

APPENDIX C22. SCHOOL PLANNING INTERVIEW (GROUPS 2A, 2B, 3 AND FOA)

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 2a OR 2b OR 3, FILL: 0.25] [IF FOA, FILL: 0.07] 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.

# 2024–2025 National School Foods Study

## *School Planning Interview*

|   |  |      |
|---|--|------|
|   |  |      |
| School  |  |      |
| School  |  |      |
| School_Level  | SMS – E = Elementary, M = Middle, H = High   | Q1   |
| SchoolFFVP  | 1= school participates in FFVP; 0 school doesn't participate in FFVP   |      |
| School_Addr1, School_Addr2, School_City, School_State, School_Zip, School_Phone, School_Email | SMS – Best physical address for the School   | Q4   |
| School_Liaison_Name   | SMS, collected in the RDB during recruiting. Pull person name with the following Logic: Group 2 = Study Liaison Relationship; Group 3 = SNM Cost Respondent Relationship; FOA = SNM Cost Respondent Relationship | Q14b |
| PlateWasteEligible  | SMS – 1 = Eligible; 0 = Ineligible; U = Unknown  | Q11a |
| Grade_PK  | SMS – 1 = Pre-K; 0 = No Pre-K  | Q11a |

| Item                  | General Programmer Notes  | First Used at Q#: |
|-----------------------|---|-------------------|
| Language              | English only. Surveys will be completed by the “Study Liaison” at each school (identified by each school Principal)   | N/A               |
| Mode                  | Survey will be done primarily via web – should be mobile and computer friendly.   | N/A               |
| Question Titles       | Please use Question IDs (ex. Q1) as Question IDs.   | Q1                |
| EROS Data Transfer    | Please transfer all variables to the SMS, as well as survey status. Also, can address updates be sent back to the SMS and marked as best?   | N/A               |
| Response Instructions | Follow defaults; do <b>not</b> display “mark/select one only” instructions  | N/A               |
| Help Button/footer    | Questions? Call us at [PHONE] or send an e-mail to [EMAIL].   | Welcome screen    |
| Wrapper pages         | <u>Respondent enters a completed or other final statused survey: <b>Our records indicate that your survey is already completed. Please call [PHONE] if you believe you are receiving this message in error.</b></u> | N/A               |

**Login Page:** Username and password displayed when the page is accessed via the base URL, but primary access for this survey is via an embedded authenticated link (SID) sent to sample members in an email (no username or password needed).

## LOGIN SCREEN

To begin the survey, please enter your username and password below.

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**WELCOME SCREEN**

|  |
|--|
| OMB Number: 0584-xxxx<br>Expiration Date: xx/xx/20xx |
|--|

**[SCHOOLNAME]** has been selected for [IF G2A, G2B OR G3: on-site] data collection for the 2024–2025 National School Foods Study. This short survey gathers information we will need for [IF G2 OR G3: the on-site] data collection. [G3 only: Question topics include food production, scheduling, availability of self-service items, and meal service characteristics.]

We thank you in advance for your time in this important study. If you have any questions about the study, please feel free to reach out to the study at [PHONE] or send an e-mail to [EMAIL].

**COMPLETE SCREEN**

Completed

Our records indicate that your survey is already completed. Please call [PHONE] if you have any questions, or believe you are receiving this message in error.

ASK IF GROUP = 2A, 2B, 3, FOA

IF GROUP = 2 AND LEVEL = M or H, DO NOT INCLUDE MONDAY LINE and FILL "For Tuesday through Friday". OTHERWISE FILL "For each day of the week"

ADD BUTTON THAT ALLOWS RESPONDENT TO REPLICATE THE FIRST DAY'S SCHEDULE FOR THE REST OF THE WEEK.

**Q1. [For each day of the week/For Tuesday through Friday], at what time do you usually arrive to work and at what time do you usually leave work?**

| DAY                                   | TIME TO ARRIVE   | TIME TO LEAVE  |
|---------------------------------------|--|--|
| Monday                                | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> |
| m I do not usually work on Mondays    |  |  |
| Tuesday                               | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> |
| m I do not usually work on Tuesdays   |  |  |
| Wednesday                             | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> |
| m I do not usually work on Wednesdays |  |  |
| Thursday                              | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> |
| m I do not usually work on Thursdays  |  |  |
| Friday                                | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> | <input type="text"/> : <input type="text"/> <sub>1 m AM 2 m PM</sub> |
| m I do not usually work on Fridays    |  |  |

PROGRAMMING RANGE: TIME TO LEAVE SHOULD NOT BE 1 HOUR OR LESS AFTER TIME TO ARRIVE. TIME TO LEAVE SHOULD NOT BE SET TO BEFORE TIME TO ARRIVE.

ASK IF GROUP = FOA

**Q1a. For the Cost Interview, we would like to use an online meeting tool which will give the interviewer the ability to share their screen. This tool requires that you have reliable internet connection. Do you have access to reliable internet connection?**

- m Yes.....1
- m No.....0

ASK IF GROUP = FOA

**Q1b. We will need to mail you some study materials. We will be mailing you materials from the eastern U.S. How many business days would you estimate the materials will take to get to your address?**

DAYS  
(RANGE 0 – 60)

ASK IF GROUP = FOA

**Q1c. What is the address that we should send the study materials to?**

Street Address: \_\_\_\_\_  
Street Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Region: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_

ASK ALL

**Q2. In general, what is the best time of day to reach you? (Confirm time zone)**

From:  :  <sub>1</sub> M AM <sub>2</sub> M PM      To:  :  <sub>1</sub> M AM <sub>2</sub> M PM

PROGRAMMING RANGE: "TIME TO" SHOULD NOT BE LESS THAN "TIME FROM"

ASK ALL

**Q3. What is the best way to reach you?**

*Select one only*

m Email..... 1  
m Phone..... 2



ASK IF GROUP = 2A, 2B, 3, OR FOA  
 FILL WITH STUDY LIAISON (G2A OR G2B)/SNM (G3) BEST PHONE AND EMAIL.  
 IF GROUP = 2A, 2B, OR 3, DISPLAY PHYSICAL ADDRESS AND FILL WITH SCHOOL NAME AND BEST PHYSICAL ADDRESS. DO NOT DISPLAY PHYSICAL ADDRESS IF GROUP = FOA.  
 IMPLEMENT Q4\_CHANGE\_PHONE, Q4\_CHANGE\_EMAIL, AND Q4\_CHANGE\_ADDRESS FLAGS WITH VALUES 1 IF THAT INFORMATION CHANGED FROM PRELOAD AND 0 IF IT DIDN'T

**Q4. We will be contacting you prior to the visit date to discuss data collection logistics. Please review the information below and update as necessary.**

**Your phone number:** [STUDY\_LIAISON\_PHONE] OR [SNM\_PHONE]

**Your email address:** [STUDY\_LIAISON\_PHONE] OR [SNM\_EMAIL]

**Physical Address of [SCHOOLNAME]:**

**Street Address:** [SCHOOL\_ADDR1]

**Street Address Line 2:** [SCHOOL\_ADDR2]

**City:** [SCHOOL\_CITY]

**State/Region:** [SCHOOL\_STATE]

**ZIP Code:** [SCHOOL\_ZIP]

ASK IF GROUP = 2A, 2B, OR 3

**Q5. What times are the breakfast and lunch periods in [SCHOOLNAME]?**

| MEAL/PERIOD  | START TIME  | END TIME  |
|--|---|---|
| Breakfast  | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| <input type="checkbox"/> we do not serve breakfast |   |   |
| Lunch period 1                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 2                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 3                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 4                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 5                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 6                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 7                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| Lunch period 8                                     | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input type="text" value=":"/> <input type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |

|   |   |   |
|---|---|---|
| Lunch period 9  | <input style="width: 40px; height: 20px;" type="text"/> : <input style="width: 40px; height: 20px;" type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM | <input style="width: 40px; height: 20px;" type="text"/> : <input style="width: 40px; height: 20px;" type="text"/> <sub>1</sub> m AM <sub>2</sub> m PM |
| PROGRAMMING RANGE: TIME TO END SHOULD NOT BE SET TO BEFORE TIME TO START. |   |   |

GROUP = 2A OR 2B

**Q6a. Does [SCHOOL] currently participate in the FFVP program?**

- m Yes.....1
- m No.....0

GROUP = 2A OR 2B  
Q6a = 1 (YES)

**Q6b. What days of the week do you serve FFVP?  
We'll need to visit on a day when FFVP is served.**

- Fixed schedule.....1
- Day of the week can change.....2

IF FIXED SCHEDULE SELECTED, DISPLAY:

- Monday.....1
- Tuesday.....2
- Wednesday.....3
- Thursday.....4
- Friday.....5

IF DAYS OF THE WEEK CAN CHANGE, DISPLAY:

**Can you provide more information about how the days FFVP is served may change?  
We will followup on the best way to ensure we visit on a day when FVP is served.**

GROUP = 2A OR 2B  
Q6a = 1 (YES)

**Q6c. What time of the day do you serve FFVP?**

Is the time fixed or can the schedule change? Are there different times for different groups of students?

**Q6d. Where is the FFVP snack distributed to students?**

**Q6f. Where do students eat the FFVP snack?**

**Q6g. Do students in all grades at [SCHOOL] receive the FFVP snack?**

- m Yes..... 1
- m No..... 0

GROUP = 2A OR 2B  
Q6a = 1 (YES) & Q6g = 2 (NO)

**Q6h. Which grade(s) at [SCHOOL] receive the FFVP snack?**

ASK IF GROUP = 2A, 2B, OR 3

**Q7a. What time does [SCHOOLNAME] open? This refers to the time that the front doors open to the school or the time that front office staff arrive.**

:  <sub>1</sub> m AM <sub>2</sub> m PM

ASK IF GROUP = 2 OR 3

**Q7c. What time does your school close? This is the time when data collectors should be off the premises.**

:  <sub>1</sub> m AM <sub>2</sub> m PM

ASK IF GROUP = 3

**Q8. Does [SCHOOLNAME] ever offer any type of food bar (this includes self-serve and made-to-order food bars) as part of reimbursable lunches? Some examples of food bars include entrée salad bars, side salad bars, fruit and vegetable bars, sandwich or deli bars, potato bars, nacho/taco or other Mexican-themed bars, pasta or Italian-themed bars, or fixins' bars.**

- m Yes..... 1
- m No..... 0 GO TO Q9

HARD CHECK IF MISSING: Please provide an answer to the question about food bars. This question is required so that we can appropriately plan for our visit to your school.

ASK IF Q8 =1

**Q9. Thinking about the food bars that your school offers as part of reimbursable lunches, how many food bars will you be offering on the [VISIT DAY] during the week of [TARGET WEEK] during lunch?**

**If you are unsure of the number of food bars that will be available, then please enter your best estimate for a typical [VISIT DAY].**

BARS AT LUNCH ON VISIT DAY

(RANGE 0 - 10)

**HARD CHECK IF MISSING:** Please provide an answer to the question about food bars. This question is required so that we can appropriately plan for our visit to your school.

**SOFT CHECK IF RANGE GREATER THAN 3:** You reported that your school has more than 3 food bars in your cafeteria for lunch. Please confirm your answer before proceeding.

ASK IF GROUP = 3

**Q10. Does [SCHOOLNAME] ever offer any type of food bar (this includes self-serve and made-to-order food bars) as part of reimbursable breakfasts? Some examples might include parfait bars, or cereal bars.**

m Yes..... 1

m No..... 0 GO TO Q11A

**HARD CHECK IF MISSING:** Please provide an answer to the question about self-serve and made-to-order food bars. This question is required so that we can appropriately plan for our visit to your school.

ASK IF Q10=1

**Q11. Thinking about the food bars that your school offers as part of reimbursable breakfasts, how many food bars will you be offering on the [VISIT DAY] during the week of [TARGET WEEK] during breakfast?**

**If you are unsure of the number of food bars that will be available, then please enter your best estimate for a typical [VISIT DAY].**

BARS AT BREAKFAST ON VISIT DAY

(RANGE 0 - 10)

**HARD CHECK IF MISSING:** Please provide an answer to the question about food bars. This question is required so that we can appropriately plan for our visit to your school.

**SOFT CHECK IF RANGE GREATER THAN 2:** You reported that your school has more than 2 food bars in your cafeteria for breakfast. Please confirm your answer before proceeding.

ASK IF GROUP = 3 AND PlateWasteEligible = ELIGIBLE (1) OR UNKNOWN (U), ELSE GO TO Q15.  
IF Grade\_PK = YES, FILL "Please exclude reimbursable breakfasts served to students in pre-kindergarten."

**Q12a. How many reimbursable lunches are served to students in [SCHOOLNAME] on a typical school day? [Please exclude reimbursable lunches served to students in pre-kindergarten.]**

NUMBER OF LUNCHES

(RANGE 1 - 5,000)

HARD CHECK IF MISSING: Please provide your best estimate.  
HARD CHECK IF GT 5,000: Please review your response, you entered more than 5,000 lunches served on a typical day.  
SOFT CHECK IF GT: 3,000: Please confirm your response, you entered more than 3,000 lunch served on a typical day.

ASK IF GROUP = 3 AND PlateWasteEligible = ELIGIBLE (1) OR UNKNOWN (U)

**Q12b. Are all or almost all reimbursable lunches served and eaten in the cafeteria on a typical school day?**

m Yes..... 1

m No..... 0

HARD CHECK IF MISSING: Please provide an answer to the question about where reimbursable lunches are served and eaten. This question is required so that we can appropriately plan for our visit to your school.

ASK IF Q12b=0. SHOW Q11c and Q12d on the same screen.

**Q12c. Of the [FILL Q11a] reimbursable lunches served on a typical day, about how many are served and eaten in the cafeteria?**

NUMBER OF LUNCHES

(RANGE 1 - 5,000)

SOFT CHECK IF GT Q12A: Please review your response. You entered more lunches than are served on a typical day.

ASK IF Q12b=0

**Q12d. Which students can eat reimbursable lunches in a location other than the cafeteria? For example, can all students or only specific groups, such as students with special needs?**

(STRING 2000)

HARD CHECK IF MISSING: Please provide an answer to the question about which students eat lunch in a location other than the cafeteria. This question is required so that we can appropriately plan for our visit to your school.

ASK IF GROUP = 3 AND PlateWasteEligible = ELIGIBLE (1) OR UNKNOWN (U)

**Q13. How many points-of-sale for reimbursable lunches are there in [SCHOOLNAME]'s cafeteria (including electronic systems and cashiers)?**

NUMBER OF POINTS-OF-SALE

(RANGE 0 - 10)

ASK IF GROUP = G3 AND PlateWasteEligible = ELIGIBLE (1) OR UNKNOWN (U)  
 IF Grade\_PK = YES, FILL "Please exclude reimbursable breakfasts served to students in pre-kindergarten."

**Q14a. The next set of questions are about reimbursable breakfasts.**

**How many reimbursable breakfasts are served to students in [SCHOOLNAME] on a typical school day? [Please exclude reimbursable breakfasts served to students in pre-kindergarten.]**

NUMBER OF BREAKFASTS

(RANGE 0 - 4,500)

HARD CHECK IF MISSING: Please provide your best estimate.  
 HARD CHECK IF GT 4,500: Please review your response, you entered more than 4,500 breakfasts served on a typical day.  
 SOFT CHECK IF GT: 3,000: Please confirm your response, you entered more than 3,000 breakfasts served on a typical day.

ASK IF GROUP = 3 AND PlateWasteEligible = ELIGIBLE (1) OR UNKNOWN (U)

**Q14b. Are the majority of reimbursable breakfasts served and eaten in the cafeteria on a typical day?**

m Yes..... 1  
 m No..... 0

HARD CHECK IF MISSING: Please provide an answer to the question about where reimbursable breakfasts are served and eaten. This question is required so that we can appropriately plan for our visit to your school.

ASK IF Q14b=0 SHOW Q14c and Q14d on the same screen.  
FILL Q14a

**Q14c. Of the [FILL Q14a] reimbursable breakfasts served on a typical day, about how many are served and eaten in the cafeteria?**

NUMBER OF BREAKFASTS

(Range 1 - 5,000)

SOFT CHECK IF GT Q14A: Please review your response. You entered more breakfasts than are served on a typical day.

ASK IF Q14b=0

**Q14d. Which students can eat reimbursable breakfasts in a location other than the cafeteria? For example, can all students or only specific groups, such as students with special needs?**

(STRING 2000)

HARD CHECK IF MISSING: Please provide an answer to the question about which students eat breakfast in a location other than the cafeteria. This question is required so that we can appropriately plan for our visit to your school.

ASK IF GROUP = 2

**Q15a. We will be sending study materials to the parents of students selected to participate in our study before your visit week. Would you like us to send the study materials directly to parents or would you prefer to give the students the study materials to take home?**

m Mathematica to send materials directly to parents.....1 GO TO Q15a

m School opts to send study materials home with students.....2

ASK IF Q14a = 2  
FILL FROM Q4  
IMPLEMENT Q14b\_CHANGE\_ADDRESS FLAG WITH VALUES 1 IF THAT INFORMATION  
CHANGED FROM PRELOAD AND 0 IF IT DIDN'T  
[CONSENT MATERIALS MAILED TO SCHOOL MAILING]

**Q15b. Please confirm that this is the address that the study materials should be sent to for distribution by the school:**

**[SCHOOLNAME]:**

**Street Address:** [MAILING STREET ADDRESS 1]

**Street Address Line 2:** [MAILING STREET ADDRESS 2]

**City:** [MAILING CITY]

**State/Region:** [MAILING STATE]

**ZIP Code:** [MAILING ZIP]

ASK IF GROUP = 2 OR 3

**Q16a. Does your school have any special security or health requirements that data collectors must meet prior to visiting?**

m Yes..... 1

m No..... 0

GO TO COMPLETE

ASK IF Q16a = 1

**Q16b. What are these requirements?**

(STRING 2000)