

## **P. Recruitment Plan**

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Effective recruitment is vital to the success of SNACS-II. Gaining the cooperation of sponsors, providers, and parents is essential to ensuring high overall response rates and unbiased, reliable estimates. The SNACS-II recruitment plan leverages the team’s prior experience with recruiting child care sponsors, providers, and parents for research studies and incorporates strategies we have used successfully to recruit family day care homes (FDCHs).<sup>1</sup> We highlight several of the key features of the recruitment plan below. Table P.1 summarizes the timeline for recruitment activities.

- The **recruitment team** includes senior and mid-level staff plus consultants who are subject matter experts. All of them have experience recruiting a variety of child care providers. In addition, **point-of-contacts** will work with recruiters to support recruitment efforts for parents.
- To legitimize the study in the eyes of sampled respondents and provide critical leverage in securing cooperation, we will seek **endorsement letters and support** from national- and State-level organizations that work closely with providers.
- A **study website** will ensure that study information is readily available—consistently and at any time—to States, sponsors, providers, and parents. The website will highlight national and State support and endorsement of the study.
- The recruitment team will use consumer-friendly, colorful, and appealing **recruitment materials**. These tools will engage respondents and address their questions in a consistent, easily understood manner. The recruitment materials will also highlight the national and State support and endorsement of the study. Many of the materials will be available in both English and Spanish.
- The **recruitment approach** will incorporate various strategies to mitigate common challenges associated with recruiting. Among them are strategies for engaging harder-to-reach respondents, maximizing response rates, and minimizing attrition.
- We will use a web-based, centralized **study management system** (SMS) to track and manage all recruiting activities. The system will ensure that we contact sponsors of sampled providers within the specified time frame, before contacting the providers directly; the SMS will also ensure that contact information for sponsors and providers is up to date.

Finally, incorporating lessons learned will be a driving principle for all aspects of the recruitment plan. This includes lessons learned from SNACS-I and other studies with early child care sponsors and providers conducted by Mathematica, Westat, or our consultants.

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<sup>1</sup> Ward, D.S., A.E. Vaughn, R.V. Burney, and T. Østbye. “Recruitment of Family Child Care Homes for an Obesity Prevention Intervention Study.” *Contemporary Clinical Trials Communications*, vol. 3, 2016, pp. 131–138.

**Table P.1. Recruitment timeline**

Activity	Timeline
Anticipated OMB clearance	December 7, 2021
Notify sampled States and request lists of providers (and their sponsors)	December 2021–January 2022
Process States' lists and sample providers	February–May 2022
Submit summary report on the final sample	May 23, 2022
Recruit sponsors and providers and submit biweekly recruitment status reports	August 2022–January 2023
Submit summary report on total recruited sample	February 10, 2023

OMB = Office of Management and Budget.

## A. Recruitment team

The recruitment team will comprise recruiters for child care centers, Head Start centers, at-risk after-school (AR) centers, and outside-school-hours care centers (OSHCCs), a specialized team of FDCH recruiters, and point-of-contacts who will support parent recruitment efforts.

### 1. Recruiters

Our recruiting team will include experienced senior and mid-level research managers, as well as Vivian Gabor and Paula James, who bring to the team extensive experience in working directly with child care providers and families, and in recruiting for national and State studies of child care wellness practices. Bilingual recruiters will be available to recruit FDCHs and parents. Several members of the recruiting team will transition to serving as study coordinators for providers in the onsite data collection. Whenever possible, recruiters will serve as study coordinators for the sites they recruited so they can draw on the knowledge and rapport they establish during the recruiting process. They will prepare providers for the site visits and assist in coordinating logistics.

All recruiters will attend a four-hour webinar training that will provide an overview of the Child and Adult Care Food Program (CACFP), the study objectives, recruiting procedures and systems, and data collection activities. The training will emphasize the importance of gaining sponsors' cooperation and discuss effective strategies for interacting with providers.<sup>2</sup> It will offer strategies for recruiting different types of providers, as well as guidance on the number and type of outreach attempts. For example, although we will require a minimum of five attempts, we will train recruiters to continue attempts depending on the circumstances (for example, staff may be temporarily unavailable, or recruiters may have determined the optimal time of day to call, given the provider's operating hours). In addition, the training will especially emphasize recruiting AR centers and OSHCCs because these are nontraditional child care programs with special challenges that might require unique recruitment efforts. For example, school districts might require research applications or additional levels of approval for a CACFP provider to participate in the study.

<sup>2</sup> Study coordinators will participate in a separate training specific to the coordination role.

## 2. Specialized team of recruiters for FDCHs

We expect FDCHs will be more challenging to recruit than other types of providers. FDCHs tend to have fewer staff and limited physical space to accommodate visitors. They serve children across a variety of age groups who arrive and leave at different times of the day, and they provide more hours of care than do child care centers. In addition, a small but significant share of FDCHs (14 percent) do not have Internet access.<sup>3</sup> Therefore, gaining their cooperation, particularly for onsite data collection, will require a specialized approach.

A separate team trained to understand the unique concerns and sensitivities of FDCHs will recruit this group of respondents. As noted above, this team will include Vivian Gabor and Paula James to leverage their extensive experience working with FDCHs, as well as senior recruiters from Mathematica and Westat, many of whom have recruited FDCHs for other projects.

The FDCH recruiters' training will highlight the ways in which FDCHs differ from child care centers and the issues likely to matter most to FDCHs. Among these issues are concerns about burden, how the study will use the collected data, and letting strangers into their homes.<sup>4</sup> The training will also focus on strategies to address these potential concerns; it will include role-play exercises to practice interactions with FDCH providers.

Because we anticipate that some FDCH providers might require a Spanish-speaking recruiter, the team will include bilingual recruiters. Sponsors will most likely identify Spanish-speaking FDCH providers, but if a non-Spanish-speaking recruiter initially contacts a sample member who speaks only Spanish, the recruiter will be trained to read a short script in Spanish explaining that a bilingual recruiter will call the respondent back. The SMS will flag those Spanish-speaking sample members who require bilingual interviewers or data collectors.

## 3. Point-of-contacts

Recruiters will work with providers sampled for onsite data collection with infants, children, or teens to designate an point-of-contact who will be the main study contact—a current, detail-oriented employee, parent, or approved volunteer familiar with the site's operations and with access to children's schedules. In child care centers, Head Start centers, AR centers, and OSHCCs, center directors must approve the selection. In FDCHs, the provider will essentially play the role of the liaison. The point-of-contacts will assist with recruiting parents and coordinating data collection activities; they will receive compensation for their time.

Study coordinators will provide lists of sampled children to point-of-contacts, whose role will be to obtain information needed about sampled children; distribute recruitment materials to sampled parents; and direct parents to the study's website, toll-free number, and email address.

Point-of-contacts will serve a critical support role in recruiting parents; however, recruiters will conduct the actual recruiting by phone and email after liaisons have distributed the recruitment materials. This will ensure consistency in approach across providers and parents and avoid the potential for selection bias.

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<sup>3</sup> Glantz, F.B., A.A. Germuth, T.F. Macaluso, and K. Della Torre. "Findings of the CACFP Sponsor and Provider Study." Prepared by Kokopelli Associates, LLC, under Contract No. AG-3198-C-13-0012. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, 2018.

<sup>4</sup> Ward, D.S., A.E. Vaughn, R.V. Burney, and T. Østbye. "Recruitment of Family Child Care Homes for an Obesity Prevention Intervention Study." *Contemporary Clinical Trials Communications*, vol. 3, 2016, pp. 131–138.

(For example, if point-of-contacts focus their efforts on cooperative parents, and those parents differ systematically from less cooperative parents in ways related to the study outcomes, then the completed sample will be less representative of the population.) We will provide point-of-contacts with detailed instructions and guidance on their role, as well as training and technical assistance.

## B. Study endorsement and support

Gaining national- and State-level support for the study is critical to achieving high levels of cooperation. Several strategies will help us secure this support. We will seek endorsement letters from both national organizations and State-level organizations from the 25 sampled States. The sidebar shows examples of these organizations. Support from organizations recognized by sponsors and providers will reinforce the credibility of the study and legitimize it in the eyes of sampled respondents, thus providing critical leverage in securing cooperation.<sup>5</sup> In addition, for certain respondents—especially FDCHs—support from State-level organizations will resonate more than endorsements from national organizations.

The Food and Nutrition Service (FNS) will receive a final list of proposed organizations for review. The recruitment team will contact the FNS-approved organizations to request their support. Options for support include one or more of the following: (1) an endorsement letter on the organization’s letterhead; (2) announcements on the organization’s communication platforms, such as a website, newsletter, or electronic mailing list; (3) verbal support for the study communicated at meetings, forums, conferences, or other events; (4) permission to use an organization’s logo on recruiting

materials; and (5) other viable options recommended by the organizations.

### Potential national-level organizations

- CACFP Forum
- Child Care Food Program Roundtable
- National Association for the Education of Young Children
- National Association for Family Child Care
- National CACFP Professionals Association
- National CACFP Sponsors Association

### Potential State-level organizations

- Child Care Aware State affiliates
- State child care professional development associations
- State family child care associations
- State Head Start associations
- State licensing divisions

We will provide organizations with an FNS-approved sample template for written and verbal messages and, if an organization requests it, we will consider offering an informational webinar to its local staff to better equip them to promote SNACS-II. The written materials will be available in English and Spanish.

<sup>5</sup> Groves, R.M., R.B. Cialdini, and M.P. Couper. “Understanding the Decision to Participate in a Survey.” *Public Opinion Quarterly*, vol. 56, 1992, pp. 475–495.

Study materials will include or refer to the endorsements and support that will be posted on the study’s website.

### C. Study website

Although recruiters’ active engagement with providers is the most important recruiting strategy, a key supporting feature of our recruitment plan is a study website that will make study materials readily available to sample members at any time. The study’s website will include designated pages tailored for each type of respondent: State, sponsor, provider, parent, and teen.<sup>6</sup> These pages will summarize the study background, what participation in the study entails, the benefits of and incentives for participation, and frequently asked questions. The website will provide general updates about the study, such as any updates to the recruitment or data collection schedules. Sample members may read letters of support or endorsement and contact the study team via email, web chat, or phone. The study website will include Spanish versions of all translated communications to ensure that all sample members receive consistent messaging about the study. Table P.2 summarizes the planned content for the home page, content that all respondent-specific pages will replicate, and the content for the pages tailored to each type of respondent group.

Before we submit final materials to FNS, the website content and language will undergo editorial and graphics review to ensure user friendliness, with easy-to-understand plain language and images. The main page will be accessible to all viewers. Some aspects of the customized pages for States, sponsors, center-based providers, FDCHs, parents, and teens will require a passcode for access. All recruitment materials will include passcodes. These codes will help to tailor the displayed content to a sample member and ensure that recruiters prioritize inquiries from potential and confirmed study participants over more general inquiries. For example, the parent page could display different content depending on whether the parent has an infant, child, or teen selected to participate. Parents of teens will have access to both the parent and teen page.

The website will have a password-protected page for the point-of-contacts. This page will contain training resources to assist the point-of-contacts with completing their tasks.

**Table P.2. Planned website content for select pages**

Page	Examples of content
Home page	<ul style="list-style-type: none"> <li>• Study name and logo</li> <li>• Study goals</li> <li>• Endorsement letters</li> <li>• General study information</li> <li>• Sponsorship by USDA FNS</li> <li>• About Mathematica and Westat</li> <li>• General FAQs</li> <li>• Study team contact information</li> <li>• Technical support</li> </ul>
All pages	<ul style="list-style-type: none"> <li>• Data collection descriptions</li> <li>• Endorsement letters</li> <li>• Study team contact information</li> </ul>

<sup>6</sup> Because the teen sample includes ages 10 to 12, many of the external-facing materials refer to this group as *youth*.

Page	Examples of content
	<ul style="list-style-type: none"> <li>• Technical support</li> <li>• General FAQs</li> </ul>
State page	<ul style="list-style-type: none"> <li>• Why States should participate</li> <li>• What State participation entails</li> <li>• Instructions for uploading data files</li> <li>• Reference guide for preparing and submitting data files</li> <li>• State data file template</li> <li>• Link to secure FTP site to upload data files</li> <li>• Summary of other participation for States</li> <li>• State FAQs</li> </ul>
Sponsor page	<ul style="list-style-type: none"> <li>• Why sponsors should participate</li> <li>• What sponsor participation entails</li> <li>• About the Provider Survey, Menu Survey, and cost interviews</li> <li>• Link to summary of provider and family participation</li> <li>• Sponsor confirmation of enrollment</li> <li>• Sponsor FAQs</li> </ul>
Center-based provider page	<ul style="list-style-type: none"> <li>• Why center-based providers should participate</li> <li>• What provider participation entails</li> <li>• What family participation entails</li> <li>• About the Provider Survey, Menu Survey, and cost interviews</li> <li>• Center confirmation of enrollment</li> <li>• Center-based provider FAQs</li> </ul>
FDCH provider page	<ul style="list-style-type: none"> <li>• Why FDCH providers should participate</li> <li>• What FDCH provider participation entails</li> <li>• What family participation entails</li> <li>• Additional assistance for FDCHs</li> <li>• About the Provider and Menu Surveys</li> <li>• FDCH participation agreement</li> <li>• FDCH provider FAQs</li> </ul>
Parent page	<ul style="list-style-type: none"> <li>• Why parents, teens, and children should participate</li> <li>• How to participate in the study</li> <li>• Data collection at the site</li> <li>• About the Parent Interview</li> <li>• Your rights as a participant</li> <li>• What participation entails for infants, children, and teens</li> <li>• Consent submission form</li> <li>• Parent FAQs</li> </ul>
Teen page	<ul style="list-style-type: none"> <li>• Why teens should participate</li> <li>• What participation entails</li> <li>• Your privacy and rights as a participant</li> <li>• Teen FAQs</li> </ul>

FAQ = frequently asked questions document; FDCH = family day care home; FNS = Food and Nutrition Service; FTP = file transfer protocol; SNACS-II = Study on Nutrition and Activity in Child Care Settings II; USDA = U.S. Department of Agriculture.



## D. Recruitment materials

Table P.3 summarizes the recruitment materials for each respondent group. We will distribute materials in several formats, including hardcopy and online formats, to all sample members. The recruitment approach for sponsors and providers will entail sending packages via mail and email, plus follow-up emails and phone calls. The approach for recruiting parents will involve distributing materials by point-of-contacts; directing parents to the study’s website; and contacting parents via phone, email, and the chat feature on the study’s website. When field interviewers (FIs) are visiting AR centers and OSHCCs, they will recruit teens whose parents provided consent.

**Table P.3. Summary of recruitment materials**

Group	Recruitment materials
States	<ul style="list-style-type: none"> <li>• Study notification email from FNS</li> <li>• Recruitment letter with link to study website</li> <li>• Study fact sheet with FAQs</li> <li>• Recruitment call talking points for recruiters</li> </ul>
Sponsors	<ul style="list-style-type: none"> <li>• Recruitment letter with link to study website</li> <li>• Letters of endorsement and support</li> <li>• Study fact sheet with FAQs</li> <li>• Study brochure</li> <li>• Recruitment follow-up email</li> <li>• Recruitment call talking points for recruiters</li> <li>• Email confirmation of enrollment and participation details</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Recruitment letter with link to study website</li> <li>• Letters of endorsement and support</li> <li>• Study fact sheet with FAQs</li> <li>• Study brochure</li> <li>• Recruitment follow-up email</li> <li>• Recruitment call talking points for recruiters</li> <li>• Pre-Visit Planning Interview</li> <li>• Email confirmation of enrollment and participation details</li> </ul>
Point-of-contacts	<ul style="list-style-type: none"> <li>• Point-of-contact letter</li> <li>• Child roster</li> </ul>
Parents	<ul style="list-style-type: none"> <li>• Recruitment letter with link to study website</li> <li>• Parent brochure</li> <li>• Study fact sheet with FAQs</li> <li>• Consent form</li> <li>• Study description for the provider newsletter</li> <li>• Recruitment call talking points for recruiters</li> <li>• Letter confirming enrollment and participation details</li> </ul>
Teens	<ul style="list-style-type: none"> <li>• Assent form (included in the Teen Survey)</li> </ul>

FAQ = frequently asked questions document; FNS = Food and Nutrition Service.

We will develop materials that seek to engage each type of sample member. These materials will include fact sheets, FAQs, and brochures for sponsors, providers, parents, and teens.

The recruitment materials will include easy-to-understand language and feature the study logo prominently to build familiarity. Recruiting materials for FDCHs will explicitly address their unique concerns about burden, data use, and the presence of FIs by stressing confidentiality, highlighting key motivations for participating, and describing how FIs will identify themselves. In addition, the materials for FDCHs will refer to them as *family child care homes*, a term that is more familiar to these providers.

We will customize the recruitment materials for each sample group to describe the appropriate set of data collection activities. Our SNACS-II consultants, Paula James and Dr. Dianne Ward, and the study's external reviewers will review and provide feedback on drafts of the recruitment materials, and we will ask for feedback from pre-test participants. Before we submit the final drafts to FNS, the materials will undergo editorial and graphics review to ensure they are user-friendly.

## E. Recruitment approach

Recruitment will begin after we receive OMB approval. Table P.4 summarizes the recruitment steps by respondent type for in-person data collection activities. FNS will first notify the Regional Offices, and the Regional Offices will notify the 25 States sampled into the study. Recruiters will then send study information to the States and follow up to answer questions and obtain States' lists of providers and their sponsors (if applicable). We will identify the provider for the sampled programs from these lists. It is likely that the provider may be sampled for one than one program; the recruitment team will provide additional support to these providers, to reduce burden and minimize confusion. After the sample is selected, recruiters will proceed with contacting sponsors associated with providers of sampled programs.

**Table P.4. Recruitment steps for in-person data collection activities**

Respondent	Steps
States	<ul style="list-style-type: none"> <li>• FNS notifies Regional Offices</li> <li>• FNS Regional Offices notify States</li> <li>• Recruiters send study information packages, identify State points of contact, and follow up as needed</li> <li>• States provide lists of sponsors and providers</li> </ul>
Sponsors	<ul style="list-style-type: none"> <li>• Recruiters send recruitment packages and follow up as needed</li> <li>• Recruiters email confirmation of study enrollment and participation details</li> <li>• Sponsors encourage providers to participate</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Recruiters send recruitment packages, screen for eligibility, and follow up as needed</li> <li>• Recruiters email confirmation of study enrollment and participation details</li> <li>• Providers with child data collection submit information needed for sampling and identify point-of-contacts</li> <li>• Providers with child or cost data collection complete the Pre-Visit Planning Interview</li> <li>• Providers with cost data collection complete the Pre-Visit Cost Interview and Pre-Visit Cost Form</li> </ul>
Parents	<ul style="list-style-type: none"> <li>• Study coordinators provide point-of-contacts the list of sampled CACFP participants</li> <li>• Point-of-contacts distribute recruitment packages to sampled parents and direct them to study resources</li> <li>• Study coordinators follow up as needed</li> <li>• Parents provide consent</li> </ul>

CACFP = Child and Adult Care Food Program; FNS = Food and Nutrition Service.

### **1. Recruiting sponsors**

Sponsors' buy-in is critical to recruiting providers. Recruiters will send study materials to sponsors and follow up regularly to answer questions and gain cooperation. When a sponsor agrees to having its providers participate in the study, the recruiter will confirm the details with the sponsor and ask the sponsor to contact providers. To ensure consistent messaging and reduce sponsor burden, we will provide the sponsors with an email template that can be used to introduce the study and encourage provider participation. If the sponsor is not willing to make this initial contact, we will confirm that we can proceed with contacting the provider directly.

### **2. Recruiting providers**

We will contact independent providers directly, and we will contact sponsored providers after first working with the sponsors. Recruiters will send study materials and follow up to confirm eligibility and encourage the provider to participate. Examples of ineligibility that we can determine during the recruiting process include providers that no longer operate CACFP or AR centers that serve drop-ins exclusively. After an eligible provider agrees to participate, the recruiter will schedule the target week and send a written confirmation outlining study activities.

About six weeks before the target week, study coordinators will use the Pre-Visit Planning Interview to gather details from providers with onsite data collection. These details, such as hours of operation and any special access requirements, will help FIs conduct visits as smoothly as possible. Providers participating in the cost study will also complete the Pre-Visit Cost Interview and Pre-Visit Cost Form. Providers participating in onsite child data collection will designate a point-of-contact. A Menu Survey technical assistant will contact providers with no onsite data collection closer to the target week.

Some sponsors and providers will require formal approval to participate in the study, such as from a school district research review board. During the recruiting process we will determine the need for such approval and, if needed, the schedule and steps involved for seeking approval within the study's timeline.

### **3. Recruiting parents**

After a provider agrees to participate in the study, we will select a sample of children (and infants or teens, as applicable) following several steps:

- The study coordinator will work with the center director to identify a point-of-contact. FDCH operators are likely to designate themselves as the liaisons.
- The study coordinator will speak with the point-of-contact to outline study procedures and establish rapport. The study coordinator will also offer to set up a brief conference call or webinar to discuss the study with teachers and center staff and answer their questions. We have found teachers' buy-in is critical to gaining parents' consent.
- The study coordinator will request a roster of eligible children, including their names, dates of birth, sex, days of week in child care, and classrooms (or groups of children). This information will be used for sample selection. The coordinator will enter roster information into the SMS and select the classroom and children to include in the study. The study coordinator will tell the point-of-contact which classroom and children were selected. The procedures are similar for selecting infants and the supplemental sample of teens for Objective 3c.

Although collecting classroom and child information simultaneously is more efficient, we will first select a classroom and then sample children within it in two steps if a provider is unwilling to share the roster of all children before we select the sample.

- The study coordinator will then transmit the sample information and recruitment materials to the point-of-contact.
- The point-of-contact will distribute recruitment materials to the parents or guardians of sampled participants. The point-of-contacts and recruitment materials will direct parents to the study’s website and email address and the project’s toll-free number for more information. Point-of-contacts will have extra copies of the parent brochure, which we will ask the liaisons to post in prominent locations to raise awareness of the study. Liaisons will also ask providers and sponsors to include content about the study in newsletters or other tools used to communicate with parents.

Obtaining parental consent might be more difficult in AR centers and OSHCCs because children will be older. We will encourage point-of-contacts to use a variety of methods to contact parents, such as sending emails (using provided templates) or other methods the provider uses for contacting parents.

- Parents will provide consent by mailing the consent form to the study team in the provided postage-paid envelope or by submitting a consent form on the study’s website.

#### 4. Recruitment strategies to maximize cooperation

Several strategies built on the lessons learned from the recruiting challenges in SNACS-I (Table P.5) will facilitate successful recruitment of providers, parents, and teens. We designed these strategies to engage harder-to-reach respondents, maximize response rates, minimize attrition, and make use of incentives. During recruiting, we will refine or supplement these strategies with recommendations from consultants, State agencies, sponsors, providers, and point-of-contacts, when applicable and feasible.

**Table P.5. SNACS-I recruiting challenges and potential solutions for SNACS-II**

Challenge	Potential solution
Lack of support from State agencies	We will emphasize the importance of the study in the communications sent to State agencies. We will also share letters of endorsement and support from national organizations to encourage cooperation. We will notify FNS if we learn of any States that discourage providers from participating.
Missing or inaccurate contact information on State-provided lists	We will request contact information from sponsors and conduct Internet searches to add or update this information. We will use mail, email, and telephone contacts to maximize the chances of reaching an appropriate contact.
Reluctant or nonresponsive sponsors	Sponsors are crucial to gaining cooperation from providers. Often, providers will not participate without the sponsors’ endorsement. In SNACS-I, some sponsors did not receive the study communications before providers were contacted, which caused some upset and slowed the process. We will assume sponsor outreach will require a confirmatory response from sponsors. We will not contact providers without confirmation that the sponsor received information about the study.
Needing to release back-up sample	When the SNACS-I back-up sample was released, some sponsors were re-contacted and then became resistant to participating. To address this challenge, we will set sponsors’ expectations in the initial outreach by indicating that we might add additional providers to the sample over time.
Time lag and changes between	AR centers and OSHCCs might stop operations between school years.

Challenge	Potential solution
sampling, recruiting, and data collection	Although we will recruit and collect data from providers in the same school year, we will draw the sample of providers by May 2022, and we can expect some churn between then and the start of recruiting in August 2022. We will address this by selecting an ample back-up sample and prioritizing screening to determine whether these providers are operating when recruiting begins, which will allow us to release the back-up sample quickly.
Provider contacts might not know whether the provider is affiliated with a sponsor	Our consultants and the external reviewers will offer feedback on the recruiting materials to make the language as clear as possible. We will train recruiters to work with the provider contacts to identify a knowledgeable person to assist with eligibility screening. Our over-recruiting plans assume that some share of recruited cases will turn out to be ineligible before the data collection visit.
Providers can operate more than one CACFP program type	To minimize burden and avoid unit nonresponse, the sampling plan is designed to reduce the chances of providers being selected for more than one program. If any providers are sampled more than once, the recruitment team will work with sponsors and providers to identify potential approaches to streamlining response burden.
Post-recruitment attrition	In addition to over-sampling to account for ineligible providers, we will over-recruit providers to guard against attrition after the provider agrees to participate. This approach will help achieve the recruitment targets and preclude the need to conduct additional recruitment during data collection. We expect some attrition due to reasons such as center closures, local crisis, staff turnover, budget issues, and other unexpected events. We will over-recruit, assuming that 80 percent of recruited providers will complete data collection. If attrition is less than anticipated, we will randomly select the appropriate number of centers to release from data collection. In our experience, sample members do not mind if the planned data collection is cancelled.
Lower than expected parental consent rate at the time of the data collection visit	We will attempt to build in more lead time before each scheduled visit, relative to SNACS-I, to obtain consent forms, and we will work closely with liaisons to identify sites' preferred distribution and collection procedures. We will design the data collection protocol with flexibility to allow for consenting children during the data collection visit, particularly in FDCHs and for infants. Although we will attempt to obtain consent before the data collection visit, it might be possible to recruit a few more cases while on site.

AR = at-risk; CACFP = Child and Adult Care Food Program; FDCH = family day care home; OSHCC = outside-school-hours care center; SNACS-I = Study on Nutrition and Activity in Child Care Settings I.

In addition to the strategies described in Table P.5 that address the challenges encountered in SNACS-I, we have planned several additional strategies to encourage participation. These strategies seek to build sample members' trust that the study is legitimate and will use data as intended:

- We will send the initial recruitment package to sponsors and providers in an envelope that will help the materials stand out from other mail and reduce the likelihood of it being mistaken as junk mail. The package will also convey the legitimacy of the study.
- We will rely on sponsors as the first means of outreach. Thus, we will recruit providers only after the sponsor has confirmed receipt of the study notification, as noted previously. We will also take this approach with providers who are unaffiliated with their sponsor so that these sponsors are not surprised by the study and discourage participation. In previous studies with child care providers, the participation of the sponsors has proven essential for providers' participation. Further, sponsor participation confers an additional level of legitimacy for the study.

- To promote the study’s legitimacy and importance to parents, we will work with the point-of-contact to encourage the onsite posting of parent brochures that highlight the provider’s participation.
- COVID-19 could be an ongoing threat in 2022 and 2023, or visitor policies might be stricter than before the pandemic. We will describe safety practices in the recruiting materials and conversations with sample members, noting, for example, that we will provide FIs with personal protective equipment and instruct them to wash their hands frequently and sanitize the scale and stadiometer after measuring each child. We will also describe our efforts to minimize time on site, such as collecting more cost data before the visit.

We will employ other strategies to reduce the perceived or actual burden on respondents:

- Recognizing that communication preferences vary, we will create both a study website and hardcopy materials. During recruiting calls, we will identify the appropriate respondent for various elements of the data collection and collect key information that will enable us to tailor our approach to each site’s circumstances and preferences. This is especially true for FDCHs (these are less likely than centers to be accustomed to participating in studies), for which the perceived burden might be greater because they have few staff. Tailoring our interactions builds trust and minimizes the burden placed on sample members.
- We will train the recruiters to be flexible in their outreach to providers. For example, if a provider has trouble accessing the study’s website, the recruiter can offer to email or mail copies. Providers with more concerns might require more effort to recruit; in these cases, recruiters will check in more frequently with the provider, using the provider’s preferred mode of communication, and the option always exists to have the provider speak to a more senior member of the recruiting team if necessary. Being responsive to provider preferences may minimize the effort it takes to achieve providers’ participation.
- When feasible, we will send reminders via text message (with permission) and email to parents to help them prepare for the Parent Interview and dietary recall interviews. The text message and email will indicate the interviewer’s phone number and caller identification so that parents will be able to recognize the number when called and not reject the call as spam.

A final set of strategies aim to communicate the benefits of participation to respondents:

- Recruiters will emphasize the importance of the study for FNS and the CACFP community in their communications with sponsors, providers, and parents. Recruiters will also emphasize that participation ensures that the data used to guide policy decisions represent sponsors, providers, or parents—like the sample members—and the study will use those data to help providers promote children’s wellness. These conversations will reinforce the same information conveyed in written recruitment materials and on the study website.
- We plan to offer thank-you payments to achieve high levels of participation. Next, we describe the incentives for activities that facilitate the data collection. Table IV.1 presents the incentive amounts planned for specific data collection instruments.
  - **Point-of-contacts.** Because liaisons are critical to the success of data collection visits, we will offer them stipends for their efforts. Liaisons in child care centers, Head Start centers, AR centers, and OSHCCs will receive a \$400 stipend. FDCH providers will receive \$150.
  - **Providers with onsite data collection.** After providers agree to participate, we will offer them a choice from a limited menu of thank-you gift options to sustain cooperation post-recruitment for

onsite data collection activities. In addition to gift cards, options could include supplies, education posters, or books of equivalent value.<sup>7</sup> This interim incentive might help to minimize attrition between recruitment and data collection by encouraging providers to reciprocate the gift with their continued cooperation.

- After data collection is complete, all cooperating providers will receive certificates of appreciation that include the study's name and logo and are, potentially, signed by a U.S. Department of Agriculture official. The certificates will recognize providers as contributors to a national study that will affect child care policies and programs. We will include a brief summary of the data collection, with high-level, descriptive information on the number of sponsors, providers (by type), parents, and teens who participated in the study. The summary will include aggregate information on the number of participants by respondent type and location, and general information on the study's timeline moving forward. Because we plan to send the certificates and summary soon after data collection, the summary will not include study findings.

## F. The Study Management System

The SMS is a secure, web-based system we will use to maintain sponsors' and providers' information and track recruitment and data collection activities. We enforce SMS security by strict user access hierarchies with password protection to enforce basic information security rules that customize each person's access. The SMS limits access to information to what an individual needs to carry out assigned responsibilities.

The SMS will enable study staff to view all sample information, manage the release of the samples, generate study mailings, conduct and monitor the recruitment, document the status of recruitment for all respondents, and generate status reports.

In summary, the SMS will serve as the primary management tool for tracking the study's progress and status, in close to real time, over the course of recruitment. This will help us to rapidly identify and resolve any operational issues.

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<sup>7</sup> The study consultants believe the monetary gift will be the most popular, especially for FDCH providers, because it maximizes flexibility for the recipient. However, a nonmonetary gift might be allowable for providers who cannot accept a monetary gift.