

APPENDIX E

Child and Adult Care Food Program (CACFP)

Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

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APPENDIX E: PARENT-RECALL INTERVIEW

Parent Recall Interview Questionnaire

**CHILD AND ADULT FOOD CARE PROGRAM
(CACFP) MEAL CLAIMS ASSESSMENT
ICF Macro**

**Attn: Erika Gordon, Project Director
11785 Beltsville Drive, Suite 300
Calverton, MD 20705
Tel: (800) 840-8248**

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

CACFP MEAL CLAIMS ASSESSMENT PARENT RECALL INTERVIEW QUESTIONNAIRE

State ID: _____	Provider ID: _____	Parent ID: _____
Sponsor ID: _____	Provider Name: _____	Sample ID: _____
		Replacement Parent/Child? Y/N
Date of Interview: ___/___/___		Reviewed by: _____
Time: _____ a.m./p.m.		HQAPVL: _____
Interviewer: _____		

[INSTRUCTION—IF ANSWERING MACHINE IS REACHED, LEAVE FOLLOWING MESSAGE]:

Hello, my name is _____. I'm calling from ICF Macro, and our company is working with your day care provider, **[NAME OF PROVIDER]** and the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) on a national study of the Child and Adult Care Food Program (CACFP). I would like to ask you a few questions about the meals your child receives while in the care of **[NAME OF PROVIDER]**. I will call you back again either later today or tomorrow to speak with you about this study. You may also return my phone call toll-free at 1-800-840-8248. Thank you. Have a nice day!

PART I: INFORMED CONSENT AND INTRODUCTION

[INSTRUCTION]: _____. I'm calling from ICF Macro, and our company is working with your day care provider, **[NAME OF PROVIDER]** and the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) on a national study of the Child and Adult Care Food Program (CACFP). I would like to speak with the **[PARENT OR GUARDIAN]** OF **[NAME OF CHILD]** about the meals this child receives while in the care of **[NAME OF PROVIDER]**. This is for a study being conducted on the meals served at your child's day care.

INT.1 Is this **[NAME OF RESPONDENT]**?

1. Yes → **[SKIP TO INT.3.]**
2. No

INT.2 IF INT.1 = NO: Is **[NAME OF RESPONDENT]** available or can you tell me a good time to call back to reach **[NAME OF RESPONDENT]**?

BEST DAY/TIME TO CALL BACK: _____

INT.3 The U.S. Department of Agriculture (USDA) is conducting a national study on meals served by day care providers who receive reimbursement from the Government for the food they provide to children who are in their care. This program is called the Child and Adult Care Food Program (CACFP), which you may know simply as the Food Program. Your day care provider **[NAME OF PROVIDER]** was randomly selected to participate in the study. As a part of the study, the USDA, the Federal agency that oversees the program, has asked ICF Macro, a professional

research firm, to conduct a private survey of parents of children in day care about what meals are being served to the children. You have been randomly selected to participate in the survey from a list of parents/guardians with children currently enrolled in day care at [**NAME OF PROVIDER**]. The survey, which lasts 10–15 minutes on average, asks you questions about your child’s attendance and the meals he/she was served at day care during the last week specifically, Sunday, [**DATE**] through Saturday, [**DATE**]. Your provider, [**NAME OF PROVIDER**], received a notification letter from us about the study. Your participation in the survey will have no effect on your provider’s agreement to serve meals through CACFP.

The answers that you give will be kept private and will be used for research purposes only. Participation in the survey will not affect your agreement with your day care provider. There are no risks to you if you participate in this survey; but if you feel uncomfortable with any of the questions, you may choose to skip them, or to stop the interview at any time. Although there are no direct benefits to you for participating in this survey, your participation will help us know what types of meals children are receiving in the Food Program. After completing the survey, you will receive a stipend of \$10 via mail to thank you for your time.

INT.3A [INSTRUCTION]: May we continue?

1. Yes→[GO TO INT. 4. IF IN DOUBT ABOUT LANGUAGE, ASK INT.3B.]
2. No→[IF IN DOUBT ABOUT LANGUAGE, ASK INT.3B.]

INT.3B [INSTRUCTION—IF POSSIBLE LANGUAGE DIFFICULTIES, ASK]: May we continue in English?

1. Yes→[GO TO ITEM INT.4.]
2. No→[ASK: “*What language do you speak?*” AND RECORD ANSWER. IF THE QUESTION IS NOT UNDERSTOOD, ASK: “*Español?*” OR OTHER LIKELY LANGUAGE AND RECORD ANSWER. TELL THE RESPONDENT YOU WILL CALL BACK LATER.]

INT.3C [INSTRUCTION: INDICATE ON CALL SHEET THAT THE INTERVIEW NEEDS TO BE CONDUCTED IN ANOTHER LANGUAGE.]

- SPANISH
- OTHER: _____

INT.4 Do you have any [**OTHER**] questions about the survey at this time?

1. Yes
2. No

[INSTRUCTION: IF “YES,” ASK SPECIFIC QUESTIONS AND RESPOND PER FAQs, THEN REPEAT INT.4 UNTIL ANSWER IS “NO.”]

INT.5 Is now a convenient time for the interview?

1. Yes →[GO TO SECTION A.]
2. No →**BEST DAY/TIME TO CALL BACK:** _____
3. Refusal →[GO TO INT. 5A.]

INT.5A [REFUSALS]: This study plays an important role in ensuring that day care providers are serving the meals for which they are being reimbursed for. The U.S. Department of Agriculture (USDA) needs feedback from the parents of children who are in the program. Your name was randomly chosen—that is, selected by chance. Neither the USDA nor your day care provider will ever know your specific answers. Nothing you say will change the agreement you have to receive meals from the day care provider. Can we proceed with the few questions I have?

1. Yes
2. No—If now is inconvenient, we can schedule a different time. **[PROBE: ADDRESS ANY CONCERNS RAISED.]**

[INSTRUCTION: SEE IF RESPONDENT WILL DO INTERVIEW NOW.]

[INSTRUCTION: IF YES, GO BACK TO I.3; CHANGE TO YES, THEN CONTINUE.]

[INSTRUCTION: IF NO, SET CALLBACK SCHEDULE; IF ASSISTANCE NEEDED, RECORD NAME OF ASSISTANT FOR CALLBACK AND SET CALLBACK SCHEDULE.]

TIME _____ **DATE** _____

[IF RESPONDENT STILL REFUSES, THANK RESPONDENT AND TERMINATE INTERVIEW.]

FOLLOW-UP TELEPHONE CONTACT: PRE-SCHEDULED FOLLOW-UP INTERVIEW

FU.1 [INSTRUCTION]: Hello, may I speak to **[RESPONDENT]** _____?

1. Yes **[WHEN RESPONDENT IS REACHED, SAY]:** Hi. This is _____, with ICF Macro. I spoke to you recently about the survey of the U.S. Department of Agriculture day care provider meal reimbursement program. You indicated that this would be a good time to talk.
2. No **[GET TIME AND DATE WHEN RESPONDENT CAN MOST LIKELY BE REACHED. TERMINATE INTERVIEW.]**

FU.2 [INSTRUCTION]: The U.S. Department of Agriculture (USDA) is conducting a national study on meals served by day care providers who receive reimbursement from the government for the food they provide children while in their care. This program is called the Child and Adult Care Food Program (CACFP), which you may know simply as the Food Program. Your day care provider **[NAME OF PROVIDER]** was randomly selected to participate in the study. As a part of the study, the federal agency that oversees the program, USDA has asked ICF Macro, a professional research firm, to conduct a private survey of parents of children in day care about

what meals are being served to the child. You have been randomly selected to participate in the survey from a list of parents/guardians with children currently enrolled in day care at **[NAME OF PROVIDER]**. The survey, which lasts 10–15 minutes on average, asks you questions about your child’s attendance and the meals he/she was served at day care during the last week specifically, Sunday, **[DATE]** through Saturday, **[DATE]**. Your provider, **[NAME OF PROVIDER]**, received a notification letter from us about the study. Your participation in the survey will have no effect on the ability of your provider to serve meals through CACFP.

The answers that you give will be kept private and will be used for research purposes only, except as otherwise required by law. Participation in the survey will not affect your agreement with your day care provider. There are no risks to you if you participate in this survey; but if you feel uncomfortable with any of the questions, you may choose to skip them, or to stop the interview at any time. Although there are no direct benefits to you for participating in this survey, your participation will help us know what types of meals children are receiving in the food program. **After completing the survey, you will receive a stipend of \$10 via mail to thank you for your time.**

SECTION A. IDENTITY CONFIRMATION/DEMOGRAPHICS

A.1 Does your child, **[NAME OF CHILD]**, currently attend **[NAME OF FDCH]**?

- 1. Yes→**[CONTINUE.]**
- 2. No

[INSTRUCTION—IF NO]: When did (he/she) stop attending **[NAME OF FDCH]**?

MONTH DAY YEAR

- 8. Don’t Know
- 9. Refusal

[INSTRUCTION: IF TARGET CHILD WAS IN DAY CARE HOME DURING THE TARGET WEEK, CONTINUE INTERVIEW. OTHERWISE, GO TO CLOSING; SECTION D, AND TERMINATE INTERVIEW.]

A.2 This survey asks detailed questions about the meals served to your child and your child’s attendance over the past week. Are you best able to answers questions of this type, or is there another parent/guardian who may be better informed about **[NAME OF CHILD]**’s day care arrangements? (For example, is there another parent/guardian who takes your child to and from day care and/or tracks the meals served to your child?)

- 1. Yes→**[CONTINUE.]**
- 2. No

[INSTRUCTION—IF NO]: Is the **[PARENT/GUARDIAN]** available for this interview?
[INSTRUCTION—IF YES]: [CONTINUE. IF NO, SET CALLBACK SCHEDULE. IF ASSISTANCE IS NEEDED, RECORD NAME OF THE ASSISTANT FOR CALLBACK AND SET CALLBACK SCHEDULE.]

- 8. Don't Know
- 9. Refusal

A.3 When did [NAME OF CHILD] begin attending [NAME OF FDCH]?

PROBE: Was that in the beginning, middle, or the end of the month?

MONTH DAY YEAR

- 1. Beginning of the month
- 2. Middle of the month
- 3. End of the month
- 4. Never attended
- 8. Don't Know
- 9. Refusal

A.4 What is the age and grade level of your child?

- 1. Infant (11 months or younger) _____
- 2. Pre-schooler (1–5 years) _____
- 3. School-age (6+ years old) _____
- 4. Age: _____
- 5. Grade: (1 2 3 4 5 6) _____
- 9. Refusal

A.5 Is [NAME OF CHILD] your only child in this specific day care home?

- 1. Yes
- 2. No

[INSTRUCTION—IF NO]: How many other children besides [NAME OF CHILD] attend this specific day care home? _____

What are the names and ages of the other children who attend this same day care facility?
[IF APPLICABLE, ASK CHILD'S GRADE LEVEL.]

- 1) _____
(First Name, Last Name) (Age) (Grade)
- 2) _____
(First Name, Last Name) (Age) (Grade)
- 3) _____
(First Name, Last Name) (Age) (Grade)

4) _____
(First Name, Last Name) (Age) (Grade)

A.6 Are you familiar with your enrollment agreement with your day care provider, which itemizes/states the meals that your child is being served on a daily basis?

1. Yes
2. No
8. Don't Know
9. Refusal

We first want to confirm the meals [**NAME OF CHILD**] is scheduled to receive at day care on a regular basis.

A.7 How many days a week does (he/she) usually have a **BREAKFAST** at day care?

1. Does not eat breakfast at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.8 How many days a week does (he/she) usually have a **MID-MORNING** snack at day care?

1. Does not eat mid-morning snack at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.9 How many days a week does (he/she) usually have a **LUNCH** at day care?

1. Does not eat lunch at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.10 How many days a week does (he/she) usually have **AFTERNOON SNACK** at day care?

1. Does not eat afternoon snack at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.11 How many days a week does (he/she) usually have a **SUPPER/DINNER** at day care?

1. Does not eat supper/dinner at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.12 How many days a week does (he/she) usually have **EVENING SNACK** at day care?

1. Does not eat evening snack at day care
2. ____ Number of days
8. Don't Know
9. Refusal

A.13 Does your child only receive meals prepared by the day care, or is he/she usually sent with food from home?

1. Child only gets meals from day care→[GO TO SECTION B.]
2. Child only takes food from home
3. Child takes food from home and receives meal from day care (both)
8. Don't Know
9. Refusal

A.14 What types of food items do you usually send your child to day care with?

1. Infant formula
2. Baby food (jars)
3. Finger foods/snacks
4. Prepared foods (Gerber Graduates, Chef Boyardee, Lunchables, etc.)
5. Cereal (breakfast-boxed cereals, etc.)
6. Rice cereal
7. Juices (juice boxes, etc.)
8. Milk
9. Sandwiches (deli meats, peanut butter and jelly, etc.)
10. Other (Specify): _____

SECTION B. DAYS AND HOURS OF ATTENDANCE AT DAY CARE DURING THE TARGET WEEK

[INSTRUCTION]: My next questions are about the **DAYS** and **HOURS** **[NAME OF CHILD]** attended day care at **[NAME OF FDCH]** last week from Sunday, **[DATE]** to Saturday, **[DATE]**.

[INSTRUCTION: CODE MONTH/DAY OF THE WEEK; DATES FOR THE WEEK; USE SECOND ROW OF ARRIVAL/DEPARTURE TIME PER DAY OF WEEK TO RECORD BEFORE AND AFTER-SCHOOL CARE HOURS IF APPLICABLE]

Did your child attend day care on—

B.1a. Sunday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES →What time did he/she arrive and leave day care on Sunday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
B.1b. Monday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES →What time did he/she arrive and leave day care on Monday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE: Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		
B.1c. Tuesday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES → What time did he/she arrive and leave day care on Tuesday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		
B.1d. Wednesday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES → What time did he/she arrive and leave day care on Wednesday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		
B.1e. Thursday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES → What time did he/she arrive and leave day care on Thursday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		
B.1f. Friday	1. Yes	2. No	8. Don't Know	9. Refusal

B.2a If YES → What time did he/she arrive and leave day care on Sunday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		
B.1g. Saturday	1. Yes	2. No	8. Don't Know	9. Refusal
B.2a If YES → What time did he/she arrive and leave day care on Sunday?	Arrival time (hour) _____	Departure time (hour) _____	8. Don't Know	9. Refusal
	AFTERCARE Arrival time (hour) _____	AFTERCARE Departure time (hour) _____		

SECTION C. MEALS SERVED DURING THE TARGET WEEK

[INSTRUCTION]: Next, I'd like to ask you about the specific meals and snacks your child was served by **[NAME OF FDCH]** each day during last week—that is, from Sunday, **[DATE]** to Saturday, **[DATE]**. Even if you indicated that your child doesn't usually receive a meal or snack, I still need to ask what happened during the week of **[DATE]**, as situations can change.

C.1 Did **[NAME OF CHILD]** get **BREAKFAST** at **[NAME OF FDCH]** last week?

- 1. Yes
- 2. No → **[GO TO C.2.]**
- 8. Don't Know → **[GO TO C.2.]**

C.1A What days did **[NAME OF CHILD]** get **BREAKFAST** at **[NAME OF FDCH]** last week?
[INSTRUCTION: ASK FOR EACH DAY THE CHILD ATTENDED.]

- | | | | | |
|--------------|--------|-------|---------------|------------|
| a. Sunday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| b. Monday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| c. Tuesday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| d. Wednesday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| e. Thursday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| f. Friday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |

- | | | | | |
|-------------|--------|-------|---------------|------------|
| e. Thursday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| f. Friday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |
| g. Saturday | 1. Yes | 2. No | 8. Don't Know | 9. Refusal |

C.8 Did [NAME OF CHILD] bring any food to day care from home last week [DATES] as a replacement for a meal?

1. Yes
2. No → [GO TO C.9.]
8. Don't Know
9. Refusal

C.8A [INSTRUCTION—IF YES]: Please tell me the days of the week and the meals the child took food from home for:

Day	Food item from home	Break-fast	Mid-morning snack	Lunch	After-noon snack	Supper	Evening snack
a. Sunday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
b. Monday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
c. Tuesday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
d. Wednesday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
e. Thursday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
f. Friday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No
g. Saturday	Other (Specify):	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes	1. Yes
	_____	2. No	2. No	2. No	2. No	2. No	2. No

C.9 Did anything happen to **[NAME OF CHILD]** or to the day care provider last week that kept your child from receiving a meal at day care or impacted your child’s regular schedule for meals, for example a snow day, a child’s sickness, doctor’s appointment, an event at school, or the day care being closed unexpectedly?

1. Yes
2. No → **[GO TO SECTION D.]**
8. Don’t Know
9. Refusal

C.9A [INSTRUCTION—IF YES]: Can you describe to me what happened last week that prevented **[NAME OF CHILD] from receiving a meal at day care? Please tell me what specifically occurred and the date it occurred. [INSTRUCTION: RESPONDENT CAN PROVIDE EITHER THE DATE OR DAY OF THE WEEK; CODE DAY OF THE WEEK AS MM/DD/YY. EACH RESPONSE OPTION CAN HAVE MULTIPLE DATES. PROBE FOR MULTIPLE DATES.]**

a. Child sickness	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____
b. Scheduled child obligation (i.e., doctor’s appointment)	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____
c. Family trip/obligation	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____
d. Request for a special meal, as the menu served an option that the child didn’t like	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____
e. Holiday (facility closed)	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____
f. Other facility-closing event	Day(s) of the week: S M T W T H F S	Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____

<p>g. Other (Specify): _____ _____</p>	<p>Day(s) of the week: S M T W T H F S</p>	<p>Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p>
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C.10 Starting with the first day your child did not receive a meal last week because of [*FILL IN FROM ABOVE*], can you tell me which meal or meals [*CHILD'S NAME*] did not receive at day care because of the event?

<p>1a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>
<p>2a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>
<p>3a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>

<p>4a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>
<p>5a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>
<p>6a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>
<p>7a. Date (MM/DD/YY) to Date: ____/____/____ - ____/____/____</p> <p>b. Day(s) of the week: S M T W T H F S</p>	<p>c. Activity: _____</p>	<p>d. 1. Breakfast 2. Mid-Morning Snack 3. Lunch 4. Afternoon Snack 5. Dinner 6. Evening Snack 7. All of the meals the child would have received on that day 8. Don't Know 9. Refusal</p>

SECTION D: CLOSING

[INSTRUCTION]: That’s the end of my questions. If you have any questions about the survey, please call the following toll-free number: 1-8XX-XXX-XXXX. I’d like to confirm your mailing address so that I may send you the stipend for the time you spent completing the survey:

ADDRESS CONFIRMATION:

Thank you very much for being a part of this study!