

# APPENDIX C

## Child and Adult Care Food Program (CACFP)

### Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

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**APPENDIX C1:  
FAMILY DAY CARE HOME RECRUITMENT  
AND DATA REQUEST LETTER**

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# FDCH Recruitment Letter

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# FDCH Recruitment Letter

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

**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], 2012

[ADDRESSEE  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]

Dear [FIRST NAME LAST NAME],

This letter is being sent to you on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), the Federal agency that provides the funding for the reimbursement you receive for serving selected meals to children attending your family day care home (FDCH), which is provided through the meal program in which you participate, formally known as the Child and Adult Care Food Program (CACFP). The purpose of this letter is to inform you that your day care home has been randomly selected to participate in a national study being conducted by the agency that reimburses your these meals.

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 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 that ICF International collects will not impact your participation in the CACFP or any benefits to which you as a FDCH are entitled to under the CACFP. The information that we collect from you will be handled privately and will not be released with individual child, parent, day care provider, or sponsor identifiers outside this data collection, except as otherwise required by law.

FNS has hired ICF International, a professional research firm, to conduct this study, which will help FNS meet its Federal Government reporting requirement on assessing the integrity of the CACFP, while helping to strengthen the program. We have partnered with your sponsoring organization, [SPONSORING ORGANIZATION'S NAME], to conduct this study. Your sponsor provided us with the information used to randomly select your day care home for participation in the study, and is aware of your selection to participate.

For the study, we are asking you to provide basic data on the enrollment and contact information for the children in your day care. We are contacting you now to obtain the following information:

- All of the most recent child enrollment information for all children currently attending your day care. This information is to include the names, ages, planned daily attendance, meals and snacks each child is to receive, *including your own children, if applicable*.
- The most recent schedule of meals service times for all meals you serve to children in your care—the start and stop times of ALL the meals served to the children (whether or not the meals are reimbursed under the CACFP).
- Current parent/guardian contact information for all children enrolled in your day care. This should include parents/guardians’ names, addresses, and telephone numbers.
- An example of the attendance and meal count forms that you submit to your sponsor to receive reimbursement for meals you provide to the children in your day care who participate in the meal program.

As part of the study, we will also be conducting a one-time, 2-day in-home observation using procedures similar to the monitoring visit typically conducted by your sponsor. This in-home observation will be conducted to record the number of children being served meals and the type of meals being served. The observation will be unannounced and will occur within the next [X MONTHS].

The in-home observation is being conducted with several safeguards. The data collection specialist may be accompanied by a monitor from your sponsor organization who conducts regular in-homes visits at your day care (depending on the requirements of your sponsor). Your sponsor will also be aware of the times that our data collection specialist will be at your home during the 4 separate meal-service times to be observed over the 2-day visit. The data collection specialist is highly skilled and has experience in conducting observations in the day care home environment. The data collection specialist will wear a photo identification badge and will have documentation on hand that provides evidence of having liability insurance and of having passed a criminal background check.

We aim to minimize the burden of study participation on your day care program. To do this, we are offering providers a stipend of up to \$75 to help alleviate the cost for photocopying and faxing information to us. You can be reimbursed for these costs by completing the Photocopy Receipt enclosed with this letter and returning it with the requested data. ICF International will reimburse your day care at a rate of 10 cents per copy. A reimbursement check will be sent to you after the in-home observation.

A representative of the ICF International study team will contact you within 2 days to confirm that you have received this letter, answer any questions you may have, and assist you in sending the above requested information to us. You can choose to either fax the data to us, mail them to us, or you can provide the data via a brief telephone interview. We would like to receive your data within 2 weeks, no later than [DATE, 2012]. You can choose to send the information care of Walter Rives, ICF International; 11785 Beltsville Drive, Suite 300; Calverton, MD 20705; via fax to 1-301-572-0999; or via 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).

We believe that the study can serve to highlight the efforts of family day care homes that are meeting the needs of children by providing healthy meals and claiming reimbursement according to the CACFP requirements. Your support in this information collection is very valuable as the information that is gathered will be used to make the program more efficient and help improve program service to sponsors, FDCHs and the families participating in the program. Both FNS and ICF International 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 International 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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**APPENDIX C2:  
FAMILY DAY CARE HOME RECRUITMENT  
AND DATA REQUEST MATERIALS**

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## **A. FDCH Data Request Script**

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## **A. FDCH Data Request Script**

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

**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.

## FDCH DATA REQUEST SCRIPT

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[INSTRUCTION: BEFORE BEGINNING TELEPHONE DATA REQUEST, CONFIRM FDCH'S PRIMARY LANGUAGE FROM FILE.]

**[INSTRUCTION: COMPLETE BASED ON INFORMATION PROVIDED BY SPONSOR.]**

Primary Language: English  **YES**  **NO**

Primary Language: Spanish  **YES**  **NO**

Primary Language: Other \_\_\_\_\_  **YES**  **NO**

- A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling on behalf of the Federal agency that provides reimbursement for the meals you serve to children in your day care through the meal program, which is also called the Child and Adult Care Food Program (CACFP). The company I work for, ICF International recently sent a letter to you about a study we are conducting for the agency that looks at the meal claims that are provided for reimbursement. You \_\_\_\_\_ **[NAME OF PERSON TO WHOM THE LETTER WAS ADDRESSED]** should have received a letter concerning the study on \_\_\_\_\_ **[DATE FEDEXED LETTER SHOULD HAVE BEEN RECEIVED]**. **[CONFIRM THAT LETTER WAS RECEIVED.]**

- 1) Yes, the letter was received.
- 2) No, the letter was not received. **[CONFIRM FDCH NAME AND ADDRESS IN DATABASE; TELL RESPONDENT YOU WILL RE-SEND LETTER AND YOU WILL CALL BACK IN 2 DAYS].**

**[ASK FOR RESPONDENT'S E-MAIL ADDRESS]:** \_\_\_\_\_.

I am calling to today to follow up on that letter, to answer questions, and to speak with you about our request for the information listed in the letter. Do you have a few minutes now?

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

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

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

- B. **[INTRODUCTION FOR CALLBACK]:** Hello, this is \_\_\_\_\_ from ICF International. I'm calling you back to discuss the assessment of meal claiming in the meal program or CACFP conducted by the Food and Nutrition Service (FNS). 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.

C. **[INSTRUCTION: REVIEW WITH FDCH PROVIDER EACH ITEM REQUESTED IN THE LETTER].** We have been in contact with your sponsor, [SPONSORING ORGANIZATION'S NAME], but there is some information that you have that is more recent than the information that your sponsor has on file. I would like to go over the information we are asking you to send to us. We would like you to send the following information to us:

- ✓ The most recent child enrollment information for all children currently attending your day care. We would like that information to include the names, ages, and planned daily attendance, as well as the meals and snacks each child—including your own children who attend the day care—receives.
- ✓ A schedule of meals service times for all meals served to children in your care, whether or not the meals are reimbursed under the CACFP.
- ✓ Current parent/guardian contact information for children enrolled in your day care. This should include parents/guardians' names, addresses, and telephone numbers

D. Is this information that you can copy and mail or fax to us?

- a. Yes→[PROVIDE THE FAX NUMBER FOR THE STUDY, IF NEEDED.] You can fax your data to us using this number—XXX-XXX-XXXX. If the information is in paper format, please use the postage-paid mailer you received with our letter to send the information to us. We'd like to have your data by \_\_\_\_\_ [DATE] (2-week preference for receiving information).
- b. No→[RESPOND]: If not, we'd like to schedule a brief interview with you a few days from now, when you can provide the information to us, after you have had a chance to gather it. What time and date is best for this interview?

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

E. As part of the study, we will also be conducting a one-time, 2-day in-home observation using procedures similar to the monitoring visit typically conducted by your sponsor. This in-home observation will be conducted to record the number of children being served meals and the type of meals being served. The observation will be unannounced and will occur within the next [X MONTHS].

The data collection specialist may be accompanied by a monitor from your sponsor organization who conducts regular in-homes visits at your day care (depending on the requirements of your sponsor). Your sponsor will also be aware of the times that our data collection specialist will be at your home during the 4 separate meal-service times to be observed over the 2-day visit. The data collection specialist is highly skilled and is experienced in conducting observations in the day care home environment. The data collection specialist will wear a photo identification badge and will have documentation on hand that provides evidence of having liability insurance and of having passed a criminal background check.

The information that ICF International collects will not impact your participation in the CACFP or any benefits to which you FDCH are entitled under the CACFP. The information that we collect will be

handled privately and will not be released with individual child, parent, day care provider, or sponsor identifiers outside this data collection, except as otherwise required by law.

We aim to minimize the burden of study participation on your day care program. We are offering providers a stipend of up to \$75 to help alleviate the cost for photocopying and faxing information to us. You can be reimbursed for these costs by completing the Photocopy Receipt enclosed with this letter and returning it with the requested data. ICF International will reimburse your day care at a rate of 10 cents per copy and reasonable faxing charges. A reimbursement check will be sent to you after the completion of the in-home visit.

**F. [INSTRUCTION]:** I'd like to give you my contact information in case you have any questions or concerns about the information request or the in-home visit. I can be reached at Name@icfi.com. If you have additional questions or concerns, you can also call our toll-free study assistance number at 1-XXX-XXX-XXXX, between 8:30 a.m. and 5:30 p.m. We also have a fax number for the study at 1-XXX-XXX-XXXX.

I'd also like to confirm your e-mail address so I can confirm receipt of your data both via e-mail and by telephone. \_\_\_\_\_ [E-MAIL]

**G. [CLOSING]:** Thank you for your support of the study, which will further strengthen the meal program.

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

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

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

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

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## FDCH FOLLOW-UP CALL FOR MISSING DATA SCRIPT

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A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF International 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, the information has been sent. **[CONFIRM HOW DATA WERE ORIGINALLY TRANSMITTED. IF SENT VIA SOFT PACK IN LAST 3 DAYS, GO TO A2.]**

2) No, the information was 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 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 us your information care of **[YOUR NAME]**, ICF International; 11785 Beltsville Drive, Suite 500; Calverton, MD 20705. If possible, please send the information to us via FedEx. If you can send do so, I will e-mail a FedEx reimbursement form to you to complete and include in your information packet so that our study can reimburse you. 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 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 we receive the information—[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 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 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.

The data can also be faxed to 1-XXX-XXX-XXXX, or you can also use the self-addressed, pre-paid FedEx Soft Pack we provided to send the information to us. Alternatively, I could obtain the data from you through a short telephone interview. Can I schedule you for that interview now?

INTERVIEW DATE \_\_\_\_\_ INTERVIEW TIME \_\_\_\_\_

[IF FEDEX SOFT PACK IS LOST/MISSING]: I will e-mail a FedEx reimbursement form to you can complete and include in your information packet so that our study can reimburse you.

**C. [IF RESPONDENT HAS QUESTIONS OR CONCERNS, NOTE WHAT RESPONDENT ASKS OR SAYS]:**

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**D. [INSTRUCTION: IF COOPERATION IS ATTAINED, REVIEW WITH FDCH EACH OF THE 4 ITEMS REQUESTED IN THE LETTER].** Are there any questions about the information we are asking for?

a) **No.** [GO TO SECTION E.]

b) **Yes.** I'd like to briefly review our request; we are asking you for the following information:

- All of the most recent child enrollment information for all children currently attending your day care. This information is to include the names, ages, planned daily attendance, meals and snacks each child is to receive, *including your own children, if applicable.*
- The most recent schedule of meal-service times for all meals you serve to children in your day care—the start and stop times of ALL the meals served to the children (whether or not the meals are reimbursed under the CACFP).
- Current parent/guardian contact information for all children enrolled in your day care. This should include parents/guardians' names, addresses, and telephone numbers.
- An example of the attendance form and meal count form that you submit to your sponsor to receive reimbursement for meals you provide to the children in your day care who participate in the meal program.

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 call you to confirm that we have received your data packet. Thank you so much with your help on this important study! Have a nice day!

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

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

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

**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.

**FDCH CLARIFICATION OF DATA RECEIVED SCRIPT**

A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF International regarding the Food and Nutrition Service (FNS) Child and Adult Care Food Program (CACFP) Assessment Study. I would like to thank you for providing the data you recently sent to 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.]**
- 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 <u>CHILD ENROLLMENT FORMS</u>]:</b>  QUESTION:	<b>RESPONDENT'S RESPONSE:</b>
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<b>[INSERT QUESTION PERTAINING TO <u>PARENT CONTACT INFORMATION</u>]:</b>  QUESTION:	<b>RESPONDENT'S RESPONSE:</b>
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<b>[INSERT QUESTION PERTAINING TO <u>MEAL SCHEDULE AND SERVICE</u>]:</b>  QUESTION:	<b>RESPONDENT'S RESPONSE:</b>
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<p><b>[INSERT QUESTION PERTAINING TO. Specify: _____]:</b></p> <p><b>QUESTION:</b></p>	<p><b>RESPONDENT'S RESPONSE:</b></p>
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- C. **[INSTRUCTION: ASK PROVIDER TO FAX MISSING INFORMATION, IF NECESSARY].**  
Are you able to fax this data to us in the next 3 days?
- a) Yes.
  - b) No → **[RESPOND]:** When should we expect to receive a fax? **[DATE]:** \_\_\_\_\_
- D. **[CLOSING].** Once again, thank you for providing information for this important study to us and for clarifying our question(s). Have a nice day!

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**D. FDCH CACFP Meal Claims Assessment  
Study Participation Facts Sheet**

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## **D. FDCH CACFP Meal Claims Assessment Study Participation Facts Sheet**

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

**Attn: Erika Gordon, Project Director  
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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.



Hello Provider,

Here are some points of information that may be important to you as you are participating in the CACFP Meal Claims Assessment Study.

*WHAT IS THE STUDY ABOUT?*

This study is designed to strengthen the meal program by examining the processes sponsors use to reimburse claims for meals. It is a national study conducted on behalf of the U.S. Department of Agriculture (USDA), the Federal agency that provides the funds for the reimbursement of meals.

*WHY AM I BEING ASKED TO PARTICIPATE?*

You have been randomly chosen to represent the providers your sponsor oversees. Your participation provides important data that can't be obtained from the sponsor. Since the study includes only a sample of providers, your participation is very important, as it represents the circumstances of other providers in the program.

*DOES MY SPONSOR KNOW THIS IS GOING ON?*

Yes. Your sponsor is aware of the study and your selection. We have partnered with your sponsor to obtain other data and to initiate the process of partnering with you for the study.

*WHO IS ICF INTERNATIONAL?*

ICF International is the research company that the USDA Food and Nutrition Service (FNS) has hired to conduct the study. The study's approach has been approved by the agency and has been developed to minimize potential burden on the providers.

*WHY DO YOU NEED THE INFORMATION ABOUT THE PARENTS OF THE CHILDREN I PROVIDE DAY CARE FOR?*

The study is trying to gather the most recent and up-to-date complete documentation for each child receiving meals.

*WHAT ABOUT THE IN-HOME OBSERVATION?*

The in-home observation uses procedures similar to your regular unannounced and required monitoring visit as conducted by your sponsor. Your sponsor may have even chosen to accompany us on the visit.

*ARE THERE ANY CONSEQUENCES FOR MY PARTICIPATION?*

We want to emphasize that the information that ICF International collects will not be used to leverage a claim against your individual program or your sponsor.

*WHAT IF I HAVE QUESTIONS AFTER THE IN-HOME VISIT?*

Please contact the ICF International study team toll-free at 1-800-XXX-XXXX.

**Thank you for your support!**

The study will contribute to strengthening the CACFP meal program.