**APPENDIX B.4**

**CN Director Telephone Reminder**

**I. INITIAL CONTACT**

Hello, my name is [YOUR NAME]. I'm calling from 2M Research on behalf of the U.S. Department of Agriculture/Food and Nutrition Service to follow up on a letter that we recently sent to (RESPONDENT’S NAME). Would that be you?

**(IF SPEAKING TO THE RESPONDENT GO TO B ON PAGE 2**)

**(IF SPEAKING TO A SECRETARY, SAY:**) Is there a direct line to reach him/her?

**(IF YES, RECORD NUMBER IN SPACE BELOW. 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 B ON PAGE 2**)

[ ]  NO (**GO TO A BELOW**)

**A. RESPONDENT NOT AVAILABLE**

The e-mail we sent to (RESPONDENT) linked to a questionnaire from the U.S. Department of Agriculture/Food and Nutrition Service. The survey was designed to be completed by the State Child Nutrition Director.

Do you know whether (RESPONDENT) might have given it to someone else to complete?

[ ]  Yes, knows name of new person

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

CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No, does not know name or whether given to someone else **(CONTINUE BELOW**)

Would you please leave a message for **(RESPONDENT)** mentioning that I called about the survey? When is a good time to call back?

Callback Date/Time:

|  |
| --- |
| 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 0584-0607.  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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0607).  Do not return the completed form to this address. |

**B. SCRIPT FOR WHEN RESPONDENT IS ON THE PHONE:**

*Introduction 1-IF SPEAKING TO RESPONDENT ON INITIAL CONTACT*

The letter was an invitation to complete a survey called the Child Nutrition Program Operations Study II. **(GO TO INTRODUCTION 3)**

*Introduction 2-IF TRANSFERRED*

Hello, my name is [NAME] and I’m calling from 2M Research. We recently sent you a letter with an invitation to complete a survey called the Child Nutrition Program Operations Study II. **(GO TO INTRODUCTION 3)**

*Introduction 3*

2M Research is conducting this survey on behalf of the U.S. Department of Agriculture Food and Nutrition Service. We noticed that you haven’t completed this survey yet, so we just wanted to be sure that you received the letter invitation and hard copy of the survey. Let me remind you that the Healthy Hunger-Free Kids Act of 2010, Section 305 encourages your cooperation in studies of the National School Lunch Program.

*Verify Contact Information*

The email address we have for you is [email]. Is that correct? *(Update if necessary and confirm the login information will be sent right away.)*

*Respond to Questions or Concerns*

Do you have any questions about the study? *(Answer questions using FAQ and encourage participation.)* Have you had the opportunity to review the hard copy of the instrument? Have you been able to access the survey?

[IF NO:] Did you have trouble with the link to the survey?

[IF YES:] Have you been able to log in and start the survey?

*Resend Link*

If you don’t have any other questions, would you like for me to send you another link to the Child Nutrition Program Operations Study II? [IF YES:] I’ll get that email to you shortly.

*Would Like to Answer by Phone*

Would you like to do the survey now? If you have reviewed the hard copy, we should be able to complete the survey in under 2 hours.

[IF NO:] Can we make an appointment for a better time? Day: \_\_\_\_\_ Time: \_\_\_\_

[IF YES:] SWITCH TO SURVEY MODULE

*Reminder and Thank You (Only if did not complete by phone)*

This study is authorized under the Healthy, Hunger-Free Kids Act of 2010. Section 305 of that Act states that

“States, State educational agencies, local educational agencies, schools, institutions, facilities, and contractors participating in programs authorized under this Act and the Child Nutrition Act of 1966 (42 U.S.C 1771 et seq.) shall cooperate with officials and contractors acting on behalf of the Secretary, in the conduct of evaluations and studies under those Acts.”

Therefore, let me encourage you to complete the study by [date]. Please let us know if there is any way we can help you. The survey helpline is 1-844-503-7045 (toll-free) or send us an email at: CNOPS2@2mresearch.com

Thank you for your time.

II. **TELEPHONE ANSWERING DEVICE SCRIPT**

Hello, I’m [NAME]. I’m calling from 2M Research about a survey called the Child Nutrition Program Operations Study II, which we are conducting on behalf of the U.S. Department of Agriculture Food and Nutrition Service. We have not yet received your response to this survey and we hope you will finish it soon. Let me remind you that the Healthy Hunger-Free Kids Act of 2010, Section 305 encourages your cooperation in studies of the National School Lunch Program. Please access the survey using the login information that was emailed to you, or contact the support team, at CNOPS2@2mresearch.com or 1-844-503-7045 (toll-free).