

**D.1b. Provider Web Survey Related Communications**

## Provider Web Survey Email

Dear [PROVIDER]:

About a month ago you were sent information about the Study of Nutrition and Activity in Child Care Settings (SNACS) and notified that you were selected to participate in the study. The United States Department of Agriculture Food and Nutrition Service (USDA/FNS) has contracted with Abt Associates to conduct this important study. As you may know, this study was mandated by Congress to learn more about the food and activity provided to infants and children child care providers participating in the Child and Adult Care Food Program (CACFP) and some not participating in the CACFP.

You have been selected as part of a nationally representative sample to complete the Provider Web Survey. The survey will gather information about foods served by the provider, types of foods served, wellness policies, menu planning practices, food purchasing practices, food service practices, and additional program characteristics. The Provider Web Survey is divided into 11 modules. The survey can be accessed by more than one person at your facility, and you can save portions of the survey to return to it later. Please have the person at your facility most familiar with a given topic respond to the module on that topic.

Below is the link to this survey, which can also be accessed via the URL:  
[<http://www.xxxx.com>]

Your login information is as follows:  
PIN# [ABTID]

The survey will take approximately 56 minutes to complete and you will receive a \$30 prepaid Visa card for completing it. Please complete this survey by [DUE DATE].

We greatly appreciate your participation in this study. Your participation will help us to provide Congress with an accurate nationally representative description of the foods and activities in child care providers across the country. If you have any questions regarding this project, please contact us at toll-free 844-808-4777 or [SNACS@abtassoc.com](mailto:SNACS@abtassoc.com).

Sincerely,

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

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 2 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.

## Provider Web Survey REMINDER Email

[DATE]

Dear [PROVIDER]:

A few weeks ago we sent you an email that provided information about the Study of Nutrition and Activity in Child Care Settings (SNACS) being conducted by Abt Associates for the United States Department of Agriculture Food and Nutrition Service (USDA/FNS). The email asked that you complete the Provider Web Survey. The survey will gather information about foods served by the provider, types of foods served, wellness policies, menu planning practices, food purchasing practices food service practices, and additional program characteristics.

The Provider Web Survey is divided into 11 modules. The survey can be accessed by more than one person at your facility, and you can save portions of the survey to return to it later. Please have the person at your facility most familiar with a given topic respond to the module on that topic.

**An email was sent to you on [INVITE DATE] with the link to the survey and the login information. Our records indicate you have not yet completed the survey.** Please access the survey through the email or by going to the following URL: [http://www.xxxx.com]

Your login information is as follows:  
PIN# [ABTID]

The survey will take approximately 56 minutes to complete and you will receive a \$30 prepaid Visa card for completing it. **Please complete this survey by [SECOND DUE DATE].**

We greatly appreciate your participation in this study. Your participation will help us to provide Congress with an accurate description of the nutrition and activity policies and practices at child care providers across the country. If you have any questions regarding this project, please contact us at toll-free 844-808-4777 or [SNACS@abtassoc.com](mailto:SNACS@abtassoc.com).

Sincerely,

Susan Bartlett  
Project Director  
Abt Associates  
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### Provider Web Survey Reminder Call

Intro. Hello, my name is [interviewer name]. May I please speak to [PROVIDER CONTACT NAME]? I am calling from Abt SRBI regarding a mailing we recently sent for the Study of Nutrition and Activity in Child Care Settings (SNACS).

- € RESP ON PHONE → [GO TO Q1]
- € NEW RESP COMES TO PHONE → [REPEAT INTRO]
- € RESP NOT AVAILABLE → [SCHEDULE CALLBACK]
- € WRONG NAME ON FILE/DOESN'T WORK THERE → [GO TO INTRO2]
- € GATEKEEPER REFUSAL → [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]
- € DID NOT RECEIVE MAILING → [GO TO Q1]

Intro2. I am calling about an important study that we are conducting with the United States Department of Agriculture Food and Nutrition Service (USDA/FNS). The survey will gather information about foods served by the provider, wellness policies, menu planning, food purchasing, food service practices, and additional program characteristics. Can you please provide the name, title and telephone number for the person at your center that could provide this information?

- € YES → [COLLECT NAME, PHONE NUMBER AND TITLE, GO TO INTRO3.]
- € NO → [SCHEDULE CALLBACK]

Intro3. Is [NEW NAME] available?

- € RESP ON PHONE → [GO TO Q1]
- € NEW RESP COMES TO PHONE → [REPEAT INTRO]
- € RESP NOT AVAILABLE → [SCHEDULE CALLBACK]
- € GATEKEEPER REFUSAL → [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

Q1. In that mailing, we asked for your participation in the Provider web survey that is being conducted by Abt Associates for the United States Department of Agriculture Food and Nutrition Service (USDA/FNS). The survey will gather information about foods served at your facility, wellness policies, menu planning, food purchasing, food service practices, and additional program characteristics.

([DO NOT READ IF DID NOT RECEIVE MAILING:] According to our records, you have not completed the Provider Web Survey. ) The survey, can be accessed by more than one person at your facility, so that whoever is most familiar with a given topic can respond to those survey questions. You can save portions of the survey to return to it later.

The due date for the web survey is [DUE DATE]. This congressionally mandated survey will take approximately 56 minutes to complete and you will receive a \$30 prepaid Visa card for completing it.

I can provide your login information over the phone, or I can send you an additional email with your login information. Which would you prefer?

- € PROVIDE OVER PHONE → [CONTINUE TO Q2]
- € SEND EMAIL → [GO TO Q3]

€ DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

Q2. [INTERVIEWER NOTE: CONFIRM RESPONDENT IS EITHER IN FRONT OF COMPUTER, OR HAS A PEN AND PAPER TO WRITE DOWN LOGIN INFO].

To access the survey, please go to [LINK] and enter the following login information: [ABTID]. [GO TO END]

Q3. Can I check that the e-mail address we have is correct? {SHOW EMAIL ADDRESS FROM SAMPLE FILE HERE} READ OUT EMAIL ADDRESS.

€ Yes correct – GO TO END

€ No not correct – ASK Q4.

Q4. Can I take down the correct email address? ENTER EMAIL ADDRESS. [GO TO END].

END. We greatly appreciate your participation in this study by [DUE DATE]. Your participation will help us to provide Congress with an accurate nationally representative description of the foods and activities in child care providers across the country. If you have any questions regarding this project, please contact us at toll-free 844-808-4777 or [SNACS@abtassoc.com](mailto:SNACS@abtassoc.com).

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## Provider Web Survey Phone Complete

Intro. Hello, my name is [interviewer name]. May I please speak to [PROVIDER CONTACT NAME]? I am calling from Abt SRBI regarding a mailing we recently sent for the Study of Nutrition and Activity in Child Care Settings (SNACS).

- € RESP ON PHONE → [GO TO Q1]
- € NEW RESP COMES TO PHONE → [REPEAT INTRO]
- € RESP NOT AVAILABLE → [SCHEDULE CALLBACK]
- € WRONG NAME ON FILE/DOESN'T WORK THERE → [GO TO INTRO2]
- € GATEKEEPER REFUSAL → [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]
- € DID NOT RECEIVE MAILING → [GO TO Q1]

Intro2. I am calling about an important study that we are conducting with the United States Department of Agriculture Food and Nutrition Service (USDA/FNS). The survey will gather information about foods served by the provider, wellness policies, menu planning, food purchasing, food service practices, and additional program characteristics. Can you please provide the name, title and telephone number for the person at your center that could provide this information?

- € YES → [COLLECT NAME, PHONE NUMBER AND TITLE, GO TO INTRO3.]
- € NO → [SCHEDULE CALLBACK]

Intro3. Is [NEW NAME] available?

- € RESP ON PHONE → [GO TO Q1]
- € NEW RESP COMES TO PHONE → [REPEAT INTRO]
- € RESP NOT AVAILABLE → [SCHEDULE CALLBACK]
- € GATEKEEPER REFUSAL → [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

Q1. In that mailing, we asked for your participation in the Provider web survey that is being conducted by Abt Associates for the United States Department of Agriculture Food and Nutrition Service (USDA/FNS). The survey will gather information about foods served at your facility, wellness policies, menu planning, food purchasing, food service practices, and additional program characteristics.

([DO NOT READ IF DID NOT RECEIVE MAILING:] According to our records, you have not completed the Provider Web Survey.) The survey can be accessed by more than one person at your facility, so that whoever is most familiar with a given topic can respond to those survey questions. You can save portions of the survey to return to it later.

We can also do the survey over the phone if you prefer. Would you like to complete this survey over the phone?

- € YES → [CONTINUE TO Q6]
- € NO → [GO TO Q2]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

Q2. I can provide your login information over the phone, or I can send you an additional email with your login information. Which would you prefer?

€ PROVIDE OVER PHONE → [CONTINUE TO Q3]

€ SEND EMAIL → [GO TO Q6]

€ DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

Q3. [INTERVIEWER NOTE: CONFIRM RESPONDENT IS EITHER IN FRONT OF COMPUTER, OR HAS A PEN AND PAPER TO WRITE DOWN LOGIN INFO].

To access the survey, please go to [LINK] and enter the following login information: [ABTID]. [GO TO END]

Q4. Can I check that the e-mail address we have is correct? {SHOW EMAIL ADDRESS FROM SAMPLE FILE HERE}. READ OUT EMAIL ADDRESS.

€ Yes correct – GO TO END

€ No not correct – ASK Q5.

Q5. Can I take down the correct email address? ENTER EMAIL ADDRESS. [GO TO END1].

Q6. This survey will take approximately 56 minutes to complete. You will receive a \$30 prepaid Visa card for completing it. I will be asking you questions about foods you serve, wellness policies, menu planning, food purchasing, food service practices, and additional program characteristics. The person at your facility most familiar with a given topic should respond to the questions on that topic. There will be an opportunity for each new topic for you to provide the name and contact number for the person you think should respond to those questions. Would you like to complete the survey now?

€ Yes → PULL UP WEB SURVEY AND DISPO PHONE CALL AS PHONE COMPLETE

€ Not a good time → [SCHEDULE CALLBACK]

€ No PREFER WEB → GO TO Q3

END. We greatly appreciate your participation in this study by [DUE DATE]. This congressionally mandated survey will take approximately 56 minutes to complete and you will receive a \$30 prepaid Visa card for completing it. Your participation will help us to provide Congress with an accurate nationally representative description of the foods and activities in child care providers across the country. If you have any questions regarding this project, please contact us at toll-free 844-808-4777 or [SNACS@abtassoc.com](mailto:SNACS@abtassoc.com).

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### **Provider Web Survey Thank You Note**

[DATE]

Dear [PROVIDER]:

Thank you for completing the SNACS Provider Web Survey. By participating in the survey, you are helping provide Congress with an accurate description of the nutrition and activity policies and practices at child care providers across the country.

[FOR EMAIL THANK YOU:] A \$30 prepaid Visa card will be sent to the address provided in the web survey. You should receive it in about 3-4 weeks. [FOR MAIL THANK YOU:] Enclosed is a \$30 prepaid Visa card.

If you have any questions regarding this project, please contact us at [SNACS@abtassoc.com](mailto:SNACS@abtassoc.com) or toll-free at 844-808-4777.

Sincerely,

Susan Bartlett  
Project Director  
Abt Associates  
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