

# APPENDIX B

## Child and Adult Care Food Program (CACFP)

### Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

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**Office:** Office of Research and Analysis

Food and Nutrition Service

Room 1014

3101 Park Center Drive

Alexandria, VA 22302

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**APPENDIX B1:  
SPONSOR RECRUITMENT AND  
DATA REQUEST LETTERS**

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## **A. Sponsor Recruitment Letter**

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# A. Sponsor Recruitment Letter

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**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**

Public reporting burden for this collection of information is estimated to average 120 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

[MONTH DATE], 2011

[ADDRESSEE  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]

Dear [FIRST NAME LAST NAME],

As you know, strengthening the Child and Adult Care Food Program (CACFP) is a key goal of the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). FNS is currently conducting a nationwide study to assess the integrity of the CACFP. The study assesses meal claims and assists FNS in meeting its required reporting for the Improper Payments Act of 2002 (IPIA–Public Law 107-300). This study collects data from a nationally representative sample of sponsors, family day care homes, and parents. You have been randomly selected as a sponsoring organization representing [STATE] for the study. As a sponsoring organization, you already play a key role in strengthening and improving the CACFP. The study team is asking for your assistance and cooperation in conducting this important study, which will further strengthen the integrity of the CACFP.

In this nationally representative study, sponsors will be asked to provide some basic information on the characteristics of the family day care homes (FDCHs) they oversee, and to assist the study by providing edited monthly meal claims authorized for reimbursement for an average of 4 FDCHs. An onsite observation will be conducted at these randomly selected homes. Over a consecutive 2-day period, a trained data specialist will be using procedures similar to the monitoring visit conducted by sponsors to observe only the types of meals served (breakfast, lunch, dinner, and snacks), as well as the ages and number of children being served for 2 meal-service times on each day. Specially trained ICF Macro staff who have passed a security and background check will conduct the observations in a manner that minimizes possible disruption and burden for the day care provider. Telephone interviews with parents of randomly sampled children attending the day care home will also be conducted. The data collected will **not** be used to establish claims against sponsoring organizations or their FDCHs. Additionally, because the observation is disruptive to the FDCH, FNS has indicated that the visit can be counted as an official monitoring visit for the selected day care homes if a monitor accompanies the data specialist and performs the normal monitoring functions during the visit.

Your participation in the study is required by law, as condition of Section 305 of S.3307 Child Reauthorization Act – “Healthy, Hunger-Free Kids Act of 2010. Based on this requirement, a State/sponsor/FDCH provider participating in the Child and Adult Care Food Program (CACFP) is required to cooperate with officials and contractors acting on behalf of the Secretary in the conduct of evaluations and studies, as required under Section 28 of the Richard B. Russell National School Lunch Act (42 U.S.C 1769i). The information you provide will be private and will not be maintained or disclosed in identifiable form to anyone, except otherwise required by law.

As a sponsoring organization, the ICF Macro study team would like to partner with you to first obtain some information needed to complete the study sampling process over the next 2 weeks. The information will assist in the random selection of family day care homes. We are asking sponsors to provide the following information:

1. A list of all the family day care homes sponsored by your organization, by tiering status, which indicates both the total number of homes, and the homes that are active and claimed reimbursement in [MONTH 2011], or in the most recent month available. The list should include the name and contact information for each provider, indication of the primary language of the provider—if it not English—and their total child enrollment. *Please note that we are only interested in the list of homes that claimed reimbursement, not whether the claim was approved or modified.*
2. A copy of the existing guidelines or instructions that you as a sponsor use to verify monthly meal claims submitted by family day care home providers.
3. A copy of existing guidelines your organization provides to FDCHs, including guidelines on completing and submitting meal claims, and daily attendance logs.
4. An example of the format used by family day care providers to submit their monthly meal claims to your organization for monthly meal reimbursement.

We have designated a dedicated study representative to answer any questions you may have and make arrangements to receive the requested information. This representative will contact you within the week to answer questions and arrange to receive the data we are requesting. ICF Macro staff will work with you to receive your information by mail, fax, or e-mail. Using the enclosed envelope, you can choose to send information in care of the study representatives, ICF Macro; 11785 Beltsville Drive, Suite 300; Calverton, MD 20705. You can also send the information via fax—1-301-572-0999; or by sending an e-mail to Walter Rives at [WRives@icfi.com](mailto:WRives@icfi.com) or to Marta Royer at [MRoyer@icfi.com](mailto:MRoyer@icfi.com). After the sampling has been completed, we will contact you in 2–3 weeks to notify you of the FDCHs that have been selected for the study. We will be asking you to provide additional information on these homes, as well as the most recent sponsor-edited meal claim reimbursement form for each of your family day care homes selected for the study during [MONTH 2011] to [MONTH 2011].

We recognize that a study such as this can be burdensome and may cause a great deal of discomfort. However, we believe that the study can serve to highlight the efforts of sponsoring organizations in overseeing the family day care homes that are meeting the needs of children by providing healthy meals and then claiming reimbursement according to the CACFP requirements. Both FNS and ICF Macro are looking forward to your support and cooperation for this important study. If you have general questions about the study, please contact the FNS Project Officer for this study, Dr. Fred Lesnett, at 1-703-605-0811. If you have specific questions about study procedures, you may contact the ICF Macro Project Director, Dr. Erika Gordon, toll-free at 1-800-840-8248.

Sincerely,

Dr. Erika Gordon  
Project Director, CACFP Improper Payments Meal Claims Assessment Study

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## **B. Sponsor FDCH Sample Notification Letter**

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## B. Sponsor FDCH Sample Notification Letter

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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

Public reporting burden for this collection of information is estimated to average 60 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

[MONTH DATE, 2011]

[ADDRESSEE  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]

Dear [FIRST NAME LAST NAME],

We would like to thank you for partnering with us to provide the data for completing the required sampling for the U.S. Department of Agriculture (USDA) Food and Nutrition Service's (FNS) Child and Adult Care Food Program (CACFP) Meal Claims Assessment Study. We are contacting you now to share the names of the family day care homes (FDCHs) that have been randomly selected for the study, and to ask for your assistance in providing some additional information.

We have selected 4 FDCHs, with 2 replacements. From these cases, we expect to visit 4 providers. The providers associated with [SPONSORING ORGANIZATION] that have been randomly selected for the study are as follows:

1. FDCH #1  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

2. FDCH #2  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

3. FDCH #3  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

4. FDCH #4  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

5. FDCH #5  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

6. FDCH #6  
[CONTACT NAME]  
ADDRESS  
CITY, STATE ZIP CODE

The information that the study team is requesting from you now, for each of the above listed providers, includes the following:

- Provider CACFP application/agreement information for each selected FDCH
  - Provider license number;
  - Enrollment capacity;
  - Schedule of meals served to children, (i.e., the types of meals provided by the FDCH and start and stop times of meals scheduled to be served to the children—including ALL planned meals the FDCH provides to the children, whether or not they are reimbursed for the meal under the CACFP), and
  - Approved meal service pattern—i.e., the types of meals FDCH has agreed to provide under the CACFP, and which meals the FDCH is reimbursed for under the Program (2 main meals and 1 snack, or 2 snacks and 1 main meal).

- Tiering determination documentation for each selected FDCH
  - Current classification documentation supporting the Tier 1 status for children of parents determined to be Tier 1-eligible, and
  - Current classification documentation and/or income eligibility statement for provider's income or categorical eligibility for Tier 1 status.
- Participant child enrollment information for each selected FDCH
  - The most recent child enrollment forms submitted to your organization by the FDCH, including the number, names, and ages of children enrolled in [MONTH 2011] in the FDCH, the planned meal service provided to each of the children enrolled, and scheduled attendance of each of the children (i.e., days of the week, hours per day), and whether the FDCH claims meal reimbursement for meal service for that child (i.e., whether the child participates in the CACFP); and
  - Current parent contact information, including parents/guardians' names, addresses, and telephone numbers.

Our dedicated study specialist will be contacting you in the next week to partner with you to obtain this information, to discuss whether any of the sampled homes have recently had a sponsor monitoring visits and to discuss the in-home observation visit that is a part of this study. We will work with you to receive your information in the least burdensome way possible. We can receive the information via e-mail, via fax (1-301-572-0999), or you can choose to send the information using the prepaid FedEx envelope provided with this letter. Electronic submissions can be e-mailed to Walter Rives at [WRives@icfi.com](mailto:WRives@icfi.com) or Marta Royer at [MRoyer@icfi.com](mailto:MRoyer@icfi.com).

You can request reimbursement for the cost of photocopying any of documents we are requesting. Complete the photocopy receipt enclosed with this letter and return it with the data being requested. ICF Macro will reimburse your organization at a rate of 10 cents per copy and a reimbursement check will be sent out within [6] weeks of the documents being processed.

Again, we want to thank you for your support and assistance in this study, which aims to continuously strengthen the CACFP—a common goal for FNS, sponsors, and providers. We believe that the study can serve to highlight the efforts of sponsoring organizations in providing oversight for the family day care homes that are meeting the needs of children by providing meals and claiming reimbursement according to the Program's requirements. Both FNS and ICF Macro are sincerely grateful for your support and cooperation for this important study. If you have general questions about the study, please contact the FNS Project Officer for this study, Dr. Fred Lesnett, at 1-703-605-0811. If you have specific questions about study procedures, you may contact the ICF Macro Project Director, Dr. Erika Gordon, toll-free at 1-800-840-8248.

Sincerely,

Dr. Erika Gordon  
Project Director, CACFP Improper Payments Meal Claims Assessment Study

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**C. Sponsor Letter for Non-Responsive  
FDCHs**

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## C. Sponsor Letter for Non-Responsive FDCHs

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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

Public reporting burden for this collection of information is estimated to average 10 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

[MONTH DATE], 2011

[ADDRESSEE]  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]

Dear [FIRST NAME LAST NAME],

We are contacting you to request your assistance in obtaining necessary documentation from the family day care home (FDCH) providers who have been chosen to participate in the U.S. Department of Agriculture (USDA) Food and Nutrition Service's (FNS) Child and Adult Care Food Program (CACFP) Meal Claim Assessment Study. Currently, we are having trouble garnering cooperation from [INSERT PROVIDER'S NAME]. We would like to ask you to contact the provider on behalf of the study to reassure the provider of the study's legitimacy and that you are aware of the study as the sponsoring organization. For [INSERT PROVIDER'S NAME], we are experiencing trouble with the following:

- Making initial contact to discuss the study and our documentation needs.
- Receiving up-to-date copies of the FDCH's documentation including—
  - Information on the hours of operation and scheduled hours meals are served,
  - Child enrollment forms,
  - Most recently updated parent contact information, and/or
  - Example of a monthly meal claim form submitted to the sponsor.
- Other: \_\_\_\_\_.

Each provider has been supplied with a postage-paid return envelope to help provide the documentation to us. Additionally, we have given providers the option to provide information via a telephone interview as well as the ability to request reimbursement for any photocopies made for this request.

The study team is asking for your assistance in contacting [INSERT PROVIDER'S NAME] to emphasize the importance of this study. A representative from the study team will follow up on this request via a telephone call within the next 3 days.

We recognize that a study like this can be burdensome and may cause a great deal of discomfort. However, we believe that the study can serve to highlight the efforts of sponsoring organizations in overseeing family day care homes that are meeting the needs of children by providing needed meals and claiming reimbursement according to the CACFP requirements.

Both FNS and ICF Macro greatly appreciate your continued support and cooperation for this important study. If you have specific questions about the study or this request, you may contact the study team toll-free at 1-800-840-8248.

Sincerely,

Dr. Erika Gordon  
Project Director, CACFP Improper Payments Meal Claims Assessment Study

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**D. Sponsor Observation Confirmation  
Letter**

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## **D. Sponsor Observation Confirmation Letter**

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**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**

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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.



**[MONTH DATE], 2011**

**[ADDRESSEE  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]**

Dear **[FIRST NAME LAST NAME]**,

Again, we would like to thank you for your continued support for the ongoing 2010 Child and Adult Care Food Program (CACFP) Meal Claims Assessment. This letter serves as confirmation of previously discussed requirements for the in-home observations we are conducting on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service's (FNS) CACFP study. We have mutually agreed on the following schedule for in-home observations for the 4 family day care homes (FDCHs) participating in the study.

<b>[PROVIDER'S NAME]</b>			
<b>Day and Date</b>	<b>Meal Service Times</b>	<b>Meal Observed</b>	<b>Monitor Requirement</b>
Day 1 [Date]  Meal Observation 1	Meal Start Time __ : __ (a.m./p.m.)  Meal End Time __ : __ (a.m./p.m.)	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	<input type="checkbox"/> Will be present <input type="checkbox"/> Will not be present
Day 1 [Date]  Meal Observation 2	Meal Start Time __ : __ (a.m./p.m.)  Meal End Time __ : __ (a.m./p.m.)	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	<input type="checkbox"/> Will be present <input type="checkbox"/> Will not be present
Day 2 [Date]  Meal Observation 3	Meal Start Time __ : __ (a.m./p.m.)  Meal End Time __ : __ (a.m./p.m.)	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	<input type="checkbox"/> Will be present <input type="checkbox"/> Will not be present
Day 2 [Date]  Meal Observation 4	Meal Start Time __ : __ (a.m./p.m.)  Meal End Time __ : __ (a.m./p.m.)	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	<input type="checkbox"/> Will be present <input type="checkbox"/> Will not be present
<b>COMPOSITE OBSERVATION SCHEDULE (ALL SAMPLED FDCHs)</b>			

* Indicates that a monitor will be present for observation.						
MEAL TYPE	MEAL TIME	DAY OF THE WEEK				
		Monday	Tuesday	Wednesday	Thursday	Friday
		[DATE]	[DATE]	[DATE]	[DATE]	[DATE]
BREAKFAST	7:00		FDCH #2 *			
	7:30	FDCH #1 *			FDCH #4	
	8:00			FDCH #3 *		
	8:30					
	9:00					
A.M. SNACK	9:30		FDCH #2			
	10:00				FDCH #4	
	10:30					
	11:00			FDCH #3		
LUNCH	11:30					
	12:00					
	12:30	FDCH #1				
	1:00			FDCH #4 *	FDCH #3	
	1:30					
P.M. SNACK	2:00					
	2:30		FDCH #1			
	3:00				FDCH #3	
	3:30	FDCH #2 *				
	4:00					
	4:30					
SUPPER/ EV SNACK	5:00		FDCH #1			
	5:30					
	6:00	FDCH #2		FDCH #4		
	6:30					
	7:00					
	7:30					

As confirmed in our conversation and the included schedule, a monitor will—

- Be present for ALL observations.
- Be present for some observations.
- Not be present for any observations.

If a monitor is present, the data collection specialist will—

- Meet the monitor at the sponsor organization’s headquarters prior to the observations.
- Meet the monitor outside the home of the provider 20 minutes prior to the observation.
- Other: \_\_\_\_\_.

If there are any additional questions or concerns, please contact [STUDY REPRESENTATIVE] toll-free at 1-800-840-8248. Once again, thank you for all of your efforts in support of this study.

Sincerely,

Dr. Erika Gordon  
Project Director, CACFP Improper Payments Meal Claims Assessment Study

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**APPENDIX B2:  
SPONSOR RECRUITMENT AND  
DATA REQUEST MATERIALS**

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**A. Sponsor Recruitment and Data Request Script**

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## **A. Sponsor Recruitment and Data Request Script**

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**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**

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## SPONSOR RECRUITMENT AND DATA REQUEST SCRIPT

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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). I'm calling to verify that you have received the letter we recently sent to you concerning the CACFP Meal Claims Assessment Study being conducted by FNS. I am calling today to follow up on that letter, to answer 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:** \_\_\_\_\_

**[INSTRUCTION: IF CALLBACK IS NEEDED, OBTAIN SPECIFIC TIME/DATE FOR CALL. BECAUSE OF TIME CONSTRAINTS, ATTEMPT TO MAKE SCHEDULED CALLBACK WITHIN 2 DAYS.]**

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'S 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'S NAME JUST GIVEN]** directly about the study?

- a. Respondent wants you to tell them about the study. **[GO TO SECTION E.]**
- b. Respondent wants you to call the designated study contact. **[RESPOND]:**

Thank you for your time. I will contact \_\_\_\_\_ **[CONTACT'S NAME]** about the study. Have a nice day!

**[INSTRUCTION: UPDATE CONTACT DATABASE TO REFLECT NEW CONTACT INFORMATION. SEND SPONSOR DATA REQUEST LETTER TO CONTACT VIA E-MAIL.]**

**MAKE SURE TO CHANGE CONTACT NAME ON LETTER BEFORE SENDING IT OUT.  
SCHEDULE A TIME FOR YOU TO GET IN TOUCH THE DESIGNATED STUDY CONTACT  
WITHIN 2 DAYS OF SENDING THE 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 U.S. Department of Agriculture (USDA), 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 [OR E-MAIL].

**D. [INTRODUCTION FOR DESIGNATED CONTACT PERSON]:** 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). FNS is conducting a nationwide assessment of meal claiming in the Child and Adult Care Food Program (CACFP). You were designated by \_\_\_\_\_ [NAME OF ORIGINAL SPONSOR CONTACT] to serve as your organization's contact regarding this study. You were sent an e-mail on \_\_\_\_\_ [DATE E-MAIL WAS SENT] that included a description of the study and the information we are requesting of the State for this FNS study. [CONFIRM THAT E-MAIL WAS RECEIVED]. I am calling today to follow up on that e-mail, to answer 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—[GO TO SECTION E.]
2. No—[INSTRUCTION: IF CALLBACK IS NEEDED, OBTAIN SPECIFIC TIME/DATE FOR CALL. BECAUSE OF TIME RESTRAINTS, ATTEMPT TO MAKE SCHEDULED CALLBACK WITHIN 2 DAYS.] When could we speak in the next 2 days or so?

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_

Thank you for your time. I will call you back on \_\_\_\_\_ [DAY]/ \_\_\_\_\_ [TIME] to discuss the study. Have a nice day!

**E.** As stated in the letter, your sponsoring organization has been randomly selected to participate in the study undertaken by the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), the Federal agency that subsidizes the CACFP. ICF Macro was chosen as the contractor for this effort and we are responsible for the data collection. The FNS study assesses meal claims and helps the agency meet its required reporting for the Improper Payments Act of 2002 (IPIA—Public Law 107-300). This study collects data from a nationally representative sample of sponsors, family day care home (FDCHs), and parents.

For the study, we are asking to partner with you to obtain additional administrative information about the FDCHs you oversee, to complete the study sampling activities and obtain additional detailed information about a small set of FDCHs that will be selected to participate in the study.

I'd like to briefly review our initial data request. We are asking you for the following information:

- ✓ **A list** of all the family day care home (FDCHs) sponsored by your organization, by tiering status, that indicates both the total number of homes as well as the homes that are active and claimed reimbursement in [MONTH 2011]. The list should include providers' name and contact



information. *Please note that we are only interested in the list of homes that claimed reimbursement, not whether the claim was approved or modified.*

The list should include the following specific information for each FDCH you sponsor: (1) the name of the FDCHs, (2) indication of whether a provider's name is not unique (multiple providers have the same name) and the unique identifier (like an ID number) that your sponsoring organization uses when referring to those FDCHs; (3) indication of what tier each FDCH is (Tier I, Tier II, or Tier Mixed), (4) indication of the primary language used by the provider, if not English, and (5) the total number of children enrolled in each FDCH.

- ✓ **A copy** of existing guidelines your organization provides to FDCHs, including guidelines on completing and submitting meal claims, and daily attendance logs.
- ✓ **A copy** of the existing guidelines or instructions your organization uses to verify monthly meal claims submitted by FDCH providers.
- ✓ **An example of the format used** by FDCH providers to submit their monthly meal claims to your organization for monthly meal reimbursement review.

We look to receive these data from your organization no later than [DATE].

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

1. Yes → If you are able to send the information electronically, you can e-mail it to [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com). We'd like to have your data by \_\_\_\_\_ [DATE] (1-week preference for receiving information).

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).

I'd like to give you my contact information in case there are any questions or concerns about this request. I can be reached at [Name@icfi.com](mailto:Name@icfi.com). You can also call our toll-free study assistance number at 1-800-840-8248, between 8:30 a.m. and 5:30 p.m., or you can fax us at 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. Thank you for providing the data for this very important study. We will contact you again in the next couple of weeks to discuss the other information we would like to receive from your organization for the study. At that time, we will be asking for some specific data on a small number of sampled homes and we will begin preparation for the study's in-home observations, as described in our letter. If you have questions about this study or the type of information we need, please call us on our toll-free hotline at 1-800-840-8248.

**[CLOSING]:** I look forward to receiving the information we discussed today. Please call us any time if you have questions. Thank you again.

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**B. Sponsor Follow-up Call for Missing Data Script**

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## **B. Sponsor Follow-up Call for Missing Data Script**

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**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**

Public reporting burden for this collection of information is estimated to average 30 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## SPONSOR FOLLOW-UP CALL FOR MISSING DATA SCRIPT

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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 your information to us?

1. Yes, information has been sent. **[CONFIRM HOW DATA WERE ORIGINALLY TRANSMITTED. IF SENT VIA SOFT PACK IN LAST 3 DAYS, GO TO A2; IF SENT ANY OTHER METHOD GO TO A1.]**
2. No, information has not been 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 is [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com) and our fax number is 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 us the information 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 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](mailto: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 THE INFORMATION WAS SENT VIA FEDEX SOFT PACK WITHIN THE LAST 2 DAYS]:** Thank you for sending the information we have requested to us. 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 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 home (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](mailto:CACFPmealclaims@icfi.com), or you can e-mail the information to me personally at [Name@icfi.com](mailto:Name@icfi.com) or fax it to 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]:**

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**[INSTRUCTION—PROVIDE RESPONSE TO THE RESPONDENT’S CONCERN BASED ON THE ISSUE RAISED]:**

- *States and sponsors were randomly selected to participate in this study. States with large numbers of sponsors and subsequent large numbers 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 collect is important to FNS because it gathers information for FNS that is required by the Federal Government to continue offering meal reimbursement to day care homes 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 day care home. 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 EACH OF THE 4 ITEMS REQUESTED IN THE LETTER WITH SPONSOR CONTACT]:** I’d like to briefly review our request; we are asking you for the following items:

1. A list of all **active** family day care homes your organization sponsors that submitted meal claim forms for reimbursement in [MONTH 2011].
2. Already established guidelines your organization provides FDCHs, including guidelines on completing and submitting meal claims, as well as daily attendance logs.
3. Already established guidelines or instructions your organization uses to verify monthly meal claims submitted by FDCHs. This would include a discussion of the process for meal claim form review and verification, the types of errors that reviewers check for (i.e., a list of errors/codes), the way verifications and adjustments are made according to error, and the process for approving final meal claim forms.

4. Examples of the meal claim forms submitted by FDCHs to your organization for meal reimbursement. This includes *supporting documentation forms* such as daily attendance forms, attendance count forms, meal count forms, and other forms used to support the meal claims.

We look to receive 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!

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**C. Sponsor Clarification of Data Received  
Script**

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## **C. Sponsor Clarification of Data Received Script**

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**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**

Public reporting burden for this collection of information is estimated to average 20 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.



**SPONSOR CLARIFICATION OF DATA RECEIVED SCRIPT**

A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF Macro regarding the Food and Nutrition Service (FNS) Child and Adult Care Food Program (CACFP) Assessment Study. I would like to thank you for providing us with the data you recently sent us. After reviewing the information you sent, we would like to clarify some points with you. Do you have a few minutes now?

- 1. Yes → **[PROCEED TO APPROPRIATE QUESTION SECTION B.]**
- 2. No → **[OBTAIN CALLBACK DATE AND TIME]:** When would be a better time for me to call you tomorrow?

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_  
Thank you for your time. I will call you back on \_\_\_\_\_ **[DAY]**/ \_\_\_\_\_ **[TIME]** to discuss the study. Have a nice day!

B. I would like to clarify:

<b>[INSERT QUESTION PERTAINING TO CHILD ENROLLMENT FORMS]:</b>  <i>QUESTION:</i>	1. <b>RESPONDENT'S RESPONSE:</b>
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<b>[INSERT QUESTION PERTAINING TO TIERING STATUS]:</b>  <i>QUESTION:</i>	2. <b>RESPONDENT'S RESPONSE:</b>
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<b>[INSERT QUESTION PERTAINING TO PROVIDER AGREEMENTS]:</b>  <i>QUESTION:</i>	3. <b>RESPONDENT'S RESPONSE:</b>
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<p>[INSERT QUESTION PERTAINING TO OTHER Specify: _____]: QUESTION:</p>	<p>4. <b>RESPONDENT'S RESPONSE:</b></p>
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**C. [INSTRUCTION—IF ADDITIONAL DATA ARE NEEDED]:** We would like to receive the information we just spoke about in an electronic format if possible. Are the data in Excel or Word?

1. Yes→**[PROVIDE THE STUDY E-MAIL ADDRESS; GO TO SECTION D.]**
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]** (3-day preference for receiving information).

**D.** If you are able to send the information to us electronically, you can submit it to the study e-mail address—CACFPmealclaims@icfi.com. We'd like to have your data by \_\_\_\_\_ **[DATE]** (3-day preference for receiving information). I'd like to give you my contact information in case there are any questions or concerns about this request; I can be reached at [Name@icfi.com](mailto:Name@icfi.com). If you have additional questions or concerns, you can also call our toll-free study assistance number at 1-800-840-8248, between 8:30 a.m. and 5:30 p.m., or you can fax us at 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]**

**E.** Once again, thank you for providing us with information for this important study and for clarifying our question(s). Have a nice day!

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**D. Sponsor FDCH Sample Notification  
Script**

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## **D. Sponsor FDCH Sample Notification Script**

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**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**

Public reporting burden for this collection of information is estimated to average 60 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## SPONSOR FDCH SAMPLE NOTIFICATION SCRIPT

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A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_ from ICF Macro. You may recall that our company is working with the Food and Nutrition Service (FNS) on the nationwide study focusing on meal claiming in the Child and Adult Care Food Program (CACFP). We spoke several weeks ago about some of our initial data needs and I am now calling about some additional information we would like to collect about a few family day care homes (FDCHs). You \_\_\_\_\_ **[NAME OF PERSON TO WHOM THE LETTER WAS ADDRESSED]** should have received our letter on \_\_\_\_\_ **[DATE FEDEX SHOULD HAVE BEEN RECEIVED]**. Did you receive this letter?

1. Yes, letter was received. **[GO TO SECTION B.]**
2. No, letter was not received. **[REVIEW LETTER AND SELECTED FDCHs WITH THE SPONSOR.]**

B. I am calling to discuss our request for additional information from your organization about the family day care homes you sponsor. As noted in the letter, we are asking you to provide us with specific information about the day care homes that have been randomly selected to participate in the study. Do you have time now to speak with me?

1. Yes → **[GO TO SECTION D.]**
2. No → When would be a better time to call you back in the next week?

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_

C. **[INTRODUCTION FOR CALLBACK]:** Hello, this is \_\_\_\_\_ from ICF Macro. I'm calling you back to discuss the Food and Nutrition Service assessment of meal claiming in the Child and Adult Care Food Program (CACFP). I would like to follow up on the letter **[OR E-MAIL]** we sent 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. As stated in the letter, we are asking you for specific information for the following FDCHs that you sponsor:

**1. FDCH #1**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

**2. FDCH #2**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

**3. FDCH #3**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

**4. FDCH #4**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

**5. FDCH #5**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

**6. FDCH #6**  
**[CONTACT NAME]**  
**ADDRESS**  
**CITY, STATE ZIP CODE**

We are now asking you to provide us with the following information about these homes:

- Provider CACFP application/agreement information for each selected FDCH
  - Provider license number;
  - Enrollment capacity;
  - Schedule of meals served to children (i.e., the types of meals provided by the FDCH and start and stop times of meals scheduled to be served to the children—including ALL planned meals the FDCH provides to the children, whether or not they are reimbursed for the meal under the CACFP);
  - Approved meal service pattern, i.e., the types of meals FDCH has agreed to provide under the CACFP, and which meals the FDCH is reimbursed for under the Program (i.e., 2 main meals and 1 snack, or 2 snacks and 1 main meal).
- Participant child enrollment information for each selected FDCH
  - The most recent child enrollment forms submitted to your organization by the FDCH, including the number, names, and ages of children enrolled in [MONTH 2011] in the FDCH, the planned meal service provided to each of the children enrolled, and scheduled attendance of each of the children (i.e., days of the week, hours per day), and whether the FDCH claims meal reimbursement for meal service for that child (i.e., whether the child participates in the CACFP); and
  - Current parent contact information, including parents/guardians' names, addresses, and telephone numbers. **[INSTRUCTION—CLARIFY WITH SPONSOR CONTACT]:** We are looking for the enrollment forms for each child that you have on file for the sampled FDCHs. We are not asking you to update these files, instead just send us the information as the planned enrollment for each of the FDCHs. We understand that this information is fluid and children may enroll and drop out of day care without sponsor's knowledge.
- Tiering determination documentation for each selected FDCH
  - We also want to find out the current tier status of the individual children in the FDCH including the provider's own children; this includes documentation used to establish the Tier 1 status for the providers' children and any other child receiving a Tier 1 meal; **[INSTRUCTION—CLARIFY WITH SPONSOR CONTACT]:** We are looking for tiering documentation used by your organization to determine the tier of each of the selected providers and individual children, if applicable . If providers claim meals under CACFP for their own children, we would like you to provide us with the income documentation used to establish tier . We would like income documentation for any individual child whose tier is established by income in the selected homes.]

E. We look to receive the data from your organization no later than [DATE 2011] . We would like to receive this information electronically if possible. Are the data in Excel or Word?

1. Yes→**[PROVIDE THE STUDY E-MAIL ADDRESS; GO TO NEXT ITEM.]**
2. No→**[IF NO]:** If the files are in a 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]).

If you are able to send the information electronically, you can submit it to [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com). We'd like to have your data by \_\_\_\_\_ [DATE] (1-week preference for receiving information).

- F. As we discussed in the letter, we would like to visit each of the homes on 2 consecutive days during 1 week of our data collection. On each day of this visit, we would like to observe 2 different meal service times, for example, a breakfast and an afternoon snack, or a lunch and a supper. During this observation, trained ICF Macro staff will observe the types of meals (breakfast, lunch, dinner, and snacks) served, and the ages and number of children being served.

The observation is a one-time event. The visit will be conducted by a trained ICF Macro data collection specialist who will collect the names, ages, and number of children in the home at the beginning of the meal service time and the names, ages, and number of children present at the end of the meal service time. We plan to schedule the in-home visit during either a morning or an afternoon, with the data collection specialist leaving the home after the first meal has been served, and returning for the second meal service on the same day.

The data collection specialist will have cleared a criminal background check and will be issued liability insurance by our company. The specialist will have a photo identification badge, on display at all times when in the home, to verify he/she works for our company. FNS will also have a record of all the data collection specialists. We will conduct the observations in a manner that minimizes possible disruption and burden for the provider.

Although the study does not require that our specialist be accompanied by a monitor from your organization, we understand that sponsors and FDCHs may be more comfortable with the in-home visit if a monitor accompanies the specialist into the home. As we mentioned in our letter, FNS has agreed to allow these visits, when accompanied by a sponsor monitor, to be counted as one of the 3 mandatory in-home monitoring visits your organization is required to perform for each of the FDCHs. The visit will satisfy the requirement if the monitor accompanying our data collection specialist performs the monitoring duties normally required of a monitor's visit.

We ask that the same protocol used by your organization when conducting unscheduled monitoring visits be used during this visit. We also ask that when you inform the FDCHs of a possible unscheduled visit, as we have come to understand is common practice, you let them know that your monitor will be accompanied by a member of our staff. We do not want the FDCHs to know the specific date of the visit or all the details of the study, as this knowledge may change their behavior. Also their prior knowledge of the visit will negate the Federal Government's approval that the visit count toward sponsors' required unscheduled visits. We suggest that the FDCHs be informed that a visit will be made within the next 4 MONTHS.

I would like to discuss with you what steps we need to take in order for our in-home visit to take place. We would like to be as responsive to your needs and concerns as possible. Although we are not ready at this time to schedule the observation, is there anything we need to know or do in order to move forward with this part of the study:

- G. **[INSTRUCTION—THIS PORTION OF THE TELEPHONE CALL SHOULD BE CONVERSATIONAL. PLEASE RECORD ANY CONCERNS OR ISSUES THE CONTACT RAISES. ALSO RECORD ANY STEPS ICF MACRO NEEDS TO TAKE IN ORDER TO SCHEDULE AN IN-HOME OBSERVATION.]**

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In order for us to enter the family day care homes, would we need to be accompanied by a monitor from your organization?

1. Yes → Do you think that you will be serving as the monitor or is there staff at your organization designated to act as monitors?
  - a. Respondent will act as the monitor. **[GO TO SECTION H.]**
  - b. There are specific staff members who act as monitors for visits.
2. No → **[GO TO SECTION H.]**

**H.** Have any of the family day care homes that have been selected recently had a sponsor monitoring visit?

Sampled FDCH	Visit Occurred?	Date of Visit:	Scheduled Within the Next 4 Months?
<b>FDCH #1</b>	a) Yes b) No	____/____/____	a) Yes b) No
<b>FDCH #2</b>	a) Yes b) No	____/____/____	a) Yes b) No
<b>FDCH #3</b>	a) Yes b) No	____/____/____	a) Yes b) No
<b>FDCH #4</b>	a) Yes b) No	____/____/____	a) Yes b) No
<b>FDCH #5</b>	a) Yes b) No	____/____/____	a) Yes b) No
<b>FDCH #6</b>	a) Yes b) No	____/____/____	a) Yes b) No

**H1.** Are any of the homes scheduled for a visit in the next 4 months? **[INSTRUCTION—COMPLETE TABLE ABOVE BASED ON RESPONDENT ANSWER.]**

**[INSTRUCTION—ASK RESPONDENT TO PROVIDE NAME AND CONTACT INFORMATION FOR MONITOR, EVEN IF SCHEDULING WILL HAPPEN THROUGH RESPONDENT.]**



I. **May we have the name and contact information of the monitor?** [ENTER CONTACT INFORMATION IN TABLE BELOW.]

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

J. **[CLOSING]:** Thank you for providing the data for this very important study. Once we receive and process this information, we will contact you [**OR THE DESIGNATED MONITOR AS DETERMINED ABOVE**] to schedule the in-home visits. Thank you again for your time and assistance with this study. If you have any questions, please contact me toll-free at 1-800-840-8248. Have a nice day!

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**E. Sponsor FDCH In-home Observation  
Scheduling Telephone Script**

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## **E. Sponsor FDCH In-home Observation Scheduling Telephone Script**

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**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**

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## **SPONSOR FDCH IN-HOME OBSERVATION SCHEDULING TELEPHONE SCRIPT**

**[INSTRUCTION]: PRIOR TO BEGINNING THE TELEPHONE SCHEDULING, CONFIRM THE CORRECT CONTACT INFORMATION; IF THE SPONSOR MONITOR IS NECESSARY; AND NOTE SAMPLED FDCHs AND TARGETED MEAL SERVICE TIMES.**

**[COMPLETE BASED ON SECOND CONVERSATION WITH SPONSOR]:**

Is a monitor needed for visits?  YES  NO

If a monitor is needed, has a staff person at the sponsoring organization been identified to serve as such?  YES  NO

A. **[INTRODUCTION]:** Hello, this is \_\_\_\_\_ from ICF Macro. You may recall that we are the study team working with the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) on the nationwide study focusing on meal claiming in the Child and Adult Care Food Program (CACFP). I want to thank you so much for all your assistance thus far with this study. Today, I am calling you to discuss the scheduling of in-home visits at a limited number of family day care homes (FDCHs) your organization sponsors. Do you have a time now to speak with me?

1. Yes → **[GO TO SECTION C.]**
2. No → When would be a better time to call you back?

**[IF CALLBACK IS NEEDED, OBTAIN SPECIFIC TIME/DATE FOR CALL. BECAUSE OF TIME CONSTRAINTS, ATTEMPT TO MAKE SCHEDULED CALLBACK WITHIN 2 DAYS.]**

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_

Thank you. I will be contacting on **[SPECIFIC DATE/TIME]**. I look forward to speaking with you then.

B. **[INTRODUCTION FOR CALLBACK]:** Hello, this is \_\_\_\_\_ from ICF Macro. I'm calling you back to discuss the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) meal claims study in the Child and Adult Care Food Program (CACFP). I would like to continue our discussion on scheduling in-home visits with you and to answer questions you may have.

C. We have a few questions about your organization's policies on being informed in advance if a provider is not going to operate on a normal schedule.

C1. What is your organization's policy on being informed that a family day care home (FDCH) does not plan to be open on a specific date or will not serve a specific meal or be offsite during a normal meal service time for a specific date?

1. Sponsor must be informed **[1 MONTH/1 WEEK/1 DAY]** ahead of time.
2. Sponsor is informed on the day of said instance.

3. Sponsor is not made aware.
4. Other: \_\_\_\_\_.

C2. What is your organization's policy for being informed that an FDCH will not be open because of an unforeseen provider illness or emergency?

1. Sponsor is informed on the day of illness/emergency.
2. Sponsor is informed at month's end when meal claims are submitted.
3. Sponsor is not made aware.
4. Other: \_\_\_\_\_.

C3. What is your organization's policy for being informed that a substitute is providing care for an FDCH because of illness/emergency?

1. Sponsor is informed on the day of illness/emergency.
2. Sponsor is informed at month's end when meal claims are submitted.
3. Sponsor is not made aware.
4. Other: \_\_\_\_\_.

C4. In a monitoring visit situation, when you discover that a substitute is providing care, would you continue with your visits or return on a different day?

1. Sponsor would continue with monitoring visit.
2. Sponsor would return on another day.
3. Other: \_\_\_\_\_.

C5. Are you currently aware of any days during [DATE X] to [DATE X], that any of these FDCHs informed you that they would not be open or present during a meal service?

FDCH	DATE #1	CLOSED	Offsite for Meal Service/Not Serving Meal	DATE #2	CLOSED	Offsite for Meal Service/Not Serving Meal
<b>FDCH #1</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY: Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY: Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
<b>FDCH #2</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
<b>FDCH #3</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
<b>FDCH #4</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m. to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
<b>FDCH #5</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m. to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m. to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack
<b>FDCH #6</b>	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m. to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	___/___/___	<input type="checkbox"/> CLOSED FOR ENTIRE DAY <input type="checkbox"/> CLOSED PARTIAL DAY Hours FDCH will be closed: ___ a.m./p.m. to ___ a.m./p.m.	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack

C6. We would like to visit the following providers for the 2-day observation:  
**[INSTRUCTION]: USE THE MEAL-SERVICE SCHEDULE FOR VISITS TO INDICATE PROVIDERS BEING SEEN ONLY.**

MEAL TYPE	MEAL TIME	FDCH #1	FDCH #2	FDCH #3	FDCH #4	
		DAY OF THE WEEK				
		Monday [DATE]	Tuesday [DATE]	Wednesday [DATE]	Thursday [DATE]	Friday [DATE]
Breakfast	7:00		FDCH #2			
	7:30	FDCH #1			FDCH #4	
	8:00			FDCH #3		
	8:30					
	9:00					
AM Snack	9:30		FDCH #2			
	10:00				FDCH #4	
	10:30					
	11:00			FDCH #3		
Lunch	11:30					
	12:00					
	12:30	FDCH #1				
	1:00			FDCH #4	FDCH #3	
	1:30					
PM Snack	2:00					
	2:30		FDCH #1			
	3:00				FDCH #3	
	3:30	FDCH #2				
	4:00					
	4:30					
Supper	5:00		FDCH #1			
	5:30					
	6:00	FDCH #2		FDCH #4		
	6:30					
	7:00					
	7:30					

We are proposing the following schedule for conducting the in-home observations during the week of [DATE X] to [DATE X].

C7. Will you require a sponsor monitor to accompany our data specialist for these visits?

1. No → [CONTINUE TO SECTION D.]
2. Yes → [ASK]: Can you provide us with the name and contact information for the monitor(s)?

FDCH's Name	Monitor's Name	Monitor's Contact Information
<b>FDCH #1</b>		Telephone Number: _____ E-mail: _____
<b>FDCH #2</b>		Telephone Number: _____ E-mail: _____
<b>FDCH #3</b>		Telephone Number: _____ E-mail: _____
<b>FDCH #4</b>		Telephone Number: _____ E-mail: _____

C8. Is a monitor required for both days of the visit, or to introduce the data collection specialist to the provider?

1. Monitor is needed for both days.
2. Monitor is needed for introduction only.
3. Other (Specify): \_\_\_\_\_.

[IF YES AND MONITOR IS REQUIRED]: We would like to conduct these visits from [DATE X] to [DATE X]. Is it possible for a monitor to join us on these days?

1. Yes → [GO TO C10.]
2. No → [GO TO C9.]

C9. What alternative dates/times can the monitor be available to escort us?

Date/Day/Time		Monitor Scheduled To Be Present During One/Both Visits
Week following target week [DATES]	What about the week of __/__/__?	<input type="radio"/> Meal #1 <input type="radio"/> Meal #2 <input type="radio"/> Both



C10. **[INSTRUCTION—IF MONITOR IS NECESSARY]:** Where would it be most convenient for our data collection specialist to meet you on the days of the observation? We will not enter the home without the monitor.

1. At the sponsor organization's headquarters → **[CONFIRM ADDRESS]:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At the address of the first FDCH scheduled for the day.
3. Other: \_\_\_\_\_.

D. **[INSTRUCTION—IF MONITOR IS NOT NECESSARY]:** I would like to confirm that since a monitor is not necessary for the in-home visit, that the data collection specialist will arrive at the address of the first FDCH scheduled for an observation.

1. Sponsor agrees with this.
2. Sponsor would like to be notified when data collection specialist arrives at the FDCH/leaves the FDCH.
3. Other: \_\_\_\_\_.

E. To confirm our agreed-upon schedule and necessity for a monitor during the in-home observations, I will send an e-mail to you and the monitor(s) that includes the schedule discussed during this conversation later today. We ask that you review the schedule and, if there are no additional concerns, fax us the document back with your signature or initials to confirm you have been informed of the in-home observation schedule for the study.

F. **[CLOSING]:** I want to thank you for your time and assistance in scheduling the in-home visits. We will make every effort to minimize the possible disruption providers may experience. If you have any questions or concerns please feel free to call me toll-free at 1-800-840-8248 between 8:30 a.m. and 5:30 p.m. Again I will send an e-mail to you and the monitor(s) later today to confirm our observation agreement. Thank you again for partnering with us on this important study. Have a nice day!

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**F. Sponsor 3-Month Meal Claims Data  
Request Script**

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## **F. Sponsor 3-Month Meal Claims Data Request Script**

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**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**

Public reporting burden for this collection of information is estimated to average 120 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 Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## SPONSOR 3-MONTH MEAL CLAIMS DATA REQUEST SCRIPT

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A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_ from ICF Macro. You may recall that our company is working with the U.S. Department of Agriculture Food and Nutrition Service (FNS) on the nationwide study focusing on meal claiming in the Child and Adult Care Food Program (CACFP). We have been in contact with you over the past several months about various data we needed for the study; I am now calling you about some additional data we would like to collect for the family day care homes (FDCHs) that have been selected to participate in the study. I am calling today to request meal claims for a 3-month period for the FDCHs that we conducted in-home observations with several weeks ago. Do you have time now to speak with me?

1. Yes→**[GO TO SECTION C.]**

2. No→**[ASK:]** When would be a better time to call you back in the next few days?

**CALLBACK DATE:** \_\_\_\_\_

**CALLBACK TIME:** \_\_\_\_\_

B. **[INTRODUCTION FOR CALLBACK]:** Hello, this is \_\_\_\_\_ from ICF Macro. I'm calling you back to discuss the Food and Nutrition Service (FNS) assessment of meal claiming in the Child and Adult Care Food Program (CACFP). I would like to discuss our final data request from your organization in regards to collecting monthly meal claims records for 3 months for the family day care homes (FDCHs) selected to participate in the study.

C. We would like to request sponsor-edited monthly meal claims data for the months of **[MONTH X]**, **[MONTH Y]**, and **[MONTH Z]** for the following FDCHs selected to participate in the study:

1. FDCH #1

**[CONTACT NAME]**

**ADDRESS**

**CITY, STATE ZIP CODE**

2. FDCH #2

**[CONTACT NAME]**

**ADDRESS**

**CITY, STATE ZIP CODE**

3. FDCH #3

**[CONTACT NAME]**

**ADDRESS**

**CITY, STATE ZIP CODE**

4. FDCH #4

**[CONTACT NAME]**

**ADDRESS**

**CITY, STATE ZIP CODE**

Once again, we are requesting the edited-meal claims for these providers along with the supporting documentation used to verify and edit the reimbursement meal form. Supporting documents include the daily attendance logs used to verify a child's hours and days of attendance or other documents aside from child enrollment forms used to verify claims.

We are now asking you to provide us with the 3 months of meal claims for the selected 4 providers above by **[MONTH X]**, 2011. 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 it via FedEx.

When do you believe you can send the information to us? \_\_\_\_\_ **[DATE INFORMATION WILL BE SENT]**.

D. **[CLOSING]:** Again, we want to thank you for your support and assistance in this study, which aims to continuously strengthen the CACFP—a common goal for FNS, sponsors, and providers. Both FNS and ICF Macro are sincerely grateful for your cooperation in this important study. If you have any questions, please call us toll-free at 1-800-840-8248. Have a nice day!

**[FOLLOW-UP SCRIPT FOR DATA NOT RECEIVED]**

A. Hello, this is \_\_\_\_\_ from ICF Macro. I'm calling you back to discuss the Food and Nutrition Service (FNS) assessment of meal claiming in the Child and Adult Care Food Program (CACFP). We spoke last week about receiving 3 months of meal claims data for selected FDCHs your organization sponsors. We still have not received the data we have requested; I would like to know if there is anything I can do to facilitate getting the monthly meal claims.

B. Again, we would like to request sponsor-edited monthly meal claims data for the months of **[MONTH X]**, **[MONTH Y]**, and **[MONTH Z]** for the following FDCHs selected to participate in the study:

- |   |   |
|---|---|
| 1. FDCH #1<br>[CONTACT NAME]<br>ADDRESS<br>CITY, STATE ZIP CODE | 2. FDCH #2<br>[CONTACT NAME]<br>ADDRESS<br>CITY, STATE ZIP CODE |
| 3. FDCH #3<br>[CONTACT NAME]<br>ADDRESS<br>CITY, STATE ZIP CODE | 4. FDCH #4<br>[CONTACT NAME]<br>ADDRESS<br>CITY, STATE ZIP CODE |

Please send us your information in care of **[YOUR NAME]**, ICF Macro; 11785 Beltsville Drive, Suite 500; Calverton, MD 20705. If possible, please send us the information via FedEx.

When do you believe you can send us the information? \_\_\_\_\_ **[DATE INFORMATION WILL BE SENT]**.

C. **[CLOSING]:** Again, we want to thank you for your support and assistance in this study, which aims to continuously strengthen the CACFP—a common goal for FNS, sponsors, and providers. If you have any questions please call us toll-free at 1-800-840-8248. Have a nice day!