

**RETAIN FOR YOUR RECORDS**

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## **Attachment V: CACFP Site Screener - Follow-up**

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

We are following up with child care centers and family child care homes participating in the Child and Adult Care Food Program (CACFP) within Bronx County, New York, Miami-Dade County, FL, and Gwinnett County, GA that have expressed interest in serving 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*.

Child care centers and family child care homes willing to host the research groups have agreed 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.

### **START READING SCRIPT HERE:**

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

First, thank you for offering to host discussion groups at your child care center/family child care home. Your assistance with this research initiative is important as it will inform the design, format and messaging of the *Nibbles for Health* newsletters and *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program*.

At this time, we would like to confirm some specifics for the research.

1. Please provide 3 potential dates and blocks of time (4-hour windows) when your center/home is available during the week of (month/day/year) to host the 90-minute triads that will take place with parents and caregivers.

| <b>Dates and Times for Triads of Parents/Caregivers</b> |  |      |  |
|---|--|------|--|
| Option 1<br>Date:                                       |  | Time |  |
| Option 2<br>Date:                                       |  | Time |  |
| Option 3<br>Date:                                       |  | Time |  |

2. Please provide 3 potential dates and blocks of times (2-hour windows) when your center/home is available during the week of (month/day/year) for the 60-minute, in-person interviews that will take place with staff members who care for 2-5 year olds or are involved in meal planning or preparing meals.

| <b>Dates and Times for In Depth Interviews with Child Care Providers</b> |  |      |  |
|--|--|------|--|
| Option 1<br>Date:  |  | Time |  |
| Option 2<br>Date:  |  | Time |  |
| Option 3<br>Date:  |  | Time |  |

3. Please indicate the number of Triads of parents/caregivers that you are able to accommodate.

|                        | <b>Triads</b> |
|------------------------|---------------|
| Child care center #1   |               |
| Child care center #2   |               |
| Family child care home |               |
| <b>Total</b>           |               |

4. Please indicate the number of In-depth Interviews with staff members who are involved in meal planning or preparing meals that you can accommodate.

|                        | <b>In-Depth Interviews</b> |
|------------------------|----------------------------|
| Child care center #1   |                            |
| Child care center #2   |                            |
| Family child care home |                            |
| Total                  |                            |

5. Please indicate the language preference for both the Triads and the In-depth Interviews.

|                        | <b>Triads</b>  |                | <b>IDIs</b>    |                |
|------------------------|----------------|----------------|----------------|----------------|
|                        | <b>English</b> | <b>Spanish</b> | <b>English</b> | <b>Spanish</b> |
| Child care center #1   |                |                |                |                |
| Child care center #2   |                |                |                |                |
| Family child care home |                |                |                |                |
|                        |                |                |                |                |
| Total                  |                |                |                |                |

Thank you.

**FOR STAFF USE ONLY:**

GEOGRAPHY (CIRCLE ONE):

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

CACFP FORMAT (CIRCLE ONE):

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