Summer Feeding Design Study—Final Report

Volume III: Survey Instruments

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STATE ADMINISTRATOR QUESTIONNAIRE

SUMMER FOOD SERVICE PROGRAM
IMPLEMENTATION STUDY

State Administrator Questionnaire

State: _____

Interviewer ID #: _____

Date of interview: |___|___|/|___|___|/|___|___|
                       Month   Day   Year

Contact Person's Name: _____

Address: _____

Contact Person's Phone Number: |___|___|___|-|___|___|___|-|___|___|___|___|

              Fax Number: |___|___|___|-|___|___|___|-|___|___|___|___|

              Email address: _____

INTRODUCTION:

Hello, my name is (NAME) and I'm calling from (CONTRACTOR). You may recall that we are conducting an evaluation of the Summer Food Service Program for the U.S. Department of Agriculture. The main objectives of the evaluation are to describe the characteristics of service providers and to examine Summer Food Service Program operations.

At this time, we are interviewing state administrators. The purpose of this interview is to obtain information about the operation of the program at the state level for this past summer. Interview data from your state will be averaged with those from other states and not reported separately. I will be asking you about various aspects of the program, including your administrative procedures, monitoring practices, technical assistance and training, staffing patterns, and outreach efforts.

(REV--9/26/00) 11/1/00 10:48 AM

MODULE 1: ADMINISTRATIVE COSTS AND PROCEDURES

1.1   I'd like to begin by asking you about the Summer Food Service Program application process.

How many different organizations applied for Summer Food Service Program sponsorship this year, that is in 2001?

|___|___|___|___| RECORD # OF APPLICATIONS

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.2   And how many of these applicants did you approve this year? **IF RESPONDENT SAYS ALL, CONFIRM NUMBER FROM 1.1 AND RECORD IN 1.2.**

|___|___|___|___| RECORD # OF AGREEMENTS

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.3   How many **new** sponsors have been added to the Summer Food Service Program since last year? **IF RANGE GIVEN, TAKE THE MID-POINT.**

|___|___|___| # NEW SPONSORS

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.4 Have the reduced requirements for applications of experienced sponsors had a positive effect, a negative effect, or no effect on the application process in your state?

POSITIVE 01

NEGATIVE 02

NO EFFECT 03

DIDN'T CHANGE REQUIREMENTS -
VOLUNTEERED 04

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.5 Does your state allow application forms to be submitted electronically by those interested in applying for sponsorship? By electronically we mean submitting the application on disk on completing it on-line through the Internet.

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.6 When is your state's application deadline for **new** sponsors? **IF NECESSARY:** I'm interested in the date your state specifies prior to the June 15 Federal deadline.

RECORD DATE

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

OTHER/IT DEPENDS (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3

1.6a   Would you prefer that your state application deadline for new sponsors was earlier in the year, later in the year, or do you feel the current deadline is about right?

        EARLIER IS BETTER 01

        LATER IS BETTER 02

        CURRENT DEADLINE IS ABOUT RIGHT . . 03

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

1.7   And when is your state's application deadline for **experienced** sponsors?

RECORD DATE

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

OTHER/IT DEPENDS (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.8   Would you prefer that your state application deadline for experienced sponsors was earlier in the year, later in the year, or do you feel the current state deadline is about right?

        EARLIER IS BETTER 01

        LATER IS BETTER 02

        CURRENT DEADLINE IS ABOUT RIGHT . . 03

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

1.9   What are the months of operation for the Summer Food program in your state?

START DATE: |___|___|/|___|___| **END DATE:** |___|___|/|___|___|
                   MONTH   DAY   MONTH   DAY

1.9a   Next, I'd like to ask you some questions about your staff.

I'd like to know about the total number of people working on the Summer Food Program in your state office by position or title. I would then like to know what percentage of their time is dedicated to Summer Food, both during the summer months and other times of the year.

Okay, why don't we start with you . . . You are the .... (RECORD TITLE ON FIRST LINE BELOW). What percentage of your time do you spend on the Summer Food program during the summer? And what percentage of your time is dedicated to Summer Food during the rest of the year? **CONTINUE ASKING ABOUT OTHER STAFF. BE SURE TO ASK THE NUMBER OF PEOPLE IN THIS POSITION AS WELL AS PERCENTAGE OF TIME. IF RESPONDENT SAYS DON'T KNOW OR REFUSES, PLEASE WRITE IN "-1" AND "-3" RESPECTIVELY WHERE APPROPRIATE.**

Title	# People in Summer	% of Time in Summer	# People Rest of Year	% of Time Rest of Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1.10   How many of the staff you listed in your office are available for formal training or technical assistance to sponsors? **RECORD ACTUAL NUMBER OF PEOPLE.**

|___|___|___| # OF STAFF AVAILABLE FOR TRAINING/ASSISTANCE

DON'T KNOW . . . . -1

REFUSED . . . . -3

5

1.11   Thinking about the staff that worked on the Summer Food program this summer, please tell me if you feel the number of staff you had available for each of the following tasks was adequate or inadequate. First, do you feel you had an adequate or inadequate amount of staff to handle . . .

		Adequate	Inadequate	DON'T KNOW	REFUSED
a.	Outreach	01	02	-1	-3
b.	Formal training	01	02	-1	-3
c.	Monitoring both sponsors and sites	01	02	-1	-3
d.	Technical assistance for new sponsors	01	02	-1	-3
e.	Technical assistance for experienced sponsors . . .	01	02	-1	-3
f.	Application processing	01	02	-1	-3
g.	Claims review and processing	01	02	-1	-3
h.	Vendor management	01	02	-1	-3
i.	Health inspections and food safety issues	01	02	-1	-3

1.12   Did you have any positions vacant this year in the Summer Food Program?

YES 01
NO . . . . 00 ⎤
DON'T KNOW . . . . -1 ⎥ **GO TO 1.14**
REFUSED . . . . -3 ⎦

1.13   What positions were vacant? How much time (was that/were those) position(s) supposed to spend on Summer Food, both during the summer and during the rest of the year? **WRITE IN "-1" OR DON'T KNOW AND "-3" FOR REFUSED, AS NEEDED.**

	% of Time in Summer	% of Time Rest of Year
Vacant Position		
_____	_____	_____
_____	_____	_____
_____	_____	_____

6

1.14   Has Summer Food program staffing in your state office increased, decreased or remained the same in the last three years?

      INCREASED 01

      DECREASED 02

      STAYED SAME . . . . 03 ⎤

      DON'T KNOW . . . . -1 **→ GO TO 1.16**

      REFUSED . . . . -3 ⎦

1.15   What is the main reason for the (increase/decrease) in staffing? **OPEN-ENDED. RECORD VERBATIM.**

_____

_____

      DON'T KNOW . . . . -1

      REFUSED . . . . -3

1.16   Did federal funds specified for this year's Summer Food program cover all of your state's administrative costs to run the program?

      YES . . . . 01 **! GO TO 1.18**

      NO 00

      DON'T KNOW . . . . -1 ⎤

      REFUSED . . . . -3 ⎦ **→ GO TO 1.18**

1.17   What funds did you use to cover the difference? **OPEN-ENDED. RECORD VERBATIM.**

_____

_____

      NONE 00

      DON'T KNOW . . . . -1

      REFUSED . . . . -3

7

1.18   Did your state provide any advance funding to sponsors in 2001?

YES 01
NO 00
DON'T KNOW . . . . -1   **GO TO 1.20**
REFUSED . . . . -3

1.19   Was that advance funding provided to new sponsors only, experienced sponsors only or to both?

NEW ONLY 01
EXPERIENCED ONLY 02
BOTH 03
DON'T KNOW . . . . -1
REFUSED . . . . -3

1.20   Would you be interested in obtaining additional start-up funds for **new** sponsors?

YES 01
NO 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

1.21   And would you be interested in obtaining additional funds for **experienced** sponsors to expand the number of sites they operate?

YES 01
NO 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

8

IF YES TO EITHER 1.20 OR 1.21, ASK:

1.22 How would you use the additional money? **OPEN-ENDED.**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

IF NO TO EITHER 1.21 OR 1.22, ASK:

1.23 Why aren't you interested in (additional funds for sponsors/additional start-up funds for new sponsors/additional funds so experienced sponsors can expand)? **OPEN-ENDED.**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

    (REV--9/26/00) 11/1/00 10:48 AM

MODULE 2: SPONSORSHIP

2.1   Next, I'd like to ask you some questions about sponsors and outreach activities.

How many of your 2001 sponsors are . . .

Schools (Total Schools) . . . . |___|___|___|___|___|

> **PROBE:** Can you break out public from private schools?

Public schools? . . . . |___|___|___|___|___|

Private schools? . . . . |___|___|___|___|___|

Government agencies? . . . . |___|___|___|___|___|

Residential camps? . . . . |___|___|___|___|___|

National Youth Sports Programs? . . . . |___|___|___|___|___|

Other non-profit private organizations,
excluding private schools, residential
camps and NYSP? . . . . |___|___|___|___|___|

2.2   And how many Summer Food Service Program **sponsors** did you have in (STATE) last year?

|___|___|___|___| RECORD # OF SPONSORS IN 2000

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.3   How many sponsors that participated in the program in 2000 were not part of the Summer Food program this year, that is in 2001?

|___|___|___| RECORD # OF SPONSORS THAT LEFT

NONE . . . . 00 !   **GO TO 2.6**

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.4   How many of last year's sponsors left by their choice, how many changed their status from a sponsor to a site, and how many did you not approve or ask not to re-apply in 2001?

|___|___|___| # LEFT BY CHOICE

|___|___|___| # CHANGED FROM SPONSOR TO SITE

|___|___|___| # NOT APPROVED OR ASKED NOT TO RE-APPLY

DON'T KNOW . . . . -1

REFUSED . . . . -3

**IF ANY SPONSORS NOT APPROVED BY STATE, ASK 2.5.
ALL OTHERS, GO TO 2.6:**

2.5   Please tell me the most important reasons for not approving those sponsors. **RECORD VERBATIM. PROBE FOR ADDITIONAL REASONS.**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

ASK ALL:

2.6   What, if anything, does your agency do to retain sponsors? **OPEN-ENDED.**

PROBE FOR ADDITIONAL RESPONSES.

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

11

2.7   Thinking now about **new** sponsors . . .

In the last few years, has your state worked with other organizations to find sponsors?

YES 01
NO 00
DON'T KNOW . . . . -1   ➤ **GO TO 2.11**
REFUSED . . . . -3

2.8   What organizations did your agency work with? **RECORD VERBATIM THEN PROBE FOR CORRECT CLASSIFICATION CODE RECORD "-1" FOR DON'T KNOW AND "-3" FOR REFUSED IF NEEDED.**

NAME OF ORGANIZATION	CODE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ORGANIZATION CODES:

01	Department of Education	06	Government Organization
02	Schools	07	Medical Organization
03	Community Based Organization	08	Nutrition or Anti-Hunger Advocacy Group
04	Religious Organization	96	Other (SPECIFY--WRITE IN ABOVE)
05	Business Organization		_____

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2.9   Thinking about your agency's level of effort to attract new sponsors and increase child participation, would you say your agency primarily handles this on its own, that your agency works together with other organizations in this area, or does your agency primarily oversee and direct other organizations that help you out in this area?

    STATE AGENCY HANDLES ON OWN 01
    STATE AGENCY WORKS WITH OTHERS . 02
    STATE OVERSEES OTHERS 03
    OTHER: SPECIFY 96

    _____

    DON'T KNOW . . . . -1
    REFUSED . . . . -3

2.10   What kinds of outreach, if any, are you and your partner organizations doing to get new sponsors in areas where there are currently none? **RECORD VERBATIM RESPONSE.**

    _____

    _____

    _____

    NOT DOING ANY OF THIS TYPE
    OF OUTREACH 00
    DON'T KNOW . . . . -1
    REFUSED . . . . -3

2.11   What kinds of outreach, both in terms of finding new sponsors and increasing participation, have been most successful in your state? **OPEN ENDED.**

    PROBE: Anything else?

    _____

    _____

    _____

    DON'T DO OUTREACH 00
    DON'T KNOW . . . . -1
    REFUSED . . . . -3

13

2.12   In your opinion, what are the reasons that so few children participate in the Summer Food program as compared to the National School Lunch Program? **RECORD VERBATIM.**

PROBE FOR ANYTHING ELSE.

_____

_____

_____

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.13   If the Summer Food program was to grow significantly, that is by more than 10%, would you say . . .

The staff and resources that you now have
are adequate to handle growth in the
Summer Food program, ... 01

You would need a little more staff and
resources to handle growth in the
Summer Food program, or 02

You would need a lot more staff and
resources to handle growth in the
Summer Food program? 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

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MODULE 3: TRAINING AND TECHNICAL ASSISTANCE

3.1   Next I'd like to ask you about training activities and technical assistance for both sponsors and site personnel. By training I mean formal training sessions usually conducted off-site. Technical assistance can be individualized help given to sponsors or site personnel either in-person on-site or by telephone.

First, do you hold annual sponsor training sessions?

YES 01
NO 00
DON'T KNOW . . . . -1   **GO TO 3.10**
REFUSED . . . . -3

3.2   How many sponsor training sessions did you hold for this summer's program?

|___|___|___| # OF SPONSOR TRAINING SESSIONS

DON'T KNOW . . . . -1
REFUSED . . . . -3

3.3   In what months were those training sessions held?

<div style="text-align:right">CIRCLE ALL THAT APPLY</div>

JANUARY 01

FEBRUARY 02

MARCH 03

APRIL 04

MAY 05

JUNE 06

JULY 07

AUGUST 08

SEPTEMBER 09

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.4   In regard to **new** sponsors, do you hold additional training for new sponsors? Please do **not** include any on-site assistance given at the start of their operation.

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.5   What is the average length of training for new sponsors? **RECORD IN TERMS OF HOURS. IF RANGE GIVEN, TAKE THE MID-POINT.**

|___|___|___| AVERAGE # OF HOURS FOR NEW
                       SPONSOR TRAINING

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.6   And which required topics do you spend the most time on during training with **new** sponsors? **OPEN-ENDED. RECORD VERBATIM.**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.7   Turning to experienced sponsors, what is the average length of training for experienced sponsors? **RECORD IN TERMS OF HOURS. IF RANGE GIVEN, TAKE THE MID-POINT.**

|___|___|___| AVERAGE # OF HOURS TRAINING FOR
            EXPERIENCED SPONSOR TRAINING

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.8   Thinking now about the topics that you are required to cover during sponsor training, which topics do you spend the most time on with **experienced** sponsors? **OPEN-ENDED. RECORD VERBATIM**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.9   What topics, if any, above and beyond those required, do you cover in your training sessions? **OPEN-ENDED. RECORD VERBATIM.**

_____

_____

_____

_____

_____

_____

    DON'T KNOW . . . . -1

    REFUSED . . . . -3

3.10   For each of the following types of technical assistance, please tell me if your office provides this assistance beyond training and information sent to sponsors. First, how often do you provide additional (INSERT ITEM)? Is this additional assistance provided often, sometimes, or rarely? If this type of assistance is not provided, please just say so. And do you provide additional (INSERT NEXT ITEM) often, sometimes, or rarely? **CONTINUE WITH REST OF LIST.**

	OFTEN	SOMETIMES	RARELY	NOT PROVIDED TO ANY	DON'T KNOW	REFUSED
a. Assistance with the application process?	01	02	03	00	-1	-3
b. Assistance in selecting a food vendor?	01	02	03	00	-1	-3
c. Assistance in completing reimbursement forms?	01	02	03	00	-1	-3
d. Assistance in site management practices, such as menu planning and accurate meal counts?	01	02	03	00	-1	-3
e. Assistance with financial management of program?	01	02	03	00	-1	-3
f. Assistance in community outreach and providing outreach materials?	01	02	03	00	-1	-3
g. Assistance in correcting violations or improper practices?	01	02	03	00	-1	-3

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3.11   What is the average amount of assistance given to **new** sponsors, above and beyond whatever formal off-site training they receive? **RECORD IN TERMS OF HOURS. IF RANGE GIVEN, TAKE THE MID-POINT.**

|___|___|___| AVERAGE # OF HOURS FOR ASSISTANCE

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.12   Of the overall time your staff provides on technical assistance beyond training, what percentage of that time is spent with new sponsors?

|___|___|___| % SPENT WITH NEW SPONSORS

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.13   Did you or any of your staff attend any site training sessions run by any of your **sponsors** in 2001?

YES 01

NO . . . . 00 ⌐

DON'T KNOW . . . . -1   ► **GO TO MODULE 4**

REFUSED . . . . -3 ⌐

3.14   About how many site training sessions did you or members of your staff attend?

|___|___|___| ACTUAL NUMBER OF SITE TRAINING
                            SESSIONS ATTENDED

DON'T KNOW . . . . -1

REFUSED . . . . -3

19

3.15   Did you or any members of your staff make presentations at these site
        training sessions run by the sponsors?

        YES 01

        NO . . . . 00 ─┐

        DON'T KNOW . . . . -1   ➤ **GO TO MODULE 4**

        REFUSED . . . . -3 ─┘

3.16   What topics did you or your staff present at the site training?
        OPEN-ENDED. RECORD VERBATIM.

        _____

        _____

        _____

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

20

MODULE 4: MONITORING

4.1   The final set of questions concern administrative reviews and other monitoring activities that your office has conducted or plans to conduct among your 2001 sponsors and sites.

I'd like to start by asking you about administrative reviews of sponsors. When do you usually conduct administrative reviews of sponsors?

STARTING MONTH:	
Early 01	January 01
Mid 02	February 02
Late 03	March 03
Unspecified . 04	April 04
	May 05
	June 06
	July 07
	August 08
	September . . 09
	October 10
	November . . . 11
	December . . . 12
	DON'T KNOW -1
	REFUSED . . . -3

ENDING MONTH:	
Early 01	January 01
Mid 02	February 02
Late 03	March 03
Unspecified . 04	April 04
	May 05
	June 06
	July 07
	August 08
	September . . 09
	October 10
	November . . . 11
	December . . . 12
	DON'T KNOW -1
	REFUSED . . . -3

4.2   Please tell me the number of reviews that you, or members of your staff, have conducted during 2001 with this year's sponsors. First, how many in-person, full administrative reviews of **new** sponsors did you conduct so far?

|___|___|___|___| # NEW SPONSORS REVIEWS CONDUCTED

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.2a   And do you have other new sponsor administrative reviews yet to do?
       IF YES: How many do you still have to conduct?

|___|___|___|___| # OF NEW SPONSOR REVIEWS STILL TO DO

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.3   How many in-person full administrative reviews of **experienced** sponsors have you conducted this year?

|___|___|___|___| # OF EXPERIENCED REVIEWS CONDUCTED

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.3a   And do you have other experienced sponsor administrative reviews yet to do? **IF YES:** How many do you still have to conduct?

|___|___|___|___| # OF EXPERIENCED REVIEWS STILL TO DO

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.4   Do you do any monitoring in addition to required reviews?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.5   Did you cut back on monitoring as allowed under the new monitoring requirements where only one third of experienced sponsors are monitored along with new and problem sponsors?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.6   Do you think that the new monitoring requirements have targeted staff resources on sponsors and sites most in need of additional review?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.7   Now I'd like to ask you about **site** reviews. Altogether, about how many visits to program **sites** did you or members of your staff make during the summer of 2001?

|___|___|___|___|___| # OF SITE VISITS

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.8   About what percentage of the site visits that you or a member of your staff made during 2001 were **not** announced to the sponsor and site personnel in advance? Please include both initial and follow-up site visits.

|___|___|___| % UNANNOUNCED

ALL UNANNOUNCED . . . . 100 ! **GO TO 4.10**

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.9   For the announced visits, how often did someone from the sponsor's staff accompany you on your site visit . . .

        All or most of the time, ... 01

        Some of the time, or   02

        None of the time?   03

        OTHER (SPECIFY) 96

        _____

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

4.10   Has your state dropped registration for commercial vendors as allowed by the 1999 Federal regulations?

        YES 01

        NO . . . . 00 ⎤

        DON'T KNOW . . . . -1   ➤ **GO TO 4.12**

        REFUSED . . . . -3 ⎦

4.11   Has dropping registration increased, decreased, or had no effect on (INSERT FIRST ITEM)? **ROTATE LIST**

		INCREASED	DECREASED	NO EFFECT	DON'T KNOW	REFUSED
a.	The number of vendors interested in participating in the Summer Food Service Program?	01	02	03	-1	-3
b.	The quality of food provided by selected vendors?	01	02	03	-1	-3
c.	The amount of time required by your staff to qualify vendors?	01	02	03	-1	-3
d.	The number of vendor problems encountered? . .	01	02	03	-1	-3

25

4.12   Does your state monitor the following when you or your staff visit a site?
        What about (INSERT ITEM)? Is this something you monitor or not?
        CONTINUE WITH REST OF LIST.

		YES	NO	DON'T KNOW	REFUSED
a.	Meal quality?	01	00	-1	-3
b.	Food safety?	01	00	-1	-3
c.	The number of meals served?	01	00	-1	-3
d.	Whether the meals served are what is listed on the planned menu?	01	00	-1	-3
e.	Whether all meal components are offered to children?	01	00	-1	-3
f.	Whether quantities served meet requirements?	01	00	-1	-3
g.	What else do you review?	01	00	-1	-3

_____

_____

_____

_____

_____

(REV--9/26/00) 11/1/00 10:48 AM

4.13   That's all the questions I have for you. I may need to contact you again, to get more specific information about your sponsors. Do you have any comments about the Summer Food Service Program you would like to share with me?

RECORD COMMENTS VERBATIM

_____

_____

_____

_____

_____

_____

Thank you for your help with this important study.

SPONSOR QUESTIONNAIRE
TELEPHONE VERSION

SUMMER FOOD SERVICE PROGRAM
IMPLEMENTATION STUDY
Sponsor Questionnaire - Telephone Version

State:_____

Interviewer ID #:_____

Sponsor ID #: _____

Date of interview: |___|___|/|___|___|/|___|___|
                           Month   Day   Year

Sponsor Organization Name:_____

Sponsor Address:_____

Contact Person's Name:_____

Contact Person's Phone Number: |___|___|___|-|___|___|___|-|___|___|___|___|

Fax Number: |___|___|___|-|___|___|___|-|___|___|___|___|

Email address: _____

PHONE INTRODUCTION:

Hello, my name is (NAME) and I'm calling from (CONTRACTOR). We are conducting an evaluation of the Summer Food Service Program for the U.S. Department of Agriculture. You may recall receiving our letter (REFERENCE DATE AND SIGNATURE) describing the evaluation, along with a copy of the questionnaire. The main objectives of the evaluation are to describe the characteristics of service providers and to examine Summer Food Service Program operations.

At this time, we are interviewing sponsors. The purpose of this interview is to obtain information about the operation of the program at the sponsor level. I will be asking you about various aspects of the program, including your administrative procedures, monitoring practices, technical assistance and training, staffing patterns, meals provided, and outreach efforts. None of your answers will be reported individually, they will be averaged with other sponsors.

S.1 Are you now sponsoring or planning on sponsoring the Summer Food Service Program this summer, that is in the summer of 2001?

YES . . . . 01 ! **GO TO MODULE 1**

NO 00

DON'T KNOW . . . . -1 **GO TO S.2**

REFUSED . . . . -3

S.2 Did you sponsor the Summer Food Service Program last year in 2000 or any other prior years?

YES, SPONSOR IN 2000 . . . . 01 ! **CONDUCT FORMER SPONSOR INTERVIEW**

NOT SPONSOR IN 2000,
BUT WAS PRIOR YEARS 02

NO, NEVER A SPONSOR 00

DON'T KNOW . . . . -1 **THANK AND TERMINATE**

REFUSED . . . . -3

MODULE 1: SPONSORSHIP

1.1   What type of organization are you? Are you a . . . **READ CATEGORIES**

Public school, ...	01
Private school, ...	02
Residential camp, ...	03
National Youth Sports Program, ...	04
Other private non-profit organization, ...	05
Local or municipal government agency, ...	06
County or state government agency, ...	07
Indian tribal organization, or	08
Something else? (SPECIFY)	96

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.2   For how many summers, including this summer, has (the) (SPONSOR NAME) sponsored the Summer Food Service Program?

|___|___| # OF SUMMERS SPONSORED SFSP

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.3   On what date did you first serve Summer Food Service Program meals this summer?

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

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.4   And on what date do you expect to or did you already stop serving Summer
          Food program meals this summer?

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

                    DON'T KNOW . . . . -1
                    REFUSED . . . . -3

          IF FIRST TIME SPONSOR "1" IN 1.2, GO TO 1.6:
1.5   Over the past 3 years, has the number of days that your organization serves
          meals increased, decreased or stayed about the same?

                    INCREASED 01
                    DECREASED 02
                    STAYED ABOUT THE SAME 03
                    FLUTUATED--UP & DOWN 04
                    DON'T KNOW . . . . -1
                    REFUSED . . . . -3

1.6   I'm going to read a list of child nutrition programs and I'd like you to tell me in
          which, if any, your organization currently participates.

		YES	NO	DON'T KNOW	REFUSED
a.	National School Lunch Program, or NSLP?	01	00	-1	-3
b.	National School Breakfast Program?	01	00	-1	-3
c.	Child and Adult Care Food Program or CACFP?	01	00	-1	-3
d.	After School Snack programs, as a component of NSLP or CACFP? . . .	01	00	-1	-3
e.	Women, Infants, and Children program, or WIC?	01	00	-1	-3
f.	Commodity Supplemental Food Program?	01	00	-1	-3
g.	Emergency Food program or TEFAP?				
h.	Food Distribution Program on Indian Reservation, or FDPIR?	01	00	-1	-3

1.7   Now I'd like to ask about your 2001 Summer Food program feeding sites and attendance. How many Summer Food sites are you operating this summer? Please include any sites that have already closed or have not yet opened.

|___|___|___|___| # OF 2001 SITES

DON'T KNOW . . . . -1

REFUSED . . . . -3

IF FIRST-TIME SPONSOR ("1" IN 1.2), GO TO 1.9:

1.8   How does the number of 2001 feeding sites compare with last year? Are you operating more sites, fewer sites, or the same number of sites as compared with last year?

MORE SITES THIS YEAR 01

FEWER SITES THIS YEAR 02

SAME NUMBER AS LAST YEAR 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.9   (How many of your sites are rural/Is your site rural), as specified in Summer Food regulations?

|___|___|___| # RURAL

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.10   (How many of your sites are open sites?/Is your site an open site?) By open I mean meals are available to all children in an area in which at least 50% of the households are eligible.

|___|___|___|___| # OPEN SITES

NONE . . . . 00 ⎤
DON'T KNOW . . . . -1 ⎬ **GO TO 1.12**
REFUSED . . . . -3 ⎦

1.11   (How many of your open sites, if any, are considered restricted open sites?/Is your site a restricted open site?) By restricted open I mean sites are open to broad community participation but sponsors limit attendance for security, safety, or control reasons.

|___|___|___|___| # RESTRICTED OPEN SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.12   (And how many of your sites are enrolled sites?/Is your site an enrolled site?) By enrolled I mean sites that are open only to enrolled children, in which at least 50% of the enrolled children are eligible for free or reduced price National School Lunch Program or the School Breakfast Program meals.

|___|___|___|___| # CLOSED ENROLLED SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.13   (How many of your sites are migrant sites?/Is your site a migrant site?)

|___|___|___| # MIGRANT SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.14   (How many of your sites are homeless shelter sites?/Is your site a homeless shelter site?)

|___|___|___| # HOMELESS SHELTER SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.15   (How many mobile feeding sites do you have?/Is your site a mobile feeding site?) By mobile feeding sites we mean buses or other vehicles that transport meals to children at multiple locations in rural areas. The bus usually makes a number of stops and provides meals to children at each stop, with children eating on or near the bus.

|___|___|___| # MOBILE FEEDING SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.16   (How many of your sites are outdoor sites?/Is your site an outdoor site?) By outdoor I mean sites where meals are usually served and eaten outdoors, except in bad weather.

|___|___|___| # OUTDOOR SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.17   (How many of your sites/Does your site) offer activities other than serving meals to children?

|___|___|___|___| # OFFERING ACTIVITIES

NONE 00

DON'T KNOW . . . . -1   **GO TO 1.19**

REFUSED . . . . -3

1.18   I'm going to read a list of activities, other than serving meals, and would like you to tell me if any of your sites offer these activities. First (INSERT ITEM), do any of your sites offer this? **CONTINUE WITH LIST.**

		OFFERED	NOT OFFERED	DON'T KNOW	REFUSED
a.	Arts and crafts?	01	00	-1	-3
b.	Educational/instructional activities?	01	00	-1	-3
c.	Free play?	01	00	-1	-3
d.	Job training?	01	00	-1	-3
e.	Organized games or sports?	01	00	-1	-3
f.	Swimming?	01	00	-1	-3
g.	Off site field trips?	01	00	-1	-3
h.	Religious activities?	01	00	-1	-3
i.	Cooking?	01	00	-1	-3
j.	Any other activities? (SPECIFY)	01	00	-1	-3

_____

1.19   Again, thinking about (all of the sites/the site) your organization sponsors, approximately what (was/is/will be) (the) (SPONSOR NAME)'s Summer Food program's average daily attendance in your peak month this summer? By daily attendance I mean the number of children attending the program, not the number of meals served.

PROBE: Your best estimate is fine.

    |___|___|___|___|___| AVERAGE DAILY ATTENDANCE IN 2001

    DON'T KNOW . . . . -1

    REFUSED . . . . -3

MODULE 2: STATE TRAINING OF SPONSORS

2.1   Now I'd like you to think about any training or assistance your organization as a sponsor received from the state agency.

Now many state-run sponsor training sessions did you or your staff attend for this year's Summer Food program?

|___|___|___| # OF TRAINING SESSIONS ATTENDED

NONE . . . . 00 ! **GO TO 2.3**

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.2   Thinking about the state-run training session you attended, please tell me how helpful each of the following topics was to you. First, how helpful was the state training you and your staff received in . . . **(INSERT ITEM)** Was it very helpful, somewhat helpful, or not helpful?

		VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	TOPIC NOT COVERED IN STATE TRAINING	DON'T KNOW	REFUSED
a.	Sponsor monitoring of sites?	01	02	03	04	-1	-3
b.	State and FNS monitoring of sites? . . .	01	02	03	04	-1	-3
c.	Sponsor monitoring of administrative budgets?	01	02	03	04	-1	-3
d.	Sponsor monitoring of operational budgets?	01	02	03	04	-1	-3
e.	Budget certification?	01	02	03	04	-1	-3
f.	Advance payments?	01	02	03	04	-1	-3
g.	Reimbursements?	01	02	03	04	-1	-3
h.	Final payments?	01	02	03	04	-1	-3
i.	Administrative reviews?	01	02	03	04	-1	-3
j.	Meal count records?	01	02	03	04	-1	-3
k.	Food expenditure records?	01	02	03	04	-1	-3
l.	Eligibility documentation?	01	02	03	04	-1	-3
m.	Vendors and vendor contracts?	01	02	03	04	-1	-3
n.	Purchasing of food?	01	02	03	04	-1	-3
o.	Assessing food quality?	01	02	03	04	-1	-3
p.	Sponsor training of site staff?	01	02	03	04	-1	-3
q.	Outreach, promotion, and publicity? . .	01	02	03	04	-1	-3
r.	Site violations and deficiencies?	01	02	03	04	-1	-3
s.	Health regulations and health inspections?	01	02	03	04	-1	-3
t.	Use of computer mapping?	01	02	03	04	-1	-3
u.	Any other topics that were discussed? (SPECIFY)	01	02	03	04	-1	-3

2.3   Did you or any of your staff receive technical assistance in running the Summer Food program from the state agency? Please do not include help you might have received during the application process or any formal training provided by the state.

         YES 01

         NO 00

         DON'T KNOW . . . . -1

         REFUSED . . . . -3

2.4   In general, would you say the technical assistance provided to you by the state was too much, too little, or about right?

         TOO MUCH 01

         TOO LITTLE 02

         ABOUT RIGHT 03

         DON'T KNOW . . . . -1

         REFUSED . . . . -3

2.5   In which, if any, of the following areas would you like to have received more assistance? What about (INSERT ITEM)? Would you have liked more assistance with this, or not? **READ CATEGORIES.**

CIRCLE ONE FOR EACH

		YES	**NO**	**DON'T KNOW**	**REFUSED**
a.	Fiscal management?	01	00	-1	-3
b.	Finding a vendor?	01	00	-1	-3
c.	Vendor relations?	01	00	-1	-3
d.	Site management?	01	00	-1	-3
e.	Overall administrative management?	01	00	-1	-3
f.	Staff management?	01	00	-1	-3
g.	Staff motivation?	01	00	-1	-3
h.	Anything else? (SPECIFY)	01	00	-1	-3

2.6   Which of the following FNS manuals do you use in sponsoring the Summer
        Food Service Program . . .   **READ CATEGORIES.**

		YES	**NO**	**DON'T HAVE**	**DON'T KNOW**	**REFUSED**
					CIRCLE ONE FOR EACH	
a.	Sponsor's Handbook?	01	00	-4	-1	-3
b.	Monitor's Handbook?	01	00	-4	-1	-3
c.	Sponsor's Meal Preparation Handbook?	01	00	-4	-1	-3
d.	Food Buying Guide for Child Nutrition Programs?	01	00	-4	-1	-3
e.	Any other manuals? (SPECIFY)	01	00	-4	-1	-3

MODULE 3: ADMINISTRATIVE COSTS AND PROCEDURES

3.1   The next questions are about administrative procedures, starting with the application process.

   When did you file your application with the state Summer Food Service Program agency? What month and day?

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

   DON'T KNOW . . . . -1

   REFUSED . . . . -3

3.2   Would you prefer that the application deadline was earlier in the year, later in the year, or do you feel the current deadline is about right?

   EARLIER IS PREFERABLE 01

   LATER IS PREFERABLE 02

   CURRENT DEADLINE IS ABOUT RIGHT . . 03

   DON'T KNOW . . . . -1

   REFUSED . . . . -3

3.3   When were you notified of sponsorship approval? What month and day?

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

   DON'T KNOW . . . . -1

   REFUSED . . . . -3

3.4   How were you notified?

<u>CIRCLE ONLY ONE</u>

BY MAIL/LETTER/IN WRITING 01

BY TELEPHONE 02

BY FAX 03

BY E-MAIL 04

IN-PERSON 05

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.5   Did you submit a hard copy application, or did you submit your application
electronically? By electronically we mean submitting the application on disk
or completing it on-line through the Internet.

HARD COPY 01

ELECTRONIC 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.6   About how long did it take for you or your staff to complete all the application
materials?

PROBE: Your best estimate is fine.

|___|___|___|

<u>CIRCLE ONLY ONE</u>

HOURS 01

DAYS 02

WEEKS 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.7   Did you receive any help from the state agency, either in the form of group training or individual assistance, in completing the application? **IF RESPONDENT SAYS "YES" PROBE TO DETERMINE IF GROUP, INDIVIDUAL TRAINING, OR BOTH.**

<u>CIRCLE ONLY ONE</u>

YES, ATTENDED GROUP TRAINING 01

YES, RECEIVED INDIVIDUAL
ASSISTANCE 02

YES, BOTH ATTENDED TRAINING AND
RECEIVED INDIVIDUAL ASSISTANCE 03

NO 04

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.8   What suggestions do you have to improve the application process? **RECORD VERBATIM.**

PROBE: Anything else?

_____

_____

_____

NOTHING/NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.9　　　　The next questions are about your staff who work on the Summer Food Service Program. Please include all people working on Summer Food, both those that deal with administrative functions as well as those involved with the daily operation of the program. Please do not include site staff unless they also serve as sponsor staff. **IF NEEDED:** Operations can include recruiting and training site staff, monitoring sites, working with vendors, finding sites, transportation issues, and publicity for example.

Please tell me the job titles or positions of the people working on the program this year? **ENTER IN COLUMN 1 OF GRID BELOW.**

INTERVIEWER: FOR EACH TITLE NAMED, ASK 3.9a, 3.10 AND 3.11.

3.9a　　　How many people (are/were) there in the (TITLE) position? **RECORD IN COLUMN 2.**

3.10　　　How many hours (did/does/do) (TITLE) work each day? **ENTER IN COLUMN 3 OF GRID BELOW.**

3.11　　　And are the people working as (TITLE) paid or volunteer staff? By paid staff, we mean staff that are paid from ALL sources, not just from SFSP funds. **ENTER IN COLUMN 4 OF GRID BELOW.**

	3.9 JOB TITLE	3.9a # IN POSITION	3.10 HOURS WORKED PER DAY	3.11 PAID OR VOLUNTEER				
				PAID	**VOL.**	**BOTH**	**DON'T KNOW**	**REFUSED**
a.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
b.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
c.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
d.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
e.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
f.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3
g.	_____	|___|___|___|	|___|___|	01	02	03	-1	-3

3.12   Which of the staff positions you've mentioned is responsible for preparing reimbursement reports to the state? Any others? **ENTER LETTER CODES FROM 3.9. ACCEPT MULTIPLE RESPONSES.**

|___|

|___|

|___|

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

CHECK 1.7, IF SPONSOR HAS ONLY ONE SITE GO TO 3.15:

3.13   How many of the people you just mentioned provide help and technical assistance to site personnel? **RECORD ACTUAL NUMBER OF PEOPLE**

|___|___|___| # OF STAFF

NONE   00

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

3.14   How often is your organization called upon to provide assistance to site staff? Would you say daily, weekly, monthly, or only when requested?

                                        CIRCLE ONLY ONE

DAILY   01

WEEKLY   02

MONTHLY   03

ONLY WHEN REQUESTED   04

OTHER (SPECIFY)   96

_____

NEVER (VOLUNTEERED)   00

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

3.15   Please tell me if the amount of staff you have available for each of the following tasks is adequate or inadequate. First, do you have an adequate or inadequate amount of staff to handle (INSERT ITEM)? If this is something you don't do, please just say so.

CIRCLE ONLY ONE RESPONSE FOR EACH ITEM

		ADEQUATE	INADEQUATE	DON'T DO	DON'T KNOW	REFUSED
a.	Promoting and publicizing the program?	01	00	-4	-1	-3
b.	Finding and recruiting site personnel?	01	00	-4	-1	-3
c.	Formal training?	01	00	-4	-1	-3
d.	Monitoring sites?	01	00	-4	-1	-3
e.	Technical assistance to sites? .	01	00	-4	-1	-3
f.	Meal service arrangements? . .	01	00	-4	-1	-3
g.	Application process?	01	00	-4	-1	-3
h.	Claims processing?	01	00	-4	-1	-3
i.	Vendor management?	01	00	-4	-1	-3
j.	Health inspections and food safety issues?	01	00	-4	-1	-3
k.	Transporting food or children? .	01	00	-4	-1	-3

3.16   Now I'd like to ask about costs, starting with administrative costs. If you wish to reference your records or refer me to someone else, that's fine.

What percentage of (the) (SPONSOR NAME)'s reported Summer Food Service Program **administrative** costs this year do you expect to recover from the state?

PROBE: Your best estimate is fine.

|___|___| % ADMINISTRATIVE COST REIMBURSEMENT

ALL/100% . . . . 100 **! GO TO 3.18**

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.17   What is the total dollar amount of administrative costs that you think will **not** be reimbursed by the state this year?

PROBE: Your best estimate is fine.

$ |___|___| , |___|___|___| TOTAL ADMINISTRATIVE AMOUNT
                                          NOT REIMBURSED

ALL REIMBURSED 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.18   Now please think about operating costs. What percentage of (the) (SPONSOR NAME)'s reported Summer Food Service Program **operating** costs this year do you expect to recover from the state?

PROBE: Your best estimate is fine.

|___|___| % OPERATING COST REIMBURSEMENT

ALL/100% . . . . 100 ! **GO TO 3.19a**

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.19   What is the total dollar amount of operating costs for meals that you think will **not** be reimbursed by the state this year?

PROBE: Your best estimate is fine.

$ |___|___| , |___|___|___| TOTAL OPERATING AMOUNT
                                          NOT REIMBURSED

ALL REIMBURSED 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.19a   **INTERVIEWER: CHECK 3.16 AND 3.18. ARE BOTH ANSWERS 100%**
         (TOTAL REIMBURSEMENT)?

         YES . . . . 01 ! **GO TO 3.21**
         NO 00

3.20   Which, if any, of the following sources will help cover the difference between
         your actual operating and administrative costs and what the state
         reimburses? Will you receive money from (INSERT ITEM)? **CONTINUE**
         WITH REST OF LIST.

		YES	NO	DON'T KNOW	REFUSED
a.	Sponsor funds?	01	00	-1	-3
b.	Parent organization/Affiliation funds? . . .	01	00	-1	-3
c.	Other non-federal funds?	01	00	-1	-3
d.	Federal funds?	01	00	-1	-3
e.	State funds?	01	00	-1	-3
f.	Local government funds?	01	00	-1	-3
g.	Any other sources? (SPECIFY)	01	00	-1	-3

3.21   Please tell me if you have done any of the following in the past few years to
         save money on the Summer Food program. What about (INSERT ITEM),
         did you do this or not? **CONTINUE WITH REST OF LIST.**

		YES	NO	DON'T KNOW	REFUSED
a.	Found less expensive vendors?	01	00	-1	-3
b.	Switched from on-site cooking to vended sites?	01	00	-1	-3
c.	Switched from mostly hot meals to mostly cold meals?	01	00	-1	-3
d.	Secured additional funds?	01	00	-1	-3
e.	Cut back on site training?	01	00	-1	-3
f.	Cut back on site monitoring?	01	00	-1	-3
g.	Cut back on publicity and promotion efforts?	01	00	-1	-3
h.	Limited the number of participants being served meals?	01	00	-1	-3
i.	Decreased the number of sites?	01	00	-1	-3
j.	Anything else? (SPECIFY)	01	00	-1	-3

3.22   Please tell me if you made any of the following changes in staffing in the past few years to save money on the Summer Food program. What about (INSERT ITEM) did you do this, or not? **CONTINUE WITH REST OF LIST.**

		YES	NO	DON'T KNOW	REFUSED
a.	Hired fewer people?	01	00	-1	-3
b.	Let staff go?	01	00	-1	-3
c.	Reduced hourly pay?	01	00	-1	-3
d.	Had staff work fewer hours? . . .	01	00	-1	-3
e.	Combined job functions?	01	00	-1	-3
f.	Had volunteers handle work usually done by paid staff?	01	00	-1	-3
g.	Anything else? (SPECIFY) . . .	01	00	-1	-3

MODULE 4: OUTREACH AND EXPANSION EFFORTS

4.1   Now I'd like to focus on outreach efforts in terms of both sites and participants. By outreach I mean increasing awareness of and participation in the Summer Food Service Program.

Thinking about your current site(s) and the number of children who receive meals, do you feel there is a need to increase participation in your area?

YES . . . . 01 ! **GO TO 4.3**

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 4.3

4.2   Is that because you are meeting the demand in your area, because you are already at capacity or is there some other reason you do not feel a need to increase participation?

MEETING DEMAND 01

AT CAPACITY 02

SOME OTHER REASON (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

| **ALL THOSE ANSWERING 4.2 - GO TO 4.13** |

4.3   Does your organization work with any other organizations to publicize and promote the Summer Food Service Program?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 4.6

4.4   What organizations did you work with this year or last year . . .   **RECORD VERBATIM.**

NAME OF ORGANIZATION	CODE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ORGANIZATION CODES:

01	Department of Education	06	Government Organization
02	Schools	07	Medical Organization
03	Community Based Organization	08	Nutrition or Anti-Hunger Advocacy Group
04	Religious Organization	96	Other (SPECIFY--WRITE IN ABOVE)
05	Business Organization		_____

4.5 Which of the following types of support were provided by (that/those) organization(s)? Did (that/those) organization(s) . . .

		YES	NO	DON'T KNOW	REFUSED
a.	Provide additional funds?	01	00	-1	-3
b.	Place Summer Food advertisements or public service announcements?	01	00	-1	-3
c.	Inform residents about specific Summer Food sites in their area?	01	00	-1	-3
d.	Provide volunteer staff to help at the sites?	01	00	-1	-3
e.	Help identify areas in need of sites?	01	00	-1	-3
f.	Provide assistance in finding food service vendors?	01	00	-1	-3
g.	Provide assistance with forms and application requirements?	01	00	-1	-3
h.	Provide activities for children at sites?	01	00	-1	-3
i.	Provide special media events such as a kick-off?	01	00	-1	-3
j.	Provide additional flyers, posters, give-away promotional materials or gifts?	01	00	-1	-3
k.	Any other type of support? (SPECIFY)	01	00	-1	-3

4.6 How often has your organization worked with advocacy groups? Would you say often, sometimes, rarely or never?

<u>CIRCLE ONLY ONE</u>

OFTEN 01

SOMETIMES 02

RARELY 03

NEVER 04

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.7   How interested are you in expanding the number of Summer Food sites you
       sponsor in the future? Would you say very interested, somewhat interested,
       not too interested, or not at all interested?

       VERY INTERESTED . . . . 01 ┐
                                                                 ├──► **GO TO 4.9**
       SOMEWHAT INTERESTED . . . . 02 ┘

       NOT TOO INTERESTED 03

       NOT AT ALL INTERESTED 04

       DON'T KNOW . . . . -1 ┐
                                                                    ├──► **GO TO 4.10**
       REFUSED . . . . -3 ┘

4.8   Please tell me if any of the following is a reason why you are not interested
       in expanding the number of **sites** you run. Is it due to . . .

		YES	NO	DON'T KNOW	REFUSED
a.	Insufficient staff within your organization?	01	00	-1	-3
b.	Decreasing reimbursement as the number of participants increases past a certain point?	01	00	-1	-3
c.	Lack of available locations for sites?	01	00	-1	-3
d.	Inability to find a partner to help in community outreach?	01	00	-1	-3
e.	School food service not interested or able to provide summer staff?	01	00	-1	-3
f.	Schools offering school lunch or being open year round?	01	00	-1	-3
g.	Lack of demand or area is well covered? . .	01	00	-1	-3
h.	Any other reason? (SPECIFY)	01	00	-1	-3

_____

4.8a   Which of these reasons is the **main** reason you are not interested in
       expanding the number of sites you run? **CODE LETTER FROM ABOVE.**

              |___|

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

       ┌───┐
       │   **ALL THOSE ANSWERING 4.8 AND 4.8a, GO TO 4.10**   │
       └───┘

4.9 If you were considering a new site, how important would each of the following criteria be in your decision to open the site--what about (INSERT ITEM)? Would this be very important, somewhat important, or not too important?

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	DON'T KNOW	REFUSED
a.	The number of children the site can handle on a daily basis? . .	01	02	03	-1	-3
b.	The ability to prepare meals on site?	01	02	03	-1	-3
c.	Facilities-such as indoor space for inclement weather and refrigerated storage?	01	02	03	-1	-3
d.	The location of the site?	01	02	03	-1	-3
e.	Proximity to other sites you sponsor?	01	02	03	-1	-3
f.	Key personnel and staff committed to working at the site?	01	02	03	-1	-3
g.	Past or related experience? . . .	01	02	03	-1	-3
h.	The length of time the site would be open?	01	02	03	-1	-3
i.	The ability of children to get to site?	01	02	03	-1	-3
j.	The cleanliness of the site? . . .	01	02	03	-1	-3
k.	Security and safety of the site?	01	02	03	-1	-3
l.	A large number of unserved children in the area?	01	02	03	-1	-3
m.	Other activities available that will draw children in?	01	02	03	-1	-3
n.	Anything else? (SPECIFY) . . .	01	02	03	-1	-3

4.10   Which of the following methods has your organization used to identify areas that would qualify for Summer Food sites. Have you . . .

		YES	NO	DON'T KNOW	REFUSED
a.	Used computer mapping software?	01	00	-1	-3
b.	Obtained free and reduced-priced school lunch information?	01	00	-1	-3
c.	Contacted the state agency?	01	00	-1	-3
d.	Used information from advocacy groups or other organizations? . . .	01	00	-1	-3
e.	Any other method? (SPECIFY) . .	01	00	-1	-3

_____

4.11   About how many staff hours would you say you spent or plan to spend this summer on efforts to increase the **number of sites**?

PROBE: Your best estimate is fine.

|___|___|___| # OF TOTAL STAFF HOURS
                     TO INCREASE # OF SITES

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.12   What about efforts to increase participation? About how many staff hours would you say you spent or plan to spend in an effort to increase **participation** at existing sites?

PROBE: Your best estimate is fine.

|___|___|___| # OF TOTAL STAFF HOURS
                     TO INCREASE # OF PARTICIPANTS

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.13   What have you done this year or last year to (maintain your current level of participation/increase participation) in the Summer Food Service Program? **OPEN-ENDED. RECORD VERBATIM RESPONSES.**

         PROBE: Anything else?

         _____

         _____

         _____

                 NOTHING 00

                 DON'T KNOW . . . . -1

                 REFUSED . . . . -3

4.14   What do you consider to be the main barriers to increased participation in the Summer Food Service Program? **OPEN-ENDED. RECORD VERBATIM RESPONSES.**

         PROBE: Anything else?

         _____

         _____

         _____

                 NONE/NO BARRIERS 00

                 DON'T KNOW . . . . -1

                 REFUSED . . . . -3

4.15   Which of the following methods does your organization use to find site personnel? Do you . . . **(INSERT ITEM)**

		YES	NO	DON'T KNOW	REFUSED
		CIRCLE ONE FOR EACH			
a.	Hire people from federal programs such as Americorps, VISTA, Summer Youth Employment Programs?	01	00	-1	-3
b.	Guarantee a minimum number of hours?	01	00	-1	-3
c.	Work with a job placement service? . . .	01	00	-1	-3
d.	Advertise in the local area?	01	00	-1	-3
e.	Secure volunteers to help?	01	00	-1	-3
f.	Recruit staff from local schools?	01	00	-1	-3
g.	Pay incentives or signing bonuses? . . .	01	00	-1	-3
h.	Any other method? (SPECIFY)	01	00	-1	-3

_____

4.16   Which of the following methods does your organization use to retain or **keep** staff? Do you offer . . . **(INSERT ITEM)**

		YES	NO	DON'T KNOW	REFUSED
a.	Guaranteed minimum number of hours?	01	00	-1	-3
b.	Flexible work arrangements?	01	00	-1	-3
c.	Pay incentives or bonuses for completing the summer?	01	00	-1	-3
d.	Any other method? (SPECIFY) . .	01	00	-1	-3

_____

4.17   Would your organization be willing to increase the length of your summer session?

YES 01

NO 00

NOT APPLICABLE - RUNS ALL SUMMER . . -4

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.1   The next set of questions relates to training of site staff. By site training I mean formal off-site training or classroom-type training you may have done with site personnel at their site.

How many training sessions for site personnel did you hold for this year's Summer Food program? By site personnel, I mean the staff on-site who prepare or serve food to children or provide supervision during meals.

|___|___|___| # OF SITE TRAINING SESSIONS HELD

NONE . . . . 00 ! **GO TO 5.11**

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.2   On average, how many hours did a typical training session last?

|___|___| AVERAGE # OF HOURS PER TRAINING SESSION

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.3   When do you typically hold training sessions for site personnel . . . **(READ)**

CIRCLE ONLY ONE

Immediately prior to the site's
opening, ... 01

During the first few weeks of
the site opening, or 02

Throughout the summer? 03

OTHER (SPECIFY ARRANGEMENTS) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.4 How many site personnel attended your training sessions this year?

|___|___|___|___| # OF SITE PERSONNEL ATTENDED

DON'T KNOW . . . . -1
REFUSED . . . . -3

5.5 How many sites received training?

|___|___|___|___| # OF SITES RECEIVING TRAINING

ALL . . . . -7
DON'T KNOW . . . . -1
REFUSED . . . . -3

CHECK 1.7, IF ONLY ONE SITE, GO TO 5.8:

5.6 Did you hold separate training sessions for personnel at new sites or did personnel at new and continuing sites attend the same training sessions?

SEPARATE TRAINING FOR NEW SITES . . 01
NEW AND CONTINUING ATTEND
SAME TRAINING 02
NO NEW SITES IN 2001 . . . . -4
DON'T KNOW . . . . -1
REFUSED . . . . -3

5.7 And are training sessions usually held at a central location, or does your training staff usually go on site to train site personnel?

CENTRAL LOCATION 01
ON-SITE 02
BOTH/IT DEPENDS--VOLUNTEERED 03
DON'T KNOW . . . . -1
REFUSED . . . . -3

5.8   Which of the following best describes your requirements for site staff to attend training sessions . . . **(READ)**

<u>CIRCLE ONLY ONE</u>

Both new and experienced staff are
required to attend training each year, ... 01

Only new staff are required to attend
training each year, or 02

No staff are required to attend training
each year? 03

OTHER (SPECIFY ARRANGEMENTS) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.9   Please tell me whether or not the following topics were covered in this year's site personnel training session(s). Did you cover . . . **(INSERT ITEM)**

		YES	NO	DON'T KNOW	REFUSED
				CIRCLE ONE FOR EACH	
a.	Sponsor monitoring of sites?	01	00	-1	-3
b.	State and FNS monitoring of sites?	01	00	-1	-3
c.	Meal count records?	01	00	-1	-3
d.	Site violations and deficiencies?	01	00	-1	-3
e.	Health regulations and food safety?	01	00	-1	-3
f.	Dealing with vendors?	01	00	-1	-3
g.	Any other topics? (SPECIFY)	01	00	-1	-3

5.10   How do you train new turnover site staff who come on during the course of the summer? **RECORD VERBATIM**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

CHECK 1.7. IF ONE SITE, SKIP TO MODULE 6

5.11   Now I'd like to turn to monitoring your sites.

During a typical week, how many on-site reviews do your administrative staff and monitors conduct?

PROBE: Your best estimate is fine.

|___|___|___| # OF WEEKLY ON-SITE REVIEWS

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.12   To date, how many of your sites have been reviewed this summer by your staff?

|___|___|___|___| # OF SITES REVIEWED

ALL . . . . -7

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.13   And how are sites selected for on-site reviews? **OPEN-END. RECORD VERBATIM.**

PROBE FOR ADDITIONAL RESPONSE: Any other ways?

_____

_____

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.14   What is the average time per on-site review? Please include on-site activities and time required for travel and paperwork.

|___|___|___| TOTAL

<u>CIRCLE ONLY ONE</u>

HOURS 01

MINUTES 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.15   About what percentage of on-site reviews are **un**announced?

|___|___| % UNANNOUNCED

ALL UNANNOUNCED/100% 100

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 6: MEALS PROVIDED

6.1 The last set of questions are about the Summer Food meals provided at your site(s).

Please tell me how many of the sites your organization sponsors serves each of the following types of meals. First, (how many sites serve/does your site serve) . . . . **IF A TYPE IS NOT SERVED, RECORD "0".**

		DON'T KNOW	REFUSED
Breakfast?	|___|___|___|___|	-1	-3
Morning snack?	|___|___|___|___|	-1	-3
Lunch?	|___|___|___|___|	-1	-3
Afternoon snack?	|___|___|___|___|	-1	-3
Supper?	|___|___|___|___|	-1	-3
Evening snack?	|___|___|___|___|	-1	-3

6.2 And how many (MEAL) (did you serve/ do you plan on serving) in your peak month of operations in 2001?

		DON'T KNOW	REFUSED
Breakfasts?	|___|___|___|___|___|___|	-1	-3
Morning snacks? .	|___|___|___|___|___|___|	-1	-3
Lunches?	|___|___|___|___|___|___|	-1	-3
Afternoon snacks?	|___|___|___|___|___|___|	-1	-3
Suppers?	|___|___|___|___|___|___|	-1	-3
Evening snacks? .	|___|___|___|___|___|___|	-1	-3

6.3   How does your organization provide Summer Food meals for your site(s)?
        Do you . . . **(READ)**

        Prepare the meals yourself, that is
        "self-prep", ... 01

        Contract with a private vendor to provide
        meals, or . . . . 02 ┐

        Contract with a school food authority   ├─► **GO TO 6.5**
        to provide meals? . . . . 03 │

        OTHER (SPECIFY) . . . . 96 ┘

        _____

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

6.4   Where do you primarily prepare the Summer Food meals? Are the
        meals . . .   **(READ)**

        Primarily prepared on site, ... 01

        Primarily prepared off site at a central
        location, or 02

        Is it a fairly even mix of on and
        off site preparation? 03

        OTHER (SPECIFY) 96

        _____

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

        ┌───┐
        │   **ALL ANSWERING 6.4 - GO TO 6.19**   │
        └───┘

6.5   The next few questions are about your experience with food vendors. How many vendors were contracted to provide Summer Food program meals this summer? **NOTE: IF RESPONDENT CONTRACTS WITH A SCHOOL FOOD AUTHORITY THEY SHOULD CONSIDER THE SFA THE VENDOR.**

PROBE: Your best estimate is fine.

|___|___| # FOOD SERVICE MANAGEMENT COMPANIES

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.6   For how many years including this year, have you used the same food vendor(s)? **IF RESPONDENT HAD MORE THAN ONE VENDOR, ASK THEM TO THINK ABOUT THEIR LARGEST VENDOR THIS YEAR.**

PROBE: Your best estimate is fine.

|___|___| # OF YEARS

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.7   How many vendors submitted bids for Summer Food program contracts this year? Please include both successful and unsuccessful candidates. Again, an estimate is fine.

|___|___| # OF VENDORS

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.8   Has your state dropped registration for commercial vendors as allowed by the 1999 Federal regulations?

YES 01

NO 00

DON'T KNOW . . . . -1   **GO TO 6.10**

REFUSED . . . . -3

6.9   Please tell me for each of the following areas whether dropping registration for commercial vendors has had a positive effect, a negative effect, or no effect? Has dropping registration had a positive effect, a negative effect, or no effect on (INSERT ITEM)?

		POSITIVE EFFECT	NEGATIVE EFFECT	NO EFFECT	DON'T KNOW	REFUSED
a.	The number of vendors interested in participating in the Summer Food program?	01	02	03	-1	-3
b.	The quality of food provided by selected vendors?	01	02	03	-1	-3
c.	The amount of time required by your staff to monitor vendors?	01	02	03	-1	-3
d.	The number of vendor problems encountered?	01	02	03	-1	-3
e.	Any other area effected by dropping vendor registration? (SPECIFY)	01	02	03	-1	-3

6.10   Please tell me how important each of the following criteria are in selecting a vendor? Is (INSERT ITEM) very important, somewhat important, or not important? **(CONTINUE WITH REST OF LIST.)**

		Very Important	Somewhat Important	Not Important	DON'T KNOW	REFUSED
a.	Past experience with the vendor?	01	02	03	-1	-3
b.	Lowest cost?	01	02	03	-1	-3
c.	The required RFP procurement process?	01	02	03	-1	-3
d.	The quality of their food?	01	02	03	-1	-3
e.	The ability to deliver meals on time?	01	02	03	-1	-3
f.	The ability to make adjustments in the number of meals?	01	02	03	-1	-3
g.	Their location?	01	02	03	-1	-3
h.	Key personnel and staff committed to the Summer Food program?	01	02	03	-1	-3
i.	Their reputation?	01	02	03	-1	-3
j.	Any other area affected by dropping vendor registration? (SPECIFY)	01	02	03	-1	-3

6.11   Which of the following do you use to monitor vendors? Do you . . . **(READ)**

		CIRCLE ONE FOR EACH			
		YES	NO	DON'T KNOW	REFUSED
a.	Conduct Summer Food site visits?	01	00	-1	-3
b.	Check contract specifications against delivered meals?	01	00	-1	-3
c.	Talk to site personnel?	01	00	-1	-3
d.	Visit vendor facilities?	01	00	-1	-3
e.	Anything else? (SPECIFY)	01	00	-1	-3

6.12   How often do you monitor your vendors? Would you say it's weekly, monthly, only when problems are suspected, only when sites request your intervention, or on some other basis?

<u>CIRCLE ONLY ONE</u>

WEEKLY 01

MONTHLY 02

WHEN PROBLEMS ARE SUSPECTED 03

WHEN SITES REQUEST YOUR INTERVENTION 04

NEVER - VOLUNTEERED 05

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.13   About what percentage of staff time have you spent this summer monitoring vendors?

|___|___| PERCENT

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.14   Tell me whether each of the following is required or stated in contracts you have with commercial vendors. Is (INSERT ITEM FROM LIST), a part of your vendor contract or not?

CIRCLE ONE FOR EACH

		YES	NO	DON'T KNOW	REFUSED
a.	The ability to modify the content of daily meals	01	00	-1	-3
b.	The ability to adjust the number of meals ordered	01	00	-1	-3
c.	Refrigerated trucks to transport the food	01	00	-1	-3
d.	Anything else required or stated in the contract(s) (SPECIFY) . . .	01	00	-1	-3

_____

6.15   What do you consider to be the main advantages of vendor provided meals? **OPEN END. RECORD VERBATIM RESPONSES IN ORDER.**

PROBE: Anything else?

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.16   And what do you consider to be the main **dis**advantages of vendor-provided meals? **OPEN END. RECORD VERBATIM.**

PROBE: Anything else?

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.17   How easy or difficult is it for you as a sponsor to modify or adjust daily meals? Very easy, somewhat easy, somewhat difficult, or very difficult?

VERY EASY 01

SOMEWHAT EASY 02

SOMEWHAT DIFFICULT 03

VERY DIFFICULT 04

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.18   Overall, how satisfied are you with your relationship with your vendor(s) this summer? Are you very satisfied, somewhat satisfied, or not satisfied?

VERY SATISFIED 01

SOMEWHAT SATISFIED 02

NOT SATISFIED 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.19   Do any of the sites you sponsor allow children to select fewer meal components, that is "offer versus serve" meals?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

CHECK 1.7. IF ONE SITE, GO TO 6.21:

6.20　How many of the sites that you sponsor (have/will have) refrigeration storage available? By refrigeration storage we mean refrigerators, freezers or coolers available on-site to store meals. Would you say . . . **(READ)**

All sites have refrigeration 01

Most have refrigeration, ... 02

About half do, ... 03

Less than half do, or 04

None do? 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 6.22

6.21　(Does/Will) your site have refrigeration storage available? By refrigeration storage we mean refrigerators, freezers or coolers available on-site to store meals.

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

6.22　Those are all the questions I have. I want to thank you for participating in this important survey of the Summer Food Service Program. Have a good (day/evening). Goodbye.

SPONSOR QUESTIONNAIRE
SELF-ADMINISTERED VERSION

Sponsor ID #:_____

Sponsor Organization:_____

Contact Person's Name:_____

FNS Region:_____   Census Region:_____

SUMMER FOOD SERVICE PROGRAM

IMPLEMENTATION STUDY

SPONSOR SURVEY

MODULE 1: SPONSORSHIP

1.1 What type of Summer Food Service Program sponsor is your organization?

- 1 ~ Public school
- 2 ~ Private school
- 3 ~ Residential camp
- 4 ~ National Youth Sports Program
- 5 ~ Other non-profit organization (excluding private schools, residential camps and NYSP)
- 6 ~ Local or municipal government agency
- 7 ~ County or State government agency
- 8 ~ Indian tribal organization
- 96 ~ Other *(Specify):*

_____

1.2 For how many summers, including this summer, has your organization sponsored the Summer Food Service Program?

|___|___| # OF SUMMERS SPONSORED SFSP

1.3 On what date did you first serve Summer Food Service Program meals?

RECORD START DATE

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

1.4 On what date do you expect to or did you stop serving Summer Food program meals this summer?

RECORD END DATE

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

1.5 How has the number of days that your organization has served meals changed in the past 3 years?

MARK ONE
- 1 ~ Increased
- 2 ~ Decreased
- 3 ~ Stayed about the same
- -4 ~ Not a sponsor for three years

1.6 Please indicate in which, if any, of the following child nutrition programs, your organization participates.

		YES	NO	DON'T KNOW
a.	National School Lunch Program, or NSLP	1 ~	0 ~	-1 ~
b.	National School Breakfast Program	1 ~	0 ~	-1 ~
c.	Child and Adult Care Food Program, or CACFP	1 ~	0 ~	-1 ~
d.	After School Snack Program (as component of NSLP or CACFP)	1 ~	0 ~	-1 ~
e.	Women, Infants, and Children Program or WIC ..	1 ~	0 ~	-1 ~
f.	Commodity Supplemental Food Program	1 ~	0 ~	-1 ~
g.	Emergency Food Program or TEFAP	1 ~	0 ~	-1 ~
h.	Food Distribution Program on Indian Reservation or FDPIR	1 ~	0 ~	-1 ~

Thinking now about your organization's 2001 Summer Food Service Program feeding sites and attendance . . .

1.7 How many Summer Food program sites are you operating this summer? Please include any that have already closed or that have not yet opened.

|___|___|___|___| # OF 2001 SITES

1.8 How does the number of 2001 feeding sites compare to last year?

- 1 ~ More sites this year
- 2 ~ Fewer sites this year
- 3 ~ Same number of sites as last year
- -4 ~ Not a sponsor last year

1.9 How many of your sites are rural, as specified in SFSP regulations?

|___|___|___|___| # RURAL

- 00 ~ None

1.10 How many of your sites are **open** sites? Open sites are sites where meals are available to all children in an area in which at least 50% of the households are eligible.

|___|___|___|___| # OPEN SITES

₀₀ ~ None

1.11 How many of your open sites, if any, are considered **restricted open** sites? Restricted open sites are sites open to broad community participation but sponsors limit attendance for security, safety, or control reasons.

|___|___|___|___| # RESTRICTED OPEN SITES

₀₀ ~ None

1.12 How many of your sites are **enrolled** sites? Enrolled sites are open only to enrolled children in which at least 50% of the enrolled children are eligible for free or reduced price National School Lunch Program or the School Breakfast Program meals.

|___|___|___|___| # ENROLLED SITES

₀₀ ~ None

1.13 How many of your sites are migrant sites?

|___|___|___| # MIGRANT SITES

₀₀ ~ None

1.14 How many of your sites are homeless shelter sites?

|___|___|___| # HOMELESS SHELTER

₀₀ ~ None

1.15 How many **mobile feeding** sites do you have? Mobile feeding sites are when buses or other vehicles transport meals to children at multiple locations in rural areas. The bus usually makes a number of stops and provides meals to children at each stop, with children eating on or near the bus.

|___|___|___| # MOBILE FEEDING SITES

₀₀ ~ None

1.16 How many of your sites are **outdoors**? An outdoor site is defined as a site where meals are usually served and eaten outdoors, except in bad weather.

|___|___|___|___| # OUTDOOR SITES

₀₀ ~ None

1.17 How many of your sites offer activities other than serving meals to children?

|___|___|___|___| # OFFERING ACTIVITIES

₀₀ ~ None

1.18 Thinking about all the sites that offer activities, please indicate which of the following activities are offered.

₋₄ ~ All sites only offer meals

		OFFERED	NOT OFFERED
a.	Arts and crafts	1 ~	0 ~
b.	Educational/instructional activities	1 ~	0 ~
c.	Free play	1 ~	0 ~
d.	Job training	1 ~	0 ~
e.	Organized games or sports	1 ~	0 ~
f.	Swimming	1 ~	0 ~
g.	Off-site field trips	1 ~	0 ~
h.	Religious activities	1 ~	0 ~
i.	Cooking	1 ~	0 ~
j.	Other activities? *(Specify)*	1 ~	0 ~

_____

1.19 Thinking about all of the sites your organization sponsors, approximately what is or will be your organization's Summer Food program's average daily attendance in your peak month this summer? (Please measure your daily attendance by the number of children attending the program, not the number of meals served.)

|___|___|___|___|___| AVERAGE DAILY ATTENDANCE IN 2001

MODULE 2: STATE TRAINING OF SPONSORS

The next questions are about any training or assistance your organization as a sponsor received from the state agency.

2.1   How many state-run sponsor training sessions did you or your staff attend for this year's Summer Food program?

|___|___|___| # OF TRAINING SESSIONS ATTENDED

00 ~   None

2.2   Thinking about the state-run training session you attended, please indicate how helpful each of the following topics was to you.

-4 ~   Check here if your organization did not attend any state-run training session.

		VERY HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL	TOPIC NOT COVERED IN STATE TRAINING
a.	Sponsor monitoring of sites?	1 ~	2 ~	3 ~	4 ~
b.	State and FNS monitoring of sites?	1 ~	2 ~	3 ~	4 ~
c.	Sponsor monitoring of administrative budgets? . . .	1 ~	2 ~	3 ~	4 ~
d.	Sponsor monitoring of operational budgets?	1 ~	2 ~	3 ~	4 ~
e.	Budget certification?	1 ~	2 ~	3 ~	4 ~
f.	Advance payments?	1 ~	2 ~	3 ~	4 ~
g.	Reimbursements?	1 ~	2 ~	3 ~	4 ~
h.	Final payments?	1 ~	2 ~	3 ~	4 ~
i.	Administrative reviews?	1 ~	2 ~	3 ~	4 ~
j.	Meal count records?	1 ~	2 ~	3 ~	4 ~
k.	Food expenditure records?	1 ~	2 ~	3 ~	4 ~
l.	Eligibility documentation?	1 ~	2 ~	3 ~	4 ~
m.	Vendors and vendor contracts?	1 ~	2 ~	3 ~	4 ~
n.	Purchasing of food?	1 ~	2 ~	3 ~	4 ~
o.	Assessing food quality?	1 ~	2 ~	3 ~	4 ~
p.	Sponsor training of site staff?	1 ~	2 ~	3 ~	4 ~
q.	Outreach, promotion, and publicity?	1 ~	2 ~	3 ~	4 ~
r.	Site violations and deficiencies?	1 ~	2 ~	3 ~	4 ~
s.	Health regulations and health inspections?	1 ~	2 ~	3 ~	4 ~
t.	Use of computer mapping?	1 ~	2 ~	3 ~	4 ~
u.	Other topics discussed? *(Specify)*	1 ~	2 ~	3 ~	4 ~

_____

2.3 Did you or any of your staff receive technical assistance in running the Summer Food program from the state agency? Please do not include help you might have received during the application process or any formal training provided by the state.

- 1 ~ Yes
- 0 ~ No

2.4 In general, was the technical assistance provided to you by the state . . .

- 1 ~ Too much
- 2 ~ Too little
- 3 ~ About right
- -4 ~ Did not receive technical assistance from the state.

2.5 In which, if any, of the following areas would you like to have received more assistance?

		YES	NO
a.	Fiscal management?	1 ~	0 ~
b.	Finding a vendor?	1 ~	0 ~
c.	Vendor relations?	1 ~	0 ~
d.	Site management?	1 ~	0 ~
e.	Overall administrative management?	1 ~	0 ~
f.	Staff management?	1 ~	0 ~
g.	Staff motivation?	1 ~	0 ~
h.	Anything else? *(Specify)* . . .	1 ~	0 ~

_____

2.6 Which of the following FNS manuals do you use in sponsoring the Summer Food Service Program.

		YES	NO
a.	Sponsor's Handbook?	1 ~	0 ~
b.	Monitor's Handbook?	1 ~	0 ~
c.	Sponsor's Meal Preparation Handbook?	1 ~	0 ~
d.	Food Buying Guide for Child Nutrition Programs?	1 ~	0 ~
e.	Any other manuals? *(Specify)*	1 ~	0 ~

_____

MODULE 3: ADMINISTRATIVE COSTS AND PROCEDURES

The next series of questions are about the application process . . .

3.1 When did you file your application with the state Summer Food Service Program agency?

RECORD DATE

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

3.2 Would you prefer that the application deadline was . . .

- 1 ~ Earlier in the year,
- 2 ~ Later in the year, or
- 3 ~ Current deadline is about right?

3.3 When were you notified of sponsorship approval?

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

3.4 How were you notified?

- 1 ~ By mail
- 2 ~ By telephone
- 3 ~ By Fax
- 4 ~ By E-mail
- 5 ~ In person
- 96 ~ Other *(Specify):*

_____

3.5 Did you file a hard copy of the application, or did you apply by completing the application in electronic format (such as submitting the application on disk or completing it on-line through the Internet)?

- 1 ~ Hard copy
- 2 ~ Electronic

3.6 How long did it take for you or your staff to complete all the application materials?

|___|___|___| RECORD AMOUNT OF TIME

- 1 ~ Hours
- 2 ~ Days
- 3 ~ Weeks

3.7 Did you receive any help from the state agency, either in the form of group training or individual assistance, in completing the application?

- 1 ~ Yes, attended group training
- 2 ~ Yes, received individual assistance
- 3 ~ Yes, both attended training and received individual assistance
- 4 ~ No, was able to complete without any training or assistance
- 96 ~ Other *(Specify):*

_____

3.8 What suggestions do you have to improve the application process?

_____
_____
_____

Thinking now about your organization's staff working on the Summer Food Service Program . . .

The next questions are about your staff who work on the Summer Food Program. Please include all people working on the Summer Food Program, both those that deal with administrative functions as well as those involved with the daily operation of the program. Please do not include site staff unless they also serve as sponsor staff.

3.9-
3.11 Please indicate in the table below, the job titles or positions of people working on the program, how many staff work in each of the positions, how many hours staff work each day, and the number of paid and volunteer staff for each position.

Paid staff are staff that are paid from ALL sources, not just from SFSP funds.

Please write "0" where appropriate.

3.9	3.9a	3.10	3.11 PAID OR VOLUNTEER		
JOB TITLE/FUNCTION	# IN POSITION	HOURS WORKED PER DAY	PAID	VOL.	BOTH
a. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
b. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
c. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
d. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
e. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
f. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~
g. _____	|___|___|___|	|___|___|	1 ~	2 ~	3 ~

3.12 Which of the staff positions you've listed is responsible for preparing reimbursement reports to the state? Please write in job title/function.

1. _____

2. _____

3.13 How many of the people you listed provide help and technical assistance to site personnel?

|___|___|___| # OF STAFF

00 ~ None

3.14 How often is your organization called upon to provide assistance to site staff?

1 ~ Daily

2 ~ Weekly

3 ~ Monthly

4 ~ Only when requested

96 ~ Other - *(Specify):*

_____

00 ~ Never

3.15 Please indicate if you feel the amount of staff you have available for each of the following tasks is adequate or inadequate. If this is something you don't do, please check "don't do."

		ADEQUATE	**INADEQUATE**	**DON'T DO**
a.	Promoting and publicizing the program	1 ~	0 ~	-4 ~
b.	Finding and recruiting site personnel	1 ~	0 ~	-4 ~
c.	Formal training . . .	1 ~	0 ~	-4 ~
d.	Monitoring sites . .	1 ~	0 ~	-4 ~
e.	Technical assistance to sites	1 ~	0 ~	-4 ~
f.	Meal service arrangements	1 ~	0 ~	-4 ~
g.	Application Process	1 ~	0 ~	-4 ~
h.	Claims processing	1 ~	0 ~	-4 ~
i.	Vendor management	1 ~	0 ~	-4 ~
j.	Health inspections and food safety issues	1 ~	0 ~	-4 ~
k.	Transporting food or children	1 ~	0 ~	-4 ~

Turning now to cost issues, both administrative and operating costs . . .

3.16 What percentage of your organization's reported Summer Food Service Program **administrative** costs this year do you expect to recover from your state?

|___|___|___| % ADMINISTRATIVE COST

3.17 What is the total dollar amount of administrative costs that you think will **not** be reimbursed by your state this year? An estimate is fine.

$ |___|___|___|,|___|___|___| TOTAL ADMINISTRATIVE AMOUNT NOT REIMBURSED

00 ~ Expect to recover all administrative costs

3.18 Now thinking about operating costs…what percentage of your organization's reported Summer Food Service Program **operating** costs this year do you expect to recover from the state?

|___|___|___| % OPERATING COST REIMBURSEMENT

3.19 What is the total dollar amount of operating costs for meals that you think will **not** be reimbursed by your state this year? Your best estimate is fine.

$ |___|___|___|,|___|___|___| TOTAL OPERATING AMOUNT NOT REIMBURSED

00 ~ Expect to recover all operating costs

3.20 From which of the following sources will you receive money to help cover the difference between your actual operating and administrative costs and what the state reimburses?

-4 ~ 100% of operating and administrative costs will be reimbursed by the State.

		YES	**NO**
a.	Sponsor funds?	1 ~	0 ~
b.	Parent organization/Affiliation funds?	1 ~	0 ~
c.	Other non-federal funds?	1 ~	0 ~
d.	Federal funds?	1 ~	0 ~
e.	State funds?	1 ~	0 ~
f.	Local government funds?	1 ~	0 ~
g.	Other sources? *(SPECIFY)* . .	1 ~	0 ~
	_____		

3.21 Please indicate if you have done any of the following in the past few years to save money on the Summer Food Program.

		YES	NO
a.	Found less expensive vendors, . .	1 ~	0 ~
b.	Switched from on-site cooking to vended sites, ...	1 ~	0 ~
c.	Switched from mostly hot meals to mostly cold meals, ...	1 ~	0 ~
d.	Secured additional funds, ...	1 ~	0 ~
e.	Cut back on site training, ...	1 ~	0 ~
f.	Cut back on site monitoring, ...	1 ~	0 ~
g.	Cut back on publicity and promotion efforts, ...	1 ~	0 ~
h.	Limited the number of participants being served meals,, ...	1 ~	0 ~
i.	Decreased the number of sites, . .	1 ~	0 ~
j.	Other *(Specify)*	1 ~	0 ~

3.22 Please indicate whether you made any of the following changes in staffing in the past few years to save money on the Summer Food Program.

		YES	NO
a.	Hired fewer people	1 ~	0 ~
b.	Let staff go	1 ~	0 ~
c.	Reduced hourly pay	1 ~	0 ~
d.	Had staff work fewer hours	1 ~	0 ~
e.	Combined job functions	1 ~	0 ~
f.	Had volunteers handle work usually done by paid staff	1 ~	0 ~
g.	Other *(Specify)*	1 ~	0 ~

MODULE 4: OUTREACH AND EXPANSION EFFORTS

The next series of questions focus on outreach efforts in terms of both sites and participants. Outreach is defined as increasing awareness of and participation in the Summer Food Service Program.

4.1 Thinking about your current sites and the number of children who receive meals, do you feel there is a need to increase participation?

   1 ~ Yes ! **GO TO Q4.3**

   0 ~ No

4.2 What is the reason you do not feel a need to increase participation?

   1 ~ Meeting the demand in your area

   2 ~ At capacity

   3 ~ Some other reason *(Specify)*:

4.3 Does your organization work with any other organization to publicize and promote the Summer Food Service Program?

   1 ~ Yes

   0 ~ No

4.4 What organization did you work with this year or last year.

   NAME OF ORGANIZATION

   1.
   2.
   3.
   4.
   5.
   -4 ~ Did not work with any other organizations.

4.5 Which of the following types of support are provided by the organizations with which you worked? Do any of the organizations you work with . . .

-4 ~ **DON'T WORK WITH OTHER ORGANIZATIONS SKIP TO Q4.6**

		YES	NO
a.	Provide additional funds?	1 ~	0 ~
b.	Place Summer Food advertisements or public service announcements?	1 ~	0 ~
c.	Inform residents about specific Summer Food sites in their area?	1 ~	0 ~
d.	Provide volunteer staff to help at the sites?	1 ~	0 ~
e.	Help identify areas in need of sites? . . .	1 ~	0 ~
f.	Provide assistance in finding food service vendors?	1 ~	0 ~
g.	Provide assistance with forms and application requirements?	1 ~	0 ~
h.	Provide activities for children at sites?	1 ~	0 ~
i.	Provide special media events such as a kick-off?	1 ~	0 ~
j.	Provide additional flyers, posters, give-away promotional materials or gifts? . .	1 ~	0 ~
k.	Other? *(Specify):*	1 ~	0 ~

_____

4.6 How often has your organization worked with advocacy groups?

1 ~ Often,

2 ~ Sometimes,

3 ~ Rarely, or

4 ~ Never?

4.7 How interested is your organization in expanding the number of Summer Food sites its sponsors in the future?

1 ~ Very interested ———┐
                              ➤ **GO TO Q4.9**
2 ~ Somewhat interested ┘

3 ~ Not too interested

4 ~ Not at all interested

4.8 **IF NOT INTERESTED IN EXPANDING:**
Please indicate if any of the following is a reason you are **not** interested in expanding the number of **sites** you run.

		YES	NO
a.	Insufficient staff within your organization	1 ~	0 ~
b.	Decreasing reimbursement as the number of participants increase past a certain point	1 ~	0 ~
c.	Lack of available locations for site	1 ~	0 ~
d.	Inability to find a partner to help in community outreach	1 ~	0 ~
e.	School food service not interested or able to provide summer staff . .	1 ~	0 ~
f.	Schools offering school lunch or being open year round	1 ~	0 ~
g.	Lack of demand, area is well covered	1 ~	0 ~
h.	Other? *(Specify):*	1 ~	0 ~

_____

4.8a Which of these reasons is the main reason you are not interested in expanding the number of sites you run?

_____

_____

4.9 If you were considering a new site, how important would each of the following criteria be in your decision to open the site?

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT
a.	The number of children the site can handle on a daily basis? ...	1 ~	2 ~	3 ~
b.	The ability to prepare meals on site?	1 ~	2 ~	3 ~
c.	Facilities--such as indoor space for inclement weather and refrigerated storage?	1 ~	2 ~	3 ~
d.	The location of the site?	1 ~	2 ~	3 ~
e.	Proximity to other sites you sponsor?	1 ~	2 ~	3 ~
f.	Key personnel and staff committed to working at the site?	1 ~	2 ~	3 ~
g.	Past or related experience? ...	1 ~	2 ~	3 ~
h.	The length of time the site would be open?	1 ~	2 ~	3 ~
i.	The ability of children to get to site?	1 ~	2 ~	3 ~
j.	The cleanliness of the site?	1 ~	2 ~	3 ~
k.	Security and safety of the site?	1 ~	2 ~	3 ~
l.	A large number of unserved children in the area?	1 ~	2 ~	3 ~
m.	Other activities available that will draw children in?	1 ~	2 ~	3 ~
n.	Anything else? *(Specify)*	1 ~	2 ~	3 ~

_____

4.10 Which of the following methods has your organization used to identify areas that would qualify for Summer Food sites . . .

		YES	NO
a.	Used computer mapping software? ...	1 ~	0 ~
b.	Obtained free and reduced-priced school lunch information?	1 ~	0 ~
c.	Contacted the state agency?	1 ~	0 ~
d.	Used information from advocacy groups or other organizations?	1 ~	0 ~
e.	Other? *(Specify):*	1 ~	0 ~

_____

4.11 About how many staff hours would you say you spent or plan to spend this summer on efforts to increase the **number of sites**?

|___|___|___| # OF TOTAL STAFF HOURS TO INCREASE THE NUMBER OF SITES

00 ~ None

4.12 About how many staff hours were spent or will be spent in an effort to increase **participation**? Just an estimate is fine.

|___|___|___| # OF TOTAL STAFF HOURS TO INCREASE THE NUMBER OF PARTICIPANTS

00 ~ None

4.13 What has your organization done this year or last year to maintain or increase participation in the Summer Food Service Program?

_____

_____

_____

4.14 What do you consider to be the main barriers to increased participation in the Summer Food Service Program?

_____

_____

_____

4.15 Which of the following methods does your organization use to find site personnel?

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		YES	NO
a.	Hire people from federal programs such as Americorps, VISTA, Summer Youth Employment Programs	1 ~	0 ~
b.	Guarantee a minimum number of hours	1 ~	0 ~
c.	Work with a job placement service	1 ~	0 ~
d.	Advertise in the local area	1 ~	0 ~
e.	Secure volunteers to help	1 ~	0 ~
f.	Recruit staff from local schools	1 ~	0 ~
g.	Pay incentives or signing bonuses	1 ~	0 ~
h.	Some other method *(Specify)*	1 ~	0 ~

_____

4.16 Which of the following methods does your organization use to retain or **keep** staff?

		YES	NO
a.	Guaranteed minimum number of hours	1 ~	0 ~
b.	Flexible work arrangements	1 ~	0 ~
c.	Pay incentives or bonuses for completing the summer	1 ~	0 ~
d.	Some other method *(Specify)*	1 ~	0 ~

_____

4.17 Would your organization be willing to increase the length of your summer session?

     1 ~   Yes

     0 ~   No

     -4 ~   Already runs all summer

MODULE 5: TRAINING AND MONITORING OF SITES

The next set of questions relates to training and monitoring of site staff. Site training is formal off-site training or classroom-type training you may have done with site personnel at their site.

5.1 How many training sessions for site personnel did you hold for this year's summer program? Site personnel are staff on-site who prepare or serve food to children or provide supervision during meals.

     |___|___|___| # OF SITE TRAINING SESSIONS

     00 ~   NONE ! **SKIP TO Q5.11 ON NEXT PAGE**

5.2 On average, how many hours did a typical training session last?

     |___|___| AVERAGE # OF HOURS
                 PER TRAINING SESSION

5.3 When do you typically hold training sessions for site personnel?

     1 ~   Immediately prior to the site's opening

     2 ~   During the first few weeks of the site opening

     3 ~   Throughout the summer

     96 ~   Other *(Specify):*

     _____

5.4 How many site personnel attended your training sessions this year?

     |___|___|___|___| # OF SITE PERSONNEL ATTENDED

5.5 How many sites received training?

     |___|___|___|___| # OF SITES RECEIVING TRAINING

     -7 ~   All

5.6 Did you hold separate, different training sessions for personnel at new sites, or did personnel at new and continuing sites attend the same training sessions?

1 ~ Separate, different training for new sites

2 ~ New and continuing attend same training

-4 ~ No new sites in 2001

-7 ~ Only have one site

5.7 Are training sessions usually held at a central location or does your training staff usually go on site to train site personnel?

1 ~ Central location

2 ~ On-site

3 ~ Both, it depends

5.8 Which of the following best describes your requirements for site staff to attend training sessions?

1 ~ Both new and experienced staff are required to attend training each year

2 ~ Only new staff are required to attend training each year

3 ~ No staff are required to attend training each year

96 ~ Other *(Specify Arrangements):*

5.9 Please indicate whether or not the following topics were covered in the site personnel training session(s).

		YES	NO
a.	Sponsor monitoring of sites	1 ~	0 ~
b.	State and FNS monitoring of sites .	1 ~	0 ~
c.	Meal count records	1 ~	0 ~
d.	Site violations and deficiencies . . .	1 ~	0 ~
e.	Health regulations and food safety .	1 ~	0 ~
f.	Dealing with vendors	1 ~	0 ~
g.	Other topics *(Specify)*	1 ~	0 ~

5.10 How do you train new turnover staff who come on during the course of the summer?

Please focus now on monitoring your sites.

5.11 **During a typical week**, how many on-site reviews do your administrative staff and monitors conduct?

|___|___|___| # OF WEEKLY ON-SITE REVIEWS

00 ~ None

5.12 To date, how many of your sites have been reviewed this summer by your staff?

|___|___|___|___| # OF SITES REVIEWED

00 ~ None

5.13 How are sites selected for on-site reviews?

5.14 What is the average time per on-site review? Please include on-site activities and time required for travel and paperwork.

|___|___|___| TOTAL HOURS

AND

|___|___|___| MINUTES

5.15 About what percentage of the on-site reviews are unannounced?

|___|___|___| % UNANNOUNCED

MODULE 6: MEALS PROVIDED

The last set of questions are about the meals provided at your sites.

6.1 How many of the **sites** your organization sponsors serve each of the following types of meals.

|___|___|___|___| # OF SITES SERVING BREAKFAST

|___|___|___|___| # OF SITES SERVING MORNING SNACK

|___|___|___|___| # OF SITES SERVING LUNCH

|___|___|___|___| # OF SITES SERVING AFTERNOON SNACK

|___|___|___|___| # OF SITES SERVING SUPPER

|___|___|___|___| # OF SITES SERVING EVENING SNACK

6.2 How many of each **meal** did you serve or do you plan on serving in your peak month in 2001?

|___|___|___|___|___|___| # OF BREAKFASTS SERVED

|___|___|___|___|___|___| # OF MORNING SNACKS SERVED

|___|___|___|___|___|___| # OF LUNCHES SERVED

|___|___|___|___|___|___| # OF AFTERNOON SNACKS SERVED

|___|___|___|___|___|___| # OF SUPPERS SERVED

|___|___|___|___|___|___| # OF EVENING SNACKS SERVED

6.3 How does your organization provide Summer Food meals for your sites?

1 ~ Prepare the meals yourself, "self-prep"

2 ~ Contract with a private vendor to provide meals

3 ~ Contract with a school food authority to provide meals

96 ~ Other *(Specify)*:

_____

6.4 Where do you primarily prepare the Summer Food meals?

1 ~ Primarily prepared on site

2 ~ Primarily prepared off site at a central location

3 ~ Fairly even mix of on and off site preparation

96 ~ Other *(Specify)*:

_____

The next series of questions are about your experience with food vendors. If your organization contracts with a School Food Authority please consider the SFA as the vendor.

~ **CHECK HERE IF YOUR ORGANIZATION DOES NOT USE VENDORS. SKIP TO QUESTION 6.19**

6.5 How many vendors were contracted to provide Summer Food Service Program meals this summer?

|___|___| # VENDORS

6.6 For how many years, including this year, have you used the same food vendor? (If more than one vendor, please answer for your largest vendor this year.)

|___|___|___| # OF YEARS

6.7 How many vendors submitted bids for Summer Food program contracts this year? Please include both successful and unsuccessful candidates. An estimate is fine.

|___|___| # OF VENDORS

6.8 Has your state dropped registration for commercial vendors as allowed by the 1999 Federal regulations?

1 ~ Yes

0 ~ No ! **SKIP TO Q6.10**

6.9 Please indicate below the impact, if any, of dropping the registration for commercial vendors in each of the following areas. Do you think dropping registration has had a positive effect, a negative effect, or no effect in each of the following?

		POSITIVE EFFECT	NEGATIVE EFFECT	NO EFFECT
a.	The number of vendors interested in participating in the Summer Food program?	1 ~	2 ~	3 ~
b.	The quality of food provided by selected vendors?	1 ~	2 ~	3 ~
c.	The amount of time required by your staff to monitor vendors?	1 ~	2 ~	3 ~
d.	The number of vendor problems encountered?	1 ~	2 ~	3 ~
e.	Other *(Specify)*	1 ~	2 ~	3 ~

6.10 How important are each of the following criteria in selecting a vendor?

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
a.	Past experience with vendor	1 ~	2 ~	3 ~
b.	Lowest cost	1 ~	2 ~	3 ~
c.	The required RFP procurement process	1 ~	2 ~	3 ~
d.	The quality of the food	1 ~	2 ~	3 ~
e.	The ability to deliver meals on time	1 ~	2 ~	3 ~
f.	Ability to make adjustments in number of meals	1 ~	2 ~	3 ~
g.	Their location . .			
h.	Key personnel and staff committed to the Summer Food program	1 ~	2 ~	3 ~
i.	Their reputation	1 ~	2 ~	3 ~
j.	Other *(Specify)*	1 ~	2 ~	3 ~

6.11 Which of the following do you use to monitor vendors?

		YES	NO
a.	Conduct Summer Food site visits	1 ~	0 ~
b.	Check contract specifications against delivered meals	1 ~	0 ~
c.	Talk to site personnel	1 ~	0 ~
d.	Visit vendor facilities	1 ~	0 ~
e.	Other *(Specify)*	1 ~	0 ~

6.12 How often do you monitor your vendors?

1 ~ Weekly

2 ~ Monthly

3 ~ When problems are suspected

4 ~ When sites request intervention

96 ~ Some other basis *(Specify):*

06 ~ Never

6.13 About what percentage of staff time have you spent on monitoring vendors?

|___|___| PERCENT

6.14 Please indicate whether each of the following is required or stated in contracts you have with commercial vendors.

		YES	NO
a.	Ability to modify the content of daily meals	1 ~	0 ~
b.	Ability to adjust the number of meals ordered	1 ~	0 ~
c.	Refrigerated trucks to transport the food	1 ~	0 ~
d.	Other *(Specify)*	1 ~	0 ~

6.15 What do you consider to be the main **advantages** of vendor provided meals?

_____

_____

_____

6.16 What do you consider to be the main **disadvantages** of vendor-provided meals?

_____

_____

_____

6.17 How easy or difficult is it for you as a sponsor to modify or adjust daily meals?

1 ~ Very easy

2 ~ Somewhat easy

3 ~ Somewhat difficult

4 ~ Very difficult

6.18 Overall, how satisfied are you with your relationship with your vendor(s) this summer?

1 ~ Very satisfied

2 ~ Somewhat satisfied

3 ~ Not at all satisfied

6.19 Do any of the sites you sponsor allow children to select fewer meal components, that is "offer versus serve" meals?

1 ~ Yes

0 ~ No

6.20 How many of the sites that you sponsor have refrigeration storage available? By refrigeration storage, we mean refrigerators, freezers, or coolers are available on-site to store meals.

1 ~ All sites have refrigeration

2 ~ More than half

3 ~ About half

4 ~ Less than half

5 ~ None

6 ~ Only have one site

6.21 **IF ONLY ONE SITE:**
Does your site have refrigeration storage available?

1 ~ Yes

0 ~ No

6.22 Please indicate about how long it took to complete this survey.

_____   _____
HOURS   MINUTES

6.23 If we need to clarify any responses on this questionnaire, it would be helpful to have the name and phone number of the person who was mainly responsible for completing this questionnaire.

Name: _____

Phone: _____

Thank you for participating in this important survey of the Summer Food Service Program. Please return the completed questionnaire along with current site lists in the pre-paid FedEx envelope provided. If you have any questions about this survey, please call [SURVEY DIRECTOR].

FORMER SPONSOR QUESTIONNAIRE

SUMMER FOOD SERVICE PROGRAM
IMPLEMENTATION STUDY
Former Sponsor Questionnaire

State:_____   **Phone:**_____

Date of interview: **Interviewer ID #:**_____

|___|___|/|___|___|/|___|___| **Former Sponsor ID #:**
  Month   Day   Year

                                           _____

Former Sponsor Address:_____

Contact Person's Name:_____

Contact Person's Phone Number:_____

Fax Number:_____

E-Mail Address:_____

PHONE INTRODUCTION:

Hello, my name is (NAME) and I'm calling from (CONTRACTOR). We are conducting an evaluation of the Summer Food Service Program for the U.S. Department of Agriculture. You may recall receiving our letter (REFERENCE DATE AND SIGNATURE) describing the evaluation. The main objectives of the evaluation are to describe the characteristics of service providers and to examine Summer Food Service Program operations.

At this time, we are interviewing former sponsors who are not participating in the program this year. The purpose of this interview is to obtain information about the operation of the program at the sponsor level, and, in particular, about why sponsors decide to leave the program. I will be asking you about various aspects of the program, including technical assistance and training, staffing patterns, meals provided and publicity efforts. Please tell me about your sponsor experiences the last year that you were a sponsor. None of your answers will be reported individually, they will be averaged with other former sponsors.

S1.   First can I confirm that you were a Summer Food Service Program sponsor in 2000, but were not a sponsor in 2001?

                YES . . . . 1 ! **CONTINUE**

                NO 0

                DON'T KNOW . . . . -1 → **THANK AND TERMINATE**

                REFUSED . . . . -3

MODULE 1: SPONSORSHIP

1.1   What type of organization are you? Are you a . . . (READ CATEGORIES)

Public school, ...   01

Private school, ...   02

Residential camp, ...   03

National Youth Sports Program, ...   04

Other private non-profit organization, ...   05

Local or municipal government agency, ...   06

County or State government agency, ...   07

Indian tribal organization, or   08

Something else? (SPECIFY)   96

_____

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

1.2   For how many summers did (the) (ORGANIZATION) sponsor the Summer Food Service Program?

|___|___| # OF SUMMERS SPONSORED SFSP

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

1.3   For how many weeks did you provide Summer Food program meals the last year you were a sponsor?

|___|___| WEEKS

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

1.4 I'm going to read a list of child nutrition programs and I'd like you to tell me in which, if any, your organization currently participates.

		YES	NO	DON'T KNOW	REFUSED
a.	National School Lunch Program, or NSLP?	01	00	-1	-3
b.	National School Breakfast Program?	01	00	-1	-3
c.	Child and Adult Care Food Program, or CACFP?	01	00	-1	-3
d.	After School Snack programs, as a component of NSLP or CACFP?	01	00	-1	-3
e.	Women, Infants, and Children program, or WIC?	01	00	-1	-3
f.	Commodity Supplemental Food Program?	01	00	-1	-3
g.	Emergency Food program, or TEFAP? . . .	01	00	-1	-3
h.	Food Distribution Program on Indian Reservations, or FDPIR?	01	00	-1	-3

1.5 Which of the following are reasons that your organization decided to stop being a Summer Food Service Program sponsor? (READ ITEM) Was this a reason for leaving the program or not?

		YES	NO	DON'T KNOW	REFUSED
a.	Lack of participation?	01	00	-1	-3
b.	Problems with vendors?	01	00	-1	-3
c.	Paperwork too difficult or time-consuming?	01	00	-1	-3
d.	No longer eligible?	01	00	-1	-3
e.	Dropped by the state?	01	00	-1	-3
f.	Inadequate staff available?	01	00	-1	-3
g.	Program manager retired or left?	01	00	-1	-3
h.	Reduced reimbursement rates?	01	00	-1	-3
i.	Application process too difficult or time consuming?	01	00	-1	-3
j.	Inadequate technical assistance from state?	01	00	-1	-3
k.	Reimbursements did not cover costs?	01	00	-1	-3
l.	Not enough eligible children to be worthwhile?	01	00	-1	-3
m.	Health and sanitation requirements?	01	00	-1	-3
n.	Poor relationship with state office?	01	00	-1	-3
o.	Difficulty separating various food programs?	01	00	-1	-3
p.	Became a site?	01	00	-1	-3
q.	Any other reason? (SPECIFY)	01	00	-1	-3

IF MORE THAN ONE REASON GIVEN IN Q1.5, ASK Q1.6:

1.6 Which of the reasons you gave me, that is, (READ REASONS) is the **main** reason that you decided to leave the Summer Food Service Program?

|___| RECORD LETTER CODE FROM Q1.5

DON'T KNOW . . . . -1

REFUSED . . . . -3

IF DROPPED BY STATE IN Q1.5 ITEM "e," ASK Q1.7, ALL OTHERS GO TO Q.1.8:

1.7 You mentioned that your organization was dropped by the state? Can you tell me why the state dropped you? **RECORD VERBATIM**

_____

_____

_____

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

1.8 How many Summer Food feeding sites did your organization operate in the last year that you were a sponsor?

       |___|___|___|___| # OF SITES IN MOST RECENT YEAR

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

1.9 (How many of your sites were outdoors/Was your site outdoors?) By outdoors I mean sites where meals were usually served and eaten outdoors, except in bad weather.

       |___|___|___| # OUTDOORS

       NONE 0

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

1.10   (How many of your sites offered/Did this site offer) activities other than
         serving meals to children?

                |___|___|___| # OF SITES OFFERING ACTIVITIES

                NONE 0
                DON'T KNOW . . . . -1   **GO TO Q1.12**
                REFUSED . . . . -3

1.11   I'm going to read a list of activities, other than serving meals, and I would like
         you to tell me if any of your sites offered these activities the last year you
         were a sponsor. First (INSERT ITEM), did any of your sites offer this?

		OFFERED	NOT OFFERED	DON'T KNOW	REFUSED
a.	Arts and crafts?	01	00	-1	-3
b.	Educational/instructional activities?	01	00	-1	-3
c.	Free play?	01	00	-1	-3
d.	Job training?	01	00	-1	-3
e.	Organized games or sports? . .	01	00	-1	-3
f.	Swimming?	01	00	-1	-3
g.	Off-site field trips?	01	00	-1	-3
h.	Religious activities?	01	00	-1	-3
i.	Cooking?	01	00	-1	-3
j.	Any other activities? (SPECIFY)	01	00	-1	-3

         _____

1.12   Again, thinking about all of the sites your organization sponsored, what was the Summer Food Service Program's average daily attendance in your peak month in the last year you were a sponsor? By daily attendance I mean the number of children attending the program, not the number of meals served.

PROBE: Your best estimate is fine.

|___|___|___|___|___| AVERAGE DAILY ATTENDANCE IN
LAST YEAR AS SPONSOR

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.13   To the best of your knowledge, how many of your sites were picked up by another sponsor this year? **IF ONE SITE, ASK:** Was your site picked up by another sponsor this year? **IF "YES," CODE AS "ALL". IF "NO," CODE AS "NONE".**

All 01

Some, or 02

None of them 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 2: ADMINISTRATIVE COSTS AND PROCEDURES

The next questions are about your staff who worked on the Summer Food program the last year you were a sponsor. Please include all people who worked on Summer Food, both those who dealt with administrative functions as well as those involved in the daily operation of the program. Please do not include site staff unless they also served as sponsor staff.

2.1 Please tell me the job titles or positions of the people who worked on the program the last year you were a sponsor? **ENTER IN COLUMN 1 OF GRID BELOW**

INTERVIEWER: FOR EACH TITLE NAMED, ASK Q2.2, Q2.3 AND Q2.4.

2.2 How many people were in the (TITLE) position? **RECORD IN COLUMN 2.**

2.3 About how many hours a day did (TITLE) work each day? **RECORD IN COLUMN 3.**

2.4 And are the people who worked as (TITLE) paid or volunteer staff? By paid staff, we mean staff that were paid from ALL sources, not just from SFSP funds. **RECORD IN COLUMN 4.**

	Q2.1	Q2.2	Q2.3	Q2.4				
	JOB TITLE	# IN POSITION	HOURS WORKED PER DAY	PAID OR VOLUNTEERED				
				PAID	VOL	BOTH	DON'T KNOW	REFUSED
a.	_____	|__|__|	|__|__|	01	02	03	-1	-3
b.	_____	|__|__|	|__|__|	01	02	03	-1	-3
c.	_____	|__|__|	|__|__|	01	02	03	-1	-3
d.	_____	|__|__|	|__|__|	01	02	03	-1	-3
e.	_____	|__|__|	|__|__|	01	02	03	-1	-3
f.	_____	|__|__|	|__|__|	01	02	03	-1	-3
g.	_____	|__|__|	|__|__|	01	02	03	-1	-3

IF FORMER SPONSOR HAD ONLY ONE SITE, GO TO Q2.6:

2.5   How often was your organization called upon to provide assistance to site staff your last year as a sponsor? Would you say . . .

Daily, ... 01

Weekly, ... 02

Monthly, ... 03

Or only when requested? 04

OTHER (SPECIFY) 96

_____

NEVER (VOLUNTEERED) 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.6   Please tell me if the amount of staff you had available for each of the following tasks was adequate or inadequate in the last year you were a sponsor. First, did you have an adequate or inadequate amount of staff to handle . . . (INSERT ITEM). If this was something you didn't do, please just say so.

		ADEQUATE	INADEQUATE	DIDN'T DO	DON'T KNOW	REFUSED
a.	Promoting and publicizing the program?	01	00	-4	-1	-3
b.	Finding and recruiting site personnel?	01	00	-4	-1	-3
c.	Formal training?	01	00	-4	-1	-3
d.	Monitoring sites?	01	00	-4	-1	-3
e.	Technical assistance to sites?	01	00	-4	-1	-3
f.	Meal service arrangements?	01	00	-4	-1	-1
g.	Application process?	01	00	-4	-1	-1
h.	Claims processing?	01	00	-4	-1	-3
i.	Vendor management?	01	00	-4	-1	-3
j.	Health inspections and food safety issues?	01	00	-4	-1	-3
k.	Transporting food or children? . . .	01	00	-4	-1	-3

2.7   Now let's talk about costs, both administrative and operating costs.

Did you recover **all** of your reported Summer Food program **administrative** costs from the state in the last year you were a sponsor?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.8   And what about operating costs . . . Did you recover all of your reported Summer Food program **operating** costs from the state in the last year you were a sponsor?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.9   Did your organization make any changes in staffing in order to accommodate the Summer Food Service Program when you were a sponsor?

YES 01

NO 00

DON'T KNOW . . . . -1 ⌉
                                                          ⎬ **GO TO Q2.11**
REFUSED . . . . -3 ⌋

2.10   What changes did you make when you were a sponsor? **OPEN ENDED.**

PROBE: Anything else?

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 3: OUTREACH AND EXPANSION EFFORTS

Now I'd like to focus on outreach efforts in terms of both sites and participants. By outreach I mean increasing awareness of and participation in the Summer Food Service Program.

3.1   Did your organization do anything to increase participation at your Summer Food site(s) the last year you were in operation, or wasn't participation an issue for you?

               DID SOMETHING TO INCREASE
               PARTICIPATION 01

               PARTICIPATION NOT AN ISSUE . . . . 02 ! **GO TO MODULE 4**

               DON'T KNOW . . . . -1

               REFUSED . . . . -3

3.2   Did your organization work with any other organizations to publicize and promote the Summer Food Service Program the last year you were a sponsor?

               YES 01

               NO 00

               DON'T KNOW . . . . -1   **GO TO Q3.5**

               REFUSED . . . . -3

3.3   What organizations did you work with your last year as a sponsor?
RECORD VERBATIM.

NAME OF ORGANIZATION	CODE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ORGANIZATION CODES:

01	Department of Education	06	Government Organization
02	Schools	07	Medical Organization
03	Community Based Organization	08	Nutrition or Anti-Hunger Advocacy Group
04	Religious Organization	96	Other (SPECIFY--WRITE IN ABOVE)
05	Business Organization		_____

3.4 Which of the following types of support were provided by (that/those) organization(s)? Did (that/those) organization(s) . . .

		YES	NO	DON'T KNOW	REFUSED
a.	Provide additional funds?	01	00	-1	-3
b.	Place Summer Food advertisements or public service announcements?	01	00	-1	-3
c.	Inform residents about specific Summer Food sites in their area?	01	00	-1	-3
d.	Provide volunteer staff to help at the sites?	01	00	-1	-3
e.	Help identify areas in need of sites?	01	00	-1	-3
f.	Provide assistance in finding food service vendors?	01	00	-1	-3
g.	Provide assistance with forms and application requirements?	01	00	-1	-3
h.	Provide activities for children at sites?	01	00	-1	-3
i.	Provide special media events such as a kick-off?	01	00	-1	-3
j.	Provide additional flyers, posters, give-away promotional materials or gifts?	01	00	-1	-3
k.	Any other type of support? (SPECIFY)	01	00	-1	-3

3.5 What do you consider to be the main barriers to increased participation in the Summer Food Service Program? **OPEN-ENDED. RECORD VERBATIM RESPONSE.**

PROBE FOR ADDITIONAL BARRIERS: Any others?

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 4: TRAINING AND MONITORING

The next question is about training of site staff that occurred the last summer you were a sponsor. By site training I mean formal off-site training or classroom-type training you may have done with site personnel at their site.

4.1   How many sites received training? **IF SPONSOR HAD ONE SITE, ASK:**
        Did your site receive training?

        |___|___|___| # OF SITES RECEIVING TRAINING

        IF NONE/NO TRAINING 00

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

4.2   Now I'd like you to think about any training or assistance your organization
        as a sponsor received from the state agency.

        How many state-run sponsor training sessions did you or your staff attend
        the last summer you were a sponsor?

        |___|___|___| # OF TRAINING SESSIONS ATTENDED

        NONE . . . . 00 ⌉

        DON'T KNOW . . . . -1 ⟩ **GO TO Q4.5**

        REFUSED . . . . -3 ⌋

4.3   Do you feel the training provided to you by the state in the last year you were
        a sponsor was adequate or inadequate?

        ADEQUATE . . . . 01 ! **GO TO Q4.5**

        INADEQUATE 02

        DON'T KNOW . . . . -1 ⌉
                                                                    ⟩ **GO TO Q4.5**
        REFUSED . . . . -3 ⌋

4.4   In what ways was the training inadequate? **OPEN ENDED. RECORD VERBATIM RESPONSE.**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.5   Did you or any of your staff receive technical assistance in running the Summer Food program from the state agency the last time you sponsored the program? Please do not include help you might have received during the application process or any formal training provided by the state.

YES . . . . 01 ! **GO TO Q4.7**

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.6   Were you offered any technical assistance by state personnel the last year you were a sponsor?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.7　　In general, would you say the technical assistance provided to you by the state too much, too little, or about right?

TOO MUCH 01

TOO LITTLE 02

ABOUT RIGHT 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.8　　In which, if any, of the following areas would you like to have received more assistance? What about (INSERT ITEM)? Would you have liked more assistance with this or not? **READ CATEGORIES.**

		YES	**NO**	**DON'T KNOW**	**REFUSED**
a.	Fiscal management?	01	00	-1	-3
b.	Finding a vendor?	01	00	-1	-3
c.	Vendor relations?	01	00	-1	-3
d.	Site management?	01	00	-1	-3
e.	Overall administrative management? . . .	01	00	-1	-3
f.	Staff management?	01	00	-1	-3
g.	Staff motivation?	01	00	-1	-3
h.	Anything else? (SPECIFY)	01	00	-1	-3

Above the table: **CIRCLE ONE FOR EACH**

Now I'd like to turn to monitoring, both your monitoring of sites and the state's monitoring of your organization the last year you were a sponsor.

4.9   First, how many of your sites were reviewed by your staff the last summer you were a sponsor?

|___|___|___|___| # OF SITES REVIEWED

ALL . . . . -7

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.10   Thinking now about state reviews of sponsors, how often was your organization reviewed by the state the last year you were a sponsor? **RECORD ACTUAL NUMBER OF TIMES. IF RESPONDENT NOT SURE, ASK FOR THEIR BEST ESTIMATE.**

|___|___|___| NUMBER OF TIMES SPONSOR
            REVIEWED BY STATE

NONE/NOT REVIEWED 00

DON'T KNOW . . . . -1   **GO TO MODULE 5**

REFUSED . . . . -3

4.11   What problems, if any, came up during the state reviews last year? **OPEN-ENDED. RECORD VERBATIM**

PROBE FOR ADDITIONAL PROBLEMS.

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 5: MEALS PROVIDED

5.1   The last set of questions are about the meals provided at your site(s) the last summer you were a sponsor.

Please tell me how many of the sites your organization sponsored last year served each of the following types of meals. First, how many sites served **(READ IN ORDER). IF ONE SITE, SAY:** Did your site serve . . . **IF YES, RECORD "1". IF NO, RECORD "0".**

		DON'T KNOW	REFUSED
Breakfast	|___|___|___|___|	-1	-3
Morning snack	|___|___|___|___|	-1	-3
Lunch	|___|___|___|___|	-1	-3
Afternoon snack	|___|___|___|___|	-1	-3
Supper	|___|___|___|___|	-1	-3
Evening snack	|___|___|___|___|	-1	-3

5.2   When you were a Summer Food sponsor, how did your organization provide Summer Food meals for your site(s)? Did you . . .

Prepare the meals yourself,
that is "self-prep", ... 01

Contract with a private vendor to
provide meals, or . . . . 02 ┐

Contract with a school food authority? . . . . . . 03 ├ **GO TO Q5.4**

OTHER (SPECIFY) . . . . 04 ┘

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.3   Where did you primarily prepare the Summer Food meals? Were the meals . . . **(READ CATEGORIES)**

Primarily prepared on site, ... 01
Primarily prepared off site at a
central location, or 02

Was it a fairly even mix of on and
off site preparation? 03

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

```
ALL THOSE ANSWERING Q5.3, GO TO Q5.5
```

5.4   How often did you monitor your vendors the last year you sponsored the program? Would you say weekly, monthly, only when problems were suspected, only when sites requested your intervention, or on some other basis?

WEEKLY 01

MONTHLY 02

WHEN PROBLEMS WERE SUSPECTED . . 03

WHEN SITES REQUESTED
INTERVENTION 04

NEVER--VOLUNTEERED 05

SOME OTHER BASIS (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

IF ONE SITE, GO TO Q5.6:

5.5   How many of the sites that you sponsored had refrigeration storage available? By refrigeration storage we mean refrigerators, freezers or coolers available on-site to store meals. Did . . . **(READ CATEGORIES)**

All sites have refrigeration, ... 01

Most have refrigeration, ... 02

About half did, ... 03

Less than half did, or 04   **GO TO Q5.7**

None did? 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.6   Did your site have refrigeration storage available? By refrigeration storage we mean refrigerators, freezers or coolers available on-site to store meals.

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.7   And finally . . .

Would you and your organization ever consider becoming a Summer Food Service Program sponsor again?

YES 01

NO 00

UNDER CERTAIN CIRCUMSTANCES 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.8   What would need to happen or be changed about the current program for
         your organization to once again become a Summer Food sponsor?
         RECORD VERBATIM RESPONSE.

         PROBE: Anything else?

         _____

         _____

         _____

                 NOTHING--WOULD NEVER CONSIDER
                 BEING A SPONSOR AGAIN 00

                 DON'T KNOW . . . . -1

                 REFUSED . . . . -3

Those are all the questions I have. Thank you very much for your time in completing
this important survey of the Summer Food Service Program. Have a good
(day/evening). Goodbye

SITE DIRECTOR
QUESTIONNAIRE

SITE ID: |___|___|___|___|___|___|___|___|___|

SITE ADDRESS: _____

STREET: _____

CITY: _____

DATE OF INTERVIEW: |___|___|/|___|___|/|___|___|
                         Month   Day   Year

INTERVIEWER ID: |___|___|___|___|___|

COMPLETED BY ONE PERSON   9

COMPLETED BY MULTIPLE PEOPLE   9

SPECIFY WHO ELSE & POSITION: _____

INTRODUCTION:

My name is (NAME), and I am here as part of a study that (CONTRACTOR) is conducting for the U.S. Department of Agriculture. This study is an evaluation of the Summer Food Service Program. The main objectives of the evaluation are to describe the characteristics of service providers and to examine Summer Food Service Program operations. I will be asking you questions about various aspects of the program, including the activities offered and meals provided by this site, staffing, training, and publicity efforts.

INTERVIEWER: ENTER BEFORE STARTING INTERVIEW IF KNOWN, OR ASK:
Before we begin the interview, please tell me your full name, your title, and your telephone number.

RESPONDENT FIRST NAME: _____

RESPONDENT LAST NAME: _____

RESPONDENT TITLE: _____

RESPONDENT PHONE: |___|___|___|-|___|___|___|-|___|___|___|___|

FAX: |___|___|___|-|___|___|___|-|___|___|___|___|

E-MAIL: _____

MODULE 1: SITE OPERATIONS

1.1   First, how many sites does your sponsor have this summer? Are you . . .

The only site for your sponsor, ... 01

One of only two or three sites, or 02

One of many sites? 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.2   Do participants have to be enrolled to attend the Summer Food program at this site, or is it open to everyone?

ENROLLED SITE . . . . 01 ! **GO TO 1.4**

OPEN SITE 02

DON'T KNOW . . . . -1 ⎤

REFUSED . . . . -3 ⎦ → **GO TO 1.4**

1.3   Do you or your sponsor limit attendance at your site for security, safety, or control reasons?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.4   For how many summers, including this summer, has the Summer Food program operated at this site?

|___|___| YEARS

FIRST YEAR . . . . 01 ! **GO TO 1.8**

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.5   Since this site first operated, has it had the same sponsor, or has there been a different sponsor at any time?

SAME . . . . 01 ! **GO TO 1.8**

DIFFERENT 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 1.8

1.6   Did this site have the same sponsor in 2000 as it has currently, or did it have a different sponsor last year?

SAME . . . . 01 ! **GO TO 1.8**

DIFFERENT 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 1.8

1.7   Why did the site change sponsors this year? **RECORD VERBATIM**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.8   On what date did you first begin serving Summer Food program meals this summer?

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

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.9   And on what date do you expect to stop serving Summer Food program meals this summer?

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

DON'T KNOW . . . . -1

REFUSED . . . . -3

1.10   Which days of the week is this site in operation? **IF RESPONDENT SAYS EVERYDAY, DETERMINE IF IT IS MONDAY THROUGH FRIDAY OR ALL 7 DAYS.**

                                                    CIRCLE ALL THAT APPLY

        MONDAY THROUGH FRIDAY 01
        MONDAY ONLY 02
        TUESDAY ONLY 03
        WEDNESDAY ONLY 04
        THURSDAY ONLY 05
        FRIDAY ONLY 06
        SATURDAY ONLY 07
        SUNDAY ONLY 08
        MONDAY-SUNDAY (EVERYDAY OF WEEK) 09
        DON'T KNOW . . . . -1
        REFUSED . . . . -3

1.11   What is the site's normal daily starting time, when children first begin arriving? This is the starting time for **any** activity provided by the site, not just for Summer Food program activities.

|___|___| : |___|___| START TIME

AM 01
PM 02
DON'T KNOW . . . . -1
REFUSED . . . . -3

1.12   And what is the site's normal daily closing time? Again, this is the closing time for **all** activities provided by the site, not just for Summer Food activities.

|___|___| : |___|___| CLOSING TIME

AM 01
PM 02
DON'T KNOW . . . . -1
REFUSED . . . . -3

1.13   Other than serving meals, what activities are offered at the site this summer? Do you offer . . .

		CIRCLE ONE ONLY		
	OFFER	NOT OFFERED	DON'T KNOW	REFUSED
a.	Arts and crafts?	01	00	-1	-3
b.	Educational or instructional activities? . . .	01	00	-1	-3
c.	Free play?	01	00	-1	-3
d.	Job training?	01	00	-1	-3
e.	Organized games or sports?	01	00	-1	-3
f.	Swimming?	01	00	-1	-3
g.	Off-site field trips?	01	00	-1	-3
h.	Religious activities?	01	00	-1	-3
i.	Cooking?	01	00	-1	-3
j.	Any other activities? (SPECIFY)	01	00	-1	-3

1.14   What forms of transportation do participants use to get to this site?

**INTERVIEWER: READ EACH CATEGORY BELOW AND CIRCLE ALL
THAT APPLY IN FIRST RESPONSE COLUMN.**

1.15   **FOR EACH CATEGORY CIRCLED AT Q1.14, READ:**
On a typical day, approximately what percent of children use (each of)
(this/these) type(s) of transportation. First, **READ EACH CATEGORY
CIRCLED IN FIRST RESPONSE COLUMN AND ENTER PERCENTAGE IN
SECOND RESPONSE COLUMN. IF RESPONDENT DOESN'T KNOW
PERCENTAGE ENTER -1.**

	Q1.14 CIRCLE ALL THAT APPLY	Q1.15 PERCENT
Transportation provided by the program? . . .	01	|__|__|__|%
Public transportation?	02	|__|__|__|%
Dropped off by car?	03	|__|__|__|%
Walk or ride bicycle?	04	|__|__|__|%
Anything else? (SPECIFY)	96	|__|__|__|%

DON'T KNOW . . . . -1

REFUSED . . . . -3

**IF TRANSPORTATION PROVIDED BY PROGRAM (CODE 01 IN 1.14)
ASK:**

1.16   Do participants pay extra for the transportation provided by the program, or
is it included in the overall cost of the program?

PAY EXTRA 01

INCLUDED IN COST 02

FREE - VOLUNTEERED 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 2: PROGRAM PARTICIPATION

2.1   The next questions are about participation in the Summer Food Service Program. First, approximately how many **children** are served on a **typical** day at this site?

INTERVIEWER: IF RANGE GIVEN, TAKE MIDPOINT OF RANGE

|___| , |___|___|___| CHILDREN

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.2   Given the amount of space and staff you have at this site, how many more children could you handle at this location? **IF RANGE GIVEN TAKE THE MID-POINT. IF NONE RECORD "0".**

|___| , |___|___|___| MORE CHILDREN

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.3   In general, approximately what percentage of the program participants who come to this site come . . .

READ CATEGORIES AND ENTER PERCENTAGE FOR EACH. IF NONE, ENTER "000". NOTE: WE ARE INTERESTED IN THE ACTUAL NUMBER OF DAYS CHILDREN ATTEND REGARDLESS OF THE NUMBER OF DAYS OPEN.

5 or more times a week? . . . . |___|___|___|%

3 or 4 times a week? . . . . |___|___|___|%

Once or twice a week? . . . . |___|___|___|%

Less than once a week? . . . . |___|___|___|%

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.4 What factors affect day-to-day variation in the number of children attending the program? **DO NOT READ.**

PROBE: Anything else?

<u>CIRCLE ALL THAT APPLY</u>

PARENTS PLANS/VACATION 01

WEATHER 02

ILLNESS 03

TRANSPORTATION ISSUES 04

DAY OF THE WEEK 05

MENU FOR THE DAY 06

WHETHER IT'S THE BEGINNING/MIDDLE/
END OF PROGRAM/SUMMER 07

ACTIVITIES OFFERED 08

PARENT MOTIVATION 09

OTHER? (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.5 Thinking now about the ages of the children that attend, on a typical day, about how many are . . . **(READ) IF EASIER TO GIVE PERCENTAGE, RECORD AT RIGHT.**

Pre-Schoolers	|__|__|__|# OR	|__|__|__|%
Elementary age (Grades K-5)	|__|__|__|# OR	|__|__|__|%
Middle school or junior high age (Grades 6-8)	|__|__|__|# OR	|__|__|__|%
High school age (Grades 9-12)	|__|__|__|# OR	|__|__|__|%
DON'T KNOW	-1 OR	-1
REFUSED	-3 OR	-3

2.6   And approximately what percent of the children who participate in the program are female? What percent male?

          Female . . . . |___|___|___|%

          Male . . . . |___|___|___|%

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

2.7   Approximately what percent of the children who participate in the program at this site are . . .

       PROBE: Your best estimate is fine.

          Hispanic . . . . |___|___|___|%

          African-American or Black, but not Hispanic . |___|___|___|%

          White, but not Hispanic . . . . |___|___|___|%

          American Indian or Alaskan Native . . . . |___|___|___|%

          Asian or Pacific Islander . . . . |___|___|___|%

          OTHER (SPECIFY) . . . . |___|___|___|%

          _____

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

2.8   Thinking about your site and the number of children who receive meals here, do you feel a need to increase the number of children who attend?

          YES . . . . 01 ! **GO TO 2.10**

          NO 00

          DON'T KNOW . . . . -1

          REFUSED . . . . -3   **GO TO 2.10**

2.9   Is that because you are meeting the demand in your area, because you are already at capacity, or is there some other reason you do not feel a need to increase participation at your site?

MEETING DEMAND 01

AT CAPACITY 02

SOME OTHER REASON (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.10   What, if anything, are you and your staff doing to (maintain your current level of participation/increase participation) at your site?

_____

_____

_____

NOTHING 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.11   What do you consider to be the main barriers to children's participation at your site? **RECORD VERBATIM**

_____

_____

_____

NONE/NO BARRIERS 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 3: ADMINISTRATIVE COSTS AND PROCEDURES

3.1   The next questions are about the staff who work on the Summer Food Service Program at this site. Please tell me the job titles or positions of the people working on the program this year? Please include all staff on-site who prepare or serve food to children or provide supervision during meals.

PROBE: Any others?

ENTER IN COLUMN 1 OF GRID BELOW

INTERVIEWER: FOR EACH JOB TITLE NAMED, ASK 3.1a, 3.2 AND 3.3:

3.1a   How many people are there in this position. **RECORD IN COLUMN 2 FOR EACH POSITION.**

3.2   How many hours does (JOB TITLE) work each day on the program?

ENTER IN COLUMN 3 OF GRID BELOW.

3.3   And are the people working as (JOB TITLE) paid or volunteer staff? By paid staff, we mean staff that are paid from **all** sources, not just from Summer Food funds.

ENTER IN COLUMN 4 OF GRID BELOW. IF NONE, ENTER "0".

| | Q3.1 | Q3.1a | Q3.2 | Q3.3 | | | | |
| | | | | PAID OR VOLUNTEER | | | | |
	JOB TITLE	# IN POSITION	HRS. WORKED PER DAY	PAID	VOL.	BOTH	DON'T KNOW	REFUSED
a.	_____	|__|__|	|__|__|	01	02	03	-1	-3
b.	_____	|__|__|	|__|__|	01	02	03	-1	-3
c.	_____	|__|__|	|__|__|	01	02	03	-1	-3
d.	_____	|__|__|	|__|__|	01	02	03	-1	-3
e.	_____	|__|__|	|__|__|	01	02	03	-1	-3
f.	_____	|__|__|	|__|__|	01	02	03	-1	-3
g.	_____	|__|__|	|__|__|	01	02	03	-1	-3

3.4   Next, I'd like to ask about site staff training. By training I mean formal or classroom-type training that may have been done with your staff, either here at your site or off-site.

Who provided training to site staff members? **(READ)**

		YES	NO	DON'T KNOW	REFUSED
				CIRCLE ONE FOR EACH	
a.	Your sponsor?	01	00	-1	-3
b.	The program director at your site?	01	00	-1	-3
c.	Other staff at your site?	01	00	-1	-3
d.	The state agency?	01	00	-1	-3
e.	Someone from a food or nutrition advocacy group? . . .	01	00	-1	-3
f.	Any one else? (SPECIFY) . .	01	00	-1	-3

_____

3.5   How many **paid** staff members have been through a Summer Food training program this year, that is in 2001?

|___|___|___| # PAID STAFF PERSONS

NONE OR NO PAID STAFF 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.6   How many **volunteer** staff members have been through a Summer Food training program this year, that is in 2001?

|___|___|___| # VOLUNTEER STAFF PERSONS

NONE OR NO VOLUNTEER STAFF 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

> **CHECK 1.1, IF SITE IS ONLY SITE OF THE SPONSOR,
> SKIP TO MODULE 4**

3.7   Have you received any help or technical assistance this year from the
        sponsor, beyond any training you may have received?

        YES 01

        NO . . . . 00 ! **GO TO 3.9**

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

3.8   Did your sponsor provide help or technical assistance with . . . **READ ITEM**

		YES	NO	DON'T KNOW	REFUSED
a.	Food purchasing?	01	00	-1	-3
b.	Making meal quantity adjustments?	01	00	-1	-3
c.	Monitoring food quality?	01	00	-1	-3
d.	Food safety procedures? . . .	01	00	-1	-3
e.	Record keeping?	01	00	-1	-3
f.	Anything else? (SPECIFY) .	01	00	-1	-3

        _____

3.9   What could the sponsor do to be more helpful? **RECORD VERBATIM**

        PROBE: Anything else?

        _____

        _____

        _____

        NOTHING 00

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

3.10   Since you opened, how many times has sponsor staff visited the site this summer? Please include, all visits to help you or to check on site operations.

|___|___|___| # SPONSOR VISITS

NEVER 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

MODULE 4: MEALS PROVIDED

4.1 The next questions ask about the meals provided through the Summer Food Service Program.

First, what meals are served at this site through the program?

INTERVIEWER: READ MEALS LISTED BELOW AND CIRCLE ALL THAT APPLY IN COLUMN 1.

4.1a **FOR EACH MEAL SERVED, ASK:** And approximately how many total (MEAL TYPE)s are served on a typical day? Please include meals served as firsts and seconds. **ENTER NUMBER IN COLUMN 2.**

4.1b/c **FOR EACH MEAL SERVED, ASK**: When is (MEAL TYPE) usually served, from when to when? **ENTER TIME IN COLUMNS 3 AND 4.**

4.1 MEALS SERVED	4.1a AVERAGE # MEALS PER DAY	4.1b TYPICAL START TIME	4.1c TYPICAL END TIME
IF CODE CIRCLED ⟶			
Breakfast 01	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|
Morning Snack 02	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|
Lunch 03	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|
Afternoon Snack 04	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|
Supper 05	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|
Evening Snack 06	|__|__|__|__|	|__|__|:|__|__|	|__|__|:|__|__|

IF NOT INDOORS BY OBSERVATION ASK:

4.2 Do you have a space in-doors where you feed children their meals when the weather is bad?

YES 01
NO 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

4.3   Have you ever run out of food or not had enough meals for everyone that came to your site?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.4   On a typical day, approximately how many meals are served as . . .

Firsts to children . . . . |___|___|___|___|

Seconds to children . . . . |___|___|___|___|

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.5   When there are leftover meals, what is done with the excess? Do you . . . **(READ)**

Discard everything, ... 01 ! **GO TO 4.7**

Discard some and store some for
future use, ... 02

Store all for future use, ... 03

Return the excess to your sponsor or
central kitchen, or 04

Something else? (SPECIFY) . . . . 96 ! **GO TO 4.7**

_____

NEVER ANY LEFTOVERS - VOLUNTEERED 06

DON'T KNOW . . . . -1   **GO TO 4.7**

REFUSED . . . . -3

4.6   When leftover meals are stored, are they typically served the next day?

       YES 01

       NO 00

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

4.7   Which, if any, of the following is the **main** reason that food may be wasted?
       (READ)

                                                    CIRCLE ONLY ONE

       The children didn't like the food, ... 01

       There is not enough storage, ... 02

       The number of participants fluctuates, ... 03

       The weather, or 04

       Something else? (SPECIFY) 96

       _____

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

4.8   Is your on-site refrigeration space adequate for your needs or don't you have
on-site refrigeration available for food storage? Refrigeration space can also
include freezers and coolers. **IF RESPONDENT SAYS THEY DON'T HAVE
ANY REFRIGERATION CODE -4.**

       YES, ADEQUATE 01

       NO, NOT ADEQUATE 00

       NO REFRIGERATION . . . . -4

       DON'T KNOW . . . . -1

       REFUSED . . . . -3

Prepared by Mathematica Policy Research, Inc.

4.9   **INTERVIEWER: CODE WITHOUT ASKING IF KNOWN:**
Is the food you serve prepared on-site, or is it delivered by a vendor or other off-site provider?

PREPARED ON-SITE BY SPONSOR . . . . . . 01 ! **GO TO 4.18**

PREPARED AT CENTRAL KITCHEN
BY SPONSOR 02

PURCHASED FROM SCHOOL FOOD
AUTHORITY 03

DELIVERED BY PRIVATE VENDOR 04

DELIVERED FROM OFF-SITE, DON'T KNOW
BY WHOM 05

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.10   Are you able to adjust the number of meals you order with your sponsor or the vendor?

YES 01
NO 00
DON'T KNOW . . . . -1 ▶ **GO TO 4.15**
REFUSED . . . . -3

4.11   Can you adjust the number of meals on the same day that the meals are delivered or not?

YES 01
NO 00
DON'T KNOW . . . . -1 ▶ **GO TO 4.14**
REFUSED . . . . -3

4.12   How many hours before the meal is to be delivered must you inform the vendor or sponsor of your adjusted food order?

|___|___| HOURS

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.13 How do you typically get your adjusted food order to the vendor or sponsor when you want to change on the same day that the meals are to be delivered? **PROBE FOR DETAILS AS NEEDED. CODE VERBATIM RESPONSE.**

<u>CIRCLE ALL THAT APPLY</u>

DIRECT TELEPHONE CALL TO VENDOR
OR SPONSOR, IF THEY PREPARE THE
FOOD FROM SITE 01

TELEPHONE CALL TO SPONSOR WHO
THEN CALLS VENDOR 02

MESSENGER 03

WRITTEN NOTIFICATION INCLUDING
FAX OR EMAIL 04

OTHER (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.14 In practice, how often are meal orders adjusted? **(READ)**

Daily, ... 01

A couple times a week, ... 02

A couple times a month, or 03

Never? 04

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.15 How are meals or meal components that need to be kept cold transported to the site? Do they arrive . . . **(READ)**

<u>CIRCLE ALL THAT APPLY</u>

In a refrigerated vehicle, ... 01

In a cooler brought by a non-refrigerated
vehicle, or 02

In a non-refrigerated vehicle? 03

SOME OTHER MEANS (SPECIFY) 96

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.16   How often does the food arrive in a timely manner? Would you say . . . **IF NECESSARY SAY:** For your main meal.

> All of the time, ... 01
> Most of the time, ... 02
> Some of the time, ... 03
> Rarely, or 04
> Never? 05
> DON'T KNOW . . . . -1
> REFUSED . . . . -3

4.17   The next question asks about the types of food that children like for lunch or supper. For each of the food types I read, please tell me the item that is most popular with the children you serve, and the item that is least popular. First . . .

INTERVIEWER: READ FOOD TYPES BELOW AND RECORD VERBATIM MOST POPULAR AND LEAST POPULAR FOR EACH.

	MOST POPULAR	LEAST POPULAR	DON'T KNOW	REFUSED
a. Meat or Meat Alternative			-1	-3
b. Vegetable			-1	-3
c. Fruit			-1	-3
d. Bread			-1	-3
e. Milk			-1	-3

> **CHECK 1.1, IF SITE IS ONLY SITE OF SPONSOR, SKIP TO MODULE 5**

4.18   How often do you discuss the meal choices or menus with your sponsor? Would you say . . .

Often, ... 01

Sometimes, or 02

Never 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 5: OUTREACH

5.1   And now I'd like to ask you questions about publicity efforts to promote the Summer Food program.

Does anyone promote or advertise this site?

```
YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  01
NO  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  00 ┐
DON'T KNOW  . . . . . . . . . . . . . . . . . . . . . . . .  -1   ├─▶ GO TO 5.4
REFUSED  . . . . . . . . . . . . . . . . . . . . . . . . . . .  -3 ┘
```

5.2   Who handles this promotion? Is this something . . .

<u>CIRCLE ONE FOR EACH</u>

		<u>YES</u>	<u>NO</u>	DON'T <u>KNOW</u>	<u>REFUSED</u>
a.	You do, ...	01	00	-1	-3
b.	Other staff at your site does,	01	00	-1	-3
c.	Your sponsor does, ...	01	00	-1	-3
d.	State personnel do, or	01	00	-1	-3
e.	Someone else does? (SPECIFY)	01	00	-1	-3

_____

5.3   What types of publicity efforts are used to promote this site? What about (INSERT ITEM)? Is this something that's done to promote this site or not? **(CONTINUE WITH REST OF LIST)**

CIRCLE ONE FOR EACH

		YES	NO	DON'T KNOW	REFUSED
a.	Distributing flyers and posters in the community?	01	00	-1	-3
b.	Advertising the program and site through newspapers, radio or TV?	01	00	-1	-3
c.	Working with schools?	01	00	-1	-3
d.	Working with other community organizations? . .	01	00	-1	-3
e.	Providing give-away materials or gifts?	01	00	-1	-3
f.	Conducting special media events such as a kick-off celebration?	01	00	-1	-3
g.	Anything else? (SPECIFY)	01	00	-1	-3
	_____				

5.4   In your opinion, is publicity adequate to inform families in the community about the program?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

5.5   What additional publicity efforts would you suggest? **RECORD VERBATIM.**

_____

_____

_____

          NONE 00

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

5.6   And before we finish with the interview, can you tell me if today is a "typical" day for your site?

          YES . . . . 01 ! **GO TO 5.8**

          NO 00

          DON'T KNOW . . . . -1

          REFUSED . . . . -3   **GO TO 5.8**

5.7   In what ways is today **not** "typical"? **OPEN-ENDED. PROBE FOR SPECIFICS AS NEEDED.**

_____

_____

_____

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

5.8   **QUESTION 5.9 SHOULD ONLY BE ASKED IF SITE SELECTED FOR PARTICIPANT/NON-PARTICIPANT STUDY AS INDICATED IN THE SITE ID NUMBER.**

5.9   Can you give me an idea of the area from which most of your children come? Could you tell me the major streets to the north, east, south and west that make up the area surrounding your site where most children live? **RECORD VERBATIM. CHECK SPELLING. CAN LIST MORE THAN FOUR STREETS. CAN ALSO GIVE LANDMARKS SUCH AS RIVERS OR BRIDGES. IF SITE HANDLES CHILDREN ONLY WITHIN THE BUILDING OR LESS THAN A BLOCK, RECORD THIS AS WELL.**

_____

_____

_____

_____

_____

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

Thank you so much for your time. (I/We) will be observing (MEAL) and may have a few more questions for you. I really appreciate the time you've taken with me. Thank you again for participating in this important survey of the Summer Food program.

INTERVIEW COMMENTS:

_____

_____

_____

_____

**SITE AND MEAL
OBSERVATION FORMS**

SUMMER FOOD SERVICE PROGRAM
IMPLEMENTATION STUDY
Site and Meal Observation Form

Identifying Information

SITE ID: |___|___|___|___|___|___|___|___|___|

SITE ADDRESS: _____

STREET: _____

CITY: _____

DATE OF SITE OBSERVATION: |___|___| / |___|___| / |___|___|
                MONTH   DAY   YEAR

OBSERVER ID: |___|___|___|___|___|

ANY OTHER RESEARCH STAFF ON SITE VISIT:

_____

_____

_____

_____

1

MODULE 1:

1.1   DAY OF THE WEEK:

CIRCLE ONE CODE ONLY

MON	TUE	WED	THU	FRI	SAT	SUN
01	02	03	04	05	06	07

1.2   TIME OF ARRIVAL: **NOTE: IF NOON, CODE AS 12:00PM.**

|___|___|:|___|___|

AM 01
PM 02

1.3   APPROXIMATE OUTSIDE AIR TEMPERATURE UPON ARRIVAL:

|___|___|___| DEGREES FAHRENHEIT

1.4   WAS OBSERVER ACCOMPANIED?

CIRCLE ALL THAT APPLY

YES, BY STATE STAFF 01
YES, BY FEDERAL STAFF 02
YES, BY SPONSOR STAFF 03
OTHER (SPECIFY) 96

_____

NO 00

1.5   DID SPONSOR KNOW ABOUT DATE OF VISIT IN ADVANCE
        (ANNOUNCED)?

YES 01
NO 00
DON'T KNOW . . . . -1

2

MODULE 2: SITE OPERATIONS

2.1   TYPE OF FACILITY IN WHICH PROGRAM OPERATES:

<u>CIRCLE ALL THAT APPLY</u>

     a. PUBLIC SCHOOL 01

     b. PRIVATE SCHOOL 02

     c. PRIVATE NURSERY SCHOOL 03

     d. DAY CAMP 04

     e. RESIDENTIAL CAMP 05

     f.   HOUSING PROJECT 06

     g. PLAYGROUND/PARK (NOT AT SCHOOL) 07

     h. PLAYGROUND OUTSIDE SCHOOL 08

     i.   INDOOR RECREATIONAL CENTER 09

     j.   COMMUNITY CENTER 10

     k. RELIGIOUS ORGANIZATION 11

     l.   UNIVERSITY/COLLEGE 12

     m.   OTHER (SPECIFY)96

     _____

2.2   WERE SFSP MEALS EATEN INDOORS, OR OUTDOORS TODAY?

     INDOORS 01

     OUTDOORS 02

     BOTH, INDOORS AND OUTDOORS 03

3

2.3   IS THIS SITE IN AN URBAN, SUBURBAN, OR RURAL AREA?

        URBAN 01

        SUBURBAN 02

        RURAL 03

2.4   WHAT ACTIVITIES ARE AVAILABLE AND OBSERVED AT THIS SITE?

                                                         AVAILABLE   OBSERVED

    a.   ARTS AND CRAFTS   01   01

    b.   EDUCATION/INSTRUCTIONAL
         ACTIVITIES   02   02

    c.   FREE PLAY   03   03

    d.   JOB TRAINING   04   04

    e.   ORGANIZED GAMES OR SPORTS . .   05   05

    f.   SWIMMING   06   06

    g.   OFF-SITE FIELD TRIPS   07   07

    h.   RELIGIOUS
         INSTRUCTION/ACTIVITIES   08   08

    i.   COOKING   09   09

    j.   OTHER (SPECIFY)   96   96

         _____

    k.   NO ACTIVITIES   00   00

2.5   ARE HAND-WASHING FACILITIES OR HAND-WASHING MATERIALS,
       SUCH AS BABY WIPES, AVAILABLE?

        YES 01

        NO 00

        DON'T KNOW/CAN'T TELL . . . . -1

4

2.6   INDICATE IF FOLLOWING IS AVAILABLE ON-SITE.

                                        <u>CIRCLE ALL THAT APPLY</u>

    a. COOLER 01

    b. REFRIGERATOR 02

    c. FREEZER 03

    d. KITCHEN 04

    e. STOVE/OVEN 05

    f. BATHROOM 06

    g. WATER FOR WASHING 07

    h. DRINKING WATER 08

    i. GLOVES FOR STAFF HANDLING FOOD 09

    j. SHARE BOX/SHARE TABLE 10

    k. SECURITY GUARD 11

    i. NONE OF THE ABOVE 00

5

MODULE 3: PROGRAM PARTICIPATION

RECORD THESE OBSERVATIONS AFTER AT LEAST MOST OF THE SFSP PARTICIPANTS HAVE ARRIVED ON SITE FOR THE DAY'S MEAL.

OBSERVER: USE PARTICIPANT COUNT TALLY SHEETS, AS NEEDED, TO ASSIST IN OBTAINING MORE ACCURATE ESTIMATES OF THE FOLLOWING CHARACTERISTICS

3.1   HEAD COUNT OF NUMBER OF PARTICIPANTS AT MEAL OBSERVED:

|___|___|___|___| CHILDREN

3.1a   **OBSERVER: WAS HEAD COUNT RECORDED IN Q3.1 OBTAINED SOLELY BY OBSERVATION, OR WERE SITE STAFF AND/OR SITE RECORDS CONSULTED?**

SOLELY OBSERVATION 01

CONSULTATION 02

3.2   HEAD COUNT OF NUMBER OF STAFF, BOTH PAID AND VOLUNTEER:

|___|___|___|___| STAFF

3.2a   **OBSERVER: WAS HEAD COUNT RECORDED IN Q3.2 OBTAINED SOLELY BY OBSERVATION, OR WERE SITE STAFF AND/OR SITE RECORDS CONSULTED?**

SOLELY OBSERVATION 01

CONSULTATION 02

6

3.3   ESTIMATED AGE OF PARTICIPANTS:

NUMBER BY AGE/GRADE

a. PRE-SCHOOL (PRE-K) . . . . |___|___|___|

b. ELEMENTARY SCHOOL AGE
   (GRADE K - 5) . . . . |___|___|___|

c. MIDDLE OR JUNIOR HIGH SCHOOL
   AGE (GRADE 6 - 8) . . . . |___|___|___|

d. HIGH SCHOOL AGE (GRADE 9 - 12) . . . |___|___|___|

3.3a   **OBSERVER: WERE AGE NUMBERS RECORDED IN Q3.3 OBTAINED
        SOLELY BY OBSERVATION, OR WERE SITE STAFF
        AND/OR SITE RECORDS CONSULTED?**

        SOLELY OBSERVATION 01

        CONSULTATION 02

3.4   SEX OF PARTICIPANTS:

	NUMBER	OR	PERCENTAGE
FEMALE	|__|__|__| #		|__|__|__| %
MALE	|__|__|__| #		|__|__|__| %

3.4a   **OBSERVER: WERE GENDER NUMBERS RECORDED IN Q3.4
        OBTAINED SOLELY BY OBSERVATION, OR WERE SITE
        STAFF AND/OR SITE RECORDS CONSULTED?**

        SOLELY OBSERVATION 01

        CONSULTATION 02

7

3.5   RACE/ETHNICITY OF PARTICIPANTS:

		NUMBER	OR	PERCENTAGE
a.	HISPANIC	|__|__|__| #		|__|__|__| %
b.	AFRICAN-AMERICAN, BUT NOT HISPANIC . . .	|__|__|__| #		|__|__|__| %
c.	WHITE, BUT NOT HISPANIC	|__|__|__| #		|__|__|__| %
d.	AMERICAN INDIAN OR ALASKAN NATIVE	|__|__|__| #		|__|__|__| %
e.	ASIAN OR PACIFIC ISLANDER	|__|__|__| #		|__|__|__| %
f.	OTHER	|__|__|__| #		|__|__|__| %

3.5a   **OBSERVER: WERE RACE/ ETHNICITY NUMBERS RECORDED IN Q3.5 OBTAINED SOLELY BY OBSERVATION, OR WERE SITE STAFF AND/OR SITE RECORDS CONSULTED?**

SOLELY OBSERVATION 01

CONSULTATION 02

8

3.6   WEATHER CONDITIONS ON DAY OF VISIT:

<u>CIRCLE ALL THAT APPLY</u>

    a. SUNNY/MOSTLY SUNNY 01

    b. PARTLY CLOUDY 02

    c. MOSTLY CLOUDY 03

    d. SPRINKLING/MISTING 04

    e. RAINY AT START OF DAY 05

    f. RAINING DURING MEAL PERIOD 06

    g. HOT (OVER 90 DEGREES) 07

    h. COLD (UNDER 60 DEGREES) 08

    i. CALM 09

    j. HUMID 10

    k. WINDY 11

    l. OTHER EXCEPTIONAL
       CONDITION (SPECIFY) 96

_____

3.7   TIME OF DEPARTURE:

|___|___|:|___|___|

AM 01

PM 02

3.8   **COMMENTS ABOUT SITE OPERATIONS:**

_____

_____

_____

_____

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MODULE 4: MEAL OBSERVATION

4.1a   TYPE OF MEAL OBSERVED. CIRCLE ALL THAT APPLY IN COLUMN ONE OF GRID BELOW.

4.1b   FOR EACH MEAL OBSERVED, ENTER NUMBER OF MEALS SERVED IN COLUMN 2 OF GRID BELOW.

4.1c   FOR EACH MEAL OBSERVED, ENTER MEAL START TIME IN COLUMN 3 OF GRID BELOW, CIRCLE AM OR PM.

4.1d   FOR EACH MEAL OBSERVED, ENTER MEAL END TIME IN COLUMN 4 OF GRID BELOW, CIRCLE AM OR PM.

4.1a MEAL TYPE	4.1b # MEALS SERVED	4.1c MEAL START TIME		4.1d MEAL END TIME	
IF CODE CIRCLED ⟶					
BREAKFAST 1	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM
MORNING SNACK 2	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM
LUNCH 3	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM
AFTERNOON SNACK . . 4	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM
SUPPER 5	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM
EVENING SNACK 6	|__|__|__|	|__|__|:|__|__|	AM PM	|__|__|:|__|__|	AM PM

4.2   HOW MANY (REIMBURSABLE) MEALS WERE SERVED TODAY TO . . .

        a. CHILDREN . . . . \|__\|__\|__\| #

        b. STAFF . . . . \|__\|__\|__\| #

4.3   WERE MEAL COMPONENTS SERVED AS SECONDS?

YES 01
NO 00
NOT OBSERVABLE (DON'T KNOW) . . . . . . -1

4.4   WHAT PERCENT OF ALL AVAILABLE LUNCHES (OR MEAL IF ANOTHER
        MEAL WAS OBSERVED) WERE SERVED?

        INTERVIEWER: IF 100%, CIRCLE CODE

        |___|___| PERCENT

        100% (ALL AVAILABLE
        LUNCHES SERVED) 100

4.5   WAS WATER SERVED WITH MEALS?

YES 01
NO 00
NOT OBSERVABLE (DON'T KNOW) . . . . . . -1

4.6   WHAT SERVING ARRANGEMENTS WERE USED AT THIS SITE?

                                        CIRCLE ALL THAT APPLY

a. A VARIETY OF FOOD OFFERED
    IN A SERVING LINE OR FOOD
    PICK-UP LINE 01
b. A UNITIZED MEAL SERVED IN A
    SERVICE LINE OR FOOD PICK UP LINE 02
c. MEALS SERVED TO SEATED
    CHILDREN - FAMILY STYLE 03
d. UNITIZED MEALS SERVED TO
    SEATED CHILDREN 04
e. MEALS SERVED TO CHILDREN
    AS THEY ARRIVE 05
f. MEALS SERVED TO CHILDREN
    DISPERSED THROUGHOUT
    THE SITE 06
g. OTHER (SPECIFY) 96

        _____

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4.7   WERE ANY MEALS OR MEAL COMPONENTS CARRIED OFF-SITE?

<u>CIRCLE ALL THAT APPLY</u>

    a. NONE CARRIED OFF-SITE 00

    b. WHOLE MEALS 01

    c. FRUITS AND/OR VEGETABLES ONLY . . 02

    d. OTHER COMPONENTS 03

    e. NOT OBSERVABLE (DON'T KNOW) . . . . -1

4.8   DID STAFF WEAR GLOVES WHEN HANDLING AND SERVING FOOD?

        YES 01

        NO 00

        SOME DID, OTHERS DIDN'T 02

        DON'T KNOW/NOT OBSERVABLE . . . . -1

4.9   DID ANY OF THE CHILDREN WHO ARE SUMMER FOOD PROGRAM
        PARTICIPANTS ASSIST WITH MEAL PREPARATION OR SERVING
        MEALS?

        YES 01

        NO 00

        DON'T KNOW . . . . -1

4.10   HOW MANY MINUTES ELAPSED FROM THE TIME THAT FOOD WAS
        PREPARED OR RECEIVED TO THE TIME THAT IT WAS SERVED?

        |___|___|___| MINUTES

        FOOD THERE WHEN ARRIVED . . . . -4

        DON'T KNOW . . . . -1

┌───┐
│   **GO TO MEAL OBSERVATION FORM - MODULE 5**   │
│   **AND WASTE OBSERVATION FORM - MODULE 6**   │
└───┘

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INSERT <u>MODULE 5 (PAGE 13)</u> FROM SEPARATE DOCUMENT

(REV--9/27/00)   11/1/00 10:35 AM

INSERT <u>MODULE 6, (PAGE 14)</u> FROM SEPARATE DOCUMENT

(REV--9/27/00) 11/1/00 10:35 AM

MODULE 7: MEAL COMMENTS

7.1   DID YOU HAVE ANY PROBLEMS WITH SELECTING MEALS TO OBSERVE?

        NO 00

        YES 01

        IF YES, EXPLAIN _____

7.2   DID YOU HAVE ANY PROBLEMS WITH SELECTING MEALS FOR WASTE OBSERVATIONS?

        NO 00

        YES 01

        IF YES, EXPLAIN _____

7.3   DID YOU RECORD A RECIPE?

        NO 00

        YES 01

        IF YES, HOW MANY RECIPE FORMS? _____ **(MODULE 8)**

7.4   **ENTER COMMENTS ON MEALS MODULES**

_____

_____

_____

MODULE 8: RECIPE FORM EXAMPLE

SITE ID: |___|___|___|___|___|___|___|___|___|

NAME OF RECIPE: Example: pizza 'burgers'_____

SERVED FOR MEAL TYPE: |___|___|

A.	B.	C. PORTION SIZE			
INGREDIENT	**DESCRIPTION**	**# OF UNITS**	**WT. OZ.**	**FL. OZ.**	**OTHER (SPECIFY)**
Example: *English muffin*	*Example:* *White, commercial, 3" diam and 1/2" thick*	*Example:* *½ of one whole*			
Pizza Sauce	*Commercial, canned, unkn brand*				*3 TB*
Mozzarella cheese slice	*Commercial, low-fat slices, unkn % fat*			*1 oz pre-sliced*	

RECIPE DIRECTIONS: Cut English muffin in half. Spread 3 TB pizza sauce on muffin half. Place 1 slice of cheese on top of sauce; put under broiler until cheese melts. Serving for each child is 2 halves (1 English muffin, 6 TB sauce, and 2 oz cheese).

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MODULE 8: RECIPE FORM

SITE ID: |___|___|___|___|___|___|___|___|___|

NAME OF RECIPE: _____

SERVED FOR MEAL TYPE: |___|___|

A. INGREDIENT	B. DESCRIPTION	C. PORTION SIZE			
		# OF UNITS	WT. OZ.	FL. OZ.	OTHER (SPECIFY)

RECIPE DIRECTIONS:

_____

_____

_____

_____

_____

_____

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PARTICIPANT/NONPARTICIPANT QUESTIONNAIRE

SUMMER FOOD SERVICE PROGRAM
IMPLEMENTATION STUDY

Participant/Nonparticipant Questionnaire

Case ID#: _____

Site ID #: _____

Site Name: _____

Site Address: _____

Date Site Opened: |___|___| / |___|___| / |___|___|___|___|
                        Month   Day   Year

School Name: _____
 (From Sample - Student list)

INTRODUCTION:

Hello, I'm calling from (CONTRACTOR). We are conducting a study for the U.S. Department of Agriculture about summer programs for children and what role these programs play in feeding children during summer months. You will receive a $10 phone card in thanks for your participation.

QUESTIONS FROM RESPONDENT: READ ONLY IF NECESSARY.

How got phone #:   We got your phone number from a list provided to the U.S. Department of Agriculture from your local school district.

Confidentiality: Participation in this study is completely voluntary. All your answers to this study will be used in strict confidence only for the purposes of this study and will not be shared with outside groups. You and your child's name will never be released with your answers.

How long: The survey should take about 15-20 minutes.

Why doing the study: We are trying to learn more about how children spend their summer months and what role local programs play in feeding children during the summer.

S.1   Before I get started, could you tell me how many adults, including yourself, over the age of 18, there are now living in this household? Please count adults that usually live here but may be temporarily away such as at school or in the hospital. Also include people who are temporarily living with you.

INTERVIEWER: INCLUDE PEOPLE WHO STAY FOUR OR MORE NIGHTS PER WEEK; EXCLUDE THOSE WHO STAY THREE OR LESS NIGHTS.

|___|___| # OF ADULTS IN HOUSEHOLD

NONE - CONFIRM THAT INFORMANT
IS UNDER 18 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

S.2   Could you tell me how many children 2 years old and younger live or stay with you in this household?

|___|___| # OF CHILDREN 0-2
NONE 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

S.3   And how many children between the ages of 3 and 5 are now living with you?

|___|___| # OF CHILDREN 3-5
NONE 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

S.4   And how many children between the ages of 6 and 13 are now living with you?

|___|___| # OF CHILDREN 6-13
NONE 00
DON'T KNOW . . . . -1
REFUSED . . . . -3

S.5 And what about the number of children between 14 and 18 years of age?

|___|___| # OF CHILDREN 14-18

NONE 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

S.5a **INTERVIEWER: CHECK S3, S4, AND S5. ARE THERE ANY CHILDREN IN THIS HOUSEHOLD?**

YES 01

NO 00

TERMINATION STATEMENT:
Thank you for your time but for
this study I need to speak with
parents who have children
between the ages of 3 and 18

S.6 And are you the parent or guardian of these children?

YES - CONTINUE 01

NO - ASK TO SPEAK WITH PARENT OR
GUARDIAN 00

DON'T KNOW - ASK TO SPEAK WITH
PARENT OR GUARDIAN . . . . -1

REFUSED - ASK TO SPEAK WITH PARENT
OR GUARDIAN . . . . -3

IF ONLY ONE CHILD AND IS BETWEEN 3 AND 18, GO TO S.7

IF MORE THAN ONE CHILD, GO TO 2.8

S.7   Could you tell me the first name of your child?

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

ALL THOSE ANSWERING S7 - GO TO S9

S.8   For this study I need to focus on just one child in the household. Could you tell me the first name of the child between the ages of 3 and 18 who had a birthday most recently?

_____ RECORD FIRST NAME

DON'T KNOW . . . . -1

REFUSED . . . . -3

INTERVIEWER NOTE - IF RESPONDENT REFUSED NAME, THEY CAN GIVE INITIALS OR A FAKE NAME.

Use first phrase before slash when interviewing during summer months, and second phrase after slash for interview conducted in the fall

S.9   Did (CHILD NAME) spend most of the summer here with you?

YES . . . . 01 ! **GO TO S.11**

NO . . . . 02 ! **GO TO S.10**

DON'T KNOW . . . . -1

REFUSED . . . . -3   ➤ **GO TO S.11**

S.10   Could you tell me where (CHILD NAME) (is living/lived) this (past) summer?

_____

_____

> **RECORD FULL ADDRESS, INCLUDING ZIP AND PHONE NUMBER. THANK AND TERMINATE:** Since this survey is about local program and (CHILD NAME) wasn't around this summer, that's all the questions I have for you. Thank you for your time.

S.11   **INTERVIEWER CODE WITHOUT ASKING IF KNOW: IS (CHILD NAME) A BOY OR GIRL?**

     BOY 01

     GIRL 02

     DON'T KNOW . . . . -1

     REFUSED . . . . -3

S.12   How old is (CHILD NAME), as of June, 2001?

     |___|___| RECORD AGE !   IF AGE EQUALS 4 OR LESS, **GO TO S.14**

     DON'T KNOW . . . . -1

     REFUSED . . . . -3

S.13   What grade was (CHILD NAME) in this past spring, that is the spring of 2001?

|___|___| RECORD GRADE LEVEL

(1 THROUGH 12. PLEASE USE "0" FOR KINDERGARTEN OR PRE-K)

NOT IN SCHOOL IN SPRING OF 2001 . . . . -4

DON'T KNOW . . . . -1

REFUSED . . . . -3

S.14   Are you able to provide information about activities, programs and child care arrangements for (CHILD'S NAME) this (summer/past summer)?

YES 01

NO . . . . 00 !

ASK TO SPEAK WITH ADULT IN HOUSEHOLD WHO IS KNOWLEDGEABLE ABOUT SUMMER ARRANGEMENTS.

MODULE 1: PARTICIPATION IN SFSP PROGRAMS

To begin, I'd like to ask you about some summer programs that are available to children in your area.

1.1   First, have you heard or seen anything about a program at (INSERT SAMPLED SITE NAME)? What about (INSERT NAMES OF NEARBY SITES)? **CODE YES OR NO FOR EACH.**

		YES	NO	DON'T KNOW	REFUSED
a.	SAMPLED SITE	01	00	-1	-3
b.	1ST NEARBY SITE	01	00	-1	-3
c.	2ND NEARBY SITE	01	00	-1	-3
d.	3RD NEARBY SITE	01	00	-1	-3

> **IF "NO, DON'T KNOW, OR REFUSED" TO ALL IN 1.1, GO TO 1.8**

FOR EACH YES IN 1.1 ASK:

1.2   You mentioned that you had heard of (INSERT SITE CODED "YES" IN 1.1). How did you hear about that summer program? **CODE RESPONSE MENTIONED. PROBE FOR ADDITIONAL MENTIONS.**

And how did you hear about . . .   **CONTINUE FOR EACH SITE MENTIONED IN 1.1**

CIRCLE ALL THAT APPLY

		SOURCE OF INFORMATION MENTIONED			
		Sample Site	1ST Nearby	2ND Nearby	3RD Nearby
a.	SCHOOL	01	01	01	01
b.	CHURCH	02	02	02	02
c.	FRIENDS, FAMILY OR NEIGHBORS	03	03	03	03
d.	ANY OTHER COMMUNITY-BASED ORGANIZATION	04	04	04	04
e.	ANY PUBLIC ASSISTANCE OFFICE SUCH AS A FOOD STAMP OR WELFARE OFFICE	05	05	05	05
f.	NEWSPAPERS, TV, RADIO OR PUBLIC SERVICE	06	06	06	06
g.	FLYERS, MAILING OR INSERT IN MAIL	07	07	07	07
h.	POSTERS IN THE COMMUNITY	08	08	08	08
i.	A PROMOTIONAL EVENT	09	09	09	09
j.	CHILD ATTENDS/ATTENDED SUMMER PROGRAM	10	10	10	10
k.	PAST EXPERIENCE WITH FACILITY/STAFF OUTSIDE OF SUMMER PROGRAM	11	11	11	11
l.	OTHER (SPECIFY)	12	12	12	12
	_____				
	DON'T KNOW/CAN'T REMEMBER . .	-1	-1	-1	-1
	REFUSED	-3	-3	-3	-3

FOR EACH YES IN 1.1 ASK:

1.3   Do you know if (INSERT SITE CODED "YES" IN 1.1) serves snacks or meals, such as breakfast or lunch, to the children that attend?

ENTER IN COLUMN 1 OF GRID BELOW FOR APPROPRIATE SITE.

1.4   **IF "YES":** And are those meals or snacks free, included in the cost of the program, or do parents have to pay extra for them?

ENTER IN COLUMN 2 OF GRID BELOW.

		Q1.3 SERVES MEALS	Q1.4 COST OF MEALS
a.	SAMPLED SITE? .	YES 01	FREE 01
		NO . . . . 00 DOES NOT KNOW . . -1 REFUSED . . . . -3	INCLUDED IN COST OF PROGRAM . . . . 02 PARENTS PAY EXTRA . . . . 03 DOES NOT KNOW . . . . -1 REFUSED . . . . -3
b.	1ST NEARBY?	YES 01	FREE 01
		NO . . . . 00 DOES NOT KNOW . . -1 REFUSED . . . . -3	INCLUDED IN COST OF PROGRAM . . . . 02 PARENTS PAY EXTRA . . . . 03 DOES NOT KNOW . . . . -1 REFUSED . . . . -3
c.	2ND NEARBY?	YES 01	FREE 01
		NO . . . . 00 DOES NOT KNOW . . -1 REFUSED . . . . -3	INCLUDED IN COST OF PROGRAM . . . . 02 PARENTS PAY EXTRA . . . . 03 DOES NOT KNOW . . . . -1 REFUSED . . . . -3
d.	3RD NEARBY?	YES 01	FREE 01
		NO . . . . 00 DOES NOT KNOW . . -1 REFUSED . . . . -3	INCLUDED IN COST OF PROGRAM . . . . 02 PARENTS PAY EXTRA . . . . 03 DOES NOT KNOW . . . . -1 REFUSED . . . . -3

FOR EACH YES IN 1.1 ASK:

1.5   Has (CHILD NAME) ever attended the summer program at (INSERT FIRST SITE NAME MENTIONED IN 1.1) (this summer/this past summer), that is, in 2001?

And did (he/she) ever go to this program last summer, that is, in 2000?

What about previous summers? Did (he/she) ever go to this program?

CONTINUE WITH REST OF LIST FOR SITES CODED "YES" AT 1.1:
IF RESPONDENT SAYS DID NOT GO THIS SUMMER, AND DID NOT GO LAST SUMMER OR IN PREVIOUS SUMMERS, CODE "4", NEVER ATTENDED.

What about the summer program at (INSERT OTHER SITES MENTIONED IN Q1.1), did (he/she) ever go there (this summer/past summer)?

And what about the previous summer, did (he/she) ever go to this program last summer, that is, in 2000?

What about previous summers? Did (he/she) ever go to this program?

		SAMPLE SITE	1ST NEARBY	2ND NEARBY	3RD NEARBY
a.	Attended this summer, 2001	01	01	01	01
b.	Attended last summer, 2000	02	02	02	02
c.	Ever attended	03	03	03	03
d.	Never attended	04	04	04	04
	DON'T KNOW	-1	-1	-1	-1
	REFUSED	-3	-3	-3	-3

IF TARGET CHILD CURRENTLY PARTICIPATES IN ANY SFSP PROGRAM (Q1.5 CODED "1") GO TO MODULE 2 - SFSP EXPERIENCES AND PERCEPTIONS SECTION.

IF ATTENDED ANY SITE LAST YEAR (1.5 = "2" AND NOT "1"), GO TO 1.6.

IF NEVER ATTENDED ANY SITE, OR ATTENDED MORE THAN 2 YEARS AGO, GO TO 1.7.

1.6   Why didn't your child attend (SITE NAME ATTENDED LAST YEAR) this (summer/past summer)? **OPEN-END. PROBE FOR ADDITIONAL REASONS. IF MORE THAN ONE SITE ATTENDED LAST YEAR SELECT SAMPLE SITE FIRST THEN RANDOMLY PICK PAST SITE.**

_____

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO I.8

1.7   Why didn't you send (CHILD NAME) to (SAMPLE SITE)? **OPEN-ENDED. PROBE FOR ADDITIONAL REASONS.**

_____

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO I.8

1.8   Please tell me how important each of the following factors would be in your decision to send (CHILD NAME) to a summer program in the future? How important is it that a summer program (INSERT ITEM). Would you say this is a very important factor, somewhat important, not too important, or not at all important. **CONTINUE WITH REST OF LIST. ROTATE ORDER.**

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT	DON'T KNOW	REFUSED
a.	Be open all day? . . .	01	02	03	04	-1	-3
b.	Be convenient and easy to get to?	01	02	03	04	-1	-3
c.	Provide transportation?	01	02	03	04	-1	-3
d.	Cost little or nothing?	01	02	03	04	-1	-3
e.	Serve free meals? . .	01	02	03	04	-1	-3
f.	Offer sports and recreational activities?	01	02	03	04	-1	-3
g.	Provide day care so adults in household can work?	01	02	03	04	-1	-3
h.	Provide educational instruction?	01	02	03	04	-1	-3
i.	Provide a lot of adult supervision?	01	02	03	04	-1	-3
j.	Have a good reputation and be familiar to you?	01	02	03	04	-1	-3

ALL - GO TO MODULE 3

MODULE 2: SFSP EXPERIENCES AND PERCEPTIONS

You mentioned that (CHILD NAME) attended the summer program at (INSERT SITE CURRENTLY ATTENDED. IF MORE THAN ONE INSERT TARGET SITE NAME. IF TARGET SITE NOT MENTIONED, RANDOMLY SELECT OTHER SITE). I would like to ask you some questions about that program . . .

2.1   When did (CHILD NAME) first start going to (SITE NAME) (this/this past) summer? **IF RESPONDENT CAN'T NAME DAY OR SAYS AFTER SCHOOL LET OUT, PROBE FOR BEGINNING, MIDDLE OR END OF MONTH AND RECORD AS 5, 15, OR 25 RESPECTIVELY.**

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

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.2   How many weeks (did/will) your child attend the program (this/this past) summer? **IF "ALL SUMMER" ASK WHEN IT (WILL END/ENDED), AND TALK THROUGH THE CALCULATION TO GET NUMBER OF WEEKS.**

|___|___| NUMBER OF WEEKS

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.3　　Which days of the week (is/was) the program at (SITE NAME) open for children to attend? **PROBE: IF RESPONDENT SAYS EVERYDAY, READ:** Does that include Saturday and Sunday? **IF WEEKDAYS ONLY, CODE AS 1, IF WEEKENDS INCLUDED, CODE AS 9.**

> MONDAY THROUGH FRIDAY 01
> MONDAYS ONLY 02
> TUESDAYS ONLY 03
> WEDNESDAYS ONLY 04
> THURSDAYS ONLY 05
> FRIDAYS ONLY 06
> SATURDAYS ONLY 07
> SUNDAYS ONLY 08
> EVERY DAY - 7 DAYS A WEEK 09
> DON'T KNOW . . . . -1
> REFUSED . . . . -3

2.4　　And (does/did) your child usually attend the program every day it (is/was) open?

> YES . . . . 01 ! **GO TO 2.9**
> NO 00
> DON'T KNOW . . . . -1
> REFUSED . . . . -3

2.5　　How many days a week (does/did) your child usually attend? **IF RESPONDENT SAYS IT DEPENDS, ASK THEM TO TELL YOU HOW MANY IN A TYPICAL WEEK.**

> |___| # OF DAYS PER WEEK
>
> LESS THAN ONCE A WEEK . . . . -7
> DON'T KNOW . . . . -1
> REFUSED . . . . -3

2.6   (Does/Did) (CHILD NAME) attend the program on a regular schedule, or (is/was) (his/her) attendance decided on a day to day basis?

> REGULAR SCHEDULE . . . . 01 ! **GO TO 2.9**
>
> DECIDED DAY-TO-DAY 02
>
> DON'T KNOW . . . . -1
>
> REFUSED . . . . -3

2.7   Who (makes/made) the decision whether or not to attend the program on a given day? **READ CATEGORIES.**

	CIRCLE ALL THAT APPLY
You or some other adult in the household, ...	01
A child-care provider or other adult outside the household, ...	02
(INSERT CHILD'S NAME) (himself/herself), ...	03
A brother or sister, or other relative who is not an adult, or	04
Someone else? (SPECIFY)	05

> DON'T KNOW . . . . -1
>
> REFUSED . . . . -3

2.8   What factors affect(ed) the decision whether or not (CHILD NAME) (goes/went) to the program on a particular day? **CODE RESPONSES. PROBE FOR ANY OTHER FACTORS. DO NOT READ.**

<div align="right">CIRCLE ALL
<u>THAT APPLY</u></div>

CHILD'S HEALTH 01

MENU 02

WEATHER 03

AVAILABILITY OF AN ADULT TO GO/TAKE
CHILD TO SITE 04

ACTIVITIES OFFERED AT THE SITE 05

AVAILABILITY OF FOOD AT HOME OR
WITH THE CHILD CARE PROVIDER 06

AVAILABILITY OF TRANSPORTATION
TO THE SITE 07

OTHER (SPECIFY) 08

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.9   What (are/were) the hours of the summer program at (SITE NAME)? **RECORD ACTUAL PROGRAM HOURS RATHER THAN WHEN PICKED UP AND DROPPED OFF, IF TRANSPORTATION PROVIDED.**

FROM |___|___|:|___|___|a.m./p.m. TO |___|___|:|___|___|a.m./p.m.

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.10   How (does/did) your child usually get to this program? (Does/Did) (he/she)
        usually . . .   **READ CATEGORIES.**

                                                            CIRCLE ALL
                                                            <u>THAT APPLY</u>

        Walk to the program, ... 01 ! **GO TO 2.11**

        (Is/Was) driven by an adult in the household,   02 ! **GO TO 2.12**

        Use public transportation such as (bus,
        train, or subway), or . . . . 03 ! **GO TO 2.12**

        (Does/Did) the program provide
        transportation? . . . . 04 ! **GO TO 2.13**

        OTHER (SPECIFY) . . . . 05 ⌐

        _____   ⎬ ➤ **GO TO 2.12**

        DON'T KNOW . . . . -1

        REFUSED . . . . -3 ⌐

2.11   And (does/did) your child usually . . .   **(READ)**

        Walk alone to the program, ... 01

        Walk with a brother, sister, or friends, or 02

        Walk with an adult? 03

        OTHER (SPECIFY) 04

        DON'T KNOW . . . . -1

        REFUSED . . . . -3

        ┌───┐
        │   **ALL ANSWERING 2.11 - GO TO 2.13**   │
        └───┘

2.12   And who, if anyone, usually takes your child to the summer program at (SITE NAME)?

PROBE TO DETERMINE TYPE OF PERSON AS NEEDED.

YOU (THE RESPONDENT) 01

ANOTHER PARENT OR ADULT
IN THE HOUSEHOLD 02

A BROTHER, SISTER, OR OTHER RELATIVE
WHO IS NOT AN ADULT 03

A CHILD-CARE PROVIDER 04

FRIENDS OF YOUR CHILD 05

NO ONE, THE CHILD USUALLY
GOES ALONE 06

OTHER (SPECIFY) 07

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.13   What meals or snacks are served at (SITE NAME)? **READ CATEGORIES.**

CIRCLE ALL
<u>THAT APPLY</u>

Breakfast 01

Morning snack 02

Lunch 03

Afternoon snack 04

Dinner 05

Evening snack 06

None 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.14   Does (SITE NAME) offer any other activities (in addition to feeding children meals)?

YES . . . . 01 ! **GO TO 2.15**

NO 00

DON'T KNOW . . . . -1   **GO TO 2.16**

REFUSED . . . . -3

2.15   Which of the following activities are offered at (PROGRAM)? **READ CATEGORIES.**

		OFFERED	NOT OFFERED	DON'T KNOW	REFUSED
a.	Arts and crafts?	01	02	-1	-3
b.	Summer school or other school type activities such as reading, math or other school subjects?	01	02	-1	-3
c.	Free play?	01	02	-1	-3
d.	Organized games?	01	02	-1	-3
e.	Sports?	01	02	-1	-3
f.	Swimming?	01	02	-1	-3
g.	Religious activities?	01	02	-1	-3
h.	Field trips?	01	02	-1	-3
i.	Anything else? (SPECIFY) . .	01	02	-1	-3

_____

2.16   Have you ever gone to (SITE NAME) and observed the children participating
        in any activities?

                YES 01

                NO 00

                DON'T KNOW . . . . -1

                REFUSED . . . . -3

        IF NO MEALS SERVED (Q2.13 = NO), GO TO 2.22.

2.17   The next questions are about the meals provided at (SITE NAME). Please
        tell me your opinions based on what you, yourself, have seen or what your
        child has told you about the meals at the summer program.

        **RECORD MEAL BELOW (FROM 2.13), IF MORE THAN ONE MEAL
        SERVED ASK:** What is the <u>main</u> meal provided by the program?

                BREAKFAST 01

                LUNCH 02

                DINNER 03

                DON'T KNOW . . . . -1

                REFUSED . . . . -3

2.18   Thinking about the (MAIN MEAL) served at (SITE NAME), would you say
        your child likes (MAIN MEAL) most days (he/she) attends, some of the days,
        or hardly any of the days?

                MOST DAYS 01

                SOME DAYS 02

                HARDLY ANY DAYS 03

                ONLY ATTENDED ONCE OR RARELY 04

                DON'T KNOW/NO OPINION/CAN'T RATE . . -1

                REFUSED . . . . -3

2.19   And how much of (MAIN MEAL) served at the program does your child
        usually eat? Does (he/she) usually eat all or most of the food served, some
        of the food served, or only a little of the food?

        ALL OR MOST OF THE FOOD 01

        SOME OF THE FOOD 02

        ONLY A LITTLE 03

        DON'T KNOW/NO OPINION/CAN'T RATE . . -1

        REFUSED . . . . -3

2.20   Do you think the amount of food served to your child is too much, not
        enough, or about the right amount?

        TOO MUCH 01
        NOT ENOUGH 02
        ABOUT THE RIGHT AMOUNT 03
        DON'T KNOW/NO OPINION/CAN'T RATE . . -1
        REFUSED . . . . -3

2.21   How often do you think the program serves healthy, well-balanced meals?
        Would you say . . . **READ CATEGORIES.**

        Often, ... 01
        Sometimes, ... 02
        Rarely, or 03
        Never? 04
        DON'T KNOW/NO OPINION/CAN'T RATE . . -1
        REFUSED . . . . -3

2.22   How often (do/did) you receive information from (SITE NAME) about
        activities, events, or meals at the site? (Do/Did) you receive information from
        the program . . .   **READ CATEGORIES.**

            Daily, ... 01
            Weekly, ... 02
            Every few weeks, or 03
            You didn't receive any information? . . . . 04 ! **GO TO 2.25**
            OTHER (SPECIFY) 05

            _____

            DON'T KNOW/NO OPINION/CAN'T RATE . . -1
            REFUSED . . . . -3

2.23   Did you ever receive any menus from the program?

            YES 01
            NO 00
            DON'T KNOW . . . . -1
            REFUSED . . . . -3

2.24   Do you feel the amount of information you received from the program
        (is/was) too much, about right or not enough?

            TOO MUCH 01
            ABOUT RIGHT 02
            NOT ENOUGH 03
            DON'T KNOW/NO OPINION/CAN'T RATE . . -1
            REFUSED . . . . -3

2.25   Do you plan on having (CHILD NAME) attend this same program next
        summer?

                YES . . . . 01 ! **GO TO 2.27**
                NO 00
                DON'T KNOW . . . . -1 ┐
                                                                            ├→ **GO TO 2.27**
                REFUSED . . . . -3 ┘

2.26   Why not? **OPEN-ENDED. PROBE FOR ADDITIONAL REASONS.**

        _____

        _____

        _____

                DON'T KNOW . . . . -1
                REFUSED . . . . -3

2.27 How important a factor was each of the following in your decision to send (CHILD) to the summer program at (SITE NAME) this (summer/past summer)? Was (INSERT FIRST ITEM) a very important factor, a somewhat important factor, or not too important a factor? If I read an item that doesn't apply, please just say so.

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT (VOLUNTEERED)	NOT OFFERED (VOLUNTEERED)	DON'T KNOW	REFUSED
a.	The hours the program was open?	01	02	03	04	05	-1	-3
b.	Being convenient and easy to get to?	01	02	03	04	05	-1	-3
c.	Transportation being provided? . . .	01	02	03	04	05	-1	-3
d.	The cost? . . .	01	02	03	04	05	-1	-3
e.	Providing free meals?	01	02	03	04	05	-1	-3
f.	Sports and recreation activities being provided? . . .	01	02	03	04	05	-1	-3
g.	Providing child care so adults in household could work? . .	01	02	03	04	05	-1	-3
h.	Providing educational instruction? . .	01	02	03	04	05	-1	-3
i.	Providing a lot of adult supervision? .	01	02	03	04	05	-1	-3
j.	Having a good reputation and being familiar to you?	01	02	03	04	05	-1	-3
k.	Any thing else? (SPECIFY) . .	01	02	03	04	05	-1	-3

2.28   You mentioned (ITEM[S]) as being very important factors. Which one of these factors was the most important in your decision to send your child to (SITE NAME)?

<u>CIRCLE ONE ONLY</u>

HOURS 01

CONVENIENCE/LOCATION 02

TRANSPORTATION PROVIDED 03

COST 04

FREE MEALS 05

SPORTS AND RECREATION ACTIVITIES . 06

CHILD CARE SO ABLE TO WORK 07

EDUCATIONAL INSTRUCTION 08

SUPERVISION 09

REPUTATION/FAMILIARITY 10

OTHER (SPECIFY) 11

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.29   Have you ever recommended the summer program at the (SITE NAME) to other parents?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.30   Overall, how satisfied are you with the summer program at (SITE NAME) that your child attended (this/this past) summer? Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED . . . . 01 ⎤
                                                              ⎬→ **GO TO 2.31a**
SOMEWHAT SATISFIED . . . . 02 ⎦

SOMEWHAT DISSATISFIED . . . . 03 ⎤
                                                              ⎬→ **GO TO 2.31**
VERY DISSATISFIED . . . . 04 ⎦

DON'T KNOW . . . . -1 ⎤
                                                              ⎬→ **GO TO 2.31a**
REFUSED . . . . -3 ⎦

2.31   What about the program dissatisfies you? **OPEN ENDED**

_____

_____

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

2.31a   **INTERVIEWER: IF TARGET CHILD ATTENDS PROGRAM FULL-TIME (4+ HOURS A DAY (Q2.9), 6+ WEEKS (Q2.2)), SKIP TO MODULE 4.**

MODULE 3: OTHER PROGRAMS AND SUMMER ACTIVITIES

3.1   Now I'd like to ask you about *other* summer activities and child care arrangements you may have made for (CHILD NAME).

Please tell me if (CHILD NAME) attended or will be attending any of the following types of programs at any time(this summer/this past summer), that is the summer of 2001. First, what about . . . **READ CATEGORY AND CODE YES OR NO FOR EACH. DO NOT ROTATE.**

		YES, ATTENDED/ WILL ATTEND	NO	DON'T KNOW	REFUSED
a.	Summer school or other educational programs?	01	00	-1	-3
b.	Day camp or other daytime recreational programs that occur on a regular basis?	01	00	-1	-3
c.	Any organized child care arrangements outside of your home, such as a day care center or before and after camp program?	01	00	-1	-3
d.	Any programs that a child may drop-in or go to on a short-term basis, such as a library program or other drop-in recreational program?	01	00	-1	-3
e.	Any informal child care arrangements, such as a babysitter or relative taking care of your child?	01	00	-1	-3
f.	Overnight camp?	01	00	-1	-3

IF 3.1e = YES, ASK 3.2, ALL OTHERS GO TO 3.3:

3.2   Is your informal child care arrangement in your home or outside your home at someone else's home?

IN-HOME 01

OUTSIDE OF HOME 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.3   Are there any times during the summer when there are no programs that are
        available for (CHILD) to attend?

                    YES . . . . 01 ! **GO TO 3.4**

                    NO 00

                    DON'T KNOW . . . . -1   **GO TO 3.4a**

                    REFUSED . . . . -3

3.4   For how many weeks (are/were) you without any programs or child care
        arrangements for (CHILD) (this/this past) summer?

                    |___|___| # OF WEEKS

                    DON'T KNOW . . . . -1

                    REFUSED . . . . -3

3.4a   **INTERVIEWER: WERE <u>ANY</u> CATEGORIES Q 3.1 a - c CODED YES?**

                    YES 01

                                                                              **RANDOMLY SELECT ONE
                                                                              PROGRAM ATTENDED.
                                                                              CONTINUE WITH 3.5 - 3.16.**

                    NO . . . . 00 ! **GO TO 3.16**

3.5   You mentioned that (CHILD) attended (INSERT SHORTENED VERSION OF
        ITEM FOR ANSWER TO 3.1). Could you tell me the name of the program?

        _____

        _____

        _____

                    DON'T KNOW . . . . -1

                    REFUSED . . . . -3

3.6   How many weeks (did/will) your child attend (PROGRAM) during the summer of 2001?

|___|___| # OF WEEKS

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

3.7   Which days of the week (is/was) that program open for children to attend?
PROBE: IF RESPONDENT SAYS EVERYDAY, READ: Does that include Saturday and Sunday? **IF WEEKDAYS ONLY, CODE AS 01, IF WEEKENDS INCLUDED CODE AS 9.**

MONDAY THRU FRIDAY   01

MONDAYS ONLY   02

TUESDAYS ONLY   03

WEDNESDAYS ONLY   04

THURSDAYS ONLY   05

FRIDAYS ONLY   06

SATURDAYS ONLY   07

SUNDAYS ONLY   08

EVERY DAY (INCLUDES SATURDAY AND
SUNDAY)   09

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

3.8   And (does/did) your child usually attend the program every day it's open?

YES . . . .   01 ! **GO TO 3.10**

NO   00

DON'T KNOW . . . .   -1

REFUSED . . . .   -3

3.9   How many days a week (does/did) your child usually attend (PROGRAM)?
       **IF RESPONDENT SAYS IT DEPENDS, ASK THEM TO TELL YOU HOW
       MANY IN A TYPICAL WEEK.**

          |___| # OF DAYS PER WEEK

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

3.10   What (are/were) the hours of that program?

          FROM |___|___|:|___|___|a.m./p.m. TO |___|___|:|___|___|a.m./p.m.

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

3.11   Does the (PROGRAM) serve any meals such as breakfast, lunch or snacks
       to children?

          YES 01

          NO 00

          DON'T KNOW . . . . -1   **GO TO 3.14**

          REFUSED . . . . -3

3.12   What meals or snacks are served? **READ CATEGORIES.**

                                                  CIRCLE ALL THAT APPLY

          Breakfast 01

          Morning snack 02

          Lunch 03

          Afternoon snack 04

          Dinner 05

          Evening snack 06

          NONE . . . . 00 ! **GO TO 3.14**

          DON'T KNOW . . . . -1

          REFUSED . . . . -3

3.13   Do you have to pay extra for meals or snacks, or is it included in the cost of the program, or is the food provided free of charge?

EXTRA COST 01

INCLUDED IN PRICE OF PROGRAM 02

FREE OF CHARGE 03

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.14 How important a factor was each of the following in your decision to send (CHILD NAME) to this program? Was (INSERT FIRST ITEM) a very important factor, somewhat important factor, or not too important a factor in choosing this (PROGRAM)? If I read an item that doesn't apply, please say so.

		VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT (VOLUNTEERED)	NOT OFFERED (VOLUNTEERED)	DK	REF
a.	The hours the program was open?	01	02	03	04	05	-1	-3
b.	Being convenient and easy to get to?	01	02	03	04	05	-1	-3
c.	Transportation being provided?	01	02	03	04	05	-1	-3
d.	The cost?	01	02	03	04	05	-1	-3
e.	Providing free meals?	01	02	03	04	05	-1	-3
f.	Sports and recreation activities being provided? . .	01	02	03	04	05	-1	-3
g.	Providing child care so adults in household could work?	01	02	03	04	05	-1	-3
h.	Providing educational instruction?	01	02	03	04	05	-1	-3
i.	Providing a lot of adult supervision? .	01	02	03	04	05	-1	-3
j.	Having a good reputation and being familiar to you? . . .	01	02	03	04	05	-1	-3
k.	Anything else? (SPECIFY)	01	02	03	04	05	-1	-3

IF MORE THAN ONE ITEM RATED VERY IMPORTANT IN 3.14 ASK 3.15:

3.15   You mentioned (ITEM[S]) as being very important factors, which one of these factors was the **most** important in your decision to send your child to (PROGRAM)?

<u>CIRCLE ONE ONLY</u>

HOURS 01

CONVENIENCE/LOCATION 02

TRANSPORTATION 03

COST 04

FREE MEALS/MEALS PROVIDED 05

SPORTS AND RECREATION 06

CHILD CARE SO ABLE TO WORK 07

EDUCATIONAL INSTRUCTION 08

SUPERVISION 09

REPUTATION/FAMILIARITY 10

OTHER (SPECIFY) 11

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

3.16 | **INTERVIEWER: DID CHILD ATTEND OVERNIGHT CAMP - 3.1f = YES?**

YES 01

NO . . . . 00 ! **GO TO MODULE 4**

3.17   Did you complete any forms to qualify for free meals at overnight camp?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

MODULE 4: DEMOGRAPHICS

4.1   Now I have some background questions about you, your family, the neighborhood, and the city where you live.

Does (CHILD NAME) have any special dietary needs, including any for health, religious, or cultural reasons?

YES 01

NO . . . . 00 ┐

DON'T KNOW . . . . -1   ├▶ **GO TO 4.3**

REFUSED . . . . -3 ┘

4.2   What special dietary needs does (CHILD NAME) have?

                                                    CIRCLE ALL
                                                    THAT APPLY

DIABETES 01

FOOD ALLERGY 02

NON-DAIRY/LACTOSE-FREE 03

VEGETARIAN 04

RELIGIOUS REQUIREMENT 05

OTHER (SPECIFY) 06

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.3   Now I'd like to ask you about where you live.

How long have you lived in your neighborhood?

INTERVIEWER: INDICATE WHETHER MONTHS OR YEARS.

|___|___|

YEARS 01

MONTHS 02

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.4   Which of the following best describes where you live now? Would you say . . .

A place you own, ... 01

A place you rent, ... 02

A place where you live rent free, or 03

Someplace else? (SPECIFY) 04

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.5   Do you own or have access to a car or other vehicle that works?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.6   Are you now married, living with someone as married, widowed, divorced, separated, or have you never been married?

> MARRIED--**PROBE:** SPOUSE
> IN HOUSEHOLD 01
>
> MARRIED--**PROBE:** SPOUSE NOT
> IN HOUSEHOLD 02
>
> LIVING AS MARRIED 03
>
> WIDOWED 04
>
> DIVORCED 05
>
> SEPARATED 06
>
> NEVER BEEN MARRIED 07
>
> DON'T KNOW . . . . -1
>
> REFUSED . . . . -3

4.7   How many adult members of this household over the age of 18 are now working either full or part time.

> |___|___| # ADULTS WORKING
>
> NONE 00
>
> DON'T KNOW . . . . -1
>
> REFUSED . . . . -3

4.7a   And how many youths between the ages of 14 and 18 (are/were) working either full or part time during (this/this past) summer?

> |___|___| # YOUTHS WORKING
>
> NONE 00
>
> DON'T KNOW . . . . -1
>
> REFUSED . . . . -3

4.8   What is the highest grade or year of regular school that you have completed?

NONE, OR GRADES 1-8 01

HIGH SCHOOL INCOMPLETE--
GRADES 9-11 02

HIGH SCHOOL GRADUATE--12
GRADE OR GED 03

BUSINESS, TECHNICAL OR VOCATIONAL
SCHOOL AFTER HIGH SCHOOL 04

SOME COLLEGE OR 2 YEAR DEGREE . . . 05

COLLEGE GRADUATE 06

GRADUATE OR PROFESSIONAL
SCHOOL OR HIGHER 07

DON'T KNOW . . . . -1

REFUSED . . . . -3

IF MARRIED OR LIVING AS MARRIED, ASK:

4.9   What is the highest grade or year of regular school that your (husband/wife/partner) has completed?

NONE, OR GRADES 1-8 01

HIGH SCHOOL INCOMPLETE--
GRADES 9-11 02

HIGH SCHOOL GRADUATE--12
GRADE OR GED 03

BUSINESS, TECHNICAL OR VOCATIONAL
SCHOOL AFTER HIGH SCHOOL 04

SOME COLLEGE OR 2 YEAR DEGREE . . . 05

COLLEGE GRADUATE 06

GRADUATE OR PROFESSIONAL
SCHOOL OR HIGHER 07

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.10   What is your age?

|___|___| AGE

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.11   **INTERVIEWER CODE WITHOUT ASKING IF KNOWN:** And are you male
or female?

MALE 01

FEMALE 02

REFUSED . . . . -3

4.12   Now I'd like you to think about your household's **total income** from all
sources including food stamps, TANF, other government assistance
programs, child support, and earnings from formal and informal jobs. In
(LAST MONTH), what was the **total income** for you and all members of your
household, before taxes and other deductions.?

PROBE: Again, please remember everything you tell me is completely
confidential.

PROBE: Your best estimate is fine.

$ |___|___| , |___|___|___| ! **GO TO 4.14**

NO INCOME . . . . 00 ! **GO TO 4.14**

DON'T KNOW . . . . -1

REFUSED . . . . -3

GO TO 4.13

4.13   Would you say it was . . .

Less than $500, ... 01

Between $500 and $750, ... 02

Between $750 and $1,000, ... 03

Between $1,000 and $1,500, ... 04

Between $1,500 and $2,000, or 05

Over $2,000? 06

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.14   In the past 3 months, did you or any household members currently living with you, receive any of the following?

		YES	NO	DON'T KNOW	REFUSED
a.	TANF, also called AFDC or cash welfare?	01	00	-1	-3
b.	Food Stamps?	01	00	-1	-3
c.	WIC?	01	00	-1	-3
d.	Emergency food from a church, a food pantry or food bank, or ate in a community kitchen?	01	00	-1	-3
e.	Any other assistance programs? (SPECIFY)	01	00	-1	-3

4.15   Is (CHILD NAME) of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

YES 01

NO 00

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.16   What is (CHILD NAME)'s race? Is (he/she) . . . **READ CATEGORIES.**

White, ... 01

Black or African American, ... 02

Asian or Pacific Islander, or 03

American Indian or Alaskan Native? 04

OTHER? (SPECIFY) 05

_____

DON'T KNOW . . . . -1

REFUSED . . . . -3

4.17   Is English the primary language spoken in your home? **IF NO ASK:** What is? **RECORD BELOW.**

ENGLISH 01

SPANISH 02

OTHER (SPECIFY) 03

_____

REFUSED . . . . -3

CLOSING STATEMENT:

Thank you very much for your time and cooperation. As a token of our appreciation, we would like to give you a $10 phone card. The phone card can be used up to 6 months after you receive it. Could I get your name and current address so that I can mail you the phone card?

NAME: _____

ADDRESS: _____

_____

_____

Again, thank you so much for participating. Have a nice (day/evening).