

IF INBOUND CALL:

Hello and thank you for calling the U.S. Department of Agriculture's *Family Child Care Home Provider Survey help line*. My name is <NAME>. How may I help you?

I would like to look up your information in our database. Could you give me your PIN?

[IF PARTICIPANT IS NOT IDENTIFIED BY PIN] I am not able to locate your identification number in our database. Can you provide your first and last name and your complete mailing address?

[IF PARTICIPANT IS NOT IDENTIFIED] I am still not able to locate you in our database. I would like to follow-up on this and call you back. At what number, or email address, can we reach you?

[IF PARTICIPANT IS IDENTIFIED] Thank you.

In case we get disconnected, what phone number are you calling from?

IF OUTBOUND CALL:

Hello, may I speak with <FIRST NAME LAST NAME>?

Hello. This is <NAME> calling from Westat about the *Family Child Care Home Provider Experience Survey*.

1. We have sent you an invitation as well as reminder messages to complete the *Family Child Care Home Provider Survey*. Did you receive them?
 - Yes (GO TO QUESTION ABOUT COMPLETING OVER THE PHONE)
 - No → Let me see, it looks like we sent you the first mailing as well as the paper survey to <address>. We also sent you reminder emails at <email address>. Are these still the best way to reach you?
 - Yes (GO TO QUESTION ABOUT COMPLETING OVER THE PHONE)
 - No → get updated contact information.

Thank you.

QUESTION ABOUT COMPLETING OVER THE PHONE:

Could we complete the survey by phone with you right now. It will take 20 minutes of your time.

- Yes → (GO TO PHONE COMPLETION SECTION)
- No → Would you prefer to complete the survey online? (IF YES, GO TO ONLINE SURVEY 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

- NO, NOT A GOOD TIME → (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 do the survey by phone. Your opinions are important to us. Thank you so much for your time today. END.
- 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.

CONSENT AND PHONE COMPLETION:

Thank you.

Before we get started, I want to remind you that this survey is sponsored by the USDA. The survey includes questions about your experiences as a family child care home provider and it gives you the opportunity to make recommendations about how the Food Program (also known as the Child and Adult Care Food Program (CACFP) can be improved for providers like you. To thank you for participating, after you complete the survey, we will send you a \$40 gift card.

Your participation in this survey is completely voluntary. Please know that your responses will be kept private as required by law, and will not be shared with anyone outside the survey team. 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. If you decide not to participate, there will be no loss of benefits.

Before we get started, “do you agree to take part in the survey”?

- YES → GO TO SURVEY QUESTION 1.
- 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
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Do you have any questions for me?

- YES → ANSWER QUESTIONS.
- NO → GO TO SURVEY QUESTION #1.

ONLINE COMPLETION:

- Online → Do you need the link to the study website and your PIN?
 - Yes → The survey may be accessed at www.xxxx.com and your PIN is #####
 - No → Ok.

Please fill out the survey online at your earliest possible convenience. Your opinions are important to us. Thank you so much for your time today. END

ADD THIS TO FAQ/REFUSAL CONVERSION:

This important study, sponsored by the US Department of Agriculture (USDA) Food and Nutrition Service (FNS), is designed to give providers like you the opportunity to give feedback about the Food Program, or the Child and Adult Care Food Program (CACFP), and share with FNS the challenges and barriers you face, or have faced in the past, with Food Program participation. Our records indicate that you have not completed the survey as of today. We would like to do the survey with you now, over the phone, or schedule a time to call you back.

This information is being collected to assist the Food and Nutrition Service in understanding the decrease in CACFP participation among family child care home providers. This is a voluntary collection and FNS will use the information to provide technical assistance and inform program improvements to support family child care home participation in CACFP. 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-[xxxx]. The time required to complete this information collection is estimated to average 0.1336 hours (8 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