**APPENDIX C-1. Site Supervisor Survey**

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

* Characteristics of your site and those who attend;
* Information about other services available at your site;
* Meal service characteristics; and
* Food storage and safety procedures.

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 sites, and will not be reported separately. Your participation in this survey is very important and will be used to help improve understanding of Summer Meal Programs.

You have been selected because your site, <SITE NAME>, provides meals through a Summer Meals Program.

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 site receives.

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

# SECTION A. ABOUT THE SITE

A1. For how many summers, including this summer, has a Summer Meals Program operated at <SITE NAME>? An estimate is fine.

|\_\_\_| Number of summers

[ ]  Don’t know

A2. For how many weeks is <SITE NAME> scheduled to operate the Summer Meals Program this summer?

|\_\_\_| Number of weeks

A3. On which day(s) of the week does <SITE NAME> typically operate the Summer Meals Program this summer? (CHECK ALL THAT APPLY.)

[ ]  Monday

[ ]  Tuesday

[ ]  Wednesday

[ ]  Thursday

[ ]  Friday

[ ]  Saturday

[ ]  Sunday

A4. What is the normal daily starting time (when children first begin arriving) at <SITE NAME>? Please provide the earliest start time for any activity provided, not just for meals.

|\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM/PM

A5. What is the normal daily closing time at <SITE NAME>? Please provide the closing time for all activities, not just for meals.

|\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM/PM

A6. What is the average daily attendance at <SITE NAME>?This includes both children who receive a summer meal or snack and those who do not. An estimate is fine.

|\_\_\_| Average daily attendance #

A7. Does <SITE NAME> provide meals or snacks to children at times other than summer? (CHECK ALL THAT APPLY.)

[ ]  Yes, the site provides lunches and/or breakfasts through National School Lunch and Breakfast Programs during the school year

[ ]  Yes, the site provides afterschool meals or snacks through the National School Lunch Program during the school year

[ ]  Yes, the site provides afterschool meals or snacks through the Child and Adult Care Food Program during the school year

[ ]  Yes, the site provides meals or snacks through the Child and Adult Care Food Program as a child care center

[ ]  Yes, the site provides meals or snacks with funding from another source during the school year

[ ]  No, the site does not provide meals other than summer meals

# SECTION B: SITE SERVICES

B1. Which of the following best describes the primary purpose of <SITE NAME>? (CHECK ONLY ONE.)

[ ]  It only operates to serve free meals to children. No other activities or services are offered 🡺 **GO TO B4.**

[ ]  It operates *primarily* to serve free meals to children. Activities or other services are also offered.

[ ]  It operates *primarily* to provide activities or other services for children . Free meals are also served.

[ ]  It operates *primarily* to provide educational services for children (for example, summer school). Free meals are also served

[ ]  Other (PLEASE SPECIFY):

B2. How often are activities offered at <SITE NAME> this summer? (CHECK ONLY ONE.)

[ ]  Every day the site is open

[ ]  Most days the site is open

[ ]  A few times over the summer

[ ]  Other (PLEASE SPECIFY):

B3. Which of the following activities are offered at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)

[ ]  Arts and crafts

[ ]  Performing arts

[ ]  Educational/instructional activities

[ ]  Organized games or sports park

[ ]  Supervised free play

[ ]  Supervised child care

[ ]  Swimming

[ ]  Off-site field trips

[ ]  Religious activities

[ ]  Cooking

[ ]  Counseling, therapy, social skills development

[ ]  Multicultural activities

[ ]  Other (PLEASE SPECIFY):

B4. Is transportation available for children to get to and from <SITE NAME>?

[ ]  Yes, transportation is provided for fee

[ ]  Yes, transportation is included in the program fee

[ ]  Yes, free transportation is provided

[ ]  No, transportation is not provided 🡺 **GO TO SECTION C.**

B5. Is transportation available for …? (CHECK ONLY ONE.)

[ ]  All children who attend the site

[ ]  Children who live some distance away from the site

[ ]  Those who request it

[ ]  Other (PLEASE SPECIFY):

B6. What type of transportation is provided? (CHECK ALL THAT APPLY.)

[ ]  Volunteers drive children in their own vehicles

[ ]  Shuttle buses or vans transport children

[ ]  Program is accessible through public transportation (e.g., on a bus route)

[ ]  Other (PLEASE SPECIFY):

B7. On a typical day, how many children use transportation provided by <SITE NAME>, not including field trips? (CHECK ONLY ONE.)

[ ]  All or almost all children

[ ]  Most children

[ ]  Some children

[ ]  Few or very few children

[ ]  No children

# SECTION C: SUMMER MEALS

C1. On which date did <SITE NAME> first begin meal service for the Summer Meals Program this summer?

|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| MONTH/DAY

[ ]  Don’t know/Not sure

C2. On which date did <SITE NAME> stop meal service for the Summer Meals Program this summer? If meal service is still ongoing, on which date do you expect to stop meal service this summer?

|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_| MONTH/DAY

[ ]  Don’t know/Not sure

C3. What is the setting for <SITE NAME> during the summer? (CHECK ALL THAT APPLY.)

[ ]  School

[ ]  Church or other religious organization

[ ]  Library

[ ]  Playground/park

[ ]  Recreation center or community center

[ ]  Housing project

[ ]  Mobile feeding site

[ ]  Homeless shelter

[ ]  Camp

[ ]  Migrant Site

[ ]  Museum

[ ]  WIC Clinic

[ ]  Hospital

[ ]  Food bank

[ ]  Government building

[ ]  Indian Tribal Organization/building

[ ]  College/University

[ ]  Other (PLEASE SPECIFY):

C4. Please put a check mark in the box to indicate the meals served by <SITE NAME> and days of the weeks they are typically served.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Breakfast | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Morning Snack | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Lunch | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Afternoon Snack | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Supper | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Evening Snack | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

C5. On a typical day, what time does <SITE NAME> serve <Breakfast/Morning Snack/Lunch/Afternoon Snack/Supper/Evening Snack>? Please enter the start time and end time.

Start Time: |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM/PM

End Time: |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_| AM/PM

C6. During the summer, does <SITE NAME> follow the same meal service schedule every week?

[ ]  Yes

[ ]  No

[C7 matrix will pre-populate based on responses to C4.]

C7. On a typical day, approximately how many meals/snacks are served to children and how long are children given to eat meals and snacks? An estimate is fine.

|  |  |  |
| --- | --- | --- |
|  | Number of meals/snacks served each day | Length of time (minutes) given to eat meal/snack |
| Children 12 or younger | Children 13 to 18 years of age |
| Breakfast | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| Morning Snack | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| Lunch | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| Afternoon Snack | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |
| Supper | \_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_ |

# SECTION D: CHILDREN SERVED

D1. On a typical day, about what percent of the children served meals/snacks are . . . (ESTIMATES ARE FINE*.*)

… Preschoolers? \_\_\_\_\_% [ ]  Do not serve this age group

… Elementary age (grades K-5)? \_\_\_\_\_% [ ]  Do not serve this age group

… Middle school or junior high age (grades 6-8)? \_\_\_\_\_% [ ]  Do not serve this age group

… High school age (grades 9-12)? \_\_\_\_\_% [ ]  Do not serve this age group

[TOTAL \_\_\_\_\_% - will automatically fill in web survey based on responses entered above, and not exceed 100]

D2. On a typical day, about what percent of children served meals/snacks at <SITE NAME> site are . . . (ESTIMATES ARE FINE.)

… Female? \_\_\_\_\_ %

… Male? \_\_\_\_\_ %

D3. On a typical day, about what percent of children served meals/snacks at <SITE NAME> are Hispanic or Latino/Latina? (AN ESTIMATE IS FINE.)

\_\_\_\_\_%

D4. On a typical day, about what percent of children served meals/snacks at <SITE NAME> are … (ESTIMATES ARE FINE.)

… American Indian or Alaska Native? \_\_\_\_\_ %

… Asian? \_\_\_\_\_ %

… Black or African American? \_\_\_\_\_ %

… Native Hawaiian or other Pacific Islander? \_\_\_\_\_ %

… White? \_\_\_\_\_ %

… Some other race? \_\_\_\_\_ %

# SECTION E: MEAL SERVICE

E1. *4.6a, SNOPS Year 1, 4.1.* What type of meal service system does <SITE NAME> use? (CHECK ONLY ONE.)

[ ]  Cafeteria-style meal service (site workers plate the food for children or children serve themselves such as a salad bar)

[ ]  Pre-plated meal service (meals are already assembled, either in whole or in part)

[ ]  Family-style meal service (children serve themselves from common platters of food)

[ ]  Other (PLEASE SPECIFY):

E2. Does <SITE NAME> use “offer versus serve” for any of the following meals? “Offer versus serve” allows children to decline some of the food offered in a reimbursable breakfast, lunch, or supper (excluding snacks). (CHECK ALL THAT APPLY.)

[ ]  Breakfast

[ ]  Lunch

[ ]  Supper

[ ]  We do not use “offer versus serve” for any meals

E3. Where are meals and/or snacks typically served? (CHECK ONLY ONE.)

[ ]  Indoors

[ ]  Outdoors (except in bad weather)

[ ]  Both indoors and outdoors

E4. Are hot meals ever served? A meal is considered a “hot meal” if at least one component (such as the entrée) is served heated.

[ ]  Yes

[ ]  No

*[Ask E5 only of sites that do not have primary responsibility for menu planning, as indicated during study recruitment]*

E5. What role do the staff at <SITE NAME> have in menu planning? (CHECK ALL THAT APPLY.)

[ ]  Site staff provide feedback to the sponsor and/or meal vendor on suggested menus

[ ]  Site staff provide feedback to the sponsor and/or meal vendor on children’s likes and dislikes

[ ]  Site staff do not have a role in menu planning

[ ]  Other (PLEASE SPECIFY):

E6. Which of the following food safety procedures do staff at <SITE NAME> 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):

E7. Does <SITE NAME> have a written Food Safety Plan?

[ ]  Yes

[ ]  No

[ ]  Don’t know/Not sure

E8. Does <SITE NAME> have procedures to accommodate children with food allergies or other special dietary needs?

[ ]  Yes

[ ]  No 🡺 **GO TO SECTION F.**

[ ]  Don’t know 🡺 **GO TO SECTION F.**

E9. What procedures do you use 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

[ ]  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 F: OTHER FOODS OFFERED

F1. Are extra foods provided at no cost to children to supplement the summer meal? “Extra foods” are not part of the reimbursable meal but they are served at the same time as the meal to provide larger portions.

[ ]  Yes

[ ]  No

F2. May adults receive summer meals at <SITE NAME>?

[ ]  Yes, and there is a charge for them

[ ]  Yes, and the adult meals are free

[ ]  No adult meals are served at the site

F3. Are a la carte foods sold to children at <SITE NAME>? A la carte foods are foods or beverages sold separately from the summer meal or snack, such as in a vending machine or a snack bar.

[ ]  Yes

[ ]  No 🡺 **GO TO SECTION G.**

F4. Where are a la carte foods sold at <SITE NAME>? (CHECK ALL THAT APPLY.)

[ ]  In the meal service area

[ ]  Away from the meal service area

[ ]  In vending machines

[ ]  In snack bars

[ ]  Other (PLEASE SPECIFY):

F5. What types of a la carte foods are available? (CHECK ALL THAT APPLY.)

[ ]  Prepared entrees (e.g., pizza, hamburgers, burritos)

[ ]  Prepared non-entrée food (e.g., French fries, onion rings)

[ ]  Fruits

[ ]  Vegetables

[ ]  Breads/grain products (e.g., bagels, pretzels, crackers)

[ ]  Meats/meat alternates (e.g., nuts, nut butters, cheese, yogurt)

[ ]  Baked goods/desserts (e.g., cookies, cakes, pastries)

[ ]  Frozen desserts (e.g., ice cream, popsicles)

[ ]  Snacks (e.g., chips, energy bars, jerky)

[ ]  Candy

[ ]  Milk

[ ]  100% juice

[ ]  Water

[ ]  Beverages other than milk, 100% juice or water (e.g., sports drinks, juice drinks)

[ ]  Other (PLEASE SPECIFY):

# SECTION G: SITE EQUIPMENT AND STORAGE FACILITIES

G1. Which of the following cooking equipment is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals. (CHECK ALL THAT APPLY.)

[ ]  Domestic Range with oven

[ ]  Commercial Range with oven

[ ]  Domestic microwave oven

[ ]  Commercial microwave oven

[ ]  Convection oven

[ ]  Grill(s)

[ ]  Other (PLEASE SPECIFY):

[ ]  This site does not have cooking equipment

G2. What type of freezer food storage capacity is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals.(CHECK ALL THAT APPLY.)

[ ]  Non-commercial freezer

[ ]  Small (single section) commercial reach-in freezer

[ ]  Medium (double section) commercial reach-in freezer

[ ]  Large (triple section) commercial reach-in freezer

[ ]  Walk-in commercial freezer

[ ]  Other (PLEASE SPECIFY):

[ ]  This site does not have freezer food storage capacity

G3. What type of refrigerated food storage capacity is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals.(CHECK ALL THAT APPLY.)

[ ]  Small (single section) commercial reach-in refrigerator

[ ]  Medium (double section) commercial reach-in refrigerator

[ ]  Large (triple section) commercial reach-in refrigerator

[ ]  Walk-in commercial refrigerator

[ ]  Other (PLEASE SPECIFY):

[ ]  This site does not have refrigerated food storage capacity

G4. Does <SITE NAME> have storage for dry and canned foods? (CHECK ONLY ONE.)

[ ]  Yes

[ ]  No

# SECTION H: OTHER INFORMATION

H1. Is there anything else you would like to tell us about the summer meals program at <SITE NAME>?

H2. What is your current job title or position?

H3. How long have you worked at <SITE NAME>?

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

H4. 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 I: FUTURE FOLLOWUP

I1. 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:

I2. 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**