



OMB Control No: 0584-XXXX
 Expiration Date: XX/XX/20XX

Appendix D13. Sponsor Survey

SECTION A: ABOUT <SPONSOR ORGANIZATION>

A1. Which of the following best describes your organization?

SELECT 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 → **GO TO QUESTION A1a**
- Other (PLEASE SPECIFY): _____

A1a. Is this private nonprofit organization a...?

SELECT ONE OR MORE.

- Boys and Girls Club
- Religious organization
- YMCA or YWCA
- Food bank
- Sponsor of the Child and Adult Care Food Program
- Other (PLEASE SPECIFY): _____

A2. For how many summers, including this summer 2018, has your organization sponsored summer meal sites? Your best estimate is fine.

|_|_| Number of summers

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.

A3. Has your organization sponsored summer meal sites as long as you have worked for the organization?

- Yes
- No
- Don't know

A4. What is the total number of sites your organization is sponsoring this summer 2018?

Please include any sites that have already closed or have not yet opened this summer.

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

A5. About how many children receive meals and/or snacks per day across all of the <SFSP/SSO> sites you sponsor this summer 2018? Your best estimate is fine.

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

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

[PROGRAMMER: ONLY SFA SPONSORS RESPOND TO SECTION B; ROUTE TO B1 OR B3 BASED ON SAMPLED SITE'S PARTICIPATION IN SFSP OR SSO]

[IF SITE IS IN SFSP:]

B1. Has your organization ever participated in the Seamless Summer Option (SSO) for <SITE NAME>?

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.

- Yes
- No
- Don't know

B2. Why does your organization not participate in the Seamless Summer Option (SSO) for <SITE NAME> this summer 2018?

SELECT ONE OR MORE.

- Inadequate reimbursement rates
- Cheaper to run other programs
- Not enough internal funding
- Prefer Summer Food Service Program meal patterns
- Did not know SSO was an option
- Other (PLEASE SPECIFY): _____

[PROGRAMMER: → GO TO SECTION C]

[IF SITE IS IN SSO:]

B3. Has your organization ever participated in the Summer Food Service Program for <SITE NAME>?

- Yes
- No
- Don't know

B4. Why does your organization participate in the Seamless Summer Option (SSO) for <SITE NAME>?

SELECT ONE OR MORE.

- Less paperwork
- Easier administrative reviews by the State agency
- Easier reviews or monitoring of sites
- Other (PLEASE SPECIFY): _____

[PROGRAMMER: → GO TO SECTION C]

SECTION C: MEAL ACCOMMODATIONS

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

SELECT ONE OR MORE.

- Special sanitation procedures in the kitchen and/or dining area
- Special training for staff
- Signed statement from child's physician or other healthcare professional is required before an accommodation is made
- 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
- Separate tables
- Other (PLEASE SPECIFY): _____

SECTION D: FOOD SAFETY

D1. Does your organization prepare, buy, assist with buying, or deliver meals to any of your summer meal sites?

- Yes
- No

D2. Does your organization have a written Food Safety Plan for your summer meal sites?

A Food Safety Plan has procedures to keep the food you serve safe. These may include procedures for hand-washing, sick employees, temperature control, and/or cross contamination.

- Yes
- No
- Don't know/Not sure

D3. Which of the following food safety procedures do staff in your organization follow?

SELECT ONE OR MORE.

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. Including this summer 2018, how many summers has <SPONSOR NAME> sponsored <SITE NAME>?

- This is the first summer
- 2 years to 5 years
- More than 5 years
- Don't know

E2. What role do sponsor staff from <SPONSOR NAME> have in menu planning for <SITE NAME>?

SELECT ONLY ONE.

- Menus are planned by sponsor staff with no involvement from site and/or meal vendors
- Sponsor staff review menus planned by site and/or meal vendor 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): _____

G2. How long have you worked for your organization?

_____ Number of years or _____ Number of months

G3. What is your current job title or position?

G4. What is the highest level of school you have completed?

SELECT 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.

WORK NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

Thank you for participating in the Summer Meals Study