**APPENDIX A-3. Sponsor Survey**

The Food and Nutrition Service, U.S. Department of Agriculture is conducting a study on the Summer Meals Programs. This survey includes questions on:

* Characteristics of your sponsoring organization;
* Sponsor policies; and
* Characteristics of selected site(s) you sponsor.

The main objectives of the study are to describe the characteristics of programs and participants, to examine program operations, and to identify factors affecting participation in the program by sponsors, sites, and children. Your responses will be kept private, will be combined with those from other sponsors, and will not be reported separately. Your participation in this survey is very important and will help improve understanding of Summer Meal Programs.

You have been selected because your organization is a sponsor of a Summer Meals Program, for the <SITE NAME(S)>.

Taking part is voluntary but please know that the information you provide will be kept private and will be included with those of other survey participants. The law prohibits us from giving anyone any information that may identify you or your organization. Your answers to the survey questions, or your decision not to respond to the survey, will not affect any benefits or services your organization receives.

**Your opinion matters to us. Thank you for completing this survey.**

# SECTION A: ABOUT YOUR ORGANIZATION

A1. Which of the following best describes your organization? (CHECK THE ONE THAT BEST DESCRIBES YOUR ORGANIZATION.)

Public school food authority (SFA)

Private nonprofit school food authority (SFA)

State government agency

County government agency

Local or municipal government agency

Residential camp

National Youth Sports Program (NYSP)

Other private nonprofit organization

Which type? (CHECK ONLY ONE.)

Boys and Girls Club

Religious organization

YMCA or YWCA

Food bank

Sponsor of the Child and Adult Care Food Program

Other (PLEASE SPECIFY):

Other (PLEASE SPECIFY):

A2. For how many summers, including this summer, has your organization sponsored summer meal sites?

|\_\_\_|\_\_\_| Number of summers

Don’t know

A3. What is the total number of sites your organization is sponsoring this summer? Please include any sites that have already closed or have not yet opened.

|\_\_\_|\_\_\_|\_\_\_|\_\_\_| Number of sites

A4. About how many children will receive meals and/or snacks across all the sites you sponsor this summer? An estimate is fine.

|\_\_\_|\_\_\_|\_\_\_|\_\_\_| Number of children

# SECTION B: SEAMLESS SUMMER OPTION [FOR SFA SPONSORS ONLY]

[Note: Survey will be programmed to ask these questions only of SFA sponsors, and based on whether the sampled site is SFSP or SSO.]

IF SITE IS IN SFSP:

B1. Why does your organization not participate in the Seamless Summer Option (SSO)? The Seamless Summer Option allows schools in the National School Lunch or School Breakfast Programs to continue to follow rules and claim reimbursement under those programs for meals served in eligible areas during the summer, instead of the Summer Food Service Program. (CHECK ALL THAT APPLY.)

Inadequate reimbursement rates

Cheaper to run other programs

Not enough internal funding

Prefer Summer Food Service Program meal patterns

State does not offer the Seamless Summer Option

Other (PLEASE SPECIFY):

B2. Has your organization ever participated in the Seamless Summer Option (SSO)?

Yes

No

Don’t know

IF SITE IS IN SSO:

B3. Why does your organization participate in the Seamless Summer Option (SSO)? (CHECK ALL THAT APPLY.)

Less paperwork

Easier administrative reviews by the State agency

Easier reviews or monitoring of sites

Other (PLEASE SPECIFY):

B4. Has your organization ever participated in the Summer Food Service Program?

Yes

No

Don’t know

# SECTION C: SPECIAL DIETS

C1. Does your organization have policies for meal service sites to accommodate children with food allergies or other special dietary needs?

Yes

No 🡺 **GO TO SECTION D.**

Don’t know 🡺 **GO TO SECTION D.**

C2. What policies does your organization have to protect children with food allergies or other special dietary needs? (CHECK ALL THAT APPLY.)

Separate tables

Special sanitation procedures in the kitchen and/or dining area

Special training for staff

Signed statement from child’s physician or other healthcare professional

Site staff inspect trays of children

Menus are adapted for children with allergies or special dietary needs

A team of parents, site/sponsor staff, health professionals and/or registered dietitians determines how best to address a child’s dietary needs

Accommodations are made on a case-by-case basis

Other (PLEASE SPECIFY):

# SECTION D: FOOD SAFETY

D1. Does your organization prepare and/or deliver meals to any of your summer meal sites?

Yes

No 🡺 **GO TO SECTION E.**

D2. Does your organization have a written Food Safety Plan?

Yes

No

Don’t know/Not sure

D3. Which of the following food safety procedures do staff in your organization follow? (CHECK ALL THAT APPLY.)

Staff…

Wash hands before handling food

Wear gloves while handling food

Transport cold food in a refrigerated vehicle

Transport cold food in a cooler in a non-refrigerated vehicle

Serve perishable foods within 2 hours if they are kept out

Keep meals in a cooler or other cold storage until serving

Always use thermometers to monitor cooking temperatures

Always use thermometers to monitor food holding temperatures

Dispose of meals or foods that fail a quality check

Other (PLEASE SPECIFY):

# SECTION E: ABOUT YOUR SUMMER MEAL PROGRAM SITE

**Please answer the following questions about <SITE NAME>. If you don’t know answers to any specific questions, please check with someone else in your organization who is knowledgeable about this site.**

E1. How many summers has your organization sponsored <SITE NAME>?

This is the first summer

2 years to 5 years

More than 5 years

[ASK ONLY OF SPONSORS THAT ARE NOT PRIMARY MENU PLANNERS, AS INDICATED IN RECRUITMENT.]

E2. What role do sponsor staff have in menu planning for <SITE NAME>? (CHECK ALL THAT APPLY.)

Sponsor staff work closely with sponsor and/or meal vendor to plan menus

Sponsor staff review proposed menus to ensure they meet requirements

Sponsor staff provide guidance materials to the site and/or meal vendor to help them plan menus

Other (PLEASE SPECIFY):

# SECTION F: PLANS FOR NEXT SUMMER

F1. Does your organization plan to return as a summer meal program sponsor next summer?

Yes

No

Don’t know

F2. Does your organization plan to sponsor the summer meal program at <SITE NAME> next summer?

Yes

No

Don’t know

# SECTION G: OTHER INFORMATION

G1. Is there anything else you would like to tell us about the summer meals program? This could be general information about the summer meals program or information specific to the summer meals program at <SITE NAME>.

G2. What is your current job title or position?

G3. How long have you been in your organization?

\_\_\_\_\_ Number years or \_\_\_\_\_\_ Number months

G4. What is the highest level of school you have completed? (CHECK ONLY ONE.)

Less than high school

High school graduate – high school diploma or the equivalent (for example, GED)

Some college but not degree

Associate degree

Bachelor’s degree (for example, BA, BS)

Advanced or post-graduate degree (for example, Master’s degree, MD, DDS, JD, PhD, EdD)

**PROGRAMMER: Module below to be stored separately from the survey data above but with linking on ID possible.**

# SECTION H: FUTURE FOLLOWUP

H1. Would you be available for a follow-up telephone interview in the next month or so? The interview will take about an hour.

No

Yes. Please let us know your contact information.

HOME NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

H2. Because phone numbers and email addresses change over time, please tell us the name and contact information of two people who will know how to find you.

Contact Person # 1:

Phone Number for Contact Person # 1:

Contact Person # 2:

Phone Number for Contact Person # 2:

**Thank you for participating in the Summer Meals Study**