

E6. Center Food Service Cost Interview

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

CENTER FOOD SERVICE 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 0.5 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 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

INTERVIEWER: CHECK BELOW IF INTERVIEW WAS COMPLETED WITH STAFF AT THE CENTER OR STAFF AT A CENTRAL OR PRODUCTION KITCHEN

- CENTER STAFF
- CENTRAL KITCHEN STAFF
- PRODUCTION KITCHEN STAFF

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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 Food Service Cost Interview will gather time use and payroll data for staff whose primary role is food service. It is expected to take approximately 30 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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Instructions to Interviewers for Completing the Center Food Service Cost Interview

STEP 1: COMPLETE THE CENTER FOOD SERVICE STAFF TIME ALLOCATION GRID

INTRODUCTION: I want to find out how much time the people who work in this child care center spend on preparing meals and snacks; other food service activities such as serving meals or cleaning up from meals; and administering the CACFP. We will collect information about all staff involved in the food service for CACFP. For this form, we will include only the staff members who primarily help with food service—that is, preparing, serving, or cleaning up after meals. I will call these the “food service staff.” This does not include teachers or aides who regularly serve meals because we will ask about them in the Center Director Cost Interview.

We will collect information about food service staff by completing a “time ladder” that represents the staff’s daily schedules. It may help if you have access to the schedules or time cards for the food service staff.

Now, I’ll make a list of all food service staff working at this center. Please tell me if you employ the following staff who primarily help with food service.

- Does this center employ anyone as a/an [POSITION/TITLE]?
 - IF YES: How many people are employed as a/an [POSITION/TITLE]?
 - IF >1: Do they have the same food service job roles and responsibilities? That is, do staff in this role generally spend the same amount of time per day on the same specific food service tasks? This time may happen on a different schedule. Are some full-time and others part-time?

IF MULTIPLE STAFF HAVE THE SAME POSITION/TITLE BUT DIFFERENT ROLES, WRITE DOWN ANYTHING THE RESPONDENT SAYS ABOUT HOW THE ROLES DIFFER IN THE “NOTES” COLUMN, INCLUDING FULL- VS. PART-TIME.

INTERVIEWER: REPEAT QUESTIONS FOR ALL POSITIONS/TITLES IN THE FOOD SERVICE STAFF LIST GRID. PROBE FOR OTHER POSITIONS NOT LISTED IF THEY PERFORM FOOD SERVICE TASKS FOR 50% OR MORE OF THEIR TIME. STAFF THAT PERFORM FOOD SERVICE TASKS FOR LESS THAN 50% OF THEIR TIME SHOULD BE CAPTURED ON THE CENTER DIRECTOR COST INTERVIEW.

Food Service Staff List Grid

Position/Title	# of staff	If >1, same roles?		Notes
<input type="checkbox"/> Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Maintenance/Janitor		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Kitchen Mgr/Nutrition Director		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Assistant Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other1:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other2:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other3:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other4:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other5:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Check if there are no staff who primarily help with food service at this center. End the interview and proceed to the Center Director Cost Interview.

Center Hours

1. When does this center open (first employee arrives)? |__|__|:|__|__| AM/PM

2. When does this center close (last employee leaves)? |__|__|:|__|__| AM/PM

GENERAL INSTRUCTIONS: THE ALLOCATION GRIDS TOGETHER REPRESENT A SCHEDULE OF ALL FOOD SERVICE STAFF IN THE CENTER, I.E. AN ARRANGEMENT OF STAFF ACROSS TASKS OVER TIME FOR THE REFERENCE WEEK. YOU WILL COLLECT THIS INFORMATION FOR THE PRIOR WEEK (FIVE WORKING DAYS). THIS IS THE REFERENCE WEEK. IF MONDAY WAS A HOLIDAY THEN USE THE SCHEDULE FOR THE MOST RECENT MONDAY THAT WAS A WORKING DAY (SIMILARLY FOR ANY OTHER WEEKDAY THAT WAS A HOLIDAY).

EACH POSITION CHECKED ABOVE MUST HAVE A COMPLETED GRID (MAY SPAN 2 PAGES DEPENDING ON TIME THAT CENTER IS OPEN). IF ANSWER TO SIMILAR ROLES IS "YES," COMPLETE ONE GRID FOR THE POSITION AND RECORD NUMBER OF STAFF IN POSITION. IF ANSWER IS "NO," COMPLETE ONE GRID FOR EACH INDIVIDUAL STAFF PERSON IN THAT POSITION.

STEP-BY-STEP INSTRUCTIONS FOR COMPLETING EACH GRID:

1. HEADER.

Let's start with [FIRST CHECKED POSITION/INDIVIDUAL STAFF PERSON FROM PAGE 1 LIST]. IF NUMBER OF PEOPLE IS MORE THAN ONE: Do all of the [TITLE/POSITION]s work the same schedule?

RECORD TITLE/POSITION AND NUMBER OF PEOPLE IN THAT TITLE/POSITION. ONLY STAFF WORKING THE SAME SCHEDULE CAN BE RECORDED ON THE SAME TIME ALLOCATION GRID. LIST STAFF INITIALS WITH THE TITLE/POSITION IF RECORDING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF.

I am going to give you a handout. This handout includes several different food service activities that you or the food service staff might do. These activities are [READ THROUGH THE MAJOR CATEGORIES AND POINT TO EACH ONE ON HANDOUT 2]. We are going to use these activities to create the schedules for the food service staff [SHOW EXAMPLE SCHEDULE ON HANDOUT 1].

GIVE RESPONDENT HANDOUTS 1 AND 2.

2. SCHEDULE.

Now let's work through the [first] [POSITION/INDIVIDUAL]'s schedule on the [REFERENCE MONDAY].

a) **When did the work day start, and which of the activities listed on the handout did this person start working on?**

RECORD THE ACTIVITY CODE FROM HANDOUT 2 IN THE CELL FOR THE START WORK TIME.

b) When did the [POSITION/INDIVIDUAL] finish this activity?

DRAW A VERTICAL ARROW THROUGH THE CELLS (GOING DOWN THE COLUMN) TO INDICATE THE DURATION OF TIME SPENT ON THAT ACTIVITY.

IF A WORKER DID MORE THAN 1 ACTIVITY DURING A TIME INTERVAL OF 30 MINUTES OR MORE, DETERMINE THE APPROXIMATE AMOUNT OF TIME SPENT ON THE TWO TASKS DURING THE TIME. ONLY RECORD 1 ACTIVITY IN EACH 15-MINUTE TIME INTERVAL. IF AN ACTIVITY TOOK LESS THAN 8 MINUTES OF THE TIME INTERVAL, DISREGARD IT.

c) Which of the activities did the [POSITION/INDIVIDUAL] do next, and when did the [POSITION/INDIVIDUAL] finish this?

ENTER THE CODE FOR THIS ACTIVITY IN THE CELL FOR THE ACTIVITY START TIME AND DRAW A VERTICAL ARROW DOWN TO THE TIME THIS ACTIVITY ENDED.

CONTINUE WITH THIS PROCESS UNTIL THE WHOLE WORK DAY IS MAPPED OUT. THEN FIND OUT ABOUT OTHER DAYS OF THE WEEK.

d) Was the schedule for this [POSITION/INDIVIDUAL] for [REFERENCE TUESDAY] the same as [REFERENCE MONDAY]?

IF SO, WRITE SAME AS MONDAY IN THE FIRST CELL FOR THAT DAY. IF NOT, REPEAT QUESTIONS A-C FOR TUESDAY. REPEAT THE PROCESS UNTIL YOU HAVE ACCOUNTED FOR ALL DAYS OF THE TARGET WEEK.

3. *ADDITIONAL POSITIONS/INDIVIDUALS*. REPEAT ALL STEPS FOR OTHER POSITIONS/INDIVIDUALS ON LIST USING ADDITIONAL CENTER FOOD SERVICE TIME ALLOCATION GRIDS. IF THERE ARE MORE THAN FIVE POSITIONS OR STAFF WITH DIFFERENT TIME SPENT ON FOOD SERVICE ACTIVITIES, USE ADDITIONAL GRIDS IN ANOTHER BOOKLET.

REVIEW

- IF THERE SEEMS TO BE AN ACTIVITY THAT IS INAPPROPRIATE FOR A TITLE/POSITION, VERIFY THAT YOU HAVE RECORDED THE TIME UNDER THE CORRECT ACTIVITY AND NOTE THIS ON THE GRID.
- MAKE CERTAIN THAT YOU HAVE ACCOUNTED FOR ALL OF THE TIME FOR EACH TITLE/POSITION FROM THE START OF THE DAY UNTIL THEY LEAVE. THERE SHOULD BE NO GAPS IN THE TIME LADDER. ASK FOR AN EXPLANATION FOR ANY GAP AND CORRECT THE GRID IF NEEDED.

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
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Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
7:00 – 7:15 PM						
7:15 – 7:30						
7:30 – 7:45						
7:45 – 8:00						
8:00 – 8:15 PM						
8:15 – 8:30						
8:30 – 8:45						
8:45 – 9:00						

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
5:00 – 5:15 AM						
5:15 – 5:30						
5:30 – 5:45						
5:45 – 6:00						
6:00 – 6:15 AM						
6:15 – 6:30						
6:30 – 6:45						
6:45 – 7:00						
7:00 – 7:15 AM						
7:15 – 7:30						
7:30 – 7:45						
7:45 – 8:00						
8:00 – 8:15 AM						
8:15 – 8:30						
8:30 – 8:45						
8:45 – 9:00						
9:00 – 9:15 AM						
9:15 – 9:30						
9:30 – 9:45						
9:45 – 10:00						
10:00 – 10:15 AM						
10:15 – 10:30						
10:30 – 10:45						
10:45 – 11:00						
11:00 – 11:15 AM						
11:15 – 11:30						
11:30 – 11:45						
11:45 – 12:00						

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
12:00 – 12:15 PM						
12:15 – 12:30						
12:30 – 12:45						
12:45 – 1:00						
1:00 – 1:15 PM						
1:15 – 1:30						
1:30 – 1:45						
1:45 – 2:00						
2:00 – 2:15 PM						
2:15 – 2:30						
2:30 – 2:45						
2:45 – 3:00						
3:00 – 3:15 PM						
3:15 – 3:30						
3:30 – 3:45						
3:45 – 4:00						
4:00 – 4:15 PM						
4:15 – 4:30						
4:30 – 4:45						
4:45 – 5:00						
5:00 – 5:15 PM						
5:15 – 5:30						
5:30 – 5:45						
5:45 – 6:00						
6:00 – 6:15 PM						
6:15 – 6:30						
6:30 – 6:45						
6:45 – 7:00						

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
7:00 – 7:15 PM						
7:15 – 7:30						
7:30 – 7:45						
7:45 – 8:00						
8:00 – 8:15 PM						
8:15 – 8:30						
8:30 – 8:45						
8:45 – 9:00						

STEP 2: FILL OUT THE CENTER FOOD SERVICE STAFF ROSTER

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

COMPLETE THE CENTER FOOD SERVICE STAFF ROSTER COLUMNS (1) THROUGH (7) WITH THE RESPONDENT AFTER THE TIME ALLOCATION GRID IS COMPLETE.

- 1. COPY THE TITLE/POSITION AND NUMBER OF PEOPLE FROM EACH GRID TO THE CENTER FOOD SERVICE STAFF ROSTER. NOTE: THE TITLE/POSITION, NUMBER OF PEOPLE AND ORDER MUST MATCH EXACTLY BETWEEN THE TIME ALLOCATION GRIDS AND THE ROSTER – AS THESE TWO NEED TO BE LINKED IN ANALYSIS.**
- 2. GIVE RESPONDENTS HANDOUTS 3 AND 4. ASK THE RESPONDENT COLUMNS (3a) THROUGH (7) FOR EACH ROW; ADJUST THE WORDING IF A ROW HAS MORE THAN ONE STAFF PERSON IN COLUMN (2):**
 - **For columns 3a and 3b, what is the salary or wage of the [TITLE/POSITION]?**
 - **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.**
 - **For column 7, what percentage of this person's time is charged to CACFP as part of the costs reported or identified for this center?**

FOLLOW UP WITH CENTER DIRECTOR OR SPONSOR FOR ANY MISSING INFORMATION.

REVIEW

- **MAKE CERTAIN THAT THE TOTAL NUMBER OF STAFF IN THE FOOD SERVICE STAFF LIST GRID IS EQUAL TO THE TOTAL NUMBER OF STAFF IN THE CENTER FOOD SERVICE STAFF ROSTER.**

EXAMPLE:

(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) Status		(7) % of Time Charged to CACFP
		<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: _____			Regular	Other	
1. Assistant Cook	<u> 2 </u>	\$ <u>15,000</u> per		\$ <u>18,000</u> per		30	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100

Center Food Service Staff Roster

Center: _____

(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) Status		(7) % of Time Charged to CACFP
								Regular	Other	
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:			<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:			<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:			<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:			<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:			<input type="checkbox"/>	<input type="checkbox"/>	
6.		\$ _____ 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:			<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	<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:			<input type="checkbox"/>	<input type="checkbox"/>	
8.		\$ _____ per		\$ _____ per						

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage		(3b) High Salary/Wage		(4) Total Paid Hours/	(5) Total Paid Weeks/	(6) Status		(7) % of Time Charged to CACFP
								Regular	Other	
		<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:	<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:			<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	<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:			<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	<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:			<input type="checkbox"/>	<input type="checkbox"/>	
11.		\$ _____ 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:			<input type="checkbox"/>	<input type="checkbox"/>	
12.		\$ _____ 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:			<input type="checkbox"/>	<input type="checkbox"/>	
13.		\$ _____ 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:			<input type="checkbox"/>	<input type="checkbox"/>	
14.		\$ _____ 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:			<input type="checkbox"/>	<input type="checkbox"/>	
15.		\$ _____ 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:			<input type="checkbox"/>	<input type="checkbox"/>	

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage		(3b) High Salary/Wage		(4) Total Paid Hours/	(5) Total Paid Weeks/	(6) Status		(7) % of Time Charged to CACFP
		\$	per	\$	per			Regular	Other	
16.		<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:	<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:			<input type="checkbox"/>	<input type="checkbox"/>	

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: Example Center Food Service Staff Time Allocation Grid

We will ask you to help us fill out a daily schedule (please refer to the grid below) for each of your center's food service staff for the most recent regular week. We will ask how much time center food service staff spend on categories of food service activities. Please see the definitions of activities in Handout 2. It may help if you have access to the schedules or time cards for the staff. For these questions, please think about all staff who work in this center who primarily help with food service.

Center Food Service Time Allocation Grid						
Title/Position: <u> Cook </u>				Number of Staff: <u> 1 </u>		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
5:00 – 5:15 AM		Same as Monday	Same as Monday	Same as Monday	Same as Monday	
5:15 – 5:30						
5:30 – 5:45						
5:45 – 6:00						
6:00 – 6:15 AM	BP					
6:15 – 6:30						
6:30 – 6:45	↓					
6:45 – 7:00						
7:00 – 7:15 AM						
7:15 – 7:30						
7:30 – 7:45	BS ↓					
7:45 – 8:00						
8:00 – 8:15 AM	↓					
8:15 – 8:30						
8:30 – 8:45	Break ↓					
8:45 – 9:00	LP					
<i>Continue recording through end of day, coding "OFF" at end of work day.</i>						

Handout 2: List of Center Food Service Staff Tasks

Definitions of Activities for Center Food Service Time Allocation Grids

For centers serving infants, preparing meals includes preparation of formula or 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.

(BP) Set up/Make Breakfast

- Producing foods for breakfast
- Cleaning up production area after preparing and serving breakfast
- Any other work that involves direct production for breakfast.

(BS) Serve Breakfast

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

(LP) Set up/Make Lunch

- Producing foods for lunch
- Cleaning up production area after preparing and serving lunch
- Any other work that involves direct production for lunch.

(LS) Serve Lunch

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

(JP) Set up/Make both Breakfast and Lunch

- Producing foods for both breakfast and lunch (such as baking foods offered at breakfast and lunch)
- Cleaning up production area after preparing and serving both breakfast and lunch
- Any other work that involves direct production for both breakfast and lunch

(SP) Set up/Make Snacks

- Producing foods for snacks
- Cleaning production area after preparing and serving snacks
- Any other work that involves direct production for snacks

(SS) Serve Snacks

- Serving snacks
- Cleaning up serving area and classrooms after snacks

(DP) Set up/Make Supper

- Producing food for supper
- Cleaning up production area after preparing supper
- Any other work that involves direct production for other supper.

(DS) Serve Supper

- Serving supper
- Cleaning up serving area and classrooms after supper

Definitions of Activities for Center Food Service Time Allocation Grids continued

(A) CACFP/Food Service Administration

- Preparing, distributing and processing applications for free/reduced-price meals
 - Only include applications for CACFP. Include time determining eligibility for Head Start or child care assistance as Non-CACFP Activity.
- Updating student status and records
- Ordering and purchasing food and supplies
- Planning, budgeting and management for food service program/CACFP
- Menu planning and nutritional analysis
- Record keeping, accounting and data processing for food service program/CACFP.
- Activities to promote healthy eating and participation in CACFP meals (includes related communications, events, planning, and training)
- Development and monitoring of center wellness policies

(OC) Other CACFP/Food Service Activity

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

(NC) Non-CACFP Activity

- Feeding infants on an individual schedule or otherwise not part of meals for infants*
- Determining eligibility for Head Start or other child care assistance
- Any other activity related to child care or child care program administration
- General administration of child care center
- Any activity related to programs other than CACFP (e.g., Title XX)
- Cleaning, maintenance, and security of facilities, vehicles and equipment not exclusively used for food service
- Storage and transportation not exclusively related to food service (e.g., general purpose supplies)

(Break) Breaks / Non-Assignable Work

- Breaks during a work day (between activities)
- Down-time due to problems with facilities or equipment
- Work that cannot be assigned to any other category on this form

(OFF) End of Work Day

Handout 3: Center Food Service Cost Interview Guide

We will ask you the following questions about your center's food service staff identified in the time allocation grid. Refer to Handout 4 for questions 3-7.

- 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.
 - Other staff, such as contract and temporary staff, receive limited or no fringe benefits.
- 7. What percentage of this person's time is charged to CACFP as part of the costs reported or identified for this center?**

Include all types of meals and non-production tasks related to CACFP operations.

Handout 4: Center Food Service Staff Salary Grid

Title/Position	Number of Staff	(3a) (Low) Salary/Wage		(3b) High Salary/Wage		(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Status		(7) % of Time Charged to CACFP
								Regular	Other	
1. Assistant Cook	2	\$ <u>15,000</u> _____ per <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: _____	\$ <u>18,000</u> _____ per <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: _____	30	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100