

Appendix B-2-3. Telephone Script to Request Administrative Data from Sponsors

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

- A. [INTRODUCTION]:** Hello, my name is _____ from MSG. You may recall that our company is working with the USDA/Food and Nutrition Service (FNS) on a feasibility study to determine a valid and reliable method of assessing errors in CACFP meal claims at family day care homes (FDCHs). We spoke several weeks ago about some of our initial data needs, and I'm calling now to gather some additional information about the 15 FDCHs we've sampled from your organization.
- B.** As stated in the letter, we're asking you for specific information about the following FDCHs that you sponsor:

FDCH Name	FDCH Name
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

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 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.

C. We're now asking you to provide us with the following information about these providers:

- The provider CACFP sponsor agreement information for each selected FDCH. This includes:
 - Provider license number
 - Enrollment capacity
 - Schedule of meals served to children (i.e., the types of meals the FDCH provides, 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—two main meals and one snack, or two snacks and one 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 2016] in the FDCH, the planned meal service provided to each child enrolled, the scheduled attendance of each child (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)
 - Current parent contact information, including parents/guardians' names, addresses, and telephone numbers. **[INSTRUCTION—clarify with sponsor contact as needed if questions]:** We need the enrollment forms for each child you have on file for the sampled FDCHs. We're not asking you to update these files; instead, simply send us the information as of the most recent 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 the sponsor's knowledge.
- Tiering determination documentation for each selected FDCH:
 - We also want to find out the current tiering status of the individual children in the FDCH, including the provider's own children. We don't need the documentation supporting the tiering decision, only the tiering status for the child.

D. We'd like to receive the data from your organization no later than [DATE 2016] (three-week preference). If possible, can you send the information electronically? Are the data in Excel, Word, or PDF?

1. Yes → **[PROVIDE THE STUDY EMAIL ADDRESS; GO TO NEXT ITEM]**
2. 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] (2-week preference for receiving information).

If you can send the information electronically, you can submit it to XXXXX.com. We'd like to have your data by _____ [DATE] (2-week preference for receiving information).

Feasibility of Estimating Meal Claim Errors
for Family Day Care Homes in the Child and Adult Care Food Program (CACFP)

E. [CLOSING]: Thank you for providing the data for this very important study. Once we receive and process this information, we'll contact you for any guidance you might be able to offer as we invite the selected FDCHs to participate in the study. In **[MONTH 2016/7]**, we'll be contacting you to ask for the sponsor-edited meal claims for these FDCHs for a three-month period. Thank you again for your time and assistance with this study. If you have any questions, please contact me toll-free at 1-800-912-9384.