

Appendix C: Recruitment Materials

C.1. State Agency Recruitment Letters and Call Script

STUDY LOGO

CACFP State Agency Recruitment Letter

Date

Dear (*State Contact Name*):

We are writing to ask for your support and cooperation with the Study of Nutrition and Activity in Child Care Settings (SNACS), a Congressionally-mandated study funded by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). 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 programs, afterschool programs, and family day care homes in 20 states across the United States. USDA selected Abt Associates, an independent research company, 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 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.

In order for us to select the provider sample, we need your assistance to obtain a list of all of the child care providers in your State that participate in the CACFP program and information about each provider such as program name, address, contact person, etc. This includes licensed and license-exempt child care centers, Head Start programs, school-age programs, afterschool programs, at-risk programs, and family day care homes. We will also need a list of the sponsor organizations in your State. Details of the specific information that we need are attached (see Attachment). The information can be sent back to us in Excel or any format that is easiest for your agency.

Approximately 1500 providers will be randomly selected to participate in the study. All selected providers 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 at a sample of about 400 providers. In some of these providers, parents of children receiving child care may also be asked to provide information about food his/her child eats outside of child care and to take part in a short telephone interview.

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 work with you to obtain the needed information.

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. 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,

Susan Bartlett
Study 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 1 hour 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.

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

Data Request: List of CACFP Providers and Sponsors

In order to select CACFP providers for the study, we need a list of all CACFP providers in your State, excluding adult programs and homeless shelter providers. We also need contact information for sponsors and providers as well as information on some program characteristics. The table below shows the information being requested.

Information Needed for Each CACFP Provider

Item/Variable		Description
1	CACFP provider ID	ID used by State agency
2	Provider name	
3	State child care license number	
Physical address:		
4	Street number and name	
5	City	
6	Zipcode	
Mailing address:		If different from physical address
7	Street number and name <i>or</i> P.O. Box	
8	City	
9	Zipcode	
Type of Provider		
10	Does provider receive CACFP funds?	1=yes 2=no
11	Head Start program?	1=yes 2=no
12	Other (non-Head Start) child care center?	1=yes 2=no
13	Family day care home (FDCH)?	1=yes 2=no
14	Afterschool program?	1=yes 2=no
15	At-risk program?	1=yes 2=no
16	Age of youngest child served (months) <i>or</i>	xx months
17	Age of youngest child served (years)	xx years
18	Age of oldest child served	xx years
19	Sponsor organization ID	If applicable
20	Sponsor organization name	If applicable
21	Sponsor organization type	1=Government 2=Non-profit 3=For-profit (If applicable)

Item/Variable		Description
22	Average daily attendance	
23	Percent free/reduced price children	
24	Director name	
24	Director telephone number	
25	Director email address	

Information Needed for Each Sponsor

Item/Variable		Description
1	Sponsor ID	
2	Sponsor organization name	
3	Sponsor organization type	1=Government 2=Non-profit 3=For-profit (If applicable)
Physical address:		
4	Street number and name	
5	City	
6	Zipcode	
Mailing address:		If different from physical address
7	Street number and name <i>or</i> P.O. Box	
8	City	
9	Zipcode	
10	Sponsor Director name	
11	Sponsor Director telephone number	
12	Sponsor Director email address	

File Format

We would like two separate electronic files containing the requested information preferably as an Excel file, but we can accommodate other formats upon request.

In order to complete study activities on schedule, we would like to obtain this list by [DATE].

Thank you for your assistance!

Non-CACFP State Agency Recruitment Letter

Date

Dear (*State Contact Name*):

We are writing to ask for your support and cooperation with the Study of Nutrition and Activity in Child Care Settings (SNACS), a Congressionally-mandated study funded by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). 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 programs, afterschool programs, and family day care homes in 20 states across the United States. USDA selected Abt Associates, an independent research company, to conduct the study. Additional information about the study is described in the attached 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.

In order for us to select the child care provider sample, we need your assistance to obtain a list of all of the child care programs in your State that receive Child Care and Development Fund (CCDF) program funds. This includes licensed and license-exempt child care centers, Head Start programs, school-age programs, afterschool program, at-risk programs, and family day care homes. We understand that some of the providers may operate independently while others may be part of a larger parent or sponsor organization. If possible, we would also like a list of these parent or sponsor organizations in your State. Details of the specific information that we need are attached (see Attachment). The information can be sent back to us in Excel or any format that is easiest for your agency.

Providers in your state will be randomly selected to participate in the study. All selected providers 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. A small group of providers will be asked to participate in meal observations.

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 work with you to obtain the needed information.

If you have any questions, please feel free to contact our study team at toll-free 844-808-4777, or e-mail SNACS@abtassoc.com. Thank you in advance for your support and participation in this important study. If you have any questions regarding the authorization for this project, you may contact the Project Officer by telephone at (703) 305-2098 or via email at Allison.Magness@fns.usda.gov.

Sincerely,

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

Study on Nutrition and Activity in Child Care Settings (SNAQCS)

**Data Request: List of Child Care Providers Receiving
Child Care and Development Fund (CCDF) Program Funds**

In order to select programs for the study, we need a list of all providers in your State that receive Child Care and Development Fund (CCDF) program funds. We need contact information for sponsors and providers as well as information on some program characteristics. The table below shows the information being requested.

Information Needed for Each Provider

	Item/Variable	Description
1	Provider ID	ID used by State agency
2	Provider name	
3	State child care license number	
	Physical address:	
4	Street number and name	
5	City	
6	Zipcode	
	Mailing address:	If different from physical address
7	Street number and name or P.O. Box	
8	City	
9	Zipcode	
	Type of provider:	
10	Does provider receive CACFP funds?	1=yes 2=no
11	Head Start program?	1=yes 2=no
12	Other (non-Head Start) child care center?	1=yes 2=no
13	Family day care home (FDCH)?	1=yes 2=no
14	Age of youngest child served (months) <i>or</i>	xx months
15	Age of youngest child served (years)	xx years
16	Age of oldest child served	xx years
17	Average daily attendance	
18	Percent free/reduced price children	
19	Director name	
20	Director telephone number	
21	Director email address	

	Item/Variable	Description
22	Parent/sponsor organization ID	If applicable
23	Parent/sponsor organization name	If applicable
24	Parent/sponsor organization type	1=Government 2=Non-profit 3=For-profit (If applicable)

Information Needed for Each Parent/Sponsor Organization

	Item/Variable	Description
1	Parent/sponsor organization ID	If applicable
2	Parent/sponsor organization name	If applicable
3	Parent/sponsor organization type	1=Government 2=Non-profit 3=For-profit (If applicable)
	Physical address:	
4	Street number and name	
5	City	
6	Zipcode	
	Mailing address:	If different from physical address
7	Street number and name <i>or</i> P.O. Box	
8	City	
9	Zipcode	
10	Sponsor Director name	
11	Sponsor Director telephone number	
12	Sponsor Director email address	

File Format

We would like two separate electronic files containing the requested information preferably as an Excel file, but we can accommodate other formats upon request.

In order to complete study activities on schedule, we would like to obtain this list by [DATE].

Thank you for your assistance!

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

State Agency 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 select a sample of child care providers in your state. Did you get our initial letter? (*If not, confirm respondent's address and re-send or email 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 may be asked to participate in if selected to be in the study? (*Answer questions as needed about the study and data collection activities.*)

Confirm Receipt of Child Care Sponsor and Provider Templates

- Included with the initial information that we sent to you were several templates containing specific information that we would like to obtain from you about sponsor organizations and child care providers in your state. This information is needed in order for us to select a sample of providers in your state to participate in the study. Did you have a chance to review the information that we need? (*Caller should review the list of information needed with the respondent, discuss any questions that they have about the information requested and discuss the best way for the agency to provide this information to the study team.*)
- Ask if they have any questions about the data needed or the format.
- Ask when they think they will be able to send the data (*push for as soon as possible*).
- Let them know that we are available for any questions that they might have and the caller should provide their contact information if the respondent doesn't already have it.

Ask State Agency to Provide Outreach to Sponsors and Providers in Support of Study

- Once the sample of providers has been selected, it would be very helpful if you would be willing to reach out to your sponsors and providers (if independent) selected to be in the study to encourage their participation. If we provide a sample email, would you be willing to email a note to your selected sponsors and providers (if independent) to encourage their participation? (*If respondent agrees, tell them that we will send them sample email messages when we have selected the provider sample.*)

Next Steps

- Thank respondent for their time and confirm that they (or one of their colleagues) have the sponsor and provider data that we are requesting to help us create the sampling frame.

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.
