



OMB Control No: 0584-XXXX
 Expiration Date: XX/XX/XXXX

Participant Caregiver Qualitative Interview

Appendix G12. Participant Caregiver Key Informant Interview Discussion Guide

INTERVIEWER: Review data collected from quantitative survey and keep on 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:** _____

INTRODUCTION (3 MINS)

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

IF needed: I am calling because [NAME] completed a survey about the summer meals program on [DATE], and agreed to take part in a telephone interview.

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 NOT AVAILABLE:

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

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

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.

IF RESPONDENT IS AVAILABLE:

You recently completed a survey about the Summer Meals Program.

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

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

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

As described in the system of record notice (SORN) titled FNS-8, USDA/FNS Studies and Reports published in the Federal Register on April 25, 1009, volume 56, pages 19078-19080, FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private. See <https://www.gpo.gov/fdsys/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf>

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

Do you agree to participate?

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

Thank you. 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. CHILD VERIFICATION AND BACKGROUND

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

- A1. May I ask for the first name of your child who went to the summer meals program at <SITE NAME> this summer? I only ask for first name to help refer to your child during our discussion today. You can use initials or nicknames if you want.

Name of child _____

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

- A2. Is [CHILD] still going to the program at <SITE NAME>?

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

ENTER NUMBER. OF WEEKS _____ → GO TO B3

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

ENTER END DATE: ____/____/2017
MM/DD

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

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

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

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

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

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

PROBE: How did you get information about the summer meals program at <SITE NAME>?
IF NEEDED: school, friends, family, neighbors, church, television or radio ads, the Internet or social media?"

- B4. What are some "must haves" in a summer program for you to send your child there?

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

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

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

- B6. **IF NOT DISCUSSED:** How important was it for you to send your child to a summer program that offered free meals and snacks?
- B7. What information did you receive about the program at <SITE NAME> and how did you receive it?
- a. Were those materials sent by mail, email, or some other means?
- b. What information on the program did the materials include?
- c. In the future, what other information could the program provide to help you decide whether or not to enroll your child?
- B8. How involved was [CHILD] in making the decision to go to the program at <SITE NAME>?
- B9. Besides the summer meals program at <SITE NAME> are there other programs that also offer free meals to children 18 years of age and under. These programs may offer education or activities along with free meals or they may just offer free meals. Can you tell me of any such programs in your area?

PROBE AWARENESS OF NEAREST PROGRAM, IF ANY.

READ THE SHORT LIST OF PROGRAMS IN THEIR AREA AND ASK IF THEY KNEW THESE PROGRAMS OFFERED FREE MEALS TO CHILDREN 18 AND UNDER.

SECTION C. EXPERIENCE WITH PROGRAM MEALS

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

PROBE IF NEEDED:

Does/did the child talk about

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

- a. Was your child happy to be going to the program at <SITE NAME>? Why or why not?
- C2. Are there any foods or meals that [CHILD] {does/did} not like to eat at <SITE NAME>?

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

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

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

PROBE IF NEEDED:

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

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

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

C5. During the school year, does [CHILD] eat school lunches or breakfasts at school?

PROBE: Does your child buy school meals?

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

PROBE IF NEEDED:

Would you say [CHILD] eats healthier foods during the school year or during the summer? Explain.

C7. When you think about the nutritional value of the meals served at school during the school year, are the meals served in the summer program at <SITE NAME>, the same or not the same?" Why/why not?

C8. What, if anything, would you suggest changing about the food or meals at <SITE NAME>?

SECTION D. IMPACT OF SUMMER MEALS PROGRAM ON FOOD EXPENSES

D1. During the school year, did your child(ren) get the free or reduced price school lunches or breakfasts?

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

PROBE IF NEEDED:

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

PROBE IF NEEDED:

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

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

ASK QUESTIONS IN SECTION E IF ANSWERED 'YES' TO SURVEY QUESTION 'MORE'

E1. You indicated in the survey you completed that you would have liked [CHILD] to go to the program at <SITE NAME> more often than they usually {do/did}. Can you tell me more about that?

If child did not go every day the program was open:

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

PROBE:

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

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

PROBE IF NEEDED:

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

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

Interviewer: have at hand their responses to survey questions about satisfaction, and probe if their answers here don't align with their survey feedback.

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

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

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

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

PROBE:

How does the requirement to eat the meal at <SITE NAME> affect your child's decision to go to there?

How would allowing your child to bring the meals and snacks home affect your decision to send your child to <SITE NAME>?

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

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

PROBE IF NEEDED:

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

SECTION G. WRAP UP

G1. {Does/did} [CHILD] or any other children in your household participate in other summer programs that offer free meals this summer? Which children? Which programs?

PROBE IF NEEDED:

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

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

Do you have anything else that you want to tell me about summer meals programs?

Do you have any questions for me?

Thank you again for participating. I want to repeat that everything you have told me will remain private.

[Provide information about method of payment].

Thank you for participating in the Summer Meals Study.