



OMB Control No: 0584-0606

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Appendix H4. Site Supervisor Survey Pretest Protocol

INTRODUCTION (5 mins)

Hello, my name is [] and also on the call is my colleague []. We work for Westat, a private research company based in Rockville, MD. Thank you for agreeing to take part in this interview today.

The Food and Nutrition Service (FNS) within the U.S. Department of Agriculture has contracted with Westat to assist with the Summer Meals Study to understand who attends summer programs and why. As part of this study FNS has developed surveys of Summer Meal Program sponsors and sites. It is important that we try out the survey questions with the help of people such as yourself to ensure that they make sense, are easy to answer, and that everyone understands the questions the same way. Our purpose is not to compile information on you or your organization. Instead, your interview along with those of others will show us how to improve these questions.

Thank you for agreeing to take part in this study today and for completing the survey.

INTERVIEWER: ENSURE YOU HAVE REVIEWED COMPLETED SURVEY QUESTIONNAIRE PRIOR TO INTERVIEW AND HIGHLIGHTED ANY ISSUES YOU WANT TO FOLLOW-UP ON.

Today we will talk about your experience completing the survey and about how you answered the survey questions. There are no right or wrong answers. Our purpose is not to compile information on you. Instead, your interview along with those of other site supervisors will show us how to improve the questions.

Public reporting burden for this collection of information is estimated to average 60 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 (0584-0606). Do not return the completed form to this address.

INFORMED CONSENT

Before we get started, there are a few things I should mention. This is a research project, and your participation is voluntary. If you prefer not to answer any of my questions just say so and we'll move on. It's also okay if you change your mind after starting and would rather not participate. However I can assure you that all of your answers, everything you say, will be kept private. There are no known risks to you for taking part in this interview. The law prohibits us from giving anyone any information that may identify you or your organization. Your name and that of your organization will not be linked to any of your responses, though we may include quotes you provide in our reports. Your information will be combined with information from other respondents and presented in summary form. There are also no direct benefits to you for taking part in this interview, but your answers will help us to develop recommendations for improving the survey questions. If you decide not to participate in this interview, that decision will not affect any benefits or services your organization receives.

The interview will take about 60 minutes. With your permission we will would like to audio record our conversation. This is in case we miss something in our notes. Only project staff will have access to the recording and other study materials. The recording and all study materials that identify you will be destroyed at the end of the project.

Finally, my colleague [] will be following along to take notes. {Some of the project staff from Westat are also listening to this interview today to learn if there are things that might need to be improved.}

Do you have any questions? [ANSWER ALL QUESTIONS]

May I have your permission to proceed with the interview?

Do I also have your permission to record this interview?

TURN ON RECORDER. The date and time is _____. Now that the recorder is running, let me ask again, is it okay with you to proceed with this interview and also to record this interview?

IF TELEPHONE INTERVIEW ASK FOR VERBAL CONSENT.

IF FTF INTERVIEW HAVE RESPONDENT SIGN CONSENT FORM. This form contains all of the things I just told you about your rights in this interview. [Please read it over and] Let me know if you have any questions. [Please sign both copies if you are willing to take part in the study.]

[HAVE R SIGN TWO CONSENT FORMS, KEEP ONE AND RETURN ONE TO I'ER.]

TURN ON RECORDER. The date and time is _____. Now that the recorder is running, let me ask again, is it okay with you if we record this interview?

INTERVIEWER: Bold red indicates probes you can read aloud as written. Non-bold red indicates points you may need/want to probe on.

ADDITIONAL UPSCRIPTED PROBES. PROBE ON THE FOLLOWING OBSERVATIONS OR BEHAVIORS NOTED DURING THE INTERVIEW:

- PROBE ON ITEMS WHERE RESPONSES ARE LEFT BLANK.
- PROBE ON ITEMS WHERE R SEEMS UNCOMFORTABLE SHARING INFORMATION OR CONFUSED.
- FOR ANY NON-VERBAL REACTIONS, ASK: **Tell me what you're thinking here.**
- IF R SELECTED MORE THAN ONE RESPONSE OPTION AT "CHECK ONE ONLY," ASK FOR THE ONE OPTION THEY WOULD CHOOSE FROM THE LIST.
- PROBE ON "OTHER SPECIFY" IF RESPONSE ALREADY LISTED OR DESCRIPTION NOT CLEAR.
- NOTE IF R'S RESPONSES INDICATE FATIGUE (R CHECKED ONLY THE FIRST ITEMS IN A LONG LIST OR APPEARED TO BE CHECKING FEWER ITEMS IN LONG LISTS AS THE SURVEY PROGRESSED).

Before we get started, can you tell me if you are the site supervisor for more than one site?

Yes IF YES: How many programs or sites do you supervise? ____

No

Let's start by taking a look at the questionnaire you completed. I have a copy of your survey here. Do you have the copy of your completed questionnaire with you? [IF R DOES NOT HAVE A COPY OF THE COMPLETED QUESTIONNAIRE, EMAIL A COPY OF THE BLANK QUESTIONNAIRE (for phone interviews) OR GIVE R A COPY OF COMPLETED INTERVIEWER (if in-person interview).] Let's start with Section A. About the Site.

Firstly, may I ask how long did it take you to complete the questionnaire?

REFER THE RESPONDENT TO SECTION A.

SKIP THE SURVEY INTRODUCTION.

BEGIN COGNITIVE INTERVIEW WITH PROBES FOLLOWING SECTION A.

Site Supervisor Survey

The Food and Nutrition Service, U.S. Department of Agriculture is conducting a study on the Summer Meals Programs. This survey includes:

- Characteristics of your site and those who attend;
- Information about other services available at your site;
- Meal service characteristics; and
- Food storage and safety procedures.

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 sites, and will not be reported separately. Your participation in this survey is very important and will be used to help improve understanding of Summer Meal Programs.

You have been selected because your site, <SITE NAME>, provides meals through a Summer Meals Program.

This survey should take about 60 minutes to complete.

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 site receives.

Your opinion matters to us. Thank you for completing this survey.

SECTION A. ABOUT THE SITE

A1. For how many summers, including this summer, has a Summer Meals Program operated at <SITE NAME>? An estimate is fine.

Number of summers

Don't know

A2. For how many weeks is <SITE NAME> scheduled to operate the Summer Meals Program this summer?

Number of weeks

A3. On which day(s) of the week does <SITE NAME> typically operate the Summer Meals Program this summer? (CHECK ALL THAT APPLY.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

A4. What is the normal daily starting time (when children first begin arriving) at <SITE NAME>? Please provide the earliest start time for any activity provided, not just for meals.

: AM/PM

A5. What is the normal daily closing time at <SITE NAME>? Please provide the closing time for all activities, not just for meals.

: AM/PM

A6. What is the average daily attendance at <SITE NAME>? This includes both children who receive a summer meal or snack and those who do not. An estimate is fine.

Average daily attendance #

A7. Does <SITE NAME> provide meals or snacks to children at times other than summer? (CHECK ALL THAT APPLY.)

- Yes, the site provides lunches and/or breakfasts through National School Lunch and Breakfast Programs during the school year
- Yes, the site provides afterschool meals or snacks through the National School Lunch Program during the school year
- Yes, the site provides afterschool meals or snacks through the Child and Adult Care Food Program during the school year
- Yes, the site provides meals or snacks through the Child and Adult Care Food Program as a child care center
- Yes, the site provides meals or snacks with funding from another source during the school year
- No, the site does not provide meals other than summer meals

GENERAL PROBES

If you'd like, you can take a moment to re-familiarize yourself with the Section A. questions.

How easy or difficult was it for you to complete this section about the site? Why?

Are there any questions that were unclear to you or that you are uncertain about? Which and why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

IF R SUPERVISES MORE THAN ONE SITE: How certain were you about which program or site you were to report on? How did you decide which site to answer about?

SPECIFIC PROBES WHERE NEEDED / IF NOT MENTIONED IN RESPONSE TO PREVIOUS PROBES

A1 & A2: How easy or difficult was it to answer A1. and A2? IF NEEDED: Tell me more about why it was easy/difficult.

A4 & A5: How easy or difficult was it to answer A4 and A5? Please explain. Were you thinking about the time meals were provided or the time <SITE NAME> begins and ends for the day? Is the normal daily start time the same time as when the children first start arriving?

A6. How easy or difficult was it to answer A6? How did you come up with your answer? Does <SITE NAME> track numbers of students by how many attend <SITE NAME>?..... and by how many receive summer meals?

A7. IF R SELECTED A "YES" RESPONSE ON SURVEY: How easy or difficult was it to select among the different options that say "yes?" IF NEEDED: Tell me more about why it was easy/difficult.

Let's move on to Section B. Site Services.

SECTION B: SITE SERVICES

B1. Which of the following best describes the primary purpose of <SITE NAME>? (CHECK ONLY ONE.)

- It only operates to serve free meals to children. No other activities or services are offered → **GO TO B4.**
- It operates *primarily* to serve free meals to children. Activities or other services are also offered.
- It operates *primarily* to provide activities or other services for children . Free meals are also served.
- It operates *primarily* to provide educational services for children (for example, summer school). Free meals are also served
- Other (PLEASE SPECIFY): _____

B2. How often are activities offered at <SITE NAME> this summer? (CHECK ONLY ONE.)

- Every day the site is open
- Most days the site is open
- A few times over the summer
- Other (PLEASE SPECIFY): _____

B3. Which of the following activities are offered at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)

- Arts and crafts
- Performing arts
- Educational/instructional activities
- Organized games or sports park
- Supervised free play
- Supervised child care
- Swimming
- Off-site field trips
- Religious activities
- Cooking
- Counseling, therapy, social skills development
- Multicultural activities
- Other (PLEASE SPECIFY): _____

B4. Is transportation available for children to get to and from <SITE NAME>?

- Yes, transportation is provided for fee
- Yes, transportation is included in the program fee
- Yes, free transportation is provided
- No, transportation is not provided → **GO TO SECTION C.**

B5. Is transportation available for ...? (CHECK ONLY ONE.)

- All children who attend the site
- Children who live some distance away from the site
- Those who request it
- Other (PLEASE SPECIFY): _____

B6. What type of transportation is provided? (CHECK ALL THAT APPLY.)

- Volunteers drive children in their own vehicles
- Shuttle buses or vans transport children
- Program is accessible through public transportation (e.g., on a bus route)
- Other (PLEASE SPECIFY): _____

B7. On a typical day, how many children use transportation provided by <SITE NAME>, not including field trips? (CHECK ONLY ONE.)

- All or almost all children
- Most children
- Some children
- Few or very few children
- No children

GENERAL PROBES

If you'd like you can take a moment to re-familiarize yourself with the Section B. questions.

How easy or difficult was it for you to complete this section about the purpose, activities and transportation for this site? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

B1. This question asks about the primary purpose. How easy or difficult was it to decide on the primary purpose of <SITE NAME>? IF NEEDED: You selected _____. How did you decide on that answer?

IF ANSWERED "OTHER SPECIFY": Tell me more about the primary purpose of <SITE NAME>.

B2. Tell me more about how often activities are offered. Was it easy or difficult to select your answer?

IF R SELECTED "MOST, A FEW OR OTHER" ASK: How did you decide on your answer?

B3. Did the descriptions of activities match the types of activities <SITE NAME> offers?

IF NO: Why not?

Is there anything <SITE NAME> offers that is not listed?

IF NOT ALREADY MENTIONED: What does "organized games or sports park" mean to you? What does "multicultural activities" mean to you?

B4. In your own words, what is this question asking? IF NEEDED: Were you thinking about transportation in general or only transportation provided by <SITE NAME>?

IF R ANSWERED B4 WITH "YES": Do you know if the cost of transportation is included in the <SITE NAME> fee paid by participants?

B5. Were you thinking about transportation in general or only transportation provided by <SITE NAME>?

B6: Do children attending <SITE NAME> use any types of transportation that are missing from this list? What are they?

B7. IF R SELECTED "MOST, SOME OR FEW," ASK: How did you decide on your answer?

Let's move on to Section C. Summer Meals.

SECTION C: SUMMER MEALS

C1. On which date did <SITE NAME> first begin meal service for the Summer Meals Program this summer?

|_|_| / |_|_| MONTH/DAY

Don't know/Not sure

C2. On which date did <SITE NAME> stop meal service for the Summer Meals Program this summer? If meal service is still ongoing, on which date do you expect to stop meal service this summer?

|_|_| / |_|_| MONTH/DAY

Don't know/Not sure

C3. What is the setting for <SITE NAME> during the summer? (CHECK ALL THAT APPLY.)

- School
- Church or other religious organization
- Library
- Playground/park
- Recreation center or community center
- Housing project
- Mobile feeding site
- Homeless shelter
- Camp
- Migrant Site
- Museum
- WIC Clinic
- Hospital
- Food bank
- Government building
- Indian Tribal Organization/building
- College/University
- Other (PLEASE SPECIFY): _____

C4. Please put a check mark in the box to indicate the meals served by <SITE NAME> and days of the weeks they are typically served.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. QUESTION REMOVED FOR THE PURPOSES OF COGNITIVE TESTING – ASKED BY INTERVIEWER DURING PROBING – see below.

C6. During the summer, does <SITE NAME> follow the same meal service schedule every week?

- Yes
- No

C7. On a typical day, approximately how many meals/snacks are served to children and how long are children given to eat meals and snacks? An estimate is fine.

	Number of meals/snacks served each day		Length of time (minutes) given to eat meal/snack
	Children 12 or younger	Children 13 to 18 years of age	
Breakfast	_____	_____	_____
Morning Snack	_____	_____	_____
Lunch	_____	_____	_____
Afternoon Snack	_____	_____	_____
Supper	_____	_____	_____

GENERAL PROBES

(If you'd like you can take a moment to re-familiarize yourself with the Section C. questions.)

How easy or difficult was it for you to complete this section about meal service? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

C1 and C2: How confident are you in your answers to questions C1 and C2? Explain.

C3: IF MORE THAN ONE SETTING: You selected more than one setting, can you tell me bit more about that?

Are there better descriptions of your site setting that would have made answering this question easier for you? What are they?

C4: How easy or difficult was it to answer C4? What made it easy/difficult?

**QUESTION ASKED BY INTERVIEWER FOR THE PURPOSES OF COGNITIVE TESTING C5:
On a typical day, what time does <SITE NAME> serve <Breakfast/Morning Snack/Lunch/Afternoon Snack/Supper/Evening Snack>? Please enter the start time and end time.**

Start Time: | | | : | | | AM/PM

End Time: | | | : | | | AM/PM

**Is (breakfast/morning snack/lunch/afternoon snack/supper/evening snack) served at approximately the same time when it is served or does it vary?
IF R SAYS IT VARIES, ASK: Tell me more about how it varies.**

C7: How did you come up with your answers? Does <SITE NAME> track this information by age?

IF NEEDED: Is a time limit set?

Let's move on to Section D. Children Served.

SECTION D: CHILDREN SERVED

D1. On a typical day, about what percent of the children served meals/snacks are . . . (ESTIMATES ARE FINE.)

... Preschoolers?	_____ %	<input type="checkbox"/> Do not serve this age group
... Elementary age (grades K-5)?	_____ %	<input type="checkbox"/> Do not serve this age group
... Middle school or junior high age (grades 6-8)?	_____ %	<input type="checkbox"/> Do not serve this age group
... High school age (grades 9-12)?	_____ %	<input type="checkbox"/> Do not serve this age group

D2. On a typical day, about what percent of children served meals/snacks at <SITE NAME> site are . . . (ESTIMATES ARE FINE.)

... Female?	_____ %
... Male?	_____ %

D3. On a typical day, about what percent of children served meals/snacks at <SITE NAME> are Hispanic or Latino/Latina? (AN ESTIMATE IS FINE.)

_____ %

D4. On a typical day, about what percent of children served meals/snacks at <SITE NAME> are ... (ESTIMATES ARE FINE.)

... American Indian or Alaska Native?	_____ %
... Asian?	_____ %
... Black or African American?	_____ %
... Native Hawaiian or other Pacific Islander?	_____ %
... White?	_____ %
... Some other race?	_____ %

GENERAL PROBES

If you'd like you can take a moment to re-familiarize yourself with the Section D. questions.

How easy or difficult was it for you to complete this section about the children served meals or snacks? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

D1 – D4: INTERVIEWER CHECK IF TOTLA = 100%. IF NOT CLARIFY WITH RESPONDENT. How did you come up with your answers for this section? Did you estimate the percentages reported or get them from administrative records? How confident are you in your answers?

Does <SITE NAME> track the numbers of children served meals or snacks by:

**Grade level?
Gender?
Race / Ethnicity?**

Do the catories used in the survey questionnaire match those you have available?

Let's move on to Section E. Meal Service.

SECTION E: MEAL SERVICE

E1. What type of meal service system does <SITE NAME> use? (CHECK ONLY ONE.)

- Cafeteria-style meal service (site workers plate the food for children or children serve themselves such as a salad bar)
- Pre-plated meal service (meals are already assembled, either in whole or in part)
- Family-style meal service (children serve themselves from common platters of food)
- Other (PLEASE SPECIFY): _____

E2. Does <SITE NAME> use “offer versus serve” for any of the following meals? “Offer versus serve” allows children to decline some of the food offered in a reimbursable breakfast, lunch, or supper (excluding snacks). (CHECK ALL THAT APPLY.)

- Breakfast
- Lunch
- Supper
- We do not use “offer versus serve” for any meals

E3. Where are meals and/or snacks typically served? (CHECK ONLY ONE.)

- Indoors
- Outdoors (except in bad weather)
- Both indoors and outdoors

E4. Are hot meals ever served? A meal is considered a “hot meal” if at least one component (such as the entrée) is served heated.

- Yes
- No

[Ask E5 only of sites that do not have primary responsibility for menu planning, as indicated during study recruitment]

E5. What role do the staff at <SITE NAME> have in menu planning? (CHECK ALL THAT APPLY.)

- Site staff provide feedback to the sponsor and/or meal vendor on suggested menus
- Site staff provide feedback to the sponsor and/or meal vendor on children's likes and dislikes
- Site staff do not have a role in menu planning
- Other (PLEASE SPECIFY): _____

E6. Which of the following food safety procedures do staff at <SITE NAME> 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): _____

E7. Does <SITE NAME> have a written Food Safety Plan?

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

E8. Does <SITE NAME> have procedures to accommodate children with food allergies or other special dietary needs?

- Yes
- No → **GO TO SECTION F.**
- Don't know → **GO TO SECTION F.**

E9. What procedures do you use 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
- 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): _____

GENERAL PROBES

If you'd like you can take a moment to re-familiarize yourself with the Section E. questions.

How easy or difficult was it for you to complete this section about the type of meal service and food safety procedures? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

E1: You selected [READ R'S ANSWER]. How well does that option describe how meals are served at <SITE NAME>? **IF NEEDED:** In your own words, how does <SITE NAME> provide meals?

E2: Are you familiar with the "offer versus serve" terminology? Was the definition provided helpful or not helpful to you when answering the question?

Does <SITE NAME> require children to take all food that is part of a reimbursable meal?

E5: IF R ANSWERED THE 1ST, 2ND AND/OR THE 4TH RESPONSE OPTION: Tell me more about the type of feedback your staff provide?

E6: Tell me more about your answers. Were you thinking about <SITE NAME's > food safety rules or about what your staff actually do? Or both?

E9: Is there anything missing from the list?

Let's move on to Section F. Other Foods Offered.

SECTION F: OTHER FOODS OFFERED

F1. Are extra foods provided at no cost to children to supplement the summer meal? “Extra foods” are not part of the reimbursable meal but they are served at the same time as the meal to provide larger portions.

- Yes
 No

F2. May adults receive summer meals at <SITE NAME>?

- Yes, and there is a charge for them
 Yes, and the adult meals are free
 No adult meals are served at the site

F3. Are a la carte foods sold to children at <SITE NAME>? A la carte foods are foods or beverages sold separately from the summer meal or snack, such as in a vending machine or a snack bar.

- Yes
 No → **GO TO SECTION G.**

F4. Where are a la carte foods sold at <SITE NAME>? (CHECK ALL THAT APPLY.)

- In the meal service area
 Away from the meal service area
 In vending machines
 In snack bars
 Other (PLEASE SPECIFY): _____

F5. What types of a la carte foods are available? (CHECK ALL THAT APPLY.)

- Prepared entrees (e.g., pizza, hamburgers, burritos)
 Prepared non-entrée food (e.g., French fries, onion rings)
 Fruits
 Vegetables
 Breads/grain products (e.g., bagels, pretzels, crackers)
 Meats/meat alternates (e.g., nuts, nut butters, cheese, yogurt)
 Baked goods/desserts (e.g., cookies, cakes, pastries)
 Frozen desserts (e.g., ice cream, popsicles)
 Snacks (e.g., chips, energy bars, jerky)
 Candy
 Milk
 100% juice
 Water
 Beverages other than milk, 100% juice or water (e.g., sports drinks, juice drinks)
 Other (PLEASE SPECIFY): _____

GENERAL PROBES

If you'd like you can take a moment to re-familiarize yourself with the Section F. questions.

How easy or difficult was it for you to complete this section about other types of food offered? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

F1: Was the description of "extra foods" helpful, or not helpful, to you when answering the question? Why?

Were you thinking about any other types of extra food?

F3: In your own words, what is this question asking? Was the definition of "a la carte" provided helpful, or not helpful, to you when answering the question?

F4: IF F4 IS ANSWERED: The first two response options refer to "the meal service area." What does "in the meal service area" mean to you? What does "away from the meal service area" mean to you?

Let's move on to Section G. Site Equipment and Storage Facilities.

SECTION G: SITE EQUIPMENT AND STORAGE FACILITIES

G1. Which of the following cooking equipment is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals. (CHECK ALL THAT APPLY.)

- Domestic Range with oven
- Commercial Range with oven
- Domestic microwave oven
- Commercial microwave oven
- Convection oven
- Grill(s)
- Other (PLEASE SPECIFY): _____
- This site does not have cooking equipment

G2. What type of freezer food storage capacity is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals. (CHECK ALL THAT APPLY.)

- Non-commercial freezer
- Small (single section) commercial reach-in freezer
- Medium (double section) commercial reach-in freezer
- Large (triple section) commercial reach-in freezer
- Walk-in commercial freezer
- Other (PLEASE SPECIFY): _____
- This site does not have freezer food storage capacity

G3. What type of refrigerated food storage capacity is available at <SITE NAME>? This equipment may or may not be used in preparing summer meals. (CHECK ALL THAT APPLY.)

- Small (single section) commercial reach-in refrigerator
- Medium (double section) commercial reach-in refrigerator
- Large (triple section) commercial reach-in refrigerator
- Walk-in commercial refrigerator
- Other (PLEASE SPECIFY): _____
- This site does not have refrigerated food storage capacity

G4. Does <SITE NAME> have storage for dry and canned foods? (CHECK ONLY ONE.)

- Yes
- No

GENERAL PROBES

If you'd like you can take a moment to re-familiarize yourself with the Section F. questions.

How easy or difficult was it for you to complete this section about site equipment and food storage facilities? Why?

Were there any questions that were unclear to you or that you were uncertain about? Which and Why?

IF NEEDED: Were there any specific words or phrases that were unclear to you or that you were uncertain about? (What words or phrases, if any, were unclear to you?)

SPECIFIC PROBES WHERE NEEDED / NOT ANSWERED IN PREVIOUS PROBES

G1, G2, and G3: These three questions asked about food storage. Were you thinking about equipment that is used? Did you include equipment that is available, even if it is not used?

G1: In your own words, what is the difference in “domestic” vs “commercial” cooking equipment?

G2: How did you decide on your answer? In your own words, what is a non-commercial freezer? How familiar are you with any of the other types of freezers listed?

G3: How did you decide on your answer? How familiar are you with the types of refrigerator equipment listed?

SKIP TO CLOSING

SECTION H: OTHER INFORMATION

H1. Is there anything else you would like to tell us about the summer meals program at <SITE NAME>?

H2. What is your current job title or position?

H3. How long have you worked at <SITE NAME>?

_____ Number years or _____ Number months

H4. 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.

SECTION I: FUTURE FOLLOWUP

I1. 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: _____

I2. 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

SECTIONS H AND I: NOT TESTED

CLOSING

Overall impressions of the survey questionnaire. (2 mins)

What were your overall impressions of the survey? Explain.

Closing and Incentive (3 mins)

Those are all the questions I have for you. Is there anything we haven't discussed that you would like to mention?

DISCUSS ANY RESPONDENT COMMENTS.

Thank you for your time.

STOP TAPE RECORDER.
