

## **C23. Provider Recruitment Call Script**

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

*Note to reviewers: This script will be used to call providers after they receive the recruitment letter. Recruiters will use this script to screen for eligibility and encourage providers to participate in the study. Recruiters will be trained on the eligibility criteria so that they screen accurately.*

### 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 because your [center/home] was selected to participate. I am calling to follow up on that mailing to answer any questions you have and get some more information about [SAMPLED SITE NAME]. Did you get our initial letter?

*[If not, confirm email address and send an email with the letter as an attachment. Suggest they view the study website [URL], using passcode [PASSCODE]. Arrange to call back at another time.]*

SNACS-II will help providers, sponsors and USDA learn more about how the Child and Adult Care Food Program (CACFP) helps children learn and grow. It will look at CACFP operations and the nutrition and wellness environment of more than 1,300 child care providers across the country. We hope that you will participate in this important study.

### Review study activities

- Your site has been selected to participate in the following activities:
  - Designated staff at your [center/home] will be asked to complete surveys about food service operations, physical activity practices, and the CACFP meals and snacks served over a one-week period.
  - *If in cost sample:* You and the food preparer will be asked to participate in interviews and complete forms about how much it costs to produce CACFP meals and snacks. *[If sponsored:* Your sponsoring agency will also be asked to provide some of this information.]
  - *If in child sample:* To help us select a few children to participate in the study, we will ask you to **provide a roster of all enrolled children**. We will ask the selected children's parents or guardians to provide permission for their participation in all study activities.
    - o We will **schedule an onsite visit** for a time that is convenient to you and your staff. During that visit, [one/two] trained data collector[s] will visit your [center/home] for [one day/two days/three days] to observe physical activities and meal and snack service. The data collector[s] will measure the height and weight of selected children between the ages of 1 to 12 years old. *[If child care center or FCCH:* If your [center/home] cares for infants under age 1, we will ask staff to complete forms about what selected infants eat on one day while in care.]
    - o We will also ask you to identify someone to serve as the study's **onsite point-of-contact, or POC**. The POC will help invite parents/guardians to participate and coordinate the visit. Because this person's help is critical to the success of this study, we will give them a [\$350/\$150] stipend to compensate them for their time.
    - o *If AR center or OSHCC:* Onsite data collectors will also give selected youth (ages 10–18) a brief paper survey about their experiences with food and physical activity.
    - o We will also ask parents or guardians of selected children to complete up to three short telephone interviews about their household.
- Do you have any questions about these activities? *[Answer questions as needed]*

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 0584-0669. The time required to complete this information collection is estimated to average 0.50 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 (0584-0669). Do not return the completed form to this address.

## Confirm eligibility

- I'd like to review the information I have about your [center/home] to confirm it's accurate.
  - Is your [center/home] currently operating CACFP, or the Child and Adult Care Food Program?
 

*[If not, ask if it previously operated CACFP and when it stopped. Say you need to check with the study team before re-contacting the site. End the call.]*

*[If respondent says any afterschool snacks are funded through the National School Lunch Program, ask if any meals/snacks are funded through CACFP. If not, explain that they are ineligible because the study focuses on CACFP. End the call.]*
  - To confirm, is [SAMPLED SITE NAME] a [child care center/Head Start center/family child care home/at-risk afterschool center/outside-school-hours care center]?
 

*[If not, ask which program type(s) the provider operates. Ask for location information and say you need to check with the study team before re-contacting the center. End the call.]*
  - Skip if FCCH: Does your center also serve afterschool snacks through the National School Lunch Program, or NSLP?
  - Skip if Head Start center, FCCH, or a sponsored child care center site: It appears that [SAMPLED SITE NAME] is operating as an independent center for CACFP. This means the center handles all operational responsibilities, including financial and administrative responsibilities. Is that correct?
 

*[If not, and the center is sponsored, collect sponsor contact information and say you will reach out to the sponsor right away before re-contacting the center. End the call.]*
  - If AR center: Does your center exclusively serve drop-in children?
 

*[If so, verify that the center has zero enrolled children, then explain they are ineligible because the study can include only enrolled youth. End the call.]*
- If AR center or OSHCC in child sample: Are the activities offered at your site typically organized with groups of children rotating through the same activities together or is a child's schedule more individualized based on their activity preference or needs?
  - If children are not organized into classes or groups: How are children grouped together for CACFP meals and snacks? For example, are they grouped by grade, age, or something else?
- Now I would like to find out a little about enrollment at [SAMPLED SITE NAME].
 

*[Based on the program type, ask for the number enrolled in each age group. If a center has fewer than 12 children or youth or a FCCH has fewer than 6 children, consult with the study team.]*

	FCCH	Child care center, Head Start center	AR (enrolled, not drop-in)	OSHCC
Infants (under age 1)			N/A	N/A
Children (1–2 years)			N/A	N/A
Children (3–5 years)			N/A	
Children (6–9 years)	N/A	N/A		
Children (10–12 years)	N/A	N/A		
Youth (13–18 years)	N/A	N/A		N/A

## Confirm enrollment

- Based on the information we have about [SAMPLED SITE NAME], you are eligible for SNACS-II. We are so excited to have you join the study! Can I count on your participation?
 

*If they decline:*

  - Can you tell me a little more about your concerns? *[Express empathy and try to address their specific concerns. For example:]*

### General concerns

- o Your participation will help provide a realistic snapshot of what is and isn't going well in child care centers around the country, which is extremely useful information for policymakers working to support child care providers and children.
- o Under the terms of Section 28 of the Richard B. Russell National School Lunch Act, institutions participating in CACFP are required to participate in this data collection.

### Time or cost concerns

- o We designed study activities to be as efficient as possible, and our team is available by phone and email to provide as much guidance and support as you and your staff need.
- o The site visit will be brief and the trained data collector(s) will keep disruptions to a minimum.  
*[Describe how long different activities will take, if needed.]*
- o Incentives (for different types of respondents, commensurate to the level of burden):
  - **Providers with onsite data collection** will receive a \$10 gift card as a thank-you after they agree to participate. At the end of the study, they will receive a certificate of appreciation and a study summary.
  - **Onsite point-of-contact for the study** will receive a stipend for their efforts: [FCCH: \$150/\$350: Others].
  - **Provider staff member who completes the survey about meals and snacks** (typically the food preparer) will receive a \$50 gift card.
  - *If child care center or FCCH serving infants:* **Provider staff member(s) who complete(s) the form about what infants eat** 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.
  - *If child sample:* **Parent Interview:** \$20 gift card for the first interview they complete, and \$30 gift cards for up to 2 additional interviews.
  - *If AR center or OSHCC:* **Teens who complete a survey** will receive a small gift, and **their parents** will receive a \$10 gift card for completing the Teen Parent Interview.

### Privacy concerns

- o The study is not an audit. We will not share any names with FNS.
- o We will not collect data about infants, children, or youth without the permission of their parents or guardians.
- o We will protect personally identifiable information, such as people's names. We will not share this information with anyone outside of the study team.

### Safety concerns

- o Our data collection protocols have been designed to minimize time spent on site. [This includes collecting some of the cost data before the visit.] We will provide data collectors with personal protective equipment, or PPE, and instruct them to wash their hands frequently [and to sanitize the scale and stadiometer after measuring each child's height and weight. Data collectors will avoid touching children.]
- o Data collectors will undergo a criminal background check. They will never be alone with children or in a room with a closed door.

### If they agree:

- I'm so glad you plan to participate! *[If in onsite sample:* I'd like to send your [center/home] a small gift card to thank you. Where should I mail it?]
- SNACS-II has received IRB approval to conduct this study. Does your site require any additional formal approval to participate in studies, such as from a school district research review board?  
*[If so, ask for details on the process and timeline, so we can start this request.]*
- Now that we have you on board, do you have time to get into some of the logistical planning with me right now, or should I call you back?

## Next Steps

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- If they have time: Proceed with the Pre-Visit Planning Interview
- If they don't have time:
  - Schedule an appointment to call back.
  - Mail the gift card if the provider is in the onsite sample.
  - Provide your contact information so the person can contact you with questions, and refer them to the study website, [URL] and passcode [PASSCODE].