

## **E1. Pre-Visit Cost Telephone Interview**

This page has been left blank for double-sided copying.



This page has been left blank for double-sided copying.

*Interviewer instructions:*

If the sampled child care center is **sponsor-affiliated** (i.e., part of the same organization as the sponsor), the primary respondent is the **sponsor** administrator most familiar with food service/CACFP operations (as identified in recruiting). The secondary contact for questions with missing/don't know response is the administrator most familiar with food service/CACFP operations at the child care **center** (as identified during recruiting).

If the sampled child care center is **sponsored but not affiliated with the sponsor**, the primary respondent is the administrator most familiar with food service/CACFP operations at the child care **center**. The secondary contact is the sponsor administrator most familiar with food service/CACFP operations.

If the sampled child care center is **independent**, the primary contact is the administrator most familiar with food service/CACFP operations at the child care **center**, and the secondary contact is any additional respondent identified during recruiting.

Hello, my name is [INTERVIEWER NAME] and I am calling about the second Study of Nutrition and Activity in Child Care Settings, or SNACS-II. Mathematica is conducting this study for the Food and Nutrition Service of the US Department of Agriculture. Thank you for agreeing to participate in this important study of the Child and Adult Care Food Program, or CACFP.

Pre Interview Q1. **We would like to confirm that you are the person most familiar with food service and CACFP operations [at your organization/at [SELECTED CENTER]].**

- 1  YES. PROCEED TO 'ABOUT THE STUDY'  
0  NO. ASK PRE INTERVIEW Q 2

Pre Interview Q2. **What is the name and contact information for the person most familiar with food service and CACFP operations [at your organization/at [SELECTED CENTER]]?**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

*Thank the respondent and tell them you will contact the individual named above to complete the interview.*

**About the Study.** SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA. 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.

**Data Collection Activity.** This Pre-Visit Cost Telephone Interview will gather information that will help the study team plan for data collection. Information will be collected about the center's CACFP food service operations and administration of the CACFP. Center directors or child care sponsors will complete this telephone interview. It is expected to take approximately 15 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have questions about the study please [contact me directly or] call us toll-free at 844-288-5645, email us at [SNACS2@mathematica-mpr.com](mailto:SNACS2@mathematica-mpr.com), or visit <https://snacs2.org>. We will be happy to answer your questions and to help you in any way we can.

## Pre-Visit Cost Telephone Interview

*I am going to ask some general questions about [your organization/the [SAMPLED CENTER]]. Then I will ask about the following topics:*

- Meal Planning
- Procurement of Food and Supplies
- Storage and Transportation of Food and Supplies
- Meal and Snack Production
- Meal and Snack Service
- Administration of the CACFP
- Financial Accounting

### General

1. **CENTERS ONLY:** First, I have some questions about the organizations involved in administering the CACFP at [SAMPLED CHILD CARE CENTER]. Is the [SAMPLED CHILD CARE CENTER]...

- 1  Sponsored and affiliated (part of the sponsor organization)? GO TO 2
- 2  Sponsored and unaffiliated (not legally part of the sponsor organization)? ASK 1C
- 3  Independent (has its own agreement with the State to operate the CACFP)? ASK 1C

1c. What type of organization is the [SAMPLED CHILD CARE CENTER]? Is it a...?

- 1  Private non-profit organization
- 2  Public school or other part of a public school district
- 3  Local government such as town, city, or county
- 4  For-profit corporation
- 5  Other (*specify*) \_\_\_\_\_

**Meal Planning**

2. Who is primarily responsible for planning children's CACFP meals and snacks for [SAMPLED CHILD CARE CENTER]?

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

2a. Is this person at the...

- 1  Sponsor? [Omit this option for administration with Independent Centers]
- 2  Child care center?
- 3  Central or production kitchen?
- 4  Food service management company/Vendor/Caterer/Other contractor?
- 5  Other (*specify*) \_\_\_\_\_

2b. Is there anyone else responsible for planning children's CACFP meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS RESPONSIBLE, THEN GO TO 3

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_



**Procurement**

3. Who is primarily responsible for purchasing food for children's CACFP meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2, THEN GO TO 4

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

3a.: Is this person at the...

- 1  Sponsor? [Omit this option for administration with Independent Centers]
- 2  Child care center?
- 3  Central or production kitchen?
- 4  Food service management company/Vendor/Caterer/Other contractor?
- 5  Other (*specify*) \_\_\_\_\_

4. Who is primarily responsible for purchasing supplies for children's CACFP meals and snacks, for example plates and cups, for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2, THEN GO TO 5

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

4a. Is this person at the...

- 1  Sponsor? [Omit this option for administration with Independent Centers]
- 2  Child care center?
- 3  Central or production kitchen?
- 4  Food service management company/Vendor/Caterer/Other contractor?
- 5  Other (*specify*) \_\_\_\_\_

**Storage and Transportation**

5. How do food items for children's CACFP meals and snacks arrive at [SAMPLED CHILD CARE CENTER]? CHECK ALL THAT APPLY.

- Food is delivered by sponsor.
- Food is delivered by an outside party, such as a vendor or caterer.
- Food is delivered by central or production kitchen staff.
- Child care center staff transport food.

**Meal/Snack Production**

6. Where are children's CACFP meals and snacks for the [SAMPLED CHILD CARE CENTER] produced or prepared?

CHECK ALL THAT APPLY.

- 1  Sponsor kitchen
- 2  On-site at sampled child care center
- 3  Other child care center
- 4  Central or production kitchen
- 5  Food service management company/Vendor/Caterer/Other contractor
- 6  Other (*specify*) \_\_\_\_\_

7. Who is primarily responsible for production, in other words preparing and assembling children's CACFP meals and snacks, for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2, THEN GO TO 7B.

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

7a. Is this person at the....

- 1  Sponsor? [Omit this option for administration with Independent Centers]
- 2  Child care center?
- 3  Central or production kitchen?
- 4  Food service management company/Vendor/Caterer/Other contractor?
- 5  Other (*specify*) \_\_\_\_\_

7b. Is there anyone else responsible for production, in other words preparing and assembling children's CACFP meals and snacks, for [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS RESPONSIBLE

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

### Meal/Snack Service

8. Is any party other than the [SAMPLED CHILD CARE CENTER] staff involved in serving CACFP meals and snacks to children at the center?

1  YES (GO TO 8a)

0  NO (GO TO 9)

8a. Who?

\_\_\_\_\_

### Administration of the CACFP

9. Who is primarily responsible for determining children's eligibility for free, reduced-price, or paid CACFP meals and snacks for the [SAMPLED CHILD CARE CENTER]? (CHECK ALL THAT APPLY)

CHECK IF SAME PERSON LISTED IN 2, THEN GO TO 10

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

9a. **SPONSORS ONLY:** Is this person at the...

1  Sponsor?

2  Child care center?

3  Other (*specify*) \_\_\_\_\_

10. Who is primarily responsible for CACFP claims and reporting to the State Child Nutrition Agency for the [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2, GO TO 11

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

10a. SPONSORS ONLY: Is this person at the...

1  Sponsor?

2  Child care center?

3  Other (*specify*) \_\_\_\_\_

11. Who is responsible for maintaining records of CACFP food purchases and USDA Foods received for the [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2, GO TO 12

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

11a. **SPONSORS ONLY:** Is this person at the...

1  Sponsor?

2  Child care center?

3  Other (*specify*) \_\_\_\_\_

**Financial Accounting**

12. Who is most knowledgeable about statements of revenues related to CACFP for the [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 2 or 9, THEN GO TO 12b

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

12a. **SPONSORS ONLY:** Is this person at the...

1  Sponsor?

2  Child care center?

3  Other (*specify*) \_\_\_\_\_

12b. Is anyone else more knowledgeable about payroll and fringe benefits related to CACFP for the [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS MORE KNOWLEDGEABLE

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

13. Is there anyone else we should talk to in order capture all the costs related to CACFP operations or administrations?

- 1  YES (GO TO 13a)
- 0  NO (GO TO END)

13a. Please list name, agency/contact information and describe their roles:

#1 Name: \_\_\_\_\_

Agency/contact information: \_\_\_\_\_

Role: \_\_\_\_\_

#2 Name: \_\_\_\_\_

Agency/contact information: \_\_\_\_\_

Role: \_\_\_\_\_

#3 Name: \_\_\_\_\_

Agency/contact information: \_\_\_\_\_

Role: \_\_\_\_\_

**END SCRIPT:** Thank you for taking the time to complete the Pre-Visit Cost Telephone Interview. The next step will be for us to send you the Pre-Visit Cost Form to complete and send back to us. This form asks about meal counts and revenues related to food service operations and the CACFP. It should take about 10 minutes to complete. You may need help from other colleagues such as [FILL NAME(S) PROVIDED EARLIER IN INTERVIEW] to complete this form.

**Authority:** This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

**Purpose:** The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

**Routine Use:** The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

**Disclosure:** Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p. 19078).