

APPENDIX G

Child and Adult Care Food Program (CACFP)

Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

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Appendix G
Confidentiality Pledge

CACFP Meal Claiming Study Confidentiality Pledge

CACFP MEAL CLAIMING STUDY CONFIDENTIALITY PLEDGE

I, _____, in my role as an employee of ICF Macro, working as a Data Collection Specialist for the CACFP Meal Claiming Study 21010, understand and agree to comply with the following:

☐ **Confidentiality of Data**

All information I obtain from files or from conversation with any persons related to the Child and Adult Care Food Program, including but not limited to sponsoring organizations, family day care home providers, and parents of children enrolled in the program, will be treated as confidential and not discussed with any parties not authorized to have access to such data.

☐ **Support for Goals of Study/Objectivity**

I support the goals of this study and will collect, to the best of my ability, complete and accurate data, and will report the data objectively and without regard to how it might affect the results of this study. I will be objective in all dealings with study participants. I will voice no opinions I may have about Food and Nutrition Service, Child and Adult Food Care Program, or any other Family Day Care Programs, and I will not discuss them with any study participants.

My signature below signifies my agreement with the above stipulations.

Signature: _____

Date: _____