



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

<DATE>

<CENTER DIRECTOR NAME>, <TITLE>  
<CENTER NAME>  
<STREET ADDRESS >  
<CITY, STATE ZIP>

Dear < DIRECTOR NAME>:

Please know that we sincerely appreciate all of your efforts for the Erroneous Payments in Child Care Centers Study (EPICCS). Nothing we have achieved thus far would have been possible without your cooperation. EPICCS is supporting the Food and Nutrition Service's compliance with the Improper Payments Elimination and Recovery Improvement Act (IPERIA) of 2012. These efforts will also work to improve the Child and Adult Care Food Program's (CACFP's) efficiency, integrity, and continuity while protecting the limited resources available to the program.

Unfortunately, the timing of our last visit to your location made it impossible to capture all of the data needed for the study's analyses. We are contacting you now so that you can provide the missing data either electronically or as a faxed hardcopy report. The enclosed <document provides/documents provide> the specifics about the needed data. The needed data (file is/files are) briefly described below. <INSERT APPROPRIATE SUMMARY OR SUMMARIES OF NEEDED DATA FILES.>

- [Complete attendance data is needed (from July 2016 through June 2017) for <INSERT NUMBER> children for the children listed in the enclosed document titled "Extended Attendance Data Request for Children from Interviewed Households". This document also describes the data records needed.]
- [Final meal counts are needed for <INSERT MONTH, YEAR>, which is the same month that our data collector completed meal service observations at your center. The enclosed document specifies the data needed.]

We kindly request that you submit the requested administrative data files by <DUE DATE>. Electronic Excel or CSV formatted text files can be sent via email to [EPICCS@westat.com](mailto:EPICCS@westat.com). Hardcopy reports containing these data can be sent to our secured fax line at 1-844-224-2889.

Your participation in EPICCS is a crucial step in informing future legislation and regulations for the child care center component of the CACFP. This request complies with the Healthy, Hunger-Free Kids Act of 2010 regulations. Please know the information you provide will be used for research purposes only and kept private to the extent provided by law.

## APPENDIX C16. EXTENDED ATTENDANCE DATA 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 for the child care center director or manager to complete this information collection is estimated to average one hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed,



If you have any questions or concerns, please do not hesitate to contact us at the toll-free number 1-855-272-0058 or at [EPICCS@westat.com](mailto:EPICCS@westat.com). I thank you in advance for your help and cooperation with this final EPICCS request.

Sincerely,

<ELECTRONIC SIGNATURE>

Roline Milfort, Ph.D., PMP

EPICCS Project Director

APPENDIX N1. EXTENDED ATTENDANCE DATA REQUEST



Center Name: <INSERT NAME OF CHILD CARE OR HEAD START CENTER>

Center Study ID: <INSERT CENTER STUDY ID>

Sponsor Name: <INSERT NAME OF SPONSOR>

Sponsor ID: <INSERT SPONSOR STUDY ID>

**EXTENDED ATTENDANCE DATA REQUEST**

**A. EXTENDED ATTENDANCE DATA FOR LISTED CHILDREN**

The listed children are from households sampled and interviewed for the Erroneous Payments in Child Care Centers Study (EPICCS). Identifying and contact information is extracted from EPICCS records. Please provide corrected information for any errors.

Record #	Child Name	Child Age	Meal Certification Status	Parent Name	Parent Address
1	<INSERT RECORD # 1>				
2	<INSERT RECORD # 2>				
3	<INSERT RECORD # 3>				
4	<INSERT RECORD # 4>				
5	<INSERT RECORD # 5>				
6	<INSERT RECORD # 6>				
7	<INSERT RECORD # 7>				
8	<INSERT RECORD # 8>				
9	<INSERT RECORD # 9>				
10	<INSERT RECORD # 10>				

APPENDIX N1. EXTENDED ATTENDANCE DATA REQUEST



Provide the attendance information for each listed child for all months between July 2016 and June 2017. For each day during those months indicate one of the following:

- P = Present
- NP = Not Present / Absent
- PP = Present Partial-day
- NA = Center was closed

CHILD NAME: \_\_\_\_\_ CHILD RECORD NUMBER: \_\_\_\_\_

Attendance Month	Day of the Month																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
July 2016																																
August 2016																																
September 2016																																
October 2016																																
November 2016																																
December 2016																																
January 2017																																
February 2017																																
March 2017																																
April 2017																																
May 2017																																
June 2017																																

APPENDIX N1. EXTENDED ATTENDANCE DATA REQUEST



*Repeat this record for each listed child.*





SPECIAL NOTES / COMMENTS:  
Provide any additional comments regarding center enrollment and attendance.