



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

ERRONEOUS PAYMENTS IN CHILD CARE CENTERS STUDY (EPICCS)

SPONSOR MEAL CLAIM TO STATE FOR TARGET MONTH

Summary

Westat will routinely request data from the sponsor on meal claims that the sponsor sent to the State agency for all sampled (sponsored) centers for data entry at Westat. In a few situations, Field Data Collectors might need to visit the sponsoring organization's site to abstract application data. For those sponsors, the data collector will collect these data while onsite and enter it on computerized data entry forms. (For independent child care centers, this data will be obtained from the center.) These data will be compared to the child care center's meal count and claiming records during analysis.

Data variables that can be pre-loaded into this instrument are: Sponsor Name, Sponsor Study ID, sampled child care center name, child care center study ID, and target month as well as meal count totals for the target month as entered on Form D2 and D3.

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 for the data manager from the sponsoring organizations to complete this information collection is estimated to average two hours per response. This time estimate includes the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the collection of

APPENDIX C11. SPONSOR MEAL CLAIM TO STATE FOR TARGET MONTH



SPONSOR Name: _____
|

Date of Data Collection: |_|_|/|_|_|/|_|_|
MONTH DAY YEAR

SPONSOR STUDY ID: |_|_|_|_|_|_|_|_|_|_|

SPONSOR MEAL CLAIM TO STATE FOR THE TARGET MONTH

PROGRAMMING NOTE: USE A REPEATING LOOP TO ASK ALL QUESTIONS (A THROUGH C) FOR ALL CHILD CARE CENTERS SPONSORED BY THIS ORGANIZATION.

A. MEAL CLAIMS FOR EACH SAMPLED CENTER (TARGET MONTH)

Record the number of breakfast and/or lunch meals the sponsor claimed for [NAME OF SAMPLED CHILD CARE CENTER] to the State CACFP Agency during [SPECIFIED TARGET MONTH]. Repeat the question loop (A through C) for each sampled center associated with this sponsor, up to [NUMBER OF CENTERS ASSOCIATED WITH THIS SPONSOR] centers.

Meals reported by the Sponsor to the State				
SAMPLED CENTER NAME:		_____		
SAMPLED CENTER STUDY ID:		_____		
SAMPLED CENTER'S TARGET MONTH:		_ _ / _ _ _ _ MONTH YEAR		
TOTAL BREAKFAST REPORTED	Free: _ _ _ _ _ _ _ _ _ _	Reduced: _ _ _ _ _ _ _ _ _ _	Paid: _ _ _ _ _ _ _ _ _ _ _	Total: _ _ _ _ _ _ _ _ _ _
TOTAL LUNCH REPORTED	Free: _ _ _ _ _ _ _ _ _ _	Reduced: _ _ _ _ _ _ _ _ _ _	Paid: _ _ _ _ _ _ _ _ _ _ _	Total: _ _ _ _ _ _ _ _ _ _

PROGRAMMING NOTE: DISPLAY CALCULATED, SUMMED VALUES OF BREAKFASTS BY MEAL CATEGORY FROM FORM D2 AND DISPLAY NUMBERS OF BREAKFASTS RECORDED AS CLAIMED BY CENTER FOR EACH CATEGORY AT QUESTION A2 ON FORM D3.

ALSO DISPLAY CALCULATED, SUMMED VALUES OF LUNCHES BY MEAL CATEGORY FROM FORM D2 AND DISPLAY NUMBERS OF LUNCHES RECORDED AS CLAIMED BY CENTER FOR EACH CATEGORY AT QUESTION A3 ON FORM D3.

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B. SPONSOR MEAL CLAIM COMPARISON

The number of meals a SPONSOR submits in the claim to the State agency may differ from what the CENTER reported to the SPONSOR. This may be due to necessary adjustments or because the SPONSOR is correcting an error found on the center's claim.

B1. COMPARE BREAKFAST CLAIMS. Compare the SPONSOR claims against the CENTER claims reported for the target month. If they differ, then check the SPONSOR records to see if there are any notes in the file indicating that the SPONSOR corrected the CENTER breakfast counts. Document your findings by answering the questions below.

a) IS THERE A DISCREPANCY IN BREAKFAST MEAL COUNTS?

YES..... 1
 NO..... 2 (GO TO B1d)

b) SELECT THE STATEMENTS BELOW THAT BEST DESCRIBE ANY DISCREPANCY FOUND BETWEEN BREAKFAST COUNTS IN CHILD CARE CENTER CLAIMS AND SPONSOR MEALS CLAIMED. (MARK ALL THAT APPLY)

MORE FREE BREAKFASTS CLAIMED..... 1
 FEWER FREE BREAKFASTS CLAIMED..... 2
 MORE REDUCED-PRICE BREAKFASTS CLAIMED..... 3
 FEWER REDUCED-PRICE BREAKFASTS CLAIMED..... 4
 MORE PAID BREAKFASTS CLAIMED..... 5
 FEWER PAID BREAKFASTS CLAIMED..... 6
 MORE TOTAL BREAKFASTS CLAIMED..... 7
 FEWER TOTAL BREAKFASTS CLAIMED..... 8
 OTHER, SPECIFY..... 9

c) DESCRIBE DIFFERENCES IN THE BREAKFASTS CLAIMED FOR EACH ITEM MARKED ABOVE. THAT IS, HOW MANY MORE OR FEWER BREAKFASTS WERE CLAIMED IN EACH CATEGORY?

d) DID THE SPONSOR MAKE NOTES INDICATING WHY CORRECTIONS WERE MADE?

YES..... 1
 NO..... 2 (GO TO B2)

e) SUMMARIZE THE SPONSOR'S NOTES ABOUT THE CORRECTIONS

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f) ARE THE SPONSOR NOTES CONSISTENT WITH YOUR FINDINGS?

YES..... 1
NO..... 2 (GO TO END)

g) DESCRIBE DIFFERENCES BETWEEN YOUR FINDINGS AND THE SPONSOR'S NOTES.

Three horizontal lines for writing differences between findings and sponsor's notes.

B2. COMPARE LUNCH CLAIMS. Compare the SPONSOR claims against the CENTER claims reported for the target month. If they differ, then check the SPONSOR records to see if there are any notes in the file indicating that the SPONSOR corrected the CENTER lunch counts. Document your findings in the space provided below under "COMMENTS."

a) DID YOU FIND A DISCREPANCY IN LUNCH MEAL COUNTS?

YES..... 1
NO..... 2 (GO TO B2d)

b) SELECT THE STATEMENTS BELOW THAT BEST DESCRIBE ANY DISCREPANCY FOUND BETWEEN LUNCH COUNTS IN CHILD CARE CENTER CLAIMS AND SPONSOR MEALS CLAIMED. (MARK ALL THAT APPLY)

- MORE FREE LUNCHES CLAIMED..... 1
FEWER FREE LUNCHES CLAIMED..... 2
MORE REDUCED-PRICE LUNCHES CLAIMED..... 3
FEWER REDUCED-PRICE LUNCHES CLAIMED..... 4
MORE PAID LUNCHES CLAIMED..... 5
FEWER PAID LUNCHES CLAIMED..... 6
MORE TOTAL LUNCHES CLAIMED..... 7
FEWER TOTAL LUNCHES CLAIMED..... 8
OTHER, SPECIFY..... 9

c) DESCRIBE DIFFERENCES IN THE LUNCHES CLAIMED FOR EACH ITEM MARKED ABOVE. THAT IS, HOW MANY MORE OR FEWER MEALS WERE CLAIMED?

Three horizontal lines for describing differences in lunches claimed.

d) DID THE SPONSOR MAKE NOTES INDICATING WHY CORRECTIONS WERE MADE?

YES..... 1
NO..... 2 (GO TO C)

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e) SUMMARIZE THE SPONSOR'S NOTES ABOUT THE CORRECTIONS

f) ARE THE SPONSOR NOTES CONSISTENT WITH YOUR FINDINGS?

YES..... 1
NO..... 2 (GO TO C)

g) DESCRIBE DIFFERENCES BETWEEN YOUR FINDINGS AND THE SPONSOR'S NOTES.

C. SPECIAL NOTES / COMMENTS:

Provide any additional comments regarding sponsor meal claims sent to the state for the target month.

END BOX

PROGRAMMING NOTE: CHECK LIST OF CHILD CARE CENTERS ASSOCIATED WITH THIS SPONSOR TO CONFIRM THAT INFORMATION IS COLLECTED FOR ALL. IF INFORMATION IS MISSING FOR ANY OF THESE CHILD CARE CENTERS, REPEAT ALL QUESTIONS (A THROUGH C) FOR THE NEXT CHILD CARE CENTER LISTED AS SPONSORED BY THIS ORGANIZATION.

ELSE; END AND CLOSE INSTRUMENT.