



OMB Control No: 0584-0606  
Expiration Date: 03/31/2019

### **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.**

Public reporting burden for this collection of information is estimated to average 20 minutes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**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>.

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G2. What is your current job title or position?

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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.**

<b>SECTION H: FUTURE FOLLOWUP</b>
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**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**