# Appendix B-2-5. Telephone Script to Recruit FDCH Provider

OMB Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

* 1. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_. The company I work for, MSG, recently sent a letter to you about a study we’re conducting on behalf of the U.S. Department of Agriculture, Food and Nutrition Service (FNS). We are the federal agency that provides reimbursement for the meals you serve to children in your day care through the food program, also known as the Child and Adult Care Food Program (CACFP).

Your sponsor organization, **SPONSORING ORGANIZATION NAME,** has alsoagreed to participate in the feasibility study. It provided us with information to randomly select you for the study.

1. [NAME OF PERSON TO WHOM THE LETTER WAS ADDRESSED], you should have received a letter about the study on \_\_\_\_\_\_\_\_\_\_\_\_ [DATE FEDEXED LETTER SHOULD HAVE BEEN RECEIVED]*.* Did you receive that letter?
2. Yes, the letter was received. **[GO TO SECTION B]**
3. No, the letter was not received. **[CONFIRM FDCH NAME AND ADDRESS IN DATABASE; TELL RESPONDENT]:** We’ll re-send the letter and call you back in   
   2 days.

Can you please tell me your email address so I can re-send the letter as an attachment? **[RESPONDENT’S EMAIL ADDRESS]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**[IF RESPONDENT DOES NOT PROVIDE EMAIL, SAY]:** I’ll re-send the letter by FEDEX; please look for it.

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 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.

* 1. I’m calling today to follow up on that letter, answer questions, and speak with you about our request for the information listed in the letter. Do you have a few minutes now?
     1. Yes🡪 **[GO TO SECTION C]**
     2. No🡪 When would be a better time to call you back?

**[INSTRUCTION:If callback is needed, obtain specific time/date for call. Because of time restraints, attempt to make scheduled callback within 2 days.]**

**CALLBACK DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CALLBACK TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **[INTRODUCTION FOR CALLBACK]:** Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ from MSG. I’m calling you back to discuss the feasibility study on meal claiming in the CACFP that FNS is conducting, for which you and your sponsor have been selected. I’d like to review   
     the letter and make sure you don’t have any questions about the study we’re asking you to participate in **[GO TO SECTION D1].**

**D1.** Just to clarify, the feasibility study includes providers like you who have been randomly selected to represent the experiences of other providers. Your day care home was selected to participate in this study on meal claims in CACFP. You were selected for the study based only on the characteristics of your day care. Participation in the feasibility study is voluntary but strongly encouraged for sponsors and FDCHs per Section 305 of the Healthy Hunger Free Kids Act of 2010. As a study participant, you have the opportunity to improve the national program.

**D2.** We sent you some answers to Frequently Asked Questions (FAQs) along with our study invitation letter. Do you have any additional questions? **[IF NO QUESTIONS, GO TO SECTION E]**

**[INTERVIEWER INSTRUCTIONS: Review FAQs as needed. Review letter content if provider seems unfamiliar with the letter below]:**

The goal of the study is to help the U.S. Department of Agriculture (USDA)/Food and Nutrition Service (FNS), the federal agency that provides the funds for the reimbursement   
of meals you serve in CACFP, find out whether day care providers are receiving the correct amount of reimbursement for meals they serve. We’d like you, as a study participant, to take a few minutes each day to use a simple smartphone application or website to report the meals you serve during the month of March 2017.

During the feasibility study, the app will allow you to report daily child attendance and when you serve meals. It won’t take the place of the current reporting approach you use   
to file meal claims with your sponsor. You’ll receive an easy-to-follow user guide on how to use the technology before the study starts. **For your participation in the study, we will provide you with a Visa gift card of $60.**

1. Okay, if you have no questions, I’d like to talk about the information we are asking you to prepare for the study and to invite parents to the study. We’d like to get the following information:

* The most recent child enrollment information for all children currently attending your day care. This information includes: (1) child name, (2) age, (3) planned attendance schedule, and (4) planned schedule of meals and snacks served.
* The most recent parent/guardian contact information for children enrolled in your day care. This should include parent/guardian: (1) name, (2) address, and (3) telephone numbers.

We will use this information only to invite parents to participate in the feasibility study.

**F1.** We need to receive the data from you no later than **[DATE 2016].** Is it possible to get an electronic version of this information in Excel or Word?

1. Yes 🡪 **[PROVIDE THE STUDY EMAIL ADDRESS; GO TO F2]**
2. No 🡪 If the files are in a paper format, please use the postage-paid mailer you received with our letter. We’d like to have your data by \_\_\_\_\_\_\_\_\_ **[DATE]**   
   (2-week preference for receiving information). **[GO TO SECTION G]**

**F2.** If you are able to send the information electronically, you can submit it to XXXXX.com. We’d like to have your data by **\_\_\_\_\_\_\_\_\_ [DATE]** (2-week preference for receiving information). I’d also like to confirm your email address so I can confirm receipt of your   
data both by both email and telephone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [EMAIL] **[GO TO SECTION G]**

1. **[CLOSING]:** Thank you for providing the data for this very important study. We look forward to partnering with you. If you have any questions, please contact me toll-free   
   at 1-800-912-9384.