

H11. Parent Interview for ASA24 Only

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Expiration Date: XX/XX/20XX

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

Parent Interview for ASA24 Only (Out-of-Care Day or Usual Intake Subsample)

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 0.5 hours (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. 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 Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

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. We had scheduled an interview appointment with you for [date, time]. Please call our toll-free number, [insert #], today to reschedule the interview appointment with [you/you and CHILDNAME]. The interview will take no more than 30 minutes. After [you/you and CHILDNAME] complete the interview, we will send you a \$30 gift card. We look forward to speaking with you today.

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 ABOUT STUDY, IF NEEDED. CODE AS REFUSAL¹

CONSENT: Thank you for agreeing to continue in the second Study of Nutrition and Activity in Child Care Settings.

IF DATA RETRIEVAL INTERVIEW ONLY: I would like to get the details about the foods and drinks [CHILDNAME] had [DAY] that you were unable to report during our earlier call [IF SECTIONS B-F INCOMPLETE: and then ask you about [CHILDNAME]'s physical activity and some general information about your household]. → GO TO Q1

IF DATA RETRIEVAL AND 2ND ICD INTERVIEW: I would like to get the details about the foods and drinks [CHILDNAME] had [DAY] that you were unable to report during our earlier call, and then ask you about what [CHILDNAME] had to eat and drink yesterday. [IF SECTIONS B-F INCOMPLETE: I will also ask you about [CHILDNAME]'s physical activity and some general information about your household]. You will receive a \$20 gift card to thank you for completing the interview from [yesterday/(DAY)] and another \$30 gift card for completing today's interview. → GO TO Q1

IF 2ND ICD INTERVIEW: I understand that your child went to [Center/Provider/Afterschool Program] [yesterday/(DAY)]. I would like to ask you some questions about what [CHILDNAME] had to eat and drink [yesterday/(DAY)]. [IF SECTIONS B-F INCOMPLETE: I will also ask you about [CHILDNAME]'s physical activity and some general information about your household]. You will receive a \$30 gift card to thank you for your participation. → GO TO Q1

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

IF OCD INTERVIEW: I would like to ask you some questions about what [CHILDNAME] had to eat and drink [yesterday/(DAY)] [IF SECTIONS B-F INCOMPLETE: and about [CHILDNAME]'s physical activity and some general information about your household]. You will receive a \$30 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 identify you or 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 ICD NOT COMPLETE (AND NO LONGER POSSIBLE), SCHEDULE OCD: We tried to contact you [last week/a few weeks ago] for the second Study of Nutrition and Activity in Child Care Settings. We are interested in completing the parent interview with you and to gather information in what [CHILDNAME] ate on a day when [CHILDNAME] did not attend childcare at [Center/Provider/ Afterschool program].The interview will take no more than 30 minutes and we will pay you \$30 after the interview. GO TO →CONCLUSION QUESTION C4.

Q1. I would like to start by asking about foods and drinks [CHILDNAME] had ...

IF DR INTERVIEW ONLY OR IF 2ND ICD OR OCD INTERVIEW ONLY: [yesterday/(DAY)].

IF DR AND 2ND ICD INTERVIEW: on [DAY] and then ask about foods and drinks (she/he) had [yesterday/(DAY)].

[IF CHILD ATTENDS AR/OSHCC: You may wish to have [CHILD NAME] participate in the first part of the interview with you, if [she/he] can provide details about what [she/he] had to eat and drink [yesterday/(DAY)]. Do you have the details about what [CHILDNAME] had to eat and drink [yesterday/(DAY)] on your Child Food Diary?

€ Yes → GO TO Q1.1

€ No → IF CHILD ATTENDS AR/OSHCC: GO TO Q1.2; ELSE GO TO Q1.3

Q1.1. And do you have your Child Food Diary with you? I will wait while you get it.

€ Yes → GO TO Q2

€ No → IF CHILD ATTENDS AR/OSHCC: GO TO Q1.2; ELSE GO TO Q1.3

Q1.2. Is [CHILDNAME] available now to assist with the interview?

€ Yes → GO TO Q2

€ No → GO TO Q1.3

Q1.3. Are you able to tell me about foods and drinks [CHILDNAME] had [yesterday/(DAY)]?

€ Yes → GO TO Q2

€ No → Because you don't have the information about foods and drinks [CHILDNAME] had [IF DR AND 2ND ICD INTERVIEW: on (DAY) and] [yesterday/(DAY)] [IF CHILD ATTENDS AR/OSHCC: and [CHILDNAME] is not available to help with the interview], we can reschedule the interview for later. GO TO CONCLUSION

Q2. Do you have any questions about the interview before I begin?

- € Yes → ADDRESS QUESTIONS/CONCERNS ABOUT STUDY, THEN PROCEED.
- € No

SECTION A: ASA24

IF DR INTERVIEW: I would like to [collect/start by collecting] the details about the foods and drinks [CHILDNAME] had on [DAY] that you could not report during our earlier call.

PROGRAMMER: LAUNCH ASA24 FOR DR INTERVIEW; THEN IF 2ND ICD OR OCD INTERVIEW BEING COLLECTED, CONTINUE; ELSE GO TO CONCLUSION.

IF NOT DR INTERVIEW: I would like to ask about what [CHILDNAME] had to eat and drink [yesterday/(DAY)]. Please use the information you recorded on the Child Food Diary to remind you of the foods and drinks [CHILDNAME] had [yesterday/(DAY)].

[IF 2ND ICD INTERVIEW: 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 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/(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.

LAUNCH ASA24

Exhibit A: Meal-based Quick List Screenshot

ASA24[®] Show Tips A A Finish Later

[Report Meals and Snacks](#) [Find Food and Drinks](#) [Add Details](#) [Review](#)

My Foods & Drinks

starting Saturday, September 26th - 12:00am

BREAKFAST + Add ✎ 🗑
Saturday 7:00am

Cheerios Tools
Banana Tools

SNACK + Add ✎ 🗑
Saturday 10:00am

Graham crackers Tools
Apple juice Tools

LUNCH + Add ✎ 🗑
Saturday 12:00pm

Peanut butter and jelly sandwich Tools
1% milk Tools
Apple Tools

DINNER + Add ✎ 🗑
Saturday 5:29pm

Tuna noodle casserole Tools
Green peas Tools
1% milk Tools
Chocolate cake Tools

ending Saturday, September 26th - 11:59pm

[Help](#) + Report a Meal ➡ Next

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

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:

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

PROGRAMMER: IF SECTIONS B-F FROM 1ST ICD PARENT INTERVIEW ARE NOT COMPLETE, LAUNCH SECTIONS B-F.

GO TO CONCLUSION

CONCLUSION

BOX 1

IF ASA24 NOT COMPLETE → GO TO C1

IF ASA24 COMPLETE, AND ADDITIONAL INTERVIEWS SCHEDULED → GO TO C3 (UPCOMING INTERVIEWS)

IF ASA24 COMPLETE, NO ADDITIONAL INTERVIEWS SCHEDULED, AND 2ND OUT OF CARE USUAL INTAKE NEEDED → GO TO C4 (SCHEDULE 2ND OUT OF CARE INTERVIEW)

IF ASA24 COMPLETE, NO ADDITIONAL INTERVIEWS SCHEDULED OR NEEDED → GO TO THANK YOU

DATA RETRIEVAL

C1. [IF ASA24 WAS STARTED BUT NOT COMPLETE: You have just given us valuable information for this study.] Since you were not able to provide the details about the foods and drinks [CHILDNAME] had [yesterday/(day)], please get this information and I can call you back. [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.]. Should I call you later today or tomorrow?

€ YES

€

CALL BACK TODAY → GO TO C2

CALL BACK TOMORROW (AUTO FILL DATE) → GO TO C2

€ 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 C2

€ IF DATE 3 DAYS AFTER INTERVIEW → GO TO BOX 2

C2. What time would you like us to call?

Time: _____ AM PM

Great, thank you. We will call you then. Before I let you go...

BOX 2

IF ADDITIONAL INTERVIEWS SCHEDULED → GO TO C3 (UPCOMING INTERVIEWS)

IF NO ADDITIONAL INTERVIEWS SCHEDULED, AND 2nd OUT OF CARE USUAL INTAKE NEEDED → GO TO C4 (SCHEDULE 2ND OUT OF CARE INTERVIEW)

IF NO ADDITIONAL INTERVIEWS SCHEDULED OR NEEDED → GO TO THANK YOU

UPCOMING INTERVIEWS:

C3. It looks like you are scheduled to talk with us on [DATE] about what [CHILDNAME] ate and drank on [DATE]. This interview will take no more than 30 minutes and you will receive [IF FIRST ICD INTERVIEW: \$20; IF 2ND ICD OR OCD INTERVIEW: \$30] after you complete the interview. Is this still a good day and time to call you?

€ YES

€ NO → When is a good day and time to call you?

€ RESCHEDULE DATE

DATE:

€ RESCHEDULE TIME

TIME: _____ AM PM

€ 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

IF 2nd OUT OF CARE USUAL INTAKE NEEDED → GO TO SCHEDULE 2ND OUT OF CARE INTERVIEW

IF NO ADDITIONAL INTERVIEWS SCHEDULED OR NEEDED → GO TO C7

SCHEDULE 2nd OUT OF CARE INTERVIEW

I see here that you have also been selected for an additional interview about what [CHILDNAME] ate and drank on a day when she/he did not attend child care. This will take no more than 30 minutes and you will receive \$30 after you complete the interview.

C4. 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: _____

C5. 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 C6

€ NO → GO TO ONE DAY AFTER NEXT AVAILABLE DAY AND IDENTIFY THE DAY THAT WORKS BEST.
DATE: ___ / ___ / _____ → GO TO C6

€ 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 THANK YOU

C6. What time should we call you?

Time: _____ AM PM

C7. Thank you. I have it here that we will be talking with you soon on [NEXT INTERVIEW DATE]. And is this [###-###-####] still the best number to reach you?

€ YES

€ NO → What number should I call you at?

Telephone number: ___-___-_____.

C8. May we also send you a text message reminder at this telephone number?

€ YES

€ NO → Do you have a number we can use for a text message reminder?

€ YES → Telephone number: ___-___-_____.

€ NO → May we send you an email reminder for your next interview at [EMAIL, IF EMAIL ADDRESS PROVIDED IN CONSENT]?

€ YES → Email address: _____

€ NO → Since we are not able to send you a reminder, please remember that we will call you at [DATE, TIME].

IF RESPONSE TO PARENT INTERVIEW Q1.3 = NO → GO TO C9; OTHERWISE GO TO CHILD FOOD DIARY REMINDER.

C9. Would you like me to send you the Child Food Diary at [EMAIL ADDRESS] before the next interview?

€ YES → GO TO CHILD FOOD DIARY REMINDER

€ NO

€ Send to a different email address: _____ → GO TO CHILD FOOD DIARY REMINDER

€ 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 CHILD FOOD DIARY REMINDER

CHILD FOOD DIARY REMINDER

Great, thank you. The study team will send you a reminder about this interview and to complete the Child Food Diary at [TELEPHONE NUMBER FROM C7/C8 OR EMAIL ADDRESS FROM C8].

IF ICD INTERVIEW IS SCHEDULED: 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,] 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)].

THANK YOU

I would like to confirm your mailing address so that we can send you [IF DR AND 2ND ICD INTERVIEW: the \$20 gift card for completing your first interview and \$30 for completing this second interview] [IF 2ND ICD INTERVIEW OR OCD INTERVIEW: a \$30 gift card]. 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: _____

Thank you for participating in this important study.

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).