



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

ERRONEOUS PAYMENTS IN CHILD CARE CENTERS STUDY (EPICCS)

CENTER MEAL COUNTS FOR TARGET MONTH

Summary

Field Data Collectors will collect this data from the center's meal count records. While onsite, the data will be abstracted and entered on computerized data entry forms. This data will be compared to eligibility status, attendance records, and meal claim records during data 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.

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 child care center director or manager to provide access to the center's administrative records is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather

APPENDIX C9. CENTER MEAL COUNTS FOR TARGET MONTH



Center Name: _____ Center Study ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Sponsor Name: _____ Sponsor ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

A. CENTER MEAL COUNTS FOR BREAKFAST AND LUNCH

Record the meal counts for each meal (breakfast/lunch). For the days in which the center was not operating, indicate NA.

A1. BREAKFAST COUNTS

Check here if center does not serve breakfast:

| | | | | | <i>(continued)</i> | | | | |
|-----|------|---------|------|--------|--------------------|------|---------|------|--------|
| Day | Free | Reduced | Paid | Total* | Day | Free | Reduced | Paid | Total* |
| 1 | | | | | 17 | | | | |
| 2 | | | | | 18 | | | | |
| 3 | | | | | 19 | | | | |
| 4 | | | | | 20 | | | | |
| 5 | | | | | 21 | | | | |
| 6 | | | | | 22 | | | | |
| 7 | | | | | 23 | | | | |
| 8 | | | | | 24 | | | | |
| 9 | | | | | 25 | | | | |
| 10 | | | | | 26 | | | | |
| 11 | | | | | 27 | | | | |
| 12 | | | | | 28 | | | | |
| 13 | | | | | 29 | | | | |
| 14 | | | | | 30 | | | | |
| 15 | | | | | 31 | | | | |
| 16 | | | | | | | | | |

APPENDIX C9. CENTER MEAL COUNTS FOR TARGET MONTH



*Record "Total" only if Child Care Center does not break out meal counts into certification status categories (free, reduced and paid).

PROGRAMMING NOTE: CALCULATE SUM OF BREAKFASTS SERVED IN EACH MEAL CATEGORY (BY COLUMN). THE CALCULATED BREAKFAST VALUES SHOULD BE PASSED TO FORMS D3 AND D4 FOR DISPLAY AT QUESTIONS ASKING ABOUT BREAKFAST CLAIMING DISCREPANCIES.



A2. LUNCH COUNTS

Check here if center does not serve lunch:

| | | | | | <i>(continued)</i> | | | | |
|-----|------|---------|------|--------|--------------------|------|---------|------|--------|
| Day | Free | Reduced | Paid | Total* | Day | Free | Reduced | Paid | Total* |
| 1 | | | | | 17 | | | | |
| 2 | | | | | 18 | | | | |
| 3 | | | | | 19 | | | | |
| 4 | | | | | 20 | | | | |
| 5 | | | | | 21 | | | | |
| 6 | | | | | 22 | | | | |
| 7 | | | | | 23 | | | | |
| 8 | | | | | 24 | | | | |
| 9 | | | | | 25 | | | | |
| 10 | | | | | 26 | | | | |
| 11 | | | | | 27 | | | | |
| 12 | | | | | 28 | | | | |
| 13 | | | | | 29 | | | | |
| 14 | | | | | 30 | | | | |
| 15 | | | | | 31 | | | | |
| 16 | | | | | | | | | |

*Record "Total" only if Child Care Center does not break out meal counts into certification status categories (free, reduced and paid).

PROGRAMMING NOTE: CALCULATE SUM OF LUNCHES SERVED IN EACH MEAL CATEGORY (BY COLUMN). THE CALCULATED LUNCH VALUES SHOULD BE PASSED TO FORMS D3 AND D4 FOR DISPLAY AT QUESTIONS ASKING ABOUT LUNCH CLAIMING DISCREPANCIES.

B. SPECIAL NOTES / COMMENTS:

Provide any additional comments regarding center meal counts.
