



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

Appendix G13. Nonparticipant Caregiver Key Informant Interview Discussion Guide

INTERVIEWER: Review data collected from quantitative survey and keep to hand when conducting this qualitative interview. Ensure that you know number of children in the household, and whether any child went to the summer program at [site name] in Section C.

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 follow-up telephone interview.

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|--|----|
| 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 StudyProgram.

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. As you may know, the summer meal program at <SITE NAME> is open to all children in your area. Your answers will help us understand why some families do not send their children to the summer meals program and understand ways 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.

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| SECTION A. WARM UP |
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A1. To start, can you tell me how the child(ren) in your household spent their summer this year?

PROBE:

Do they stay at home, spend it with relatives, go to summer camps or programs, or some other arrangement?

A2. When in the year did you start planning how your child(ren) will spend their summer?

SECTION B. FOR THOSE WHOSE CHILDREN WENT TO ANY SUMMER PROGRAM THIS SUMMER

B1. Which summer program(s) did your child(ren) go to, this year? Summer programs usually offer education and/or activities. These programs may also serve children meals and/or snacks.

Ask for each program mentioned:

B2. What type of program is that?

PROBE IF NEEDED:

Summer camp, arts and crafts, performing arts, organized games or sports, supervised child care, religious activities, cooking, counseling, therapy, etc.

B3. Have you sent your child(ren) there in the past?

[If yes]

- a. For how many summers?
- b. What did you like about the program that made you decide to send your child there again this year?

B4. **[SKIP IF ANSWERED 'YES' TO B3]** Why did you select that program for your child(ren)?

- a. Did you talk with anyone else to learn more about the program or people's experiences with it (e.g. friends, neighbors, family, program staff)?

B5. How did you first hear about this program?

- a. Did you get any informational materials on the program that helped you make your decision to send your child(ren) to the program?

[If yes]

- i. What information in those materials influenced your decision?
- ii. When did you receive that information?

[Note: probe to understand if it was before/after program started, and how long before/after.]

B6. Does the program offer meals and snacks to your child(ren)?

IF YES:

- a. Are meals and snacks free, is the cost of meals included in the program fee, or do you pay separately for it? Can children purchase meals on some days?
- b. Did you want programs that served meals and/or snacks? Why/why not?
- c. How do the meals provided by the summer program(s) affect your food budget or expenses in the summer?
- d. Do you consider the meals served in the summer meals program to be as healthy as the meals provided by your child's school (through the national school lunch program)? Why/why not?

SECTION C. IMPACT OF SUMMER MEALS PROGRAM ON FOOD EXPENSES

- C1. During the school year, did your child(ren) get the free or reduced price school lunches or breakfasts?
- C2. 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. How {do/did} the meals provided by the summer program at <SITE NAME> affect your food budget or expenses in the summer?
 - b. Do you adjust your grocery shopping during the summer months at all? If so, how?
 - c. Do you buy different types or amounts of food during the summer months at all? If so, how?
 - d. borrow money, change types of foods purchased (e.g. less canned and more fresh, etc.)
- C3. How, if at all, do the foods your child(ren) eat during the summer differ from the foods they eat during the school year?
- a. Would you say your child(ren) eats healthier foods in the school year or during the summer? Can you tell me why you consider <school year or summer meals> to be healthier?

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| SECTION D. AWARENESS OF SUMMER MEALS SITE |
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- D1. What is important to you when you pick which summer program your child should go to?

PROBE IF NEEDED:

Accessibility, activities, security/safety, food quality, food variety, hours of operation

- D2. Before this summer, have any of your children ever gone to a summer program that offered education and/or activities with free meals and snacks or programs that offered only free meals?

IF YES:

- a. How long ago was that? For how many summers? Age of child(ren) at the time they were enrolled?
- b. Why did your child(ren) stop going to that summer program?

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.

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

- c. Is there anything that your child(ren) liked or disliked about going to that program?

- D3. Before taking part in this study, had you heard of the summer meals program at <SITE NAME>?

IF YES:

- a. Do you remember when you first heard of the summer meals program and what you heard about it?
- b. Did you consider sending your child(ren) to that summer meals program this summer? Why/Why not?

IF NO

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

PROBE IF NEEDED:

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

- D4. 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.

- D5. Where do you look to find information on summer programs in your area that offer free meals and snacks to children?

PROBE IF NEEDED:

Social media, schools, churches or community groups, advertisements, etc.

- D6. What would be the best way for summer meal programs to send you information in the future?

[Probe to understand the form (letter, ad, web site, etc.) and source (school, church, etc.)]

- D7. What information, if any, about the summer food program would be useful for you to make a decision on sending your child there?

- D8. When is the best time in the year for summer programs to advertise? Please explain.

- a. Would you like to receive information about a program once or many times?

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| SECTION E. WRAP UP |
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Thank you so much for your time and thoughtful responses. Those are all the questions I have for you.

Do you have any final thoughts 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.