APPENDIX C23. PRE-visit Reminder email (GROUPS 2a, 2b, 3)

***Note for reviewers: The burden associated with preparing SFA-level documentation referenced in this document is included in the burden disclosure statement on Appendix F05.02/F05.03. The burden associated with SNMs preparing documentation is included in the burden disclosure statement on Appendix F05.10. The burden associated with principals preparing documentation is included in the burden disclosure statement on Appendix F05.12.***

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 0584-0698. The time required to complete this information collection is estimated to average 0.05 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 (0584-0698). Do not return the completed form to this address.

OMB Number: 0584-0698

Expiration Date: 06/30/2027

**Sent to:**  All contacts (SFA Directors, District Business Managers, SNMs, Principals, etc.)

**Subject:**  National School Foods Study visit confirmation - Action requested



Dear [NAME]:

Thank you in advance for your participation in the 2024–2025 National School Foods Study. With better data comes better policy; we seek to collect data to fully understand the school food environment. The dates of your site visits are listed below. [SNM only: You will be asked to provide information about your menus for the week, so we ask that you please prepare your menu documentation in advance of our visit.]

[Group 3/LOA: As we will be reviewing SFA and school costs in depth, we ask that you please have any of the following documentation available during the visit, if it is applicable to your school or SFA.

* [SFA only: A complete set of price lists from all vendors for commercially purchased food items and USDA Foods acquisitions covering the past 3 months. We need this to collect information on the costs of purchased foods and the value of USDA Foods used by this SFA during the week that we are visiting for the study. This documentation should have information on it that helps us calculate the unit price of foods served in sampled schools during the target week. **Please upload them to [site] by [date].**
* Equipment inventories in order to report the value of food service equipment or depreciation cost
* Indirect cost allocation rate(s) or plan(s)
* Documentation for any food service costs (direct, indirect/overhead, or uncharged) not listed on the submitted expense statement
* Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, including both SFA central staff and district staff]
* [SNM only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities. This includes any school food service employee who is paid out of the food service account. We will ask principals about any school staff who work on food service activities but are paid out of the district account.]
* [Principal only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, but is not paid out of the food service account. We will ask school nutrition managers about any employees who are paid out of the food service account.]]

Below are visit dates for each location [Group 3 only: and who we plan to interview at each site] during the **Target week of [DATE].**

[If Group 3 or LOA]

|  |  |  |  |
| --- | --- | --- | --- |
| **Visit Date** | **Interview Respondent** | **Contact Information** | **Time of Interview** |
| [DATE] | [SFA Director Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [Business manager name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [Other SFA/District Staff] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |

[Group 2a, 2b, 3: Schools included in the study]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name** | **School Address** | **Visit Date** | **[If G3: Interview respondents]** | **[If G3: Contact Information]** | **[If G3: Time of Interview]** |
| [School 1] | [Address School 1] | [DATE] | [Principal Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [SNM Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [School 2] | [Address School 2] | [DATE] | [Principal Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [SNM Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [School 3] | [Address School 3] | [DATE] | [Principal Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [SNM Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [School 4] | [Address School 4] | [DATE] | [Principal Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |
| [SNM Name] | [PHONE]; [EMAIL] | [HH:MM AM/PM] |

Please let me know as soon as possible if there are conflicts with the timing of the site visit or if you have any questions about the 2024-2025 National School Foods Study. If you have any comments or questions, please reply to this email or call us at [Telephone Number]. Thank you in advance for your help and cooperation.

Sincerely,
[RECRUITER]