**Appendix D13. Sponsor Survey**

# SECTION A: ABOUT YOUR 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…?

SELECT 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):

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

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

Don’t know

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

State does not offer the Seamless Summer 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: SPECIAL DIETS

C1. Does your organization have policies 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.

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 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

[PROGRAMMER: ASK E2 ONLY OF SPONSORS THAT ARE NOT PRIMARY MENU PLANNERS, AS INDICATED IN RECRUITMENT.]

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

SELECT ONE OR MORE.

Sponsor staff work closely with site 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 sponsor the summer meal program at any sites next summer?

Definitely will

Probably will

Probably won’t – (PLEASE EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Definitely won’t – (PLEASE EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

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

Definitely will

Probably will

Probably won’t (PLEASE EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Definitely won’t (PLEASE EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**