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# **Multi-Mode CASIC Surveys**

## **Data Collection and Data Handling Logistics in the Multi-Mode BLS Quarterly Census of Employment and Wages (QCEW)**

Michael A. Searson  
Bureau of Labor Statistics  
CASIC Conference  
Session TA-1  
Washington, D.C.  
March 3, 2005



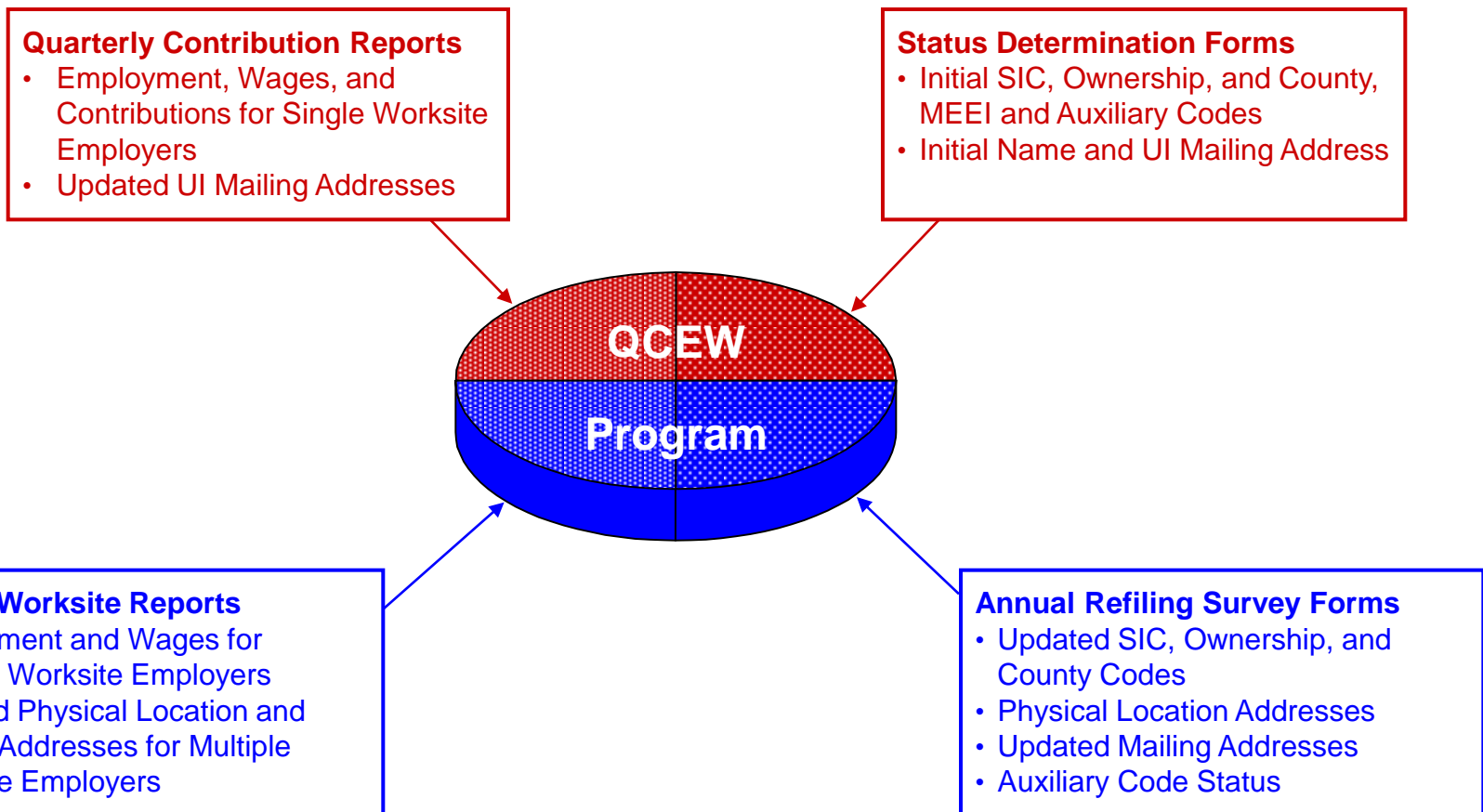
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## QCEW Program

- Federal/State Cooperative Statistics Program
- Administrative record-based (State Unemployment Insurance System)



# Input Documents to QCEW Program





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## QCEW Counts

- Third Quarter 2004
  - 7.25 Million employers
  - 8.5 Million worksites
  - 131.3 Million employment
- Multiple Worksite Report
  - 1.4% Employers
  - 16% Worksites
  - 39.4% Employment



# Standardized State Processing Systems

- Best decision BLS made for Fed/State Programs
- QCEW
  - EXPO: Mainframe-based (39 States)
  - WIN: LAN-based (14 States)



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## Key State System Data Elements

- ARS
  - Collection Mode Indicators (CMI)
  - Response Codes
- MWR
  - Record type
  - Do Not Mail Indicator



# ARS

## **Purpose:**

- Periodically review and update, if necessary, the industry, geographical, ownership codes, single/multiple worksite status, mailing and physical location addresses.
- One-third of the universe contacted each year using paper forms
  - Costly to conduct; uses 20% of State resources



# ARS Sample Form

BLS 3023-NVS

Industry Verification Form, BLS 3023 NVS  
Form Approved, O.M.B. No. 1220-0032  
**UTANA DEPARTMENT OF LABOR AND INDUSTRY**  
In cooperation with the U.S. Department of Labor



**1** This report is mandatory under Section 320.5 of the Utah Unemployment Insurance Code and Section 320-1 Title 22 of the Utah Code of Regulations, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

**2** The questions on this form concern the work location(s) using Unemployment Insurance account number **1234567890 IN UTANA.**

XYZ ADVISORS  
ATTN: MARY CAPPS  
1310 SILVER STREET  
4TH FLOOR  
SOMECITY UA 12345-5555

**3** We need the name and direct mailing address for the business using this Unemployment Insurance account, regardless of who prepares the form. This information does not affect mailings for tax purposes. Are the name and mailing address shown in Item 2 correct for the business using this Unemployment Insurance account?

YES  NO... Please print corrections or additions to the right of the printed address in Item 2.  
 COMPANY PERMANENTLY OUT OF BUSINESS OR MOVED OUT OF UTANA  
Enter date closed or moved: \_\_\_\_\_ SKIP to Item 9 on the back of this form

**4** In addition to your mailing address, please tell us where your business is physically located (street and number). The physical location address is the place where you conduct your business and receive deliveries, so it cannot be a Post Office Box or a rural route number. Our records show that this business in Utah is physically located at:

1310 SILVER STREET  
4TH FLOOR  
SOMECITY UA 12345-5555

Is this address correct for the location in Utah?  
 YES → Continue with Item 5  
 NO → Please make changes to the right of the address here, in Item 4. Continue with Item 5

**5** Is the following information correct for the address in Item 4? **UTANA COUNTY: WATERCRESS**

YES... Continue with Item 6  
 NO... Please print corrections in this space and then continue with Item 6

**6** According to our records, the business operating under Unemployment Insurance account 1234567890 in Utah mainly provides goods and services to the general public. Is this correct? ("The general public" includes individual consumers, other businesses, and organizations.)

YES, we MAINLY provide goods and services to the general public  
 NO, we are part of a larger company and we MAINLY support other locations of OUR company

**7** Does this business have a website?

YES... Please enter your website address here. \_\_\_\_\_ Continue with Item 8  
 NO... Continue with Item 8

**8** Does the business using Unemployment Insurance account 1234567890 IN UTANA have only one physical location in this state? (Do not count client sites or offsite projects that will last less than a year.)

YES (One physical location)... Continue with Item 9 on the back  
 NO (More than one physical location)... Please attach a separate sheet. For each site, (1) list physical location address, (2) show number of employees, and (3) answer Items 6 and 9 - 11. Continue with Item 9

**PLEASE CONTINUE WITH ITEM 9 ON THE BACK OF THIS PAGE.**

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**9** Our records show that the main activity of the business using U.I. number **1234567890 in UTANA is:**

Furnishing customized investment advice to clients on a fee basis but do not have the authority to execute trades. Primary activities performed by establishments in this industry are providing financial planning advice and investment counseling to meet the goals and needs of specific clients. EXAMPLES: futures advisory services, investment advisory services, and investment research.

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**10** While you may not do everything listed above, does the information in Item 9 accurately describe the main business in Utah during the past 12 months? (If the business has been closed, sold, or moved out of this state, please answer in terms of its former activity.)

YES... Please SKIP to Item 12  
 NO... Continue with Item 11

**11** We need detailed information to assign the correct industry code to this business. In the space provided below, describe your main business activities, goods, products, or services in this state, as though you were telling a prospective employee what you do. Then give the approximate percentage of sales or revenues resulting from each item. See examples below. Percentages should total 100%. If you are a third party agent for the business named in Item 2, such as a payroll service or accountant, please review Items 9-11 with your client.

**Goods or products:** What are they, and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?  
EXAMPLE 1: Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30% EXAMPLE 2: Install fiber optic cable 100%  
**Manufacturers:** What are your main products? What are your most important materials? What are the main production methods?  
EXAMPLE: Weaving cotton broadwoven fabrics 80%; Spinning cotton threads 20%  
**Services:** Describe in detail the services you provide. To whom do you provide those services? If you offer consulting, brokerage, management, or similar services, what are your major activities?  
EXAMPLE 1: Hair cutting & styling 65%; Manicures 25%; Facials 10% EXAMPLE 2: Long distance trucking, less than truckload 100%  
EXAMPLE 3: Marketing consulting: Planning strategy 60%, Sales forecasting 40% EXAMPLE 4: Cleaning private homes 100%  
**Construction or Building Trades:** Is the work mostly residential or nonresidential? Single- or multi-family? New or remodeling?  
EXAMPLE: Electrical contractor: Wiring new homes 51%; Electrical refurbishing of office buildings 49%

List most \_\_\_\_\_ %  
important \_\_\_\_\_ %  
activities \_\_\_\_\_ %  
PLEASE PRINT CLEARLY 100%

**12** Name of person to contact if we have questions about this report. (Please print)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

If you are a third party agent, such as an accounting firm or payroll service, check here.  Please be sure to answer Items 9-11.

**13**

Please place your completed form in the postage paid envelope provided and return it to the address in Item 14 within 14 days of receiving it. Thank you for your cooperation!

**14**

For questions concerning this form, contact:

UTANA DEPARTMENT OF LABOR AND INDUSTRY  
DIVISION OF RESEARCH AND STATISTICS - ES-202  
12345 CENTER STREET, ROOM 200  
SOMECITY, UA 12345-9876 INTERNET: <http://www.utana.dol.gov>  
PHONE: 1-123-321-4321 FAX: 123-321-4421

**Purpose and Use:** The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location, and that our records contain the correct name and address. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law. **Time of Completion:** Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Occupational and Administrative Statistics (NVS), Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number.

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## ARS Strategy to Cut Costs

- Reduce scope of survey
- Touch-tone Response System (TRS)
- Fax collection
- Web collection
- Central review by BLS staff
- Contracting out ARS data collection



## TRS Facts

- 2002 – Six test States
- 2003 – Expanded to 40 States
- 2004 – All States  
378,000 Responses
- 2005  
473,000 Responses



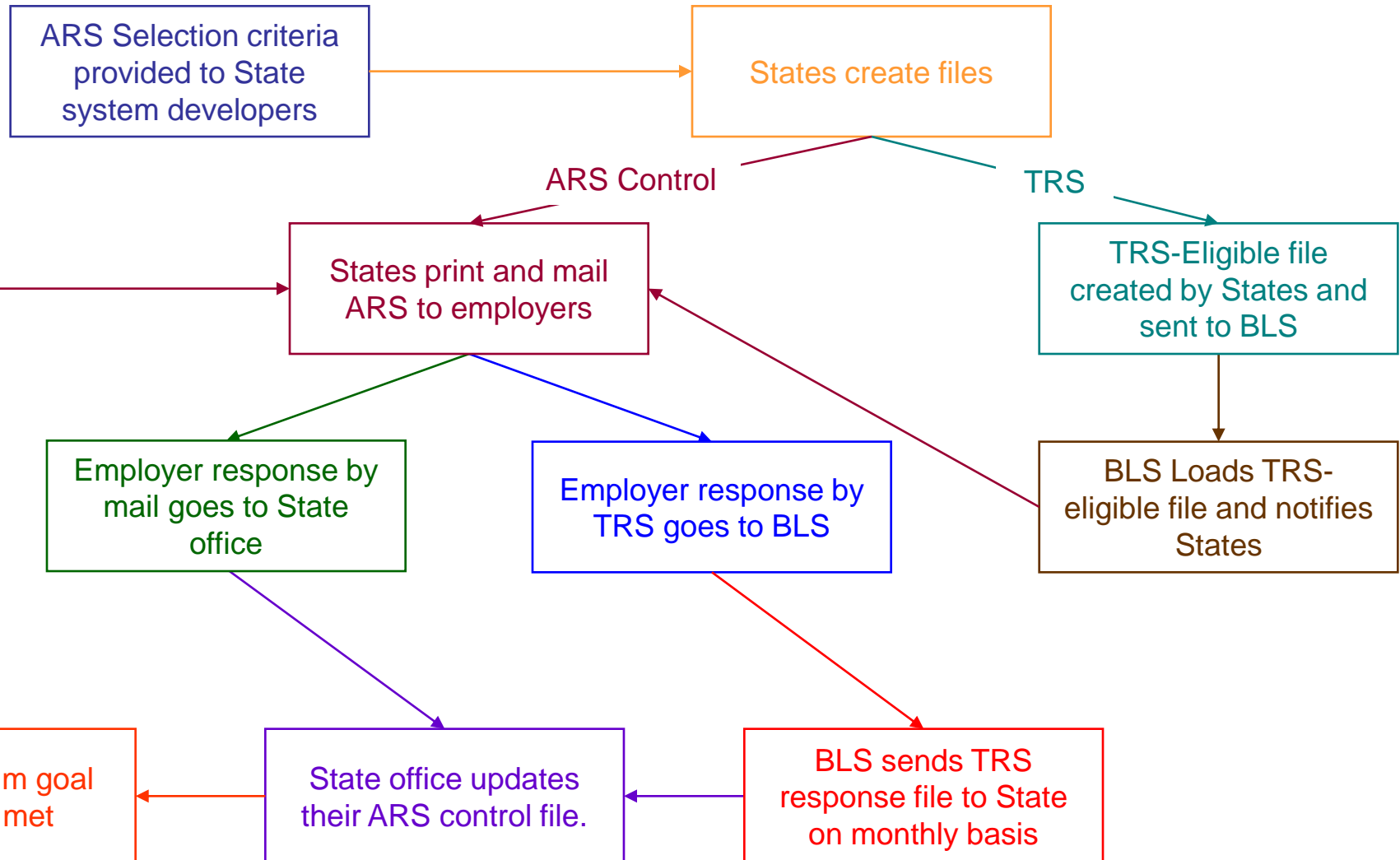
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## TRS Eligibility

- Single worksite employers
- Valid NAICS code
- Specific county code assigned
- Good physical location address



# ARS Logistics





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## Lessons Learned

- System works very well
- States advise us via e-mail if respondents indicate problem with TRS; few problems to date
- Touch-tone phones set to “pulse” mode, rather than “tone” mode will not work with TRS



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## Challenges

- To further reduce ARS costs, BLS is pursuing using a contractor to print, mail, receive, and image ARS forms for all States

Numerous issues:

- All States mailing at the same time would require additional TRS equipment and phone lines
- Coordination with third-party (contractor) increases potential risks



# Multiple Worksite Report

## Purpose:

- Distribute employment and wage information reported at State level on QCR (tax report) to individual worksites of employer within that State.
- Also collect business identification information (trade name, physical location address and worksite description) for users of BLS Business Register as a sampling frame or longitudinal analysis.



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## MWR Facts

- States collect MWR data each calendar quarter
- Forms mailed to employer at end of each quarter
- Due to State 30 days after the quarter ends





# Sample MWR Form



## Multiple Worksite Report - BLS 3020

Form Approved, O.M.B. No. 1220-0134  
In Cooperation with the U.S. Department of Labor



STATE OF UTAHA PAGE 1 OF 2

**1** This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey complete, accurate, and timely. The totals on this form must match the corresponding totals on your Employer's Quarterly Contribution Report (Form QCR-1234).

**2**

ABC ENTERPRISES  
ATTN: STEPHEN SMITH  
SPECIAL EVENT CATERERS  
1234 MAIN STREET  
SUITE 123  
SOMECITY UA 98345-6789

### QUARTERLY REPORT INFORMATION

U.I. NUMBER : 1234567890  
QUARTER ENDING : JUNE 30, 2005  
DUE DATE : JULY 31, 2005

*Please update address and contact information in the address block shown at the left.*

\*\*\*\*\*  
\*MWR WEB INFORMATION\*  
\*ID: 123456789012 \*  
\*Password: 99999999 \*  
\*\*\*\*\*

**3** WORKSITES SEE INSTRUCTIONS ON THE BACK OF THIS PAGE

OFFICE USE	BUSINESS NAME (division, subsidiary, etc) STREET ADDRESS (physical location) CITY, STATE, AND ZIP CODE WORKSITE DESCRIPTION (plant name, store number, etc)	NUMBER OF EMPLOYEES (subject to UI laws) During the Pay Period Which Includes the 12 <sup>th</sup> of the Month			QUARTERLY WAGES OF WORKSITE (subject to UI laws) Round to the nearest dollar	
		APR	MAY	JUN		
00001 000002 722320 001	SPECIAL EVENT CATERERS 345 LEXINGTON BLVD RICHMOND UA 98657				.00	
	COMMENTS:					
00002 000010 722320 003	SPECIAL EVENT CATERERS 459 OX ROAD, SUITE 209 DANVILLE UA 98778-0004 GRADUATION PARTY CATERING				.00	
	COMMENTS:					
00003 000005 722320 005	SPECIAL EVENT CATERERS Address Unknown -- Please Provide				.00	
	COMMENTS:					
00004 000150 722320 007	SPECIAL EVENT CATERERS 2097 WASHINGTON AVE SPOKANE UA 98349-3754 SPOKANE SUPPLY/STORAGE FACILITY				.00	
	COMMENTS:					
					.00	
	COMMENTS:					
<b>Note: The totals MUST agree (except for rounding) with your Form QCR-1234.</b>		<b>TOTALS</b>				.00

CONTACT PERSON (for questions regarding this report). Please print.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
VOICE PHONE: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_ DATE: \_\_\_\_\_

U.I. NUMBER: 1234567890 IN UTAHA

PAGE 2 OF 2

## INSTRUCTIONS

**DUE DATE:** Please return this form or a computer-generated facsimile by **JULY 31, 2005**

Please follow these steps to prepare your Multiple Worksite Report. Contact the Agency listed in Step 5 if you have any questions or if you need additional information, or see <http://www.bls.gov/cew/cewmwr00.htm>.

- Review the business name, contact name, and mailing address and make any necessary corrections (Section 2).
- The Worksites list (Section 3) shows the individual worksites (business locations) that appear in our files for this U.I. Number. Please read across the row for each worksite and do the following:
  - NAME/ADDRESS/DESCRIPTION:** Review the name and physical location address for each worksite and make any necessary corrections. Review the description below the physical location to be sure it uniquely identifies each worksite (plant name, store number, etc.). If there is no printed description, please enter a unique identifier for the site.
  - EMPLOYMENT:** Enter employment for each month of the quarter. Employment is the total number of full- and part-time employees who worked during or received pay for the pay period which includes the 12th of the month. Include all employees who were subject to Unemployment Insurance laws.
  - WAGES:** Enter wages paid during the quarter that are subject to State Unemployment Insurance laws, including the portion that exceeds the State's taxable wage base. Round wages to the nearest dollar.
  - COMMENTS:** Explain any large changes in employment or wages. Changes might result from store closings, strikes, layoffs, bonuses, seasonal increases or decreases, or similar events.
  - CLOSED OR SOLD:** If a worksite has been sold, closed, or is otherwise inactive, use the Comments section to show: (a) the date closed or sold; (b) if sold, the name of the company that bought the business at that worksite; and (c) the purchaser's U.I. Number, if you know it.
- Is the list in Section 3 complete? That is, does the business operate any worksites using this U.I. Number that do not appear on the form, such as newly-opened worksites or newly-acquired worksites?
 

**MISSING WORKSITES:** Provide the following information for each additional worksite. You may use available blank lines or attach a separate page. If you are not sure how to report a worksite or employee, please call the office listed in Step 5 of these instructions.

  - The business name, street or physical location address (NO POST OFFICE BOXES), city, state, and zip code
  - A unique description or identifier for each worksite (e.g., plant name, store number, or similar description)
  - The number of employees for each month of the quarter, and quarterly wages
  - The county, township, city, independent city, or similar geographic area in which the worksite is located
  - The main business activity at the worksite

In addition, if you purchased any of these worksites from another company, please provide:

  - The name of the company that sold the worksite
  - The effective date of the sale, and
  - The seller's U. I. Number, if you know it.
- Complete the Totals section at the end of the list. For each month, sum the number of employees at all worksites. Then sum the wages for the quarter at all worksites. Except for rounding, **these figures MUST agree with the totals on your Quarterly Contributions Report.**
- Using the enclosed envelope, return your completed form to:

UTAH DEPARTMENT OF LABOR AND INDUSTRY  
DIVISION OF RESEARCH AND STATISTICS - QCEW  
12345 CENTER STREET, ROOM 200  
SOMECITY, UA 12345-9876  
PHONE: 1-123-321-4321 FAX: 123-321-4421 INTERNET: <http://www.utana.dol.gov>

### GENERAL INFORMATION

**PURPOSE OF THIS REPORT**  
This Multiple Worksite Report (MWR) collects employment and wages by individual work location in this State. If you operate businesses from more than one location under the Unemployment Insurance Account Number (U.I. Number) shown above, the MWR supplements your Quarterly Contributions Report. Data from the MWR enable our agency to monitor and analyze conditions of business activities by geographic area and industry in this State. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

**TIME OF COMPLETION**  
We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing this information. If you have any comments regarding these estimates or any other aspect of this form, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number.



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## Electronic Data Interchange (EDI)

- EDI Center opened in Chicago in 1995 to collect data from large national companies
- Currently collecting data for:
  - 134 Enterprises
  - 992 EINs
  - 7,612 UINs
  - 160,597 Worksites



## State/EDI Coordination

- EDI Center advises States of EINs that they will be collecting data for new electronic reporters
- Also advise States of EINs for whom the EDI Center has stopped collecting data
- State staff have to manually retrieve information from database and change the mail code from “mail” to “not mail” or vice versa
- New EDI processing system being developed will send files to States to load to automatically change these “mail codes” each quarter



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## MWR Web Collection Files

- Solicitation request file★
- State historical data file
- Confirmed register file ★
- Collected data file

★ Used only for solicitation purposes



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## MWR State Systems

- Record type – key to loading data
- File transfers are seamless – State staff have only to submit a job request
- Confirmed register file – information for an employer only sent upon submittal of MWR data for a quarter

State systems change MWR “mail field” to  
“do not mail” upon receipt

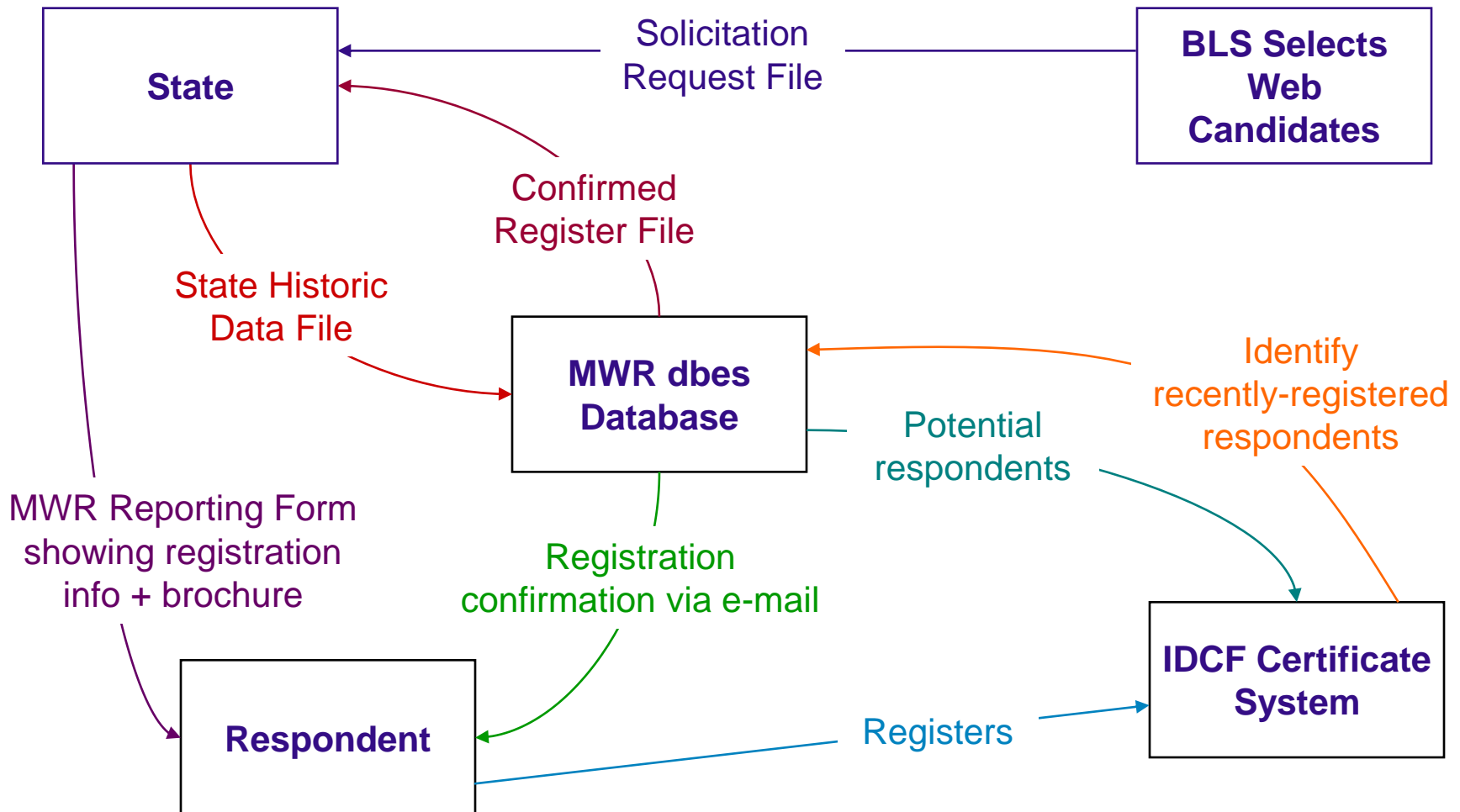


## MWR Web Collection

- Development in final stages
- State systems being modified to solicit and receive data and necessary file transfers
- Web screens to undergo “usability testing” in next two to three months
- Operational in early 2006



# MWR Solicitation and Registration





# Flow of Data in Production MWRweb

