

Appendix B-2-2. Telephone Script to Request Provider Records from the Sponsor

OMB Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

A. [INTRODUCTION]: Hello, my name is _____. I'm calling from MSG, on behalf of the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS). I'm calling to verify that you received the letter we recently sent you about a feasibility study that USDA/FNS is conducting. I'm calling today to follow up on that letter, answer questions, and speak with you about 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'll call you back on _____ **[DAY]** at _____ **[TIME]** to discuss the study.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 15 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.

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

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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:	
Email 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 D]**
- b. Respondent wants you to call the designated study contact. **[RESPOND]:**

Thank you for your time. I’ll 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 email. Make sure to change contact name on letter before sending it out. Schedule a time for you to get in touch with the designated study contact within 2 days of sending the email.]

C. [INTRODUCTION FOR ALL CALLBACKS]: Hello, this is _____ from MSG. I’m calling you **[IF CALL BACK TO SAME PERSON, ADD: back as we had previously scheduled]** to discuss the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) feasibility study to determine a valid and reliable method of assessing errors in CACFP meal claims at family day care homes (FDCHs). I’d like to follow up on the letter **[OR EMAIL]** 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 **[OR EMAIL]**. **[GO TO SECTION D].**

D. As stated in the letter, your sponsoring organization has been randomly selected to participate in the feasibility study undertaken by the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), the federal agency that subsidizes the CACFP. The agency is conducting a study to test the feasibility of a new method to find out whether day care providers are claiming and receiving the correct amount of reimbursement for meals they are serving. FNS has contracted with Manhattan Strategy Group (MSG), an experienced program evaluation and research firm, to conduct the feasibility study.

For the study, we’re asking to partner with you to obtain additional administrative information about the FDCHs you oversee. We will use this information to select a smaller sample of FDCHs from your organization for participation in the study.

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Then we will ask you for more detailed information on these FDCHs. We are also asking you to assist us in inviting FDCHs to the study.

- D1.** I'd like to answer any questions you may have about the study. If you don't have any questions, I'd like to review the items we are asking you for at this time.
[INTERVIEWER INSTRUCTION: Review FAQs with sponsor as needed. If no questions, go to section E]

[If needed to clarify how they were selected] Your organization was randomly chosen to take part in the study from a list of sponsoring organizations your State agency provided with oversight responsibility for CACFP. The MSG study team would like to partner with you for the study. Your participation is crucial to ensure scientifically valid findings. Your participation is voluntary but strongly encouraged under Section 305 of the Healthy, Hunger-Free Kids Act of 2010. We greatly appreciate your cooperation and support.

[If needed to clarify what we are asking them to do] As a sponsoring organization, you are being asked to support the study by doing the following:

- Provide administrative data needed to complete the sampling of approximately 15 providers you oversee for the study.
- Support the invitation of sampled providers to participate in the study as a liaison.
- Provide additional administrative data (such as provider meal service agreements and meal claims forms) for the study months for sampled providers.

The MSG study team will partner with you to make providing the requested information as easy as possible.

[if needed to clarify additional concerns about participation] Your participation in the study will not impact any benefits that your sponsor organization or its subsidiary FDCHs are entitled to under CACFP.

- E.** I'd like to briefly review our initial data request. We'd like to obtain some information we need to complete the sampling process within the next 4 weeks. We're asking you to provide:
1. A list of all the FDCHs sponsored by your organization, by tiering status (Tier 1, Tier 2 and Tier Mixed), that indicates: **the meals served by tiering status, the total number of homes, and the homes that are active and claimed reimbursement in [MONTH]**, or in the most recent month available. The list should include the following specific information for each of the family day care providers you sponsor:
 - ✓ Name, address, and contact information for the FDCH
 - ✓ Unique identifier (like an ID number) that your sponsoring organization uses when referring to those FDCHs
 - ✓ Indication of which tier each FDCH belongs to (Tier I, Tier II, or Tier Mixed)

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- ✓ Total number of children enrolled in each day care home
- ✓ Number of meals served by tiering status (Tier I, Tier II, or Tier Mixed) for the most recent month
- ✓ Indication of the primary language the Provider uses, if it is not English
- ✓ Whether the provider is new to the CACFP program (joined within the last year), if possible

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

2. An example of the format that FDCH providers use to submit their monthly meal claims to your organization for review for monthly meal reimbursement.

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

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

1. Yes → If you can send the information electronically, you can email it to [EMAIL ADDRESS]. We'd like to have your data by _____ [DATE] (2-week preference for receiving information).
2. 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] (2-week preference for receiving information).

I'd like to give you my contact information in case you have any questions or concerns about this request. You can reach me at [EMAIL@msg.com]. You can also call our toll-free study assistance number at 1-800-912-9384, between 9 a.m. and 5:30 p.m., or you can fax us at 1-XXX-XXX-XXXX.

I'd also like to confirm your email address so I can confirm receipt of your data by email and telephone. _____ [EMAIL ADDRESS].

G. [CLOSING]: Thank you for providing the data for this very important study. We'll contact you again over the next couple of weeks to inform you about the FDCHs we have selected and to ask for the additional administrative information for these FDCHS. This information request will include the sponsor's provider agreement, child enrollment forms, licensing information, and meal claims records, but only for the 15 FDCHs selected.

I look forward to receiving the information we discussed today. Please call us any time if you have questions.

Sincerely,