

INITIAL CONTACT

Hello, my name is [YOUR NAME]. I'm calling from 2M Research for the USDA Food and Nutrition Service to follow up on the Survey of Food Safety Education Needs of Adult Day Care Centers that was sent to [RESPONDENT'S NAME]. Would that be you?

(IF SPEAKING TO THE RESPONDENT ON INITIAL CONTACT, GO TO B1.)

(IF SPEAKING TO SOMEONE ELSE, SAY:) Is there a direct line to reach him/her, or could you please transfer me to (RESPONDENT'S NAME)?

(IF YES, RECORD NUMBER IN SPACE BELOW AND ENTER THIS NUMBER IN THE MESSAGE FIELD AT THE END OF THE CALL)

RESPONDENT'S DIRECT PHONE NUMBER:

Is he/she available?

- YES (GO TO B2. IF TRANSFERRED)
- NO (GO TO A. RESPONDENT NOT AVAILABLE)

A. RESPONDENT NOT AVAILABLE

(IF SPEAKING TO A PERSON WHO IS NOT THE RESPONDENT): We sent a request to [RESPONDENT'S NAME], to participate in the Survey of Food Safety Education Needs of Adult Day Care Centers for the USDA Food and Nutrition Service. ***This survey should be completed by the person at your center who knows the most about foodservice and the food safety training and education needs of the center.***

Do you know whether [RESPONDENT'S NAME] might have asked someone else at your center to complete the survey?

- Yes, knows name of new person

May I have the name, title, and contact information (email and phone) for that person? (ENTER THE CONTACT INFORMATION IN THE MESSAGE FIELD)

CONTACT:

Name: _____

Job Title: _____

Email: _____

Phone: _____

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 0584-0613. The time required to complete this information collection is estimated to average 5 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 (0584-0613). Do not return the completed form to this address.

No, do you know who at your center knows the most about foodservice or food safety education needs of your center? **(CONTINUE BELOW)**

May I have the name, title, and contact information (email and phone) for that person? **(ENTER THE CONTACT INFORMATION IN THE MESSAGE FIELD)**

CONTACT:

Name: _____

Job Title: _____

Email: _____

Phone: _____

Is he/she available?

YES (GO TO B3a. IF TRANSFERRED)

NO (GO TO A.1)

No, does not know name or whether given to someone else **(GO TO A.1)**

A1. LEAVE A MESSAGE

Would you please leave a message for **[RESPONDENT'S NAME]** mentioning that **(YOUR NAME)** called from 2M Research to follow up on the Survey of Food Safety Education Needs of Adult Day Cares? When is a good time to call back? If **[RESPONDENT'S NAME]** prefers, she/he can reach me toll-free at **1-833-728-7369** from **9:00 a.m. to 4:00 p.m. Monday through Friday EST**. If you call outside of these hours, please leave a message, and we will return your call the following business day. **(END OF CALL)**

Callback Date/Time:

If person on the phone transfers you to voicemail: **(GO TO D. VOICEMAIL SCRIPT)**

B. SCRIPT FOR WHEN RESPONDENT IS ON THE PHONE:

B1. If Speaking to Respondent on Initial Contact

We recently sent a request to your center inviting the person who knows the most about foodservice and food safety training and education needs of your center's staff to fill out the Survey of Food Safety Education Needs of Adult Day Care Centers. We sent this invitation to the survey through **[Specify email and/or regular mail]**. **(GO TO B3. STUDY INTRODUCTION)**

B2. If Transferred

Hello, my name is **[YOUR NAME]**, and I'm calling from 2M Research. We recently sent a request inviting your center to complete the Survey of Food Safety Education Needs of Adult Day Care Centers for the USDA Food and Nutrition Service to learn about your food safety education needs. **(GO TO B3. STUDY INTRODUCTION)**

B3. Study Introduction

2M is conducting this ADCC food safety education needs survey for the USDA Food and Nutrition Service. We noticed that you haven't completed the survey yet, so we wanted to be sure that you received our request for you to complete the survey, sent to you through [**Specify email and/or regular mail**]. (GO TO B4)

B3a. Study Introduction for New Contact

2M is conducting a Survey of Food Safety Education Needs of CACFP Adult Day Care Centers on behalf of the USDA Food and Nutrition Service. Your center was randomly selected to participate in this survey. Your colleague suggested that you are the person who knows the most about foodservice and food safety training and education needs of your center. (GO TO B4.)

B4. Verify Contact Information

The email address/ mailing address we have for you is [**EMAIL ADDRESS**]. Is that correct? (UPDATE IF NECESSARY AND CONFIRM THAT THE SURVEY LINK WILL BE SENT RIGHT AWAY)

The mailing address we have for you is [**MAILING ADDRESS**]. Is that correct? (UPDATE IF NECESSARY AND CONFIRM THAT THE HARD COPY SURVEY WILL BE SENT RIGHT AWAY FOR THOSE WHO DO NOT HAVE EMAIL)

(GO TO B5 IF INITIAL CONTACT.) (GO TO B5a IF NEW CONTACT)

B5. Respond to Questions or Concerns

- (1) Do you have any questions about the study?
 - YES** (ANSWER QUESTIONS USING FAQs, THEN GO TO QUESTION 2; IF THE RESPONDENT HAS A QUESTION TO WHICH YOU DO NOT KNOW THE ANSWER, ASK IF YOU MAY HAVE YOUR SUPERVISOR CALL THEM BACK; THEN GO TO QUESTION 2)
 - NO** (GO TO QUESTION 2)
- (2) Have you been able to access the survey (ONLY for those who were emailed the survey) [through the link in your email]?
 - YES** Great! (GO TO QUESTION 3)
 - NO** Okay. Sorry to hear that. (GO TO QUESTION 4)
 - I DON'T HAVE EMAIL**. Okay. We can send the survey through the mail. (GO TO QUESTION 5)
- (3) Have you been able to start the survey?
 - YES** Great! Please remember to complete the survey by [**DATE**]. (GO TO B6. RESEND LINK SECTION USING THE EMAIL ON FILE OR UPDATED EMAIL PROVIDED EARLIER)
 - NO** Okay. Sorry to hear that. (GO TO QUESTION 4)
- (4) Did you have trouble with the link to the survey?

YES We can help with that! Please open the email that we sent, and I will walk you through the process. **(STAFF MEMBER WILL NEED TO GUIDE RESPONDENT AND MAKE SURE THEY CLICK THE RIGHT LINK)**. If you scroll down in the window that pops up from clicking the link, you should see an option to BEGIN the survey. Click this link, and continue with the survey.

NO Okay. Please remember to complete the survey by **[DATE]**. **(GO TO B7. WOULD LIKE TO ANSWER BY PHONE)**

(5) We will mail that survey to you immediately. Would you please give me the mailing address?
(DOCUMENT THE MAILING ADDRESS) (GO TO B7. WOULD LIKE TO ANSWER BY PHONE)

B5a. Respond to Questions or Concerns **(FOR NEW CONTACT)**

1. Do you have any questions about the study?

YES **(ANSWER QUESTIONS USING FAQs, THEN GO TO QUESTION 2; IF THE RESPONDENT HAS A QUESTION TO WHICH YOU DO NOT KNOW THE ANSWER, ASK IF YOU MAY HAVE YOUR SUPERVISOR CALL THEM BACK; THEN GO TO QUESTION 2)**

NO **(GO TO QUESTION 2)**

2. Would you like to complete the survey by phone now? We should be able to complete it in about 20 minutes.

YES **(SWITCH TO SURVEY MODULE. UPON COMPLETION OF SURVEY, GO TO C2. THANK YOU)**

NO Can we make an appointment for a better time?

YES Day: Time:

(GO TO C1. REMINDER AND THANK YOU)

NO **(GO TO QUESTION 3)**

3. Would you prefer to complete the survey by a link sent to your email or a hard copy of the survey sent to you by mail?

EMAIL SURVEY Great! Okay. We can send the survey through email. **(GO TO QUESTION 4)**

HARD COPY VIA MAIL. Great! Okay. We can send the survey through the mail. **(GO TO QUESTION 5)**

NEITHER Okay. **(GO TO B7)**

4. Would you please confirm your email address?

(CONFIRM THE EMAIL ADDRESS) (GO TO C1)

5. Would you please confirm your mailing address?

(CONFIRM THE MAILING ADDRESS) (GO TO C1)

B6. Resend Link

If you don't have any other questions, would you like for me to resend the link to the survey OR would you like to complete the survey by phone?

- EMAIL** Great! I'll get that email to you shortly. (GO TO C1. REMINDER AND THANK YOU)
- PHONE** We can help with that! (SWITCH TO SURVEY MODULE. UPON COMPLETION OF SURVEY, GO TO C2. THANK YOU)
- NO** Okay. Please remember to complete the survey as soon as possible. (GO TO C1. REMINDER AND THANK YOU)

B7. Would Like to Answer by Phone

Would you prefer to complete the survey by phone now? We should be able to complete it in about 20 minutes.

- NO** Can we make an appointment for a better time? Day: Time:
(GO TO C1. REMINDER AND THANK YOU)
- YES** (SWITCH TO SURVEY MODULE. UPON COMPLETION OF SURVEY, GO TO C2. THANK YOU)

C1. Reminder and Thank You (only if did not complete by phone)

I encourage you to complete the survey by [DATE]. The cooperation of all Adult Day Care Center program directors is encouraged under the Child Nutrition Reauthorization Act of 2010. If you need assistance or have questions, please contact the 2M survey help desk by either calling (toll-free) **1-833-728-7369** or emailing (SPELL OUT THE EMAIL ADDRESS) foodsafetyneeds@2mresearch.com. Someone will be available during normal business hours (9:00 a.m. to 4:00 p.m. EST, Monday–Friday) to take your call. If you call outside of this time, please leave a message, and we will return your call the following business day.

Thank you for your time. (END OF CALL)

C2. Thank You (if completed by phone)

Thank you very much for completing the USDA Food and Nutrition Service Survey of Food Safety Education Needs of CACFP Adult Day Care Centers. If you have any questions or concerns, please contact the study team at 2M Research by either calling (toll-free) **1-833-728-7369** or emailing (SPELL OUT THE EMAIL ADDRESS) foodsafetyneeds@2mresearch.com. Someone will be available during normal business hours (9:00 a.m. to 4:00 p.m. EST, Monday–Friday) to take your call. (END OF CALL)

D. VOICEMAIL SCRIPT

Hello, my name is [NAME], and I'm calling from 2M Research for the USDA Food and Nutrition Service to follow up on the Survey of Food Safety Education Needs of CACFP Adult Day Care Centers. This survey should be completed by the person who knows the most about foodservice or food safety training and education needs of your center. We noticed that your center has not completed the survey yet. You may have received an email and a package in the mail requesting you to complete the survey. If you need us to resend the survey through email or by regular mail, or if you have any questions about the study, please contact the study team at 2M Research by either calling (toll-free) **1-833-728-7369** between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday EST or emailing **(SPELL OUT THE EMAIL ADDRESS)** foodsafetyneeds@2mresearch.com. Please complete this survey by **[INSERT DATE]**. **(END OF CALL)**