 

OMB Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

<DATE>

<STATE CACFP DIRECTOR NAME>, <TITLE>

<STATE CACFP AGENCY NAME>

<ADDRESS>

Dear <STATE CACFP DIRECTOR NAME>:

By now, you should have received notice from your Food and Nutrition Services’ (FNS’) Regional Office that <STATE> is one of 25 States randomly selected to participate in the Erroneous Payments in Child Care Centers Study (EPICCS). The U.S. Department of Agriculture (USDA) and FNS was mandated by Congress to conduct EPICCS to ensure FNS’ compliance with the Improper Payments Elimination and Recovery Improvement Act (IPERIA) of 2012. Participation in the study also complies with the Healthy, Hunger-Free Kids Act of 2010, which helps set the funding and the policy guidelines for the Child Adult Care and Food Program (CACFP).

For this effort, USDA and FNS has contracted with Westat, Inc. and its research partners, Kokopelli Associates LLC and Windwalker Corporation, to conduct EPICCS.

EPICCS will conduct a review of potential sources of error from a nationally representative sample of sponsored and independently operated child care centers participating in the Child and Adult Care Food Program (CACFP). Collectively, data collected for the study will be used to maximize the efficiency of meal tracking and reporting within the program to help ensure the integrity, refinement, and continuity of the CACFP.

To get started in <STATE>, we need your office to provide us with administrative data to construct a sample frame of child care centers and their sponsors. For your convenience, we have **attached a State user account sheet, a guidelines document**, including a summary of the required data elements and an **instruction sheet** for submitting the file online.

We kindly request that you submit your administrative data file by <DUE DATE>. We understand that each State has its own management information system, and that States may not use the same terminology. <KOKOPELLI STAFF NAME> will be your State’s point of contact with EPICCS and will be available to assist you (or your designee) in fulfilling this request.

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 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Your assistance is critical to ensure a representative sample, scientifically valid findings, and improvements to the CACFP. Later data collection efforts will focus on center breakfast and lunch meal programs and will include the following:

1. Pre-visit interview with sponsors and centers;
2. Review and abstraction of Income Eligibility Applications;
3. Observation of meal preparation and serving;
4. Review and abstraction of meal counting and claiming records;
5. Review and abstraction of Center enrollment information;
6. Household survey with a sample of parents/guardians of children enrolled in sampled child care centers; and
7. Sponsor survey with all sampled sponsor organizations.

Note that the household survey component of EPICCS is entitled National Assessment of Meal Eligibility and Services (NAMES).

Please feel free to contact <KOKOPELLI STAFF NAME> at <TOLL FREE NUMBER LINKED TO KOKOPELLI STAFF NAME> or at <KOKOPELLI STAFF EMAIL> if you have any questions.

Thank you in advance for your help and cooperation.

Sincerely,



Roline Milfort, Ph.D., PMP

EPICCS Project Director

Enclosures: State User Account Sheet

 Guidelines for the EPICCS Administrative Data Request

State Instructions for Submission of Administrative Data