

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are 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 0584-0524. The time required to complete this information collection is estimated to average 15 minutes per response including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

## FOCUS GROUP SCREENING AND DEMOGRAPHIC QUESTIONS

This document includes recruitment screeners for the following audiences:

- State and tribal agency staff administering the CACFP

**STATE AND TRIBAL AGENCY STAFF ADMINISTERING CACFP**

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. May I speak with [INSERT NAME]?  
WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	<b>CONTINUE</b>
No, that is not correct	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your agency will be identified. Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	<b>CONTINUE</b>
No, not interested	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

May I ask you a few questions to see if you qualify to participate in this research?

1 **RECORD:**

Male	<input type="checkbox"/>	<b>CONTINUE</b>
Female	<input type="checkbox"/>	<b>CONTINUE</b>

## 2 To confirm, do you work at [INSERT STATE AGENCY/DIVISION FROM SAMPLE]?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>
<b>IF NOT CONTACT FROM SAMPLE, ASK TO SEE IF RESPONDENT HAS CONTACT INFORMATION FOR NAME ON LIST OR FOR AN ALTERNATIVE CONTACT WHO HAS RESPONSIBILITY FOR ADMINISTERING THE CACFP</b>		

## 3 Have you previously or do you currently work for any of the following? [READ LIST]

	<b>YES</b>	<b>NO</b>
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO ANY OF ABOVE.</b>		

4 To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	<b>TERMINATE</b>
18 - 20	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
21 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

5 What is your job title or role?

Director/Chief	<input type="checkbox"/>	<b>CONTINUE</b>
Program Manager/Supervisor/ Administrator	<input type="checkbox"/>	<b>CONTINUE</b>
Nutritionist	<input type="checkbox"/>	<b>CONTINUE</b>
Program Specialist	<input type="checkbox"/>	<b>CONTINUE</b>
Education/Training Specialist	<input type="checkbox"/>	<b>CONTINUE</b>
Field Staff/Monitor	<input type="checkbox"/>	<b>CONTINUE</b>
Secretary	<input type="checkbox"/>	<b>TERMINATE</b>
Other	<input type="checkbox"/>	<b>TERMINATE</b>

6 Does your agency or division work with sponsoring organizations, child care centers and/or day care homes to administer the Child and Adult Care Food Program, or CACFP in your state or tribe?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

7 Are you responsible for administering the CACFP in your state or tribe?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

8 What is the total number of child care centers and day care homes enrolled in the CACFP in your state or tribe? **[READ LIST AND RECORD NUMERIC RESPONSE.]**

	<b>NUMERIC RESPONSE</b>	<b>None</b>
a. Child care centers	_____	<input type="checkbox"/>
b. Day care homes	_____	<input type="checkbox"/>

**RECRUIT A MIX OF TOTAL NUMBER OF CENTERS AND DAY CARE HOMES; TOTAL NUMBER BREAKS TO FOLLOW BASED UPON QUANTITATIVE FINDINGS**

9 What is the total number of sponsor organizations that you work with to administer CACFP?

NUMERIC RESPONSE	_____	<b>CONTINUE</b>
------------------	-------	-----------------

**RECRUIT A MIX OF TOTAL NUMBER OF SPONSOR ORGANIZATIONS; TOTAL NUMBER BREAKS TO FOLLOW BASED UPON QUANTITATIVE FINDINGS**

10 Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Some university/college or vocational school	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

11 Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background??

Hispanic or Latino	<input type="checkbox"/>	<b>CONTINUE</b>
Not Hispanic or Latino	<input type="checkbox"/>	

12 **[IF NOT HISPANIC OR LATINO IN Q47]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

**INVITATION:**

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on \_\_\_\_ from \_\_\_\_ to \_\_\_\_ p.m.?

Yes	<input type="checkbox"/>	<b>CONFIRM DATE &amp; TIME</b>
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

---

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>