

# APPENDIX G

## Child and Adult Care Food Program (CACFP)

### Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

**Project Officer:** Fred S. Lesnett

**Office:** Office of Research and Analysis  
Food and Nutrition Service  
Room 1014  
3101 Park Center Drive  
Alexandria, VA 22302

**Telephone:** 703-605-0811

**Fax:** 703-305-2576

**E-mail:** [Fred.Lesnett@FNS.USDA.GOV](mailto:Fred.Lesnett@FNS.USDA.GOV)

---

**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 International, working as a Data Collection Specialist for the CACFP Assessment of Meal Claims Study, understand and agree to comply with the following:

☐ **Data Confidentiality And Nondisclosure Agreement**

I shall maintain the confidentiality of all information collected from files, the parent-recall interviews, on-site observations, and conversation with any persons related to the Child and Adult Care Food Program, including but not limited to States, sponsoring organizations, family day care home providers, parents, and their children. I pledge that all data will be handled privately and that all data to be collected will not be released with individual child, parent, day care provider, or sponsor identifiers outside this data collection, except as otherwise required by law. All respondents will be informed that information provided is private and held in a secure manner and will not be disclosed, unless otherwise compelled by law. I maintain that this information will be treated as private. I will not disclose the information to anyone other than authorized representatives of the study, except as otherwise required by law.

According to study procedures, CACFP sponsors and FDCH provider participants will be assured that participating in the study will not impact their participation in the CACFP program or any benefits to which they are entitled.

☐ **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: \_\_\_\_\_

In this agreement, staff pledge to maintain the confidentiality of all information collected from the respondents and will not disclose it to anyone other than authorized representatives of the study, except as otherwise required by law. In addition, ICF has established a number of procedures to ensure the confidentiality and security of electronic data in their offices during the data collection and processing period.