

**APPENDIX C16. SFA DIRECTOR PLANNING INTERVIEW (GROUPS 2A, 2B, 3,  
AND FULL AND LIMITED OUTLYING AREAS) AND APPENDIX E11. SFA  
DIRECTOR PLANNING INTERVIEW (LIMITED OUTLYING AREAS)**

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OMB Number: 0584-xxxx  
Expiration Date: xx/xx/20xx

This information is being collected to assist the Food and Nutrition Service in understanding school food purchasing practices, the nutritional quality of school meals and snacks, the cost to produce school meals, and student participation and dietary intakes. This is a mandatory collection and FNS will use the information to monitor program operations. This collection does not request any 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-[xxxx]. The time required to complete this information collection is estimated to average [IF G2a OR G2b OR G3, FILL: 0.33] [IF FOA, FILL: 0.90] [IF LOA, FILL: 0.17] hours 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-xxxx). Do not return the completed form to this address.

ID#: | | | | | | | | | | |  
SFA: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Date: | | | / | | | / | | | | |  
Month Day Year

# 2024–2025 National School Foods Study

  

## *SFA Director Planning Interview*

**SFA PLANNING**

SFA: \_\_\_\_\_ SCHOOL 1: \_\_\_\_\_

SFA DIRECTOR NAME: \_\_\_\_\_ SCHOOL 2: \_\_\_\_\_

GROUP: \_\_\_\_\_ SCHOOL 3: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SCHOOL 4: \_\_\_\_\_

PHONE: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|

**CONFIRM DATES IF MISSING FROM RECRUITMENT:**

SY 2024-2025 start and end dates: |\_|\_|\_|/|\_|\_|\_|/|2|0|2|4| to |\_|\_|\_|/|\_|\_|\_|/|2|0|2|5|

Testing weeks: \_\_\_\_\_

Winter and Spring breaks: \_\_\_\_\_

Other possible Target Week restrictions: \_\_\_\_\_

NOTES: \_\_\_\_\_

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DATE DATA ENTERED IN RDB: |\_|\_|\_|/|\_|\_|\_|/|2|0|2|\_|\_|

## INTRODUCTION

Hello, my name is \_\_\_\_\_. I'm calling from [FIRM] on behalf of the U.S. Department of Agriculture, Food and Nutrition Service, or FNS, about the 2024–2025 National School Foods Study. [Thank you for your help securing district approval to participate.] I'm calling to collect some information about the schools that were selected for the study. Is now a good time to talk?

**IF NEEDED:**

*Data collection activities will be limited to only those necessary for success of the study.*

*G2: Your SFA's participation will focus on providing information to assess the effects of the updated meal requirements and other changes in regulations on food service operations; the nutrient content of school meals offered and served, meal costs and revenues, and student participation and dietary intake.*

*G3: Your SFA's participation will focus on the school food environment, food services operations, and food service costs and revenues. Your SFA has not been selected to participate in the parts of this study which require interviews with students and parents.*

*FULL AND LIMITED OA: Your SFA's participation will focus on food service costs and revenues.*

### DATA COLLECTION ACTIVITIES SUMMARY

<b>G2A, G3, Full, Limited OA</b>	<b>Menu Survey.</b> This survey will collect detailed information on the foods offered and served in reimbursable lunches [G2A, G3:, breakfasts, and afterschool snacks (if offered); Full and Limited OA: and breakfasts] during a target week. [G2A, G3, and Full OA: School nutrition managers typically complete this survey.]
<b>G2A, G3</b>	<b>SFA Director, School Nutrition Manager, and Principal Surveys.</b> SFA directors, school nutrition managers, and principals will be asked to respond to questions needed to characterize district policies, the school environment, and food service operations.
<b>G2B</b>	<b>SFA Director, School Nutrition Manager.</b> SFA directors and school nutrition managers will be asked to respond to questions needed to characterize district policies, the school environment, and food service operations.
<b>G2A, G2B, G3</b>	<b>School Food Observations.</b> Data collectors will observe one lunch and one breakfast period in selected schools to document characteristics of food service operations.
<b>G2A, G2B</b>	<b>Student [and Parent] Interviews.</b> Data collectors will interview a small sample of students in school.[Parent will complete the interview by web, phone, or in-person] G2B=Elem schools only
<b>G3, Full, Limited OA</b>	<b>SFA Director Cost Interview.</b> SFA directors will be interviewed to gather information about food service costs, [G3/FOA: including indirect and administrative costs,] and revenues.
<b>G3, Full OA</b>	<b>School Nutrition Manager and Principal Cost Interviews.</b> School nutrition managers and principals will also be interviewed to gather information about food service labor costs.
<b>Subset of G3</b>	<b>[IF APPLICABLE] Plate Waste Observations.</b> Data collectors will observe the amounts of foods taken and the amounts wasted on students' breakfast and lunch trays. Data collectors will not interview children.

[IF LIMITED OA, SKIP TO SECTION C.]

**A. NEW SCHOOLS**

**A1. The first question I have is about new schools. Does your district have any schools that began operating since the [YYYY-YYYY; BASED ON SAMPLE FRAME] school year? Please include any new schools for 2024-2025 as well, even if they're not officially opened yet.**

IF YES, GO TO QUESTION A2

IF NO, SKIP TO B1

	New School 1	New School 2	New School 3	New School 4
A2. What is the name of the new school?  Probe: If it is easier, you can email me a list at xxx@mathematica-mpr.com.	SCHOOL NAME: _____	SCHOOL NAME: _____	SCHOOL NAME: _____	SCHOOL NAME: _____
A3. What is the zip code of the new school?	ZIPCODE: _____	ZIPCODE: _____	ZIPCODE: _____	ZIPCODE: _____
A4. Does [SCHOOL] participate in the National School Lunch Program? IF NO, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. SKIP TO NEXT SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
A5. Is [SCHOOL] a private or charter school? IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. SKIP TO NEXT SCHOOL.	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No
A6. What grades does [SCHOOL] serve? IF PRE-K OR K ONLY, SCHOOL IS NOT ELIGIBLE. SKIP TO NEXT SCHOOL.	Lowest grade: _____  to  Highest grade: _____	Lowest grade: _____  to  Highest grade: _____	Lowest grade: _____  to  Highest grade: _____	Lowest grade: _____  to  Highest grade: _____

**Because you have [number] new school(s) in your SFA, there is a slight chance we may need to change the schools that have been selected to participate in the study. I will check into this after we complete this call.**

**RECRUITER FOLLOWUP – CONFIRM IF ANY NEW SCHOOLS WILL BE ADDED TO THE MAIN SAMPLE. IF SO, ALERT THE SFA ABOUT WHICH SCHOOL(S) HAS BEEN ADDED, AND COMPLETE ALL QUESTIONS BELOW FOR THE NEW MAIN SCHOOL.**

**B. MAIN SAMPLED SCHOOLS (ONE PAGE PER SCHOOL)**

**We have made a preliminary selection of schools for the study. I'd like to ask you about some of these schools' characteristics to make sure they are eligible to be included in the study. We plan to include [NUMBER OF SAMPLED SCHOOLS IN DISTRICT] schools from your district. Let's start with [NAME OF FIRST SCHOOL].**

RECRUITER: ASK QUESTIONS IN SECTION B FOR ALL SELECTED SCHOOLS.

<b>SAMPLED SCHOOL NAME:</b>	
B0. Is this school still operating? RECRUITER: NOTE ANY SPECIAL CIRCUMSTANCES MENTIONED.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B1. Is [SCHOOL] a private or charter school? IF PRIVATE OR CHARTER, TELL RESPONDENT SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL. SELECT BACK UP SCHOOL FROM RECRUITMENT DATABASE.	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Charter 0 <input type="checkbox"/> No
B2. Does [SCHOOL] participate in the National School Lunch Program (NSLP)? IF NO, SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B3. Does [SCHOOL] participate in the School Breakfast Program (SBP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B3. Does [SCHOOL] participate in the Community Eligibility Program (CEP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B5. Does [SCHOOL] offer reimbursable afterschool snacks through the National School Lunch Program or afterschool snacks or suppers through the Child and Adult Care Food Program (CACFP)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B6. IF ELEM: Does [SCHOOL] currently participate in the FFVP program? RECRUITER: IF FALL, CONFIRM IF FUNDING AWARDED YET AND PARTICIPATION STATUS COULD CHANGE.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 2 <input type="checkbox"/> Not Yet Determined/See Notes FFVP Notes: _____
B6a. IF B6 = YES: Do you expect the school to be participating in FFVP in the spring semester? IF G2B AND NOT PARTICIPATING IN FFVP, SCHOOL IS NOT ELIGIBLE. DO NOT ASK REMAINING QUESTIONS ABOUT THIS SCHOOL.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
B7. What is the total current enrollment at [SCHOOL]? RECRUITER: ESTIMATE FROM SAMPLE FRAME IS PRELOADED TO RDB.	# of Students: _____
B8. What grades does [SCHOOL] serve? IF PRE-K OR K ONLY, SCHOOL IS NOT ELIGIBLE. SKIP TO NEXT SCHOOL.	Lowest grade: _____ to Highest grade: _____
B9. Next we'd like to identify the correct staff to work with to collect data [G2A/G2B/G3: on-site]. What is the name, phone number, and email address of the principal at [SCHOOL]? What is the best way to reach him/her?  CONFIRM SCHOOL ADDRESS ON FILE, ADD TO PRINCIPAL.  MARK BEST CONTACT METHOD: PHONE OR EMAIL	NAME _____  1 <input type="checkbox"/> PHONE # _____  2 <input type="checkbox"/> EMAIL _____  MAILING ADDRESS _____ _____

<b>SAMPLED SCHOOL NAME:</b>	
B10. What is the best time of day to reach him/her?	_____ 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM TIME 0 <input type="checkbox"/> DON'T KNOW
B11. What is the name of the school nutrition manager or other person who will complete the Menu Survey for [SCHOOL]?  The goal of the Menu Survey is to obtain a complete and accurate description of the foods offered and served in the school, including foods offered in reimbursable meals [G3:, sold a la carte, and in reimbursable afterschool snacks or supper]. The school nutrition manager usually completes the Menu Survey.  What is his/her job title, phone number, and email address? What is the best way to reach him/her?  <b>CONFIRM MS RESPONDENT ADDRESS, ADD TO MS RESPONDENT.</b>  <b>MARK BEST CONTACT METHOD: PHONE OR EMAIL</b>   <b>MARK BEST TIME OF DAY TO REACH</b>	_____ NAME  _____ TITLE  1 <input type="checkbox"/> PHONE #  2 <input type="checkbox"/> EMAIL  MAILING ADDRESS  _____  _____  _____ 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM TIME
B12. We will also be conducting an interview about meal costs at each school. Is [MENU SURVEY RESPONDENT] also able to answer questions about the time spent on food service tasks and staff compensation?  <b>IF THE SNM COST INTERVIEW RESPONDENT IS DIFFERENT, COLLECT PHONE, EMAIL, AND ADDRESS. CONFIRM BOTH A MENU SURVEY RESPONDENT AND SNM COST RESPONDENT ARE ENTERED FOR EACH SCHOOL.</b>	_____ NAME  _____ TITLE  1 <input type="checkbox"/> PHONE #  2 <input type="checkbox"/> EMAIL
B13. Do any of your selected schools share a cafeteria with another school?	1 <input type="checkbox"/> Yes -> GO TO B14 0 <input type="checkbox"/> No -> G2: GO TO C1 / G3: GO TO B17
B14. What school(s) does [SCHOOL] share its cafeteria with?	_____ SHARED CAFETERIA SCHOOL NAME(S)
ASK IF SHARED CAFETERIA SCHOOL IN B14 IS NOT IN MAIN SAMPLE. B15. What is the total current enrollment in [SHARED CAFETERIA SCHOOL]?	# of Students: _____
B16. What grades does [SHARED CAFETERIA SCHOOL] serve?	Lowest grade: _____ to Highest grade: _____



**ASK FOR GROUP 3 ONLY**

<p>ASK FOR GROUP 3 AND PW = ELIGIBLE OR UNKNOWN.                  B17. Does [SCHOOL] serve at least 172 reimbursable lunches on a typical school day? [IF SCHOOL INCLUDES PRE-K: Please exclude pre-k from your counts.]                  IF NO, SCHOOL IS INELIGIBLE FOR PLATE WASTE.</p>	<p>1 <input type="checkbox"/> Yes                  0 <input type="checkbox"/> No                  D <input type="checkbox"/> Don't Know</p>
<p>ASK FOR GROUP 3 AND PW= ELIGIBLE OR UNKNOWN.                  B18a. Are all lunches served and eaten in the cafeteria?                  IF NO, SCHOOL IS INELIGIBLE FOR PLATE WASTE.</p>	<p>1 <input type="checkbox"/> Yes                  0 <input type="checkbox"/> No                  D <input type="checkbox"/> Don't Know</p>
<p>ASK FOR GROUP 3 AND PW= ELIGIBLE OR UNKNOWN.                  B18b. Are the majority of breakfasts served and eaten in the cafeteria?                  IF NO, SCHOOL IS INELIGIBLE FOR PLATE WASTE.</p>	<p>1 <input type="checkbox"/> Yes                  0 <input type="checkbox"/> No                  D <input type="checkbox"/> Don't Know</p>
<p>The next questions are about where meals are prepared in your SFA. Some schools receive foods that are prepared off-site from a production or central kitchen. A production kitchen is a school that sends meals out to other schools. Central kitchens are non-school facilities where meals are prepared only for serving at receiving or satellite schools.                   B19. Does [SCHOOL] <b>receive</b> foods that are prepared off-site, such as from a production or central kitchen?</p>	<p>1 <input type="checkbox"/> Yes -&gt; B20                  0 <input type="checkbox"/> No -&gt; C1                  D <input type="checkbox"/> Don't Know -&gt; C1</p>
<p>B20. Does [SCHOOL] receive food from a production kitchen or central kitchen?                  PROBE: A Regional or Production kitchen is a <u>school-based kitchen</u> that prepares meals to be served in its school and in other schools.                   A Central kitchen is where meals are prepared for serving at other schools in the SFA. No student meals are served on-site at a CK. [CKs are non-school facilities]</p>	<p>1 <input type="checkbox"/> Regional/Production kitchen                  2 <input type="checkbox"/> Central kitchen</p>
<p>B21. What is the name of the [school with the production kitchen/central kitchen facility] that [SCHOOL] receives its meals from?</p>	<p>SCHOOL/FACILITY NAME:                  _____</p>
<p>IF B21 IS NOT IN MAIN SAMPLE                  B22. What is the name, job title, phone, email, and mailing address of (the supervisor of the central kitchen/school nutrition manager of the production kitchen)?                   What is the best way to reach him/her?                  MARK BEST CONTACT METHOD: PHONE OR EMAIL</p>	<p>NAME                  _____                   TITLE                  _____                   1 <input type="checkbox"/> PHONE #                  _____                   2 <input type="checkbox"/> EMAIL                  _____                   MAILING ADDRESS                  _____                  _____</p>

### C. SFA-LEVEL CONTACT INFORMATION

#### ASK C1 FOR GROUP 3 AND FULL AND LIMITED OA ONLY

- C1. Prior to the Cost Interviews we will be requesting that you send us a final expense statement for SY 2023-2024 for the SFA. This is part of what is usually called the “statement of income and expense” or the “profit and loss statement.” [Full and Limited OA: We will also need documentation from all vendors for commercially purchased food items and USDA Foods acquisitions that can be used to calculate the unit prices of purchased foods and the value of USDA Foods used by the SFA during the past 3 months.] We will send you instructions for how to upload these documents. Do you have any questions about this request?**

RECRUITER: ANSWER ANY QUESTIONS THE SFA DIRECTOR HAS ABOUT THIS REQUEST.

#### ASK C2 FOR GROUP 3 AND FULL OA ONLY

- C2. Some of the Cost Interviews ask for information on specific fringe rates, staff salary information, food service expenses, and indirect costs. Will you be able to answer these questions on your own, or will you need help from someone else who works for the SFA or district?**

**PROBE: Sometimes a Business Manager or a Purchasing Manager will complete a portion of the cost interview with the SFA Director.**

- 1  Will be able to answer the questions alone
- 2  Will need other staff to participate

**ASK C3 FOR GROUP 3 AND FULL OA ONLY AND IF ABOVE ANSWER = 2**

**C3.** I'd like to send an email to the person who will help to answer some of these questions. The letter will explain this study and their role in it. May I please have this person's name, job title, phone number, email address, and mailing address?

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number |\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|-|\_\_|\_\_|\_\_|\_|

Email \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

**What is the best way to reach him/her—by phone or email?**

1  Phone Number

2  Email

**ASK C4A FOR GROUP 3 AND FULL AND LIMITED OA ONLY**

Now I would like to ask you some questions about your SFA's unaudited and audited expense and revenue statements.

**C4a.** When will the unaudited SFA income and revenue statements for the current school year (2024-2025) be available? Please provide the day, month and year.

|\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|

Month Day Year

d  Don't know → GO TO C4b

IF THE RESPONDENT CAN'T GIVE THE DAY THEN PROBE: **Your best estimate is fine. Can you provide the month and year?**

**SKIP C4B IF ANSWER IS PROVIDED IN C4A**

**C4b.** We will not need these statements until the 2025-2026 school year. Will the unaudited income and revenue statement be ready by the beginning of the next school year?

1  Yes

0  No

**ASK C5A FOR GROUP 3 AND FULL AND LIMITED OA ONLY**

**C5a. When will the audited SFA income and revenue statements for the current school year (2024-2025) be available? Please provide the day, month and year.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|

Month Day Year

Don't know → GO TO C5b

**IF THE RESPONDENT CAN'T GIVE THE DAY THEN PROBE: Your best estimate is fine. Can you provide the month and year?**

**SKIP IF ANSWER IS PROVIDED IN C5a**

**C5b. We will not need these statements until the 2025-2026 school year. Will the audited income and revenue statement be ready by the beginning of the next school year?**

Yes

No

RECRUITER: IF THE SFA DIRECTOR CANNOT PROVIDE DATE RANGES THEN PROBE FOR CONTACT INFORMATION FOR A PERSON IN THE DISTRICT WHO MAY KNOW THE ANSWER AND ENTER INFORMATION INTO THE RECRUITMENT DATABASE

**ASK C6 FOR FULL AND LIMITED OA ONLY**

**C6. For the Cost Interview, we'd like to do an online meeting in Webex and share our computer screen. This tool requires that you join the meeting on a computer with a reliable internet connection. Do you anticipate any access issues?**

Yes

No

RECRUITER: RECORD IN THE DATABASE INFORMATION REGARDING WHETHER OR NOT THE SFA DIRECTOR ANTICIPATES HAVING A RELIABLE INTERNET CONNECTION FOR THE INTERVIEW. IF THERE IS ANY ADDITIONAL INFORMATION ABOUT THE SFA DIRECTOR'S SITUATION THEN RECORD THIS IN THE DATABASE.

## D. TARGET WEEK

**[G2A/G2B/G3: We would like to schedule a specific week for schools in your SFA to complete the menu survey and collect on-site data. For logistical reasons, all of the schools should complete the survey the same week. Could we schedule your target week for [SUGGESTED DATE]?**

RECRUITER: REFER TO DATABASE FOR THE SUGGESTED AND BACK-UP TARGET WEEKS. WHEN A DATE HAS BEEN CHOSEN SELECT IT IN THE DATABASE.]

**[FULL/LIMITED OA: We would like to schedule [AK/PR/USVI: a specific week; GU/HI: a range of weeks] for when schools in your SFA can complete their cost and menu surveys.**

**GU/HI: Do the weeks of [FILL WITH SUGGESTED RANGE OF WEEKS] work for your SFA?**

RECRUITER: REFER TO DATABASE FOR THE SUGGESTED AND BACK-UP RANGE OF WEEKS. WHEN A DATE HAS BEEN CHOSEN SELECT IT IN THE DATABASE.

**AK/PR/USVI: Does the week of [FILL WITH SUGGESTED WEEK] work for your SFA and the schools?**

RECRUITER: REFER TO DATABASE FOR THE SUGGESTED AND BACK-UP TARGET WEEKS. WHEN A DATE HAS BEEN CHOSEN SELECT IT IN THE DATABASE.]

**[G3, FULL AND LIMITED OA: We would like to schedule a day and time for completing your cost interview. The cost interview will take approximately [G3, FULL OA: 3 hours and should take place towards the end of your data collection week; LIMITED OA: 1 and a half hours]. (IF C3a=2: You and [FILL NAME(S) PROVIDED in C3b] will also need to be available at this time.)**

RECRUITER: SELECT THE DAY AND TIME IN THE DATABASE.]

**Those are all the questions I have at this time. [G2A, G2B, G3, FULL OA: I will be sending some suggested dates and times for the school-level activities – we will work with each school to confirm the schedule.]**

**I will follow up with an email [later today/tomorrow] that summarizes the next steps and confirms the dates we just discussed. [CONFIRM E-MAIL ADDRESS.]**

**Thank you for your time. If you have any questions, please call me directly at xxx-xxx-xxxx or email me at [EMAIL].**

Número de OMB: 0584-xxxx  
Fecha de Vencimiento: xx/xx/20xx

Esta información se recopila para ayudar al Servicio de Alimentos y Nutrición a comprender las prácticas de compra de alimentos en las escuelas, la calidad nutricional de las comidas y meriendas escolares, el costo de producción de las comidas escolares y la participación e ingesta dietética de los estudiantes. Se trata de una recopilación obligatoria, y el FNS utilizará la información para supervisar las operaciones del programa. En esta recopilación no se solicita ninguna información de identificación personal en virtud de la Ley de Privacidad de 1974. De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no puede llevar a cabo o patrocinar, y una persona no está obligada a responder, a una recopilación de información a menos que muestre un número de control válido de la OMB. El número de control OMB válido para esta recopilación de información es 0584-[xxxx]. El tiempo necesario para completar esta recopilación de información se estima en una media de 0.17 horas por respuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar en las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de información. Envíe sus comentarios sobre esta estimación de la carga o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir esta carga, a: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-xxxx). No envíe el formulario cumplimentado a esta dirección.

ID#:

SFA: \_\_\_\_\_

Ciudad y Estado: \_\_\_\_\_

Fecha:   /   /

          Mes      Día      Año

# Estudio Comidas Escolares 2024-2025

## *Entrevista de Planificación con el Director del SFA*

## PLANIFICACIÓN CON EL SFA

SFA: \_\_\_\_\_

NOMBRE DEL DIRECTOR DEL SFA: \_\_\_\_\_

CORREO ELECTRÓNICO: \_\_\_\_\_

TELÉFONO: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|\_|

**CONFIRMAR FECHAS EN CASO DE AUSENTARSE DEL RECLUTAMIENTO:**

SY 2024-2025 fechas de inicio y fin: |\_|\_|\_|/|\_|\_|\_|/|2|0|2|2| a |\_|\_|\_|/|\_|\_|\_|/|2|0|2|3|

Semanas de evaluación: \_\_\_\_\_

Vacaciones de Invierno y Primavera: \_\_\_\_\_

Otras posibles restricciones para la semana de recolección de datos: \_\_\_\_\_

NOTAS: \_\_\_\_\_

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FECHA DE ACTUALIZACIÓN DE LA BASE DE DATOS: |\_|\_|\_|/|\_|\_|\_|/|2|0|\_|\_|\_|

## INTRODUCCIÓN

Hola, mi nombre es \_\_\_\_\_. Llamo de [EMPRESA] en nombre del Departamento de Agricultura de los Estados Unidos, Servicio de Alimentos y Nutrición, o FNS, sobre el Estudio Nacional de Comidas Escolares 2024-2025. [Llamo para obtener información sobre las escuelas que fueron seleccionadas para el estudio. ¿Es un buen momento para hablar?

*EN CASO DE SER NECESARIO:*

*Las actividades de recogida de datos se limitarán únicamente a las necesarias para el éxito del estudio.*

*LIMITED OA: La participación de su SFA se centrará en los costos e ingresos de los servicios alimentarios.*

### RESUMEN DE ACTIVIDADES DE RECOLECCIÓN DE DATOS

<b>Limited OA</b>	<b>Encuesta de Menús.</b> Esta encuesta recogerá información detallada sobre los alimentos ofrecidos y servidos en los almuerzos y desayunos reembolsables durante una semana determinada.
<b>Limited OA</b>	<b>Entrevista de Costos con el Director del SFA.</b> Se entrevistará a los directores de las SFA para recabar información sobre los costos e ingresos de los servicios alimentarios.



**C. INFORMACIÓN DE CONTACTO A NIVEL DEL SFA**

**PREGUNTE C1 PARA OA LIMITADA**

**C1. A Antes de las Entrevistas de Costes le pediremos que nos envíe una declaración final de gastos para el Año Escolar 2023-2024 para la SFA. Esto es parte de lo que usualmente se llama el "estado de ingresos y gastos" o el "estado de ganancias y pérdidas." [OA completa y limitada: También necesitaremos documentación de todos los proveedores de alimentos comprados comercialmente y de las adquisiciones de alimentos del USDA que pueda usarse para calcular los precios unitarios de los alimentos comprados y el valor de los alimentos del USDA usados por la SFA durante los últimos 3 meses]. Le enviaremos instrucciones sobre cómo cargar estos documentos. ¿Tiene alguna pregunta sobre esta solicitud?**

RECLUTADOR: RESPONDA CUALQUIER PREGUNTA QUE EL DIRECTOR DEL SFA PUEDA TENER ACERCA DE ESTA SOLICITUD.

**Ahora me gustaría hacerle algunas preguntas acerca de los reportes de gastos e ingresos auditados y no auditados de su SFA.**

**C4a. ¿Cuándo tendrá disponibles los reportes no auditados de gastos e ingresos de su SFA para el ciclo escolar actual (2024-2025)? Por favor, proporcione día, mes y año.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
Mes      Día      Año

No sabe → VAYA A A2b

SI QUIEN RESPONDE NO PUEDE DARLE UNA FECHA, ENTONCES AVERIGUE: **Es suficiente si nos da una estimación. ¿Puede brindarnos el mes y año?**

**OMITA C4B SI SE RESPONDE A C4A**

**C4b. No necesitaremos estos estados hasta el curso escolar 2025-2026. ¿Estarán listos los estados de ingresos y ganancias no auditados para el comienzo del próximo curso escolar?**

Si

No

**C5a. ¿Cuándo estarán disponibles los estados de ingresos e ganancias auditados de la SFA para el año escolar en curso (2024-2025)? Indique el día, el mes y el año.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
Mes      Día      Año

No sabe → VAYA A C5b

SI QUIEN RESPONDE NO PUEDE DARLE UNA FECHA, ENTONCES AVERIGUE: **Es suficiente si nos da una estimación. ¿Puede brindarnos el mes y año?**

**OMITA SI SE RESPONDE C5a**

**C5b. No necesitaremos estos estados hasta el curso escolar 2025-2026. ¿Estarán listos los estados de ingresos y ganancias no auditados para el comienzo del próximo curso escolar?**

1  Si

0  No

RECLUTADOR: SI EL DIRECTOR DEL SFA NO PUEDE PROPORCIONAR RANGOS DE FECHAS, AVERIGUE LA INFORMACIÓN DE CONTACTO DE UNA PERSONA EN EL DISTRITO QUIEN PUEDA RESPONDER A NUESTRAS PREGUNTAS Y REGISTRE LA INFORMACIÓN EN LA BASE DE DATOS DE RECLUTAMIENTO.

**C6. Para la Entrevista de costos, nos gustaría hacer una reunión en línea en Webex y compartir la pantalla de nuestro ordenador. Esta herramienta requiere que se una a la reunión en un ordenador con una conexión a Internet fiable. ¿Prevé algún problema de acceso?**

1  Si

0  No

RECLUTADOR: REGISTRE EN LA BASE DE DATOS LA INFORMACIÓN ACERCA DE SI EL DIRECTOR DEL SFA ANTICIPA CONTAR O NO CON UNA CONEXIÓN A INTERNET CONFIABLE PARA LA ENTREVISTA. SI HAY INFORMACIÓN ADICIONAL ACERCA DE LA SITUACIÓN DEL DIRECTOR DEL SFA ENTONCES REGÍSTRELO EN LA BASE DE DATOS.

**D. SEMANA DE RECOPIACIÓN DE DATOS**

**[OA COMPLETA/LIMITADA: Nos gustaría programar [AK/PR/USVI: una semana específica para que las escuelas de su SFA puedan completar sus encuestas sobre costos y menús.**

**AK/PR/USVI: ¿Le parece que la semana de [RELLENAR CON LA SEMANA SUGERIDA] estaría bien para su SFA y las escuelas?**

**[G3, OA COMPLETA Y LIMITADA: Nos gustaría programar un día y una hora para completar su entrevista de costos. La entrevista de costos durará aproximadamente una hora y media. (SI C3a=2: Usted y [RELLENAR NOMBRE(S) PREVISTO(S) en C3b] también tendrán que estar disponibles en ese momento).**

RECLUTADOR: SELECCIONE EL DÍA Y LA HORA EN LA BASE DE DATOS.

Estas son todas las preguntas que tengo para usted por el momento.

Haré un seguimiento a través de un correo electrónico [más tarde hoy/mañana] que resume los próximos pasos y confirma las fechas que hemos discutido. [CONFIRME LA DIRECCIÓN DE CORREO ELECTRÓNICO.]

Gracias por su tiempo. Si tiene usted alguna pregunta, por favor llámeme directamente al teléfono -xxx-xxxx o escríbame a la dirección de correo electrónico [CORREO ELECTRÓNICO].