



OMB Control No: 0584-XXXX
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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

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[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]

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| 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 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