H3. Parent Interview for In-Care Day

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Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

Parent Interview for In-Care Day

INTRODUCTION

VOICEMAIL SCRIPT: Hello, this message is for [CONSENTED PARENT NAME]. This is [INTERVIEWER NAME] from the second Study of Nutrition and Activity in Child Care Settings, or SNACS-II.

IF INTERVIEW NOT STARTED: We were calling to ask you about the foods and drinks [CHILDNAME] had [yesterday/ on ##DAY] and their activities. Please call our toll-free number, [insert #], today to schedule the interview appointment. The interview will take no more than 45 minutes. After you complete the interview, we will send you a $20 gift card. We look forward to speaking with you today.

IF INTERVIEW STARTED BUT NOT COMPLETE (BREAKOFF OR DATA RETRIEVAL): We had scheduled an interview with you today. Please call our toll-free number, [insert #], to reschedule your interview. After you complete the interview, we will send you a $20 gift card. We look forward to speaking with you.

INTRO: Hello, my name is [INTERVIEWER NAME] from Westat. I am calling about the second Study of Nutrition and Activity in Child Care Settings. May I please speak to [CONSENTED PARENT NAME]?

- € RESPONDENT ON PHONE → GO TO CONSENT
- € NEW RESPONDENT COMES TO PHONE [REPEAT INTRO]
- € RESPONDENT NOT AVAILABLE [SCHEDULE CALLBACK]
- € WRONG NUMBER [DISPO AS WRONG NUMBER – PERSON]
- € GATEKEEPER REFUSAL [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → I'm sorry to hear that you do not wish to participate. The information you would have provided is very valuable to improving the program. Can you tell me the reason for choosing not to participate? ADDRESS ISSUES/CONCERNS → GO TO REFUSAL CONVERSION][1]

CONSENT: **IF FIRST INTERVIEW:** Thank you for taking part in the second Study of Nutrition and Activity in Child Care Settings. USDA is interested in learning about nutrition and activity habits of children. I understand that your child went to [Center/Provider/Afterschool Program] [yesterday/(DAY)]. I would like to ask you some questions about your child's food and activity [yesterday/(DAY)] and some questions about your household. Your answers will help us improve services and better meet the needs of parents who send their children to child care programs.

The interview will take no more than 45 minutes and you will receive a $20 gift card to thank you for your participation.

This interview is voluntary. That means you can skip any question and you can stop at any time. Taking part in this study will not affect your benefits in any way – either now or in the future. Your information will be kept private and used only for research purposes according to state and federal law. We will not include information that identifies you or

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[1] These are programming notes. On screen, this will take the interviewer to the correct screen.

your family members in any report. The responses of all parents taking part in the study will be combined for reporting purposes. → GO TO Q1.

IF DATA RETRIEVAL INTERVIEW FOR ASA24 ONLY: I would like to get the details about the foods and drinks your child had [DAY] that you were unable to report during our call [earlier/yesterday/(DAY)]. → GO TO Q4

IF DATA RETRIEVAL FOR ASA24 AND ADMINISTERING SECTIONS B-F: I would like to get the details about the foods and drinks [CHILDNAME] had [DAY] that you were unable to report during our call [yesterday/(DAY)], and then ask you about [CHILDNAME]'s physical activity and some general information about your household. → GO TO Q4.

IF ADMINISTERING SECTIONS B-F ONLY: I would like to ask about [CHILDNAME]'s physical activity and complete the interview about your household. → GO TO SECTION B.

Q1.   Do you agree to participate?

€   Yes
€   No → I'm sorry to hear that you do not wish to participate. The information you would have provided is very valuable to improving the program. Can you tell me the reason for choosing not to participate? ADDRESS ISSUES/CONCERNS → GO TO REFUSAL CONVERSION

IF CHILD GENDER MISSING, CONTINUE; ELSE GO TO INSTRUCTIONS FOR Q3.

Q2.   Is [CHILDNAME] a boy or girl?

€   Boy
€   Girl
€   REFUSED

IF CHILD DATE OF BIRTH MISSING, CONTINUE; ELSE GO TO Q4.

Q3.   What is [CHILDNAME]'s current age?

___ ___   years

€   DON'T KNOW
€   REFUSED

Q4.   I would like to start by asking about foods and drinks [CHILDNAME] had [yesterday/(DAY)]. [IF CHILD ATTENDS AR/OSHCC: You may wish to have [CHILDNAME] be present for the first part of the interview with you, so [she/he] can provide details about the foods and drinks [she/he] had [yesterday/(DAY)]. After getting this information, we can continue with the rest of the interview with you. [CHILDNAME] does not have to be on the phone for these questions.] Did you write down what [CHILDNAME] had to eat and drink [yesterday/(DAY)] when not in child care in your Child Food Diary?

€   Yes → GO TO Q4.1
€   No → IF CHILD ATTENDS AR/OSHCC: GO TO Q4.2; ELSE GO TO Q4.3

Q4.1.   And do you have your Child Food Diary with you? I will wait while you get it.

€ Yes → GO TO Q5

€ No → IF CHILD ATTENDS AR/OSHCC: GO TO Q4.2; ELSE GO TO Q4.3

Q4.2. Is [CHILDNAME] available now to assist with the interview?

€ Yes → GO TO Q5

€ No → GO TO Q4.3

Q4.3. Are you able to tell me about foods and drinks [CHILDNAME] had [yesterday/(DAY)] when not in child care?

€ Yes → GO TO Q5

€ No → Because you don't have the information about foods and drinks [CHILDNAME] had [yesterday/(DAY)] when not in child care [IF CHILD ATTENDS AR/OSHCC: and [CHILDNAME] is not available to help with the interview], we can reschedule that part of the interview for later. We can complete the other questions I have for you now. This should take about 15 minutes.

Q5. Do you have any questions about the interview before I begin?

€ Yes → ADDRESS QUESTIONS/CONCERNS ABOUT STUDY, THEN PROCEED.

€ No

IF PARENT ANSWERED 'NO' TO Q4.3, GO TO SECTION B.

SECTION A: ASA24

I would like to ask about what [CHILDNAME] had to eat and drink [yesterday/(DAY)] from midnight to midnight.

Since we observed the foods and beverages [CHILDNAME] had while at [Center/Provider/Afterschool Program], you do not need to report anything that [Center/Provider/Afterschool Program] provided. But, if [CHILDNAME] brought any foods or drinks from home to [Center/Provider/Afterschool Program], please be sure to tell me about them. Please include all foods eaten at home, [[IF CHILD ATTENDS AR/OSHCC: while at school – including foods brought from home to school, as well as any foods] shared by friends, purchased at the store, a fast food place, or restaurant.

To help you report the amounts of foods and beverages that [CHILDNAME] had [yesterday/on (DAY)]], I may ask you to look at the pictures in the Food Model Booklet, or you can use your own measuring cups and spoons. Do you have the Food Model Booklet ready to help with the interview?

€ Yes

€ No → Do you have your own measuring cups and spoons available to help with the interview?

€ Yes → I will wait a few minutes while you get them.

€ No → That is fine, we can still do the interview now.

Exhibit A: Meal-based Quick List Screenshot

Exhibit B. Detail Screenshot (Example question)

Add details to your Graham crackers
🕐 Snack Saturday, September 26th – 10:00am

Graham crackers: Were they plain, chocolate covered, cinnamon, or sandwich type?

Select an option ▼

Help   🔵 Back   🔵 Next

Exhibit C. Review Screenshot

Review

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starting Saturday, September 26th – 12:00am

Show food details »

BREAKFAST
Saturday 7:00am

Cheerios » *(show details)*

Banana » *(show details)*

SNACK
Saturday 10:00am

Graham crackers » *(show details)*

Apple juice » *(show details)*

LUNCH
Saturday 12:00pm

Peanut butter and jelly sandwich » *(show details)*

1% milk » *(show details)*

Apple » *(show details)*

DINNER
Saturday 5:29pm

Tuna noodle casserole » *(show details)*

Green peas » *(show details)*

1% milk » *(show details)*

Chocolate cake » *(show details)*

ending Saturday, September 26th – 11:59pm

Help   🔵 Make Changes   🔵 Next

Exhibit D. Forgotten Foods List Screenshot (Example question)

Frequently Forgotten Foods

Certain foods and drinks are frequently forgotten. In addition to the foods and drinks you already reported, did you have any:

❶ All fields are required

Water, including tap, faucet, bottled, water fountain?
○ Yes   ○ No

Coffee, tea, soft drinks, milk or juice?
○ Yes   ○ No

Beer, wine, cocktails or other drinks?
○ Yes   ○ No

Cookies, candy, ice cream or other sweets?
○ Yes   ○ No

Chips, crackers, popcorn, pretzels, nuts or other snack foods?
○ Yes   ○ No

Fruits, vegetables or cheeses?
○ Yes   ○ No

Breads, rolls or tortillas?
○ Yes   ○ No

Supplements (including antacids)?
○ Yes   ○ No

Anything else?
○ Yes   ○ No

Help   ● Next

Exhibit E. Usual Amount Screenshot

Amount of Reported Food

How usual was the amount you reported?

The amount of food and drinks I had from **Saturday, September 26th – 12:00am** to **Saturday, September 26th – 11:59pm** was:

○ Much more than usual
○ Usual
○ Much less than usual

Help   ● Next

INTERVIEWER: NEEDS DATA RETRIEVAL:

€ No
€ Yes

INTERVIEWER: RECORD WHO COMPLETED THE ASA24:

€ Parent only
€ Child and parent together
€ Child only

IF SECTIONS B-F COMPLETED FIRST (PARENT ANSWERED 'NO' TO Q4.3 AND
CONTINUED WITH INTERVIEW BEFORE RETURNING TO ASA24 IN SECTION A),
GO TO CONCLUSION.

SECTION B: FOODS AND BEVERAGES IN CHILD CARE

IF CHILD PRESENT FOR ASA24: Thank you, [CHILDNAME], for talking with me. Now I would like to talk with [CONSENTED PARENT NAME], and you don't have to be on the call anymore.

Now I am going to ask you some questions about [CHILDNAME]'s schedule and the meals and snacks [she/he] eats at [Center/Provider/Afterschool Program].

IF PARENT CANNOT CONTINUE (BREAKOFF): GO TO CONCLUSION

Q6.   Thinking about a typical week, does [CHILDNAME] go to [Center/Provider/Afterschool Program] on…

PROGRAMMER: DISPLAY Q6.1 OR DISPLAY Q6.2 AND Q6.3, BASED ON PROVIDER SAMPLE.

Goes to [Center/ Provider/After school Program] on:	Q6.1. If Q6=YES AND CHILD ATTENDS ECC/FDCH: At what time do you usually drop off and pick up [CHIL	Q6.2. IF Q6= YES AND CHILD ATTENDS AR/ OSHCC: Did [CHILDNAME] attend child care before school? And how many hours did [she/he]	Q6.3. IF Q6= YES AND CHILD ATTENDS AR/ OSHCC: Did [CHILDNAME] attend child care after school? And how many hours did [CHILDNAME

	DK	No	Yes	Drop-off time	Pick-up time	[DNAME] from [Center/Provider/]?	spend at [Center/Provider/Afterschool Program] before school?	] spend at [Center/Provider/Afterschool Program] after school?
							INTERVIEWER: MARK DAYS ATTENDED AND ENTER HOURS FOR THOSE DAYS.	
	DK	No	Yes	Drop-off time	Pick-up time	Before school care	# hours before school	After school care	# hours after school
Monday?						☐		☐	
Tuesday?						☐		☐	
Wednesday?						☐		☐	
Thursday?						☐		☐	
Friday?						☐		☐	
Saturday?						☐		☐	
Sunday?						☐		☐	

Q6.4   [IF CHILDNAME ATTENDS AR/OHSCC:] [Yesterday/On (DAY)], did your child attend [Center/Provider/Afterschool program] either before or after school?

€   Before school only
€   After school only

       €   Both before and after school
       €   DON'T KNOW
       €   REFUSED

Q7.   And do you usually send [CHILDNAME] to [Center/Provider/Afterschool Program] with a meal or snack from home, such as a brown bag lunch or snack?

INSTRUCTIONS: For children ≤3 years old only: This includes formula or breast milk.

     €   Yes → GO TO Q7.2
     €   No → GO TO Q7.1

Q7.1.   Is this because the program does not allow food from home?

       €   Yes → GO TO SECTION C
       €   No → GO TO SECTION C

Q7.2.   And on how many days each week do you usually send a meal or snack from home?

       €   DAYS PER WEEK [Range 1-7]: _____
       €   DON'T KNOW → GO TO Q8
       €   REFUSED → GO TO Q8

Q7.3.   What meals and snacks do you usually send from home? [CHECK ALL THAT APPLY]

INTERVIEWER: Mark all that apply.
       €   Breakfast
       €   Lunch
       €   Dinner
       €   Morning Snack
       €   Afternoon Snack
       €   Evening Snack

Q8.   Which of the following reasons describe why you send food from home?

Reason for sending food from home	CODE ONE PER ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Program or provider does not provide all meals or snacks?	☐	☐	☐	☐
b. Your child prefers to eat food brought from home?	☐	☐	☐	☐
c. Your child does not like the food served at child care?	☐	☐	☐	☐
d. Your child has food allergies or special dietary needs?	☐	☐	☐	☐
e. Your child does not get enough food at child care and needs food from home to supplement?	☐	☐	☐	☐
f. You believe food prepared at home is better for your child?	☐	☐	☐	☐
g. As a treat?	☐	☐	☐	☐
PROGRAMMER: DISPLAY ONLY IF CHILD IS ≤3 YEARS OLD				
h. Your child drinks breast milk?	☐	☐	☐	☐
PROGRAMMER: DISPLAY ONLY IF CHILD IS ≤3 YEARS OLD				
i. Your child prefers to drink a specific kind of formula?	☐	☐	☐	☐
PROGRAMMER: DISPLAY FOR ALL AGES:				
j. Is there any other reason? (SPECIFY) _____-	☐	☐	☐	☐

SECTION C: CHILD'S PHYSICAL ACTIVITY

Now I am going to ask you about [CHILDNAME]'s activities.

Q9. How active do you consider [CHILDNAME] to be?[2]

- € Very active
- € Active
- € Somewhat active
- € Not at all active
- € Don't know
- € Refused

Q10. During the past week, on how many weekdays did [CHILDNAME] watch TV or videos when [she/he] was not in child care or school?[3] Do not include weekend days—Saturday or Sunday.

ENTER NUMBER OF DAYS BETWEEN 0 and 5 |__| → IF 0 DAYS, GO TO Q12

- € DON'T KNOW
- € REFUSED

Q11. And on those days, about how much time did [CHILDNAME] usually spend watching TV or videos?[4] Please include only times when the primary activity was watching TV or videos.

- € Less than one hour per day
- € 1 hour per day
- € 2 hours per day
- € 3 hours per day
- € 4 hours per day
- € 5 hours or more per day
- € DON'T KNOW
- € REFUSED

Q12. Now I am going to ask you about the time [CHILDNAME] spends playing video or computer games, or using an electronic device for something that was not school work. For these questions, do not include time when [she/he] is at child care or school or weekend days—Saturday or Sunday—or using the computer for school work.

During the past week, on how many weekdays did [CHILDNAME] play video or computer games or use an electronic device such as IPad, computer, smart phone for something that was not school work?[5]

ENTER NUMBER OF DAYS BETWEEN 0 and 5 |__| → IF 0 DAYS, GO TO Q14

- € DON'T KNOW
- € REFUSED

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[2] Adamo KB, et al. Using path analysis to understand parent's perceptions of their children's weight, physical activity, and eating habits in the Champlain region of Ontario. Paediatrics & Child Health (2010);15(9):e33-e41. https://doi.org/10.1093/pch/15.9.e33

[3] Question stem revised from Physical Activity Assessment Tool https://www.aafp.org/afp/2008/0415/afp20080415p1129-f1.pdf

[4] Question stem revised from Physical Activity Assessment Tool https://www.aafp.org/afp/2008/0415/afp20080415p1129-f1.pdf and response categories from NHANES, NNYFS PAQ.710

[5] Question wording from ISCOLE Diet and Lifestyle Questionnaire, Q2.

Q13. And on those days, how much time did [CHILDNAME] usually spend playing video or computer games or using an electronic device for something that was not school work?[6] Please include only times when the primary activity was playing video or computer games or using an electronic device for something that was not school work.

- € Less than one hour per day
- € 1 hour per day
- € 2 hours per day
- € 3 hours per day
- € 4 hours per day
- € 5 hours or more per day
- € DON'T KNOW
- € REFUSED

The next few questions are about sitting time, excluding time spent watching TV or on the computer.

Q14. During the past week on weekdays, about how much time did [CHILDNAME] spend sitting in a vehicle to get to and from places, including school and child care? Do include weekend days— Saturday or Sunday.[7]

ENTER NUMBER (OF MINUTES OR HOURS) |__||__||__|.|__|

- € Minutes
- € Hours

- € DON'T KNOW
- € REFUSED

Q15. During the past week, on weekdays, about how much time did [CHILDNAME] usually spend sitting, doing things such as homework, reading, or playing cards or board games? Please do not include time spent on the computer. Do not include weekend days – Saturday or Sunday.[8]

- € 0 hours per day
- € Less than one hour per day
- € 1 hour per day
- € 2 hours per day
- € 3 hours per day
- € 4 hours per day
- € 5 hours or more per day
- € DON'T KNOW
- € REFUSED

The next few questions are about activities that increase heart rate and make the child breathe hard. Some examples of these activities include biking; brisk walking; swimming;

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[6] Question stem revised from Physical Activity Assessment Tool https://www.aafp.org/afp/2008/0415/afp20080415p1129-f1.pdf and response categories from NHANES, NNYFS PAQ.731

[7] Time spent sitting and getting to and from places modeled after NHANES PAQ.680: https://wwwn.cdc.gov/nchs/data/nhanes/2019-2020/questionnaires/PAQ_K.pdf

[8] Time spent sitting doing homework, reading, playing cards or board games modeled after: NHANES PAQ.680: https://wwwn.cdc.gov/nchs/data/nhanes/2019-2020/questionnaires/PAQ_K.pdf and response categories modeled after NHANES NYFS, PAQ.710: https://www.cdc.gov/nchs/data/nnyfs/PAQ.pdf

dancing; competitive sports; or playing active video games such as Nintendo, Xbox, PlayStation, Wii, Oculus or other virtual reality systems.[9]

Q16.   During the past week when [CHILDNAME] was not at child care or school, on how many weekdays did [she/he] do activities that increased [his/her] heart rate and made [him/her] breathe hard? Do include weekend days—Saturday or Sunday.[10]

ENTER NUMBER OF DAYS BETWEEN 0 and 5 |__| → IF 0 DAYS, GO TO Q18

€   DON'T KNOW
€   REFUSED

Q17.   And on those days, about how much time did [CHILDNAME] usually spend doing these activities?[11]

€   Less than one hour per day
€   1 hour per day
€   2 hours per day
€   3 hours per day
€   4 hours per day
€   5 or more hours per day
€   DON'T KNOW
€   REFUSED

Q18.   During the past week when [CHILDNAME] was not at child care or school, on how many weekdays did [she/he] play outdoors? Do not include weekend days—Saturday or Sunday.

ENTER NUMBER OF DAYS BETWEEN 0 and 5 |__|→ IF 0 DAYS, GO TO Q20

€   DON'T KNOW
€   REFUSED

Q19.   And on those days, about how much time did [CHILDNAME] usually spend playing outdoors?[12]

€   Less than one hour per day
€   1 hour per day
€   2 hours per day
€   3 hours per day
€   4 hours per day
€   5 hours per day
€   DON'T KNOW
€   REFUSED

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[9]   Introduction modeled after: NHANES PAQ.655:
      https://wwwn.cdc.gov/nchs/data/nhanes/2019-2020/questionnaires/PAQ_K.pdf
[10] Question stem modeled after: Physical Activity Assessment Tool:
      https://www.aafp.org/afp/2008/0415/afp20080415p1129-f1.pdf
[11] Time spent doing these activities modeled after: Physical Activity Assessment Tool:
      https://www.aafp.org/afp/2008/0415/afp20080415p1129-f1.pdf and response models modeled after NHANES
      NYFS, PAQ.710: https://www.cdc.gov/nchs/data/nnyfs/PAQ.pdf
[12] Response options for time spent modeled after NHANES NYFS, PAQ.710:
      https://www.cdc.gov/nchs/data/nnyfs/PAQ.pdf

SECTION D: HOUSEHOLD MEMBERS

Q20.   Including yourself and [CHILDNAME], how many people live in your household? Don't forget to include non-relatives who live here and, of course, babies, small children and foster children. Also include persons who usually live here but are temporarily away for reasons such as: vacation, traveling for work, or in the hospital. Do not include children living away at school.

NUMBER OF PEOPLE [RANGE 2-20]: _____

€   DON'T KNOW
€   REFUSED

Q21.   Of the number of people in your household, how many are children currently 5 to 18 years of age?

NUMBER OF CHILDREN AGED 5 to 18: _____

Q22.   Of the number of people in your household, how many are children currently less than 5 years old?

NUMBER OF CHILDREN LESS THAN 5 YEARS OLD: _____

DISPLAY Q23 IF (1) THE SUM OF Q21 + Q22>1 OR (2) THE SUM OF Q21 + Q22 = 1 AND AGE OF [CHILDNAME] IS MISSING.

Q23.   What is the age of the [IF Q21 + Q22>1: oldest] child in your household? |__|__| YEARS

Q24.   Do you consider [CHILDNAME] to be Hispanic or [Latino/Latina]? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

€   Hispanic or [Latino/Latina]
€   Not Hispanic or [Latino/Latina]
€   REFUSED

Q25.   What race do you consider [CHILDNAME] to be? Please choose one or more of the following.

€   American Indian or Alaska Native
€   Asian
€   Black or African American
€   Native Hawaiian or Other Pacific Islander
€   White
€   REFUSED

SECTION E: FOOD SECURITY

These next questions are about the food eaten in your household in the last month and whether you were able to afford the food you need.

Q26.   Which of these statements best describes the food eaten in your household in the last month: —enough of the kinds of food [I/we] want to eat; —enough, but not always the kinds of food [I/we] want; —sometimes not enough to eat; or, —often not enough to eat?

€   Enough of the kinds of food we want to eat
€   Enough but not always the kinds of food we want
€   Sometimes not enough to eat
€   Often not enough to eat
€   DON'T KNOW
€   REFUSED

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for [you/your household] in the last month.

Q27.   The first statement is "[I/We] worried whether [my/our] food would run out before [I/we] got money to buy more." Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for [you/your household] in the last month?

€   Often true
€   Sometimes true
€   Never true
€   DON'T KNOW
€   REFUSED

Q28.   "The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for [you/your household] in the last month?

€   Often true
€   Sometimes true
€   Never true
€   DON'T KNOW
€   REFUSED

Q29.   "[I/we] couldn't afford to eat balanced meals." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for [you/your household] in the last month?

    €   Often true
    €   Sometimes true
    €   Never true
    €   DON'T KNOW
    €   REFUSED

IF "OFTEN TRUE" OR "SOMETIMES TRUE" TO ONE OR MORE OF Q27-Q29 OR, RESPONSE "SOMETIMES…" OR "OFTEN…" TO QUESTION Q26, CONTINUE TO Error: Reference source not found30; OTHERWISE, GO TO INTRODUCTION TO Q35.

Q30.   In the last month, did [you/you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

    €   Yes → GO TO Q30.1
    €   No → GO TO Q31
    €   DON'T KNOW → GO TO Q31
    €   REFUSED → GO TO Q31

    Q30.1. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

        |__|__| Days

        €   DON'T KNOW

Q31.   In the last month, did you ever eat less than you felt you should because there wasn't enough money for food?

    €   Yes
    €   No
    €   DON'T KNOW
    €   REFUSED

Q32.   In the last month, were you ever hungry but didn't eat because there wasn't enough money for food?

    €   Yes
    €   No
    €   DON'T KNOW
    €   REFUSED

Q33.   In the last month, did you lose weight because there wasn't enough money for food?

   €   Yes
   €   No
   €   DON'T KNOW
   €   REFUSED

   IF AFFIRMATIVE RESPONSE TO ONE OR MORE OF QUESTIONS Q30-Q33, THEN
          CONTINUE TO Error: Reference source not found34*;* OTHERWISE, GO TO
          INTRODUCTION TO Error: Reference source not found35*.*

Q34.   In the last month, did [you/you or other adults in your household] ever not eat for a whole day
       because there wasn't enough money for food?

   €   Yes → GO TO Q34.1
   €   No → GO TO INTRODUCTION TO Q35
   €   DON'T KNOW → GO TO INTRODUCTION TO Q35
   €   REFUSED → GO TO INTRODUCTION TO Q35

       Q34.1. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

              |__|__| Days

              €   DON'T KNOW

       INTRODUCTION TO Q35: Now I'm going to read you several statements that people have made
              about the food situation of their children. For these statements, please tell me whether
              the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the last month for [your
              child/children living in the household who are under 18 years old].

Q35.   "[I/we] relied on only a few kinds of low-cost food to feed [my/our] child/the children] because [I
       was/we were] running out of money to buy food." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for
       [you/your household] in the last month?

   €   Often true
   €   Sometimes true
   €   Never true
   €   DON'T KNOW
   €   REFUSED

Q36.   "[I/We] couldn't feed [my/our] child/the children] a balanced meal, because [I/we] couldn't afford
       that." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for [you/your household] in the last month?

   €   Often true
   €   Sometimes true
   €   Never true
   €   DON'T KNOW
   €   REFUSED

Q37.   "[My/Our child was/The children were] not eating enough because [I/we] just couldn't afford enough food." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for [you/your household] in the last month?

€   Often true
€   Sometimes true
€   Never true
€   DON'T KNOW
€   REFUSED

IF AFFIRMATIVE RESPONSE (I.E., "OFTEN TRUE" OR "SOMETIMES TRUE") TO ONE OR MORE OF QUESTIONS Q35-Q37, THEN CONTINUE TO Error: Reference source not found38; OTHERWISE GO TO SECTION F.

Q38.   In the last month, did you ever cut the size of [your child's/any of the children's] meals because there wasn't enough money for food?

€   Yes
€   No
€   DON'T KNOW
€   REFUSED

Q39.   In the last month, did [CHILD'S NAME/any of the children] ever skip meals because there wasn't enough money for food?

€   Yes → GO TO Q39.1
€   No → GO TO Q40
€   DON'T KNOW → GO TO Q40
€   REFUSED → GO TO Q40

Q39.1.   [IF YES ABOVE ASK] In the last 30 days, how many days did this happen?

|__|__| Days

€   DON'T KNOW

Q40.   In the last month, [was your child/were the children] ever hungry but you just couldn't afford more food?

€   Yes
€   No
€   DON'T KNOW
€   REFUSED

Q41.   In the last month, did [your child/any of the children] ever not eat for a whole day because there wasn't enough money for food?

€   Yes
€   No
€   DON'T KNOW
€   REFUSED

SECTION F: CHILD DEMOGRAPHICS & HOUSEHOLD PROGRAM PARTICIPATION

The final set of questions are about you and your household.

I'm going to read the names of some programs that provide food or meals to individuals or households.

Q42.   Please tell me if you or anyone in your household has received benefits from these programs in the last 30 days.

€   SNAP [OR INSERT STATE SNAP PROGRAM NAME],[13] also known as food stamps
€   WIC program, or the Special Supplemental Nutrition Program for Women, Infants and Children
€   [For households receiving WIC] [IF WIC=1: DISPLAY] Infant formula from WIC
€   [[IF CHILD ATTENDS AR/OSHCC: DISPLAY] Free meals at school
€   [IF 'Free meals at school'=1: SKIP; IF CHILD ATTENDS AR/OSHCC: DISPLAY] Reduced-price meals at school
€   Food pantries, food banks, local soup kitchens, or emergency kitchens
€   [IF PROGRAM IS ON AN INDIAN RESERVATION OR CHILD CARE SITE IS IN OKLAHOMA: DISPLAY] Food Distribution Program on Indian Reservations, also called FDPIR
€   None of the above
€   DON'T KNOW
€   REFUSED

Q43.   Does anyone in your household participate in Medicaid?

€   Yes
€   No
€   DON'T KNOW
€   REFUSED

Q44.   Does anyone in your household receive income from the [INSERT STATE TANF NAME]? [IF NECESSARY: Temporary Assistance for Needy Families, or TANF, is a program that provides cash assistance and supportive services to assist families with children under age 18.]

€   Yes
€   No
€   DON'T KNOW
€   REFUSED

Q45.   Is any child in the household currently covered by the [INSERT STATE CHIP NAME] or the Children's Health Insurance Program?[14] [IF NECESSARY: Children's Health Insurance Program is free or low-cost health coverage for eligible children and other family members.]

€   Yes
€   No

---

[13] We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

[14] We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

€ DON'T KNOW
€ REFUSED

Q46.   We would like your best estimate of your total annual household income before taxes in the year 2022. Please include all forms of income, including wages, salaries, interest, dividends, and other forms of income such as Social Security, SSI, or TANF for all household members.

INTERVIEWER: IF NON-SPECIFIC AMOUNT GIVEN, PROBE FOR SPECIFIC AMOUNT. AFTER PROBING, IF NON SPECIFIC AMOUNT STILL GIVEN, MARK 'NON-SPECIFIC AMOUNT.'

$ |___|___|___| , |___|___|___| RECORD AMOUNT → GO TO CONCLUSION

   (0 – 999,999)

      € NON-SPECIFIC AMOUNT → GO TO Q47
      € DON'T KNOW → GO TO Q47
      € REFUSED → GO TO Q47

Q47.   Is your total household income less than or more than $50,000?

      € Less than $50,000   → GO TO Q48
      € $50,000 or more → GO TO Q49
      € DON'T KNOW→ GO TO CONCLUSION
      € REFUSED→ GO TO CONCLUSION

Q48.   Now I am going to read you some income categories. Please tell me when I read the range that best represents your household's income.

      € LESS THAN $5,000
      € $5,000 TO LESS THAN $10,000
      € $10,000 TO LESS THAN $15,000
      € $15,000 TO LESS THAN $20,000
      € $20,000 TO LESS THAN $25,000
      € $25,000 TO LESS THAN $30,000
      € $30,000 TO LESS THAN $40,000
      € $40,000 TO LESS THAN $50,000
      € DON'T KNOW
      € REFUSED

      GO TO CONCLUSION

Q49.   Now I am going to read you some income categories. Please tell me when I read the range that best represents your household's income.

      € $50,000 TO LESS THAN $60,000
      € $60,000 TO LESS THAN $70,000
      € $70,000 TO LESS THAN $80,000
      € $80,000 TO LESS THAN $90,000
      € $90,000 TO LESS THAN $100,000
      € $100,000 OR MORE
      € DON'T KNOW
      € REFUSED

CONCLUSION

I would like to check, is [CHILDNAME] available now to assist with the interview?

€   YES, available → GO TO SECTION A (administer ASA24 interview)
€   NOT AVAILABLE → GO TO C1

[NOTE TO REVIEWERS: For the 1st ICD, having sections B-F incomplete does not trigger another call – the conclusions depend on the ASA24. Sections B-F will be administered at every follow-up interview, as needed.]

IF NO USUAL INTAKE:

IF SECTION A (ASA24) COMPLETE: You have just given us valuable information for this study. We will mail you a $20 gift card for this interview. We would also like to schedule one more call to ask you about what [CHILDNAME] ate and drank on a day when [she/he] did not attend child care. [IF SECTIONS B-F NOT COMPLETE:] We can also complete the rest of today's interview at that time.] The interview will take no more than 30 minutes and you will receive a $30 gift card after you complete the interview. → GO TO C6

IF SECTION A (ASA24) NOT COMPLETE: You have just given us valuable information for this study. I would like to schedule two more calls with you. In the first call, we can finish talking about the foods and drinks your child had yesterday and then we can mail you the $20 gift card. In the second call, I will ask you about what your child had to eat and drink on a day [she/he] did not go to child care and we will mail you a $30 gift card after completing this call. → GO TO C1

IF USUAL INTAKE: You have just given us valuable information for this study. Since food intake changes from day to day, I would like to schedule two more calls with you. The first call will be to ask about the foods and drinks [CHILDNAME] has on [DATE] when he/she will be in child care. In the second call, I will ask you about what your child had to eat and drink on a day [she/he] did not go to child care. We will mail you a $30 gift card after completing each interview. → GO TO C2

C1.   May I call you later today or tomorrow? [IF CHILD ATTENDS AR/OSHCC: You may wish to have [CHILDNAME] participate in the interview with you, if [she/he] can provide details about what [she/he] had to eat and drink [yesterday/(DAY)]. [IF SECTIONS B-F NOT COMPLETE: We can also complete the rest of today's interview at that time.].

€   YES
    €   CALL BACK TODAY → GO TO C5
    €   CALL BACK TOMORROW (AUTO FILL DATE) → GO TO C5
€   NO (PARENT NOT AVAILABLE FOR CALL BACK LATER TODAY OR TOMORROW) → IF ASA24 NOT INITIATED → GO TO SCHEDULE OUT OF CARE INTERVIEW; OTHERWISE: This interview will take no more than 10 minutes. When is the earliest we can call you to complete this interview?
    €   DATE [WITHIN 3 DAYS OF INTERVIEW]: _____ → GO TO C5

€   IF DATE 3 DAYS AFTER INTERVIEW: In that case, I just need to schedule one
        more interview with you. GO TO SCHEDULE OUT OF CARE INTERVIEW

C2.   Will [CHILDNAME] attend child care on [SECOND MEAL OBSERVATION DAY]?

€   YES → GO TO C3
€   NO → IF ASA24 COMPLETE, GO TO SCHEDULE OUT OF CARE INTERVIEW; IF ASA24
        NOT COMPLETE, GO TO C4
€   NOT SURE → GO TO SCHEDULE OUT OF CARE DAY INTERVIEW.
€   REFUSED → I'm sorry to hear that you no longer wish to participate. The information you
        would have provided is very valuable to improving the program. Can you tell me the
        reason for choosing not to participate? ADDRESS ISSUES/CONCERNS → GO TO
        REFUSAL CONVERSION

C3.   May we call you on [DAY AFTER SECOND MEAL OBSERVATION DAY] to ask what
      [CHILDNAME] had to eat and drink on [DAY]? The interview will take no more than 30 minutes.
      [IF ASA24 NOT COMPLETE AND USUAL INTAKE: During this time, you can tell us the details
      about foods and drinks you were not able to provide for [yesterday/(DAY)]. [IF SECTIONS B-F
      NOT COMPLETE: and also complete the rest of today's interview].

€   YES → GO TO C5
€   NO → In that case, may we call on [DATE] (2 DAYS AFTER OBSERVATION DAY)?
        €   YES → GO TO C5
        €   NO → IF ASA24 COMPLETE: In that case, I just need to schedule one more
                interview with you, GO TO SCHEDULE OUT OF CARE INTERVIEW; IF
                ASA24 NOT COMPLETE, GO TO C4

C4.   I would still like to get the details about yesterday's foods and drinks. May I call you later today [or
      tomorrow IF THE CALL IS CLOSE TO END OF DAY] to get this information? [IF SECTIONS B-F
      NOT COMPLETE: We can also complete the rest of today's interview at that time.]

€   YES
        €   CALL BACK TODAY → GO TO C5
        €   CALL BACK TOMORROW (AUTOFILL DATE) → GO TO C5
€   NO (PARENT NOT AVAILABLE FOR CALL BACK LATER TODAY OR TOMORROW) →
        This interview will take no more than 10 minutes. When is the earliest we can call you
        to complete this interview?
        €   DATE [WITHIN 3 DAYS OF INTERVIEW]: _____ → GO TO C5
        €   IF DATE 3 DAYS AFTER INTERVIEW: In that case, I just need to schedule one
                more interview with you. → GO TO SCHEDULE OUT OF CARE INTERVIEW

C5.   What time would you like us to call?

Time: _____ □ AM □ PM

SCHEDULE OUT OF CARE INTERVIEW

I would like to schedule one more call to ask you about what [CHILDNAME] ate and drank on a day when [she/he] did not attend child care. The interview will take no more than 30 minutes and you will receive a $30 gift card after you complete the interview.

C6.   Thinking about the next two weeks, when will your child not attend child care?

€ Day: _____ Date: _____
€ Day: _____ Date: _____
€ Day: _____ Date: _____
€ Day: _____ Date: _____
€ Day: _____ Date: _____
€ Day: _____ Date: _____
€ Day: _____ Date: _____

C7.   Based on what you just told me, we would like to call you on: [ONE DAY AFTER FIRST AVAILABLE DAY AND DATE]

Does this work for you?

€ YES → GO TO C8
€ NO → GO TO ONE DAY AFTER NEXT AVAILABLE DAY AND IDENTIFY THE DAY THAT WORKS BEST.
    Interview scheduled for: Date: ___ / ___ / _____ → GO TO C8

€ REFUSED → I'm sorry to hear that you no longer wish to participate. The information you would have provided is very valuable to improving the program. Can you tell me the reason for choosing not to participate? → GO TO REFUSAL CONVERSION

C8.   What time should we call you?

Time: _____ □ AM □ PM

C9.   And is this [###-###-####] still the best number to reach you?

€ YES → GO TO C10
€ NO → What number should I call you at?
    Telephone number: ___-___-____ → GO TO C10

C10.   May we also send you a text message reminder at this telephone number?

€ YES → GO TO CHILD FOOD DIARY REMINDER
€ NO → Do you have a number we can use for a text message reminder?
    € YES → Telephone number: ___-___-____. → GO TO CHILD FOOD DIARY REMINDER
    € NO → May we send you an email reminder at [EMAIL ADDRESS, IF EMAIL ADDRESS PROVIDED IN CONSENT]?
        € YES → GO TO CHILD FOOD DIARY REMINDER
        € NO → It looks like we are not able to send you a reminder. Please note that a member of the study team will be calling you on [DATE/TIME] → GO TO CHILD FOOD DIARY REMINDER

CHILD FOOD DIARY REMINDER

IF DATA RETRIEVAL ONLY: Please remember to use your Child Food Diary to record the details you were not able to provide about the foods and drinks your child had on [DATE]. We look forward to talking with you soon. → GO TO THANK YOU

IF DATA RETRIEVAL AND SECOND ICD SCHEDULED: Please remember to use your Child Food Diary to record the details about the foods and drinks your child had on [DATE] and also the foods and drinks your child has from midnight to midnight [tomorrow/(DAY)]. → GO TO CHILD FOOD DIARY INSTRUCTIONS

IF NO DATA RETRIEVAL AND SECOND ICD SCHEDULED OR OCD SCHEDULED: Please use your Child Food Diary to record the details about all foods and drinks your child has from midnight to midnight [tomorrow/(DAY)]. → GO TO CHILD FOOD DIARY INSTRUCTIONS

CHILD FOOD DIARY INSTRUCTIONS

As a reminder, you do not need to include any foods or drinks provided by [Center/Provider/Afterschool Program]. But, if [CHILDNAME] brought any foods or drinks from home to [Center/Provider/Afterschool Program], please be sure to write them down.]

Please write down all foods eaten at home, [IF CHILD ATTENDS AR/OSHCC: while at school – including foods brought from home to school, as well as foods] shared by friends, purchased at the store, fast food place, or restaurant.

If needed, talk with others who may have served foods and drinks to your child when your child was not in child care. [IF CHILD ATTENDS AR/OSHCC: You may wish to have [CHILDNAME] participate in the interview with you, if [she/he] can provide details about what [she/he] had to eat and drink [yesterday/(DAY)].

IF RESPONSE TO PARENT INTERVIEW Q4 AND Q4.1 = NO → GO TO C11; OTHERWISE GO TO THANK YOU.

C11.   Do you still have the Child Food Diary we sent to you?

€   YES → GO TO THANK YOU
€   NO → Would you like me to send you the diary by email at [EMAIL ADDRESS]?
    €   YES → GO TO THANK YOU
    €   NO
        €   Send to a different email address: _____ → GO TO THANK YOU
        €   Not needed. To use your own paper, please be sure to record the time of day and/or the meal or snack at which your child had the food or drink, the name of the food or drink, and the amount your child had. → GO TO THANK YOU

Thank you very much for your participation in this interview.

IF DR REQUIRED AND INTERVIEW SCHEDULED: We look forward to talking with you soon. →
GO TO C12

**IF DR REQUIRED AND INTERVIEW NOT SCHEDULED/PARENT REFUSED OR IF ASA24
COMPLETE**: → GO TO C12

C12.   I would like to confirm your name and mailing address so we can send you the $20 gift card. I
have your name as [FIRST AND LAST NAME]. Is this correct?

€   YES
€   NO → What is your name?

PROBE: Can you spell that for me?

FIRST NAME

LAST NAME

C13.   The address I have is [ADDRESS]. Is this correct?

€   YES
€   NO → What is your current address?

PROBE: Is there an apartment number?

PROBE: This is where we will mail your gift card.

STREET 1: _____

STREET 2: _____

APT. #: _____

CITY: _____

STATE: _____ (SELECT FROM DROP DOWN)

ZIP: _____

REFUSAL CONVERSION

I'm sorry to hear that you do not wish to participate. The information you would have provided is very valuable to improving the program. Can you tell me the reason for choosing not to participate?

IF: I don't do surveys/don't want my child to participate in a study.

ANSWER: I understand, but this study will help the U.S. Department of Agriculture understand the food and activities provided in child care settings. The results will help improve the program.

IF: I don't know if you are who you say you are.

ANSWER: I can give you our 800 number to call and confirm the authenticity of the study.

IF: I don't know how the results will be used.

ANSWER: The U.S. Department of Agriculture needs to periodically assess programs funded by the government. This study will help them understand the food and activities provided in child care settings, and this information may help improve child care programs.

IF: I don't want the government to know about me/my child.

ANSWER: Researchers and program staff must follow all federal and state laws to protect your privacy. Study reports will combine your answers with those from others to summarize what we found. We will never report names or addresses. This way, no one can identify you, your child, or your child care provider.

IF: It's a bad time.
　　ANSWER: We can schedule a callback for a time that would be good for you.
　　Date _____ Time _____

IF STILL HESITANT: [SAMPLED SITE NAME] is one of about 1,300 child care providers across the country that are helping USDA understand the food and activities provided in child care settings. We want to be sure that the study includes people like yourself, to ensure that the study findings are fair and accurate. We really want to include your household in the study. If now is a bad time, we can schedule the interview during the day or in the evening, any time that is better for you.

IF RESPONDENT AGREES TO PARTICIPATE, RESUME INTERVIEW

IF STILL REFUSES, THANK AND COMPLETE

Authority: This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

Purpose: The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

Routine Use: The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

Disclosure: Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf (p. 19078).