



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

ERRONEOUS PAYMENTS CHILD CARE CENTER STUDY (EPICCS)

SPONSOR & CHILD CARE CENTER PRE-VISIT INTERVIEW

Summary

The data collector will use this guide to conduct a pre-visit interview by phone first with sponsors, and then with centers, to obtain the details needed for abstracting the eligibility application data. These data are needed for household sampling and moving forward with completing the household surveys.

Another purpose of the pre-visit interview is gathering background information about the sponsor and center to facilitate data collection. Whenever possible, sponsor information (items B1 through B8) and center information (items C1 through C8) will be pre-populated based on information obtained during recruitment. The pre-visit interview will confirm existing information and collect additional information as needed.

During the phone interview, the data collector will enter or update the information in the study management system (SMS). The data collector will be trained on how to navigate through various sections of the interview depending on the respondent (sponsor or center), and the applicability of the questions. Additionally, the data collector will note the respondent for each section of the interview.

Note: Text that should be read to the respondent by the data collector is presented as sentences in mixed case text. All instructions or notes to the data collector are in ALL CAPS. These are not read to the respondent. Differential text choices are presented in parenthesis while names from pre-filled data are in [bolded/bracketed] text.

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 sponsoring organization director and/or child care center director or manager to provide this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the collection of information.



A: Introductory Script

A1. Hello, my name is **[FULL NAME]** with Westat and I am calling on behalf of the U.S. Department of Agriculture's (USDA), Food and Nutrition Services (FNS) Erroneous Payments in Child Care Centers Study (EPICCS). I am contacting you to discuss any concerns or questions you may have about the study and ask some background questions about your organization in preparation for data collection activities. Our discussion may take about 30 minutes. Are you available to talk at this time?

INTERVIEWER: IF RESPONDENT IS THE SPONSOR ORGANIZATION AND CONTACT SAYS YES—GO TO A2 AND CONTINUE TO SECTION B, SPONSOR INFORMATION.

INTERVIEWER: IF RESPONDENT IS A CENTER (EITHER A SPONSORED CENTER OR AN INDEPENDENT CHILD CARE CENTER (ICCC)) AND CONTACT SAYS YES—GO TO A2 AND CONTINUE TO SECTION C, CENTER INFORMATION.

INTERVIEWER: IF SPONSOR OR CENTER CONTACT IS NOT ABLE TO TALK AT THIS TIME, ATTEMPT APPOINTMENT.

IF APPOINTMENT MADE—RECORD IN THE ELECTRONIC RECORD OF COMMUNICATION (EROC) AND POLITELY THANK SPONSOR OR CENTER CONTACT (USE CLOSING SCRIPT C) AND TERMINATE CALL

IF RESPONDENT WANTS TO KNOW MORE ABOUT THE STUDY—GO TO A2 (ALSO REFER TO STUDY FAQs)

DID NOT GET LETTER—VERIFY ADDRESS AND OFFER TO SEND OR EMAIL LETTER; SCHEDULE AN APPOINTMENT FOLLOWING RECEIPT OF LETTER—RECORD OUTCOME IN EROC

A2. The USDA and FNS is interested in learning more about potential sources of errors made in the payment process for Child and Adult Care Food Program (CACFP) child care centers. As part of the EPICCS data collection, we will collect the following data from the sponsor organization and/or individual child care centers during the site visit: 1) data from income eligibility applications; 2) enrollment and attendance records; 3) meal count and claiming data from both the sponsor and center (as applicable); and 4) observations of meal preparation and service at each sampled center.

Additionally, we will sample households from those who submitted an income eligibility application between July and September 2016 to conduct a voluntary in-person household survey. We will also collect data from income eligibility applications submitted between July and October 2016. As a reminder, the household survey portion of this study is referred to using the public friendly name: the National Assessment of Meal Eligibility and Services (NAMES) study.

Any information collected as part of data collection is being used for research purposes only and is private to the full extent allowed by law. Your sponsor organization and each sampled center's information will be grouped with those of other sponsors/centers and will not be shared with your State CN agency or FNS in a way which can identify your sponsor organization or any sampled center. **[NAME OF CENTER(S)]** and



any center staff will not be identified in reports about the study. I would like to continue with some questions about your organization.



B: [SPONSOR NAME] Information Not Applicable (ICCC)

B1. Sponsor Name: <INSERT SPONSOR NAME> **B2. Sponsor ID:** <INSERT SPONSOR ID>

B3. Sponsor Address

Street Address:
<INSERT SPONSOR STREET ADDRESS 1>

Street Address (line 2):
<INSERT SPONSOR STREET ADDRESS 2>

| | | |
|--|--|-----------------------------|
| City <INSERT SPONSOR CITY> | State <INSERT SPONSOR STATE> | Zip <INSERT SPONSOR ZIP> |
| Sponsor Phone Number: <INSERT SPONSOR PHONE NUMBER> | Sponsor Fax Number: <INSERT SPONSOR FAX NUMBER> | |

| B4. Primary Contact | | B5. Secondary Contact | |
|-------------------------------------|---|-------------------------------------|---|
| First Name: <CONTACT FIRST NAME> | Last Name: <CONTACT LAST NAME> | First Name: <CONTACT FIRST NAME> | Last Name: <CONTACT LAST NAME> |
| Title: <CONTACT TITLE> | | Title: <CONTACT TITLE> | |
| Phone: <CONTACT PHONE> | Ext. (if applicable) <CONTACT EXTENSION> | Phone: <CONTACT PHONE> | Ext. (if applicable) <CONTACT EXTENSION> |
| Email: <CONTACT EMAIL> | | Email: <CONTACT EMAIL> | |

B6. Sponsor Director's Name and Contact Information (IF NOT LISTED AS PRIMARY OR SECONDARY CONTACT):

[Click here to enter text.](#)

Sponsor Operation—Hours/Days

B7. Days of Operation: (CHECK ALL THAT APPLY)

| | | | | | | |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> | Sat <input type="checkbox"/> | Sun <input type="checkbox"/> |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|

B8. Hours of Operation: Time Open: |__|_|:|__|_| AM PM
HH : MM

Time Closed: |__|_|:|__|_| AM PM
HH : MM

SECTION B RESPONDENT: Sponsor Contact Center Contact Other, specify: [Click here to enter text.](#)



C: Center Information

| | |
|---|---|
| C1. Center Name: <INSERT CENTER NAME> | C2. Center ID: <INSERT CENTER ID> |
|---|---|

C3. Center Address

| | | |
|--|--|----------------------------|
| Street Address: <INSERT CENTER STREET ADDRESS 1> | | |
| Street Address (line 2): <INSERT CENTER STREET ADDRESS 2> | | |
| City <INSERT CENTER CITY> | State <INSERT CENTER STATE> | Zip <INSERT CENTER ZIP> |
| Center Phone Number: <INSERT CENTER PHONE> | Center Fax Number: <INSERT CENTER FAX NUMBER> | |

| C4. Primary Contact | | C5. Secondary Contact | |
|-------------------------------------|---|-------------------------------------|---|
| First Name: <CONTACT FIRST NAME> | Last Name: <CONTACT LAST NAME> | First Name: <CONTACT FIRST NAME> | Last Name: <CONTACT LAST NAME> |
| Title: <CONTACT TITLE> | | Title: <CONTACT TITLE> | |
| Phone: <CONTACT PHONE> | Ext. (if applicable) <CONTACT EXTENSION> | Phone: <CONTACT PHONE> | Ext. (if applicable) <CONTACT EXTENSION> |
| Email: <CONTACT EMAIL> | | Email: <CONTACT EMAIL> | |

C6. Center Director's Name and Contact Information (IF NOT LISTED AS PRIMARY OR SECONDARY CONTACT):

Click here to enter text.

C7. Type of Center (INTERVIEWER: THIS SHOULD BE PRE-FILLED, PLEASE CONFIRM):

- Sponsored Child Care Center (SCCC)
 Independent Child Care Center (ICCC)
 Head Start Center (HSC)

C8. Center License Information

| | |
|---|--|
| a. Licensed Capacity: Click here to enter text. | b. License Number: (if available) Click here to enter text. |
| c. License Effective Date: (if available) Click here to enter text. | d. License Expiration Date: (if available) Click here to enter text. |

C9. Staffing Ratio: **# Children:** Click here to enter text. **to Childcare Staff** Click here to enter text.



SECTION C RESPONDENT: Sponsor Contact Center Contact Other, specify: [Click here to enter text.](#)



D: Center Operation—Hours/Days

INTERVIEWER: ONLY COMPLETE SECTION D FOR CENTERS.

D1. Months of Operation: (CHECK ALL THAT APPLY)

| | | | | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Jan <input type="checkbox"/> | Feb <input type="checkbox"/> | Mar <input type="checkbox"/> | Apr <input type="checkbox"/> | May <input type="checkbox"/> | Jun <input type="checkbox"/> | Jul <input type="checkbox"/> | Aug <input type="checkbox"/> | Sept <input type="checkbox"/> | Oct <input type="checkbox"/> | Nov <input type="checkbox"/> | Dec <input type="checkbox"/> |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|

INTERVIEWER: CHECK THIS BOX IF CENTER OPERATES EVERY MONTH OF THE YEAR

D2. Days of Operation: (CHECK ALL THAT APPLY)

| | | | | | | |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> | Sat <input type="checkbox"/> | Sun <input type="checkbox"/> |
|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|

INTERVIEWER: CHECK THIS BOX IF CENTER OPERATES EVERY DAY OF THE WEEK

D3. Does the center operate on the same schedule every day?

Yes (Go to D4) No (Go to D5)

D4. If yes, please provide the hours of operations:

Time Open: : AM PM
 H H : M M

Time Closed: : AM PM
 H H : M M

D5. If the hours vary by day, please complete the table:

| Day of the Week | Time Open: | AM/PM | Time Close: | AM/PM |
|-----------------|--|---|--|---|
| Monday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Tuesday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Wednesday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Thursday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Friday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Saturday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Sunday | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="text"/> : <input type="text"/> H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |

SECTION D RESPONDENT: Sponsor Contact Center Contact Other, specify:



E: Income Eligibility Applications

E1. Where are applications stored? At Center At the Sponsor Central Office
 At Both Locations Somewhere Else: Specify _____

COMMENTS:

Click here to enter text.

E2. What is the process for obtaining, documenting and maintaining income eligibility applications?

PROBE: Are all families required to submit income eligibility applications? If no, describe the process.

PROBE: If yes, is there an application form (electronic, web-based, hardcopy)?

PROBE: How do parents/guardians submit an application (electronic, hardcopy, web-based)?

PROBE: When are applications submitted (at time of enrollment, one time a year)?

PROBE, FOR SPONSORS ONLY: Is the income eligibility applications process the same at each of your sponsored centers?

INCOME ELIGIBILITY APPLICATION PROCESS RESPONSE AND COMMENTS:

Click here to enter text.

E3. How are applications stored? Hardcopy Electronic File
 Database Some Other Way: Specify [Click here to enter text.](#)

E4. Who is the contact person that maintains the income eligibility applications?

Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#) Email: [Click here to enter text.](#)

E5. What is your review and verification process for income eligibility applications? By this, I mean, how do you review and determine if a child should receive a free, reduced-price or paid meal.

PROBE: How is children's certification status determined (based on self-report, categorically eligible, case number)?

PROBE: Who makes the assessment of certification status (center staff, sponsor central office staff)?



PROBE: Are some children considered categorically eligible due to receiving SNAP, TANF or some other state/federal assistance?

- If children are categorically eligible, do you confirm the case number with another State agency?
- If children are considered to be categorically eligible, how do you document it?

REVIEW AND VERIFICATION PROCESS RESPONSE AND COMMENTS:

[Click here to enter text.](#)

E6. Does your organization use an electronic system or hardcopy records to track meal certification status (free, reduced-price, paid)?

- Electronic system
- Hardcopy records
- Other method, specify:
[Click here to enter text.](#)

ADDITIONAL COMMENTS (AS NEEDED):

[Click here to enter text.](#)

SECTION E RESPONDENT: Sponsor Contact Center Contact Other, specify: [Click here to enter text.](#)



F: Recordkeeping—Center Enrollment Information

FOR ALL RESPONDENTS: As part of the data collection process, we will abstract the center’s entire enrollment from the master enrollment list. We will use this information along with the eligibility applications to sample for the household survey. We will also use the master enrollment list to record each child’s meal certification status. For our purposes, the enrollment list should include the following information:

- Enrolled Child’s Name
- Enrollment Date
- Enrolled Child’s Age
- Certification Status (i.e., Free, Reduced-Price or Paid)
- Household Contact Information (parent/guardian name, address, phone and email, if available)

If the master enrollment list is maintained at the sponsor site without parent/guardian contact information, I will obtain the parent/guardian’s contact information directly from each sampled center.

F1. Where is the master enrollment list of enrolled children maintained?

- Center Sponsor Both N/A

PROBE: If a master enrollment list is not maintained, how do you track enrollment?

F2. Is the master enrollment list maintained using electronic or hardcopy records?

- Electronic records Hardcopy records Both types of records N/A

PROBE, ALL: Does your master enrollment list track each child’s meal certification status (free, reduced-price or paid)? If not, how do you track each child’s certification status?

MASTER ENROLLMENT LIST RESPONSE AND COMMENTS

Click here to enter text.

F3. How [do you/does your center(s)] capture daily child attendance? CHECK ALL THAT APPLY.

- | | | |
|--|--|---|
| <input type="checkbox"/> Parent sign-in/sign-out sheets (hardcopy) | <input type="checkbox"/> Parent electronic login/ logout | <input type="checkbox"/> Data Entry (electronic or web based) from hardcopy records |
| <input type="checkbox"/> Teacher/staff sign-in/sign-out sheets (hardcopy) | <input type="checkbox"/> Teacher/staff electronic login/ logout | <input type="checkbox"/> Other Automated System Specify: Click here to enter text. |
| <input type="checkbox"/> Teacher/Staff Roll Call recorded on hardcopy roster | <input type="checkbox"/> Teacher/Staff Roll Call recorded electronically | |

ATTENDANCE TRACKING COMMENTS:

Click here to enter text.

SECTION F RESPONDENT: Sponsor Contact Center Contact Other, specify:



G: Sponsor and/or Center Meal Claim Process

G1. What is your process for receiving, processing and submitting meal reimbursement claims? Describe the process/steps for the submission of claims.

PROBE: Are meal reimbursement claims submitted directly from your organization to your State Child Nutrition (CN) Agency?

PROBE: Who is the contact name and phone/email for the person at your office that submits meal reimbursement claims to the State CN Agency?

PROBE: How often are meal reimbursement claims submitted to the State CN Agency (weekly, monthly, quarterly or other)?

PROBE: How are meal reimbursement claims submitted to the State CN Agency (in what format: electronically, by mail, hardcopy, or other)?

MEAL CLAIM PROCESS RESPONSE AND COMMENTS:

[Click here to enter text.](#)

INTERVIEWER: QUESTION G2 ONLY APPLIES TO SPONSORED CENTERS

G2. What is your sampled center(s) process for submitting meal reimbursement claims? Describe the process/steps from meal counting to submission of claims.

PROBE: Do all your sampled sponsored centers use the same process to submit meal claims?
If not, explain how they differ.

PROBE: Are meal reimbursement claims submitted directly to your sponsor (if applicable) or State CACFP Agency?

PROBE: Who submits meal reimbursement claims to the sponsor (if applicable) and/or State CACFP Agency?

PROBE: How often are meal reimbursement claims submitted to the sponsor (if applicable) and/or the State CACFP Agency (weekly, monthly, quarterly or other)?

PROBE: How are meal reimbursement claims submitted to the sponsor (if applicable) and/or State CACFP Agency (in what format: electronically, by mail, hardcopy, or other)?

CENTER MEAL CLAIM TO SPONSOR COMMENTS:

[Click here to enter text.](#)

SECTION G RESPONDENT: Sponsor Contact Center Contact Other:



H: Center Meal Delivery (Schedule, Service, Preparation and Counts)

H1. Does your Center serve breakfast? Yes (Go to H2) No (Go to H6)

H2. Are all breakfasts served at that same time in one location or are there multiple meal periods?

Yes (Go to H3) No (Go to H11)

H3. If yes, how is breakfast served?

PROBE: Are they in the same location (cafeteria, kitchen, classroom, multipurpose room, or other)?

Click here to enter text.

H4. How are breakfasts organized? By Age Group By Classroom
 Other, Specify: _____

H5. How are breakfasts served: Cafeteria Style (Individual Plates) Cafeteria Style (Bag Lunches)
 Family Style (Self-Serve) Family Style (Staff-Serve)

H6. Does your Center serve lunch? Yes (Go to H7) No (Go to H12)

H7. Are all lunches served at that same time in the same location or are there multiple meal periods?

Yes (Go to H8) No (Go to H11)

H8. If yes, where is lunch served?

PROBE: Are they in the same location (cafeteria, kitchen, classroom, multipurpose room, or other)?

Click here to enter text.

H9. How are lunches organized? By Age Group By Classroom
 Other, Specify: _____

H10. How are lunches served: Cafeteria Style (Individual Plates) Cafeteria Style (Bag Lunches)
 Family Style (Self-Serve) Family Style (Staff-Serve)



H11. If meals are not served in one location at the same time, provide the following details:

| Meal | Location | Organization | Type of Food Service | Start Time | AM/PM | End Time | AM/PM |
|--|---|--|---|------------------------|--|------------------------|--|
| <input type="checkbox"/> Breakfast Session 1 | <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Multi-purpose Room <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Age Group <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cafeteria Style (Individual Plate) <input type="checkbox"/> Bagged Meal <input type="checkbox"/> Family Style-Teacher/Staff Served <input type="checkbox"/> Family Style-Child Self-Serve | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Breakfast Session 2 | <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Multi-purpose Room <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Age Group <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cafeteria Style (Individual Plate) <input type="checkbox"/> Bagged Meal <input type="checkbox"/> Family Style-Teacher/Staff Served <input type="checkbox"/> Family Style-Child Self-Serve | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Lunch Session 1 | <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Multi-purpose Room <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Age Group <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cafeteria Style (Individual Plate) <input type="checkbox"/> Bagged Meal <input type="checkbox"/> Family Style-Teacher/Staff Served <input type="checkbox"/> Family Style-Child Self-Serve | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Lunch Session 2 | <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Multi-purpose Room <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Age Group <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cafeteria Style (Individual Plate) <input type="checkbox"/> Bagged Meal <input type="checkbox"/> Family Style-Teacher/Staff Served <input type="checkbox"/> Family Style-Child Self-Serve | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM | ____:____ H H : M M | <input type="checkbox"/> AM <input type="checkbox"/> PM |

*THIS TABLE/GRID REPEATS FOR ADDITIONAL BREAKFAST/LUNCH SESSIONS AS NEEDED.

MEAL SERVICE COMMENTS:

Click here to enter text.



Meal Preparation

H12. How are breakfast and lunch meals prepared?

| | | | |
|---|--|---|--|
| A.B. Breakfast | | C. Lunch | |
| <input type="checkbox"/> Onsite at this Center | <input type="checkbox"/> Prepared at Offsite Central Kitchen and Delivered | <input type="checkbox"/> Onsite at this Center | <input type="checkbox"/> Prepared at Offsite Central Kitchen and Delivered |
| <input type="checkbox"/> Purchased from Local School System | <input type="checkbox"/> Purchased from Food Service Vendor | <input type="checkbox"/> Purchased from Local School System | <input type="checkbox"/> Purchased from Food Service Vendor |
| <input type="checkbox"/> Other, Specify: | Click here to enter text. | <input type="checkbox"/> Other, Specify: | Click here to enter text. |
| H13. Name of food service vendor (if applicable) | | Click here to enter text. | |

MEAL PREPARTION COMMENTS:

[Click here to enter text.](#)

Center Meal Counts

H14. What is your center(s) process for recording [breakfast/lunch] meal counts?

PROBE: How do **[you/your center(s)]** count free, reduced and paid meals (use a PIN # system, use a roster or attendance sheet, check-off system, or head count)?

PROBE: Do **[you/your center(s)]** use any other methods to record breakfast/lunch meal counts?

PROBE: How do **[you/your center(s)]** handle children that bring their own lunch?

PROBE: When do **[you/your center(s)]** count free, reduced and paid meals (daily, after each meal occasion; daily, at the end of the day; weekly; monthly or other)?

PROBE: How do **[you/your center(s)]** maintain the meal counts (hardcopy forms, data entry system—electronic or web based, use Minute Menu or some other system)?

CENTER MEAL COUNT PROCESS COMMENTS:

[Click here to enter text.](#)

SECTION H RESPONDENT: Sponsor Contact Center Contact Other: [Click here to enter text.](#)



I: Additional Interview Notes

Click here to enter text.

INTERVIEWER: PROVIDE A BRIEF RECAP OF THE CONVERSATION.

SCENARIO 1 (SPONSORED CENTER): IF INCOME ELIGIBILITY APPLICATIONS ARE KEPT AT THE SPONSOR, SCHEDULE THE DATA COLLECTION SITE VISIT WITH THE SPONSOR ORGANIZATION. THEN CONTACT THE SPONSORED CENTER TO COMPLETE THE PRE-VISIT INTERVIEW AND SCHEDULE A SEPARATE DATA COLLECTION SITE VISIT TO THE CENTER.

GO TO SECTION J.

SCENARIO 2 (SPONSORED CENTER): IF INCOME ELIGIBILITY APPLICATIONS ARE KEPT AT THE CENTER, SCHEDULE THE INITIAL SITE VISIT TO THE CENTER. THEN SCHEDULE A SECOND SITE VISIT TO THE CENTER FOR OTHER DATA COLLECTION TASKS.

GO TO SECTION K.

SCENARIO 3 (ICCC): SCHEDULE THE INITIAL SITE VISIT TO THE CENTER. THEN SCHEDULE A SECOND SITE VISIT TO THE CENTER.

GO TO SECTION K.

J: Sponsor Data Collection Site Visit Schedule

We would like to schedule the one-day data collection site visit to gather enrollment information and eligibility applications for children enrolled in the [SAMPLED CENTERS]. At that time, I may also gather the additional administrative and meal claim data we previously discussed. To reduce the burden on the [sponsor and/or center(s)], I will securely scan applications and enrollment information for data abstraction. All information and data collected during the site visit(s) and scanned will be maintained on a secure laptop and database system. The site visit will take about three to four hours (roughly half a day). However, during much of that time I will be working independently.

INTERVIEWER, PLEASE CHECK THE BOX IF SPONSOR AND/OR CENTER OBJECTS TO SCANNING OF ANY OR ALL INFORMATION FOR DATA COLLECTION. Objects to Scanning

INTERVIEWER: ATTEMPT TO SCHEDULE THE SITE VISIT.

INTERVIEWER: IF SPONSOR CONTACT SAYS YES—GO TO J1, SCHEDULE SITE VISIT.

GO TO J1.

INTERVIEWER: IF SPONSOR CONTACT IS NOT ABLE TO SCHEDULE THE SITE VISIT AT THIS TIME, ATTEMPT APPOINTMENT. RECORD APPOINTMENT IN EROC AND TERMINATE CALL. GO TO CLOSING SCRIPT B.



J1. Site Visit Date

Click here to enter a date.

J2. Arrival Time:

Click here to enter text.

J3: Is there another person other than you (or a backup person) that should be our Site Visit Contact?

Yes (Go to J4) No (Go to J5)

J4: Site Visit Contact Information:

Name: Click here to enter text.

Phone: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

J5: Are there any special instructions for the site visit that we should share with our data collectors?

PROBE: General Information, Parking, Security Requirements, Special Entrance or Directions?

Click here to enter text.

INTERVIEWER: USE CLOSING SCRIPT A.

PROGRAMMER: AUTOCODE INTERVIEW COMPLETED BY (DATA COLLECTOR NAME AND ID) AND DATE INTERVIEW COMPLETED.

K: Center Data Collection Site Visit Schedule

We would like to schedule the first of two one-day data collection site visits to gather data for the EPICCS study. The first visit will be to gather enrollment information and eligibility applications for children enrolled in the [SAMPLED CENTER NAME/ICCC NAME]. This visit will need to be conducted in September or October 2016. The second site visit, to be scheduled at a later date, will include observation of meal service, collection of meal preparation documents and meal count and claim data we previously discussed. The first site visit will take about three to four hours (roughly half a day) and the second visit will take one full day. However, during much of that time I will be working independently. To reduce the burden on the [sponsor and/or center(s)], I will securely scan applications and enrollment information for data abstraction. All information and data collected during the site visit(s) and scanned will be maintained on a secure laptop and database system.

INTERVIEWER, PLEASE CHECK THE BOX IF SPONSOR AND/OR CENTER OBJECTS TO SCANNING OF ANY OR ALL INFORMATION FOR DATA COLLECTION. Objects to Scanning

INTERVIEWER: ATTEMPT TO SCHEDULE THE FIRST SITE VISIT.

INTERVIEWER: IF CENTER CONTACT SAYS YES—GO TO K1, SCHEDULE SITE VISIT.
GO TO K1.

INTERVIEWER: IF CENTER CONTACT IS NOT ABLE TO SCHEDULE THE SITE VISIT AT THIS TIME, ATTEMPT APPOINTMENT. RECORD APPOINTMENT IN EROC AND TERMINATE CALL. GO TO CLOSING SCRIPT B.



K1. Site Visit Date

[Click here to enter a date.](#)

K2. Arrival Time:

[Click here to enter text.](#)

K3: Is there another person other than you that should be our Site Visit Contact?

Yes (Go to K4)

No (Go to K5)

K4: Site Visit Contact Information: INTERVIEWER: ONLY COMPLETE K4, IF K3=Yes

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

K5: Are there any special instructions for the site visit that we should share with our data collectors?

PROBE: General Information, Parking, Security Requirements, Special Entrance or Directions?

[Click here to enter text.](#)

INTERVIEWER: USE CLOSING SCRIPT A.

PROGRAMMER: AUTOCODE INTERVIEW COMPLETED BY (DATA COLLECTOR NAME AND ID) AND DATE INTERVIEW COMPLETED.

CLOSING SCRIPTS:

(A) Thank you for taking the time to talk with me today and scheduling the site visit. I will contact you closer to our visit to confirm the visit. If you have any additional questions, please feel free to contact the study directly at 1-855-272-0058 or EPICCS@westat.com. We look forward to working with you to complete the EPICCS study.

(B) Thank you for taking the time to talk with me today. I look forward to speaking with you [DATE AND TIME OF APPOINTMENT] to schedule the site visit. If you have any additional questions, please feel free to contact the study directly at 1-855-272-0058 or EPICCS@westat.com. We look forward to working with you to complete the EPICCS study.

CLOSING SCRIPTS (FOR SPECIAL CIRCUMSTANCES):

WHEN INCOME ELIGIBILITY APPLICATIONS ARE NOT HOUSED AT THE SPONSOR OR CENTER:

(C) Thank you for taking the time to talk with me today. After speaking with the study team here at Westat, I will contact you within 3 business days to discuss strategies on how to gather the eligibility application data. If you have any additional questions, please feel free to contact the study directly at 1-855-272-0058 or EPICCS@westat.com. We look forward to working with you to complete the EPICCS study.