

Appendix A.16 Survey of Food Safety Education Needs of CACFP Adult Day Care Centers – Web Version

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 0584-0613. The time required to complete this information collection is estimated to average 20 minutes to complete the survey over the web or 25 minutes to complete the survey over the phone, 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, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302. ATTN: PRA (0584-0613). Do not return the completed form to this address.



Survey of Food Safety Education Needs of CACFP Adult Day Care Centers

Web Version

August 2018

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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INTRODUCTION SCREEN



Survey of Food Safety Education Needs of CACFP Adult Day Care Centers

Thank you in advance for taking the time to complete this survey.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) has contracted with 2M Research (2M) and Mathematica Policy Research to conduct a study on adult day care centers (ADCC) that participate in the Child and Adult Care Food Program (CACFP). The study will allow FNS to identify the food safety education needs of ADCC program directors and improve the means by which FNS provides them with information (training and resources) to support their needs. Your answers will help USDA find useful ways to provide your center with resources and guidance. In addition to providing us with valuable data, they also represent other centers like yours across the country.

The survey is designed to be completed in approximately 20 minutes.

This survey should be filled out by the staff member who knows the most about foodservice as well as food safety training and education needs of your center's staff.

Please note that your participation is voluntary. The report prepared as a result of this survey will summarize findings across respondents and will not associate responses with a specific individual. Please answer as openly and honestly as possible. *Your answers will be kept private.* We will not provide information that identifies you to anyone outside of the study team, except as required by law.

If you have any questions about this study or would like to complete the survey over the phone, please contact the study team by email at foodsafetyneeds@2mresearch.com or at 1-833-728-7369 (toll-free) from 9am to 4pm eastern time. If you call outside of this time, please leave a message and we will return your call the following business day.

INSTRUCTIONS

You may complete the survey in one sitting or come back to it later.

You may move forward through the questions by clicking on the forward arrow “→” button on the bottom right, and you may always go back and change an answer by clicking on the back arrow “←” button on the bottom left. Your answers will automatically save as you click forward to move on to the next question.

If you would like to exit the survey and come back a later time, click on the “X” on the top right. The survey can be accessed at a later time by clicking on the survey link that was provided to you in the email notifying you of the survey.

Please see an example of how to answer, **SELECT ALL THAT APPLY**, for the following types of questions:

SELECT ALL THAT APPLY	
<input checked="" type="checkbox"/>	Food is prepared and/or cooked <u>onsite</u> .
<input type="checkbox"/>	Food is prepared and/or cooked mostly <u>offsite</u> and <u>must be heated</u> before being served.
<input checked="" type="checkbox"/>	Food is prepared and/or cooked mostly <u>offsite</u> and is received as <u>ready to serve</u> .
<input type="checkbox"/>	Don't know

Please see an example of how to answer, **SELECT ONE RESPONSE PER ROW**, for the following types of questions:

Select One Response Per Row			
	Yes	No	Don't Know
a. A written food safety plan, policy, or manual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Written procedures for responding to a food recall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



If you need to change a response, click on the response that better fits your response and it will automatically update.

If you would like to unclick an answer, click on that option again to unselect the answer.

When you reach the end of the survey, click "SUBMIT"

A. BACKGROUND ON YOUR ADULT DAY CARE CENTER

These questions ask about foodservice operations at [\[ADCC NAME\]](#). [\[ON ITS OWN SCREEN\]](#)

1. Considering all meals and snacks served at your center, how is food prepared?

SELECT ALL THAT APPLY [CANNOT SELECT DK AND SELECT ANOTHER RESPONSE OPTION. HARD CHECK]

- 1 Food is prepared and/or cooked onsite.
- 2 Food is prepared and/or cooked mostly offsite and must be heated before being served.
- 3 Food is prepared and/or cooked mostly offsite and is received ready to serve.
- d Don't know

[IF SELECT DK AND ANOTHER RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

2. How are meals and snacks served to clients at your center?

SELECT ALL THAT APPLY [CANNOT SELECT DK AND SELECT ANOTHER RESPONSE OPTION. HARD CHECK]

- 1 Staff serve prepackaged meals or snacks to clients.
- 2 Staff assemble plates or trays of food and serve them to clients.
- 3 Staff assemble large platters of food and clients serve themselves family-style from the platters.
- d Don't know

[IF SELECT DK AND ANOTHER RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

3. How many foodservice staff does your center have?

Foodservice staff are any full-time or part-time staff who receive, prepare, handle, or serve food at your center. [VALID RANGE 01-99. SOFT CHECK IF VALUE >29]

|_|_| NUMBER OF STAFF

(For example, if your center has one full-time and one part-time foodservice staff, please enter 02)

- d Don't know

[IF VALUE >29 THEN SOFT CHECK: "You entered that you have [FILL] foodservice staff. Please confirm or correct your response to continue."]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

4. Does your center have any of the following?

SELECT ONE RESPONSE PER ROW

[SHOW ENTIRE QUESTION ON ONE SCREEN. SHADE ALTERNATE ROWS FOR READABILITY.]

[SELECT ONLY ONE RESPONSE PER ROW – RADIO BUTTONS]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. A written food safety plan, policy, or manual?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Written procedures for responding to a food recall?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Written procedures for responding to a foodborne illness	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

[HOVER DEFINITION OF "foodborne illness" WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

Foodborne illness (also known as food poisoning) is any illness that results from eating contaminated food.

B. CURRENT FOOD SAFETY EDUCATION [ON ITS OWN SCREEN]

[SHOW INTRODUCTORY TEXT OF "B. CURRENT FOOD SAFETY EDUCATION SCREEN" ON ITS OWN SCREEN BEFORE Q5, SO RESPONDENT WILL READ THIS SCREEN BEFORE ANSWERING Q5]

These questions ask about food safety training and information that your center currently receives or uses. Please consider only the past 12 months when answering these questions.

Foodservice staff are any full-time or part-time staff who receive, prepare, handle, or serve food at your center.

Food safety education may include formal trainings or information that is provided informally.

- *Food safety training* includes trainings that focus on food safety topics (e.g., time/temperature control, employee hygiene, cleaning, and sanitizing). Trainings may happen at your center, offsite, or online.
- *Food safety information* includes written educational resources that focus on food safety topics and are available for you, or foodservice staff, to reference.

5. Does your center have a written plan or schedule that identifies the food safety trainings that staff will receive each year?

- 1 Yes
- 0 No
- d Don't know

[**RADIO BUTTONS FOR RESPONSE OPTIONS, SELECT ONE ONLY**]

[**HOVER DEFINITION OF “food safety trainings” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.**]

Food safety training includes trainings that focus on food safety topics (e.g., time/temperature control, employee hygiene, cleaning, and sanitizing). Trainings may happen at your center, offsite, or online.”

[**INSERT REMINDER FOR RESPONDENT BEFORE QUESTION 6 IF DK IS NOT SELECTED IN Q3:** “You indicated that there are [fill response from Q3] foodservice staff at your center.”]

6. How many foodservice staff at your center receive food safety certifications through certification programs such as ServSafe?

SELECT ONE ONLY

- 1 All
- 2 Some
- 3 None
- d Don't know

[**RADIO BUTTONS FOR RESPONSE OPTIONS, SELECT ONE ONLY**]

7. How many hours of food safety training are required for most foodservice staff at your center each year? Please do not include time for food safety certification programs such as ServSafe.

[**VALID RANGE 01-99. SOFT CHECK IF VALUE >19**]

|_|_| HOURS

- o Not applicable – Foodservice staff are not required to receive food safety training each year
- d Don't know

[**IF VALUE >19 FOR “HOURS” THEN SOFT CHECK:** “You entered that most foodservice staff at your center have [FILL] hours of required foodservice training every year. Please confirm or correct your response to continue.”]

[**CANNOT SELECT “NOT APPLICABLE” AND ENTER A RESPONSE. HARD CHECK:** “You have entered a response and selected “not applicable.” Please correct your response and continue.”]

[**IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK:** “You have selected a response and selected “don't know.” Please correct your response and continue.”]

8. In the past 12 months, have you received food safety training or information on any of the following topics?

SELECT ALL THAT APPLY OR SELECT NOT APPLICABLE [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 Employee health and personal hygiene (e.g., handwashing, wearing gloves, procedures for sick employees)
- 2 Buying, transporting, or receiving food
- 3 Storing food
- 4 Preparing food
- 5 Safe handling of produce
- 6 Cleaning and sanitizing food contact surfaces
- 7 Time/temperature control
- 8 Managing food allergies
- 9 Responding to a food recall
- 10 Preventing and responding to **foodborne illness**
- 11 Food safety considerations for seniors and people with disabilities
- 12 Other (*specify*) _____
- o Not applicable – I have not received any food safety training or information
- d Don't know

[HOVER DEFINITION OVER "foodborne illness" WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[CANNOT SELECT "OTHER SPECIFY" AND LEAVE TEXT FIELD BLANK. HARD CHECK "You selected "other" but have not entered a response in this field. Please enter your response and continue."]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[CANNOT SELECT "NOT APPLICABLE" AND ENTER A RESPONSE. HARD CHECK: "You have entered a response and selected "not applicable." Please correct your response and continue."]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

9. In the past 12 months, have any foodservice staff at your center received food safety training or information on any of the following topics?

SELECT ALL THAT APPLY OR SELECT NOT APPLICABLE [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 Employee health and personal hygiene (e.g., handwashing, wearing gloves, procedures for sick employees)
- 2 Buying, transporting, or receiving food
- 3 Storing food
- 4 Preparing food
- 5 Safe handling of produce
- 6 Cleaning and sanitizing food contact surfaces
- 7 Time/temperature control
- 8 Managing food allergies
- 9 Responding to a food recall
- 10 Preventing and responding to **foodborne illness**
- 11 Food safety considerations for seniors and people with disabilities
- 12 Other (*specify*) _____
- 0 Not applicable – Foodservice staff have not received any food safety training or information
- d Don't know

[HOVER DEFINITION OVER “foodborne illness” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[CANNOT SELECT “OTHER SPECIFY” AND LEAVE TEXT FIELD BLANK. HARD CHECK “You selected “other” but have not entered a response in this field. Please enter your response and continue.”]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[CANNOT SELECT “NOT APPLICABLE” AND ENTER A RESPONSE. HARD CHECK: “You have entered a response and selected “not applicable.” Please correct your response and continue.”]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: “You have selected a response and selected “don't know.” Please correct your response and continue.”]

10. **Where did you get the food safety training or information that your center has used in the past 12 months?** [DO NOT DISPLAY Q10 IF Q8=0 ("not applicable") AND Q9=0 ("not applicable")]

SELECT ALL THAT APPLY [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 State agency or department that administers the Child and Adult Care Food Program (CACFP)
- 2 Health department or health inspector (State, county, or local)
- 3 Food safety certification program (e.g., ServSafe)
- 4 Sponsoring organization (if center is sponsored) [DISPLAY RESPONSE OPTION 4 ONLY IF VARIABLE FROM SAMPLE FRAME INDICATES CENTER IS SPONSORED OR IF THIS INFORMATION IS MISSING FROM SAMPLE FRAME FILE]
- 5 Foodservice management company (if center uses one) [DISPLAY RESPONSE OPTION 5 IF VARIABLE FROM SAMPLE FRAME FILE INDICATES THE CENTER USES A FSMC OR IF THIS INFORMATION IS MISSING FROM SAMPLE FRAME FILE]
- 6 Cooperative extension
- 7 Institute for Child Nutrition (ICN)
- 8 Center for Food Safety in Child Nutrition Programs
- 9 FNS Office of Food Safety (OFS) website
- 10 www.foodsafety.gov
- 11 Other (*specify*) _____
- d Don't know

[CANNOT SELECT "OTHER SPECIFY" AND LEAVE TEXT FIELD BLANK. HARD CHECK "You selected "other" but have not entered a response in this field. Please enter your response and continue."]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: "You have selected a response and selected "don't know." Please correct your response and continue."]

11. In the past 12 months, what challenges has your center faced related to receiving food safety training or information?

SELECT ALL THAT APPLY OR SELECT NOT APPLICABLE [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 Not enough time for staff to be trained
- 2 Lack of qualified food safety trainers or teachers
- 3 Trainings offered at times when staff cannot attend
- 4 Staff cannot travel to attend trainings
- 5 Lack of funding
- 6 Difficulty finding relevant trainings, training materials, or food safety information
- 7 Trainings, training materials, or food safety information are not offered in desired formats
- 8 Limited or no internet access at center
- 9 Limited or no ability to print training materials or food safety information
- 10 Trainings, training materials, or food safety information are not offered in needed language
- 11 Other (*specify*) _____
- 0 Not applicable – We have not faced any challenges related to receiving food safety training or information
- d Don't know

[CANNOT SELECT “OTHER SPECIFY” AND LEAVE TEXT FIELD BLANK. HARD CHECK “You selected “other” but have not entered a response in this field. Please enter your response and continue.”]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[CANNOT SELECT “NOT APPLICABLE” AND ENTER A RESPONSE. HARD CHECK: “You have entered a response and selected “not applicable.” Please correct your response and continue.”]

[IF SELECT DK AND ENTER A RESPONSE OPTION THEN HARD CHECK: “You have selected a response and selected “don't know.” Please correct your response and continue.”]

[HOVER DEFINITION OVER “food safety training or information” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

12. Other than English, in what language(s) do you need food safety training or information for staff at your center?

SELECT ALL THAT APPLY OR SELECT NOT APPLICABLE [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 Spanish
- 2 Mandarin
- 3 French
- 4 Tagalog
- 5 Vietnamese
- 6 Other (*specify*) _____
- 0 Not applicable – We only use materials in English

[CANNOT SELECT “OTHER SPECIFY” AND LEAVE TEXT FIELD BLANK. HARD CHECK “You selected “other” but have not entered a response in this field. Please enter your response and continue.”]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[CANNOT SELECT “NOT APPLICABLE” AND ENTER A RESPONSE. HARD CHECK: “You have entered a response and selected “not applicable.” Please correct your response and continue.”]

[HOVER DEFINITION OVER “food safety training or information” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

13. In the past 12 months, where did you go for information when you had a question related to food safety?

SELECT ALL THAT APPLY OR SELECT NOT APPLICABLE [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 State agency or department that administers the CACFP
- 2 Health department or health inspector (State, county, or local)
- 3 Food safety certification program (e.g., ServSafe)
- 4 Sponsoring organization [DISPLAY RESPONSE OPTION 4 ONLY IF VARIABLE FROM SAMPLE FRAME INDICATES CENTER IS SPONSORED OR IF THIS INFORMATION IS MISSING FROM SAMPLE FRAME FILE]
- 5 Foodservice management company [DISPLAY RESPONSE OPTION 5 IF VARIABLE FROM SAMPLE FRAME FILE INDICATES THE CENTER USES A FSMC OR IF THIS INFORMATION IS MISSING FROM SAMPLE FRAME FILE]
- 6 Cooperative Extension
- 7 Institute for Child Nutrition (ICN)
- 8 Center for Food Safety in Child Nutrition Programs
- 9 FNS Office of Food Safety (OFS) website
- 10 www.foodsafety.gov
- 11 Other (*specify*) _____
- 0 Not applicable – We did not seek answers to food safety questions →GO TO QUESTION 15

[CANNOT SELECT “OTHER SPECIFY” AND LEAVE TEXT FIELD BLANK. HARD CHECK “You selected “other” but have not entered a response in this field. Please enter your response and continue.”]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[IF RESPONDENT SELECTS "Not applicable" SKIP Q15]

14. In the past 12 months, how often were you able to get answers when you had a question related to food safety? [Q14: DISPLAY IF Q13 DOES NOT EQUAL 0 ("Not applicable")]

SELECT ONE ONLY [SELECT ONLY ONE RESPONSE PER ROW – RADIO BUTTONS]

- 1 Always
- 2 Some of the time
- 3 Rarely or never

C. FOOD SAFETY EDUCATION NEEDS

[SHOW INTRODUCTORY TEXT OF “C. FOOD SAFETY EDUCATION NEEDS” ON ITS OWN SCREEN BEFORE Q15, SO RESPONDENT WILL READ THIS SCREEN BEFORE ANSWERING Q15]

These questions ask about food safety training and information that your center needs or would like to have *in the future*.

Foodservice staff are any full-time or part-time staff who receive, prepare, handle, or serve food at your center.

Food safety education may include formal trainings or information that is provided informally.

- *Food safety training* includes trainings that focus on food safety topics (e.g., time/temperature control, employee hygiene, cleaning, and sanitizing). Trainings may happen at your center, offsite, or online.
- *Food safety information* includes written educational resources that focus on food safety topics and are available for you, or foodservice staff, to reference.

15. Do foodservice staff at your center need any new or additional training or information on the following food safety topics?

[HOVER DEFINITION OVER “foodservice staff” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[SHOW ENTIRE QUESTION ON ONE SCREEN. QUESTION STEM AT TOP. SHADE ALTERNATE ROWS FOR READABILITY.]

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Employee health and personal hygiene (e.g., handwashing, wearing gloves, or procedures for sick employees).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Buying, transporting, or receiving food.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Storing food.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Preparing food.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Safe handling of produce.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Cleaning and sanitizing food contact surfaces.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Time/temperature control.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Managing food allergies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Responding to a food recall.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Preventing and responding to foodborne illness	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Food safety considerations for seniors and people with disabilities.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Other (<i>specify</i>)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

[SELECT ONLY ONE RESPONSE PER ROW – RADIO BUTTONS]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[RESPONSE NOT REQUIRED FOR “other” FOR ITEM L]

[CANNOT SELECT RESPONSE Y/NDK FOR “other specify” leave text field blank THEN HARD CHECK: “You selected a response for “other” but have not entered text in this field. Please enter your response and continue.”

[HOVER DEFINITION OVER “foodborne illness” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

16. **Food safety training and information** can be provided in different ways. Which of the ways below do you and your foodservice staff prefer?

[HOVER DEFINITION OVER “**food safety training**” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[HOVER DEFINITION OVER “**food safety information**” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[HOVER DEFINITION OVER “**foodservice staff**” WHEN RESPONDENT HOVERS THE MOUSE OVER TERM.]

[SHOW ENTIRE QUESTION ON ONE SCREEN. QUESTION STEM AT TOP. SHADE ALTERNATE ROWS FOR READABILITY.]

SELECT ONE RESPONSE PER ROW

	PREFER	DO NOT PREFER	DON'T KNOW
a. In-person classroom training.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. In-person immersion training (in-depth, hands-on training in a foodservice environment).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Online lecture-style training or webinar.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Online self-paced training modules.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Online training videos.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Prepared lesson plans.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Podcasts.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Fact sheets or infographics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. In-depth print resources, like manuals, magazines, or textbooks.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Other (<i>specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

[SELECT ONLY ONE RESPONSE PER ROW – RADIO BUTTONS]

[OTHER SPECIFY: STRING 250 CHARACTERS]

[CANNOT SELECT: “other specify” AND LEAVE TEXT FIELD BLANK. HARD CHECK: “You selected a response for “other” but have not entered text in this field. Please enter your response and continue.”

[RESPONSE NOT REQUIRED FOR “other” FOR ITEM J]

[CANNOT SELECT RESPONSE Y/N/DK FOR “other specify” AND ENTER A RESPONSE OPTION THEN HARD CHECK: “You selected a response for “other” but have not entered text in this field. Please enter your response and continue.”

17. How would you prefer to hear about the availability of food safety trainings and information for your center?

SELECT ALL THAT APPLY [MARK ALL THAT APPLY FOR CHECKBOXES]

- 1 Memos from State agency or department that administers the CACFP
- 2 At a CACFP training event
- 3 Email blast (a single email message sent to a large group of recipients)
- 4 Website
- 5 Webinar
- 6 Social media
- 7 Print mail (mailers, flyers, etc.)
- 8 Ads in professional journals or magazines
- 9 Other (*specify*) _____

[CANNOT SELECT: "other specify" AND LEAVE TEXT FIELD BLANK. HARD CHECK: "You selected a response for "other" but have not entered text in this field. Please enter your response and continue."

[OTHER SPECIFY: STRING 250 CHARACTERS]

D. CENTER AND CONTACT INFORMATION

18. Does your center operate under a sponsoring organization or as an independent center?

Adult day care centers participate in the CACFP as (1) an independent center or (2) under a sponsoring organization. Independent centers are responsible for all aspects of the Program administration and receive meal reimbursements directly from the State. Sponsored centers enter into an agreement with a sponsoring organization that oversees Program administration. Sponsored centers receive cash reimbursement through the sponsoring organization.

- 1 Under a sponsoring organization
- 2 Independent center
- d Don't know

[SELECT ONE RESPONSE ONLY – RADIO BUTTONS]

[DISPLAY QUESTION 18 ONLY IF VARIABLE FROM SAMPLE FRAME THAT INDICATES CENTER IS SPONSORED OR INDEPENDENT IS MISSING FROM SAMPLE FRAME FILE]

19. Is your center affiliated with the sponsoring organization?

An affiliated center is owned, in whole or in part, by a sponsoring organization that participates in CACFP.

- 1 Yes
- 0 No
- d Don't know

[SELECT ONE RESPONSE ONLY – RADIO BUTTONS]

[DISPLAY QUESTION 19 ONLY IF VARIABLE FROM SAMPLE FRAME INDICATES CENTER IS SPONSORED OR Q18 IS 1: "UNDER A SPONSORING ORGANIZATION"]

[DO NOT DISPLAY IF THE CENTER IS INDEPENDENT]

20. We would like to collect your contact information. Please note that this information will not be shared or published in any way. We ask for this information in case we need to follow-up about the information you provided in the survey.

First Name: _____

Last Name: _____

Email: _____

Job Title: _____

Street Address: _____

Suite/Office Number: _____

City: _____

State: _____

Zip Code: |_|_|_|_|_|

Phone Number: |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
Area Code Number

[IF RESPONDENT NAME AND CENTER ADDRESS ARE AVAILABLE FROM SAMPLE FRAME, PRE-POPULATE CONTACT INFORMATION FIELDS THEN QUESTION SHOULD BE CHANGED TO: "We would like to verify your contact information. Please review it below and correct anything that is missing or incorrect. Please note that this information will not be shared with anyone outside of the research team."]

[IF RESPONDENT NAME AND CENTER ADDRESS AREN'T AVAILABLE IN SAMPLE FRAME, THEN ORIGINAL QUESTION REMAINS]

[STRING 250 CHARACTERS FOR EACH FIELD, FIRST NAME, LAST NAME, EMAIL, TITLE, STREET ADDRESS, SUITE/OFFICE NUMBER, CITY,]

[DROP DOWN MENU FOR STATE]

[5-DIGIT NUMERICAL ENTRY FOR ZIP]

[10 – DIGIT NUMERICAL ENTRY FOR PHONE]

Thank you for taking the time to complete this survey.

[“SUBMIT” BUTTON APPEARS AT BOTTOM RIGHT OF SCREEN]

[RESPONDENT CLICKS THE “SUBMIT” BUTTON AND RESPONSE IS COMPLETE]