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USDA Summer Meals Study
Volume 6. Study Instruments

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Caregiver Survey

OMB Control No: 0584-0635
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Caregiver Survey

U.S. Department of Agriculture

Instructions for completing the survey:

- Use black or blue ink to answer.
- Write your answers in the space provided or Mark ☒ to indicate your answer.
- If you want to change your answer, mark  and mark the right answer.
- Follow the **GO TO QUESTION** instructions when specified.
- There are no right or wrong answers. Your answers will help make the program better.

SECTION A. ABOUT THE CHILDREN IN YOUR HOUSEHOLD

A1. How many children ages 18 and younger are now living in your household?

|___|___| Total number of children ages 18 and under in your household

A2. How many children ages 18 and younger living in your household are:

|___|___| Less than five years of age

|___|___| Between 5 and 12 years of age

|___|___| Between 13 and 18 years of age

IF THERE ARE NO CHILDREN AGES 5 TO 18 GO TO SECTION F

A3. Which of the following best describes where all children ages 5 through 18 in your household spend their daytime in the summer months?

SELECT ONE OR MORE

- ☐ At home with parent/guardian/sibling
- ☐ At home with another relative
- ☐ Home alone
- ☐ At a relative's/friend's home
- ☐ At a childcare/daycare home or center
- ☐ At a summer camp or summer school
- ☐ At a summer job
- ☐ Other (please specify _____)

A4. Thinking about all children ages 5 through 18 in your household, how many went to or will go to a summer program that offers education and/or activities this summer, 2018?

☐ None → **GO TO QUESTION A6**

|___|___| Number of children ages 5 through 18 who went to or will go to a program

A5. **Do these summer programs provide meals and/or snacks to children ages 5 through 18?**

SELECT ONLY ONE

- ☐ Yes, meals and snacks are available for purchase
- ☐ Yes, meals and snacks are part of the program fee
- ☐ Yes, free meals and snacks are provided
- ☐ No, the programs do not provide meals or snacks
- ☐ Not sure

A6. **Have you heard of any programs in your area that offer free meals to children ages 5 through 18 in the summer?**

- ☐ Yes
- ☐ No

A7. **Did you know that the program at <SITE NAME> at <ADDRESS> is offering free meals to children ages 18 and younger, this summer, 2018?**

- ☐ Yes
- ☐ No

A8. **Did, or have you planned to have, any of the children ages 5 through 18 in your household go to the program at <SITE NAME> located at <address> this summer?**

- ☐ Yes
- ☐ No → **GO TO SECTION C**

A9. **When did you first find out about the summer program at <SITE NAME> located at <Address>?**

- ☐ This year
- ☐ Last year
- ☐ A few years ago
- ☐ Not sure

A10. In what month did you find out about the summer program at <SITE NAME>?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December
- ☐ Not Sure

A11. How did you find out about the summer program at <SITE NAME> this summer?

SELECT ONE OR MORE

- ☐ Flyer or poster at child's school
- ☐ Flyer or poster at local government or public assistance office
- ☐ Flyer or poster at local food bank
- ☐ Flyer or poster at church or other community group
- ☐ Television or radio
- ☐ Poster or billboard on a bus stop/bus/train
- ☐ Toll-free hotline
- ☐ Internet or social media
- ☐ Mail
- ☐ Email or text message
- ☐ Staff at child's school told me about it
- ☐ My child told me about it
- ☐ My relative told me about it
- ☐ My friend or neighbor told me about it
- ☐ U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- ☐ This survey
- ☐ Other (please specify): _____

A12. Did the summer 2018 program materials you received about <SITE NAME> include information about …?

SELECT ONE OR MORE

- ☐ Free meals
- ☐ Program schedule (dates and times for the program)
- ☐ Program Location/address
- ☐ Program contact information
- ☐ Types of activities offered
- ☐ Program activity fee
- ☐ How to apply
- ☐ Transportation options
- ☐ Child safety
- ☐ Other (please specify): _____
- ☐ Did not receive any program materials → **GO TO QUESTION A14**

A13. Did the information about the program include all the details you needed to make a decision about sending your child to the program at <SITE NAME> this summer?

☐ Yes → **GO TO SECTION B**
☐ No

A14. Did you contact the program staff at <SITE NAME> to get information about…

SELECT ONE OR MORE

☐ Free meals
☐ Program schedule (dates and times for the program)
☐ Program Location/address
☐ Program contact information
☐ Types of activities offered
☐ Cost to attend program (excluding meals)
☐ How to apply
☐ Transportation options
☐ Child safety
☐ Other (please specify): _____
☐ Did not contact program staff

SECTION B. YOUR EXPERIENCE WITH THE SUMMER PROGRAM AT <SITE NAME> LOCATED AT <ADDRESS> THIS SUMMER

Answer the following questions for a child who went to the program at <SITE NAME> at <ADDRESS> this summer.

B1. How many children ages 5 through 18 in your household went or will go to the program at <SITE NAME> this summer, 2018?

|___|___| Number of children.

If more than one child in your household went to the program at <SITE NAME>, please answer the questions for the child who had the most recent birthday. We do not mean the youngest child, just the child who had the last birthday.

B1a. What is the child's first name?

B2. How old is this child?

|___|___| Age of child who went or will go to the program at **<SITE NAME>**

B3. Is this child a boy or a girl?

- ☐ Boy
- ☐ Girl

B4. What is your relationship to this child?

- ☐ Parent (biological, adoptive, or foster)
- ☐ Grandparent
- ☐ Sibling
- ☐ Other (please specify): _____

B5. Is this child Hispanic or Latino?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

B6. What is the race of this child?

SELECT ONE OR MORE

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

B7. Besides going to the summer program at <SITE NAME>, did or will this child go to any other programs that offer education, activities, and/or food this summer?

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION B9**
- ☐ Not sure ➔ **GO TO QUESTION B9**

B8. Do these other summer programs provide meals or snacks to children ages ages 5 through 18?

SELECT ONLY ONE

- ☐ Yes, meals and snacks are available for purchase
- ☐ Yes, meals and snacks are part of the program fee
- ☐ Yes, free meals and snacks are provided
- ☐ No, the programs do not provide meals or snacks
- ☐ Not sure

B8a. FOR SCHOOL BASED SITE ONLY: Does your child go to <THIS SCHOOL> during the school year?

☐ Yes → **GO TO QUESTION B10**
☐ No

B9. Besides going to the program at <SITE NAME>, does/will this child get summer meals at the school they go to during the school year?

☐ Yes
☐ No
☐ Don't know

B10. Who was involved in making the decision for this child to go to the program at <SITE NAME> this summer?

SELECT ONE OR MORE

☐ Parent (biological, adoptive, or foster)
☐ Grandparent
☐ Sibling
☐ Other (please specify): _____

B11. Is 2018 the first summer this child went to or will go to the summer program at <SITE NAME>?

☐ Yes, first time child went to this program
☐ No, child went to this program in previous years

B12. Has this child already gone to the program at <SITE NAME> this summer, 2018?

☐ Yes
☐ No, will start going later this summer

B13. What are the main reasons for deciding to send this child to the program at <SITE NAME> this summer?

SELECT ONE OR MORE

☐ Childcare is provided
☐ Meals are free
☐ Hours fit my schedule
☐ Free transportation is provided
☐ Good location
☐ Games and activities are provided
☐ My child does not want to stay home
☐ My child's friends go there
☐ My child can make new friends there
☐ Proof of income is not required
☐ Other reasons (please specify):_____

B14. About how far from your home is the program at <SITE NAME>?

- ☐ Less than 1 mile
- ☐ Between 1 mile and 3 miles
- ☐ More than 3 miles but fewer than 5 miles
- ☐ Between 5 miles and 10 miles
- ☐ More than 10 miles

B15. How did or will this child usually travel to and from the program at <SITE NAME> this summer?

SELECT ONLY ONE

- ☐ Walk
- ☐ Bike
- ☐ Family vehicle
- ☐ Program provides transportation
- ☐ Public transportation
- ☐ Other (please specify): _____

B16. Other than the way this child usually travels to and from the program at <SITE NAME>, which of the following options are also available to the child to get to and from the program at <SITE NAME> this summer?

SELECT ONE OR MORE

- ☐ Walk
- ☐ Bike
- ☐ Family vehicle
- ☐ Program provides transportation
- ☐ Public transportation
- ☐ Other (please specify): _____
- ☐ No other option

B17. Thinking about how often this child went to or will go to the program at <SITE NAME> this summer, would you say that this child …

- ☐ Went to or will go to the program as often as you desired
- ☐ Went to or will go to the program less often than you desired

B18. Did/will this child go to the program at <SITE NAME> every week the program is offered this summer?

- ☐ Yes
- ☐ No
- ☐ Don't know/ not sure

B19. How many weeks did or will this child go to the program at <SITE NAME> this summer?

Your best guess is fine

|___|___| Number of weeks child went to or will go to <SITE NAME> this summer

B20. About how many days a week did or will this child usually go to the program at <SITE NAME> this summer?

- ☐ Once a week
- ☐ 2 days each week
- ☐ 3 days each week
- ☐ 4 days each week
- ☐ 5 or more days each week

B21. Thinking about how often this child went to or will go to the program at <SITE NAME> this summer, would you say that the number of days this child went to the program …

- ☐ Was or will be about the same each week
- ☐ Varied or will vary from week to week
- ☐ Does not apply to me, my child went for one week or less

B22. Why did or will this child not go to the program at <SITE NAME> for all weeks that the program was/is offered this summer?

SELECT ONE OR MORE

- ☐ My child went to or will go to the program every week the program was/is offered
- ☐ Visiting relatives/friends
- ☐ At other summer programs
- ☐ Others might think our family cannot provide meals/snacks for our child
- ☐ Only needy families should send children to the program every week
- ☐ Friends not going to the program
- ☐ Not enough activities to keep the child happy
- ☐ Prefer to be home some days/weeks
- ☐ The location was not safe
- ☐ Did not want to stay at the site to eat the meal
- ☐ There was no shelter from the heat or rain
- ☐ Do not like food served at the program
- ☐ Do not like times when meals are provided
- ☐ Other (please specify): _____

B23. Which of the following features would improve how often this child goes to the program at <SITE NAME>?

SELECT ONE OR MORE

☐ Does not apply to me, my child goes to the program every day

☐ Games and activities
☐ Number of weeks the program is offered
☐ Number of days each week the program is offered
☐ Daily schedule (number of hours)
☐ Walkable distance from home
☐ Cost of program (not including meals and/or snacks)
☐ Being able to take the meals home or to another place away from the site
☐ Safe location
☐ Shelter from heat and rain
☐ Staff supervision
☐ Having friends of child going to the program
☐ Free transportation
☐ Other (please specify): _____
☐ None of the above

B24. On days that this child went to the program at <SITE NAME> this summer, how often did this child eat meals and/or snacks provided by the program?

SELECT ONLY ONE

☐ Child has not yet gone to the program at <SITE NAME> this summer → **GO TO SECTION D**

☐ Every day the child went➔ **GO TO QUESTION B26**
☐ Most days the child went
☐ Some days the child went
☐ Never
☐ Don't know

B25. What would have encouraged this child to eat the meals and/or snacks provided by <SITE NAME> on all days that the child went there, this summer?

SELECT ONE OR MORE

- ☐ If child could bring meals and/or snacks home
- ☐ Better looking food
- ☐ Better tasting food
- ☐ Larger amount of food
- ☐ Information about what foods will be provided
- ☐ More hot meals
- ☐ More variety of food
- ☐ Healthier food
- ☐ Information on the nutrition content of foods
- ☐ More time to eat
- ☐ Shelter from heat and rain
- ☐ Safe location
- ☐ Shorter lines
- ☐ If breakfast were provided
- ☐ If lunch were provided
- ☐ If supper were provided
- ☐ If snack were provided
- ☐ Meals for parents/caregivers
- ☐ Other (please specify):_____

- ☐ No change is needed; I am satisfied with the meals/snacks
- ☐ I don't know enough about the meals and/or snacks to answer this question

B26. In general, how would you rate the appearance of meals and/or snacks served by the program at <SITE NAME> this summer?

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ I don't know enough about the meals and/or snacks provided by the program

B27. In general, how would you rate the variety of foods served at meals and/or snacks by the program at <SITE NAME> this summer?

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ I don't know enough about the meals and/or snacks provided by the program

B28. Overall, how satisfied or dissatisfied are you with the meals and/or snacks provided by the program at <SITE NAME> this summer?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ I don't know enough about the meals and/or snacks provided by the program

B29. Thinking about your experience with the program at <SITE NAME>, how satisfied or dissatisfied are you with the program this summer?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

B30. How likely is it that you would recommend the program at <SITE NAME> to other families with children?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not at all likely

B31. Is there anything else you would like to tell us about the summer meals site where this child receives meals this summer?

_____

_____

_____

_____

_____

GO TO SECTION D

SECTION C. PRIOR EXPERIENCE WITH THE SUMMER MEALS PROGRAM AND REASONS FOR NOT SENDING YOUR CHILDREN TO A SUMMER MEALS PROGRAM THIS SUMMER

C1. **Did any of the children in your household ever go to a program that offered education and/or activities along with free meals, or a program that offers just free meals to children ages 5 through 18?**

- ☐ Yes
- ☐ No → **GO TO QUESTION C6**

C2. **Thinking about all children ages 5 through 18 in your household, how many children ever went to a summer program that offered education and/or activities along with free meals or a program that offered just free meals?**

|___|___| Number of who ever went to a program

C3. **How old were these children when they attended a program that offered education and/or activities along with free meals or a program that offers just free meals?**

SELECT ONE OR MORE

- ☐ 5 to 12 years
- ☐ 13 to 18 years

C4. **Overall, how satisfied or dissatisfied were you with the program?**

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

C5. **How likely is it that you would recommend the program to other families with children?**

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not at all likely

C6. Why haven't children in your household gone to the summer program at <SITE NAME> located at <ADDRESS> this summer? This summer program is the nearest place that offers free summer meals to children in your area.

SELECT ONE OR MORE

- ☐ Did not know about the program at <SITE NAME>
- ☐ Don't think my children are eligible to receive free meals
- ☐ Visiting relatives/friends
- ☐ At other summer programs
- ☐ Others might think our family cannot provide meals/snacks for our child
- ☐ Only needy families should send children to the program every week
- ☐ Friends not going to the program
- ☐ Not enough activities to keep the child engaged
- ☐ Prefer to be home some days/weeks
- ☐ Do not like the meals and/or snacks
- ☐ Do not like times when meals are provided
- ☐ Meals could not be brought home
- ☐ Meals not provided for parents/caregivers
- ☐ Other (please specify):

C7. Which of the following features would have made it possible for children in your household to go to the summer program at <SITE NAME> this summer?

SELECT ONE OR MORE

- ☐ Games and activities
- ☐ If meals were offered more weeks during the summer
- ☐ If meals were offered more days during the week
- ☐ Daily schedule (number of hours)
- ☐ Walkable distance from home
- ☐ Free transportation
- ☐ Affordable program cost
- ☐ Staff supervision
- ☐ If child could bring meals and/or snacks home
- ☐ Meals for parents/caregivers
- ☐ Having friends of children going to the program
- ☐ Shelter from heat and rain
- ☐ Safe location
- ☐ Other (PLEASE SPECIFY):_____
- ☐ I am not interested in sending children in my household to a summer program that offers free meals to children ages 5 through 18

SECTION D. STAYING INFORMED ABOUT SUMMER MEALS PROGRAMS

D1. In the future, when is the best time to send you information about summer programs that offer free meals to children ages 5 through 18?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ Other (please specify MONTH): _____

D2. In the future, what would be the best ways to provide you with information about summer programs that offer free meals to children ages 5 through 18?

SELECT UP TO THREE

- ☐ Flyer or poster at child's school
- ☐ Flyer or poster at local government or public assistance office
- ☐ Flyer or poster at local food bank
- ☐ Flyer or poster at church or other community group
- ☐ Television or radio
- ☐ Poster or billboard on a bus stop/bus/train
- ☐ Toll-free hotline
- ☐ Internet or social media
- ☐ Mail
- ☐ Email or text message
- ☐ U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- ☐ Other (please specify): _____

D3. If available, would you send this child to the program at <SITE NAME> next summer?

- ☐ Yes → **GO TO SECTION E**
- ☐ No
- ☐ Don't know/Not sure

D4. Which of the following are reasons this child may not go to the program at <SITE NAME> next summer?

SELECT ONE OR MORE

- ☐ Childcare is not provided
- ☐ Child's friends will not go
- ☐ Child not interested
- ☐ Child will go to another program
- ☐ Child will stay somewhere else during the day/for the summer
- ☐ Activities do not appeal to the child
- ☐ Costs too much
- ☐ Is not easy to get to
- ☐ Location unsafe
- ☐ Can't take the meals home or to another place away from the site
- ☐ No shelter from heat and rain
- ☐ No transportation
- ☐ Doesn't provide the meals/snacks we want
- ☐ Meals are not of high quality
- ☐ Doesn't offer education or sports and recreational activities
- ☐ Inadequate supervision
- ☐ Doesn't have a good reputation
- ☐ Other (please specify): _____

SECTION E. FOOD SITUATION IN YOUR HOUSEHOLD

The next questions are about the food situation in your household in the last 30 days and whether you were able to afford the food you need.

For each statement or question below, please select one response that best describes your household's food situation.

E1. In the last 30 days…

- ☐ We had enough of the kinds of food we wanted to eat ➔ **GO TO SECTION F**
- ☐ We had enough food but not always the kinds of food we wanted to eat
- ☐ We sometimes did not have enough food to eat
- ☐ We often did not have enough food to eat

E2. In the last 30 days, we worried whether our food would run out before we got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E3. In the last 30 days, the food that we bought just didn't last, and we didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E4. In the last 30 days, we couldn't afford to eat balanced meals.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E5. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION E7**
- ☐ Don't know ➔ **GO TO QUESTION E7**

E6. In the last 30 days, on how many days did this happen?

|___|___| days

E7. **In the last 30 days, did you (the parent or caregiver) ever eat less than you felt you should because there wasn't enough money for food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

E8. **In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

E9. **In the last 30 days, did you lose weight because there wasn't enough money for food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

E10. **In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION E12**
- ☐ Don't know ➔ **GO TO QUESTION E12**

E11. **In the last 30 days, on how many days did this happen?**

|___|___| days

The next questions are about the food situation of your children. For each statement or question, please select one response that best describes your children's food situation.

E12. **In the last 30 days we relied on only a few kinds of low-cost food to feed the child(ren) because we were running out of food.**

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E13. **In the last 30 days we couldn't feed the child(ren) a balanced meal because we couldn't afford it.**

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E14. **<u>In the last 30 days</u> my child(ren) were not eating enough because we could not afford enough food.**

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Don't know

E15. **In the last 30 days did you ever cut the size of any of your child(ren)'s meals because there wasn't enough money for food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

E16. **In the last 30 days did your child(ren) ever skip meals because there wasn't enough money for food?**

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION E18**
- ☐ Don't know➔ **GO TO QUESTION E18**

E17. **In the last 30 days, on how many days did this happen?**

|___|___| days

E18. **In the last 30 days was your child(ren) ever hungry but you just couldn't afford more food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

E19. **In the last 30 days did your child(ren) ever not eat for a whole day because there wasn't enough money to buy food?**

- ☐ Yes
- ☐ No
- ☐ Don't know

SECTION F. ABOUT YOU AND YOUR HOUSEHOLD

F1. How old are you?

- ☐ 18-29 years old
- ☐ 30-39 years old
- ☐ 40-49 years old
- ☐ 50-59 years old
- ☐ 60 or older

F2. Are you male or female?

- ☐ Male
- ☐ Female

F3. What language do you usually speak at home?

- ☐ English
- ☐ Spanish
- ☐ Other (please specify): _____

F4. What is the highest level of school you have completed?

- ☐ No schooling completed
- ☐ Less than grade 12
- ☐ 12th grade
- ☐ GED or alternative credential
- ☐ Some college credit but no degree
- ☐ Associate degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MED, MSW, MBA)
- ☐ Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

F5. Which of the following best describes your current situation?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than 1 year
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work because of a disability
- ☐ Something else (please specify):

F6. Including yourself, how many adults ages 19 and older are now living in this household?

|___|___| Number of adults ages19 and older

F7. In the past 12 months, did anyone in your household:

SELECT ONE OR MORE

- ☐ Go to a Head Start program?
- ☐ Go to a daycare program or childcare center that provides meals and snacks at no cost?
- ☐ Get free or reduced price lunch at school?
- ☐ Get free or reduced price breakfast at school?
- ☐ Get snacks at before or after school programs?
- ☐ Get food from a food pantry, food bank, or soup kitchen?

F8. In the past 12 months, did anyone in your household receive:

SELECT ONE OR MORE

- ☐ Financial assistance to pay rent or housing costs
- ☐ Assistance to pay electric or gas utility bills from (STATE NAME FOR LIHEAP)
- ☐ Help with paying medical expenses through (STATE NAME FOR MEDICAID)
- ☐ Assistance from (STATE NAME FOR TANF)
- ☐ Benefits from (STATE NAME FOR SNAP)
- ☐ Benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

F8a. FOR SITES IN SEBTC STATES ONLY + USE STATE TERMINOLOGY FOR SEBTC, IF KNOWN: Do you have a summer electronic benefits transfer (EBT) card to use specifically to purchase food for your child/children during the summer months? This is usually called Summer EBT or Summer Electronic Benefits Transfer for Children (SEBTC).

- ☐ Yes
- ☐ No
- ☐ Don't know

F9. Please indicate whether you or anyone in your household received income in the last 12 months from any of the following:

SELECT ONE OR MORE

- ☐ Wages, salary, commissions, bonuses, or tips
- ☐ Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
- ☐ Interest, dividends, net rental income, royalty income, or income from estates and trusts
- ☐ Social security or railroad retirement
- ☐ Supplemental security Income
- ☐ Any public assistance or welfare payments from the state or local welfare office
- ☐ Retirement, survivor, or disability pensions
- ☐ Any other sources of income received regularly such as Veterans (VA) payments, unemployment compensation, child support, or alimony

F10. Which category best describes your total household income last year, before taxes or other deductions?

SELECT ONLY ONE

- ☐ Under $10,000
- ☐ $10,000 to $19,999
- ☐ $20,000 to $29,999
- ☐ $30,000 to $39,999
- ☐ $40,000 to 49,999
- ☐ $50,000 to $59,999
- ☐ $60,000 to $69,999
- ☐ $70,000 or more

F11. Which of the following best describes your household's current financial condition?

- ☐ Very comfortable and secure
- ☐ Able to make ends meet without much difficulty
- ☐ Occasionally have some difficulty making ends meet
- ☐ Tough to make ends meet but keeping your head above water
- ☐ In over your head

F12. We have the following address on file, is this still correct?

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

☐ Yes. (We will send $10 to the name and address above.)
☐ No. (Please let us know where to send $10 for this survey).

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

F13. Do you want to receive:

☐ $10 Cash **OR**
☐ $10 VISA Reward Card

F14. Please let us know your contact information.

☐
I agree to be contacted for any questions regarding this survey
I agree to be contacted for follow-up telephone interview in the next month or so if selected. (The interview will take about an hour and you will receive $20 as a thank you) HOME NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

F15. 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: _____

CAREGIVERS PLEASE HAVE YOUR CHILD/TEEN COMPLETE THE REST OF THIS SURVEY. THEIR ANSWERS WILL HELP MAKE THE PROGRAM BETTER

If only one child in your household attended or attends the program at <SITE NAME> then have this child complete the remainder of the summer meals survey.

- If this child is between the ages of 5 and 12, please help them complete the green pages.
- If this child is between 13 and 18 years of age, have them complete the blue pages.

If more than one child in your household attended or attends the program at <SITE NAME>, then have the child who had the most recent birthday complete the remainder of the summer meals survey.

- If this child is the ages of 5 and 12, please help them complete the green pages.
- If this child is between 13 and 18 years of age, have them complete the blue pages.

If your child or teen did not attend or will not attend the summer meal program at <SITE NAME> this summer:

- If you have a child 12 years of age or younger, THANK YOU FOR COMPLETING THIS SUMMER MEALS STUDY SURVEY.
- If you have a child between 13 and 18 years or age, have them complete the blue pages.

Número de control de la OMB: 0584-0635
Fecha de vencimiento: 02/28/2021

Encuesta de Alimentos del Verano

Departamento de Agricultura de Estados Unidos

Se calcula que el tiempo requerido para contestar esta recolección de información es de aproximadamente 20 minutos por cuestionario, incluyendo el tiempo para revisar las instrucciones, buscar fuentes existentes de datos, reunir y mantener los datos necesarios y completar y revisar la recolección de información. Ninguna agencia puede realizar ni patrocinar una recolección de información, y ninguna persona está obligada a responder a dicha recolección de información, a menos que esta muestre un número de control vigente de la OMB. Envíe sus comentarios respecto a este cálculo de tiempo o a otro aspecto de esta recolección de información, incluyendo sugerencias de cómo reducir este cálculo de tiempo a: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0635). No devuelva el cuestionario contestado a esta dirección.

Instrucciones para contestar la encuesta

- Use un bolígrafo de tinta negra o azul para contestar
- Anote sus respuestas en el espacio indicado o Marque con una ☒ para indicar su respuesta
- Si desea cambiar su respuesta, tache así  y marque la respuesta correcta
- Siga las instrucciones de **VAYA A LA PREGUNTA** cuando se especifique
- No hay respuestas correctas ni incorrectas. Sus respuestas ayudarán a mejorar el programa.

SECCIÓN A. INFORMACIÓN DE LOS NIÑOS EN SU HOGAR

A1. ¿Cuántos niños de 18 años o menos viven actualmente en su hogar?

|___|___| Cantidad de niños de 18 años o menos que viven en su hogar

A2. ¿Cuántos niños de 18 años o menos que viven en su hogar tienen:

|___|___| Menos de 5 años de edad

|___|___| Entre 5 y 12 años de edad

|___|___| Entre 13 y 18 años de edad

SI NO HAY NIÑOS ENTRE 5 Y 18 AÑOS DE EDAD VAYA A LA SECCIÓN F

A3. ¿Cuál de las siguientes opciones describe mejor el lugar donde todos los niños entre las edades de 5 a 18 años en su hogar pasan el día durante los meses de verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ En casa con los padres, tutores o hermanos
- ☐ En casa con otro familiar
- ☐ En casa solo
- ☐ En casa de un familiar o amigo
- ☐ En una guardería o centro de cuidado infantil
- ☐ En un campamento o escuela de verano
- ☐ En un trabajo de verano
- ☐ Otro (Especifique) _____

A4. **Piense en todos los niños entre las edades de 5 a 18 años en su hogar. ¿Cuántos fueron o irán a un programa de verano que ofrece educación y/o actividades este verano del 2018?**

☐ Ninguno → **VAYA A LA PREGUNTA A6**

|___|___| Cantidad de niños de 5 años a 18 años que fueron o irán a un programa

A5. **Estos programas de verano, ¿ofrecen comidas o refrigerios para niños de 5 a 18 años?**

SELECCIONE SOLAMENTE UNA RESPUESTA

☐ Sí. Hay comidas y refrigerios disponibles para comprar
☐ Sí. Las comidas y refrigerios se incluyen en el costo del programa
☐ Sí. Las comidas y refrigerios se incluyen sin costo
☐ No. El programa no ofrece comidas ni refrigerios
☐ No está seguro

A6. **¿Sabe de algún programa en su área que ofrezca comidas gratuitas para niños de 5 a 18 años en el verano?**

☐ Sí
☐ No

A7. **¿Sabía que el programa en <SITE NAME> en <ADDRESS> ofrece comidas gratuitas a niños de 5 a 18 años, este verano del 2018?**

☐ Sí
☐ No

A8. **Alguno de los niños de 5 a 18 años en su hogar, ¿asistió o va a asistir este verano al programa en <SITE NAME> ubicado en <address>?**

☐ Sí
☐ No → **VAYA A LA SECCIÓN C**

A9. **¿Cuándo se enteró por primera vez acerca del programa de verano en <SITE NAME> ubicado en <Address>?**

☐ Este año
☐ El año pasado
☐ Hace algunos años
☐ No está seguro

A10. ¿En qué mes se enteró acerca del programa de verano en <SITE NAME>?

- ☐ Enero
- ☐ Febrero
- ☐ Marzo
- ☐ Abril
- ☐ Mayo
- ☐ Junio
- ☐ Julio
- ☐ Agosto
- ☐ Septiembre
- ☐ Octubre
- ☐ Noviembre
- ☐ Diciembre
- ☐ No está seguro

A11. ¿Cómo se enteró usted acerca del programa de verano en <SITE NAME> este verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Aviso o volante en la escuela del niño
- ☐ Aviso o volante en una oficina del gobierno o de asistencia pública
- ☐ Aviso o volante en un banco de alimentos local
- ☐ Aviso o volante en una iglesia u otro grupo comunitario
- ☐ Televisión o radio
- ☐ Aviso o volante en una parada del autobús, un autobús o un tren
- ☐ Línea gratuita de información
- ☐ Internet o redes sociales
- ☐ Correo postal
- ☐ Correo electrónico o mensaje de texto
- ☐ El personal en la escuela del niño se lo informó
- ☐ Su hijo le contó al respecto
- ☐ Un familiar le contó al respecto
- ☐ Un amigo o vecino le contó al respecto
- ☐ El buscador de la página del Servicio de Alimentos y Nutrición del Departamento de Agricultura de Estados Unidos
- ☐ Esta encuesta
- ☐ Otro (Especifique):_____

A12. Los materiales que recibió sobre el programa de verano del 2018 en <SITE NAME>, ¿contenían información acerca de…?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Comidas gratuitas
- ☐ Cronograma del programa (fechas y horas del programa)
- ☐ Ubicación/Dirección del programa
- ☐ Información de contacto del programa
- ☐ Tipos de actividades que se ofrecen
- ☐ Costo de las actividades del programa
- ☐ Cómo solicitar ingreso al programa
- ☐ Opciones de transporte
- ☐ Seguridad de los niños
- ☐ Otro (Especifique):_____
- ☐ No recibió ningún material del programa →**VAYA A LA PREGUNTA A14**

A13. La información acerca del programa, ¿contenía todos los detalles que usted necesitaba para tomar una decisión acerca de enviar a su hijo al programa en <SITE NAME> este verano?

☐ Sí → **VAYA A LA SECCIÓN B**
☐ No

A14. ¿Se comunicó con el personal del programa en <SITE NAME> para recibir información acerca de …

SELECCIONE UNA O MÁS RESPUESTAS

☐ Comidas gratuitas
☐ Cronograma del programa (fechas y horas del programa)
☐ Ubicación/Dirección del programa
☐ Información de contacto del programa
☐ Tipos de actividades que se ofrecen
☐ Costo de asistir al programa (sin incluir comidas)
☐ Cómo solicitar ingreso al programa
☐ Opciones de transporte
☐ Seguridad de los niños
☐ Otro (Especifique):_____
☐ No se comunicó con el personal del programa

SECCIÓN B. SU EXPERIENCIA CON EL PROGRAMA DE VERANO EN <SITE NAME> UBICADO EN <ADDRESS> ESTE VERANO

Conteste las siguientes preguntas para un niño que asistió al programa en <SITE NAME> en <ADDRESS> este verano.

B1. ¿Cuántos niños entre 5 y 18 años de edad en su hogar asistieron o asistirán al programa en <SITE NAME> este verano del 2018?

|___|___| Cantidad de niños.

Si más de un niño en su hogar asistió al programa en <SITE NAME>, por favor conteste las preguntas para el niño que cumplió años más recientemente. No nos referimos al niño más pequeño sino al niño que tuvo el cumpleaños más reciente.

B1a. ¿Cuál es el primer nombre del niño?

B2. ¿Qué edad tiene este niño?

|___|___| Edad del niño que fue o irá al programa en **<SITE NAME>**

B3. ¿Es niño o niña?

☐ Niño
☐ Niña

B4. ¿Qué relación o parentesco tiene usted con este niño?

☐ Padre o madre (biológico, adoptivo o temporal)
☐ Abuelo o abuela
☐ Hermano o hermana
☐ Otro (Especifique):_____

B5. ¿Es este niño hispano o latino?

☐ Sí. Hispano o latino
☐ No. Ni hispano ni latino

B6. ¿De qué raza es este niño?

SELECCIONE UNA O MÁS RESPUESTAS

☐ India americana o nativa de Alaska
☐ Asiática
☐ Negra o africana americana
☐ Nativa de Hawái o de otra isla del Pacífico
☐ Blanca
☐ Otra

B7. Aparte de asistir al programa de verano en <SITE NAME>, ¿asistió o asistirá este niño a algún otro programa que ofrece educación, actividades y/o comidas este verano?

☐ Sí
☐ No ➔ **VAYA A LA PREGUNTA B9**
☐ No está seguro ➔ **VAYA A LA PREGUNTA B9**

B8. Estos otros programas de verano, ¿ofrecen comidas o refrigerios para niños de 5 a 18 años?

SELECCIONE SOLAMENTE UNA RESPUESTA

☐ Sí. Hay comidas y refrigerios disponibles para comprar
☐ Sí. Las comidas y refrigerios se incluyen en el costo del programa
☐ Sí. Las comidas y refrigerios se incluyen sin costo
☐ No. El programa no ofrece comidas ni refrigerios
☐ No está seguro

B8a. FOR SCHOOL BASED SITE ONLY: ¿Asiste su hijo a <THIS SCHOOL> durante el año escolar?

☐ Sí → **VAYA A LA PREGUNTA B10**
☐ No

B9. Aparte de asistir a <SITE NAME>, ¿recibe o recibirá este niño comidas del verano en la escuela donde asiste durante el año escolar?

☐ Sí
☐ No
☐ No sabe

B10. ¿Quién tomó la decisión de que este niño asista al programa en <SITE NAME> este verano?

SELECCIONE UNA O MÁS RESPUESTAS

☐ Padre o madre (biológico, adoptivo o temporal)
☐ Abuelo o abuela
☐ Hermano o hermana
☐ Otro (Especifique):_____

B11. ¿Es el 2018 el primer verano en que este niño asistió o asistirá al programa de verano en <SITE NAME>?

☐ Sí. Esta es la primera vez que el niño asistió a este programa
☐ No. El niño asistió a este programa en años anteriores

B12. ¿Este niño ha asistido a este programa en <SITE NAME> este verano del 2018?

☐ Sí
☐ No. Comenzará a asistir este verano

B13. ¿Cuáles son las razones principales para decidir enviar a este niño al programa en <SITE NAME> este verano?

SELECCIONE UNA O MÁS RESPUESTAS

☐ Se ofrece cuidado infantil
☐ Las comidas son gratuitas
☐ Las horas se ajustan a mi horario
☐ Se ofrece transporte gratuito
☐ Buena ubicación
☐ Se ofrecen juegos y actividades
☐ A mi hijo no le gusta quedarse en casa
☐ Los amigos de mi hijo van a ese programa
☐ Mi hijo puede hacer nuevas amistades en el programa
☐ No se requiere pruebas de ingresos
☐ Otro (Especifique):_____

B14. Aproximadamente, ¿qué tan lejos de su hogar es el programa en <SITE NAME>?

- ☐ Menos de 1 milla
- ☐ Entre 1 y 3 millas
- ☐ Más de 3 millas, pero menos de 5 millas
- ☐ Entre 5 y 10 millas
- ☐ Más de 10 millas

B15. Normalmente, ¿cómo llegó o llegará este niño desde y hacia <SITE NAME> este verano?

SELECCIONE SOLAMENTE UNA RESPUESTA

- ☐ Caminando
- ☐ En bicicleta
- ☐ En un vehículo de la familia
- ☐ El programa ofrece transporte
- ☐ Transporte público
- ☐ Otro (Especifique):_____

B16. Aparte de la manera en que este niño llega desde y hacia el programa en <SITE NAME>, ¿cuál de las siguientes opciones también está disponible para que el niño vaya desde y hacia <SITE NAME> este verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Caminando
- ☐ En bicicleta
- ☐ En un vehículo de la familia
- ☐ El programa ofrece transporte
- ☐ Transporte público
- ☐ Otro (Especifique):_____
- ☐ Ninguna otra opción

B17. Piense en la frecuencia con que este niño asistió o asistirá al programa en <SITE NAME> este verano, ¿diría que este niño …

- ☐ asistió o asistirá al programa con la frecuencia que usted desea
- ☐ asistió o asistirá al programa con menos frecuencia de lo que usted desea

B18. ¿Asistió o asistirá este niño al programa en <SITE NAME> todas las semanas en que el programa se ofrezca este verano?

- ☐ Sí
- ☐ No
- ☐ No sabe/No está seguro

B19. ¿Cuántas semanas asistió o asistirá este niño al programa en <SITE NAME> este verano?

Puede dar una respuesta aproximada

|___|___| Cantidad de semanas que el niño asistió o asistirá a <SITE NAME> este verano

B20. Aproximadamente, ¿cuántos días a la semana asistió o asistirá este niño normalmente al programa en <SITE NAME> este verano?

- ☐ Una vez a la semana
- ☐ 2 días cada semana
- ☐ 3 días cada semana
- ☐ 4 días cada semana
- ☐ 5 o más días cada semana

B21. Piense en la frecuencia con que este niño asistió o asistirá al programa en <SITE NAME> este verano. ¿Diría que la cantidad de días que este niño asistió al programa fue …

- ☐ Aproximadamente la misma cantidad cada semana
- ☐ Variaba o variará de semana a semana
- ☐ No se aplica. Mi hijo asistió por una semana o menos

B22. ¿Por qué este niño no asistió o asistirá al programa en <SITE NAME> todas las semanas en que el programa se ofreció o se ofrece este verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Mi hijo asistió o asistirá al programa todas las semanas en que el programa se ofreció/ofrece
- ☐ Está visitando familiares o amigos
- ☐ Está en otros programas de verano
- ☐ Otras personas podrían pensar que nuestra familia no tiene los medios de darle comidas/refrigerios a nuestro hijo
- ☐ Únicamente las familias necesitadas deberían enviar a sus hijos todas las semanas
- ☐ Los amigos no van al programa
- ☐ No hay suficientes actividades para entretener al niño
- ☐ Prefiere quedarse en casa algunos días/semanas
- ☐ La ubicación no es segura
- ☐ No quiere quedarse en el centro para comer las comidas
- ☐ No había refugio del calor o de la lluvia
- ☐ No le gusta la comida que sirven en el programa
- ☐ No les gustan las horas en que se ofrecen las comidas
- ☐ Otro (Especifique):_____

B23. ¿Cuál de las siguientes características mejoraría la frecuencia con la que este niño va al programa en <SITE NAME>?

SELECCIONE UNA O MÁS RESPUESTAS

☐ No se aplica. Mi hijo asiste al programa todos los días

☐ Juegos y actividades
☐ Cantidad de semanas en que se ofrece el programa
☐ Cantidad de días en que se ofrece el programa cada semana
☐ Horario diario (cantidad de horas)
☐ Distancia del hogar caminando
☐ Costo del programa (sin incluir comidas ni refrigerios)
☐ Poder llevar comidas al hogar o a otro lugar aparte del centro
☐ Ubicación en un lugar seguro
☐ Refugio del calor y de la lluvia
☐ Supervisión del personal
☐ Amigos del niño asisten al programa
☐ Transporte gratuito
☐ Otro (Especifique):_____
☐ Ninguno de los anteriores

B24. Los días en que este niño asistió al programa en <SITE NAME> este verano, ¿con qué frecuencia este niño come las comidas y refrigerios que el programa proporciona?

SELECCIONE SOLAMENTE UNA RESPUESTA

☐ El niño todavía no ha asistido al programa en <SITE NAME> este verano →**VAYA A LA SECCIÓN D**

☐ Todos los días en que el niño asistió➔ **VAYA A LA PREGUNTA B26**
☐ Casi todos los días en que el niño asistió
☐ Algunos de los días en que el niño asistió
☐ Nunca
☐ No sabe

B25. **¿Qué** habría animado a este niño a comer las comidas y/o refrigerios que se ofrecen en <SITE NAME> todos los días en que el niño asistió al programa, este verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Si el niño hubiera podido traer las comidas y/o refrigerios a casa
- ☐ Mejor presentación de las comidas
- ☐ Mejor sabor de las comidas
- ☐ Más cantidad de comidas
- ☐ Información acerca de qué comidas se servirán
- ☐ Más comidas calientes
- ☐ Más variedades de comidas
- ☐ Comidas más saludables
- ☐ Información acerca del contenido nutricional de las comidas
- ☐ Más tiempo para comer
- ☐ Refugio del calor y de la lluvia
- ☐ Ubicación en un lugar seguro
- ☐ Filas más cortas
- ☐ Que se ofreciera desayuno
- ☐ Que se ofreciera almuerzo
- ☐ Que se ofreciera cena
- ☐ Que se ofrecieran refrigerios
- ☐ Comidas para los padres o cuidadores
- ☐ Otro (Especifique):_____

- ☐ Ningún cambio es necesario; estoy satisfecho con las comidas o refrigerios
- ☐ No tengo suficiente información de las comidas o refrigerios como para contestar esta pregunta

B26. **En general, ¿cómo calificaría usted la presentación de las comidas y/o refrigerios que sirve el programa en <SITE NAME> este verano?**

- ☐ Excelente
- ☐ Buena
- ☐ Malo
- ☐ No tengo suficiente información de las comidas o refrigerios que el programa sirve

B27. **En general, ¿cómo calificaría usted la variedad de alimentos que se sirven en las comidas y/o refrigerios que el programa sirve en <SITE NAME> este verano?**

- ☐ Excelente
- ☐ Buena
- ☐ Malo
- ☐ No tengo suficiente información de las comidas o refrigerios que el programa sirve

B28. En general, ¿qué tan satisfecho o insatisfecho está usted con las comidas y/o refrigerios que sirve el programa en <SITE NAME> este verano?

- ☐ Muy satisfecho
- ☐ Satisfecho
- ☐ Ni satisfecho ni insatisfecho
- ☐ Insatisfecho
- ☐ Muy insatisfecho
- ☐ No tengo suficiente información de las comidas o refrigerios que el programa sirve

B29. Piense en su experiencia con el programa en <SITE NAME>. ¿Qué tan satisfecho o insatisfecho está usted con el programa este verano?

- ☐ Muy satisfecho
- ☐ Satisfecho
- ☐ Ni satisfecho ni insatisfecho
- ☐ Insatisfecho
- ☐ Muy insatisfecho

B30. ¿Qué tan probable es que usted recomiende el programa en <SITE NAME> a otras familias con niños?

- ☐ Muy probable
- ☐ Algo probable
- ☐ Nada probable

B31. ¿Hay alguna otra información que desee compartir con nosotros acerca del centro de comidas del verano donde este niño reciba comidas este verano?

_____

_____

_____

_____

_____

VAYA A LA SECCIÓN D

SECCIÓN C. EXPERIENCIA ANTERIOR CON EL PROGRAMA DE ALIMENTOS DEL VERANO Y RAZONES PARA NO ENVIAR A SUS HIJOS A UN PROGRAMA DE ALIMENTOS DEL VERANO ESTE VERANO.

C1. **Alguno de los niños en su hogar, ¿asistió alguna vez a un programa que ofrecía educación y/o actividades junto con comidas gratuitas o a un programa que solamente ofrecía comidas gratuitas a niños de 5 a 18 años?**

☐ Sí
☐ No → **VAYA A LA PREGUNTA C6**

C2. **Piense en todos los niños de 5 a 18 años en su hogar. ¿Cuántos niños asistieron alguna vez a un programa de verano que ofrecía educación y/o actividades junto con comidas gratuitas o a un programa que solamente ofrecía comidas gratuitas?**

|___|___| Cantidad de niños que alguna vez asistieron a un programa

C3. **¿Qué edad tenían estos niños cuando asistieron a un programa que ofrecía educación y/o actividades junto con comidas gratuitas o a un programa que solamente ofrecía comidas gratuitas?**

SELECCIONE UNA O MÁS RESPUESTAS

☐ 5 a 12 años
☐ 13 a 18 años

C4. **En general, ¿qué tan satisfecho estaba usted con el programa?**

☐ Muy satisfecho
☐ Satisfecho
☐ Ni satisfecho ni insatisfecho
☐ Insatisfecho
☐ Muy insatisfecho

C5. **¿Qué tan probable es que usted recomiende el programa a otras familias con niños?**

☐ Muy probable
☐ Algo probable
☐ Nada probable

C6. ¿Por qué los niños que viven en su hogar no han asistido al programa de verano en <SITE NAME> ubicado en <ADDRESS> este verano? Este programa de verano es el lugar más cercano que ofrece comidas gratuitas durante el verano a los niños en su área.

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ No me había enterado del programa en <SITE NAME>
- ☐ Pienso que mis hijos no reúnen los requisitos para recibir comidas gratuitas
- ☐ Están visitando familiares o amigos
- ☐ Están en otros programas de verano
- ☐ Otras personas podrían pensar que nuestra familia no tiene los medios de darle comidas/refrigerios a nuestro hijo
- ☐ Únicamente las familias necesitadas deberían enviar a sus hijos todas las semanas
- ☐ Los amigos no van al programa
- ☐ No hay suficientes actividades de entretención
- ☐ Prefieren quedarse en casa algunos días/semanas
- ☐ No les gustan las comidas y/o refrigerios
- ☐ No les gustan las horas en que se ofrecen las comidas
- ☐ Las comidas no se pueden traer a casa
- ☐ No se dan comidas a los padres o cuidadores
- ☐ Otro (Especifique):

C7. ¿Cuál de los siguientes aspectos haría posible que los niños de su hogar asistieran al programa de verano en <SITE NAME> este verano?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Juegos y actividades
- ☐ Si se ofrecieran comidas por más semanas durante el verano
- ☐ Si se ofrecieran comidas más días durante la semana
- ☐ Horario diario (cantidad de horas)
- ☐ Distancia del hogar caminando
- ☐ Transporte gratuito
- ☐ Que el costo del programa fuera más económico
- ☐ Supervisión del personal
- ☐ Si el niño hubiera podido traer las comidas y/o refrigerios a casa
- ☐ Comidas para los padres o cuidadores
- ☐ Amigos del niño asisten al programa
- ☐ Refugio del calor y de la lluvia
- ☐ Ubicación en un lugar seguro
- ☐ Otro (Especifique):
- ☐ No estoy interesado en enviar a los niños de mi hogar a un programa de verano que ofrece comidas gratuitas para niños de 5 a 18 años

SECCIÓN D. PERMANECER INFORMADO ACERCA DE LOS PROGRAMAS DE ALIMENTOS DEL VERANO

D1. Para el futuro, ¿cuándo es el mejor momento de enviarle información acerca de programas de verano que ofrezcan comidas gratuitas a niños de 5 a 18 años?

- ☐ Enero
- ☐ Febrero
- ☐ Marzo
- ☐ Abril
- ☐ Mayo
- ☐ Junio
- ☐ Julio
- ☐ Otro (especifique el MES): _____

D2. Para el futuro, ¿cuál sería la mejor manera de darle a usted información acerca de programas de verano que ofrezcan comidas gratuitas a niños de 5 a 18 años?

SELECCIONE HASTA TRES RESPUESTAS

- ☐ Aviso o volante en la escuela del niño
- ☐ Aviso o volante en una oficina del gobierno o de asistencia pública
- ☐ Aviso o volante en un banco de alimentos local
- ☐ Aviso o volante en una iglesia u otro grupo comunitario
- ☐ Televisión o radio
- ☐ Aviso o volante en una parada del autobús, un autobús o un tren
- ☐ Línea gratuita de información
- ☐ Internet o redes sociales
- ☐ Correo postal
- ☐ Correo electrónico o mensaje de texto
- ☐ El buscador de la página del Servicio de Alimentos y Nutrición del Departamento de Agricultura de Estados Unidos
- ☐ Otro (Especifique):_____

D3. Si está disponible, ¿enviaría a este niño al programa en <SITE NAME> el próximo verano?

- ☐ Sí → **VAYA A LA SECCIÓN E**
- ☐ No
- ☐ No sabe/No está seguro

D4. **¿Por cuál de las siguientes razones su hijo no asistiría al programa en <SITE NAME> el próximo verano?**

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ No se ofrece cuidado infantil
- ☐ Los amigos del niño no irán
- ☐ Al niño no le interesa
- ☐ El niño irá a otro programa
- ☐ El niño se quedará en otro lugar durante el día/verano
- ☐ Las actividades no le llaman la atención al niño
- ☐ Cuesta demasiado
- ☐ No es de fácil acceso
- ☐ La ubicación no es segura
- ☐ No se pueden llevar comidas al hogar o a otro lugar aparte del centro
- ☐ No hay refugio del calor ni de la lluvia
- ☐ No hay transporte
- ☐ No ofrece las comidas o refrigerios que queremos
- ☐ Las comidas no son de buena calidad
- ☐ No ofrece educación ni actividades recreativas o deportivas
- ☐ Supervisión inadecuada
- ☐ No tiene buena reputación
- ☐ Otro (Especifique):_____

SECCIÓN E. SITUACIÓN EN SU HOGAR RESPECTO A LOS ALIMENTOS

Las siguientes preguntas son acerca de la situación en su hogar respecto a los alimentos en los últimos 30 días y sobre si tuvo con qué comprar los alimentos que necesitaba.

Para cada afirmación a continuación, seleccione una respuesta que mejor describa la situación en su hogar respecto a los alimentos.

E1. **En los últimos 30 días…**

- ☐ tuvimos suficiente cantidad de las clases de comidas que queríamos comer➔ **VAYA A LA SECCIÓN** F
- ☐ tuvimos suficiente comida, pero no siempre de las clases de comida que queríamos comer
- ☐ algunas veces no tuvimos suficiente comida que comer
- ☐ con frecuencia no tuvimos suficiente comida que comer

E2. **En los últimos 30 días, nos preocupaba que se nos acabara la comida antes de tener dinero con qué comprar más.**

- ☐ Fue cierto con frecuencia
- ☐ A veces fue cierto
- ☐ Nunca fue cierto
- ☐ No sabe

E3. **<u>En los últimos 30 días</u>, los alimentos que compramos simplemente no alcanzaron y no teníamos dinero para comprar más.**

- ☐ Fue cierto con frecuencia
- ☐ A veces fue cierto
- ☐ Nunca fue cierto
- ☐ No sabe

E4. **<u>En los últimos 30 días</u>, no tuvimos cómo comprar alimentos para comer comidas balanceadas.**

- ☐ Fue cierto con frecuencia
- ☐ A veces fue cierto
- ☐ Nunca fue cierto
- ☐ No sabe

E5. **<u>En los últimos 30 días</u>, ¿tuvo usted u otro de los adultos del hogar que reducir las porciones de sus comidas o tuvo que dejar de comer porque no había suficiente dinero para comprar comida?**

- ☐ Sí
- ☐ No ➔ **VAYA LA PREGUNTA E7**
- ☐ No sabe ➔ **VAYA A LA PREGUNTA E7**

E6. **<u>En los últimos 30 días,</u> ¿cuántos días sucedió esto?**

|___|___| Días

E7. **<u>En los últimos 30 días</u>, ¿alguna vez usted (el padre o cuidador) comió menos de lo que pensaba que debía comer porque no había suficiente dinero para comprar comida?**

- ☐ Sí
- ☐ No
- ☐ No sabe

E8. **<u>En los últimos 30 d</u>ías, ¿alguna vez tuvo <u>usted</u> que pasar hambre porque no había suficiente dinero para comprar comida?**

- ☐ Sí
- ☐ No
- ☐ No sabe

E9. **<u>En los últimos 30 días</u>, ¿bajó de peso usted porque no había suficiente dinero para comprar comida?**

- ☐ Sí
- ☐ No
- ☐ No sabe

E10. **<u>En los últimos 30 días</u>, ¿dejó usted u otro de los adultos del hogar de comer durante todo un día porque no había suficiente dinero para comprar comida?**

☐ Sí
☐ No ➔ **VAYA A LA PREGUNTA E12**
☐ No sabe ➔ **VAYA A LA PREGUNTA E12**

E11. **<u>En los últimos 30 días</u>, ¿cuántos días sucedió esto?**

|___|___| Días

Las siguientes preguntas son acerca de la situación alimenticia de sus hijos. Para cada afirmación o pregunta a continuación, seleccione la respuesta que mejor describe la situación alimenticia de <u>sus hijos</u>.

E12. **<u>En los últimos 30 días</u> dependimos únicamente de unas pocas clases de comida de bajo costo para alimentar a los niños porque nos estábamos quedando sin comida.**

☐ Fue cierto con frecuencia
☐ A veces fue cierto
☐ Nunca fue cierto
☐ No sabe

E13. **<u>En los últimos 30 días</u> no pudimos darles a los niños una comida balanceada porque no teníamos con qué comprarla.**

☐ Fue cierto con frecuencia
☐ A veces fue cierto
☐ Nunca fue cierto
☐ No sabe

E14. **<u>En los últimos 30 días</u> mis hijos no comieron lo suficiente porque no teníamos con qué comprar comida suficiente.**

☐ Fue cierto con frecuencia
☐ A veces fue cierto
☐ Nunca fue cierto
☐ No sabe

E15. **En los últimos 30 días, ¿tuvo que reducir las porciones de sus comidas de sus hijos porque no había suficiente dinero para comprar comida?**

☐ Sí
☐ No
☐ No sabe

E16. **En los últimos 30 días, ¿tuvieron sus hijos que dejar de comer alguna vez porque no había suficiente dinero para comprar comida?**

- ☐ Sí
- ☐ No ➔ **VAYA A LA PREGUNTA E18**
- ☐ No sabe➔ **VAYA A LA PREGUNTA E18**

E17. En los últimos 30 días, ¿cuántos días sucedió esto?

|___|___| Días

E18. **En los últimos 30 días, ¿alguna vez sus hijos tuvieron hambre, pero usted simplemente no tenía con qué comprar más comida?**

- ☐ Sí
- ☐ No
- ☐ No sabe

E19. **En los últimos 30 días, ¿alguna vez sus hijos dejaron de comer por todo un día porque no había dinero para comprar comida?**

- ☐ Sí
- ☐ No
- ☐ No sabe

SECCIÓN F. ACERCA DE USTED Y DE SU HOGAR

F1. **¿Qué edad tiene usted?**

- ☐ entre 18 y 29 años
- ☐ entre 30 y 39 años
- ☐ entre 40 y 49 años
- ☐ entre 50 y 59 años
- ☐ 60 años o más

F2. **¿Es usted de sexo femenino o sexo masculino?**

- ☐ Masculino
- ☐ Femenino

F3. **¿Qué idioma o idiomas habla normalmente en su casa?**

- ☐ Inglés
- ☐ Español
- ☐ Otro (Especifique):_____

F4. ¿Cuál es el nivel educativo más alto que ha completado?

- ☐ Nunca asistió a la escuela
- ☐ No terminó la secundaria
- ☐ Terminó la secundaria
- ☐ Obtuvo el GED o un diploma de equivalencia a la secundaria
- ☐ Algo de universidad, pero no se graduó
- ☐ Se graduó de asociado (por ejemplo: AA, AS)
- ☐ Se graduó con una licenciatura (por ejemplo: BA, BS)
- ☐ Se graduó con una maestría (por ejemplo: MA, MS, MEng, MED, MSW, MBA)
- ☐ Título profesional posterior a una licenciatura (por ejemplo: MD, DDS, DVM, LLB, JD)
- ☐ Doctorado (por ejemplo: PhD, EdD)

F5. ¿Cuál de las siguientes opciones describe mejor su situación de vivienda actual?

- ☐ Trabajaba en un empleo o negocio
- ☐ Empleado con salario
- ☐ Trabaja por su propia cuenta
- ☐ Ha estado sin trabajo por más de un año
- ☐ Ha estado sin trabajo por menos de un año
- ☐ Se dedica al cuidado del hogar
- ☐ Es estudiante
- ☐ Está jubilado
- ☐ No puede trabajar debido a una discapacidad
- ☐ Otra cosa (Especifique):

F6. Incluyéndose usted, ¿cuántos adultos mayores de 19 años viven actualmente en este hogar?

|___|___| CANTIDAD DE ADULTOS MAYORES DE 19 AÑOS

F7. En los últimos 12 meses, ¿alguien en su hogar:

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ fue a un programa de Head Start?
- ☐ fue a un programa de cuidado infantil o guardería que ofrece comidas y refrigerios sin ningún costo?
- ☐ recibió almuerzos gratis o de precio reducido en la escuela?
- ☐ recibió desayunos gratis o de precio reducido en la escuela?
- ☐ recibió refrigerios en programas antes y después de la escuela?
- ☐ recibió alimentos de una despensa comunitaria o de un banco de alimentos?

F8. En los últimos 12 meses, ¿alguien en su hogar recibió:

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ asistencia financiera para pagar el alquiler o los costos de vivienda?
- ☐ asistencia para pagar los recibos de la electricidad o del gas de (STATE NAME FOR LIHEAP)?
- ☐ ayuda para pagar gastos médicos mediante (STATE NAME FOR MEDICAID)?
- ☐ asistencia de (STATE NAME FOR TANF)?
- ☐ beneficios de (STATE NAME FOR SNAP)?
- ☐ beneficios del Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños (WIC, por sus siglas en inglés)?

F8a. FOR SITES IN SEBTC STATES ONLY + USE STATE TERMINOLOGY FOR SEBTC, IF KNOWN: ¿Tiene una tarjeta electrónica de beneficios (EBT) del verano para usar específicamente en la compra de alimentos para sus hijos durante los meses del verano? Normalmente se le conoce como EBT del verano o Beneficios electrónicos durante el verano para niños (SEBTC).

- ☐ Sí
- ☐ No
- ☐ No sabe

F9. Por favor indique si usted o alguien de su hogar recibió ingresos en los últimos 12 meses de alguna de las siguientes fuentes:

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Sueldo, salarios, comisiones, bonos o propinas
- ☐ Ingresos de trabajos independientes o por su propia cuenta de negocios agrarios o no agrarios, incluyendo como propietario o en sociedades
- ☐ Intereses, dividendos, ingresos por rentas, ingresos por derechos de autor o ingresos de bienes raíces y fondos
- ☐ Seguro social o jubilación ferroviaria
- ☐ Ingreso de seguridad suplementario
- ☐ Asistencia pública o pagos de welfare de la oficina de asistencia pública o welfare local o estatal
- ☐ Pensiones de jubilación, para sobrevivientes o por discapacidad
- ☐ Otras fuentes de ingresos que recibe periódicamente como pagos de la VA, compensación por desempleo, pensión alimenticia o manutención infantil

F10. ¿Qué categoría describe mejor el total de ingresos de su hogar el año pasado, antes de impuestos u otras deducciones?

SELECCIONE SOLAMENTE UNA RESPUESTA

- ☐ Menos de $10,000
- ☐ De $10,000 a $19,999
- ☐ De $20,000 a $29,999
- ☐ De $30,000 a $39,999
- ☐ De $40,000 a $49,999
- ☐ De $50,000 a $59,999
- ☐ De $60,000 a $69,999
- ☐ $70,000 o más

F11. ¿Cuál de las siguientes opciones describe mejor la situación económica actual de su hogar?

- ☐ Muy cómoda y segura
- ☐ Podemos llegar a final de mes sin mucha dificultad
- ☐ De vez en cuando tenemos dificultad para llegar a fin de mes
- ☐ Es difícil llegar a fin de mes, pero logran mantenerse a flote
- ☐ No pueden llegar a fin de mes

F12. Tenemos la siguiente dirección en nuestros registros. ¿Es correcta?

NOMBRE: _____

DIRECCIÓN: _____

CIUDAD: _____

ESTADO: _____

CÓDIGO POSTAL: _____

- ☐ Sí. (Le enviaremos 10 dólares al nombre y la dirección que aparecen arriba.)
- ☐ No. (Infórmenos a dónde enviar los 10 dólares por esta encuesta).

NOMBRE: _____

DIRECCIÓN: _____

CIUDAD: _____

ESTADO: _____

CÓDIGO POSTAL: _____

F13. ¿Desea recibir?

☐ $10 en efectivo **O**
☐ 10 dólares en una tarjeta de regalo VISA

F14. Por favor denos su información de contacto.

☐ Acepto que me contacten para preguntas acerca de encuesta
☐ Acepto que me contacten para una entrevista telefónica de seguimiento en aproximadamente un mes, si quedo seleccionado. (La entrevista tomará aproximadamente una hora y recibirá 20 dólares como agradecimiento)

TELÉFONO DE SU CASA: _____

TELÉFONO CELULAR:_____

CORREO ELECTRÓNICO:_____

F15. Debido a que los números de teléfono y los correos electrónicos a veces cambian, por favor denos el nombre y la información de contacto de dos personas que siempre sepan cómo comunicarse con usted.

Persona de contacto # 1:_____

Teléfono de la persona de contacto # 1: _____

Persona de contacto # 2:_____

Teléfono de la persona de contacto # 2: _____

ESTIMADOS CUIDADORES POR FAVOR PÍDANLES A SUS NIÑOS O ADOLESCENTES QUE CONTESTEN.
EL RESTO DE ESTA ENCUESTA. SUS RESPUESTAS AYUDARÁN A MEJORAR EL PROGRAMA.

Si únicamente un niño en su hogar asistió o asiste al programa en <SITE NAME>, por favor pídale a este niño que conteste el resto de la encuesta de los alimentos del verano.

- Si ese niño tiene entre 5 y 12 años, ayúdele a contestar las páginas de color verde.
- Si ese niño tiene entre 13 y 18 años, pídale que conteste las páginas de color azul.

Si más de un niño en su hogar asistió o asiste al programa en <SITE NAME>, por favor pídale al niño que tuvo el cumpleaños más reciente que conteste el resto de la encuesta de los alimentos del verano.

- Si ese niño tiene entre 5 y 12 años, ayúdele a contestar las páginas de color verde.
- Si ese niño tiene entre 13 y 18 años, pídale que conteste las páginas de color azul.

Si su niño o adolescente no asistió ni asistirá al programa de alimentos del verano en <SITE NAME> este verano:

- Si tiene un niño de 12 años o menos, GRACIAS POR CONTESTAR ESTA ENCUESTA DEL ESTUDIO DE ALIMENTOS DEL VERANO.
- Si tiene un niño entre 13 y 18 años, pídale que conteste las páginas de color azul.

Child Survey

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Child Survey

Parents and guardians, please help your child complete this survey.

- We want to know what children your age think of the foods at <site name> at <address>.
- There are no right or wrong answers. Your answers will help make the program better.
- Use black or blue ink to answer.
- Mark your answers in the boxes like this: ☒
- If you want to change your answer, mark ■ and mark the right answer.

1. Are you a boy or a girl?

☐ Boy
☐ Girl

2. How old are you?

___ Years

3. Did you eat at <SITE NAME> this summer?

☐ Yes
☐ No

Please turn the page over to complete the survey

Tell us what you think about the food at <SITE NAME> this summer

4. Was the food delicious, okay, or terrible?

- ☐ Delicious
- ☐ Okay
- ☐ Terrible

5. Did you feel full after eating the food?

- ☐ Yes
- ☐ No
- ☐ Did not eat at the site.

6. Were there different kinds of foods to pick from?

- ☐ Yes
- ☐ No

7. Did the food look good?

- ☐ Yes
- ☐ No

8. Did the food smell good?

- ☐ Yes
- ☐ No

9. Did the food taste good?

- ☐ Yes
- ☐ No

10. What else did you like about the food at <SITE NAME> this summer?

_____

11. What else did you not like about the food at <SITE NAME> this summer?

_____

You are done. Thank you for helping us.

Número de control de la OMB: 0584-0635
Fecha de vencimiento: 02/28/2021

Encuesta del Programa de Alimentos del Verano para niños de 5 a 12 años

PADRES Y TUTORES, POR FAVOR
AYUDEN A SU HIJO A CONTESTAR ESTA ENCUESTA

- **Queremos saber lo que piensan los niños de tu edad acerca de las comidas en <site name> en <address>.**
- **No hay respuestas correctas ni incorrectas. Tus respuestas ayudarán a mejorar el programa.**
- **Usa un bolígrafo de tinta negra o azul para contestar.**
- **Marca tus respuestas en los recuadros de la siguiente manera: ☒**
- **Si quieres cambiar tu respuesta, tacha así ☒ y marca la respuesta correcta.**

1. ¿Eres niño o niña?

☐ Niño
☐ Niña

2. ¿Cuántos años tienes?

___ Años

3. Este verano, ¿comiste en <SITE NAME?

☐ Sí
☐ No

Pasa la página para completar la encuesta

Cuéntanos qué opinas de las comidas en <SITE NAME> este verano

4. ¿La comida era deliciosa, regular o muy mala?

- ☐ Deliciosa
- ☐ Regular
- ☐ Muy mala

5. ¿Te sentiste lleno después de comer las comidas?

- ☐ Sí
- ☐ No
- ☐ No comí en el centro.

6. ¿Había distintas clases de comida para elegir?

- ☐ Sí
- ☐ No

7. ¿Las comidas se veían ricas?

- ☐ Sí
- ☐ No

8. ¿Las comidas olían rico?

- ☐ Sí
- ☐ No

9. ¿Las comidas sabían rico?

- ☐ Sí
- ☐ No

10. ¿Qué otras cosas te gustaron de las comidas en <SITE NAME> este verano?

_____

11. ¿Qué otras cosas no te gustaron de las comidas en <SITE NAME> este verano?

_____

Ya terminaste. Gracias por ayudarnos.

Teen Survey

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Teen Survey

Instructions for completing the survey:

- We want your thoughts!
- We want to know what teenagers think of the foods at <SITE NAME> at <ADDRESS>.
- There are no right or wrong answers. Your answers will help make the program better.
- Use black or blue ink to answer.
- Mark your answers in the boxes with an X, like this: ☒
- If you want to change your answer, mark ☒ and mark the right answer with an X.
- Follow the GO TO QUESTION instructions when specified.

SECTION A.

TA1. Are you a boy or a girl?

☐ Boy
☐ Girl

TA2. How old are you?

___ Years

TA3. Have you ever gone to the summer meals program at <SITE NAME> at <ADDRESS>?

- ☐ Yes
- ☐ No ➔ **GO TO SECTION C on Page [Page number]**

TA4. How many summers did you go to the summer meals program at <SITE NAME>?

- ☐ 1 summer
- ☐ 2 summers
- ☐ 3 summers
- ☐ More than three summers
- ☐ Don't remember

TA5. When was the last time you went to the summer meals program at <SITE NAME>?

- ☐ This summer, 2018
- ☐ Last summer ➔ **GO TO SECTION C on Page [Page number]**
- ☐ 2 summers ago ➔ **GO TO SECTION C on Page [Page number]**
- ☐ More than 2 summers ago ➔ **GO TO SECTION C on Page [Page number]**
- ☐ Don't remember ➔ **GO TO SECTION C on Page [Page number]**

TA6. About how many days each week did you go to the summer meals program at <SITE NAME> this summer?

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 or more days

TA7. I go to the summer meals program at <SITE NAME> because …

SELECT ONE OR MORE

- ☐ My friends go here
- ☐ There are fun things to do
- ☐ My parents thought it would be good for me
- ☐ My school teacher thought it would be good for me
- ☐ I like the food offered at this program
- ☐ I like the people who work there
- ☐ I have nowhere else to go
- ☐ I can get my homework done
- ☐ Other (PLEASE SPECIFY): _____

TA8. Did you eat any meals or snacks at <SITE NAME> this summer?

- ☐ Yes
- ☐ No ➔ **GO TO SECTION B on Page [Page Number]**

TA9. About how many days each week did you eat a meal or snack served at <SITE NAME> this summer?

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 or more days

TA10. There are many food choices each day …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA11. There are many food choices during the week …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA12. The food tastes good …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA13. The food looks fresh …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA14. The food smells good …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA15. I enjoy eating meals here …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA16. There is enough food to make me feel full …

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Hardly ever
- ☐ Almost never

TA17. The people serving the food are friendly.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I don't know

TA18. I like eating at <SITE NAME> because …

SELECT ONE OR MORE

- ☐ The food is good
- ☐ I am hungry
- ☐ I like the different types of foods served
- ☐ I get to eat with my friends
- ☐ I get to try different foods
- ☐ My parents think the food is healthy
- ☐ I think the food is healthy
- ☐ Other (PLEASE SPECIFY): _____
- ☐ I do not like eating at this site

TA19. Overall, the food served is …

- ☐ Delicious
- ☐ Pretty good
- ☐ Okay
- ☐ Terrible

TA20. Would you tell your friends to attend the summer meals program at <SITE NAME> next year?

- ☐ Yes
- ☐ Maybe
- ☐ No

TA21. Would you like to attend the summer meals program at <SITE NAME> next year?

- ☐ Yes
- ☐ Maybe
- ☐ No

You are done. Thank you for your help.

SECTION B.

TB1. Why didn't you eat meals or snacks at <SITE NAME> this summer?

SELECT ONE OR MORE

- ☐ The food does not taste good
- ☐ The food does not look fresh
- ☐ I am not hungry
- ☐ I do not like the types of foods served
- ☐ The people serving the food are not friendly
- ☐ I do not get to eat with my friends
- ☐ My parents think the food is not healthy
- ☐ I think the food is not healthy
- ☐ The site is not safe
- ☐ I don't want to stay at the site to eat
- ☐ There is no shelter from heat or rain
- ☐ Other (PLEASE SPECIFY): _____

TB2. Would you tell your friends to attend the summer meals program at <SITE NAME> next year?

- ☐ Yes
- ☐ Maybe
- ☐ No

TB3. Would you like to attend the summer meals program at <SITE NAME> next year?

- ☐ Yes
- ☐ Maybe
- ☐ No

You are done. Thank you for your help.

SECTION C.

TC1. Why didn't you go to the summer meals program at <SITE NAME> this summer, 2018?

SELECT ONE OR MORE

- ☐ I did not know about the program
- ☐ I had a job this summer
- ☐ The program times did not fit my schedule
- ☐ It was not easy to get there
- ☐ I went to a different summer program
- ☐ I didn't like the activities there
- ☐ My friends didn't go there
- ☐ I didn't like the facility
- ☐ I didn't like the food
- ☐ I wanted to stay home
- ☐ The summer food program is for children and teens in need
- ☐ Other (PLEASE SPECIFY): _____

TC2. Would you like to attend the summer meals program at <SITE NAME> next year?

- ☐ Yes
- ☐ Maybe
- ☐ No

You are done. Thank you for your help.

Número de control de la OMB: 0584-0635
Fecha de vencimiento: 02/28/2021

Encuesta de Alimentos del Verano para jóvenes de 13 a 18 años

- **Queremos conocer su opinión.**
- **Queremos saber lo que piensan los adolescentes de las comidas en <SITE NAME> en <ADDRESS>.**
- **No hay respuestas correctas ni incorrectas. Tus respuestas nos ayudarán a mejorar el programa.**
- **Usa un bolígrafo de tinta negra o azul para contestar.**
- **Marca tus respuestas en los recuadros con una X, así: ☒**
- **Si deseas cambiar tu respuesta, tacha así y marca la respuesta correcta con una X.**
- **Sigue las instrucciones que dicen PASA A LA PREGUNTA donde se especifique.**

SECCIÓN A.

TA1. ¿Eres niño o niña?

☐ Niño
☐ Niña

TA2. ¿Cuántos años tienes?

___ Años

TA3. ¿Alguna vez has ido al programa de alimentos del verano en <SITE NAME> en <ADDRESS>?

☐ Sí
☐ No → **PASA A LA SECCIÓN C en la página**

TA4. ¿Cuántos veranos fuiste al programa de alimentos del verano en <SITE NAME>?

- ☐ 1 verano
- ☐ 2 veranos
- ☐ 3 veranos
- ☐ Más de tres veranos
- ☐ No recuerdo

TA5. ¿Cuándo fue la última vez que fuiste al programa de alimentos del verano en <SITE NAME>?

- ☐ Este verano, 2018
- ☐ El verano pasado ➔ **PASA A LASECCIÓN C en la página**
- ☐ Hace 2 veranos ➔ **PASA A LA SECCIÓN C en la página**
- ☐ Hace más de 2 veranos →**PASA A LA SECCIÓN C en la página**
- ☐ No recuerdo → **PASA A LA SECCIÓN C en la página**

TA6. ¿Aproximadamente cuántos días cada semana fuiste al programa de alimentos del verano en <SITE NAME> este verano?

- ☐ 1 día
- ☐ 2 días
- ☐ 3 días
- ☐ 4 días
- ☐ 5 o más días

TA7. Voy al programa de alimentos del verano en <SITE NAME> porque …

SELECCIONA UNA O MÁS RESPUESTAS

- ☐ Mis amigos van al programa
- ☐ Hay cosas divertidas que hacer
- ☐ Mis padres creen que el programa es bueno para mí
- ☐ Mi maestro escolar cree que el programa es bueno para mí
- ☐ Me gusta la comida que se ofrece en este programa
- ☐ Me agradan las personas que trabajan ahí
- ☐ No tengo otro lugar donde ir
- ☐ Puedo hacer mis tareas escolares
- ☐ Otro (Especifica):

Pasa la página para completar la encuesta

TA8. Este verano, ¿comiste alguna comida o refrigerio en <SITE NAME>?

- ☐ Sí
- ☐ No → **PASA A LA SECCIÓN B en la página**

TA9. Aproximadamente, ¿cuántos días cada semana comiste una comida o refrigerio que se sirvió en <SITE NAME> este verano?

- ☐ 1 día
- ☐ 2 días
- ☐ 3 días
- ☐ 4 días
- ☐ 5 o más días

TA10. Hay muchas opciones de comidas todos los días…

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA11. Hay varias opciones de comida durante la semana …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA12. La comida sabe rico …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

Pasa la página para completar la encuesta

TA13. La comida se ve fresca …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA14. La comida huele rico …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA15. Me gusta comer en este lugar …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA16. Hay suficiente comida para hacerme sentir lleno …

- ☐ Todo el tiempo
- ☐ La mayor parte del tiempo
- ☐ Parte del tiempo
- ☐ Rara vez
- ☐ Casi nunca

TA17. Las personas que sirven las comidas son amigables.

- ☐ Muy de acuerdo
- ☐ De acuerdo
- ☐ En desacuerdo
- ☐ Muy en desacuerdo
- ☐ No sé

Pasa la página para completar la encuesta

TA18. Me gusta comer en <SITE NAME> porque…

SELECCIONA UNA O MÁS RESPUESTAS

- ☐ La comida es buena
- ☐ Tengo hambre
- ☐ Me gustan los distintos tipos de comidas que se sirven
- ☐ Puedo comer con mis amigos
- ☐ Tengo la oportunidad de probar distintas comidas
- ☐ Mis padres piensan que la comida es saludable
- ☐ Yo pienso que la comida es saludable
- ☐ Otro (ESPECIFIQUE): _____
- ☐ No me gusta comer en este lugar

TA19. En general, la comida que sirven es…

- ☐ Deliciosa
- ☐ Muy buena
- ☐ Regular
- ☐ Muy mala

TA20. ¿Les dirías a tus amigos que asistan al programa de alimentos del verano en <SITE NAME> el próximo año?

- ☐ Sí
- ☐ Tal vez
- ☐ No

TA21. ¿Te gustaría asistir al programa de alimentos del verano en <SITE NAME> el próximo año?

- ☐ Sí
- ☐ Tal vez
- ☐ No

Ya terminaste. Gracias por tu ayuda.

SECCIÓN B.

TB1. ¿Por qué no comiste comidas o refrigerios en <SITE NAME> este verano?

SELECCIONA UNA O MÁS RESPUESTAS

- ☐ La comida no sabe bien
- ☐ La comida no se ve fresca
- ☐ No tengo hambre
- ☐ No me gustan los tipos de comidas que se sirven
- ☐ Las personas que sirven las comidas no son amigables
- ☐ No puedo comer con mis amigos
- ☐ Mis padres piensan que la comida no es saludable
- ☐ Pienso que la comida no es saludable
- ☐ El centro no es seguro
- ☐ No quiero quedarme a comer en el centro
- ☐ No hay refugio del calor ni de la lluvia
- ☐ Otro (ESPECIFIQUE): _____

TB2. ¿Les dirías a tus amigos que asistan al programa de alimentos del verano en <SITE NAME> el próximo año?

- ☐ Sí
- ☐ Tal vez
- ☐ No

TB3. ¿Te gustaría asistir al programa de alimentos del verano en <SITE NAME> el próximo año?

- ☐ Sí
- ☐ Tal vez
- ☐ No

Ya terminaste. Le agradecemos su colaboración.

SECCIÓN C.

TC1. ¿Por qué no asististe al programa de alimentos del verano en <SITE NAME> <u>este verano del 2018</u>?

SELECCIONA UNA O MÁS RESPUESTAS

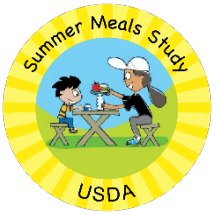
- ☐ No sabía del programa
- ☐ Tenía un trabajo este verano
- ☐ El horario del programa no se ajusta a mi horario
- ☐ No era fácil llegar al programa
- ☐ Fui a otro programa de verano
- ☐ No me gustaron las actividades del programa
- ☐ Mis amigos no fueron al programa
- ☐ No me gustó el centro
- ☐ No me gustó la comida
- ☐ Quería quedarme en casa
- ☐ El programa de alimentos del verano es para niños y adolescentes necesitados
- ☐ Otro (ESPECIFICA): _____

TC2. ¿Te <u>gustaría</u> asistir al programa de alimentos del verano en <SITE NAME> el <u>próximo año</u>?

- ☐ Sí
- ☐ Tal vez
- ☐ No

Ya terminaste. Gracias por tu ayuda.

Participant Caregiver Discussion Guide



OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Participant Caregiver Discussion Guide

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME:_____ INTERVIEW END TIME: _____

INTERVIEWER ID:_____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

Hello, I am [NAME] from Westat, May I speak with [NAME]?

IF needed: I am calling because [NAME] recently completed a survey about the summer meals program and said [she/he] was interested in taking part in a follow-up telephone interview.

INTERVIEWER: If you are not talking with the person who completed the quantitative survey, check that the named person above is a household member and attempt to schedule an alternative interview time with that person.

IF RESPONDENT IS NOT AVAILABLE:

No problem. What would be a good time for us to call back to conduct the telephone interview?
[Take details – date/time, best phone number]

Thank you. We will call on [DATE] at [TIME].

IF RESPONDENT IS AVAILABLE:

You recently completed a survey about the Summer Meals Program.

Thank you for completing the survey and agreeing to take part in a telephone interview. Is now a good time to conduct this telephone interview?

I would like to ask you some questions about the Summer Meals program, which provides free meals to children ages 18 years and younger during the summer when school is out. Your answers will help us understand how to reach and serve families with children.

Your participation in this interview is voluntary. The information you provide will be kept private and will not be shared with anyone outside of the research team, except as otherwise required by law. You have the right to stop at any time or skip questions. Whether you decide to participate or not will not affect any government benefits or services you receive – either now or in the future.

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1999, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private. See https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf)

The interview will take about 1 hour and you will receive $20 as a thank you for participating.

Do you agree to participate?

- ☐ YES
- ☐ NO → ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

Thank you. With your permission, I would also like to record this discussion. The recording will be transcribed so that we can recall exactly what was said and correctly summarize the information you provide. The recordings, transcripts, and any notes we have will be stored on Westat's secure server and will be destroyed after the project is complete.

Do I have your permission to record this discussion?

- ☐ YES
- ☐ NO – clarify if willing to continue without recording but OK with note taking. Otherwise end interview and document as refusal.

IF NO PERMISSION TO RECORD BUT OKAY WITH NOTE TAKING: ADDRESS ISSUES/CONCERNS ABOUT STUDY and TAKE NOTES DURING INTERVIEW.

IF YES: TURN ON RECORDER AND AGAIN ASK FOR VERBAL PERMISSION TO RECORD. Then begin interview.

SECTION A. CHILD VERIFICATION AND BACKGROUND

Our records indicate that your child or children went to the summer meals program at <SITE NAME> <ADDRESS> this summer. We would like to ask you about the program at <SITE NAME> and your child's experiences.

A1. **May I ask for the first name of one of your children who went to the summer meals program at <SITE NAME> <ADDRESS> this summer? I only ask for first name to help refer to your child during our discussion today. You can give me her or his initials or nicknames if you want.**
(**INTERVIEWER:** If parent asks for help in selecting a child, suggest he/she choose the child who had the most recent birthday)

Name of child _____

INTERVIEWER: If respondent wishes not to provide child's name, refer to 'your child' throughout the discussion.

A2. **[DO NOT ASK FOR CAREGIVERS INTERVIEWED AFTER SUMMER]**
Is [CHILD] still going to the program at <SITE NAME>?

a. **[IF YES] For how many more weeks will [CHILD] be going to the program at <SITE NAME>?**

ENTER NUMBER. OF WEEKS _____ → GO TO B3

b. **[IF NO] When did your child stop going to the program at <SITE NAME>?**

ENTER END DATE: ___/___/2018
MM/DD

SECTION B. FINDING AND SELECTING SUMMER MEAL PROGRAMS FOR YOUR CHILD

B1. **How do you find out about summer programs for your child? Summer programs usually offer education and/or activities. These programs may also provide children meals and/or snacks.**

PROBE: ask friends/family, school teachers or administrators, neighbors, local church, internet search, or some other way?

B2. **When do you usually start planning for summer programs for your children? Again, summer programs usually offer education and/or activities. These programs may also provide children meals and/or snacks.**

PROBE: Do you start planning when school is still in session or do you plan after summer begins?

B3. During what time period did you receive information about the summer meals program at <SITE NAME>?

a. How did you get information about the summer meals program at <SITE NAME>?

PROBE IF NEEDED:
School, friends, family, neighbors, church, television or radio ads, the Internet or social media

B4. What is important to you when you pick what summer program your child should go to?

PROBE IF NEEDED:
Accessibility, activities, security/safety, food quality, food variety, hours of operation

B5. And what made you choose the program at <SITE NAME> for your child this summer?

a. What was the most important reason you decided to send [CHILD] to <SITE NAME>? Why was that the most important to you?

PROBE IF NEEDED: Number of weeks the site is open, number of days each week the site is open, hours of operation, site location (safety and distance), staff, transportation, site activities, meal service.

B6. IF NOT DISCUSSED: How important was it for you to send your child to a summer program that offered free meals and snacks?

B7. What information did you receive about the program at <SITE NAME? and how did you receive it?

a. Were those materials sent by mail, email, or some other means?
b. What information on the program did the materials include?
c. In the future, what other information could the program provide to help you decide whether or not to enroll your child?

B8. How involved was [CHILD] in making the decision to go to the program at <SITE NAME>?

SECTION C. EXPERIENCE WITH PROGRAM MEALS

C1. What has [CHILD] told you about what s/he {does/did} at the program at <SITE NAME>?

PROBE IF NEEDED:
Does/did the child talk about

- Meals (quality/amount/ nutritional value of food, anything else about the food)
- Activities provided
- Types of activities offered

a. Was your child happy to be going to the program at <SITE NAME>? Why or why not?

C2. **Are there any foods or meals that [CHILD] {does/did} not like to eat at <SITE NAME>?**

What is it about the [TYPE OF FOOD MENTIONED] that your child does not like?

C3. **What foods or meals {does/did} [CHILD] like to eat at <SITE NAME>, if any?**

What is it about the [TYPE OF FOOD MENTIONED] that your child likes, if anything?

PROBE IF NEEDED:

- **Did your child like to eat at the program instead of home? Why (home alone, cold vs. hot meals at site, eat with friends, etc.)?**

C4. **What {do/did} you think about the food offered at <SITE NAME>?**

PROBE: Quality, variety of foods, food choices, nutritional value of food

C5. **During the school year, does [CHILD] eat school lunches or breakfasts at school?**
PROBE: Does your child buy school meals?

C6. **IF yes? How, if at all, do the foods [CHILD] eats during the summer differ from the foods s/he eats during the school year?**

PROBES IF NEEDED:
Would you say [CHILD] eats healthier foods during the school year or during the summer?

When you think about the nutritional value of the meals served at school during the school year, are the meals served in the summer program at <SITE NAME>, the same or not the same?" Why/why not?

C7. **What, if anything, would you suggest changing about the food or meals at <SITE NAME>?**

SECTION D. IMPACT OF SUMMER MEALS PROGRAM ON FOOD EXPENSES

D1. **During the school year, did your child(ren) get the free or reduced price school lunches or breakfasts? [DO NOT ASK IF ANSWERED IN RESPONSE TO C5]**

D2. **Do you spend more money on food in the summer, when your children are home and don't get breakfasts and lunches at school?**

a. **How {do/did} the meals provided by the summer program at <SITE NAME> affect your food budget or expenses in the summer?**
b. **Do you adjust your grocery shopping during the summer months at all? If so, how?**
c. **Do you buy different types or amounts of food during the summer months at all? If so, how?**

PROBE IF NEEDED:
borrow money, change types of foods purchased (e.g. less canned and more canned, etc.)

SKIP SECTION E IF ANSWER TO SURVEY QUESTION B17 = "WENT TO OR WILL GO TO THE PROGRAM AS OFTEN AS YOU DESIRED"

SECTION E. REASONS FOR NOT GOING TO THE SITE MORE OFTEN

E1. You indicated in the survey you completed that [CHILD] went to the program at <SITE NAME> less often than you would have wanted. Can you tell me more about that?

E2. What {prevents/prevented} [CHILD] from going more often?

PROBE IF NEEDED:
Site opening times, site location, parent is working, child is working, temperature/rain – does not go when it is very hot or raining as there is no shelter from heat or rain.

E3. What could the program at <SITE NAME> {do/have done} to help or encourage [CHILD} to go more often?

PROBE IF NEEDED:
Transportation issues; free transportation provided by site. More site staff, improve site security, provide more activities, provide different activities etc.

SECTION F. SATISFACTION WITH THE PROGRAM AT <SITE NAME>

F1. Overall, how satisfied or dissatisfied {are/were} you with the program at <SITE NAME> this summer? Can you tell me more about why that {is/was}?

a. What parts of the program, if any, were you most happy with?

b. What parts of the program, if any, were you least happy with?

c. As you know, children have to stay at <SITE NAME> to eat the meals and snacks. How does your child feel about staying at <SITE NAME> to eat the meals and snacks there?

PROBES:
How does the requirement to eat the meal at <SITE NAME> affect your child's decision to go to there?
How would allowing your child to bring the meals and snacks home affect your decision to send your child to <SITE NAME>?

F2. You indicated in the survey you completed that you would be [_____ likely] to recommend the program to other families with children. Tell me more about why you you would be [____likely] to recommend the program.

F3. You also indicated in the survey that next summer you {plan/don't plan} to send [CHILD] to a summer program that offers free meals. What are the main reasons you {will/will not} send [CHILD] next summer?

PROBE IF NEEDED:
Transportation issues; free transportation provided by site. More site staff, improve site security, provide more activities, provide different activities etc.

F4. (***For those caregivers who said they would like to send their child to a program that offers free meals next summer)*** **What would be the best way for summer meal programs to send you information in the future?**
[Probe to understand the timing, form (letter, ad, web site, etc.) and source (school, church, etc.)]

SECTION G. FAMILY PARTICIPATION IN OTHER SUMMER PROGRAMS OFFERING FREE MEALS

G1. **Besides the summer meals program at <SITE NAME> are there other programs that also offer free meals to children 18 years of age and under. These programs may offer education or activities along with free meals or they may just offer free meals. Can you tell me of any such programs in your area?**

PROBE AWARENESS OF NEAREST PROGRAM, IF ANY.

G2. **{Does/did} [CHILD] or any other children in your household participate in other summer programs that offer free meals this summer? Which children? Which programs?**

PROBE IF NEEDED:
At a school – is this the school that the child goes to during the school year or a different school? At a daycare – is this the daycare that the child goes to during the school year?

G3. ***(If children participated in other summer programs offering free meals)*** **What factors determined your children's participation in other summer programs offering free meals? (the weeks they were offered, other scheduling factors, meals offered, adult meals offered at some sites, etc.)**

SECTION H. WRAP UP

H1. **Do you have anything else you want to tell me about summer meals programs?**

Thank you so much for your time and thoughtful responses. Those are all the questions I have for you.

Do you have any questions for me?

TURN OFF RECORDER

We have the following address on file, is this still correct?

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

☐ **Yes. (We will send $20 to the name and address above.)**
☐ **No. (Please let us know where to send $20 for this interview).**

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Our records indicate you elected to receive the incentive for completing the survey in [cash/Visa gift card]. Is that still your preferred form of payment?

☐ **Yes**
☐ **No – change to** _____

Thank you again for participating in the Summer Meals Study. We appreciate your input. I want to repeat that everything you have told me will remain private.

Nonparticipant Caregiver Discussion Guide

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Nonparticipant Caregiver Discussion Guide

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME:_____ INTERVIEW END TIME: _____

INTERVIEWER ID:_____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

Hello, I am [NAME] from Westat, may I speak with [NAME]?

IF needed: I am calling because [NAME] completed a survey about the summer meals program on [DATE], and said [she/he] was interested in taking part in a follow-up telephone interview.

INTERVIEWER: If you are not talking with the person who completed the quantitative survey, check that the named person above is a household member and attempt to schedule an alternative interview time with that person.

IF RESPONDENT IS NOT AVAILABLE:

No problem. What would be a good time for us to call back to conduct the telephone interview? ***[Take details – date/time, best phone number]***

Thank you. We will call on [DATE] at [TIME].

IF RESPONDENT IS AVAILABLE:

You recently completed a survey about the Summer Meals Program.

Thank you for completing the survey and agreeing to take part in a telephone interview. Is now a good time to conduct this telephone interview?

I would like to ask you some questions about the Summer Meals program, which provides free meals to children ages 18 years and younger during the summer when school is out. As you may know, the summer meal program at <SITE NAME> at <ADDRESS>is open to all children in your area. Your answers will help us understand why some families do not send their children to the summer meals program and understand ways to reach and serve families with children.

Your participation in this interview is voluntary. The information you provide will be kept private and will not be shared with anyone outside of the research team, except as otherwise required by

law. You have the right to stop at any time or skip questions. Whether you decide to participate or not will not affect any government benefits or services you receive – either now or in the future.

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1999, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private. See https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf)

The interview will take about 1 hour and you will receive $20 as a thank you for participating.

Do you agree to participate?

- ☐ YES
- ☐ NO → ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

Do you have any questions before we begin?

INTERVIEWER: ANSWER QUESTIONS ABOUT WESTAT/STUDY/TOLL-FREE NUMBER, ETC. AS NEEDED.

Thank you. With your permission, I would also like to record this discussion. The recording will be transcribed so that we can recall exactly what was said and correctly summarize the information you provide. The recordings, transcripts, and any notes we have will be stored on Westat's secure server and will be destroyed after the project is complete.

Do I have your permission to record this discussion?

- ☐ YES
- ☐ NO – clarify if willing to continue without recording but OK with note taking. Otherwise end interview and document as refusal.

IF NO PERMISSION TO RECORD BUT OKAY WITH NOTE TAKING: ADDRESS ISSUES/CONCERNS ABOUT STUDY and TAKE NOTES DURING INTERVIEW.

IF YES: TURN ON RECORDER AND AGAIN ASK FOR VERBAL PERMISSION TO RECORD. Then begin interview.

SECTION A. WARM UP

A1. To start, can you tell me how the child(ren) in your household spent their summer this year?

PROBE:
Do they stay at home, spend it with relatives, go to summer camps or programs, or some other arrangement?

A2. When in the year did you start planning how your child(ren) will spend their summer?

SECTION B. FOR THOSE WHOSE CHILDREN WENT TO ANY SUMMER PROGRAM THIS SUMMER

B1. Which summer program(s) did your child(ren) go to, this year? Summer programs usually offer education and/or activities. These programs may also serve children meals and/or snacks.

Ask for each program mentioned:

B2. What type of program is that?

PROBE IF NEEDED:
Summer camp, arts and crafts, performing arts, organized games or sports, supervised child care, religious activities, cooking, counseling, therapy, etc.

B3. Have you sent your child(ren) there in the past?

[If yes]

a. For how many summers?
b. What did you like about the program that made you decide to send your child there again this year?

B4. [SKIP IF ANSWERED 'YES' TO B3] Why did you select that program for your child(ren)?

a. Did you talk with anyone else to learn more about the program or people's experiences with it (e.g. friends, neighbors, family, program staff)?

B5. How did you first hear about this program?

a. Did you get any informational materials on the program that helped you make your decision to send your child(ren) to the program?

[If yes]

i. What information in those materials influenced your decision?
ii. When did you receive that information?
[Note: probe to understand if it was before/after program started, and how long before/after.]

B6. **Does the program offer meals and snacks to your child(ren)?**
IF YES:

a. **Are meals and snacks free, is the cost of meals included in the program fee, or do you pay separately for it? Can children purchase meals on some days?**

b. **Did you want programs that served meals and/or snacks? Why/why not?**

c. **How do the meals provided by the summer program(s) affect your food budget or expenses in the summer?**

d. **Do you consider the meals served in the summer meals program to be as healthy as the meals provided by your child's school (through the national school lunch program)? Why/why not?**

SECTION C. CHANGES IN FOOD EXPENSES AND FOOD CHILDREN EAT DURING SUMMER MONTHS

C1. **During the school year, did your child(ren) get the free or reduced price school lunches or breakfasts?**

C2. **Do you spend more money on food in the summer, when your children are home and don't get breakfasts and lunches at school?**

PROBES:

a. **Do you adjust your grocery shopping during the summer months at all? If so, how?**
b. **Do you buy different types or amounts of food during the summer months at all? If so, how?**

PROBE IF NEEDED:
borrow money, change types of foods purchased (e.g. less canned and more canned, etc.)

C3. **How, if at all, do the foods your child(ren) eat during the summer differ from the foods they eat during the school year?**

a. **Would you say your child(ren) eats healthier foods in the school year or during the summer? Can you tell me why you consider <school year or summer meals> to be healthier?**

SECTION D. AWARENESS OF SUMMER MEALS PROGRAMS AND PAST PARTICIPATION RECOMMENDATIONS FOR FUTURE OUTREACH/PROGRAM INFORMATION

D1. **Before taking part in this study, had you heard of the summer meals program at <SITE NAME> <ADDRESS>?**

IF YES:

a. **Do you remember when you first heard of the summer meals program and what you heard about it?**
b. **Did you consider sending your child(ren) to that summer meals program this summer? Why/Why not?**

IF NO

c. **Would you have considered sending your child(ren) to the summer program at <SITE NAME> if you had known that it offered free meals and snacks to children who go there? Why/Why not?**

PROBE IF NEEDED:
Transportation issues; free transportation provided by site. More site staff, improve site security, provide more activities, provide different activities etc.

SKIP D2 IF CAREGIVER RESPONSE TO SURVEY QUESTION *C1* WAS NO.

D2. **In your survey response you indicated that in past summers at least one of your children went to a summer program that offered education and/or activities with free meals and snacks or a program that offered only free meals.**

a. **How long ago was that? For how many summers?**

b. **Why did your child(ren) stop going to that summer program?**

PROBE: site opening times, site location, parent is working, child is working, temperature/rain – does not go when it is very hot or raining as there is no shelter from heat or rain.

c. **Is there anything that your child(ren) liked or disliked about going to that program?**

D3. **Besides the summer meals program at <SITE NAME> [and the program described in D3 if relevant] are there other programs near where you live that also offer free meals to children 18 years of age and under. These programs may offer education or activities along with free meals or they may just offer free meals. Can you tell me of any such programs in your area?**

PROBE AWARENESS OF NEAREST PROGRAM, IF ANY, AND WHY THEIR CHILDREN DID OR DID NOT PARTICIPATE IN THEM.

SECTION E. FINDING AND SELECTING SUMMER PROGRAMS FOR YOUR CHILD

E1. **What is important to you when you pick which summer program your child should go to?**

PROBE IF NEEDED:
Accessibility, activities, security/safety, food quality, food variety, hours of operation

E2. **Where do you look to find information on summer programs in your area that offer free meals and snacks to children?**

PROBE IF NEEDED:
Social media, schools, churches or community groups, advertisements, etc.

E3. **What would be the best way for summer meal programs to send you information in the future?**
[Probe to understand the timing, form (letter, ad, web site, etc.) and source (school, church, etc.)]

E4. **What information, if any, about the summer food program would be useful for you to make a decision on sending your child there?**

E5. **When is the best time in the year for summer programs to advertise? Please explain.**

Would you like to receive information about a program once or many times?

SECTION F. WRAP UP

F1. **Do you have anything else you want to tell me about summer meals programs?**

Thank you so much for your time and thoughtful responses. Those are all the questions I have for you.

Do you have any questions for me?

TURN OFF RECORDER

We have the following address on file, is this still correct?

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

☐ **Yes. (We will send $20 to the name and address above.)**
☐ **No. (Please let us know where to send $20 for this interview).**

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Our records indicate you elected to receive the incentive for completing the survey in [cash/Visa gift card]. Is that still your preferred form of payment?

☐ **Yes**
☐ **No – change to** _____

Thank you again for participating in the Summer Meals Study. We appreciate your input. I want to repeat that everything you have told me will remain private.

Site Survey

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Site 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 2018?

|___| Number of weeks

A3. On which day(s) of the week does <SITE NAME> typically operate the summer meals program this summer 2018?

SELECT ONE OR MORE.

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

A4. During this summer 2018, what is the normal daily starting time (when children first begin arriving) at <SITE NAME>?

Please provide the earliest start time for <u>any activity</u> provided, not just for meals.

|___|___| : |___|___| AM/PM

A5. During this summer 2018, what is the normal daily closing time (when children leave) at <SITE NAME>?

|___|___| : |___|___| AM/PM

A6. Which children can go to the summer meals program at <SITE NAME> this summer 2018?

SELECT ONLY ONE.

- ☐ All children and teens ages 18 and under in the area surrounding the site ➔ **GO TO QUESTION A7.**
- ☐ Only children and/or teens who are enrolled in the program at <SITE NAME> ➔ **GO TO QUESTION A6a.**
- ☐ Other (PLEASE SPECIFY_____) ➔ **GO TO QUESTION A7.**

A6a. Which of the following best describes who may enroll in the program at <SITE NAME> ?

SELECT ONE OR MORE.

- ☐ Any child or teen 18 years of age or under
- ☐ Only children and/or teens of a certain age group
- ☐ Only children and/or teens who are interested in the activity or activities at <SITE NAME>
- ☐ Other (PLEASE SPECIFY_____)

A7. What is the average number of children and teens 18 years of age or under at <SITE NAME> each day?

This includes both children/teens who receive a summer meal or snack and those who do not. Your best estimate is fine.

|___| Average number of children/teens each day

SECTION B. SITE SERVICES

B1. Does <SITE NAME> operate only to provide free meals to children in the summer?

- ☐ Yes
- ☐ No

B2. How often are activities offered for children at <SITE NAME> this summer?

SELECT ONLY ONE.

- ☐ Every day the site is open
- ☐ Most days the site is open
- ☐ A few times over the summer
- ☐ Other (PLEASE SPECIFY):_____
- ☐ <SITE NAME> does not offer activities for children ➔ GO TO QUESTION B4

B3. Which of the following activities are offered anytime at <SITE NAME> this summer?

SELECT ONE OR MORE.

- ☐ Arts and crafts
- ☐ Performing arts
- ☐ Educational/instructional activities
- ☐ Sports
- ☐ 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. Does <SITE NAME> provide transportation for children to get to and from <SITE NAME>?

SELECT ONLY ONE.

- ☐ Yes ➔ **GO TO QUESTION B5**
- ☐ No, transportation is not provided ➔ **GO TO SECTION C**
- ☐ No, transportation is not <u>needed</u> for <SITE NAME> ➔ **GO TO QUESTION B4a**

B4a. Why is transporation not needed for <SITE NAME>?

- ☐ Children live near the site ➔ **GO TO SECTION C**
- ☐ Other (PLEASE SPECIFY)_____ ➔ **GO TO SECTION C**

B5. Transportation for <SITE NAME> is…

SELECT ONLY ONE.

- ☐ Free
- ☐ Provided for a separate fee
- ☐ Included in the program fee
- ☐ Provided through a voucher for public transportation

B6. Does <SITE NAME> provide transportation for …?

SELECT ONLY ONE.

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

B7. 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)
- ☐ School Bus
- ☐ Other (PLEASE SPECIFY):_____

B8. On a typical day, how many children use transportation provided by <SITE NAME>, not including field trips?

SELECT ONLY ONE.

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

SECTION C. SUMMER MEALS

C1. On which date did <SITE NAME> first begin serving meals for the summer meals program this summer 2018? Your best estimate is fine.

|___|___| / |___|___| MONTH/DAY

- ☐ Don't know/Not sure

C2. On which date did <SITE NAME> stop serving meals for the summer meals program this summer 2018? If meals are still being served, please enter the date on which you expect to stop serving meals this summer 2018.

Your best estimate is fine.

|___|___| / |___|___| MONTH/DAY

- ☐ Don't know/Not sure

C3. What is the setting for <SITE NAME> during this summer 2018?

SELECT ONLY ONE.

- ☐ School
- ☐ Church or other religious organization
- ☐ Library
- ☐ Playground/park
- ☐ Recreation center or community center
- ☐ Public housing project
- ☐ Mobile feeding site/food truck
- ☐ Homeless shelter
- ☐ Day Camp
- ☐ Residential 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> during this summer 2018 and days of the weeks they are typically served.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Not served
Breakfast	☐	☐	☐	☐	☐	☐	☐	☐
Morning Snack	☐	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐	☐
Afternoon Snack	☐	☐	☐	☐	☐	☐	☐	☐
Supper	☐	☐	☐	☐	☐	☐	☐	☐
Evening Snack	☐	☐	☐	☐	☐	☐	☐	☐

C5. On a typical day, what <u>time</u> does <SITE NAME> serve the following meals: Please enter the start time and end time.

Your best estimate is fine.

Breakfast

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

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

- ☐ Not served

Morning Snack

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

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

☐ Not served

Lunch

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

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

☐ Not served

Afternoon Snack

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

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

☐ Not served

Supper

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

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

☐ Not served

Evening Snack

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

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

☐ Not served

C6. During this summer 2018, does <SITE NAME> follow the same meal service schedule every week?

☐ Yes
☐ No

C7. On average across this summer 2018, how many meals and/or snacks are served to children each day and how long are children given to eat meals and snacks? Your best estimate is fine.

	Average number of meals/snacks served **each day**				
	Total	Children 12 or younger	Children 13 to 18 years of age	Length of time (minutes) given to eat meal/snack	Not Served
Breakfast		_____	_____	_____	☐
Morning Snack		_____	_____	_____	☐
Lunch		_____	_____	_____	☐
Afternoon Snack		_____	_____	_____	☐
Supper		_____	_____	_____	☐
Evening Snack		_____	_____	_____	☐

SECTION D: CHILDREN SERVED

D1. On a typical day, about what percentage of the summer meals and snacks are served to. . .

Your best estimate is fine.

… Preschoolers?	_____%	☐ Do not serve this age group
… Elementary age children (grades K-5)?	_____%	☐ Do not serve this age group
… Middle school or junior high age children (grades 6-8)?	_____%	☐ Do not serve this age group
… High school age children (grades 9-12)?	_____%	☐ Do not serve this age group

D2. On a typical day, about what percentage of summer meals and snacks are served by <SITE NAME> to…

Your best estimate is fine.

…Girls? _____ %
…Boys? _____ %

D3. On a typical day, about what percentage of children served summer meals and snacks at <SITE NAME> are …

Your best estimate is fine.

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

SECTION E. MEAL SERVICE

E1. What type of meal service system does <SITE NAME> use for summer meals?

SELECT ONLY ONE.

- ☐ Cafeteria-style meal service (site workers put food on plates for children or children serve themselves such as a salad bar)
- ☐ Pre-plated/pre-packaged 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. How do you change portion sizes for children of different age groups at <SITE NAME>?

SELECT ONE OR MORE

- ☐ Pre-plated/pre-packaged meals sized for different age groups
- ☐ Different serving utensils to change portion sizes
- ☐ Other (*Please specify*)_____
- ☐ We do not change portion sizes for different age groups

E3. For which of the following meals does <SITE NAME> use "offer versus serve"?

"Offer versus serve" allows children to decline some of the food offered in a reimbursable breakfast, lunch, or supper (excluding snacks).

SELECT ONE OR MORE.

- ☐ Breakfast
- ☐ Lunch
- ☐ Supper
- ☐ We do not use "offer versus serve" for any meals

E4. Where are meals and/or snacks typically served?

SELECT ONLY ONE.

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

E5. Do you have any challenges with serving meals in a congregate setting at <SITE NAME>? By congregate we mean children must stay at the site to eat their meal.

- ☐ Yes
- ☐ No → **GO TO QUESTION E7**

E6. To what extent are each of the following factors a challenge or not a challenge in serving meals in a congregate setting at <SITE NAME>? By congregate we mean children must stay at the site to eat their meal.

	Not a challenge	Somewhat of a challenge	Challenge	Significant challenge	Not sure
Space for children to eat together	☐	☐	☐	☐	☐
Shelter from the rain/heat	☐	☐	☐	☐	☐
Attracting children to eat a meal onsite	☐	☐	☐	☐	☐
Not offering meals to adults who are with children at <SITE NAME>	☐	☐	☐	☐	☐
Safety of children while at <SITE NAME>	☐	☐	☐	☐	☐
Other, please specify:					

E7. How often are hot meals served each week?

A meal is considered a hot meal if at least one component (such as the entrée) is served heated.

- ☐ Every day the site is open
- ☐ Some days
- ☐ Never

E8. What role do the staff at <SITE NAME> have in menu planning?

SELECT ONLY ONE.

- ☐ Site staff plan menus and submit to sponsor for review
- ☐ Site staff do not plan menus but provide suggestions to the sponsor and/or meal vendor on suggested menus
- ☐ Site staff do not have a role in menu planning
- ☐ Other (PLEASE SPECIFY):_____

E9. Which of the following food safety procedures do staff at <SITE NAME> follow?

SELECT ONE OR MORE.

Staff who handle summer meals…

- ☐ 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 check cooking temperatures
- ☐ Always use thermometers to check food holding temperatures
- ☐ Dispose of meals or foods that fail a quality check
- ☐ Other (PLEASE SPECIFY):_____

E10. Does <SITE NAME> have a written Food Safety Plan for summer meals?

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

E11. Does <SITE NAME> have guidelines for accommodating children with food allergies or other special dietary needs?

- ☐ Yes
- ☐ No ➔ **GO TO SECTION F**
- ☐ Don't know ➔ **GO TO SECTION F**

E12. What guidelines does <SITE NAME> use for accommodating 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
- ☐ 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 F. OTHER FOODS OFFERED

F1. Can adults receive summer meals at <SITE NAME>?

SELECT ONLY ONE.

- ☐ Yes, and adults must pay for them
- ☐ Yes, and the adult meals are free
- ☐ No, adult meals are not served at the site

F2. Are a la carte foods sold to children at <SITE NAME>?

A la carte foods are foods or beverages that are sold separately from the summer meal or snack, such as in a vending machine or a snack bar.

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION F5**

F3. Where are a la carte foods sold to children at <SITE NAME>?

SELECT ONE OR MORE.

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

F4. What types of a la carte foods are sold to children?

SELECT ONE OR MORE.

- ☐ Prepared entrees (e.g., sandwich, pizza, 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):_____

F5. Are extra foods provided <u>free</u> to children in addition to the summer meal?

Extra foods are <u>not a required part of meal</u> but they are served at the same time as the meal to provide larger portions.

- ☐ Yes
- ☐ No → GO TO SECTION G

F6. What types of extra foods are provided free to children?

SELECT ONE OR MORE.

- ☐ Prepared entrees (e.g., sandwich, pizza, 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):_____

SECTION G: SITE EQUIPMENT AND STORAGE FACILITIES

G1. Which of the following cooking equipment does <SITE NAME> have?

This equipment could be available to prepare summer meals, if needed.

SELECT ONE OR MORE.

- ☐ Household Range with oven
- ☐ Commercial Range with oven
- ☐ Household 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 does <SITE NAME> have?

This equipment could be available for summer meals, if needed.

SELECT ONE OR MORE.

- ☐ Household freezer or domestic refrigerator/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 does <SITE NAME> have?

This equipment could be available for summer meals, if needed.

SELECT ONE OR MORE.

- ☐ Household refrigerator or domestic refrigerator/freezer
- ☐ 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?

This storage could be available for summer meals, if needed.

SELECT ONLY ONE.

- ☐ Yes
- ☐ No

SECTION H. SCHOOL YEAR MEALS

H1. Which of the following meals or snacks does <SITE NAME> provide to children at times other than summer?

SELECT ONE OR MORE.

- ☐ Breakfast
- ☐ Morning Snack
- ☐ Lunch
- ☐ Afterschool Snack
- ☐ Afterschool Supper
- ☐ None ➔ GO TO SECTION I

H2. What money helps pay for the meals or snacks you serve at times other than summer?

SELECT ONE OR MORE.

- ☐ Federal funding (e.g., Child and Adult Care Food Program, National School Lunch Program)
- ☐ State funding
- ☐ Private funding
- ☐ Other (PLEASE SPECIFY_____)
- ☐ Don't know

SECTION I. OTHER INFORMATION

I1. Is there anything else you would like to tell us about the summer meals program at <SITE NAME>?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I2. How long have you worked at <SITE NAME>?

_____ Number of years or _____ Number of months

I3. What is your current job title or position?

_____

I4. 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)

SECTION J. FUTURE FOLLOWUP

J1. 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.

SECCIÓN A. ACERCA DEL CENTRO

A1. Incluyendo este verano, ¿hace cuántos veranos que el programa de alimentos del verano ha funcionado en <SITE NAME>? Puede dar una respuesta aproximada.

|___| Cantidad de veranos

☐ No sabe

A2. ¿Por cuántas semanas tiene programado <SITE NAME> el funcionamiento del programa de alimentos del verano este verano del 2018?

|___| Número de semanas

A3. Por lo general, ¿qué día o días funciona el programa de alimentos del verano en <SITE NAME> este verano del 2018?

SELECCIONE UNA O MÁS RESPUESTAS.

☐ Lunes
☐ Martes
☐ Miércoles
☐ Jueves
☐ Viernes
☐ Sábado
☐ Domingo

A4. Durante este verano del 2018, ¿cuál es la hora normal de inicio en <SITE NAME> (es decir, cuando los niños comienzan a llegar)?

Anote la hora de inicio más temprana de <u>cualquier actividad</u> ofrecida, no solamente las comidas.

|___|___| : |___|___| AM/PM

A5. Durante este verano del 2018, ¿cuál es la hora normal de cierre en <SITE NAME> (es decir, cuando los niños se marchan)?

|___|___| : |___|___| AM/PM

A6. ¿Qué niños pueden asistir al programa de alimentos del verano en <SITE NAME> este verano del 2018?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Todos los niños y adolescentes de 18 años y menos en la zona aledaña al centro ➔ **VAYA A LA PREGUNTA A7.**
☐ Únicamente niños y/o adolescentes inscritos en el programa en <SITE NAME> ➔ **VAYA A LA PREGUNTA A6a.**
☐ Otro (ESPECIFIQUE_____) ➔ **VAYA A LA PREGUNTA A7.**

A6a. ¿Cuál de las siguientes maneras describe mejor quien podría inscribirse en el programa en <SITE NAME>?

SELECCIONE UNA O MÁS RESPUESTAS.

☐ Todo niño o adolescente de 18 años o menos
☐ Únicamente niños y/o adolescentes de ciertas edades
☐ Únicamente niños y/o adolescentes interesados en las actividades en <SITE NAME>
☐ Otro (ESPECIFIQUE_____)

A7. ¿Cuál es la cantidad promedio de <u>niños y adolescentes de 18 años de edad o menos</u> en <SITE NAME> cada día?

Incluya a los niños y adolescentes que reciben comidas o refrigerios del verano y aquellos que no los reciben. Puede dar una respuesta aproximada.

|___| Cantidad promedio de niños/adolescentes cada día

SECCIÓN B. SERVICIOS DEL CENTRO

B1. ¿Funciona <SITE NAME> <u>únicamente</u> para proporcionar alimentos gratuitos a los niños en el verano?

☐ Sí
☐ No

B2. ¿Con qué frecuencia se ofrecen actividades para los niños en <SITE NAME> este verano?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Todos los días en que el centro está abierto
☐ La mayoría de días en que el centro está abierto
☐ Unas pocas veces en el verano
☐ Otro (ESPECIFIQUE): _____
☐ <SITE NAME> no ofrece actividades para los niños ➔ **VAYA A LA PREGUNTA B4**

B3. ¿Cuáles de las siguientes actividades se ofrecen en <SITE NAME> en cualquier momento este verano?

SELECCIONE UNA O MÁS RESPUESTAS.

☐ Artes y manualidades
☐ Artes escénicas
☐ Actividades educativas
☐ Deportes
☐ Juego libre supervisado
☐ Cuidado infantil supervisado
☐ Natación
☐ Excursiones
☐ Actividades religiosas
☐ Culinaria
☐ Consejería, terapia, desarrollo de habilidades sociales
☐ Actividades multiculturales
☐ Otro (ESPECIFIQUE): _____

B4. ¿Ofrece <SITE NAME> transporte para los niños desde y hacia <SITE NAME>?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Sí ➔ **VAYA A LA PREGUNTA B5**
☐ No. <SITE NAME> no ofrece transporte ➔ **VAYA A LA SECCIÓN C**
☐ No. No se necesita transporte a <SITE NAME> ➔ **VAYA A LA PREGUNTA B4a**

B4a. ¿Por qué no se necesita transporte a <SITE NAME>?

☐ Los niños viven cerca del centro ➔ **VAYA A LA SECCIÓN C**
☐ Otro (ESPECIFIQUE)_____ ➔ **VAYA A LA SECCIÓN C**

B5. El transporte a <SITE NAME> …

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Es gratis
☐ Se proporciona por un costo aparte
☐ Se incluye en el costo del programa
☐ Se proporciona mediante un vale de transporte público

B6. ¿Ofrece <SITE NAME> transporte para …?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Todos los niños que van al centro
☐ Niños que viven a cierta distancia del centro
☐ Quienes lo soliciten
☐ Otro (ESPECIFIQUE): _____

B7. ¿Qué tipo de transporte se ofrece? (MARQUE TODO LO QUE CORRESPONDA .)

- ☐ Voluntarios llevan a los niños en sus vehículos
- ☐ Buses o camionetas transportan a los niños
- ☐ Se puede llegar al programa usando transporte público (p. ej. en bus)
- ☐ Autobus escolar
- ☐ Otro (ESPECIFIQUE): _____

B8. En un día normal, ¿cuántos niños usan transporte proporcionado por <SITE NAME>, sin incluir para excursiones?

SELECCIONE SOLAMENTE UNA RESPUESTA.

- ☐ Todos o casi todos los niños
- ☐ La mayoría de los niños
- ☐ Algunos niños
- ☐ Pocos o muy pocos niños
- ☐ Ningún niño

SECCIÓN C. COMIDAS DEL VERANO

C1. ¿En qué fecha comenzó <SITE NAME> por primera vez a servir comidas para el programa de alimentos del verano este verano del 2018? Puede dar una respuesta aproximada.

|___|___| / |___|___| MES/DÍA

- ☐ No sabe/No está seguro

C2. ¿En qué fecha dejó <SITE NAME> de servir comidas para el programa de alimentos del verano este verano del 2018? Si todavía se están sirviendo comidas, anote la fecha en que anticipa dejar de servir comidas este verano del 2018.

Puede dar una respuesta aproximada.

|___|___| / |___|___| MES/DÍA

- ☐ No sabe/No está seguro

C3. ¿En qué lugar funciona <SITE NAME> este verano del 2018?

SELECCIONE SOLAMENTE UNA RESPUESTA.☐ Escuela
☐ Iglesia u otra organización religiosa
☐ Biblioteca
☐ Parque infantil/parque
☐ Centro recreativo o centro comunitario
☐ Proyecto de vivienda pública
☐ Centro móvil de alimentación/camión de comidas
☐ Albergue para personas sin hogar
☐ Campamento durante el día
☐ Campamento residencial
☐ Centro para inmigrantes
☐ Museo
☐ Oficinas de WIC
☐ Hospital
☐ Banco de alimentos
☐ Oficinas del gobierno
☐ Organización tribal indígena
☐ Universidad
☐ Otro (ESPECIFIQUE): _____

C4. Ponga una marca en el recuadro para indicar las comidas que sirve <SITE NAME> durante este verano del 2018 y los días de la semana en que normalmente se sirven.

	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo	No se sirve
Desayuno	☐	☐	☐	☐	☐	☐	☐	☐
Refrigerio en la mañana	☐	☐	☐	☐	☐	☐	☐	☐
Almuerzo	☐	☐	☐	☐	☐	☐	☐	☐
Refrigerio en la tarde	☐	☐	☐	☐	☐	☐	☐	☐
Cena	☐	☐	☐	☐	☐	☐	☐	☐
Refrigerio en la noche	☐	☐	☐	☐	☐	☐	☐	☐

C5. En un día normal, ¿a qué hora se sirven en <SITE NAME> las siguientes comidas? Anote la hora en que comienza y la hora en que termina.

Puede dar una respuesta aproximada.

Desayuno

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

Refrigerio en la mañana

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

Almuerzo

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

Refrigerio en la tarde

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

Cena

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

Refrigerio en la noche

Hora de inicio: |___|___| : |___|___| AM/PM
Hora de finalización: |___|___| : |___|___| AM/PM
☐ No se sirve

C6. Durante este verano del 2018, ¿se sigue en <SITE NAME> el mismo horario de comidas cada semana?

☐ Sí
☐ No

C7. En promedio este verano del 2018, ¿cuántas comidas y refrigerios se les sirven a los niños cada día y qué tanto tiempo se les da a los niños para comer las comidas y refrigerios? Puede dar una respuesta aproximada.

	Promedio de comidas/refrigerios que se sirven **cada día**		Cantidad de tiempo (minutos) que se dan para comer la comida o el refrigerio	No se sirve
	Niños de 12 años y menos	Niños de 13 a 18 años		
Desayuno	_____	_____	_____	☐
Refrigerio en la mañana	_____	_____	_____	☐
Almuerzo	_____	_____	_____	☐
Refrigerio en la tarde	_____	_____	_____	☐
Cena	_____	_____	_____	☐
Refrigerio en la noche	_____	_____	_____	☐

SECCIÓN D. NIÑOS A QUIENES SE SIRVE

D1. En un día normal, ¿aproximadamente qué porcentaje de las comidas y refrigerios del verano se sirven a. . .

Puede dar una respuesta aproximada.

...niños en edad preescolar? _____% ☐ No se sirve a niños de esta edad

...niños de escuela primaria (de kíndergarden a 5º grado) _____% ☐ No se sirve a niños de esta edad

niños de escuela intermedia (de 6º a 8º grado)? _____% ☐ No se sirve a niños de esta edad

...niños de escuela secundaria o high school (de 9º a 12º grado)? _____% ☐ No se sirve a niños de esta edad

D2. En un día normal, ¿aproximadamente qué porcentaje de las comidas y refrigerios del verano sirve <SITE NAME> a…

Puede dar una respuesta aproximada.

...niñas?_____ %
...niños?_____ %

D3. En un día normal, ¿aproximadamente qué porcentaje de niños a quienes se sirven comidas y refrigerios del verano en <SITE NAME> son…

Puede dar una respuesta aproximada.

… Indios americanos o nativos de Alaska?	_____ %
… Asiáticos?	_____ %
… Negros o africanos americanos?	_____ %
…Hispanos o latinos?	_____ %
… Nativos de Hawái o de otra isla del Pacífico?	_____ %
… Blancos?	_____ %
... De alguna otra raza?	_____ %

SECCIÓN E. SERVICIO DE COMIDAS

E1. ¿Qué tipo de servicio de comidas se usa en <SITE NAME> para los alimentos del verano?

SELECCIONE SOLAMENTE UNA RESPUESTA.

- ☐ Servicio de comidas tipo cafetería (empleados del centro sirven la comida en platos a los niños o los mismos niños se sirven la comida, como por ejemplo en una barra de ensaladas)
- ☐ Servicio de comidas previamente empacadas (las comidas ya vienen listas, ya sea completas o parciales)
- ☐ Servicio de comidas tipo familiar (los niños se sirven de platos grandes de comida compartidos)
- ☐ Otro (ESPECIFIQUE): _____

E2. ¿Cómo cambia los tamaños de las porciones para niños de distintas edades en <SITE NAME>?

SELECCIONE UNA O MÁS RESPUESTAS

- ☐ Comidas previamente empacadas con tamaños de acuerdo a los distintos grupos de edad
- ☐ Distintos utensilios de servir para cambiar los tamaños de las porciones
- ☐ Otro *(Especifique)*_____
- ☐ No cambiamos los tamaños de las porciones para distintos grupos de edad

E3. ¿Para cuáles de las siguientes comidas <SITE NAME> usa el método de "ofrecer en vez de servir"?

"Ofrecer en vez de servir" les permite a los niños declinar algunas de las comidas que se ofrecen en un desayuno, almuerzo o cena reembolsable (sin incluir refrigerios).

SELECCIONE UNA O MÁS RESPUESTAS.

☐ Desayuno
☐ Almuerzo
☐ Cena
☐ No usamos el método de "ofrecer en vez de servir" para ninguna comida

E4. ¿Dónde se sirven las comidas o refrigerios normalmente?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ En un sitio cubierto (adentro)
☐ Al aire libre (excepto cuando hay mal tiempo)
☐ Tanto adentro como al aire libre

E5. ¿Tiene alguna dificultar al servir las comidas en grupo en <SITE NAME>? Por grupo, queremos decir que los niños se deben quedar en el centro para comer su comida.

☐ Sí
☐ No → **VAYA A LA PREGUNTA E7**

E6. ¿Hasta qué punto cada uno de los siguientes factores presenta una dificultad o ninguna dificultad para servir las comidas en grupo en <SITE NAME>? Por grupo, queremos decir que los niños se deben quedar en el centro para comer su comida.

	Ninguna dificultad	Un poco de dificultad	Dificultad	Mucha dificultad	No estoy seguro
El espacio para que los niños coman juntos	☐	☐	☐	☐	☐
Protegerse de la lluvia o del calor	☐	☐	☐	☐	☐
Hacer que comer en el centro resulte atractivo para los niños	☐	☐	☐	☐	☐
No ofrecerles comidas a los adultos que están con los niños en <SITE NAME>	☐	☐	☐	☐	☐
La seguridad de los niños en <SITE NAME>	☐	☐	☐	☐	☐
Otro (Especifique_____)					

E7. ¿Con qué frecuencia se sirven comidas calientes cada semana?

Una comida se considera caliente si por lo menos uno de sus componentes (como por ejemplo, una entrada) se sirve caliente.

- ☐ Todos los días en que el centro está abierto
- ☐ Algunos días
- ☐ Nunca

E8. ¿Qué papel juega el personal en la planificación de los menús en <SITE NAME>?

SELECCIONE SOLAMENTE UNA RESPUESTA.

- ☐ El personal del centro planifica los menús y los envía al patrocinador para revisión
- ☐ El personal del centro no planifica los menús, pero hace sugerencias al patrocinador o al proveedor de comidas acerca de los menús sugeridos
- ☐ El personal del centro no tiene que ver con la planificación de los menús
- ☐ Otro (ESPECIFIQUE): _____

E9. ¿Cuál de los siguientes procedimientos de higiene y seguridad alimenticia sigue el personal en <SITE NAME>?

SELECCIONE UNA O MÁS RESPUESTAS.

El personal que se encarga de las comidas del verano…

- ☐ se lava las manos antes de manipular alimentos
- ☐ usa guantes cuando manipula alimentos
- ☐ transporta los alimentos fríos en un vehículo refrigerado
- ☐ transporta los alimentos fríos en una hielera en un vehículo no refrigerado
- ☐ sirve los alimentos perecederos en un plazo de 2 horas si están al exterior
- ☐ mantiene las comidas en una hielera u otro almacenamiento refrigerado hasta el momento de servirlas
- ☐ siempre usa termómetros para verificar las temperaturas de cocción
- ☐ siempre usa termómetros para verificar las temperaturas para conservar los alimentos
- ☐ bota las comidas o alimentos que no pasen un control de calidad
- ☐ Otro (ESPECIFIQUE): _____

E10. ¿Tiene <SITE NAME> un plan escrito de seguridad e higiene alimentaria para las comidas de verano?

Un plan de seguridad e higiene alimentaria tiene los procedimientos para mantener segura la comida que se sirve. Puede incluir procedimientos respecto al lavado de manos, empleados enfermos, control de temperaturas y contaminación cruzada.

- ☐ Sí
- ☐ No
- ☐ No sabe/No está seguro

E11. ¿Tiene <SITE NAME> pautas para acomodar niños con alergias alimenticias u otras necesidades especiales de alimentación?

☐ Sí
☐ No → **VAYA A LA SECCIÓN F**
☐ No sabe ➔ **VAYA A LA SECCIÓN F**

E12. ¿Qué pautas usa <SITE NAME> para acomodar a los niños con alergias alimenticias u otras necesidades especiales de alimentación?

SELECCIONE UNA O MÁS RESPUESTAS.

☐ Procedimientos especiales de higiene en la cocina o zona de alimentación
☐ Capacitación especial para el personal
☐ Se requiere una nota firmada por el médico del niño antes de hacer un acomodo
☐ El personal inspecciona las bandejas de los niños
☐ Los menús se adaptan para los niños con alergias o necesidades especiales de alimentación
☐ Un equipo de padres, personal del centro/patrocinador, profesionales de la salud y/o nutricionistas registrados determina cómo satisfacer mejor las necesidades de alimentación de un niño
☐ Los acomodos se hacen de manera individual
☐ Mesas separadas
☐ Otro (ESPECIFIQUE): _____

SECCIÓN F. OTROS ALIMENTOS QUE SE OFRECEN

F1. ¿Pueden los adultos recibir comidas del verano en <SITE NAME>?

SELECCIONE SOLAMENTE UNA RESPUESTA.

☐ Sí, y los adultos deben pagar
☐ Sí, y las comidas para adultos son gratuitas
☐ No. En el centro no se sirven comidas para adultos

F2. ¿Se <u>venden</u> comidas a la carta para los niños en <SITE NAME>?

Comidas a la carta son alimentos o bebidas que se venden por separado de las comidas o refrigerios del verano, tal como en una máquina expendedora o una barra de refrigerios.

☐ Sí
☐ No → **VAYA A LA PREGUNTA F5**

F3. ¿Dónde se venden comidas a la carta a los niños en <SITE NAME>?

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ En la zona de servicio de comidas
- ☐ Lejos de la zona de servicio de comidas
- ☐ En máquinas expendedoras
- ☐ En barras de refrigerios
- ☐ Otro (ESPECIFIQUE): _____

F4. ¿Qué tipo de comidas a la carta se venden a los niños?

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Entradas preparadas (p. ej. sándwich, pizza, burritos)
- ☐ Comidas preparadas que no son entradas (p. ej. papas fritos, anillos de cebolla)
- ☐ Frutas
- ☐ Vegetales
- ☐ Panes/productos de cereales (p. ej. bagels, pretzels, galletas de sal)
- ☐ Carnes/alternativas a la carne (p. ej. nueces, mantequillas de nueces, queso, yogur)
- ☐ Productos de repostería/postres (p. ej. galletas dulces, tortas, pasteles)
- ☐ Postres congelados (p. ej. helados, paletas)
- ☐ Golosinas (p. ej. papitas de paquete, barritas de cereal, charqui)
- ☐ Dulces
- ☐ Leche
- ☐ Jugo 100%
- ☐ Agua
- ☐ Bebidas aparte de leche, jugo 100% o agua (p. ej. bebidas para deportistas, refrescos)
- ☐ Otro (ESPECIFIQUE): _____

F5. ¿Se ofrecen alimentos adicionales <u>gratis</u> a los niños aparte de las comidas de verano?

Los alimentos adicionales <u>no son una parte requerida de la comida</u> pero se sirven al mismo tiempo para que las porciones sean más grandes.

- ☐ Sí
- ☐ No → VAYA A LA SECCIÓN G

F6. ¿Qué tipos de alimentos adicionales se proporcionan gratis a los niños?

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Entradas preparadas (p. ej. sándwich, pizza, burritos)
- ☐ Comidas preparadas que no son entradas (p. ej. papas fritos, anillos de cebolla)
- ☐ Frutas
- ☐ Vegetales
- ☐ Panes/productos de cereales (p. ej. bagels, pretzels, galletas de sal)
- ☐ Carnes/alternativas a la carne (p. ej. nueces, mantequillas de nueces, queso, yogur)
- ☐ Productos de repostería/postres (p. ej. galletas dulces, tortas, pasteles)
- ☐ Postres congelados (p. ej. helados, paletas)
- ☐ Golosinas (p. ej. papitas de paquete, barritas de cereal, charqui)
- ☐ Dulces
- ☐ Leche
- ☐ Jugo 100%
- ☐ Agua
- ☐ Bebidas aparte de leche, jugo 100% o agua (p. ej. bebidas para deportistas, refrescos)
- ☐ Otro (ESPECIFIQUE):

SECCIÓN G. EQUIPO DEL CENTRO E INSTALACIONES DE ALMACENAMIENTO

G1. ¿Cuál del siguiente equipo de cocina tiene <SITE NAME>?

Este equipo podría estar disponible para preparar comidas del verano, de ser necesario.

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Estufa de uso doméstico con horno
- ☐ Estufa de uso comercial con horno
- ☐ Horno microondas de uso doméstico
- ☐ Horno microondas de uso comercial
- ☐ Horno de convección
- ☐ Parrilla o asador
- ☐ Otro (ESPECIFIQUE): _____
- ☐ Este centro no tiene equipo de cocina

G2. ¿Qué tipo de almacenamiento para comida congelada tiene <SITE NAME>?

Este equipo podría estar disponible para comidas del verano, de ser necesario.

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Congelador o refrigerador de uso doméstico
- ☐ Congelador pequeño de acceso directo (una sola sección) de uso comercial
- ☐ Congelador mediano de acceso directo (doble sección) de uso comercial
- ☐ Congelador grande de acceso directo (triple sección) de uso comercial
- ☐ Cuarto frío de uso comercial
- ☐ Otro (ESPECIFIQUE): _____
- ☐ Este centro no tiene almacenamiento para comidas congeladas

G3. ¿Qué tipo de almacenamiento para comida refrigerada tiene <SITE NAME>?

Este equipo podría estar disponible para comidas del verano, de ser necesario.

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Congelador o refrigerador de uso doméstico
- ☐ Refrigerador pequeño de acceso directo (una sola sección) de uso comercial
- ☐ Refrigerador mediano de acceso directo (doble sección) de uso comercial
- ☐ Refrigerador grande de acceso directo (triple sección) de uso comercial
- ☐ Cuarto refrigerante de uso comercial
- ☐ Otro (ESPECIFIQUE): _____
- ☐ Este centro no tiene almacenamiento para comidas refrigeradas

G4. ¿Tiene <SITE NAME> almacenamiento para comidas deshidratadas y enlatadas?

Este almacenamiento podría estar disponible para comidas del verano, de ser necesario.

SELECCIONE SOLAMENTE UNA RESPUESTA.

- ☐ Sí
- ☐ No

SECCIÓN H. COMIDAS DURANTE EL AÑO ESCOLAR

H1. ¿Cuáles de las siguientes comidas o refrigerios ofrece <SITE NAME> a los niños <u>en otras ocasiones aparte del verano</u>?

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Desayuno
- ☐ Refrigerio en la mañana
- ☐ Almuerzo
- ☐ Refrigerio después de la escuela
- ☐ Cena después de la escuela
- ☐ Nada ➔ VAYA A LA SECCIÓN I

H2. ¿Qué dinero con el que paga las comidas o refrigerios que sirve <u>en otras ocasiones aparte del verano?</u>

SELECCIONE UNA O MÁS RESPUESTAS.

- ☐ Financiamiento federal (p. ej. Programa de alimentos para niños y adultos, Programa nacional de almuerzos escolares
- ☐ Financiamiento estatal
- ☐ Financiamiento privado
- ☐ Otro (ESPECIFIQUE_____)
- ☐ No sabe

SECCIÓN I. OTRA INFORMACIÓN

I1. ¿Hay alguna otra información que quisiera contarnos acerca del programa de alimentos del verano en <SITE NAME>?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I2. ¿Hace cuánto tiempo que trabaja en <SITE NAME>?

_____ Cantidad de años o _____ Cantidad de meses

I3. ¿Cuál es su cargo actual?

_____

I4. ¿Cuál es el nivel educativo más alto que ha completado?

SELECCIONE SOLAMENTE UNA RESPUESTA.

- ☐ No terminó la secundaria o high school
- ☐ Se graduó de secundaria o high school – diploma de secundaria o su equivalente (por ejemplo, GED)
- ☐ Algo de universidad pero no se graduó
- ☐ Se graduó de asociado
- ☐ Licenciatura (por ejemplo, BA, BS)
- ☐ Posgrado o estudios especializados (por ejemplo, maestría, MD, DDS, JD, PhD, EdD)

SECCIÓN J. SEGUIMIENTO FUTURO

J1. ¿Estaría disponible para una entrevista telefónica de seguimiento en aproximadamente un mes? La entrevista tomará aproximadamente una hora.

- ☐ No
- ☐ Sí. Por favor denos su información de contacto.

NÚMERO DE TELÉFONO DEL TRABAJO: _____

NÚMERO DE TELÉFONO CELULAR: _____

CORREO ELECTRÓNICO: _____

Gracias por su participación en el Estudio de Alimentos del Verano.

Menu Planning Survey

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Menu Planning Survey

1. How does <SITE NAME> provide summer meals and/or snacks?

- ☐ Prepare or cook meals on-site or at a central kitchen ➔ **GO TO QUESTION 2**
- ☐ Purchase meals from a private commercial vendor
- ☐ Purchase meals from a school or school food authority (SFA)
- ☐ Other (PLEASE SPECIFY):_____

1a. Why do you choose to purchase meals for <SITE NAME> instead of preparing them on-site or at a central kitchen?

SELECT ONE OR MORE.

- ☐ Do not have kitchen facilities and equipment
- ☐ Do not have staff to prepare meals
- ☐ It is cost efficient to purchase meals
- ☐ It allows us to serve a wider variety of foods
- ☐ Other (PLEASE SPECIFY): _____

1b. Who delivers the food to <SITE NAME> everyday?

- ☐ Sponsor or someone hired by sponsor
- ☐ Private vendor/company
- ☐ <SITE NAME> staff or someone hired by <SITE NAME>
- ☐ Other (PLEASE SPECIFY): _____

2. In serving summer meals to children, which of the following meal patterns does <SITE NAME> follow?

- ☐ Summer Food Service Program (SFSP) ➔ **GO TO QUESTION 2c**
- ☐ Child and Adult Care Food Program (CACFP) ➔ **GO TO QUESTION 2c**
- ☐ National School Lunch Program (NSLP)/School Breakfast Program (SBP), including Seamless Summer Option (SSO)

2a. Are the menus at <SITE NAME> during the summer …

- ☐ Mostly/exactly the same as the menus during the school year
- ☐ Somewhat different than the menus during the school year
- ☐ Completely different than the menus during the school year

2b. Why does <SITE NAME> use National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) menus during the summer?

SELECT ONE OR MORE.

- ☐ No need to re-train staff
- ☐ School menus provide good variety
- ☐ Do not want to plan new menus
- ☐ Children like the school-year menus
- ☐ Cost effective
- ☐ Use same vendor as during the school year
- ☐ Other (PLEASE SPECIFY): _____

2c. Does <SITE NAME> use cycle menus?

A cycle menu is a menu that is different each day but repeats after a certain number of days or weeks.

- ☐ Yes ➔ **What is the length of the cycle for the menu?**
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ Other (PLEASE SPECIFY): _____
- ☐ No

3. Which of the following factors are considered in planning menus for <SITE NAME> for the summer?

SELECT ONE OR MORE.

- ☐ Nutritional quality of the meal
- ☐ Availability of foods
- ☐ Availability of kitchen facilities to prepare and/or store food
- ☐ Preferences of children
- ☐ Predominant age of children being served
- ☐ Types of meals served (i.e., breakfast, lunch, supper, snacks)
- ☐ Staff cooking or food preparation skills
- ☐ Food cost
- ☐ Labor cost
- ☐ Type of eating facilities available
- ☐ Local or cultural practices ➔ please list the local or cultural practices that influence menu planning.

  _____
- ☐ Other (PLEASE SPECIFY):_____

4. Which of the following menu planning tools and resources have you used to plan summer meals?

SELECT ONE OR MORE.

- ☐ USDA Team Nutrition materials
- ☐ USDA MyPlate materials
- ☐ USDA Healthy Meals Resource System
- ☐ USDA Summer Meals Toolkit
- ☐ USDA What's Cooking?
- ☐ USDA Mixing Bowl
- ☐ Institute of Child Nutrition (ICN) materials
- ☐ Tools and resources developed by the State agency
- ☐ Other (PLEASE SPECIFY):_____
- ☐ I haven't used any menu planning tools or resources to plan summer meals

5. Are there other tools and resources you need to plan summer meals but do not have?

- ☐ No
- ☐ Yes (PLEASE SPECIFY): _____

6. Did you have any challenges in finding and using menu planning tools and resources?

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION 7**

6a. What were the challenges you had in finding and using menu planning tools and resources?

SELECT ONE OR MORE.

- ☐ Do not know of any meal planning tools and resources
- ☐ Do not have staff available to find and use meal planning tools and resources
- ☐ Do not have internet service to get online materials
- ☐ Do not know how to get paper copies of materials
- ☐ Not able to find materials in the language we need
- ☐ Materials are not written at appropriate level for what we need
- ☐ Materials are not user-friendly
- ☐ Other challenge(s) (PLEASE SPECIFY):_____

7. Does <SITE NAME> purchase any of the following foods from local growers, farmers, processors, and/or manufacturers?

There is no standard definition for the term local. Local foods may be foods that are grown, produced, or processed within a specific location or region, such as within a state or within a certain number of miles from the site.

SELECT ONE OR MORE.

- ☐ Fruits
- ☐ Vegetables
- ☐ Fluid Milk
- ☐ Other dairy (e.g., cheese)
- ☐ Meat/Poultry
- ☐ Eggs
- ☐ Seafood
- ☐ Plant based protein items such as beans, seeds, nuts
- ☐ Grains/flour
- ☐ Bakery Products
- ☐ Herbs
- ☐ Other product type (PLEASE SPECIFY):_____
- ☐ Did not purchase any local foods → **GO TO QUESTION 7b**

7a. How often does <SITE NAME> use local foods?

- ☐ Every day/almost every day
- ☐ 2 to 3 times per week
- ☐ Once a week or less
- ☐ Don't know/Not sure

GO TO QUESTION 8

7b. Which of the following factors affect your decision not to purchase local foods for <SITE NAME>?

SELECT ONE OR MORE.

- ☐ Cost to purchase local foods
- ☐ Cost to prepare local foods
- ☐ Limited availability of local vendors
- ☐ Limited availability of local foods
- ☐ Limited storage capacity
- ☐ Delivery schedules
- ☐ Not enough staff and equipment to process and/or serve local foods
- ☐ Food safety concerns and/or requirements prohibit local food purchasing
- ☐ Other, please specify: _____

8. How often do the summer meals and snacks include *fresh* fruits and vegetables?

***Fresh* fruits and vegetables are generally in their original form or sliced or peeled to make them easy to eat. Fresh fruits and vegetables are not canned, frozen or dried.**

- ☐ Every day or almost every day
- ☐ 2 to 3 times per week
- ☐ Once a week or less
- ☐ Never
- ☐ Don't know/Not sure

9. How often does <SITE NAME> serve USDA Foods (sometimes known as 'commodity foods') in summer meals?

- ☐ USDA Foods are not available to <SITE NAME> ➔ **GO TO QUESTION 10**
- ☐ Every day or almost every day
- ☐ 2 to 3 times per week
- ☐ Once a week or less
- ☐ Never ➔ **GO TO QUESTION 10**
- ☐ Don't know/Not sure ➔ **GO TO QUESTION 10**

9a. What types of USDA Foods are used to prepare summer meals?

SELECT ONE OR MORE.

- ☐ Fruits
- ☐ Vegetables
- ☐ Cheese and yogurt
- ☐ Meat/Poultry
- ☐ Eggs
- ☐ Seafood
- ☐ Plant based protein items such as beans, seeds, nuts
- ☐ Grains/flour
- ☐ Bakery Products
- ☐ Other product type (PLEASE SPECIFY):_____

10. To what extent are each of the following factors a challenge or not a challenge in planning or preparing meals for <SITE NAME>?

SELECT ONE RESPONSE PER ROW.

	Not a challenge	Somewhat of a challenge	Challenge	Significant challenge	Not sure
Understanding meal pattern requirements	☐	☐	☐	☐	☐
Availability of foods that meet the requirements	☐	☐	☐	☐	☐
Food cost	☐	☐	☐	☐	☐
Staff time	☐	☐	☐	☐	☐
Equipment to prepare or serve food	☐	☐	☐	☐	☐
Facilities to serve food	☐	☐	☐	☐	☐
Equipment to transport food	☐	☐	☐	☐	☐
Kitchen facilities	☐	☐	☐	☐	☐
Availability of nutritionist or Registered Dietitian	☐	☐	☐	☐	☐
Children's food preferences	☐	☐	☐	☐	☐
Other (PLEASE SPECIFY): _____	☐	☐	☐	☐	☐

Thank you for participating in the Summer Meals Study.

Sponsor Survey

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

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

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

A6. 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

SECTION B. MEAL ACCOMMODATIONS

B1. 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 C**
- ☐ Don't know ➔ **GO TO SECTION C**

B2. 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 C. FOOD SAFETY

C1. Does your organization prepare, buy, assist with buying, or deliver meals to <u>any</u> of your summer meal sites?

- ☐ Yes
- ☐ No

C2. 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

C3. 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 D. 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.

D1. 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

D2. 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):_____

SECTION E. SEAMLESS SUMMER OPTION [FOR SFA SPONSORS ONLY]

[IF SITE IS IN SFSP:]

E1. 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

E2. 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):_____

➔ GO TO SECTION F]

[IF SITE IS IN SSO:]

E3. Has your organization ever participated in the Summer Food Service Program for <SITE NAME>?

- ☐ Yes
- ☐ No
- ☐ Don't know

E4. 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):_____

SECTION F. PLANS FOR NEXT SUMMER

F1. 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. 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)

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.

Site Discussion Guide

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Site Discussion Guide

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME:_____ INTERVIEW END TIME: _____

INTERVIEWER ID:_____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

Hello, I am [NAME] from Insight, and I am calling about the Summer Meals Study. May I speak with:

Name of site supervisor

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

IF RESPONDENT IS AVAILABLE:

I would like to ask you some questions about the Summer Food Service Program (SFSP)/Seamless Summer Option (SSO) program, to gain better understanding about program operations and factors that affect the decision of sponsors, sites, and households to participate in the program.

Your participation in this interview is voluntary. The information you provide will be kept private and will not be disclosed to anyone outside of the research team, except as otherwise required by law. You have the right to stop at any time or skip questions. Whether you decide to participate or not will not affect any government benefits or services you or your site receives – either now or in the future.

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1009, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research

purposes and are required to have safeguards in place to keep data private. See https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf)

The interview should take about 1 hour.

Do you agree to participate?

- ☐ YES
- ☐ NO → ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

Thank you. Before we begin, I would like to introduce my colleague, [NAME] also from Insight. [NAME] will be taking notes while we talk. With your permission, we would also like to record this discussion. The recording will be transcribed so that we can recall exactly what was said and correctly summarize the information you provide. The recordings, transcripts, and any notes we have will be stored on Insight's secure server and will be destroyed after the project is complete.

Do you have any questions before we begin?
INTERVIEWER: ANSWER QUESTIONS ABOUT WESTAT/STUDY/TOLL-FREE NUMBER, ETC. AS NEEDED.

Do I have your permission to record this discussion?

- ☐ YES
- ☐ NO – clarify if willing to continue without recording but OK with note taking. Otherwise end interview.

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: Turn on recorder and begin interview

SECTION A. SITE PARTICIPATION FACTORS

I would like to begin our discussion by asking about <SITE NAME> and the reasons that <SITE NAME> provides [Summer Food Service Program (SFSP)/Seamless Summer Option (SSO)] meals.

A1. Can you tell me whether <SITE NAME'S> primary purpose is to offer meals, or are the meals only one component of what you offer?

[NOTE TO INTERVIEWER: For example, a camp could operate primarily to provide programming/activities to children and the meals are only one aspect of their programming. In contract, a sponsor/site could only operate to provide meals.]

A1a. Can you tell me why <SITE NAME> participates in the [Summer Food Service Program/Seamless Summer Option]?

PROBES IF NEEDED:
What are the main reasons <SITE NAME> decided to participate as a site? Free meals? Activities for children?
Would your operations continue without SFSP/SSO?

A2. What specific group of children do you have in mind to attend the meal site or program?

PROBES IF NEEDED:
Is your target audience…

- **…Children in the area?**
- **…Children enrolled in a specific program such as a camp or summer reading program?**
- **[FOR SFA's: Children that attended the school during the school year?]**
- **…Some other subset of children?**

A2a. As far as you know, has the group of children you target to attend [SFSP/SSO] program changed over time? How?

A2b. Do you feel you are successful in serving your target audience for [SFSP/SSO]? Why/why not?

A3. Does <SITE NAME> offer activities for children who eat the summer meals in addition to providing meals and snacks?

IF YES ASK: Who offers the activities for children who eat the summer meals, <SITE NAME> employees or another organization?

THEN CONTINUE WITH A4 AND A5 THEN ASK A6

IF NO: GO TO A6

A4. What role, if any, do staff from <SITE NAME> play in determining if there are activities or programs offered for these children?

A5. What types of activities does <SITE NAME> offer for children other than providing meals and/or snacks?

IF ACTIVITIES OFFERED:

A5a. Have activities or programs changed over time? How? Why?

IF NO ACTIVITIES OFFERED CURRENTLY:

A5b. Have you had activities in the past? Do you think more children would attend if there were activities?

A6. Who is involved in advertising the [SFSP/SSO] program and/or the other activities to families with children so that they will attend (site or sponsor)? What role do staff at <SITE NAME> play?

[TAILOR BASED ON PRIMARY ACTIVITY OF SITE—MEALS OR OTHER PROGRAMMING]

NOTE TO INTERVIEWER: IF SITES DO NOT OFFER ACTIVITIES IN ADDITION TO MEALS, ASK THIS ONLY FOR SUMMER MEAL PROGRAM. IF SITE OFFERS OTHER ACTIVITIES, ASK FOR SUMMER MEAL PROGRAM AND OTHER ACTIVITIES (e.g., sport camp, bible school).

PROBE IF NEEDED:

What role does [REFER TO EACH PERSON, GROUP, OR ORGANIZATION MENTIONED] play?

IF NOT MENTIONED:

What about …sponsor? ….advocacy groups? …State agency staff? …Others?

IF SPONSORS PROMOTE:

What role does the staff at <SITE NAME> play in advertising the SFSP/SSO program?

A7. What aspects, if any, of the [SFSP/SSO] are promoted to encourage families with children to participate?

PROBES IF NEEDED:

Availability of free meals and snacks?
Activities?
Availability of nutritious meals and snacks?
Other aspects of the program?

A7a. Which is more important in your advertising? (Activities or free meals?)

A8. What have you done to get the word out about your [SFSP/SSO] program?

PROBES IF NEEDED:

How are families given information about the food?
Are they provided the menu in advance?
Do you wish you used other methods to promote the program? Which ones and why?
What makes it not possible for you to use these methods?

A8a. Have you advertised the program on…
- …Social media?
- …Flyers or other printed material?
- …A toll-free line?
- …any other methods?

A8b. Have any of these methods been effective? How do you know?

A8c. Are any of these methods not effective? How do you know?

A9. What schedule or timeline does your organization follow for advertising the [SFSP/SSO]?

PROBES IF NEEDED:
When do you start?
How long does the advertising last?
How has that schedule worked out?
What, if anything, would you change about the schedule? Why?

A10. Who decides the number of days or weeks the site will stay open and serve [SFSP/SSO] meals over the summer?

A10a. What factors are considered when making that decision?

PROBES IF NEEDED:
Does this site consider…

- **…When other programs at the site are open?**
- **…Availability of staff?**
- **…Availability of site facilities?**
- **…Costs?**
- **…Summer break for local schools?**
- **…Other meal options available in the area?**
- **…Some other factors?**

A11. In prior summers, has your site been open longer, about the same, or for a shorter period of time?

IF LONGER OR SHORTER:
Why has that changed?

A12. Would you like to increase the number of days or weeks that you offer meals each summer? If so, what would help you keep the site open for more days or weeks?

A13. Has <SITE NAME> experienced any challenges with the requirement for serving meals in a congregate setting? By congregate we mean eating at the site.

PROBES IF NEEDED: Do you have challenges with…

- **Finding enough space for children to eat together?**
- **Providing shelter from the heat/rain?**
- **Attracting children to the site to eat there?**
- **Safety of children while at site?**
- **Children preferring to eat off site?**

SECTION B. OBTAINING MEALS

Now let's talk about the meals at <SITE NAME> and where you get them.

B1. Who decides whether <SITE NAME> will serve breakfast, lunch, snack, and/or supper?

PROBE IF NEEDED:
How are these decisions made?

[IF SITE:] B1a. Why did you decide that the site would serve <breakfast/lunch/snack/supper>?

PROBE IF NEEDED:

- **What factors were important in that decision?**
  - **Timing? Limit on total meals that can receive reimbursement? Popularity of certain meals with children? Other factors?**

B2. Would you like to increase the number of meal services you offer each day? If so, what would help you offer more types of meals?

PROBES:

- Why haven't you served more meal types?
  - Have you reached the USDA limit of meals you can serve each day?
  - Would children come to eat the meals if you served them?
  - Is staffing a challenge?
  - Other reasons?

IF SITE IS NOT PRIMARY MENU PLANNER:

B3. Meals at <SITE NAME> are [provided by a vendor/company or are prepared by the site/sponsor]. How would you describe your site's involvement in the decision to [use a vendor/self-prepare]?

PROBES IF NEEDED:
How do you work together? What does that look like?
When are decisions made about using a vendor or preparing meals yourself?
Has your role in deciding how meals are bought or made for the site changed over time?

IF SITE IS PRIMARY MENU PLANNER AND SITE USES VENDOR:

B4. Meals at <SITE NAME> are provided by a vendor. Please walk me through the process of how the decision was made to use a vendor for meals, instead of preparing meals yourself.

PROBES IF NEEDED:
Who made the decision?

B4a. **What factors were considered when deciding whether to purchase the meals from a vendor instead of preparing your own meals?**

PROBES:
How does your organization consider…

- **Facilities at the meal service site? (kitchen, equipment, storage, etc) IF YES: What type of facilities did you have? What facilities are needed to prepare meals on site?**
- **Cost of meals? IF YES: What alternative meal service arrangements did you consider? How much more cost effective was your choice of vendor?**
- **Number of children enrolled or expected to be participate in the program? IF YES: What process did you use to estimate the number of meals you would need? Did you find your estimate to be on target?**
- **Expected changes in daily or weekly attendance of children at the site?**
- **Availability of kitchen staff to prepare meals? IF YES: Were you able to explore multiple staffing sources (for example, school or organization employees, volunteers, temporary employees)?**
- **Some other factors?**

B4b. **Which factor is most important in deciding how you make or buy meals for <SITE NAME>? Why is that most important?**

B5. **How satisfied or dissatisfied is <SITE NAME> with the available vendors in your area?**

PROBE IF NEEDED:
Why? (For example, cost, meal quality, number of vendors to choose from, meal delivery options)

B6. **Would you prefer that staff at <SITE NAME> prepare your own meals? Why/why not?**

B6i. **What would you need to be able to prepare your own meals?**

PROBES IF NEEDED:

- **Equipment? Staff expertise? Facilities? Other?**

IF SITE IS PRIMARY MENU PLANNER AND SITE IS SELF-PREP:

B7. **Meals at <SITE NAME> are prepared by the site. Please walk me through the process of how the decision was made to prepare your own meals, instead of buying meals from a meal vendor or company.**

PROBES IF NEEDED:
Who made the decision?

B7a. **What factors were considered when deciding whether to self-prepare meals instead of purchasing the meals from a vendor?**

PROBES:
How does your organization consider…

- **Facilities at the meal service site? (kitchen, equipment, storage, etc.) IF YES: What type of facilities did you have? Did you need?**
- **Cost of meals? IF YES: What alternative meal service arrangements did you consider? How much more cost effective was your choice of vendor?**
- **Number of children enrolled or expected to be participate in the program? IF YES: What process did you use to estimate the number of meals you would need? Did you find your estimate to be on target?**
- **The consistency or variability in daily or weekly attendance of children at the site?**
- **Availability of kitchen staff to prepare meals? IF YES: Were you able to explore multiple staffing sources (for example, school or organization employees, volunteers, temporary employees)?**
- **Some other factors?**

B7b. **Which factor is most important in deciding how you make or buy meals for <SITE NAME>? Why is that most important?**

SECTION C. PLANNING MENUS

Now let's talk about the menus for <SITE NAME>.

IF SITE IS NOT PRIMARY MENU PLANNER:

C1. **How is <SITE NAME> involved in the menu planning process, if at all?**

PROBE IF NEEDED:
What do you do? (for example, review menus, provide suggestions, provide feedback on popular and unpopular foods, etc.)
When are you involved?
Do you have staff who are dietitians or nutritionists?

ASK REMAINING QUESTIONS IN THIS SECTION ONLY IF SITE IS PRIMARY MENU PLANNER:

C2. **What is your menu planning process for <SITE NAME>?**

PROBE IF NEEDED:
Who participates in the menu planning process?
In planning menus, what is the role of…

- **…Staff within your organization?**
- **…Sponsor staff?**
- **…State agency staff?**
- **.. Any others who participate?**

IF THEY USE VENDED MEALS

C2a. How does the vendor participate, if at all, in the menu planning process?

C3. What is the timing of the menu planning process?

PROBE IF NEEDED:

When did the menu planning process begin for the most recent year of [SFSP/SSO]?
When does menu planning start?
How long does the planning process take?

C4. What resources does your organization use in planning menus?

PROBE IF NEEDED:

Do you use USDA or state provided nutrition information or sample menus?
Which resources are especially helpful? Why?
What else does your organization need for menu planning, that you don't currently have?

C5. Thinking more about how you plan menus, what factors are most important?

PROBES IF NEEDED:

What about meal pattern requirements? Facilities? Staff? Sponsor guidance? State guidance? Equipment? Children's feedback? Cost?
Why are these important?
How are they considered?

C6. What does your organization use as the basis for defining what "healthy meals" are?

PROBES IF NEEDED:

Has your organization developed its own definition of "healthy meals," or adapted one from some other source? How do you define "healthy meals"?

IF ANOTHER SOURCE:

Which source?

C6a. What guidelines, if any, does <SITE NAME> use to set standards for "healthy meals?"

C6b. What do you do to provide healthy meals?

- **Fresh foods?**
- **Variety of foods?**
- **Certain types of foods? (For example, fruits, vegetables, whole grains)**

C7. How much focus is placed on serving "healthy meals"?

C7a. Is the focus limited to ensuring the meals meet the meal pattern requirements?

C7b. Do you have a dietitian or nutritionist review the menus?

C7c. What challenges, if any, do you have in serving healthy meals?

C8. When planning menus for <SITE NAME>, how are food preferences of children taken into account?

C9. How does <SITE NAME> monitor how children react to menus/new menu items?

PROBE IF NEEDED:
For example, taste tests, surveys, food plate waste?

C10. When planning menus for <SITE NAME>, how do you plan meals to accommodate local foods and cultural preferences of your participants?

PROBES IF NEEDED:
What are some examples of local preferences you incorporate?
How do you get input from the children or community about cultural foods to consider?

C11. When planning menus for <SITE NAME>, do you use USDA foods? [IF NEEDED: USDA FOODS ARE "COMMODITIES" OR FOODS PURCHASED BY USDA SUCH AS FRUITS, VEGETABLES, MEATS, CHEESE, AND GRAINS THAT ARE PROVIDED TO SUMMER MEAL SITES TO SUPPORT THEIR MEAL SERVICE]

IF THE SITE USES USDA FOODS:

C11a. How are USDA Foods used in meals?

C11b. How easy or difficult is it to incorporate USDA foods into the menus?

C11c. What is <SITE NAME's> experience with using USDA foods in the menus?

C11d. How does using USDA foods impact the bottom line?

C11e. Which USDA foods would you like to use, but are not available in your State?

IF USDA FOODS ARE NOT AVAILABLE OR USED:

C11f. How do you think you would use USDA foods if they were available in your State? What impact would this have on your menus?

IF SITE CONSIDERED LOCAL FOODS IN MENU PLANNING:

C12. How do you incorporate locally-produced foods into the meals?

C13. What do you consider "local foods" for your program?
…in the State?
…in the county?
…other area?

C14. Are you aware of any State or regional program to promote local foods?

C15. What are the benefits of obtaining and using local foods?

PROBES IF NEEDED:
Are there benefits such as the…

- …Opportunity to provide fresh food?
- …Opportunity to support the local economy and farmers?
- …Opportunity for education about food, etc.?

C16. What are the challenges in obtaining and using local foods?

PROBES IF NEEDED:
Do you face challenges such as…
- **…Finding local farmers?**
- **…Unpredictability of obtaining the foods?**
- **…Higher costs?**

SECTION D. MEAL SERVICE

Now let's talk about the meals.

D1. What are the participants' reactions to the meals that are served?

PROBE IF NEEDED:
Do participants like the meals? How do you know?
- **Do participants tell you what they think of the meals?**
- **How much food is thrown away?**

D2. ASK ONLY IF NOT ALREADY COVERED: What changes, if any, have you noticed in daily participation based on the types of food served?

PROBE IF NEEDED:
Do more participants show up on days when certain meals are served?

IF YES:
D2a. What kinds of meals and snacks seem to be related to higher participation (more participants showing up)? Why?

D2b. What characteristics of those meals and snacks explain the better attendance?

PROBE IF NEEDED:
Hot meals (i.e., meals with at least one component that is heated)? Pizza? Hamburgers? Other meals?

D3. Have any changes been made to the foods served in response to feedback from children? What were they?

PROBE IF NEEDED:
How has that worked out?

D4. What challenges, if any, do you have in serving special meals for children with food allergies or other types of special dietary needs?

PROBE IF NEEDED:
Do you serve many children with special dietary needs?

IF SITE PROVIDES "EXTRA" FOODS WITH MEALS:
D5. Why do you serve extra foods for free in addition to the meal?
[portion sizes are too small for some children; funding is available to buy them, etc.]

D5a. **What kinds of "extra" foods do you serve?**

D5b. **How frequently do you serve them?**

D5c. **Do all or only some children take the extra foods?**

IF SITE OFFERS A LA CARTE FOODS:

D6. **How frequently do children buy the foods sold in vending machines and snack bars?**

D6a. **How does this affect how many kids take meals and how much of their meals they eat or throw away?**

D7. **Who decides which foods will be sold as a la carte?**

D7a. **Are the a la carte foods considered to be healthy or not healthy? Why?**

D7b. **What are some examples of the a la carte foods offered at this site?**

SECTION E. SUMMER FOOD PROGRAM OVERALL EXPERIENCE

The last topic I'd like to cover today is <SITE NAME's> overall experiences as a participant in the summer meals program.

E1. **For <SITE NAME>, what is the greatest benefit of participating in [SFSP/SSO]?**

E2. **What is the greatest challenge <SITE NAME> faces in serving summer meals?**

PROBE IF NEEDED:

- **Staff?**
- **Training?**
- **Budget?**
- **Equipment?**
- **Facilities?**
- **Program rules?**
- **Menu planning?**
- **Food costs?**
- **Transportation?**
- **The requirement that children must eat meals at the site?**
- **Shelter from the heat or rain**
- **Ensuring that the site is safe for kids to come and eat their meals**

E2a. **What makes this the greatest challenge? Are there any other challenges you considered, but decided not to mention? IF SO: Why?**

E3. **Overall, how would you characterize <SITE NAME'S> experience with the summer meals program?**

PROBE IF NEEDED:
Has it been a positive or a negative experience? Why?

E4. **Would you recommend or not recommend the program to other sites considering participation, or not? Why?**

Thank you for participating in the Summer Meals Study.

Current Sponsor Discussion Guide

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Current Sponsor Discussion Guide

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME:_____ INTERVIEW END TIME: _____

INTERVIEWER ID:_____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

Hello, I am [NAME] from Insight, and I am calling about the Summer Meals Study. May I speak with:

Name of sponsor

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

IF RESPONDENT IS AVAILABLE:

I would like to ask you some questions about the <Summer Food Service Program (SFSP)/Seamless Summer Option (SSO)> program, to gain better understanding about program operations and factors that affect the decision of sponsors, sites, and households to participate in the program.

Your participation in this interview is voluntary. The information you provide will be kept private and will not be disclosed to anyone outside of the research team, except as otherwise required by law. You have the right to stop at any time or skip questions. Whether you decide to participate or not will not affect any government benefits or services you or your organization receives – either now or in the future.

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1009, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private. See https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf)

The interview should take about 1 hour.

Do you agree to participate?

- ☐ YES
- ☐ NO → ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

Thank you. Before we begin, I would like to introduce my colleague, [NAME] also from Insight. [NAME] will be taking notes while we talk. With your permission, we would also like to record this discussion. The recording will be transcribed so that we can recall exactly what was said and correctly summarize the information you provide. The recordings, transcripts, and any notes we have will be stored on Insight's secure server and will be destroyed after the project is complete.

Do you have any questions before we begin?
INTERVIEWER: ANSWER QUESTIONS ABOUT WESTAT/STUDY/TOLL-FREE NUMBER, ETC. AS NEEDED.

Do I have your permission to record this discussion?

- ☐ YES
- ☐ NO – clarify if willing to continue without recording but OK with note taking. Otherwise end interview.

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: Turn on recorder and begin interview

SECTION A. SPONSOR PARTICIPATION FACTORS

I would like to begin our discussion by asking about your organization and the reasons your organization sponsors [Summer Food Service Program (SFSP)/Seamless Summer Option (SSO)] program sites.

A1. Can you tell me whether your sponsoring organization's primary purpose is to offer meals, or are the meals only one component of what you offer?

[NOTE TO INTERVIEWER: For example, a camp could operate primarily to provide programming/activities to children and the meals are only one aspect of their programming. In contract, a sponsor/site could only operate to provide meals.]

A1a. Can you tell me why your organization participates in [SFSP/SSO]?

PROBES IF NEEDED:
What are the main reasons you decided to participate as a sponsor?
How many years have you been a sponsor?
Would your operations continue without SFSP/SSO?

A2. What specific group of children do you have in mind to receive free meals at the sites you sponsor?

PROBES IF NEEDED:
Is your target audience…

- **…Children in the area?**
- **…Children enrolled in a specific program such as a camp or summer reading program?**
- **[For SFAs: Children that attended the school during the school year?]**
- **…Some other subset of children?**

A2a. Is this the same across all sites?

IF NO: Please explain what is different for some sites.

A3. Do any of your [SFSP/SSO] meal service sites offer activities for children who eat the summer meals in addition to providing meals and snacks?

IF YES ASK: Who offers the activities for children who eat the summer meals, <SPONSOR NAME> employees or another organization?

THEN CONTINUE WITH A4 AND A5 THEN ASK A6

IF NO GO TO A6

A4. What role, if any, does your organization play in determining if there are activities or programs offered at the meal service sites?

A5. What types of activities do your sites offer for children other than providing meals and/or snacks?

A5a. What impact, if any, do the activities provided have on attendance?

A5b. Have activities or programs changed over time? How? Why?

IF NO ACTIVITIES OFFERED CURRENTLY:

A6. Have meal sites had activities in the past? Do you think more children would attend if there were activities?

A7. To the best of your knowledge, what changes, if any, have you made to the types of sites and children served in SFSP /SSO?

PROBES IF NEEDED:

Have you…
Added more sites?
Closed/ended any sites?
Added different types of sites?
Added more meal/snack service or decreased the meal/snack service (e.g. continuing to serve lunch and adding breakfast, or stopping serving snacks)?

A7a. What other changes has your organization made?

A8. Who is involved in advertising the [SFPS/SSO] program and/or the other programs offered at the site to families with children so that they will attend (site or sponsor)? What role do they play? [TAILOR BASED ON PRIMARY ACTIVITY OF SITE—MEALS OR OTHER PROGRAMMING]

PROBE IF NEEDED:

What role does [REFER TO EACH PERSON, GROUP, OR ORGANIZATION MENTIONED] play?

IF NOT MENTIONED:

What about advocacy groups, State agency staff, other sponsors, etc.?
What role does your organization play in advertising the SFPS/SSO program? What guidance do you provide as the sponsor?

A9. What aspects, if any, of [SFSP/SSO] are promoted to encourage families with children to participate?

PROBES IF NEEDED:

Availability of free meals and snacks?
Activities?
Availability of nutritious meals and snacks?
Other aspects of the program?

A9a. Which is more important in your advertising? (Activities or free meals)?

A10. What have you done to get the word out about your [SFSP/SSO] program?

PROBES IF NEEDED:
How are families given information about the sites and food?
Are they provided the menu in advance?
Do you wish you used other methods to promote the program? Which ones and why?
What makes it not possible for you to use these methods?

A10a. Have you advertised the program on

- **…Social media?**
- **…Flyers or other printed material?**
- **…A toll-free line?**
- **…any other methods?**

A10b. Have any of these methods been effective? How do you know?

A10c. Have any not been effective? How do you know?

A10d. What schedule or timeline does your organization follow for advertising the [SFSP/SSO]?

PROBES IF NEEDED:
When do you start?
How long does the advertising last?
How has that schedule worked out?
What, if anything, would you change about the schedule? Why?

SECTION B. SEAMLESS SUMMER OPTION (ASK ONLY OF SFA SPONSORS)

B1. Tell me about the process your organization undertook to decide to participate in [SFSP/SSO].

PROBES IF NEEDED:
Who was involved in the process?
How long did it take?
How long ago? Do you reconsider every year?
What factors were considered in making the decision? Which factors were most important?

IF ORGANIZATION HAS EVER PARTICIPATED IN SFSP/SSO:
B2. Can you tell me when and why your organization decided to switch programs?

PROBES IF NEEDED:
When did you make the switch? Do you plan to continue?
What did you see as the key benefit to the current program?
What change could be made to the (other) program to make it more appealing?

SECTION C. SPONSOR/SITE RELATIONSHIP

Let's talk now about how your organization works with the meal service sites you sponsor.

C1. What is the relationship between your organization and the sites you sponsor?

Are the sites…
part of the same organization as the sponsor?
separate entities?
or is there some other arrangement?
Do staff at the sites work for your organization or for the site?

C1a. Is this the case for all the sites you sponsor? If not, why is it different for some sites?

C2. Across the <INSERT # FROM SURVEY> sites your organization sponsors, how many days or weeks in total do you provide [SFSP/SSO] meals in Summer 2018?

C2a. How do you decide the number of days or weeks that the meal program will operate?

C2b. Does this vary across the sites you sponsor? Why?

C2c. What factors are considered when making that decision?

PROBES IF NEEDED:
Does your organization consider…

- **…When other programs at the site operate?**
- **…Availability of staff?**
- **…Availability of site facilities?**
- **…Costs?**
- **…Summer break for local schools?**
- **…Other meal options available in the area?**
- **…Some other factors?**

C2d. Would you like to increase the number of days or weeks that you offer meals each summer? If so, what would help you keep the program open more days or weeks?

C3. Does attendance at your organization's summer meal sites vary, or is it fairly consistent?

PROBES IF NEEDED:
Does attendance vary from day to day, from week to week…?
Does attendance vary at different meal services if offered (i.e. breakfast, lunch, supper, or snacks)…?

Is attendance predictable or unpredictable?
Why? (transportation? Activities? Other meal options available? Other issues?)

IF FLUCTUATES -- SPORADIC/INCONSISTENT:

C3a. What seems to cause variation (unpredictability) in attendance?

C4. Have any of your sites experienced any challenges with the requirement for serving meals in a congregate setting? By congregate we mean eating at the site.

PROBES IF NEEDED: Do you have challenges with…

- **Finding enough space for children to eat together?**
- **Providing shelter from the heat/rain?**
- **Attracting children to the site to eat there?**
- **Safety of children while at site?**
- **Children preferring to eat off site?**

SECTION D. OBTAINING MEALS

Now let's talk about the program at <SITE NAME>, the meals they serve and where they get their meals.

D1. Who decides whether <SITE NAME> will serve breakfast, lunch, snack, or supper?

PROBE IF NEEDED:
How are these decisions made?
[IF SPONSOR:] D1a. Why did you decide that the site would serve <breakfast/lunch/snack/supper>?

PROBE IF NEEDED:

- **What factors were important in that decision?**
  - **Timing? Limit on total meals that can receive reimbursement? Popularity of certain meals with children? Other factors?**

D2. Would you like to increase the number of meal services you offer each day? If so, what would help you offer more types of meals?

PROBES:

- **Why haven't you served more meal types?**
  - **Have you reached the USDA limit of meals you can serve each day?**
  - **Would children come to eat the meals if you served them?**
  - **Is staffing a challenge?**
- **Other reasons?**

How are meals prepared or cooked for the summer meals program at <SITE NAME>?

- **Are they prepared or cooked on-site? (= self prep)**
- **Prepared or cooked at a central kitchen? (= self prep)**
- **Purchased from a private commercial vendor? (=uses vendor)**
- **Purchased from a school or school food authority? (= uses vendor)**
- **Prepare or cook another way (get description) (may = self prep or vendor)**

IF SPONSOR IS NOT PRIMARY MENU PLANNER:

D3. **At <SITE NAME>, meals are [provided by a vendor/company OR prepared on site OR are prepared at a central kitchen]. How would you describe your organization's involvement in the decision to [use a vendor OR have meals prepared on site OR have meals prepared at a central kitchen] for <SITE NAME>?**

PROBES IF NEEDED:
What role does the <SITE NAME> play in deciding whether to use a vendor or prepare their own meals or have meals prepared at a central kitchen?
How do you work together? What does that look like?
When are decisions made about using a vendor or preparing meals on-site or at a central kitchen?
Has your organization's role in deciding how meals are bought or made for <SITE NAME> changed over time?

D4. **Is your role in decisions about buying meals from vendors or preparing meals yourself the same across all the sites you sponsor? If no, why not?**

IF SPONSOR IS PRIMARY MENU PLANNER AND SITE USES VENDOR:

D5. **At <SITE NAME>, meals are provided by a vendor. Please walk me through the process of how the decision was made to use a vendor for meals at <SITE NAME>, instead of preparing meals yourself.**

PROBES IF NEEDED:
Who made the decision?
D5a. What factors were considered when deciding whether to purchase the meals from a vendor instead of preparing your own meals?

PROBES:
How does your organization consider…

- **Facilities at the meal service site? (kitchen, equipment, storage, etc) IF YES: What type of facilities did you have? What facilities are needed to prepare meals on site**
- **Cost of meals? IF YES: What alternative meal service arrangements did you consider? How much more cost effective was your choice of vendor?**
- **Number of children enrolled or expected to be participate in the program? IF YES: What process did you use to estimate the number of meals you would need? Did you find your estimate to be on target?**
- **Expected changes in daily or weekly attendance of children at the site?**
- **Availability of kitchen staff to prepare meals? IF YES: Were you able to explore multiple staffing sources (for example, school or organization employees, volunteers, temporary employees)?**
- **Some other factors?**

D5b. **Which factor is most important in deciding how you make or buy meals for <SITE NAME>? Why is that most important?**

D5c. **Would you prefer that site staff prepare their own meals? Why/why not?**

D5ci. **What would you need for site staff to be able to prepare their own meals?**

PROBES IF NEEDED:
- **Equipment? Staff expertise? Facilities? Other?**

D5d. **Do you use the same method for all the sites under your sponsorship?**

D6. **How satisfied or dissatisfied is your organization with the available vendors in your area?**

PROBE IF NEEDED:
Why? (For example, cost, meal quality, number of vendors to choose from, meal delivery options)

IF SPONSOR IS PRIMARY MENU PLANNER AND SITE IS SELF-PREP:

D7. **At <SITE NAME>, meals are prepared [by the site OR at a central kitchen]. Please walk me through the process of how the decision was made for the site to have meals prepared [on-site OR at a central kitchen], instead of buying meals from a meal vendor or company.**

PROBES IF NEEDED:
Who made the decision?

D7a. **What factors were considered when deciding whether to self- prepare meals instead of purchasing the meals from a vendor?**

PROBES:
How does your organization consider…

- **Facilities at the meal service site? (kitchen, equipment, storage, etc) IF YES: What type of facilities did you have? Did you need?**
- **Cost of meals? IF YES: What alternative meal service arrangements did you consider? How much more cost effective was your choice of vendor?**
- **Number of children enrolled or expected to be participate in the program? IF YES: What process did you use to estimate the number of meals you would need? Did you find your estimate to be on target?**
- **The consistency or variability in daily or weekly attendance of children at the site?**
- **Availability of kitchen staff to prepare meals? IF YES: Were you able to explore multiple staffing sources (for example, school or organization employees, volunteers, temporary employees)?**
- **Some other factors?**

D7b. **Which factor is most important in deciding how you make or buy meals for <SITE NAME>? Why is that most important?**

D7c. **Do you use the same method for all the sites under your sponsorship?**

SECTION E. PLANNING MENUS

Now let's talk about the menus for <SITE NAME>.

IF SPONSOR IS NOT PRIMARY MENU PLANNER:

E1. **How does your organization assist <SITE NAME> in the menu planning process?**

PROBES IF NEEDED:
How are you involved?
When are you involved?
Do you have staff who are dietitians or nutritionists?
Is this the same for all of the sites you sponsor?

ASK REMAINING QUESTIONS IN THIS SECTION ONLY IF SPONSOR IS PRIMARY MENU PLANNER:

E2. **What is your organization's menu planning process for <SITE NAME>?**

PROBE IF NEEDED:
Who participates in the menu planning process?
In planning menus, what is the role of…

- **…Staff within your organization?**
- **…Site staff?**
- **…State agency staff?**
- **.. Any others who participate?**

IF THEY USE VENDED MEALS:

E2a. **How does the vendor participate, if at all, in the menu planning process?**

E3. **What is the timing of the menu planning process?**

PROBE IF NEEDED:
When did the menu planning process begin for the most recent year of [SFSP/SSO]?
When does menu planning start?
How long does the planning process take?

E4. **What resources does your organization use in planning menus?**

PROBES IF NEEDED:
Do you use USDA or state provided nutrition information or sample menus?
Which resources are especially helpful? Why?
What else does your organization need for menu planning, that you don't currently have?

E5. **Is the menu planning process the same for all of your sites? Do all sites use the same menus?**

E6. **Thinking more about how your organization plans menus for <SITE NAME>, what factors are most important?**

PROBES IF NEEDED:
What about meal pattern requirements? Facilities? Staff? State guidance? Equipment? Children's feedback? Cost?
Why are these important?
How are they considered?

E7. **What does your organization use as the basis for defining what "healthy meals" are?**

PROBES IF NEEDED:
Has your organization developed its own definition of "healthy meals," or adapted one from some other source? How do you define "healthy meals"?

IF ANOTHER SOURCE:
Which source?

E7a. **What guidelines, if any, does your organization use to set standards for "healthy meals?"**

E7b. **What do you do to provide healthy meals?**

- **Fresh foods?**
- **Variety of foods?**
- **Certain types of foods? (For example, fruits, vegetables, whole grains)**

E8. **How much focus is placed on serving "healthy meals"?**

E8a. **Is the focus limited to ensuring the meals meet the meal pattern requirements?**

E8b. **Do you have a dietitian or nutritionist review the menus?**

E8c. **What challenges, if any, do you have in serving healthy meals?**

E9. **When planning menus for <SITE NAME>, how are food preferences of children taken into account?**

E10. **How do you monitor how children react to menus/new menu items?**

PROBE IF NEEDED:
For example, taste tests, surveys, food waste?

E11. **When planning menus for <SITE NAME>, does your organization use USDA foods? [IF NEEDED: USDA FOODS ARE "COMMODITIES" OR FOODS PURCHASED BY USDA, SUCH AS FRUITS, VEGETABLES, MEATS, CHEESE, AND GRAINS THAT ARE PROVIDED TO SUMMER MEAL SITES TO SUPPORT THEIR MEAL SERVICE]**
IF THE SPONSOR USES USDA FOODS:

E11a. How are USDA foods used in meals?

E11b. How easy or difficult is it to incorporate USDA foods into the menus?

E11c. What is your organization's experience with using USDA foods in the menus?

E11d. How does using USDA foods impact your organization's bottom line?

E11e. Which USDA foods would you like to use, but are not available in your State?

IF USDA FOODS ARE NOT AVAILABLE OR USED:

E11f. How do you think you would use USDA foods if they were available in your State? What impact would this have on your menus?

E12. When planning menus for <SITE NAME>, how does your organization plan meals to accommodate local foods and cultural preferences of your participants?

PROBES IF NEEDED:
What are some examples of local preferences you incorporate?
How do you get input from the children or community about cultural foods to consider?

IF ORGANIZATION CONSIDERED LOCAL FOODS IN MENU PLANNING ASK E13-E17, IF NOT SKIP TO SECTION F:

E13. How does your organization incorporate locally-produced foods into the meals?

E14. What do you consider "local foods" for your program?
…in the State?
…in the county?
…other area?

E15. Are you aware of any State or regional program to promote local foods?

E16. What are the benefits of obtaining and using local foods?

PROBES IF NEEDED:
Are there benefits such as the…

- **…Opportunity to provide fresh food?**
- **…Opportunity to support the local economy and farmers?**
- **…Opportunity for education about food, etc.?**

E17. What are the challenges in obtaining and using local foods?

PROBES IF NEEDED:
Do you face challenges such as…

- **…Finding local farmers?**
- **…Unpredictability of obtaining the foods?**
- **…Higher costs?**

SECTION F. SUMMER FOOD PROGRAM OVERALL EXPERIENCE

The last topic I'd like to cover today is your organization's overall experience in sponsoring a summer meals program.

F1. **For your organization, what is the greatest benefit of participating in [SFSP/SSO] ?**

F2. **Overall, how would you characterize your organization's experience as a sponsor of [SFSP/SSO] program?**

PROBE IF NEEDED:
Has it been a positive or a negative experience? Why?

F3. **What is the greatest challenge your organization faces in serving summer meals?**

PROBE IF NEEDED:

- **Staff?**
- **Training?**
- **Budget?**
- **Equipment?**
- **Facilities?**
- **Program rules?**
- **Menu planning?**
- **Food costs?**
- **Transportation?**
- **The requirement that children must eat meals at the site?**
- **Shelter from the heat or rain?**
- **Ensuring that the site is safe for kids to come and eat their meals?**

F3a. **What makes this the greatest challenge? Are there any other challenges you considered, but decided not to mention? IF SO: Why?**

F4. **Would you recommend being a sponsor to other organizations that are considering sponsoring the program, or not? Why?**

Thank you for participating in the Summer Meals Study.

Former Sponsor Discussion Guide

OMB Control No: 0584-0635
Expiration Date: 02/28/2021

Former Sponsor Discussion Guide

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME:_____ INTERVIEW END TIME: _____

INTERVIEWER ID:_____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

Hello, I am [NAME] from Insight, and I am calling about the Summer Meals Study. May I speak with:

Name of former sponsor

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

IF RESPONDENT IS AVAILABLE:

I would like to ask you some questions about the Summer Food Service Program (SFSP)/Seamless Summer Option (SSO), to gain better understanding about program operations and factors that affect the decision of sponsors, sites, and households to participate in the program.

Your participation in this interview is voluntary. The information you provide will be kept private and will be disclosed to anyone outside of the research team, except as otherwise required by law. You have the right to stop at any time or skip questions. Whether you decide to participate or not will not affect any government benefits or services you or your organization receives – either now or in the future.

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1009, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private. See https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf)

The interview should take about 30 minutes.

Do you agree to participate?

- ☐ YES
- ☐ NO → ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

Thank you. Before we begin, I would like to introduce my colleague, [NAME] also from Insight. [NAME] will be taking notes while we talk. With your permission, we would also like to record this discussion. The recording will be transcribed so that we can recall exactly what was said and correctly summarize the information you provide. The recordings, transcripts, and any notes we have will be stored on Insight's secure server and will be destroyed after the project is complete.

Do you have any questions before we begin?
INTERVIEWER: ANSWER QUESTIONS ABOUT WESTAT/STUDY/TOLL-FREE NUMBER, ETC. AS NEEDED.

Do I have your permission to record this discussion?

- ☐ YES
- ☐ NO – clarify if willing to continue without recording but OK with note taking. Otherwise end interview.

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: Turn on recorder and begin interview

SECTION A. PROGRAM PARTICIPATION

INTERVIEWER: DETERMINE IN ADVANCE WHETHER SPONSOR OPERATED SSO OR SFSP AND TAILOR QUESTIONS ACCORDINGLY.

I would like to begin our discussion by asking about your organization, its primary purpose, and the reasons your organization sponsored [Summer Food Service Program (SFSP)/Seamless Summer Option (SSO)] program sites.

A1. **Can you tell me whether your organization's primary purpose when you were in [SFSP/SSO] was to offer meals, or were the meals only one component of what you offered?**

[NOTE TO INTERVIEWER: For example, a camp could operate primarily to provide programming/activities to children and the meals are only one aspect of their programming. In contract, a sponsor/site could only operate to provide meals.]

A2. **Is your organization continuing to operate?**

[IF YES:] **Do you have the same services/programs/activities you had when you operated [SFSP/SSO]?**
Do you still serve meals and snacks?

A3. **For how long did your organization sponsor a [SFSP/SSO] summer meals program? Your best estimate is fine.**

PROBE IF NEEDED:
For how many summers did your organization sponsor a program?

Probe for any breaks in sponsorship. Establish year(s) in which sponsored and year(s) not sponsored.

A4. **When did your organization first sponsor the [SFSP/SSO]? Your best estimate is fine.**

Year of first summer _____

A5. **When did your organization last sponsor the [SFSP/SSO]? Your best estimate is fine.**

Year of last summer _____

A6. **Thinking about the last summer [year of last summer] in which your organization was a sponsor, how many summer meal sites did you sponsor for SFSP/SSO?**

Number of summer meal sites sponsored _____

A7. **To the best of your recollection, how many weeks did your sites operate?**

PROBE IF NEEDED: All summer? Most of the summer? Only a few weeks? Did this vary across the sites you sponsored?

[IF LESS THAN FULL SUMMER:] Would you like to have operated more days or weeks? What prevented you from doing so?

A8. What meals and snacks did your organization serve?

Meals/Snacks Served _____

We are interested in understanding the reasons your organization participated as a sponsor for the [SFSP/SSO].

Thinking about your first summer experience as a sponsor…

(NOTE: the program may have been run before the respondent became the administrator and they may not know about the onset of the program – so questions are about the first time they were involved in the summer meal program as a sponsor)

A9. What were the reasons why your organization sponsored the [SFSP/SSO]?

PROBE IF NEEDED:
To fill a need in the community?
To receive funding to help support more nutritious meals?
Because advocacy organizations/others recommended or promoted it?
Because you knew other sponsors?
Because you were already serving meals without getting reimbursement?

A9a. What reasons were the most important in the decision to sponsor the program?

A10. How successful was the [SFSP/SSO] you sponsored?

PROBE IF NEEDED:
Did your program meet the needs of your community?
How did [SFSP/SSO] program attendance compare to other programs in the organization?
Did [SFSP/SSO] program attendance meet your expectations?
How did children react to the [SFSP/SSO] food?
What did parents think of the [SFSP/SSO] program?
What did senior leadership within the organization think of the [SFSP/SSO] program?

A10a. What made it successful?

PROBE IF NEEDED:
Meals are an added benefit of an already successful program (i.e., a camp or activity offered at the site)
Children already attend the site for another purpose
Quality/type of meals provided
Facilities
Site(s) location
Site(s) opening times
Marketing
Number of participating children
Free transportation
Activities for children
Staff

A10b. And, other than what you previously mentioned, what were some challenges in sponsoring the program?

PROBE IF NEEDED:

- ☐ Staff
- ☐ Training
- ☐ Budget
- ☐ Equipment
- ☐ Facilities
- ☐ Reaching children and families
- ☐ SFSP/SSO Policies/Rules
- ☐ Getting children to attend consistently
- ☐ Getting children to stay at the site to eat their meals
- ☐ Transportation for children to get to the site
- ☐ Lack of shelter from heat or rain

IF SPONSOR FOR MORE THAN ONE YEAR:

A10c. Did these challenges vary from year to year?

PROBE IF NEEDED:

Thinking about the years you implemented the program, would you say the challenges were encountered each year or just in the few years/last year as a sponsor? Did you experience the same challenges each year?

SECTION B. OVERALL IMPRESSIONS

B1. All things considered, what are your overall impressions of the SFSP/SSO?

PROBE IF NEEDED:

Would you say it is a good thing or not? Why do you say that?

SECTION C. PROGRAM NON-PARTICIPATION

Now let's talk about the reasons why your organization stopped sponsoring the SFSP/SSO.

C1. Why did your organization stop sponsoring the program?

PROBE IF NEEDED:

- ☐ Staff?
- ☐ Training?
- ☐ Budget?
- ☐ Equipment?
- ☐ Facilities?
- ☐ SFSP/SSO program requirements?
- ☐ Not enough children attended?
- ☐ Getting children to attend consistently?
- ☐ Getting children to stay at the site to eat their meals?
- ☐ Transportation for children to get to the site?
- ☐ Lack of shelter from heat or rain?

C1a. What factors were the most important in the decision to no longer be a sponsor?

C2. How was the decision made to stop participating in the program?

PROBE IF NEEDED:
Who participated in the decision-making process?
Who ultimately made the decision to stop participating as a sponsor?

IF BREAK IN CONTINUOUS SPONSORSHIP MENTIONED ABOVE establish reasons for stopping/starting on more than one occasion.

C3. Which, if any, of the SFSP/SSO program requirements were especially challenging to implement? Why?

SECTION D. SPONSORSHIP OF OTHER PROGRAMS

D1. Does your organization now support or provide meals at any time during the year at any locations?

For example other school year meal programs such as afterschool care, meals for summer camp, meals provided through a food bank or other community program?
Do you charge participants for these meals? How much do you charge per meal?

Do you receive money or other support for these meals through another state, local, or private program?

IF YES:
D1.a. Which ones? Name(s)?

D1.b. What are the reasons why your organization sponsors or offers these programs instead of [SFSP/SSO]?

PROBE IF NEEDED:

- ☐ Need for free/low cost meals in the community
- ☐ Requests for those services from parents/other community members
- ☐ Funding is provided by the state or local government or another organization
- ☐ Don't have to follow SFSP/SSO rules
- ☐ Can allow children to eat their meals away from the site
- ☐ Flexible scheduling and menus

SECTION E. FUTURE SPONSORSHIP

E1. Would your organization consider sponsoring the SFSP/SSO again? Why?

PROBE IF NEEDED:
What factors would make your organization re-consider participating again?

E2. What advice would you give to other organizations sponsoring or considering sponsoring the SFSP/SSO, to make it a success?

SECTION F. CLOSING

F1. The results of this study will help the USDA understand the successes and challenges of implementing this program. Is there anything else you think is important for us to know for this study? [PROVIDE TIME FOR RESPONDENT TO THINK OF AN ANSWER.]

Thank you for participating in the Summer Meals Study.