

C13. Sponsor Recruitment Call Script

This page has been left blank for double-sided copying.

Study of Nutrition and Activity in Child Care Settings II (SNACS-II) Sponsor Recruitment Call Script

Introduction

Hi, my name is (*NAME OF CALLER*) and I am calling from [Mathematica/Westat] on behalf of the second Study of Nutrition and Activity in Child Care Settings, or SNACS-II. We recently mailed you some information about the study. I am calling to follow-up and obtain some information from you to help us with our study planning.

Did you get our initial letter? [*If not, confirm e-mail address and email the letter as an attachment. 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 affiliated with your organization will be involved in? [*Answer questions as needed about the study and data collection activities.*]

Obtain Updated Child Care Provider Contact Information

We included in the letter that we sent you a list of the child care providers affiliated with your organization that were selected to be part of the study. Did you have a chance to review the list? [*If not, arrange to call sponsor back to review the list once they've gone over it on their own.*]

Let's look at the list together. We sampled more providers than we will need to contact for the study. This is so that we have "backups" in case some providers are no longer operating. We might not need to contact all the providers on this list, but we want to make sure we have updated information for all of them.

- Are there any providers on the list that you don't recognize? (*If the sponsor does not recognize a provider, probe for details to determine if the sponsor recognizes it by a different name or the provider no longer operates CACFP.*)
- Are all the providers on the list currently operating CACFP? (*If not, ask whether the provider might operate in the 2022-2023 program year.*)
- Does each provider operate the type of program listed for it? (If not, ask which program type(s) the provider operates. This difference in provider type will need to be updated in the SMS.)
- Does any of the information on the list of providers need to be added or updated, including the contact information for the provider, or the name and contact information for the points of contact? (If any information is incorrect or needed to be updated, ask sponsor to share the information on the call or send the corrected list to [secure study fax number]. Determine the date *this will be completed to plan when to follow up again if the list is not received.*)

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0.5 hours (30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Ask Sponsor to Provide Outreach to Providers in Support of Study

It would be very helpful if you would be willing to reach out to providers on our “main” list to let them know that (1) they have been selected to participate in the study, (2) you are encouraging them to participate, and (3) a member of the study team will be in touch with them shortly. While participation in this study is voluntary, providers and their sponsors are strongly encouraged to participate per Section 28 of the National School Lunch Act. Your endorsement will go far in winning trust and encouraging participation. Would you be willing to contact your providers about the study?

[If sponsor agrees, send them the “endorsement email to encourage provider participation” and “Study Components for Providers,” Attachment B in the Sponsor Enrollment Confirmation email.]

Great—thank you. I will send you a confirmation email and include an email template that you can use to encourage your providers’ participation, along with the list of providers and the data collection activities they will take part in. We will send the email template in both English and Spanish. As a reminder, this will be the “main” list. We will follow up with you if it turns out we need to contact any of the “backup” providers on the list.

(IF APPLICABLE) Discuss Cost Data Collection

As we indicated in the introduction letter, to help us with our data collection planning, we’d like to obtain some information about your organization’s costs related to CACFP food service operations, such as food purchasing and the labor that goes into preparing and serving meals and snacks at the child care providers your organization sponsors.

Who at your organization is responsible for overseeing food service costs and CACFP administration? We would like to contact this person to help us plan next steps for the cost study. Can you provide their name, title, and contact information so that we can contact them? *(If provided, record name and contact information in box below.)*

Name: Title: Telephone number and email address:

Next Steps

- *Thank the person for their time.*
- *Confirm the timeline for any information the sponsor will provide after the call.*
- *Remind the person that we will send the email confirmation.*
- *Arrange to call back for any unanswered questions.*
- *Provide your contact information so the person can contact you with questions, and refer them to the study website, [URL] and passcode [passcode].*