A. State Agency Data Request Script

**CHILD AND ADULT FOOD CARE PROGRAM
(CACFP) MEAL CLAIMS ASSESSMENT
ICF Macro**

**Attn: Erika Gordon, Project Director
11785 Beltsville Drive, Suite 300
Calverton, MD 20705
Tel: (800) 840-8248**

STATE AGENCY DATA REQUEST SCRIPT

A. [**INTRODUCTION**]: Hello, my name is _____. I'm calling from ICF Macro, on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), to verify that you have received the letter recently sent you concerning the CACFP Meal Claims Assessment Study, that FNS is conducting. I am calling today to follow up on that letter, to answer your potential questions, and to speak with you regarding our request for the information listed in the letter. Do you have a few minutes now?

1. Yes—[**PROCEED TO SECTION B.**]

2. No—[Obtain callback date and time]: Is there a better time when we can speak sometime this week, in the next 2 days?

   CALLBACK DATE: _____ **CALLBACK TIME:** _____

   Thank you for your time. I will call you back on _____ [DAY]/ _____ [TIME] to discuss the study.

B. Before we begin, is there someone in your organization, other than yourself, that you would like to designate as the study contact for this data collection?

1. Respondent will serve as study contact. [**GO TO SECTION D.**]

2. Respondent designates someone else. [**ENTER CONTACT INFORMATION IN TABLE BELOW.**]

Name:	
Title:	
Address: (if different from organization's address)	
Telephone Number:	
Fax:	
E-mail Address:	

Would you like me to review our study data collection needs with you or should we contact _____ [CONTACT NAME JUST GIVEN] directly about the study?

1. Respondent wants you to tell them about the study →[**GO TO SECTION D.**]

2. Respondent wants you to call the designated study contact—**Respond:**

Thank you for your time. I will contact _____ [CONTACT NAME] about the study. Have a nice day!

[INSTRUCTION: UPDATE CONTACT DATABASE TO REFLECT NEW CONTACT INFORMATION. SEND STATE DATA REQUEST LETTER TO STUDY CONTACT VIA E-MAIL. MAKE SURE TO CHANGE CONTACT'S NAME ON LETTER BEFORE SENDING IT OUT. SCHEDULE A TIME FOR YOU TO GET IN TOUCH WITH DESIGNATED STUDY CONTACT WITHIN 2 DAYS OF SENDING E-MAIL.]

C. **[INTRODUCTION FOR ALL CALLBACKS]:** Hello, this is _____ from ICF Macro. I'm calling you back as we had previously scheduled to discuss the Food and Nutrition Service (FNS) assessment of meal claiming errors in the Child and Adult Care Food Program (CACFP). I would like to follow up on the letter [or E-MAIL] we sent to you earlier this week, to answer questions you may have, and to speak with you about our request for the information listed in the letter/e-mail.

D.   **[EXPLANATION OF STUDY].** The study is being conducted in two phases: (1) a feasibility study, and (2) a follow-up national expanded data collection effort. The feasibility study will test the ability to use a parent-recall interview to validate meal claims made by family day care homes (FDCHs). Using similar procedures as the monitoring visit typically conducted by the sponsor, a one-time 2-day in-home observation will be conducted at the selected FDCHs to collect the number of children being served meals and the type of meals being served as a part of the feasibility study. Selected sponsors and FDCHs will then be asked to provide monthly meal claim data for a 3-month period, to be used in analysis. Using a random sampling methodology based on the number of FDCHs in each State during Fiscal Year 2010, [STATE] was selected to participate in this important study.

[INSTRUCTION: REVIEW WITH STATE CONTACT EACH OF THE 4 ITEMS REQUESTED IN THE LETTER]. We would like to request information specific to your State, so that preliminary tasks in this study can be completed. We are asking you for the following information:

✓ **A list** of CACFP sponsors (including a full address) in the State as of [MONTH 2011]; the number of FDCHs supported by each of these sponsors, by tier, if possible.

✓ **The total number** of FDCHs participating in the CACFP in [STATE] as of [MONTH 2011] that are eligible for meal reimbursement. **[INSTRUCTION—CLARIFY IF NECESSARY:** We would like the total number of FDCHs that each sponsor supports as of **MONTH 2011** who were eligible to file a meal claim.]

✓ **A count** of the total number of active FDCHs that participate in CACFP in [STATE] as of [MONTH 2011].

✓ **A copy of current existing guidelines** that your State provides to sponsors who participate in the CACFP, including guidelines and procedures for sponsors and FDCHs that pertain to the completion, submission, and verification of monthly meal claims for reimbursement. This would include any special guidance provided to sponsors to assist them with meal claiming, reporting, and editing of FDCH-submitted claims. We also want to find out the rules/guidance/procedures on licensing capacities of FDCHs in your State. **[INSTRUCTION—CLARIFY IF NECESSARY]:** We would like information on the maximum number of children a FDCH is allowed to have in its care at one time. If this is determined by a formula, please provide that information to us.]

E. We would like to receive this information in an electronic format if possible. Are the data available as Excel or Word files?

     1. Yes—**[PROVIDE THE STUDY'S E-MAIL ADDRESS; GO TO ITEM F.]**

     2. No—**[IF NO]:** If the files are in paper format, please use the postage-paid mailer you received with our letter. We'd like to have your data by _____ [DATE] (1-week preference for receiving information).

F. If you are able to send the information electronically, you can submit it by e-mail to CACFPmealclaims@icfi.com. We'd like to have your data by _____ [DATE] (7-day preference for receiving information). I'd like to give you my personal e-mail address in case there are any questions or concerns about this request—Name@icfi.com. Additionally, our toll-free study assistance number is 1-800-840-8248 and study team members are available between 8:30 a.m. and 5:30 p.m. We also have a fax number for the study—1-XXX-XXX-XXXX. I'd also like to confirm your e-mail address so I can confirm receipt of your data via e-mail and by telephone. _____ [E-MAIL ADDRESS]

G. [CLOSING]: Thank you for providing the data for this very important study.

B. State Agency Follow-up Call for Missing Data Script

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STATE AGENCY FOLLOW-UP CALL FOR MISSING DATA SCRIPT

A. [INTRODUCTION]: Hello, my name is _____. I'm calling from ICF Macro regarding the Food and Nutrition Service (FNS) nationwide assessment of meal claiming in the Child and Adult Care Food Program (CACFP). We spoke with you last week, on _____ [DATE], about our specific data needs for this study. We have not yet received your data and want to make sure the information has not been lost in transmission. Have you had the chance to send us your information?

1) Yes, information has been sent. **[CONFIRM HOW DATA WAS ORIGINALLY TRANSMITTED. IF SENT VIA SOFT PACK IN LAST 3 DAYS, GO TO A2.]**

2) No, information not sent. **[GO TO SECTION B.]**

A1. Unfortunately, we have not received your information. Would it be possible for you to send the information to us again? To confirm, our [E-MAIL ADDRESS/FAX NUMBER] is CACFPmealclaims@icfi.com and 1-800-XXX-XXXX. You can send the data via e-mail, fax, or FedEx**. [CONFIRM METHOD FOR SENDING DATA: E-MAIL:____ FAX:_____ FEDEX:_____.]**

[INSTRUCTION: IF INFORMATION CAN ONLY BE SENT VIA MAIL]. Please send your information to us in care of [YOUR NAME], ICF Macro; 11785 Beltsville Drive, Suite 500; Calverton, MD 20705. If possible, please send the information to us via FedEx. If you can send it to us via FedEx, I will e-mail you a FedEx reimbursement form that you can complete and include in your information packet so that our study can reimburse you for the cost. Will you be able to send the information to us via FedEx? **[CONFIRM RESPONDENT IS SENDING THE INFORMATION VIA FEDEX].** When do you believe you can re-send the information to us _____ [DATE INFORMATION WILL BE RE-SENT]? Thank you so much for re-sending us the information to us.

I will e-mail you to confirm that we have received the information. **[CONFIRM RESPONDENT'S E-MAIL ADDRESS: _____].** Thank you so much for your help on this important study! Have a nice day!

I would also like to give you my personal e-mail address to ensure that the information gets to us; it is Name@icfi.com. Would it be possible for you to re-send the information today _____ [DATE INFORMATION WILL BE RE-SENT]? Thank you so much for re-sending the information to us. I will e-mail you to confirm that we have received the information. Thank you so much for your help on this important study! Have a nice day!

A2. [INSTRUCTION: IF INFORMATION WAS SENT VIA FEDEX SOFT PACK WITHIN THE LAST 2 DAYS]. Thank you for sending the information we have requested. I will look for the data packet to arrive in the next couple of days. I will e-mail you to confirm that we have received your information. Thank you so much for your help on this important study! Have a nice day!

B. **[INSTRUCTION: RESPONDENT HAS NOT HAD THE TIME TO SEND THE INFORMATION TO US OR IS STILL WORKING ON GATHERING THE INFORMATION].** Receiving this information is a very important step in conducting this study. This information is critical for us to be able to determine which sponsoring organizations and family day care homes (FDCHs) should be contacted for the study. We realize that gathering the data may be

burdensome, but we really want to conduct a study that represents the experiences of FDCHs from various sponsors, so that the full range of experiences can be represented. Would it be possible to send this information to us by _____ [GIVE DATE DEADLINE 3 DAYS FROM TODAY]? Please send the information to us in the format that is most convenient for you.

Again, our e-mail address is CACFPmealclaims@icfi.com, or you can e-mail the information to me personally at Name@icfi.com. The data can also be faxed to us at 1-XXX-XXX-XXXX. You can also use the self-addressed, pre-paid FedEx Soft Pack we provided to send the information to us. [IF FEDEX SOFT PACK IS LOST/MISSING]: I will e-mail a FedEx reimbursement form to you that you can complete and include in your information packet so that our study can reimburse you.

C. [IF RESPONDENT HAS QUESTIONS, NOTE WHAT RESPONDENT SAYS]:

_____
_____
_____

[INSTRUCTION: PROVIDE RESPONSE TO THE RESPONDENT'S CONCERN BASED ON THE ISSUE RAISED.]

- *States were randomly selected to participate in this study. Those states with a large number of sponsors and a subsequent large number of FDCHs are more likely to be selected.*

- *We have designed this study with FNS and Child Nutrition Services so it is conducted in the least burdensome way for all parties, including State agencies, sponsors, and the FDCHs selected to participate.*

- *The information we gather is important to FNS because it collects information that is required by the Federal Government to continue offering meal reimbursement to FDCHs under the CACFP.*

- *FNS wishes to gather this information to be better informed on meal claim policies and procedures enacted by States/sponsors nationwide.*

- *No information that we gather will be used to make a claim against an individual State/sponsor/ or FDCH. Identifying information will be kept confidential and all reporting will be done in an aggregated form—not identifying anyone by name.*

D. [INSTRUCTION: IF COOPERATION IS ATTAINED, REVIEW WITH STATE CONTACT EACH OF THE 4 ITEMS REQUESTED IN THE LETTER]. I'd like to briefly review our request; we are asking you for the following items:

- A list of CACFP sponsors (including a full address) in [STATE] as of [MONTH 2011]; and the total number of FDCHs supported by each of these sponsors, by tiering level if possible;

- The total number of FDCHs participating in the CACFP in [STATE] as of [MONTH 2011] that are eligible for meal reimbursement.

- A copy of existing guidelines that your State provides to sponsors who participate in the CACFP.

- Rules/guidance/procedures that your State provides to sponsors regarding the mandatory monitoring visits of FDCHs they perform.

We look forward to receiving these data from your organization no later than [DATE 2011].

E. [INSTRUCTION: ONCE YOU HAVE CONFIRMED THE MEANS FOR SENDING THE INFORMATION]. I look forward to receiving your information. I will e-mail you confirmation that we have received your data packet. **[CONFIRM RESPONDENT'S E-MAIL ADDRESS: _____].** Thank you so much with your help on this important study!

Have a nice day!