

## **H13. Parent Interview for Teen Sample**

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

### Parent Interview for Teen Sample

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 0.167 hours (10 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.

**IF INTERVIEW NOT STARTED:** We were calling to complete the interview about your household. Please call our toll-free number, [insert #], to schedule an appointment. After you complete the interview, we will send you a \$10 gift card. We look forward to speaking with you.

**IF INTERVIEW SCHEDULED, BREAKOFF, OR DATA RETRIEVAL:** We missed you for your interview appointment. Please call our toll-free number, [insert #], to reschedule your appointment. After you complete the interview, we will send you a \$10 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 - CONTINUE [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? → GO TO REFUSAL CONVERSION<sup>1</sup>

**CONSENT:** **IF INTERVIEW NOT PREVIOUSLY STARTED:** Thank you for agreeing to take part in the second Study of Nutrition and Activity in Child Care Settings, or SNACS-II. The U.S. Department of Agriculture is interested in learning about nutrition and activity habits of children and youth. I would like to ask you some questions about your household. Your child, [CHILDNAME], recently completed a survey at their child care provider, [Center/Provider/Afterschool Program]. Your answers will help to provide more context to your child's experiences, which will help better meet the needs of parents who send their children and youth to child care programs.

The interview will take no more than 10 minutes and you will receive a \$10 gift card to thank you for your participation.

<sup>1</sup> These are programming notes. On screen this will take the interviewer to the correct screen.

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. 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 INTERVIEW PREVIOUSLY STARTED:** Thank you for continuing your participation in the second Study of Nutrition and Activity in Child Care Settings, or SNACS-II. I would like to complete the interview question about your household; this interview will take no more than 10 minutes and you will receive a \$10 gift card to thank you for your participation. → GO TO Q1

**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

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

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

€ No

IF INTERVIEW PREVIOUSLY STARTED, RESUME INTERVIEW AT BREAKOFF POINT

## SECTION A: HOUSEHOLD MEMBERS

**Q3.** 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

**Q4.** Of the number of people in your household, how many are children currently 5 to 18 years of age?

# of children aged 5 to 18: \_\_\_\_\_

Q5. 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 Q6 IF (1) THE SUM OF Q4 + Q5 >1 OR (2) THE SUM OF Q4 + Q5 = 1 AND AGE OF [CHILDNAME] IS MISSING.

Q6. What is the age of the [IF Q4 + Q5 >1: oldest] child in your household? [\_\_][\_\_] YEARS

## SECTION B: 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.

THROUGHOUT THIS SECTION, ENTER APPROPRIATE FILLS DEPENDING ON NUMBER OF ADULTS AND NUMBER OF CHILDREN IN THE HOUSEHOLD.

Q7. 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 often true, sometimes true, or never true for [you/your household] in the last month.

Q8. The first statement is "[I/We] worried whether [my/our] food would run out before [I/we] got money to buy more." Was that often true, sometimes true, or never true for [you/your household] in the last month?

- € Often true
- € Sometimes true
- € Never true

€ DON'T KNOW  
€ REFUSED

Q9. "The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more."  
Was that often, sometimes, or never true for [you/your household] in the last month?

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

Q10. "[I/we] couldn't afford to eat balanced meals." Was that often, sometimes, or never 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 Q8-Q10 OR, RESPONSE "SOMETIMES..." OR "OFTEN..." TO QUESTION Q7, CONTINUE TO Error: Reference source not found11; OTHERWISE, GO TO INTRODUCTION TO Q16.

Q11. 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 Q11.1
- € No → GO TO Q12
- € DON'T KNOW → GO TO Q12
- € REFUSED → GO TO Q12

Q11.1. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

\_\_\_\_ Days

€ DON'T KNOW

Q12. 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

Q13. 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

Q14. 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 Q11-Q14, THEN CONTINUE TO Error: Reference source not found15; OTHERWISE, GO TO INTRODUCTION TO Error: Reference source not found16.

Q15. 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 Q15.1
- € No → GO TO INTRODUCTION TO Q16
- € DON'T KNOW → GO TO INTRODUCTION TO Q16
- € REFUSED → GO TO INTRODUCTION TO Q16

Q15.1. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

\_\_\_ Days

- € DON'T KNOW

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 often true, sometimes true, or never true in the last month for [your child/children living in the household who are under 18 years old].

Q16. “[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 often, sometimes, or never true for [you/your household] in the last month?

- € Often true

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

Q17. "[I/We] couldn't feed [my/our] child/the children] a balanced meal, because [I/we] couldn't afford that." Was that often, sometimes, or never true for [you/your household] in the last month?

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

Q18. "[My/Our child was/The children were] not eating enough because [I/we] just couldn't afford enough food." Was that often, sometimes, or never 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 Q16-Q18, THEN CONTINUE TO Error: Reference source not found19; OTHERWISE GO TO SECTION C.

Q19. 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

Q20. 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 Q20.1
- € No → GO TO Q21
- € DON'T KNOW → GO TO Q21
- € REFUSED → GO TO Q21

Q20.1. [IF YES ABOVE ASK] In the last 30 days, how many days did this happen?

\_\_\_ Days

- € DON'T KNOW

Q21. 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

Q22. 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 C: 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.

Q23. 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],<sup>2</sup> 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
- € Free meals at school
- € [IF 'Free meals at school'=1: SKIP: 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

Q24. Does anyone in your household participate in Medicaid?

- € Yes
- € No

<sup>2</sup> 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

**Q25.** Does anyone in the 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

**Q26.** Is any child in the household currently covered by the [INSERT STATE CHIP NAME] or the Children's Health Insurance Program?<sup>3</sup> [IF NECESSARY: Children's Health Insurance Program is free or low-cost health coverage for eligible children and other family members.]

- € Yes
- € No
- € DON'T KNOW
- € REFUSED

**Q27.** 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 Q28
- € DON'T KNOW → GO TO Q28
- € REFUSED → GO TO Q28

**Q28.** Is your total household income less than or more than \$50,000?

- € Less than \$50,000 → GO TO Q29
- € More than \$50,000 → GO TO Q30
- € DON'T KNOW → GO TO CONCLUSION
- € REFUSED → GO TO CONCLUSION

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<sup>3</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

**Q29.** 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

**AFTER Q29, GO TO CONCLUSION.**

**Q30.** 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

Thank you very much for your participation in this interview. As a thank you, we will mail you a \$10 gift card. I'd like to confirm your mailing address before you go.

Can you please verify your name?

PROBE: Can you spell that for me please?

FIRST NAME

LAST NAME

I'd also like to confirm your mailing address.

ADDRESS: 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 to 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 to 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).