



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

APPENDIX B-1. Former Sponsor Qualitative Interview

DATE OF INTERVIEW: [MM/DD/YYYY]

INTERVIEW START TIME: _____ INTERVIEW END TIME: _____

INTERVIEWER ID: _____ NOTE TAKER ID: _____

INTRODUCTION (3 MINS)

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

Name of former sponsor

- R available 11
- R lives here – needs appointment12
- R lives at another number or address13
- Never heard of R14
- Phone company recording15
- Answering machine16
- Retry dialing17
- REFUSED77
- DON'T KNOW99

IF RESPONDENT IS AVAILABLE:

I would like to ask you some questions about the summer program, to gain better understanding about program operations and factors that affect the decision of sponsors, sites, and households to participate in the program.

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

The interview should take about 30 minutes.

Do you agree to participate?

Public reporting burden for this collection of information is estimated to average 30 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.

- 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

SECTION A. PROGRAM PARTICIPATION

INTERVIEWER: DETERMINE IN ADVANCE WHETHER SPONSOR OPERATED SSO OR SFSP AND TAILOR QUESTIONS ACCORDINGLY.

A1. For how long did your organization sponsor a summer meals program?

PROBE IF NEEDED:

For how many summers did your organization sponsor a program?

PROBE IF NEEDED:

Probe for any breaks in sponsorship. Establish year(s) in which sponsored and year(s) not sponsored.

A2. When did your organization first sponsor the [SFSP/SSO]?

Year of first summer _____

A3. When did your organization last sponsor the [SFSP/SSO]?

Year of last summer _____

A4. Thinking about the last summer [year of last summer] in which your organization was a sponsor, how many summer meal sites did you sponsor?

Number of summer meal sites sponsored _____

We are interested in understanding the reasons your organization participated as a sponsor for the [SFSP/SSO].

Thinking about your first summer experience as a sponsor...

(NOTE: the program may have been run before the respondent became the administrator and they may not know about the onset of the program – so questions are about the first time they were involved in the summer meal program as a sponsor)

A5. What were the reasons why your organization sponsored the [SFSP/SSO]?

A5a. What reasons were the most important in the decision to sponsor the program?

- Need in the community
- Funding would help support nutritious meals
- Advocacy organizations/others recommended promoted it
- Knew other sponsors

A6. How successful was your program?

A6a. What made it successful?

IF NEEDED, PROBE:

- Quality/type of meals provided
- Facilities
- Site(s) location
- Site(s) opening times
- Marketing
- Number of participating children
- Free transportation
- Activities for children
- Staff.....
.....
.....
.....
.....

A6b. And what were some challenges in sponsoring the program?

IF NEEDED, PROBE:

- Staff
- Training
- Budget
- Equipment
- Facilities
- Reaching eligible participants
- SFSP/SSO Policies/Rules
- Getting children to attend consistently

IF SPONSOR FOR MORE THAN ONE YEAR:

A6c. Did these challenges vary from year to year?

PROBE IF NEEDED:

Thinking about the years you implemented the program, would you say the challenges were encountered each year or just in the few years/last year as a sponsor? Did you experience the same challenges each year?

SECTION B. OVERALL IMPRESSIONS

B1. All things considered, what are your overall impressions of the SFSP/SSO?

PROBE IF NEEDED:

Would you say it is a good thing or not? Why do you say that?

SECTION C. PROGRAM NON-PARTICIPATION

Now let's talk about the reasons why your organization stopped sponsoring the SFSP/SSO.

C1. Why did your organization stop sponsoring the program?

PROBE IF NEEDED:

- Staff?
- Training?
- Budget?
- Equipment?
- Facilities?
- SFSP Policies/Rules?
- Not enough children attended?

C1a. What factors were the most important in the decision to no longer be a sponsor?

IF BREAK IN CONTINUOUS SPONSORSHIP MENTIONED ABOVE establish reasons for stopping/starting on more than one occasion.

C2. Which, if any, of the SFSP/SSO policies were especially challenging to implement? Why?

C3. How was the decision made to stop participating in the program?

PROBE IF NEEDED:

Who participated in the decision making process?

Who ultimately made the decision to stop participating as a sponsor?

SECTION D. SPONSORSHIP OF OTHER PROGRAMS

D1. Does your organization sponsor any other (other than SFSP/SSO) summer food or summer meals programs? How about other school-year meal programs?

IF YES:

D1.a. Which ones? Name(s).

D1.b. What are the reasons why your organization sponsors these programs?

D1.c. In what way, if any, are this/these programs different from the SFSP/SSO?

PROBE IF NEEDED:

Why does your organization sponsor these programs and not the SFSP/SSO?

SECTION E. FUTURE SPONSORSHIP

E1. Would your organization consider sponsoring the SFSP/SSO again? Why?

E2. What factors would make your organization re-consider participating again?

E3. What advice would you give to other organizations sponsoring or considering sponsoring the SFSP/SSO, to make it a success?

SECTION F. CLOSING

F1. Is there anything else you think is important for us to know for this study?

Thank you for participating in the Summer Meals Study.