



OMB Control No: 0584-XXXX
Expiration Date: XX/XX/20XX

Appendix D4. Telephone Script to Complete Site Operations Survey

Hello, May I speak with <NAME OF SPONSOR>?

IF AVAILABLE:

Hello. This is <NAME> calling from Westat, with regard to the U.S. Department of Agriculture's *Summer Meals Study*. We recently emailed you a link and PIN to complete a web survey on site operations for sites under your sponsorship that have been selected to participate in the *Summer Meals Study*. The study will help us better understand who participates in Summer Meal Programs and how we could better meet the nutritional needs of children in the summer. The study will ask about how satisfied participants are with the programs, and why some families and their children do not participate in summer meals. We will also collect information on how the meals are served, where they are served, and how healthy the summer meals are.

Your input is very important! Our records indicate that you have not completed the Site Operations Survey as of today, and we would like to do that with you now, over the phone. It will take about 15 minutes to complete and will help us to confirm whether sites selected for the study will operate in Summer 2018. We will also request details on site operations, contact information for the site menu planner, and whether the site or caregivers require Spanish study materials.

Are you able to complete this with me over the phone now?

- Yes (GO TO PHONE COMPLETION SECTION)
- No → Would you prefer to complete the survey online? (IF YES, GO TO ONLINE COMPLETION SECTION.) (IF NO – REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.) We appreciate your time today. Thank you. END

PHONE COMPLETION:

Thank you. The law governing the summer meal programs requires *organizations* participating in the programs to cooperate in studies such as the *Summer Meals Study*. While *your* participation in this survey is completely voluntary, your feedback will improve our understanding of the Summer Meal Programs, including what helps or does not help your organization participate. Please know that your responses will be kept private as required by law, and will not be shared with anyone not involved with conducting the study. Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports (published in the Federal Register on April 25, 1991, volume 56, pages 19078-19080), FNS and contractors working on their behalf

Public reporting burden for this collection of information 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

[Type here]

may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

Do you have any questions?

- YES 1 → ANSWER QUESTIONS.
- NO 2 → IF NO, GO TO NEXT QUESTION.

Do you agree to participate in this survey?

- YES 1 → READ **SITE OPERATIONS SURVEY** AND RECORD RESPONSES. END.
- NO 2 → (IF NO -REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.) We appreciate your time today. Thank you. END.
- NOT A GOOD TIME..... 3 → (IF NOT A GOOD TIME): When would be a good time for me to call you back? (RECORD TIME) Thank you. We will call you back then to complete the survey by phone. Your input is important and appreciated. Thank you so much for your time today. END.

ONLINE COMPLETION:

- Online → Do you need the link to the study website and your PIN?
 - Yes → The Site Operations Survey may be accessed at www.SUMS.org and your PIN is #####
 - No → OK.

Please complete the Site Operations Survey online at your earliest possible convenience. Your input is important and appreciated. Thank you so much for your time today. END