

Appendix B-2-7. Telephone Script to Recruit Parent

OMB Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

- A. [INTRODUCTION]:** Hello, my name is _____ and I'm calling about a letter you recently received from my company, MSG, on behalf of the U.S. Department of Agriculture (or USDA). The letter details a study we're conducting on behalf of the USDA's Food and Nutrition Service, which pays part of the cost of meals and snacks that your child receives at his/her day care. Your day care provider, Ms. **[PROVIDER NAME]**, is helping us with the study and provided contact information for you and the other parents enrolled in her day care.
- B.** The invitation letter you received asks parents to assist their provider by participating in the study. The goal of the study is to help FNS find out whether day care providers like yours are receiving the correct amount of compensation for the meals they serve.

The study asks you to take a couple of minutes each day during the month of March 2017 to use simple cell phone text messages to report your child's attendance at his/her day care. **You will receive a \$25 Visa gift card for your time.**

The text messages function like the sign-in/sign-out log that you may already complete at your child's day care. **Your participation in this study will not affect your child's attendance, your provider, your agreement with your provider, or meals your child currently receives.**

Your participation in the study will help ensure that providers receive the correct amount of payment for the meals they serve.

Can I confirm your participation in the study?

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 6 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.

- **[INSTRUCTION: IF YES, GO TO SECTION C]**
- **[INSTRUCTION: IF NO, GO TO SECTION E]**
- **[INSTRUCTION: IF QUESTIONS/NOT SURE, GO TO SECTION D]**

C. **[IF YES]:** Thanks for agreeing to participate. We'll make the app available to you during the latter part of February 2017, along with instructions. I'd like to confirm a mailing address and an email so I can send you the instructions for the study.

[CONFIRM ADDRESS]: According to the records your provider shared, the address we have on record is _____

Is there an email we could use to reach you for the study?

[RECORD EMAIL]: _____

[INSTRUCTION: GO TO SECTION F, CLOSING]

D. **[INSTRUCTION: If the parent has questions, review what we're asking him/her to do here.]:** We sent some answers to Frequently Asked Questions (FAQs) about the study along with the letter you received. I'd like to answer any questions you may still have about the study.

- **[Clarify how parents were selected]:** Your day care provider was randomly chosen to take part in the study along with all of the parents of children in their care.
- **[Clarify what we are asking them to do]:** We're asking you to use a text messaging system and website for reporting child attendance. You'll either use your cell phone or a computer to sign your child in and out during the month of March 2017. On your cell phone you would text the drop-off and pick-up time for your child daily at the time most convenient for you, but before midnight. The text messaging system is free. **You will receive a \$25 Visa gift card for your help.**
- **[Concern about the possible burden of texting]:** The system simply asks you to text either the letter D for drop-off or P for pick-up and the time of your drop-off and pick-up for your child. You may also text the letter A to report absence or the letter C to report daycare closure.
- **[Concern about security and confidentiality of information]** We will handle all information the study collects securely, never releasing it to anyone except as required by law.
- **[Clarify value of participation]:** Your participation will help ensure that providers receive the correct amount of payment for the meals they serve. **You will receive a \$25 Visa gift card for your help.**

[INSTRUCTION]: Are you willing to participate in the study?

- **[IF YES]:** Thanks for agreeing to participate. We will make the app available to you during the latter part of February 2017, along with instructions. I'd like to confirm a mailing and email address so that I can send you the instructions for the study.

[CONFIRM ADDRESS]: According to the records your provider shared, the address we have on record is _____.

Is there an email we could use to reach you for the study?

[RECORD EMAIL]: _____

[INSTRUCTION: GO TO SECTION F, CLOSING]

- **[INSTRUCTION: IF NO, THE PARENT IS NOT WILLING TO PARTICIPATE, GO TO SECTION E]**

- E. **[IF NO:** Are you willing to reconsider your decision? We'd really like to make sure your provider has enough parents enrolled in the study to confirm the data they're sharing with us.

[INSTRUCTION: If undecided, set up a time to call the parent back in the next 2 days for a final decision]: I'd like to give you some time to reconsider. I'll give you a call back within the next day or so. What's a convenient time to reach you? Is there a better number I should use to contact you?

[INSTRUCTION: RECORD CALLBACK DAY AND TIME]

DATE OF CALLBACK: __/__/__

CALLBACK APPOINTMENT TIME __/__/_____

ALTERNATIVE PHONE NUMBER: _____

[IF STILL NO]: Thanks for taking my call. If you change your mind, please contact me at XXX-XXX-XXXX.

Feasibility of Estimating Meal Claim Errors
for Family Day Care Homes in the Child and Adult Care Food Program (CACFP)

F. [CLOSING]: I'd like to give you my contact information in case you have any questions or concerns about the study. You can reach me at [EMAIL].

If you have additional questions or concerns, you can also call me at 1-XXX-XXX-XXXX, between 9 a.m. and 5:30 p.m. We'll be contacting you again to share the apps in February.

Thank you for your support of the study, which will further strengthen the meal program.