RETAIN FOR YOUR RECORDS

Attachment A: Screener: Parent/Caregiver Triad (English)

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BACKGROUND (DO NOT READ TO RECRUITEES)

We are recruiting groups of parents/caregivers within Bronx County, New York, Miami-Dade County, Florida and Gwinnett County, Georgia. The triad (small group) research we are recruiting for is intended to provide comprehensive feedback on the messaging, format, and images of the *Nibbles for Health* Newsletters (CACFP) materials (herein referred to as "Newsletters").

We aim to achieve a mix of triads with Child and Adult Care Food Program (CACFP) child care centers and family child care home environments, who will be recruited with input from providers at participating sites. Triads will be further segmented by language (English or Spanish) in each market.

RECRUIT 5 RESPONDENTS PER TRIAD FOR 3 TO SHOW

PROPOSED LOCATION (County/State)				
	Bronx/NY	Miami-Dade/FL	Gwinnett/GA	Total
Triads of Parents/caregivers				
English	2	2	2	6
Spanish	2	2	2	6
Total	4	4	4	12

Table 1: Triad Research Details with Parents/Caregivers

START READING SCRIPT HERE:

Hello, my name is ______ from _____. We are looking for people to participate in a small group discussion related to children's health sponsored by the U.S. Department of Agriculture/Food and Nutrition Service. The group will take approximately 90 minutes and will be held in person on ______ at [location]. Incentive for Participation: You will receive \$50 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.

Within the past 6 months	TERMINATE
7 to 12 months ago	ASK Q2
Never	SKIP TO Q3

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?
 - □ Yes **TERMINATE**
 - □ No
- 4. Do you take care of at least one child between the ages of 2 - 5?
 - ☐ Yes
 ☐ No TERMINATE
- 5. Does the child/children that you care for have any food allergies or intolerances?
 - TERMINATE
 - □ No
- 6. How many children in this age range do you take care of?
- 7. What are the age range(s) for the child/children that you care for?
 [RECORD MULTIPLE ANSWERS IF MORE THAN ONE CHILD. TERMINATE IF NO RESPONSES FOR AGE 2, AGE 3-4, OR AGE 5]
 - Under Age 2
 Age 2
 Age 3-4
 SOFT QUOTA OF 1 PER MARKET
 SOFT QUOTA OF 1 PER TRIAD
 - Age 5

□ Age 6 and over

8. What is your relationship to the child/children? (READ LIST)

□ Parent

CONTINUE CONTINUE

□ Other Caregiver

 \square

IF Caregiver, What is your relationship (Grandparent, uncle or aunt, friend of parent, etc.)? Please specify

- Is the child (children) that you care for attending a family child 9. care home or child care center?
 - Family Child Care Home \square

CONTINUE (AT LEAST 1 TRIAD PER MARKET)

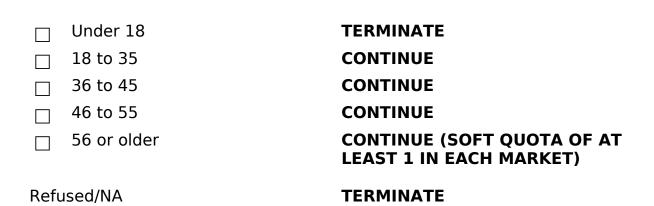
Child Care Center CONTINUE \square

Do you prepare or plan meals or handle food for the child/children? 10

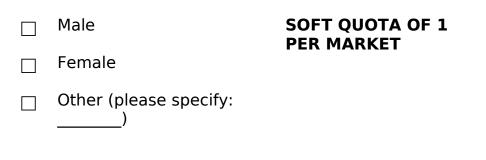
- TERMINATE No \square CONTINUE Yes
- **11** What is the last grade of school you completed? (READ LIST)

Less than High School	CONTINUE
High School	CONTINUE
Vocational school/Technical school	CONTINUE
Some College	CONTINUE
College	CONTINUE
Post-graduate degree	CONTINUE
Refused/NA	CONTINUE

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



13 Please confirm the gender with which you identify (READ LIST):



14 How many people are currently living in your household?

- 15 What is your total annual household income in 2016 before taxes? (This includes the combined income for everyone who lives in your home.) (READ LIST. TERMINATE IF HOUSEHOLD SIZE/INCOME EXCEED CACFP ELIGIBILITY GUIDELINES) Under \$22,311 \$22,312 - \$30,044 \$30,045 - \$37,777
 - \$37,778 \$45,510

- \$45,511 \$53,243
- \$53,244 \$60,976
- \$60,977 \$68,704
- \$68,710 \$76,442

16A Which of the following best describes your ethnicity?. (READ LIST)

Hispanic or Latino	CONTINUE
Not Hispanic or Latino	CONTINUE

16B. Which of the following best describes your race? (select one or more) (READ LIST)

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

16C Is Spanish your primary language?

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🗌 Yes	RECRUIT 100% for 1 Triad Bronx, NY; 1 Triad for Miami- Dade, FL; 1 Triad for Gwinnett,
🗌 No	GA. RECRUIT 100% for 3 Triad
	Bronx, NY; 3 Triad for Miami- Dade, FL; 3 Triad for Gwinnett, GA.

17. We would like you to participate in a small group discussion on child nutrition. The discussion will be held in person on ______ at ___AM/PM at [location]. The discussion will take approximately 90 minutes and you will receive a \$50.00 Visa or MasterCard gift card to cover any costs that you incur by participating in the research. -

	Would you like to atten Yes No	d? CONTINUE AND RECRUIT TERMINATE AND THANK
<u>Name</u> :		
<u>Address</u> : _		
<u>City</u> :	State:	Zip:
<u>Telephone</u>	:	
<u>E-mail</u> :		
	<u>CIRCI</u>	<u>E ONE</u> :
DATE:	AM or	_ PM
GEOGRAPI	IY (CIRCLE ONE):	
Bronx	Gwinnett	Miami-Dade