APPENDIX A-2.A  
  
SITE VISIT PREPARATION: STATE CHILD NUTRITION AGENCY

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[Date]

Dear [Child Nutrition agency contact],

We are looking forward to our upcoming visit to [State]. Thank you for your assistance in planning the visit. Here is our planned agenda for the portion of the visit to your agency:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *[State Child Nutrition agency: address]* | | | | | |
| **Name** | **Title** | **Activity** | **Room** | **Start time** | **Duration** |
| [Respondent name(s)] | [Respondent title(s)] | Program staff interview |  |  |  |
| [Respondent name] | [Respondent title] | Data staff interview |  |  |  |
| [Respondent name] | [Respondent title] | Observation |  |  |  |

Our interviews at your agency will cover the following topics:

* The planning process for the DCM-F/RP demonstration.
* A detailed description of the DCM-F/RP process, including how it differs from standard direct certification in your State.
* Any challenges encountered.
* Any lessons learned you have perceived so far.

During the observation portion of the visit, we would like to observe any DCM-F/RP data processes that occur at your agency. These might include obtaining a Medicaid eligibility file, obtaining school enrollment data, matching the two data sources, or making the results available to districts.

If the following documents are available, we would like to collect them during our visit. There is no need to create any new documentation based on this request; we are asking only for documents that already exist and that can be shared. The documents are as follows:

1. Any materials provided to or by the Medicaid eligibility agency detailing the verification, monitoring, or testing processes.
2. Documentation of the algorithm used in matching Medicaid data against school enrollment data.

Please let us know if you have any questions about our planned visit. We look forward to seeing you soon.

[Names of site visitors]

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 XXXX-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.

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