

## **F5. Provider Survey Reminder Call Script**

**This page has been left blank for double-sided copying.**

## Study of Nutrition and Activity in Child Care Settings II (SNACS-II) Provider Survey Reminder Call Script

*Note to reviewers: This call script will be used for follow-up telephone contact with providers that have been selected and agreed to complete the web-based provider survey. Some providers will also be part of on-site data collection activities (e.g., cost data collection, observations, and child intake data collection). For such providers, members of the field data collection team will contact them separately to coordinate logistics and scheduling of data collection activities.*

### Introduction

*Hi, my name is (NAME OF CALLER) and I am calling from Mathematica on behalf of the second Study of Nutrition and Activity in Child Care Settings (SNACS-II). We recently sent you some information about the study and invited you to complete the provider survey. I am calling to follow-up and answer any questions that you may have. Did you get our email about the provider survey? [If not, confirm email address and re-send and arrange to call back at another time.]*

*Do you have about 10 minutes to talk with me now? [If not, arrange to call back at another time.]*

- The email we sent you included a link to complete the provider survey online. Have you had a chance to start the survey? Do you have any questions about the survey? [Answer questions as needed about the survey. Review incentive for providers (for the provider survey, they will receive a certificate of appreciation).]
- For this survey, you or your foodservice manager or cook will be asked to provide information on menu planning, meal purchasing, foodservice, wellness and activity, and infant feeding patterns (if applicable in your center or program). The survey has multiple sections so you may need to consult other members of your staff to complete the survey.
- We ask that you complete the survey by [DATE]. I can re-send you the link to complete the survey online, or if you prefer, we can complete it together over the phone.
  - *If they want to do it together on the phone:* Do you have time to complete the survey together now? [If not, arrange for a time to call back and complete the survey. Advise them they will need to provide information on policies that their cook or foodservice manager may know, so it would be best to either consult with them prior to the call, or ask that they participate in the call as well.]
  - *If they want to do it on their own:* I can re-send you the survey link now (confirm best email address). If any issues or questions come up while you complete the survey, you can call us at [study number] toll-free or email us at [study email].

### Next Steps

- Thank respondent for their time and cooperation. Confirm the following:
  - Contact information (telephone, email)
  - Type of provider (CACFP provider, Head Start, other center, FDCH, afterschool, at-risk)

*[If applicable: Inform them that a member of the study team will be in touch with them to discuss on-site data collection.*

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 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, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.