

C.7 Provider Recruitment Letter and Call Script



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*Note: This letter is intended for all CACFP and non-CACFP Child Care Centers, Head Start Centers, CACFP Afterschool Programs, CACFP At-Risk Programs, and CACFP and non-CACFP Family Day Care Homes selected to participate in the study. The letters will be tailored as applicable to include **only the specific data collection activities** that each provider receiving the letter is selected to participate in. For example, only providers selected to be included in the onsite observations will include a letter containing a description of these activities.*

Date

Dear (name of provider):

Recently, your child care center, family day care home, at-risk or afterschool program was 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). The SNACS will look at nutrition and activity for infants and children in a national sample of child care centers, family day care homes, Head Start centers, and at-risk and afterschool programs across the United States. *{If applicable: 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)}*. The USDA selected Abt Associates, a research company located in Massachusetts, to conduct the study.

As part of the study, staff at child care centers, family day care homes, and afterschool programs will be asked 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. Professionally trained data collectors will also conduct observations and onsite data collection at a sample of programs. In addition, some parents of children receiving child care may also be asked to take part in a short telephone interview and to provide information about food their child eats outside of child care.

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.

Your child care center, family day care home, or program has been selected to participate in the following data collection activities:

- **Provider Web Survey:** You or your foodservice manager or cook will be asked to complete a web-based survey that will collect information on menu planning, meal purchasing, foodservice, wellness and activity, and infant feeding patterns (if applicable in your center or program). The survey has multiple sections so you may need to consult other members of your staff to complete the survey.
- **Menu Survey:** You or your foodservice manager or cook will be asked to complete a detailed paper Menu Survey to collect information on the foods served to children while in child care for a one-week period. The

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study team will provide \$50 to the staff member in your center or program who completes the Menu Survey. A copy of the Menu Survey with detailed instructions will be sent to you in the next month or so.

- **If applicable: Cost Interview and Survey:** You or your foodservice manager or cook will be asked to participate in an interview to provide information about the cost of foodservice in your child care center or program, including indirect and administrative costs. You will also be asked to record time spent on tasks preparing for each type of meal during the week prior to the interview. If your center or program has a sponsor, we may also collect cost related information from your sponsor.
- **If applicable: Infant Food Intake Form:** If your program or center provides care for infants (under the age of 1 year), the infant care provider staff will be asked to record the amount and types of food consumed by about 5 infants per center or program at each feeding while in child care on a single day. Provider staff who complete the Infant Intake Forms will receive \$5 per completed form.
- **If applicable: Meal and Environment Observations:** Data collectors will visit your program for two days and conduct observations of physical activities and practices related to serving meals and snacks in your child care center or program.
- **If applicable: Parent and Child Activities:** A sample of parents in one classroom will also be asked to participate in a short parent telephone interview and complete a food diary in which parents will be asked to record all the foods that their child eats while at home over a two or three day period. Selected parents will also be asked to allow study data collectors to measure the height and weight of their children (aged 2 to 12) in your care. In order for the study team to conduct these parent and child data collection activities and collect other study data for specific children (for example, the information about food provided to infants in some child care centers), the study team will need to obtain the permission of the parents selected for these activities.

If applicable: To facilitate the onsite data collection by study team members at your center or program, we will be asking child care center and program directors to assist us in identifying a staff member or volunteer to serve as the study liaison. Or, if the director prefers, he or she can choose to serve as the **study liaison**. The primary responsibility of the site liaison will be to explain the study to parents of children selected to be part of the onsite data collection activities, obtain the parents' signed consent, and collect the completed food diaries from parents. We expect that some of the study liaison tasks will be performed during time when they are not employed by the center. Therefore, the study team will provide a \$400 stipend to the person serving as the study liaison in compensation for their time.

If applicable: To facilitate the onsite data collection by study team members at family day care homes, we will be asking the provider to explain the study to parents and obtain their signed consent and collect the completed food diaries from parents. The study team will provide a \$150 stipend to the provider for these tasks and for cooperating with the meal observations.

We are asking for your support for this study to ensure that this is a smooth process for everyone involved. **If applicable:** A member of the study team will contact you in the next few weeks to give you more information about the study and answer any questions that you may have.

If you have any questions, please feel free to contact our project team at toll-free 844-808-4777, or e-mail SNACS@abtassoc.com.

We look forward to working with you on this important study.

Sincerely,

(insert electronic signature)

Susan Bartlett

Project Director

Abt Associates

Child Care Settings (SNACS)

Study of Nutrition and Activity in



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Provider Follow-up Call Script

Note: This call script will be used for initial telephone contact with providers that have been selected for on-site data collection activities (e.g., cost data collection, observations, and child intake data collection) and obtain their agreement to participate in the study. Members of the field data collection team will then contact providers to coordinate logistics and scheduling of the data collection activities.

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 answer any questions that you may have. Did you get our initial letter and study information packet? (*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*).
- As you may be aware, you are one of over 1,500 child care providers that have been selected to be part of this important study. We are contacting you to review what your participation in the study will involve and the data collection activities that you have been selected to participate in. (*If applicable: We have been in contact with your sponsor organization (*insert name*) and hopefully they have conveyed to you the importance of your participation in this study and that your participation in the study is mandatory if you participate in the CACFP.*)
- In the study materials that we sent you, we described the specific data collection activities that your child care facility has been selected to participate in. Do you have any questions about the study or the activities that you have been selected to participate in? (*Answer questions as needed about the study and the specific data collection activities that the provider has been selected to participate in. Review incentives for providers (for the Menu Survey, the Provider Web Survey, and Infant Intake Forms (if provider has infants) and for parents (for the Parent Consent Form and the Child Food Diaries).*)
- In order to collect child and parent information, we will need to obtain the permission of parents whose children will be selected to participate in the on-site data collection and the consent of these parents to participate in the Parent Interview and the Child Food Diary data collection activities.

FOR FAMILY DAY CARE HOMES: We would like your assistance in obtaining parent permission and consent and collecting the Child Food Diaries from parents (as needed). We will provide you with training and a \$150 stipend for your time. Would you agree to serve as the Study Liaison and help us with these activities?

(If respondent agrees, explain that a member of the field team will provide them with parent consent materials and a short training to prepare them for this task. If respondent is not sure or does not agree to help with this task, ask them about their concerns and address these concerns as necessary in order to reach a resolution.)

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.

(If respondent is not willing to serve as Study Liaison, ask if there is anyone else who works at the FDCH who could serve as the Study Liaison. If there is no one else at the FDCH to serve in this role, ask if the FDCH provider would be willing to obtain the parents' permission to give their contact information to the study team so the study team can contact the parents to obtain their permission.)

FOR OTHER PROVIDERS: We would like your help to identify a staff member or volunteer at your facility who would be able to assist the study team in obtaining parent permission and consent and collecting the Child Food Diaries from parents (as needed). We will provide this person with training and a \$400 stipend for their time. Is there anyone at this time that you think may be interested in serving as the Study Liaison to help us with these activities? (If respondent has any suggestions, obtain the person's name and contact information and confirm that the individual(s) is an approved volunteer or staff member and has met the child care facility's requirements for background checks and training to be at the facility and protect confidential information. If the respondent does not have any suggestions for someone to serve as the Study Liaison, ask them to think about it and try to identify someone soon so they can provide this person's name and contact information to the field team when the provider is contacted to arrange for the on-site data collection.)

Next Steps

- *Thank respondent for their time and confirm the following:*
 - *Contact information (address, tele, email)*
 - *Type of provider (CACFP provider, Head Start, other center, FDCH, afterschool, at-risk)*

- *Inform them that a member of the study team will be in touch with them in the next few weeks to begin making plans for the on-site data collection.*