Handout 1, the Food Service Activity and Task List for Center Staff (GIVE A COPY OF HANDOUT 1 TO THE RESPONDENT). This handout identifies food service and CACFP-related activities that may be done by child care center staff. I will ask you to tell me which of these activities involve you or other staff of this center, excluding employees whose job responsibilities primarily include food service, such as cooks and kitchen assistants who serve meals. We will collect information about these employees in the Center Food Service Cost Interview. We want to capture teachers and aides in this interview.

STAFF THAT SPEND >50% OF THEIR TIME ON FOOD SERVICE ACTIVITIES SHOULD HAVE BEEN CAPTURED ON THE CENTER FOOD SERVICE COST INTERVIEW.

I will refer to staff whose job responsibilities do not primarily include food service as “non-food service staff.” We’ll go into the details of what non-food service staff do as part of each of these activities later. For now, do any of the non-food service staff members in this child care center [ACTIVITY]? (CHECK ONE RESPONSE FOR EACH ACTIVITY AND ASK FOR EACH ROW.)

**FOOD SERVICE ACTIVITY TABLE**

	<b>ACTIVITY</b>	<b>YES</b>	<b>NO</b>	<b>DON'T' KNOW</b>	<b>REFUSED</b>
A.	Set up/Make Breakfast	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
B.	Serve Breakfast	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
C.	Set up/Make Lunch	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
D.	Serve Lunch	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
E.	Set up/Make Snack	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
F.	Serve Snack	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
G.	Set up/Make Supper	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
H.	Serve Supper	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
I.	CACFP/Food Service Administration	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
J.	Other CACFP/Food Service Activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

FOR ALL ACTIVITIES CHECKED AS 'YES', CIRCLE ON YOUR COPY OF THE "HANDOUT 1: FOOD SERVICE ACTIVITY AND TASK LIST FOR CHILD CARE CENTER STAFF"

**4. IF 3J=YES: Are there other food service or CACFP activities that I have not listed in which non-food service staff of this child care center are involved? If so, please describe these activities.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

CHECK BOX IF THERE ARE NO NON-FOOD SERVICE STAFF WHO HELP WITH FOOD SERVICE AT THIS CENTER AND ALL EMPLOYEES WHO PERFORM TASKS IN SUPPORT OF FOOD SERVICE ARE ALREADY CAPTURED ON THE CENTER FOOD SERVICE COST INTERVIEW. PROCEED TO THE NEXT INTERVIEW (SPONSOR COST INTERVIEW - SUPPORT STAFF COST INTERVIEW).

**You have just identified food service or CACFP activities that non-food service staff in your child care center perform. I want to find out how much time these staff spend each year for each of these activities. The reference period for time estimates is the 2022 fiscal year—October 2021 to September 2022.**

**For each general activity that you identified, I will ask you questions about specific tasks that are related. Now, please refer to Handouts 2 and 3. These are the questions I will ask**



**you about each lettered activity listed on Handout 1 (READ THROUGH HANDOUTS 2 AND 3 WITH RESPONDENT). Do you have any questions before we start?**

### **INSTRUCTIONS TO THE INTERVIEWER FOR STAFFING AND TIME GRID**

THE PURPOSE OF THIS GRID IS TO COLLECT INFORMATION ON HOW MUCH TIME NON-FOOD SERVICE STAFF SPEND ON CACFP/FOOD SERVICE ACTIVITIES.

IN COLUMN (a), LIST EACH LETTERED TASK (FROM HANDOUT 1) PERFORMED BY NON-FOOD SERVICE STAFF. IN COLUMN (b) ENTER THE TITLE/POSITION OF STAFF (ONE STAFF TITLE/POSITION PER LINE – E.G. TEACHER, TEACHER AIDE). IN COLUMN (c), ENTER THE # OF EMPLOYEES IN THIS TITLE/POSITION WHO ARE INVOLVED IN THIS ACTIVITY. IN COLUMN (d), ENTER THE # OF HOURS EACH EMPLOYEE IN THIS TITLE/POSITION SPENDS ON THE ACTIVITY AND THE TIME PERIOD OVER WHICH THIS ACTIVITY TAKES PLACE.

### **SCRIPT FOR STAFFING AND TIME GRID**

**The first task for this activity is [FILL].** (READ FIRST TASK LISTED UNDER FIRST CIRCLED ACTIVITY ON HANDOUT 1. FOR EXAMPLE, TASK A1, PRODUCING FOODS FOR BREAKFAST. BEGIN FILLING OUT THE STAFFING AND TIME GRID ON PAGE 5.)

**a. Is this task done by any non-food service center staff?**

(IF YES, WRITE TASK NUMBER AND ABBREVIATED TASK DESCRIPTION IN COLUMN A. COMPLETE COLUMNS B – D FOR EACH TASK THAT STAFF PERFORM. WHEN THE RESPONDENT CAN ONLY PROVIDE TIME ESTIMATES FOR A SET OF COMBINED TASKS, WRITE THE TASK NUMBERS THAT ARE BEING COMBINED IN COLUMN A.)

**b. What types of employees do this task? For example, what is their title or position?**

**c. How many employees of this type do this task?**

**d. How many hours did each person of this type spend on this task during the October 2021 to September 2022 fiscal year? I can record the number of hours per day, week, month, or year.**

**For how many periods per year?**

(PERIOD IN SECOND AND THIRD COLUMNS IN COLUMN D MUST MATCH. FOR EXAMPLE, HOURS PER DAY AND DAYS PER YEAR, HOURS PER WEEK AND WEEKS PER YEAR, HOURS PER MONTH AND MONTHS PER YEAR, OR HOURS PER OTHER PERIOD AND OTHER PERIODS PER YEAR. IF HOURS PER YEAR IS REPORTED IN THE SECOND COLUMN OF COLUMN D, LEAVE THE THIRD COLUMN BLANK.)

### **Missing Tasks Review Script**

AFTER COMPLETING ALL TASKS FOR A GIVEN ACTIVITY, ASK:

**Have I left out a task for this activity?** (MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED.)

(IF YES:) **Please tell me what it is, and what type of staff does it.** (WRITE TASK DESCRIPTION IN NEXT AVAILABLE ROW IN COLUMN A. IF POSSIBLE, ASSIGN ACTIVITY LETTER, AND COMPLETE COLUMNS B-D.)

WHEN ALL STAFFING AND TIME GRIDS ARE COMPLETE, LOOK AT THE FOOD SERVICE ACTIVITY TABLE RESPONSES. MAKE SURE ALL ACTIVITIES ARE ALREADY COVERED IN

THE STAFFING AND TIME GRID. IF NOT, WRITE IT IN AND COMPLETE COLUMNS B – D. DO THIS FOR EACH IDENTIFIED MISSING ACTIVITY IN THE FOOD SERVICE ACTIVITY TABLE.

**INSTRUCTIONS TO INTERVIEWER:** DESCRIBE THE IDENTIFIED MISSING TASKS AND ASSIGN A LETTER CORRESPONDING TO THE APPROPRIATE ACTIVITY FOR THE TASK (A-J) FROM HANDOUT 1 IN THE NEXT BLANK SPACE IN THE STAFFING AND TIME GRID. IF YOU CANNOT ASSIGN THE TASK TO AN ACTIVITY, THEN DO NOT ASSIGN AN ACTIVITY LETTER. MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED. THEN, FILL IN THE STAFF TYPE, NUMBER OF STAFF, TIME PER PERIOD, AND PERIODS PER YEAR.

Staffing and Time Grid					
(a)  Is this task done by non-food service center staff?  <i>(List task code and abbreviated description)</i>	(b)  What types of employees do this task (i.e., title, position, etc.)?	(c)  How many employees of this type do this task?	(d) <b>How many hours did each person of this type spend on this task during the 2022 fiscal year? (fill in hours and number of periods, and circle type of period)</b>  <b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b>		
			Hours per Week? <i>or other period if necessary</i>		Weeks per Year? <i>or other period if necessary</i>
			_____ hrs per	D W M Y Other: _____	For: _____ D W M Other
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**Instructions for Center Staff Roster**

**I will now collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.**

COPY ALL OF THE TITLE/POSITIONS LISTED IN COLUMN B OF THE STAFFING AND TIME GRID INTO THE CENTER STAFF ROSTER COLUMN (1). BE SURE TO COPY EACH TITLE/POSITION ONCE, AND LIST IT WITH THE EXACT TEXT AND PHRASING YOU USED IN THE STAFFING AND TIME GRID. USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF. IN THE END, WE NEED TO LINK THE HOURS LISTED ABOVE TO THE SALARY FOR THAT POSITION.

**I listed these titles or positions in column 1, and I'm going to ask you for the information for the rest of the columns.**

ASK THE RESPONDENT COLUMNS (2) THROUGH (6) FOR EACH ROW; ADJUST THE WORDING IF A ROW HAS MORE THAN ONE STAFF PERSON IN COLUMN (2):

- For column 2, how many [TITLE/POSITION]s work on food service activities?
- For columns 3a and 3b, what is the salary or wage of this person?
- For column 4, how many paid hours per week does this person work?
- For column 5, how many paid weeks per year does this person work?
- For column 6, is this person regular status or not? Regular status staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

(1)	(2)	(3a)		(3b)		(4)	(5)	(6)	
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/ Week	Total Paid Weeks/ Year	Regular (Full Benefits)	Other (Limited/ No Benefits)
1. Center Assistant Director	2	\$50,000 per		\$55,000 per		_40_hrs/wk	_48_wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____				

Center Staff Roster									
(1)	(2)	(3a)		(3b)		(4)	(5)	(6)	
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/ Week	Total Paid Weeks/ Year	Regular (Full Benefits)	Other (Limited/ No Benefits)
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	___ hrs/wk	___ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	___ hrs/wk	___ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	___ hrs/wk	___ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	___ hrs/wk	___ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	___ hrs/wk	___ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>

Center Staff Roster									
(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage		(3b) High Salary/Wage		(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits)	Other (Limited/ No Benefits)
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		____hrs/wk	____hrs/yr	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		____hrs/wk	____wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		____hrs/wk	____wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		____hrs/wk	____wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly		\$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		____hrs/wk	____wks/yr	<input type="checkbox"/>	<input type="checkbox"/>

## CENTER STAFF ROSTER CHECKLIST

CHECK THE FOLLOWING INFORMATION FOR EACH ROSTER.

- THERE IS AN ENTRY ON THE ROSTER FOR EACH TYPE OF EMPLOYEE IN THE STAFFING AND TIME GRID.
- EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE STAFFING AND TIME GRID.  
NO EMPLOYEE IS LISTED ON BOTH THE CENTER STAFF ROSTER AND THE CENTER FOOD SERVICE STAFF ROSTER.

FOLLOW UP WITH SPONSOR STAFF FOR SALARY INFORMATION AS NEEDED.

### END OF CENTER DIRECTOR COST INTERVIEW SCRIPT

**That is the end of the interview. Thank you for your participation in SNACS-II.**

**Authority:** This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

**Purpose:** The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

**Routine Use:** The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

**Disclosure:** Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p. 19078).

## Handout 1: Food Service Activity and Task List for Center Staff

### Activities and Tasks That May Involve Non-Food Service Staff (Each Activity in bold has one or more Tasks listed below it.)

For centers serving infants, preparing meals includes preparation of formula and solid foods that are allowed to be reimbursable under CACFP. For time spent serving meals, include serving meals to infants if this occurs in identifiable periods of 15 minutes or more. Feeding of infants on an individual schedule is part of child care and should not be counted as food service time.

#### **A. Set up/Make Breakfast**

- A1. Producing foods for breakfast.
- A2. Cleaning up production areas after preparing and serving breakfast.
- A3. Any other work that involves direct production for breakfast.

#### **B. Serve Breakfast**

- B1. Serving breakfast.
- B2. Cleaning up serving area and classrooms during/after breakfast.

#### **C. Set up/Make Lunch**

- C1. Producing foods for lunch.
- C2. Cleaning up production areas after preparing and serving lunch.
- C3. Any other work that involves direct production for lunch.

#### **D. Serve Lunch**

- D1. Serving lunch.
- D2. Cleaning up serving area and classrooms during/after lunch.

#### **E. Set up/Make Snack**

- E1. Making ready, preparing and serving foods for snacks.
- E2. Cleaning up production areas after preparing and serving snacks.

#### **F. Serve Snack**

- F1. Serving snack.
- F2. Cleaning up serving area and classrooms during/after snack.

#### **G. Set up/Make Supper**

- G1. Producing foods for supper.
- G2. Cleaning up production areas after preparing and serving supper.
- G3. Any other work that involves direct production for other supper.

#### **H. Serve Supper**

- H1. Serving supper.
- H2. Cleaning up serving area and classrooms during/after supper.

*(Continued on next page)*

**I. CACFP/Food Service Administration**

11. Preparing, distributing and processing applications for free/reduced-price meals\*\*
12. Updating student status and records
13. Ordering and purchasing food and supplies
14. Planning, budgeting and management for food service program/CACFP
15. Menu planning and nutritional analysis
16. Record keeping, accounting and data processing for food service program/CACFP.
17. Activities to promote healthy eating and participation in CACFP meals (includes related communications, events, planning, and training)
18. Development and monitoring of center wellness policies

**J. Other CACFP/Food Service Activities**

- J1. Cleaning, maintenance, and security of space and equipment used exclusively for food service
- J2. Receiving, storing and/or transporting food and supplies used exclusively for food service
- J3. Maintenance of vehicles and other equipment used exclusively in food storage and transportation.
- J4. Other activities exclusively related to CACFP/food service not covered elsewhere.

*\*\* Only include applications for CACFP.*



## Handout 2: Center Director Cost Interview Guide

Please refer to the Grid A in Handout 3 for questions 1-4.

1. Is this task performed by any non-food service center staff?
2. What types of employees do this task? For example, what is their title or position?
3. How many employees of this type do this task?
4. How many hours did each person of this type spend on this task during the October 2021 to September 2022 fiscal year? I can record the number of hours per day, week, month, or year. For how many periods per year?
  - If more than one person of this type does this task, please tell me how many hours per week each person of the type(s) spends on this task.
  - It is best if you can provide an estimate of hours per week, and number of weeks per year. Usually the number of weeks is the length of the school year, unless the task happens outside of the school year.

***If not per week, is this time per day, per month, or per year? For how many days or months?***

- Here are some other ways to estimate the time:
  - If a task is done each day, take the time per day and multiply by the average number of days per week to get an estimate of the number of hours per week the type of person spends on the task. Multiply that by the number of weeks the center is open during the year to get the annual estimate.
  - If a task is done on a monthly basis, please tell me the hours per month and the number of months per year.
  - If a task is done once per year or infrequently, you can tell me the number of hours each employee of this type spends per year.
- If a task is performed for different amounts of time at various points during the year, tell me how many hours each person spends on the task separately for each time period.
  - Example: An employee spends 30 hours per week processing CACFP applications in August and 5 hours per month for the other 11 months of the year. Tell me the time for the first month and then the time for the other 11 months.
- Period of time must always match (day-day, week-week, month-month). For example, 1 hour per day for 60 days; 5 hours per week for 10 weeks; 1 hours per month for 2 months.

***What we need to know is how much time each type of employee spends on each activity (the bolded lines in Handout 1), including all of the tasks that they do (the list of tasks is below each bolded activity listed in Handout 1). For example, Activity A (Handout 1) is Set Up/Make Breakfast. Estimate the total time spent on all the tasks that make up this activity (A1, A2, and A3 on Handout 1).***

From the activities identified above, additional questions will be asked for each position/title mentioned. Please refer to Grid B in Handout 3 for questions 1-6.

1. **First position/title from Grid A, Question 2.**
2. **How many [TITLE/POSITION]s work on food service activities?**
3. **What is the salary or wage for this position?**
  - If multiple staff members are reported together, report the lowest and then the highest salaries for this position.
  - The salary can be reported per hour, week, every two weeks (biweekly), two times a month, per month, or per year.
4. **How many paid hours per week does this person work?**
  - Total hours per week can only exceed 40 if *paid overtime* for a position is incurred on a *regular* basis. Intermittent or unpaid overtime should not be included, even if unpaid overtime is worked on a regular basis.
5. **How many paid weeks per year does this person work?**
  - Paid time includes paid holidays, sick time, and vacation.
6. **Is this person regular status or not?**
  - Regular status staff receive full fringe benefits.
  - Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

## Handout 3: School Non-Food Service Staff Time Allocation Grid (A) and Staff Salary Grid (B)

**GRID A: SCHOOL NON-FOOD SERVICE STAFF TIME ALLOCATION GRID**

CACFP task performed by non-food service center staff	(1) What types of employees do this activity (i.e., title, position, etc.)?	(2) How many employees of this type do this activity?	(3) How many hours did each person of this type spend on this task during the 2022 calendar year?
			Record in hours per day/week/month/year for number of days/weeks/months
A. Serve Lunch	Teacher	_ _ _6_	_5_ hrs per (day/ <u>week</u> /month/year/other) for _52_ (days/ <u>weeks</u> /months/other)
	Assistant Director	_ _ _2_	_5_ hrs per (day/ <u>week</u> /month/year/other) for _4_ (days/ <u>weeks</u> /months/other)

**GRID B: SCHOOL NON-FOOD SERVICE STAFF SALARY GRID**

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage		(3b) High Salary/Wage		(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits)	(6) Other (Limited/ No Benefits)
1. Assistant Director	2	\$50,000 per		\$55,000 per		_40_hrs/wk	_48_wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____				