

APPENDIX C10. (SPONSORED) CENTER MEAL COUNT CLAIM TO SPONSOR FOR TARGET MONTH



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

ERRONEOUS PAYMENTS IN CHILD CARE CENTERS STUDY (EPICCS)  
(SPONSORED) CENTER MEAL COUNT CLAIM TO SPONSOR FOR  
TARGET MONTH

Summary

Field Data Collectors will collect this data from the meal claim report from the sponsored center to the sponsor for the targeted month. While onsite, the data will be abstracted and entered on computerized data entry forms. These data will be compared to eligibility status, attendance records, and meal count 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 as well as meal count totals for the target month as entered on Form D2.

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 and maintain

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Center Name: \_\_\_\_\_ Center Study ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Sponsor Name: \_\_\_\_\_ Sponsor ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 MONTH DAY YEAR

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

**A. (SPONSORED) CENTER MEAL CLAIM TO SPONSOR (TARGET MONTH)**

**A1. NUMBER OF OPERATING DAYS (during the target month)**

Breakfast	Lunch
_ _ _ _	_ _ _ _

**A2. BREAKFAST**

Meal Claim Submitted by (Sponsored) Center to Sponsor	
Free:	_ _ _ _ _ , _ _ _ _ _
Reduced:	_ _ _ _ _ , _ _ _ _ _
Paid:	_ _ _ _ _ , _ _ _ _ _
Total:	_ _ _ _ _ , _ _ _ _ _

**PROGRAMMING NOTE:** DISPLAY CALCULATED, SUMMED VALUES OF BREAKFASTS BY MEAL CATEGORY FROM FORM D2.

**A3. LUNCH**

Meal Claim Submitted by (Sponsored) Center to Sponsor	
Free:	_ _ _ _ _ , _ _ _ _ _
Reduced:	_ _ _ _ _ , _ _ _ _ _
Paid:	_ _ _ _ _ , _ _ _ _ _
Total:	_ _ _ _ _ , _ _ _ _ _

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**PROGRAMMING NOTE:** DISPLAY CALCULATED, SUMMED VALUES OF LUNCHES BY MEAL CATEGORY FROM FORM D2.



**B. CENTER MEAL COUNT AND CLAIM COMPARISON**

*The number of meals a CENTER claims and reports to the SPONSOR may differ from what's reflected in the CENTER meal count records due to some form of adjustment or error. Use the comments section to document any comments or notes that may explain any discrepancies.*

**B1. COMPARE BREAKFAST COUNTS AND CLAIMS.** Compare the CENTER CLAIMS to sponsor (D3) against the CENTER MEAL COUNTS (D2) for the target month. If they differ, check the CENTER records to see if there are any notes in the file indicating that the CENTER corrected the breakfast counts. Document your findings in the space provided below under "COMMENTS."

a) DID YOU FIND 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 RECORDS AND MEALS CLAIMED TO THE SPONSOR. (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 MEALS WERE CLAIMED?

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

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



e) SUMMARIZE THE CENTER'S NOTES ABOUT THE CORRECTIONS

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f) ARE THE CENTER'S NOTES CONSISTENT WITH YOUR FINDINGS?

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

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

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**B2. COMPARE LUNCH COUNTS AND CLAIMS.** Compare the CENTER CLAIMS to sponsor against the CENTER MEAL COUNTS for the target month. If they differ, check the CENTER records to see if there are any notes in the file indicating that the CENTER corrected the lunch counts. Document your findings in the space provided below.

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 RECORDS AND MEALS CLAIMED TO THE SPONSOR. (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

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

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

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

e) SUMMARIZE THE CENTER'S NOTES ABOUT THE CORRECTIONS

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f) ARE THE CENTER'S NOTES CONSISTENT WITH YOUR FINDINGS?

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

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

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**C. SPECIAL NOTES / COMMENTS:**

Provide any additional comments regarding (sponsored) center meal claims sent to the sponsor for the target month.

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