OMB BURDEN STATEMENT 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 0584-0524. The time required to complete this information collection is estimated to average 60 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.

**Attachment U: Screener for CACFP Sites**

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

We are recruiting child care centers and family child care homes that participate in the Child and Adult Care Food Program (CACFP) within Bronx County, New York, Miami-Dade County, FL, and Gwinnett County, GA to serve as host locations for research being conducted on behalf of the U.S. Department of Agriculture/Food and Nutrition Service. The research for which we are recruiting host locations 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*.

In each geographic market, we aim to recruit at least one child care center and one family child care home that participates in the CACFP and is in good standing to serve as host locations for a total of 4 small-group discussions with 3-5 people (triads) with parents/caregivers of children ages 2-5 enrolled at the center/home and 4 in-depth interviews (IDIs) with staff who care for children ages 2-5 and/or are involved in meal planning/preparation. A sample mix of host locations is provided below.

**SAMPLE HOST LOCATION DISTRIBUTION/MARKET**

|  |  |  |
| --- | --- | --- |
|  | **Triads\*** | **IDIs\*** |
|  | **English** | **Spanish** | **English** | **Spanish** |
| Child care center #1 | 1 |  | 2 |  |
| Child care center #2 |  | 2 |  | 1 |
| Family child care home | 1 |  | 1 |  |
| Total | 2 | 2 | 3 | 1 |
| \*Host locations may conduct multiple triads and/or IDIs as schedules and facilities permit. |

Host locations will be expected to provide a room where 90-minute triads can be conducted, a room or space where 60-minute in-person interviews can be conducted, assistance with recruiting of English-speaking and Spanish-speaking parents and caregivers of children ages 2-5, and assistance with recruiting of staff person for in-person in-depth interviews.

Attachment U – Nibbles Screener for CACFP Sites

Page 2

OMB #: 0584-0524

Exp: 09/30/2019

**START READING SCRIPT HERE:**

Hello, my name is \_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_. We are conducting market research on behalf of the U.S. Department of Agriculture, Food and Nutrition Service to update nutrition education materials for use at child care sites like yours that participate in the Child and Adult Care Food Program (CACFP).

Your center/home was referred to us by the [insert name of state agency]. We are looking for child care centers and family child care homes that participate in the CACFP where we can hold small group discussions with English-speaking and Spanish-speaking parents and caregivers. We also plan to conduct a limited number of in-person interviews with childcare providers.

1. Will your center/home provide a room that seats 6-8 people where we could have a 90-minute small group discussion? A meeting room, conference room, or other room that has a door, table, and access to electrical outlet will work. We will need access to the room for a total of about 4 hours: one hour before to set up audio recording equipment and research materials and one hour after to remove audio recording equipment and collect research materials. During the time the group is in progress, the room should be free of adults and children who are not participating in the discussion. The discussion can be scheduled after regular hours or any other time when you think that parents and caregivers would be most likely to participate.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No | TERMINATE AND THANK |
| Continue to Q. #2 |  |  |

1. Will you promote the small group discussion and help recruit English-speaking and Spanish-speaking parents and caregivers of children between the ages of 2 and 5 enrolled at your center/home who might be interested in participating? Our firm will provide flyers that you can post at your site and send home with the children. Every person who participates in the small group discussion will receive a $50 Visa or MasterCard gift card. We will also supply refreshments.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No | TERMINATE AND THANK |

Attachment U – Nibbles Screener for CACFP Sites

Page 3

OMB #: 0584-0524

Exp: 09/30/2019

1. We are also interested in getting feedback from child care providers. Will you allow us to conduct a 60-minute interview with a member of the staff who works with 2-5 year olds or is involved in meal planning or preparing meals? This interview can be scheduled on the same day as the small group discussion at a time that is convenient for the center/home.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

For hosting a small group discussion and providing a staff person to interview, your center/home will receive $300. This stipend covers any operating and staff costs that may be incurred due to participation in the research.

1. Right now, we expect the research to take place between May 15th and June 30th. We will call back to schedule a specific day and time. Are you the person that I should speak to about scheduling?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
|  | CONTINUE WITH Q. 5A | CONTINUE WITH Q. 5B |

5A. Please confirm your contact information. Do you prefer for us to follow up by phone or email?

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |
|  |  |
| Name |  |
| Organization |  |
| Title |  |
| Address: |  |  |
| City |   |
| State: |  | Zip code: |  |
| Phone number: |  |
| Email: |  |

Attachment U – Nibbles Screener for CACFP Sites

Page 4

OMB #: 0584-0524

Exp: 09/30/2019

5B. Please provide the contact information for the person we should speak with to schedule the research.

|  |  |
| --- | --- |
| Name |  |
| Organization |  |
| Title |  |
| Address: |  |  |
| City |   |
| State: |  | Zip code: |  |
| Phone number: |  |
| Email: |  |

Thank you.

**FOR STAFF USE ONLY:**

GEOGRAPHY (CIRCLE ONE):

|  |  |  |
| --- | --- | --- |
| Bronx | Gwinnett | Miami-Dade |

CACFP FORMAT (CIRCLE ONE):

|  |  |  |  |
| --- | --- | --- | --- |
| Child Care Center |  | Family Child Care Home |  |