



OMB Control No: 0584-0606  
 Expiration Date: 03/31/2019

**APPENDIX E-9. Nonparticipant Caregiver Qualitative Interview**

**INTERVIEWER:** Review data collected from quantitative survey and keep to hand when conducting this qualitative interview. Ensure that you know if there is only one child in the household, or more than one child in the household.

**DATE OF INTERVIEW:** [MM/DD/YYYY]

**INTERVIEW START TIME:** \_\_\_\_\_ **INTERVIEW END TIME:** \_\_\_\_\_

**INTERVIEWER ID:** \_\_\_\_\_ **NOTE TAKER ID:** \_\_\_\_\_

**SECTION A. INTRODUCTION (3 MINS)**

Hello, I am [NAME] from Westat, and I am calling about the Summer Meals Study. May I speak with:

Name of selected non-participant parent/caregiver

- R available..... 11
- R lives here – needs appointment ..... 12
- R lives at another number or address ..... 13
- Never heard of R ..... 14
- Phone company recording ..... 15
- Answering machine..... 16
- Retry dialing ..... 17
- REFUSED ..... 77
- DON'T KNOW ..... 99

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

**IF RESPONDENT IS AVAILABLE:**

You recently completed a survey about the Summer Meals Study.

Date completed quantitative survey

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

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

I would like to ask you some questions that will help us understand how the program could benefit participants.

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

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

The interview will take about 30 minutes and you will receive \$20 as a thank you for participating.

Do you agree to participate?

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

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

Do you have any questions before we begin?

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

Do I have your permission to record this discussion?

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

**IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.**

**INTERVIEWER:** Turn on recorder and begin interview.

**A1.** I would like to start this discussion by talking about how child(ren) 18 years and younger in your household spend their summer months. I am interested in understanding if they stay at home, spend it with relatives, attend summer camps or programs, that kind of thing. Can you tell me how children in your household spend their summers?

**PROBE IF NEEDED:**

Ages of children and how and where each they spend their time over the summer months. And when do you usually start planning how your children will spend their summer? Why?

**SECTION B. FOR THOSE WHOSE CHILDREN ATTEND A PROGRAM THIS SUMMER**

**B1.** Let's talk about the summer programs that children attend. Can you tell me which summer program your child is attending and why you selected this/these program(s) for your child(ren).

**B1.a.** What type of summer program is your child attending?

**PROBE IF NEEDED:**

Program types such as arts and crafts, performing arts, educational/instructional activities, organized games or sports, supervised free play, supervised child care, swimming, off-site field trips, religious activities, cooking, counseling, therapy, social skills development, multicultural activities, etc.

**B1.b.** Could you tell me how you heard about this/these program(s)?

**PROBE IF NEEDED:**

Possible sources of information such as school, local government or public assistance office, food bank, church or other community group, television or radio advertisement, poster or billboard advertisement, toll-free hotline, internet or social media, promotional event or gift, child(ren), other family member, friend or neighbor, child who attended program in the past.

**B1.c.** Did you get information about the program from multiple sources?

**B1.c.** When did you receive that information?

**PROBE IF NEEDED:**

End of school year/after school ended; before site opened for the summer? How far in advance of the site opening – days, weeks, months?; after site opened? How long after site opened? Did they get the information at multiple time points (i.e., reminders and follow-ups)?

**B1.e.** Why did you decide to send your children to this program?

**PROBE IF NEEDED:**

What information was provided to them that made them select the program (schedule, duration, activities, transportation, meals, friends of child attending program, field trips, education focused, etc.)?

Did they call the program staff to find out more information about the program? Talk with their children to see their interest, talk with family, friends, neighbors, relatives to see if they know of the program and their experience with it?

Have they sent their children there in the past (if so, how many summers?),

What did they like about the program that made them send their child there again this year?

**B1.f.** Does this program offer meals and snacks to children?

**IF YES:**

Are meals and snacks part of program fee, do they pay separately for it, or are meals and snacks provided at no cost?

How important was it for you to select a program that offered meals and snacks?

Did you specifically look into programs that offered meals to children? Why/why not?

**SECTION C. FOR ALL RESPONDENTS**

C1. Do children in your household eat school lunch and/or breakfast? How would you compare the food expenses for your household during the summer with those in the school year?

**IF MORE:**

C1a. How do you adjust your shopping during the summer months to stay in budget?

**PROBE IF NEEDED:**

(Borrow money, change types of foods purchases (less produce, more canned, etc.).

C1b. What role do the meals provided by the summer program play in helping you with your food expenses in the summer?

C1c. Do your children eat more healthy foods in the school year than during the summer? How so and why?

C1d. Do you consider the nutritional value of meals served in the summer program to be comparable to those served in the school? Why/why not?

C2. In the past, have any of your children ever attended a summer program that offered free meals and snacks to children 18 years of age and under?

**IF YES:**

C2.a. How long ago was that? For how many summers? Age of child(ren)?

C2.b. Why did your child(ren) stop attending a summer meals site?

**INTERVIEWER: Follow up on answers provided to this question but also follow up on any 'other specify' responses provided in the quantitative survey.**

C2.c. Is there anything in particular that your child(ren) liked or disliked about attending a summer meals site in the past?

**PROBE IF NEEDED:**

meals (quality/amount/ nutritional value of food), anything else about the food, activities provided, child's friends attend the site

C3. Are you aware of the summer program at <SITE NAME>?

**IF YES:**

When did you find about the program and what do you know of it? Did you consider sending your child to this program? Why/Why not?

C4. The summer program at <SITE NAME> offers free meals and snacks to children ages 18 and under. Did you know this?

**INTERVIEWER: Review survey response to see if the child ever attended the program at <SITE NAME>.**

**IF YES:**

C4.a. Did you consider sending your children to the program at <SITE NAME> to get meals and snacks? Why/why not?

**IF NO:**

C4.b. Would you have considered sending your child(ren) to the program at <SITE NAME> if you had known about the program and that it offered free meals and snacks to children who go there? Why/Why not?

**PROBE IF NEEDED:**

Reasons such as did not know child(ren) were eligible; stigma; didn't need free meals; other people need free meals more; transportation problems; safety concerns; inconvenient site location; site operating hours; inadequate supervision; poor health or sanitation; insufficient or types of activities; food quality; food variety; children didn't want to go; children have dietary restriction; children attend other summer meals programs or other summer activity programs.

C5. What could the program at <SITE NAME> do to help or encourage your child(ren) to go there next summer?

**PROBE IF NEEDED:**

Accessibility issues, activities, better security, food quality, food variety, hours of operation

C6. Information about the summer programs that offer free meals to children ages 18 and under is usually available from schools, churches or community groups, or from advertisements on television or radio, posters or billboards in the neighborhood where the program is offered. This information might also be posted on social media. Thinking about your household, where would you look for summer programs in your area that offer free meals and snacks to children?

C6.a. What information, if any, about the summer food program would be useful for you to make a decision on sending your child there?

**PROBE IF NEEDED:**

site opening times, type of meals provided, free transportation etc. activities provided, child care/adult supervision

C6.b. In the future, what is the best way for you to receive information about the summer food program?

**PROBE IF NEEDED:**

Form (letter, flyer, media ad, website, promotional event, etc.) and source (school, community organization, etc.)

C6.c. What do you think is the best time to inform you and other parents about the summer meal programs in their area? Why? Would you like to receive information about a program once or multiple times (i.e., reminders or follow ups)? If multiple points, when would be the best time to send program information?

**PROBE IF NEEDED:**

Beginning of calendar year, right before school lets out for the summer, spring, etc.

<b>SECTION D. WRAP-UP (3 MINS)</b>
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Those are all the questions I have for you.

**INTERVIEWER: IF TIME ALLOWS:** We have a little bit of time left so I'd like to give you the opportunity to share with me any other thoughts you have about the summer food program or summer meals sites that we haven't already talked about.

Thank you so much for your time and thoughtful responses. Just to reiterate that everything you have told me will remain private.

**[Provide information about method of payment].**

Do you have any other questions for me?

**[Provide contact information for Westat if required]**

Thank you for participating in the Summer Meals Study.