C27. Pre-Visit Planning Interview Script

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Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

**Pre-Visit Planning Interview Script**

*Note to reviewers: This call script will be used with providers who agreed to participate in the study. Study coordinators will use this script to coordinate logistics for the data collection activities.*

Introduction

* Hello, my name is [STUDY COORDINATOR NAME] and I’m calling from [Mathematica/Westat] on behalf of the USDA’s second Study of Nutrition and Activity in Child Care Settings, or SNACS-II.

*[Confirm you are speaking to provider contact. If not available, confirm date/time for call back.]*

* Thanks again for agreeing to participate in this study! I am calling today to confirm our data collection plans and gather information about your [center/home] that will help our data collectors conduct their visit as smoothly as possible. Do you have about 15 minutes to talk with me now?

[*If not, complete as much of the call as possible and schedule a time to call back.*]

Schedule target week

* The first thing I would like to do is schedule the week when data collection will occur. We call this the “target week.”
* *If in child sample:* This is the week when [one/two] trained data collector[s] will visit your [center/home] for [one day/two days/three days].
* *If in cost-only sample:* On one day of that week, staff will be asked to participate in interviews and complete forms about how much it costs to produce CACFP meals and snacks.
* During this week, someone at your [center/home] will write down information about the foods and beverages served in each meal and snack. This is usually the food preparer.
* Does the week of [SUGGESTED WEEK] work for your site? *Study coordinator will refer to the SMS for suggested and back-up target weeks.*
* Is there anything happening that week that would make data collection difficult?
* What are the days and hours of operation for your site during that week?
* Are there preferred days for a visit during that week?

|  |  |
| --- | --- |
| **Scheduled target week:** | * Week of:
* Preferred days:
* Hours of operation:
* Target week restrictions (days/times):
 |

Request roster of eligible children and a schedule (child sample only)

* To help us select a small group of [infants and children/children/children and teens] to participate in the study, we’ll need you to provide a list of [infants and children up to age 12/children age 1 to 12/children and teens up to age 18] who are currently enrolled at your [center/home] (drop-ins should not be included). This should include the name, date of birth, gender, languages spoken, and classroom/group name for each child, the days when they attend, as well as the name, email address, and phone number of a parent/guardian. In addition, please identify any children with medical or special dietary needs that require meal accommodations.
* *If needed:* Unless your site has a policy that restricts serving certain foods to all children, or to all children in a specific classroom, we will avoid collecting data from children with medical or special dietary needs. Peanut butter is an example of a food that might be restricted to all children or to a classroom.
* We’d also like a copy of your schedule with information about when children arrive and leave, and when meals and snacks are served so that we can refer to it.
* We would like the roster and schedule by [DATE]. I will include instructions about where to upload the roster and schedule in a confirmation email that I will send you after this call. That email will also include a template that you may use as a guide for the roster. The schedule can be in any format that you have.

Identify Menu Survey (and Infant Menu Survey) respondent

* Now I would like to identify who the person is who will be responsible for completing [a] survey[s] about CACFP meals and snacks served during the target week. The Menu Survey [*if in infant sample:* and Infant Menu Survey] should be completed by the person most knowledgeable about the foods provided in CACFP meals and snacks, which is usually the food preparer or cook. The food preparer will receive a $50 gift card to compensate them for their time.
* *[Answer questions about the Menu Survey and Infant Menu Survey.]*
* Who will complete the Menu Survey (*if in infant sample:* and Infant Menu Survey)?

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| --- | --- |
| **Menu Survey respondent:** | * Name:
* Role/title:
* Mailing address:
* Email address:
* Phone number:
* Work hours:
* English or Spanish preferred:
* Other notes:
 |

* Thank you. We will mail [MENU SURVEY RESPONDENT] the materials before the target week and follow up to review the instructions and answer questions.

Identify onsite point-of-contact, or POC (child sample only)

* We’d like to identify someone at your site who can serve as the study team’s **onsite point-of-contact, or POC,** who will be our main contact for all data collection activities. This can be a current employee, parent, or approved volunteer who is detail-oriented and has familiarity with your site’s operations and access to children’s schedules. The point-of-contact will help us with recruiting parents and coordinating onsite data collection activities. They will be compensated for their time with a [FCCH: $150/Others: $350] stipend. We will provide them with detailed instructions and guidance on their role, as well as training and technical assistance. **Is there anyone that you think may be interested in serving as the point-of-contact to help us with these activities?**

*[Answer questions about the role. Obtain the person’s contact information below. Confirm that the individual(s) is an approved volunteer or staff member and has met the child care facility’s requirements for background checks and training to be at the facility and protect confidential information. FCCH operators are likely to designate themselves as the POC*. *If the respondent does not have any suggestions, ask them to think about it and suggest a deadline for follow-up. If the POC is not allowed to accept the stipend, ask if the stipend should be directed to the [center/home] or if it is not allowed at all.]*

|  |  |
| --- | --- |
| **Onsite POC:** | * Name:
* Role/title:
* Approved to volunteer/ met background check requirements?
* Email address:
* Work number:
* Cell phone number:
* Work hours:
* English or Spanish preferred:
* Other notes:
 |

* Thank you. We will contact [POC NAME] before the target week to review the role and answer questions. It would be great if you could let [POC NAME] know of these plans, preferably in an email with me copied. We will also meet with the point-of-contact in-person on the morning of the visit.

Determine logistics for the visit (onsite sample only)

* I’d like to get some information about your [center/home] to help us prepare for the visit.

|  |  |
| --- | --- |
| **Site address:** |  |
| **Access instructions:***(preferred entrance, additional clearance requirements, check-in/security procedures, badge required, who to ask for, etc.)* |  |
| **Parking:***(availability, location, cost if relevant)*  |  |
| **Internet access:** *Does the Center have wifi that study staff may access for data collection? Any special access instructions or password needed?* |  |
| **Other notes:** |  |

**Center/home schedule (*child sample only*)**

* The trained data collector(s) will observe activities [non-FCCH: in one selected classroom or group/ FCCH: at your child care home], as well as children’s meals and snacks for a few of the children during the visit day(s). To help us plan the timing and location for these activities, I have some questions about the schedule on [VISIT DAYS]. In addition, it would be helpful if you could provide the data collector(s) with a schedule on each morning of the site visit.

|  |  |
| --- | --- |
| **When should study staff arrive?***We need at least 30 mins to meet with staff before children arrive.*  |  |
| **When do parents drop children off, or how do children arrive?***We may want to be there to help distribute/collect parent consent forms.* |  |
| **What meals are served to children?** *(Breakfast, lunch, snack, dinner)?* |  |
| **When is the earliest snack/meal served?**  |  |
| **When do parents pick children up, or how do children leave?***We may want to be there to help distribute/collect parent consent forms.* |  |

**Height and weight measurements (*child sample only*)**

* We will also measure the height and weight of up to six sampled children in one classroom or group. We will get parents’ permission to do this, and the data collectors will bring the equipment with them. Data collectors will be trained to complete height and weight measurements as quickly and unobtrusively as possible, while ensuring that children feel comfortable with the process. Our protocol specifies that they avoid touching children or minimize touching when necessary and sanitize their hands and the measuring equipment before and after each measurement. In addition, the protocol mandates that data collectors are never alone individually with children, nor in a room with a closed door. It would be best to set up our stadiometer and scale on a hard and level surface (no carpet) in a location that is away from other children to avoid distractions. We prefer to have the onsite point-of-contact escort the children to and from the measurements. I have some questions to help us plan the logistics.

*[Answer questions about the height and weight measurements.]*

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| --- | --- |
| **What is the best location for these measurements?** |  |
| **What are the best times of the day for these measurements?** |  |
| **Will the onsite POC escort children to/from the classroom for this? (If not, who will?)** |  |

**Meal and snack observations (*child sample only*)**

* To help with the meal and snack observations, we will work with your food preparer to obtain measurements of serving utensils and portion sizes and confirm the meal and snack schedule. We will ask them to provide two reference food and beverage servings for every meal and snack served on the days we are onsite.

*[Answer questions about the reference portion measurements.]*

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| **Is [MENU SURVEY RESPONDENT] the person to meet with? If not, who?** |  |
| **When does s/he arrive for the day?** |  |
| **Where should we meet with her or him?** |  |

**Teen Survey (*at-risk afterschool or outside-school-hours care centers in child sample only*)**

* During their visit, the trained data collectors will administer a brief paper survey to up to six youth ages 10 to 18. Some of these youth will also complete the height and weight measurements, but others will not. The survey will take about 10 minutes to complete, and we will only give the survey to youth whose parents provided permission. Youth who complete the survey will receive a small thank-you gift.
* We would like to have the youth complete the survey in a group to minimize disruptions, but we can administer it one-on-one if that’s easier. If they are in a group, we would like enough space for the youth to spread out so they don’t see each other’s answers. If we administer it one-on-one, we can ask youth who are also participating in height and weight measurements to complete the survey at that time. We prefer to have the onsite point-of-contact escort the youth to and from the survey administration.

*[Answer questions about the Teen Survey.]*

|  |  |
| --- | --- |
| **Is group or individual administration preferred?** |  |
| **What is the best location for administering the survey?** |  |
| **What are the best times of day for administering the survey?** |  |
| **Will the onsite POC escort youth to/from the classroom for this? (If not, who will?)** |  |

**Infant Intake Form (*if infants are enrolled; child sample only*)**

* The trained data collector(s) would like to meet with the teacher or caregiver of any infants selected into the study. We will select no more than [four infants in your center/three infants in your home]. We will ask the teachers or caregivers to record the amount and types of food and beverages consumed by infants in child care on one day. Teachers or caregivers who complete these forms can choose a children’s book for your [center/home] as a thank you for participating. If forms are completed for three or more infants, they can choose multiple books.

*[Answer questions about the Infant Intake Form.]*

|  |  |
| --- | --- |
| **Names of teachers we will interact with during the visit:***(Record additional teachers on back of page.)* | * Name:
* Role/title:
* Email address:
* Phone number:
* Work hours:
* English or Spanish preferred:
* Other notes:
 |

**Next Steps**

* Those are all the questions I had for you today. Do you have any questions for me?
* I’m going to send you an email to confirm some of the information we just discussed.
* [*If in child sample:* This will include instructions for providing us with the schedule and list of children currently enrolled at your [home/center]. We will use this list to select a small group of children to participate in study activities.]
* *If in cost sample:* To help us prepare for the cost interviews that will be part of the data collection visit, a member of our team will call you with some additional questions.