**USDA**

**EPICCS**
Erroneous Payments in
Childcare Centers Study

## Guidelines for the EPICCS
## Sample Frame Data File

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I.     **Summary:**

a)   This request asks for:
1.   A complete list of all child care centers participating the Child and Adult Care Food Program (CACFP) for your State, **as reported to FNS on Form 44 in March 2015**.

2.   A complete list of all sponsor organizations, and the number of meals claimed in **March 2015**.

b)   Regarding the list of child care centers:
1.   Westat will use this list to randomly sample child care centers (sponsored centers, independent centers, and head start centers), and their sponsors, for the EPICCS.

2.   Do not include adult care centers or family day care homes.

3.   The list should include centers, not sites within a center.  However, if your data file includes sites within a center, they should have the same center ID (making it feasible to identify sites within a center).

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time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

4. The list should include the sponsor unique identifier for each sponsored center. This must be the same unique identifier in the sponsor list to facilitate linking centers to sponsors.

5. The data reported should match data reported to FNS on Form 44 in **March 2015.** Moreover, the number of records in your data file should match the number of child care center outlets that your State reported in to FNS on Form 44 (Part B, Question 9, Column A) in **March 2015**.

II. **Data File Requirements:**

   a) The data file(s) must be an Excel or CSV formatted text file.

   b) States can submit one or multiple files that include the requested data.

   c) The data file(s) with the list of child care centers should include the sixteen (16) data elements listed below in Section III.

   d) The data file with the list of sponsors should include the eleven (11) data elements listed below in Section IV.

   e) The data file must be uploaded to the Study website.

   f) Step by step instructions for uploading the file are included as a separate attachment.

III. **Required Data Elements for the list of <u>Child Care Centers</u>:**

| Data Element | Suggested Variable Name | Description |
|---|---|---|
| 1. Center Unique identifier | CTID | This is the ID, code or other shortcut identity assigned by the State to each center for administrative purposes. Ensure that the assigned identifier is not duplicated.<br><br>If the State does not use this type of identifier, please assign a code that begins with the two (2) alpha characters of your State's abbreviation with sequential numeric characters. For example, Maryland would use MD101, MD102, MD103 ... and so on. |
| 2. Center | CTNAME | The full legal name of the child care center. |

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| Data Element | Suggested Variable Name | Description |
|---|---|---|
| Name | | |
| 3. Center Address 1 | CTADRESS1 | The physical street where the child care center is located. Do not use P.O. Box addresses or the address of the sponsor organization, even if this is the mailing address. |
| 4. Center Address 2 | CTADRESS2 | Additional address details such as suite number or floor number. |
| 5. Center City | CTCITY | The town or city where the child care center is physically located. |
| 6. Center State | CTSTATE | This should automatically be your State. The data file should list only those child care centers physically located within your State's boundaries, regardless of the location of the sponsor organization. |
| 7. Center Zip Code | CTZIP | The zip code for the street address where the child care center is physically located. |
| 8. Type of Center | CTTYPE | The category in which the child care center is counted in your March 2015 report to FNS on Form 44, Part C. Valid options include: <br>• Non-profit, For profit, Outside-school-hours, Head Start , At-risk after school , or Emergency shelter. |
| 9. Early Head Start | CTEHS | Flag "Yes" or "1" if the center is an Early Head Start Center. |
| 10. Multi-Site | CTMS | Flag "Yes" or "1" if the center has multiple sites. |
| 11. Center's Average Daily Attendance | CTATTEND | The *portion* of the total count of the average daily attendance for your State *from this particular center* as reported in **March 2015** to FNS on Form 44, Question 10, Column A. |
| 12. Center Primary Contact Name | CTCONTACT | The first and last name of the person with overall responsibility for the management of the child care center's operational activities. This is typically the center director. |

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| Data Element | Suggested Variable Name | Description |
|---|---|---|
| 13. Center Primary Contact Phone | CTPHONE | The primary contact's (named in #12) phone number. |
| 14. Center Primary Contact Email | CTEMAIL | The primary contact's (named in #12) email address. |
| 15. Sponsored center? | CTSPONSOR | Indicate whether or not the center is a sponsored center.<br><br>Record "Yes" or "1" if the child care center operates under the umbrella of a sponsor organization, including the State agency, that assumes fiscal responsibility and provides training and monitoring to ensure that the center comply with all CACFP regulations.<br><br>Record "No" or "2" if the child care center operates independently, acting as its own sponsor. |
| 16. Sponsor Unique identifier | SPID | This is the ID, code or other shortcut identity assigned by the State to each sponsor organization for administrative purposes. Ensure that the assigned identifier is not duplicated.<br><br>If the State does not use this type of identifier, please assign a code that begins with the two (2) alpha characters of your State's abbreviation, followed by SP with sequential numeric characters. For example, Maryland would use MDSP101, MDSP102, MDSP103 ... and so on. |

IV.  **Required Data Elements for the list of Sponsor Organizations:**

| Data Element | Suggested Variable Name | Description |
|---|---|---|
| 1.  Sponsor | SPID | This is the ID, code or other shortcut identity assigned by the State |

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| Data Element | Suggested Variable Name | Description |
|---|---|---|
| Unique identifier | | to each sponsor organization for administrative purposes. Ensure that the assigned identifier is not duplicated.<br><br>If the State does not use this type of identifier, please assign a code that begins with the two (2) alpha characters of your State's abbreviation, followed by SP with sequential numeric characters. For example, Maryland would use MDSP101, MDSP102, MDSP103 … and so on. |
| 2. Name of Sponsor Organization | SPNAME | The full legal name of the sponsor organization. |
| 3. Sponsor's Number of Claimed Meals | SPMEALS | The total number of meals claimed in **March 2015**, for the sponsor organization. |
| 4. Sponsor Primary Contact Name | SPCONTACT | The first and last name of person with overall responsibility for the management of the sponsor organization's operational activities |
| 5. Sponsor Address 1 | SPADDRESS1 | The physical street address for where the sponsor organization is located.<br><br>Do not use P.O. Box addresses. |
| 6. Sponsor Address 2 | SPADDRESS2 | Additional address details such as suite number or floor number. |
| 7. Sponsor City | SPCITY | The town or city for the address of the sponsor organization. |
| 8. Sponsor State | SPSTATE | The two character code for the State for the address of sponsor organization. |
| 9. Sponsor Zip Code | SPZIP | The zip code for the address of the sponsor organization. |
| 10. Sponsor | SPPHONE | The phone number for the sponsor primary contact (named in #4). |

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| Data Element | Suggested Variable Name | Description |
|---|---|---|
| Primary Contact Phone | | |
| 11. Sponsor Primary Contact Email | SPEMAIL | The email address for the sponsor primary contact (named in #4). |