

## INITIAL CONTACT WITH LOCAL AGENCY (LA)

Hello, my name is [YOUR NAME]. I'm calling from 2M Research for the USDA Food and Nutrition Service to follow up on the email request for help with the WIC Child Retention Survey that was sent to [LOCAL AGENCY (LA) POINT OF CONTACT (POC) NAME]. Would that be you?

(IF SPEAKING TO THE LA POC 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 (LA POC'S NAME)?

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

Phone: \_\_\_\_\_

(IF THERE IS NO DIRECT LINE, THEN ASK TO LEAVE A MESSAGE WITH PERSON WHO ANSWERED PHONE AND GO TO A.1)

(IF CONTACTING VIA THE LA POC'S DIRECT PHONE NUMBER):

Is he/she available?

YES (GO TO B.1. IF TRANSFERRED)

NO (GO TO A. LA POC NOT AVAILABLE)

## A. LA POC NOT AVAILABLE (SPEAKING TO PERSON WHO IS NOT THE LA POC)

(IF SPEAKING TO A PERSON WHO IS NOT THE LA POC): We sent a request to [LA POC'S NAME] to help select a WIC clinic-level staff member to participate in the pretesting of this survey. The survey should be completed by a clinic-level staff member who meets ALL the following criteria:

- Works directly with WIC participants, performs clinic-level duties, and who is also knowledgeable of the certification process, caseload management, and/or LA no-show follow-up for child participants.
- Has [FILL WITH YEARS OF EXPERIENCE CATEGORY] performing clinic-level duties and working directly with WIC participants at clinic sites operated by your LA. *If no one has the desired years of experience, we prefer you select a clinic-level staff member with a minimum of 2 years of experience.*
- Usually works full-time, primarily at the clinic level (*if no staff are full-time, then part-time staff should be considered*).

Do you know whether [LA POC'S NAME] might have recommended someone affiliated with your LA at the clinic level to participate in this pretest?

YES, knows name of new person

Is he/she available?

**YES (GO TO B.1. IF TRANSFERRED)**

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

CONTACT:

Name: \_\_\_\_\_

Work address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**NO (GO TO A.1)**

## A1. LEAVE A MESSAGE

Would you please leave a message for **[LA POC'S NAME]** mentioning that **[YOUR NAME]** called from 2M Research to follow up on the WIC Child Retention Survey? When is a good time to call back? If **[LA POC'S NAME]** prefers, she/he can reach me toll-free at **1-877-440-0050** between the hours of **9:00 a.m. and 4:00 p.m. Eastern Time, Monday through Friday, or by email at (SPELL OUT THE EMAIL ADDRESS) [usdawicretention@2mresearch.com](mailto:usdawicretention@2mresearch.com)**. 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 C. VOICEMAIL SCRIPT)**

## B. SCRIPT FOR WHEN LA POC IS ON THE PHONE:

### B1. If Speaking to LA POC on Initial Contact

We recently sent an email to your office asking for your help with the WIC Child Retention Survey. We are requesting your help with identifying a clinic-level staff member who meets ALL the following criteria:

- Works directly with WIC participants, performs clinic-level duties, and who is also knowledgeable of the certification process, caseload management, and/or LA no-show follow-up for child participants.
- Has **[FILL WITH YEARS OF EXPERIENCE CATEGORY]** performing clinic-level duties and working directly with WIC participants at clinic sites operated by your LA. *If no one has the desired years of experience, we prefer you select a clinic-level staff member with a minimum of 2 years of experience.*
- Usually works full-time, primarily at the clinic level (*if no staff are full-time, then please consider a part-time staff member*).

If no one in your WIC LA sites fulfills the requirements above, you may self-nominate if you believe you fulfill the provided criteria.

Do you have any questions about the study before we invite you to nominate a clinic-level staff member?

Would you be able to provide us with the clinic-level staff member's name, email, phone number and address for the clinic? **(IF YES, TAKE DOWN CONTACT INFO. FOR CLINIC-LEVEL STAFF PERSON NOMINATED)**

If you don't have this information at this time, you may call the Study Team toll-free at **1-877-440-0050 between the hours of 9:00 a.m. and 4:00 p.m. Eastern Time, Monday through Friday, or respond by email at (SPELL OUT THE EMAIL ADDRESS) [usdawicretention@2mresearch.com](mailto:usdawicretention@2mresearch.com)**. If you call outside of these hours, please leave a message, and we will return your call the following business day. Please send the information or call within the next day or two, if possible. Thank you. **(END OF CALL)**

### C. VOICEMAIL SCRIPT

Hello, my name is **[YOUR NAME]**, and I'm calling from 2M Research to follow up on the email we sent you regarding the WIC Child Retention Survey for the USDA Food and Nutrition Service. We are requesting your help with selecting a clinic-level staff member affiliated with your local agency who has direct experience with WIC participants in caseload management, certification, and/or follow-up with appointment no-shows. If you need us to resend the request by email, or if you have any questions about the study, please contact the Study Team at 2M Research by either calling (toll-free) **1-877-440-0050** between the hours of 9:00 a.m. and 4:00 p.m. Eastern Time, Monday through Friday, or by emailing **(SPELL OUT THE EMAIL ADDRESS) [usdawicretention@2mresearch.com](mailto:usdawicretention@2mresearch.com)**. Please respond to our request by **[DATE]**. Thank you. **(END OF CALL)**

This information is being collected to assist the Food and Nutrition Service in understanding why children ages 1 to 4 years leave the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This is a voluntary collection and FNS will use the information to better understand Local Agency strategies related to improving child retention in the WIC Program. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 0.16 hours 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, Room 555, Alexandria, VA 22314 ATTN: PRA (0584-0613). Do not return the completed form to this address.