

C.5 Sponsor Recruitment Letter and Call Script

Recruitment Letter for Sponsors

Date

Dear (*Sponsor Contact Name*):

Recently, one or more of your child care providers was randomly selected to be part of the Study of Nutrition and Activity in Child Care Settings (SNACS), a Congressionally-mandated study by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). We are writing to ask for your support and cooperation. The SNACS will look at the nutrition and activity policies and practices for infants and children in a national sample of over 1,500 child care centers, Head Start centers, afterschool programs, and family day care homes across the United States. USDA selected Abt Associates, a research company located in Massachusetts, to conduct the study. Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). Additional information about the study is described in the attached brochure and Study Fact Sheet. We have also enclosed letters in support of the study from the USDA and the president of the Child and Adult Care Food Program (CACFP) National Forum.

Sponsors of child care providers selected for the study will be asked to assist the study team in obtaining updated contact information for their providers and some sponsors may be asked to provide cost data if any of your providers were selected to be part of the meal cost data collection component of the study. The sample of providers has been randomly selected and we are attaching a list of the sampled providers that are affiliated with your organization (see Attachment A). The provider contact information was provided by a state nutrition or child care agency but may be outdated so we would like your help to obtain the most current contact information for your providers selected to be in the study. **Please review the information on the list and note any updates that are needed.**

All providers selected for the study will be asked to complete a Provider Web Survey and a Menu Survey to provide information about meals they serve to infants and children for a one-week period and play activities they provide for children during child care hours. About 600 providers will also be asked to provide cost information pertaining to their food service operations. Members of the study team will also conduct meal observations and onsite data collection in a sample of about 400 providers. One of the onsite data collection activities involves a height and weight measurement of a sample of children. For some of these providers, some parents of children receiving child care will be asked to take part in a short telephone interview and provide information about food his/her child eats outside of child care.

We are also attaching a list of the providers affiliated with your organization that were selected for the study and the study data collection components that each was selected to participate in (see Attachment B).

(If applicable) Please note that at least one of your providers has been selected to be part of the meal cost data collection component of the study. We will need to obtain some information from you on the labor, food, and other costs to produce CACFP meals. We will collect data from you by telephone as well as through an onsite visit during early 2016.

A member of the study team will contact you in the next week or so to tell you more about the study, answer any questions that you may have, and obtain any updated information available about your providers. We will also ask for your help in encouraging your providers to participate in the study. If you have any questions regarding the authorization for this project, you may contact the Project Officer by telephone at (703) 305-4347 or via email at AliceAnn.Gola@fns.usda.gov.

Thank you in advance for your support and participation in this important study.

Sincerely,

(SIGNATURE)

Susan Bartlett
Project Director
Abt Associates
Study of Nutrition and Activity in Child Care Settings (SNACS)

Attachment B: Study Components for Providers

SPONSOR NAME: _____

Name of Provider	Provider Web Survey & Menu Survey	Cost Data	Onsite Data Collection or Observations Only
<i>Example: ABC Day Care</i>	√		√

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

Sponsor Follow-up Call Script

Introduction

- Hi, my name is (*name of caller*) and I am calling from Abt Associates on behalf of the Study of Nutrition and Activity in Child Care Settings (SNACS). We recently sent you some information about the study and I am calling to follow-up and obtain some information from you to help us with our study planning. Did you get our initial letter? (*If not, confirm address and re-send and arrange to call back at another time*). Do you have about 15 minutes to talk with me now? (*If not, arrange to call back at another time*).
- Do you have any questions about the study or the activities that any of the child care providers affiliated with your organization will be involved in? (*Answer questions as needed about the study and data collection activities.*)

Obtain Updated Child Care Provider Contact Information

- Included with the initial information that we sent to you was a list of the child care providers affiliated with your organization that were selected to be part of the study and a list of the specific activities that each provider was selected to participate in. Did you have a chance to review the lists? (*If no, arrange to call sponsor back to review the list.*)
 - Let's begin with Attachment A. Are all of the providers that you sponsor on the list?
 - Are the sponsor names and contact information correct?
 - Does any of the information on the list of providers need to be updated?
 - *If any information is incorrect or needed to be updated, ask sponsor to send corrected list to SNACS@abtassoc.com*
 - Let's move to Attachment B. Do you have any questions about the study components that your providers were selected to participate in?

Ask Sponsor to Provide Outreach to Providers in Support of Study

- It would be very helpful if you would be willing to reach out to your providers selected to be in the study to let them know that they have been selected to participate in the study and that a member of the study team will be in touch with them shortly. Would you be willing to contact your providers about the study? (*If sponsor agrees, send them draft email of support that they can use to send to their providers in the study.*)

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 15 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.

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(IF APPLICABLE) Discuss Cost Data Collection

- As we indicated in the introduction letter, to help us with our data collection planning, we'd like to obtain some information about your organization's costs related to foodservice (i.e., menu planning, food purchasing, food preparation, revenues, expenses and labor) at the child care providers affiliated with your organization that were chosen for the study.
- Who at your agency is responsible for overseeing foodservice costs and, if applicable, administration of the CACFP program? Can you provide their name, title, and contact information so that we can contact them? *(If provided, record name and contact information in box below.)*

<p>Name: Title: Contact Information (tele & email address):</p>
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Next Steps

- *Thank respondent for their time and arrange to call back for any unanswered questions.*
- *If respondent will be involved in cost data collection, review next steps:*
 - *A member of the study team will be in touch with them to send them additional information and arrange a time to conduct the Pre-Visit Cost Interview.*
 - *After completing the Pre-Visit Cost Interview, the respondent will receive a Pre-Visit Cost Form (with a pre-paid envelope addressed to Abt SRBI) to complete and return to the study team before the visit.*
 - *A member of the study team will arrange to visit the sponsor to conduct an in person Sponsor Cost Interview.*