

**Attachment C: Screener: Child Care Provider (English)**

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**BACKGROUND (DO NOT READ TO RECRUTEES)**

We are recruiting child care providers within Bronx County, New York, Miami-Dade County, Florida and Gwinnett County, Georgia who are employed by or operate child care sites that participate in the Child and Adult Care Food Program (CACFP). The in-depth interview (IDI) research we are recruiting for is intended to provide comprehensive feedback on the messaging, format, and images of the *Nibbles for Health* newsletters and *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program* (CACFP) materials (herein referred to as “Newsletters” and “Handbook,” respectively).

We aim to achieve a mix of IDIs with providers from both child care centers and family child care homes that participate in the CACFP. Interviews will be further segmented by language (English or Spanish) in each market.

**RECRUIT AT LEAST ONE RESPONDENT PER CHILD CARE SITE**

*Table 1: IDI Research Details for Providers*

<b>PROPOSED LOCATION (County/State)</b>				
	<b>Bronx/NY</b>	<b>Miami-Dade/FL</b>	<b>Gwinnett/GA</b>	<b>Total</b>
<b>IDIs of providers</b>				
English	3	3	3	<b>9</b>
Spanish	1	1	1	<b>3*</b>
<b>Total</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>12</b>
<i>*soft quota</i>				

**START READING SCRIPT HERE:**

Hello, my name is \_\_\_\_\_ from \_\_\_\_\_. We are looking for people to

participate in a one-on-one interview related to children's health sponsored by the U.S. Department of Agriculture/Food and Nutrition Service. The interview will take approximately 1 hour and will be held in person on \_\_\_\_\_ **and** \_\_\_\_\_ at the child care facility or home where you work. Stipend for Participation: The site will receive \$300 in the form of a Visa or MasterCard gift card to show our appreciation for your participation in this important study.

**1 First, when was the last time you participated in a research study? This includes online surveys, telephone surveys, etc.**

- |                          |                          |                   |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Within the past 6 months | <b>TERMINATE</b>  |
| <input type="checkbox"/> | 7 to 12 months ago       | <b>ASK Q2</b>     |
| <input type="checkbox"/> | Never                    | <b>SKIP TO Q3</b> |

**2. What was the topic of the discussion that you participated in?  
RECORD ANSWER \_\_\_\_\_  
TERMINATE IF CHILDCARE, NUTRITION, OR HEALTHCARE**

**3 Does anyone in your household or immediate family work in nutrition, public health, or dietetics?**

- |                          |     |                  |
|--------------------------|-----|------------------|
| <input type="checkbox"/> | YES | <b>TERMINATE</b> |
| <input type="checkbox"/> | NO  |                  |

**4. Does the family child care home or center where you work participate in the Child and Adult Care Food Program (CACFP)?**

- |                          |            |  |
|--------------------------|------------|--|
| <input type="checkbox"/> | YES        | <b>CONTINUE</b>  |
| <input type="checkbox"/> | NO         | <b>TERMINATE</b>   |
| <input type="checkbox"/> | Don't Know | <b>(IF CAN'T GET RELIABLE THIRD-PARTY CONFIRMATION, TERMINATE)</b> |



**5. How would you describe your role at the child care center or family child care home where you work?**

- Director
- Child Care Provider or Teacher
- Meal Planning or Kitchen Staff
- Other

**SKIP TO Q. 9**

**CONTINUE TO Q. 6**  
(SOFT QUOTA OF ONE  
IN EACH MARKET)

**SKIP TO Q. 9** (SOFT  
QUOTA OF ONE IN  
EACH MARKET)

**TERMINATE**

**6. Do you care for at least one child between the ages of 2 and 5?**

- YES
- NO

**TERMINATE**

**7. How many children in this age range are you typically responsible for in a day? \_\_\_\_**

**8. Which category(s) describes the age of the child/children you care for?**

**MULTIPLE RESPONSES POSSIBLE**

- Age 2

**SOFT QUOTA 1 PER**

**GEOGRAPHY**

- Age 3-4

**SOFT QUOTA 1 PER**

**GEOGRAPHY**

- Age 5

**9. Do you work for a home-based family child care site or a center-based child care site?**

- |                          |                           |   |
|--------------------------|---------------------------|---|
| <input type="checkbox"/> | Family Child<br>Care Home | <b>CONTINUE (AT LEAST 1 IDI PER<br/>MARKET)</b> |
| <input type="checkbox"/> | Child Care<br>Center      | <b>CONTINUE</b>                                 |

**1 What is the last grade of school you completed?  
0. (READ LIST)**

- |                          |                                       |                  |
|--------------------------|---------------------------------------|------------------|
| <input type="checkbox"/> | Less than High School                 | <b>CONTINUE</b>  |
| <input type="checkbox"/> | High School                           | <b>CONTINUE</b>  |
| <input type="checkbox"/> | Vocational school/Technical<br>school | <b>CONTINUE</b>  |
| <input type="checkbox"/> | Some College                          | <b>CONTINUE</b>  |
| <input type="checkbox"/> | College                               | <b>CONTINUE</b>  |
| <input type="checkbox"/> | Post-graduate degree                  | <b>CONTINUE</b>  |
| <input type="checkbox"/> | Refused/NA                            | <b>TERMINATE</b> |

**11 Which of the following groups includes your age? (READ LIST)**

- |                          |             |                  |
|--------------------------|-------------|------------------|
| <input type="checkbox"/> | Under 18    | <b>TERMINATE</b> |
| <input type="checkbox"/> | 18 to 35    | <b>CONTINUE</b>  |
| <input type="checkbox"/> | 36 to 45    | <b>CONTINUE</b>  |
| <input type="checkbox"/> | 46 to 55    | <b>CONTINUE</b>  |
| <input type="checkbox"/> | 56 or older | <b>CONTINUE</b>  |
| <input type="checkbox"/> | Refused/NA  | <b>TERMINATE</b> |

**12. Please confirm the gender with which you identify (READ LIST):**

- |                          |                               |                                  |
|--------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> | Male                          | <b>SOFT QUOTA OF 1 PER STUDY</b> |
| <input type="checkbox"/> | Female                        |                                  |
| <input type="checkbox"/> | Other (please specify: _____) |                                  |

**13A. Which of the following best describes your ethnicity? (READ LIST)**

- Hispanic or Latino **CONTINUE**
- Not Hispanic or Latino **CONTINUE**

**13B. What describes your race?**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

**13C. Is Spanish your primary language?**

- Yes **RECRUIT 1 IDI in Bronx, NY; 1 IDI for Miami-Dade, FL; and 1 IDI for Gwinnett, GA.**
  
- No **RECRUIT 3 IDI in Bronx, NY; 3 IDI for Miami-Dade, FL; and 3 IDI for Gwinnett, GA.**

**14. We would like you to participate in a one-on-one interview on children's nutrition. The interview will be held in person on \_\_\_\_\_ and \_\_\_\_\_ AM/\_\_\_ PM at the child care site where you work. It will take approximately 1 hour.**

**Would you like to attend?**

- Yes **CONTINUE AND RECRUIT**
- No **TERMINATE AND THANK**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CIRCLE ONE:**

**DATE:** \_\_\_\_\_ **\_\_\_ AM or \_\_\_ PM**

**GEOGRAPHY (CIRCLE ONE):**

**Bronx**

**Gwinnett**

**Miami-Dade**