Feeding Toddlers Questionnaire

OMB Burden: 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 0584-0524. The time required to complete this information collection is estimated to average 3 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, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0524). Do not return the completed form to this address.

Thank you for signing up to give feedback on free handouts and videos for Child and Adult Care Food Program (CACFP)child care sites.

As a reminder, Applied Curiosity Research (ACR) is working with the United States Department of Agriculture, Food and Nutrition Service (FNS) to create a handout and videos to help child care sites with the updated CACFP guidelines for feeding toddlers. ACR is gathering feedback from child care providers and directors across the country to make sure these materials are clear and relevant.

If you are eligible to participate your responsibilities will include:

- Step 1: Look through an 8-page handout (these materials will be mailed to you)
- Step 2: Complete a 30-minute phone conversation with a member of the ACR team
- Step 3: Click on a link during our interview to watch a few 1-2 minute videos on your phone or computer and give feedback on these videos
- Step 4: We will send you \$25 for your time.

Please note that your information will be kept private and not shared with anybody outside of our

| pı | project team for any reason other than required by law. | | |
|----|--|--|--|
| | 1. If you are still interested in participating, click the following button to complete a brief questionnaire: | | |
| | I'm Interested | | |
| | I'm not Interested | | |
| | | | |
| | | | |
| | | | |

Please complete the following questionnaire honestly to see if you are eligible to participate in this project.

| 2. What is your role at your current child care site? | | | | |
|---|---|--|--|--|
| Site Director | | | | |
| Lead Classroom Provider | | | | |
| Assistant Classroom Provider | | | | |
| Classroom Aide | | | | |
| Other (please specify) | | | | |
| | | | | |
| 3. How many years have you been working in child | caro? | | | |
| First year | 11-15 years | | | |
| 1-5 years | Over 15 years | | | |
| 6-10 years | | | | |
| 4. How old are the children in your classroom? If you site serves. (Select all that apply). Less than 12 months old 12 months-24 months 25 months – 36 months 48 months and older | u are a director, please select the ages of children your | | | |
| 5. What is your current age? | | | | |
| Under 25 | 45-54 | | | |
| 25-34 | <u>55+</u> | | | |
| 35-44 | | | | |
| | | | | |

| Hispanic or Latino Not Hispanic or Latino 8. What is your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 9. The handouts will be in English and Spanish, and we're looking for participants to review them in both languages. Are you able to read and speak Spanish fluently? Yes No 10. We want to make sure Spanish speakers from different cultures like the handouts and can relate to | Male Transgender Other (please specify) 7. What is your ethnicity? Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino 8. What is your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 9. The handouts will be in English and Spanish, and we're looking for participants to review them in both languages. Are you able to read and speak Spanish fluently? Yes No 10. We want to make sure Spanish speakers from different cultures like the handouts and can relate to them. Which of the following best describes your Hispanic origin? Mexican Cuban Puerto Rican | Male Transgender Other (please specify) 7. What is your ethnicity? Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino 3. What is your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 9. The handouts will be in English and Spanish, and we're looking for participants to review them in both anguages. Are you able to read and speak Spanish fluently? Yes No 10. We want to make sure Spanish speakers from different cultures like the handouts and can relate to hem. Which of the following best describes your Hispanic origin? Mexican Cuban Puerto Rican | 6. C | Oo you currently consider yourself male, female, or transgender? |
|--|---|--|------------|--|
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| Cuban Puerto Rican | Cuban Puerto Rican | Cuban Puerto Rican | | |
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| | | | \bigcirc | Cuban |
| Other (please specify) | Other (please specify) | Other (please specify) | \bigcirc | Puerto Rican |
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| Contact Information | | | |
|---------------------|--|--|--|
| | | | |
| | ed, we will call you to schedule a date and time for an interview. Please provide your elow. We will only contact you about this research. | | |
| Initial | | | |
| Cell Phone Number | | | |
| Email Address | | | |
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Thank you for signing up to give us your feedback on the free CACFP materials about feeding toddlers! There is nothing more you need to do at this time.

If you are eligible for the interview, a member of the research team will call you by [date] to schedule your interview.

We're still looking for other child care providers and directors to speak with. Please share the following link with others who may be interested at your site [link].

Privacy Act Statement

Authority: Section 9 of the Food and Nutrition Act of 2008 (as amended through P.L. 113-27) and federal statutes 7 U.S.C. 2011-27; 42 U.S.C. 1751-89; and 7 U.S.C. 1431, 1431e, 612c, and 612c authorize the collection of name, gender, race, ethnicity, and contact information in researching and evaluating nutrition assistance programs.

Purpose: Information is collected exclusively for use by Applied Curiosity Research on behalf of the Food and Nutrition Service of the US Department of Agriculture for scheduling and informing participants about research activities and to ensure diverse participants are included in the research.

Routine Use: Information will only be used to determine eligibility for research participation and contact participants to schedule research activities. Please see System of Record Notice FNS-8, FNS Studies and Reports, published in the Federal Register on 4/25/1991 at 56 FR 19078.

Disclosure: Furnishing the information on this form is voluntary, but failure to provide any contact information will result in withdrawal from participation in the focus group interview.

Citation: Privacy Act, 5 U.S.C. § 552a (1974) Please note that your information will be kept private and not shared with anybody outside of our project team for any reason other than required by law.