

## **C31. Onsite Point-of-Contact Letter**

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[DATE]

Dear [POC NAME]:

Thank you for serving as the onsite point-of-contact (POC) for the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). We are so glad to have you! Organized and communicative POCs are crucial to the success of the study. SNACS-II will look at the nutrition and wellness policies and activities of over 1,300 child care centers, family child care homes, and before and after school programs across the country. This important study will help child care providers and the U.S. Department of Agriculture (USDA) understand how the Child and Adult Care Food Program (CACFP) operates so that it can better help children learn and grow. USDA selected Mathematica and its partner, Westat, to conduct the study.

This letter describes the study visit and your role and responsibilities.

### What will happen during the study visit?

- [One data collector/Two data collectors] will visit your [center/home] for [one day/two days/three days]. This visit is scheduled for [DATES].
- We will observe the activities [in one selected classroom or group] and children's meals and snacks. We will also measure the height and weight of sampled children.
- We will provide lanyards to the children [in the selected classroom or group]. Children whose parents/guardians gave permission for them to participate will wear a different colored lanyard so the data collector[s] can easily identify them. This will be useful for both the meal observations and height and weight measurements.
- We will work with your food preparer to obtain measurements of serving utensils, portion sizes, and the meal and snack schedule.
- [We will ask sampled youth (ages 10 to 18) to complete a brief paper survey.]
- [We will ask the teacher(s) or caregiver(s) of sampled infants to report what the infant eats or drinks.]
- [We will also conduct cost interviews with the food preparer and center director.]
- We may need to get permission from more parents/guardians at the drop-off and pick-up times to include more children in the study.

### What is expected of me?

#### Before the study visit

- Review the attached list of [infants and] children. If any contact information is missing or wrong, please provide us with the current information. Please [INSERT INSTRUCTIONS] by [DATE].
- Give the enclosed packets to the parents/guardians of the [infants and] children on the list. Encourage these parents/guardians to review the materials and return the consent form included in the packet. They can return the consent form by signing and mailing it in the enclosed postage-paid envelope, or they can consent online through the study website. The website is [URL]. If parents/guardians have questions, ask them to visit the study website, or call or email the study team at [PHONE] (toll-free) or [EMAIL].
- Please consider posting copies of the enclosed brochure in areas where parents/guardians will see them.
- Announce the study in your [center/home]'s newsletter, in an email or on the website. We included some sample language you can use.
- Ask the teachers or caregivers in your [center/home] if they would like to have a brief conference call to learn more about the study.

#### During the study visit

- Meet with the data collector[s] when they arrive at your [center/home]. They will review the activities and ask you where [the classroom or group is located and where] they can take height and weight measurements.
- Introduce the data collector[s] to the food preparer, teachers, caregivers and other staff.

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 0.25 hours (15 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.

- Help the data collector[s] with the height and weight measurements by escorting children to and from the measurement area. If any children are unable to stand, the data collector[s] may ask you to assist with taking the measurements.
- [Help the data collector[s] administer the paper survey to youth. We will contact you to confirm the best way to do this during the visit.]
- If we receive too few consent forms before the visit, the data collector[s] may ask you to help identify parents/guardians as they drop off or pick up their children so that they can get permission in-person.

**Who can I talk to if I have questions?**

I will call you in a few days to answer your questions. You can also contact us directly at [study phone] (toll-free) or [study email]. For further information, please visit [URL] using passcode [passcode].

To thank you for the vital role you are playing, we will provide you with a stipend of [\$350/\$150] after the study visit. Without your assistance, we wouldn't be able to gather so much valuable information from the children in your care, their parents or guardians and your colleagues. We appreciate you and look forward to working together!

Sincerely,

[DIGITAL SIGNATURE]

[STUDY COORDINATOR NAME]

SNACS-II study coordinator

Enclosures: Roster of sampled children, Parent consent packets, Parent Brochures, Description of Study for Provider Newsletter

