

H5. Child Food Diary Cover Letter

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«First_Name» «Last_Name»
«Address1»
«City», «State» «Zip»

Dear «First_Name»:

Thank you for taking part in the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). As part of this study, we will be asking you to complete [two/three] interviews over the telephone. The interviews will ask about your child's food and activities, including what your child had to eat and drink on [two/three] different days. The first day will be when your child attended child care. The second day will be when your child did not attend child care. [The third day will be another day when your child [attended/did not attend] child care.]

We will call you for your first interview on [INTERVIEW DAY OF WEEK AND DATE]. Please expect a call from telephone number 301-[XXX-XXXX] – this is the number you will see on your caller ID when we call. The interview will take no more than 45 minutes to complete. During the interview, we will ask you specific questions about the types and amounts of foods [CHILD NAME] had on [OBSERVATION DAY OF WEEK AND DATE], which is the day before your first interview.

We are including the Child Food Diary and the Food Model Booklet to help you report your child's foods and drinks during each interview.

- Use the Child Food Diary to write down the type and amount of food and drink your child has **on the day before each interview**. For the first interview, this means you should use the Child Food Diary on [OBSERVATION DAY OF WEEK AND DATE].
[IF CHILD ≥ 6 YEARS OLD: You may wish to have [CHILDNAME] participate in the first part of the interview, when we ask about foods and drinks [CHILDNAME] had on [OBSERVATION DAY OF WEEK AND DATE]. If [CHILDNAME] will not be available during the interview, please complete the Child Food Diary with [CHILDNAME], so that you can give us the information when we call. Completing the Child Food Diary in advance will help make the interview a little easier for you.]
- During the interview, we may ask you to use the Food Model Booklet to help with reporting the amount of foods and drinks that [CHILDNAME] had. Our interviewer will help you with using the booklet during the interview.

Please have your Child Food Diary and Food Model Booklet in front of you when we call. At the end of the first interview, we will schedule a time for the second interview. We will mail you a \$20 gift card after you complete the first interview, and a \$30 gift card after you complete the second interview. [We will mail you another \$30 gift card after you complete the third interview.]

If you have any questions, please contact your onsite Point-of-Contact, «POC_Name», at «POC_Email» or by phone or text at «POC_Phone».

We are looking forward to speaking with you soon!

Sincerely,

SNACS-II Study Team

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 0.0334 hours (2 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