

Appendix B-2-4. Telephone Script to Request Meal Claim Data from Sponsor

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 U.S. Department of Agriculture Food and Nutrition Service (FNS) on the feasibility study to determine a valid and reliable method of assessing errors in CACFP meal claims at family day care homes (FDCHs).

We've been in contact with you over the past several months about various data we needed for the study. I'm calling to ask for your assistance in obtaining the meal claims data we mentioned in our original letter.

B. We'd like to request sponsor-edited monthly meal claims data for the months of [MONTH X], [MONTH Y], and [MONTH Z] for the providers (FDCHs) that have been selected to participate in the study. We'd like to receive the meal claims that are currently available. When the March 2017 meal claim is available, we'd like you to send it to us.

We're asking for this information for the 20 FDCHs in the study:

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 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.

Feasibility of Estimating Meal Claim Errors
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- C. We're requesting the sponsor-edited meal claims for these providers along with the supporting documentation used to verify and edit the reimbursement meal form. Supporting documents include the daily attendance logs used to verify a child's hours and days of attendance, or other documents aside from child enrollment forms used to verify claims.
- D. We'd like to receive the sponsor-edited meal claims that are currently available from your organization no later than **[DATE 2016/17]**. We'd like to receive this information electronically if possible. Are the data in Excel or Word?
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]** (two-week preference for receiving information).

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

When do you think you can send the information to us? _____ **[DATE INFORMATION WILL BE SENT]**

- E. **[CLOSING]:** Thank you for providing the data for this very important study. We'll remind you later by email for the March 2017 sponsor-edited claim. 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.