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CACFP Sponsor and Provider Characteristics

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Volume I
Findings of the CACFP Sponsor and Provider
Characteristics Study

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List of Abbreviations

Abbreviation	Description
AR	At-Risk
ADA	Average Daily Attendance
CACFP	Child and Adult Care Food Program
CCC	Child care center
FDCH	Family day care home
FNS	Food and Nutrition Service
F/RP	Free/reduced-price
FY	Fiscal year
HSC	Head Start center
ICCC	Independent child care center (independent center)
MOS	Measure of Size
OSHC	Outside-school-hours center
PPS	Probability Proportional to Sampling
PY	Program year
SCCC	Sponsored child care center (sponsored center)
SFA	School Food Authority
SFSP	Summer Food Service Program
SNAP	Special Nutrition Assistance Program
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Executive Summary

The Child and Adult Care Food Program (CACFP), administered by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), provides funding to child and adult care institutions and family or group day care homes to provide nutritious meals and snacks to their participants. The *CACFP Sponsor and Provider Characteristics Study* is the first comprehensive study of the Program since 1997.[1] This is also the first Federal study to focus on sponsors and centers that participate in the At-Risk Afterschool Meals (At-Risk) component of the CACFP since this component was expanded in 2010 from a pilot program in 14 States to a national program open to eligible sponsors and centers in all 50 States. This report describes the child care components of the CACFP during fiscal year (FY) 2015, prior to the implementation of the CACFP meal pattern revisions.[2]

This report describes the institutions that participate in the Child and Adult Care Food Program, and the children they serve, and assesses changes over time. Data for the study were collected from a nationally representative sample of sponsoring agencies and participating child care providers in October 2014.[3] This Executive Summary summarizes key characteristics of CACFP sponsors and providers, as well as sponsors and centers that participate in the At-Risk component.

CHILD AND ADULT CARE FOOD PROGRAM

In FY 2015, the child care component of the CACFP included 21,055 sponsors and 178,061 child care providers.[4] These providers served 1.9 billion meals and snacks to an average of 4.1 million children each day.[5] About 80 percent of these meals and snacks were served to children living in households that had incomes below 185 percent of the federal poverty income guidelines.[6]

The CACFP At-Risk Afterschool Meals component offers Federal funding to Afterschool Programs that serve a meal or snack to children in low-income areas. Although traditional child care centers may participate, the At-Risk component is primarily geared towards nontraditional child care centers such as drop-in afterschool programs. The At-Risk component began in FY 2000 as a pilot program operating in six States, expanding to 13 by 2010. That year, the Healthy Hunger-Free Kids Act (HHFKA, P.L. 111–296) expanded the At-Risk component from a pilot to a national program. Since then, the number of centers participating in the At-Risk component has more than doubled, from 7,981 to 18,497.[7]

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[1] Glantz, F. et al. (1997). Early childhood and child care study: profile of participants in the CACFP. Alexandria, VA: USDA, Food and Nutrition Service, Office of Research and Analysis.

[2] Meal pattern guidelines can be found at: https://www.fns.usda.gov/cacfp/fr-042516

[3] USDA considers the months of October and March as the most representative of Program operations and participants. October 2014 was used as the reference month for all survey questions, including those in the follow-up survey

[4] Child care centers may participate in the CACFP independently or under the umbrella of a sponsoring organization that assumes fiscal responsibility and provides training and monitoring to ensure that its providers comply with all of the CACFP regulations. All FDCHs must participate under the umbrella of a sponsoring organization.

[5] FNS National Data Bank, U.S. Summary, FY 2015. https://www.fns.usda.gov/data-and-statistics

[6] USDA Child Nutrition Tables, Child Care Food Program, 2015. https://www.fns.usda.gov/pd/child-nutrition-tables

[7] FNS National Data Bank, U.S. Summary, FY 2015. https://www.fns.usda.gov/data-and-statistics

CACFP SPONSORS AND PROVIDERS

CACFP sponsoring organizations (sponsors) assume administrative and financial responsibility for program operations under an agreement with the State CACFP agency. Sponsoring organizations may be responsible for a number of providers, or they may operate as an independent child care center that serves as both sponsor and provider (i.e. acting as their own sponsor). For this study, sponsor characteristics are reported according to the type of providers they sponsor: child care centers (sponsored centers), Head Start centers, and family day care homes.

CACFP providers are classified into two main groups: center-based providers and family day care homes. Center-based providers are a diverse group of child care and early education providers, including Head Start, that operate in a formal setting. Center-based providers may participate in the CACFP independently or participate under the sponsorship of another organization. For this study, independent centers are considered providers (rather than sponsors) and the characteristics of the independent centers are included in the section entitled Characteristics of CACFP Providers. Family day care homes serve meals and/or snacks to children in the provider's own home. Family day care homes serve meals and snacks to children enrolled for day care in a private residence and have fewer administrative requirements because CACFP regulations require homes to be sponsored. Provider characteristics are estimated and reported for the following categories: independent centers, sponsored child care centers,[8] Head Start Centers, and family day care homes.[9]

DATA COLLECTION AND STUDY SAMPLES

The data for the *CACFP Sponsor and Provider Characteristics Study* were collected between May and November 2015, with a brief follow-up between April and June 2017. The study used multiple modes for data collection including web-based surveys, mail surveys, and telephone surveys, allowing respondents to complete the survey using their preferred method. Separate surveys were conducted for sponsors and providers participating in traditional and the At-Risk components of CACFP.

This study reports on two nationally-representative samples of sponsors and providers. One sample is drawn from a census of sponsors participating in CACFP, which was stratified by sponsor type to ensure representativeness. Providers were then sampled from selected sponsors. A separate sample was drawn to address the research questions specific to the At-risk component of CACFP by limiting the sample frame to at-risk centers and their sponsors. Exhibit 1 shows the number of completed surveys for each of the study samples.

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[8] Sponsored child care centers that are legally affiliated with their sponsoring organization are unlike those that are legally distinct (unaffiliated). However, this study, did not distinguish between these types of sponsors. The study samples include both affiliated and unaffiliated sponsored child care centers in proportion to their representation in the population.

[9] If a provider serves more than six children in his/her home at the same time, it is referred to as a group day care home. Following FNS data reports, this study includes group day care homes in the family day care home category.

Exhibit 1: Number of Completed Surveys by Study Component		
Study Component: CACFP Sponsors and Providers		
Type of Provider	**Number of Respondents**	
	Sponsors	**Providers**
Family Day Care Homes	385	308
Head Start Centers	273	192
Sponsored Child Care Centers	179	141
Independent Child Care Centers		201
Total	837	842
Study Component: At-Risk Sponsors and Providers		
	Number of Respondents	
Type of Provider	**Sponsors**	**Provider**
At-Risk Sponsored Child Care Centers	538	406
Independent At-Risk Child Care Centers		198
Total	538	604

CHARACTERISTICS OF CACFP SPONSORS

GENERAL CHARACTERISTICS OF CACFP SPONSORS

- **CACFP sponsors have participated in CACFP for 14.7 years, on average.** Average tenure in CACFP varies by sponsor type: family day care home sponsors average 26.4 years, Head Start sponsors average 23.4 years, and center sponsors average 13.3 years. The shorter average tenure of child care center sponsors reflects the large increase in the participation of for-profit centers since 1994, when the regulations changed.[10]

- **Many sponsors support only a single type of provider.** Overall, 60.2 percent of sponsors support only child care centers; 18.8 percent support only Head Start centers; and 12.4 percent support only family day care homes. Approximately 8.7 percent of sponsors support more than one type of provider**.**

- **Center sponsors support fewer sites than family day care home sponsors.** While 85.3 percent of family day care home sponsors support more than 10 sites, only 5.4 percent of child care center and 24.6 percent of Head Start center sponsors support more than 10 CACFP sites. Overall, 38.3 percent of family day care home sponsors support more than 100 sites, while fewer than 1 percent of child care center or Head Start center sponsors do the same.

PROGRAM ADMINISTRATION AND STAFFING

- **Of the sponsor types specified, Head Start sponsors are the most likely to report a trained nutritionist on staff**. Nearly one-third of sponsors reported they have a trained nutritionist on staff. Yet, Head Start sponsors (59.1%) are twice as likely to have a nutritionist on staff as compared to either center sponsors (17.3%) or family day care home sponsors (27.1%).

MONITORING AND TRAINING

- **Three-quarters of CACFP sponsors (75.8%) reported receiving training from their State administering agency in the 12 months previous to the survey.** The topics most frequently covered in training included CACFP meal requirements, USDA civil rights requirements, CACFP monitoring requirements, CACFP administrative requirements, and

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[10] The regulations (7CFR 226) specify that for-profit centers may only be sponsored by for-profit organizations.

menu planning.

- **Almost three-quarters of center and Head Start sponsors (74.2%) provide in-service training to their providers on at least one topic and 99.1 percent of family day care home sponsors reported they provide training to their providers.** A majority of center and Head Start sponsors provide training on CACFP meal requirements (91.7%) and CACFP recordkeeping requirements (88.5%).   Family day care home sponsors reported their training focus was on preparing and filing monthly claims (69.3%).

CHARACTERISTICS OF CACFP PROVIDERS

For this study, CACFP providers are summarized as two types: center-based providers and family day care homes. Here, independent centers are treated as providers rather than sponsors and family day care homes are defined broadly to include group day care. Center-based providers comprise independent centers and sponsored centers, child care centers and Head Start centers, for-profit and nonprofit centers, affiliated and non-affiliated sponsored centers, as well as large, medium and small sized centers and urban, suburban, and rural centers. This report describes CACFP provider characteristics for independent centers, sponsored centers, Head Start centers, and family day care homes. Additionally, some providers participate only in the At-Risk component and some participate in both CACFP components (herein referred to as Mixed At-Risk centers).

ENROLLMENT

- **Including full-time and part-time enrollment, participating providers care for an average of 88.0 children per provider, varied by provider type.** While independent centers reported an average of 78.3 children enrolled, sponsored centers average 86.0 children and Head Start centers average 104.9 children. Family day care homes average 10.8 children.

- **Part-time care varies across centers.** Slightly over half of Head Start centers (62.1%) reported only serving children enrolled part-time (i.e., fewer than five hours per day). In contrast, slightly over 70 percent of independent centers and sponsored centers (70.7% and 71.1%, respectively) serve children enrolled part-time.

- **Many centers accommodate those with special dietary needs**. CACFP providers have the option to accommodate children with special dietary needs that do not have a disability (i.e., non-disability dietary restrictions).[11] On average, almost three-quarters (73.8%) of centers reported that they children with special dietary needs enrolled, as well as 13.6 percent of participating family day care homes.

MEALS AND SNACKS SERVED

- **Providers use menus obtained from various sources.** Centers reported using menus developed by their own staff (62.3% of independent centers and 37.9% of sponsored centers), as well as those they develop themselves. Some sponsored centers (23.3%) and family day care homes (22.8%) use menus developed by their sponsor, yet 72.1 percent of family day care home providers use menus they develop themselves.

- **Overall, 72.7 percent of CACFP providers reported serving infants and 45.2 percent of providers have at least one infant who receives breastmilk.** All Head Start centers that provide care to infants (29.9%) reported that they have at least one infant that receives breastmilk. For 56.7 percent of independent centers and 57.7 percent of sponsored centers,

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[11] 7 CFR 226.20

at least one infant in care receives breastmilk, which can be mother-pumped breastmilk, iron-fortified formula, or portions of both.

MONITORING AND TRAINING

- **Many centers reported three monitoring visits from sponsors.** CACFP regulations require sponsors to conduct three monitoring visits annually with each sponsored provider, at least one of which must be unannounced (7 CFR 226.16). More than seven out of ten Head Start centers (72.6%) and nearly nine out of ten day care homes (87.8%) reported at least three monitoring visits from their sponsor. In comparison, 57.7 percent of sponsored centers reported three or more visits.

- **Sponsors review similar topics during monitoring visits.** Providers reported that, during monitoring visits, their sponsors reviewed verification of current enrollment records (87.7%), health and safety guidelines (82.3%), attendance, in relation to capacity (81.9%), status of child care license (77.2%), and presence of food allergy documentation (59.4%).

- **Sponsors focused training on food service topics.**   Nine out of 10 sponsored providers receive training from their sponsors on food service and other topics, particularly the CACFP meal pattern and recordkeeping requirements. Nearly all sponsored providers (95.9%) reported satisfaction with the training received.

ADMINISTRATION

- **Most CACFP providers reported access to the Internet**. Most centers (89.1%) reported Internet access, as well as nearly nine out of 10 family day care home providers (86.0%). Among those with Internet access, 81.4 percent of centers and 60.2 percent of family day care homes reported filing their monthly claims electronically.

- **Less than one-fifth of CACFP providers reported they considered leaving CACFP.** Of those that considered leaving, the two most frequently reported reasons were: 1) the paperwork burden (82.6%) and 2) the inadequacy of the CACFP meal reimbursements (39.1%). Approximately one in five centers indicated that they did not have enough low-income children enrolled to generate an adequate amount of meal reimbursements.

- **Providers consistently reported three aspects of the CACFP as important.** Overall, providers reported that CACFP provides nutritious meals to children who would otherwise have limited access to food, helps children develop healthy eating habits, and helps to teach providers to plan and prepare nutritious meals. However, the importance of each individual aspect varied across centers and family day care home respondents (Exhibit 2).

Exhibit 2: Aspects of the CACFP that Providers Consider Important, by Type of Provider
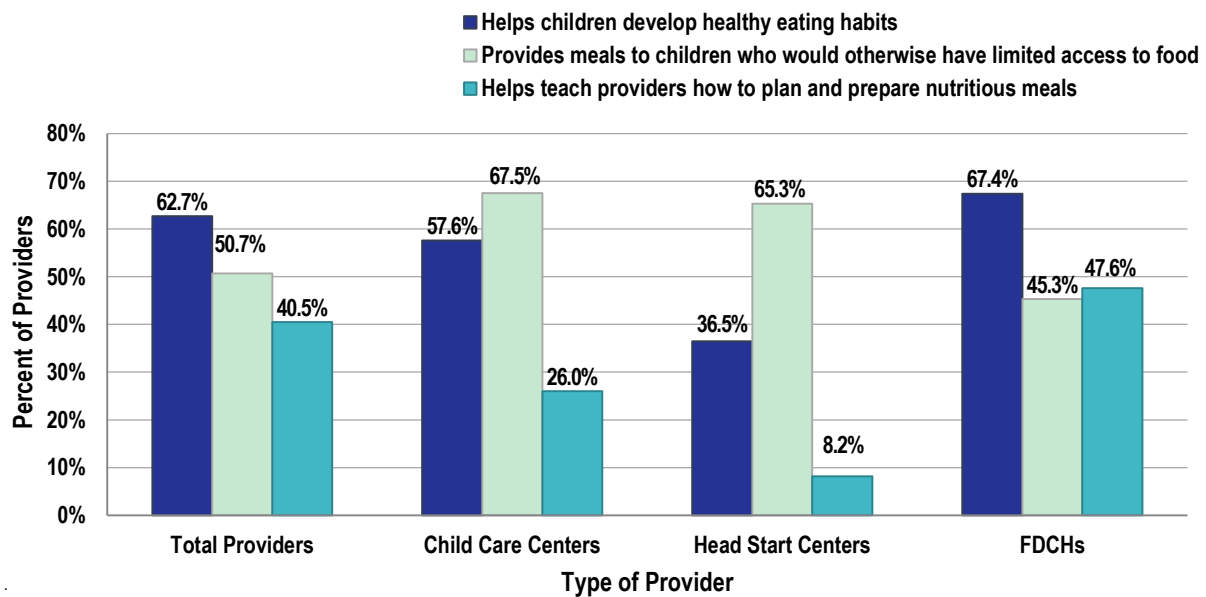
CHARACTERISTICS OF AT-RISK SPONSORS AND CENTERS

This study also describes characteristics of At-Risk sponsors and centers. To be eligible for the At-Risk component, the afterschool program must: have an attendance area where at least 50 percent or more of the children are eligible for free or reduced-price meals in the National School Lunch Program (NSLP); be organized to care primarily for children after school, on weekends, school holidays, or vacation during the regular school year; and provide regularly-structured educational or enrichment activities.[12] In addition, the programming must be open to all children. In FY 2015, when these data were collected, the At-Risk component had been operating as a national program for only four years and was experiencing rapid growth. This study reports information for At-Risk sponsors and providers, including for-profit and nonprofit organizations.

CHARACTERISTICS OF AT-RISK SPONSORS

In FY 2015, a total of 1,853 At-Risk sponsors participated in the CACFP.[13] Key characteristics of these sponsors include:

- **At-Risk centers are sponsored by both public and private organizations.** Overall, the private-sector At-Risk sponsors are the majority (65.7%), made up of nonprofit (58.4%) and for-profit (7.3%) organizations. Public agencies, schools, or school districts account for 34.3 percent of At-Risk sponsors.

- **At-Risk sponsors are comprised of a wide variety of organizations.** The private-sector At-Risk sponsors include child care agencies (27.9%), charitable agencies (14.7%), YMCAs and YWCAs (13.9%), social service agencies (10.9%), or other agencies (27.6%), which includes community development organizations, religious organizations, school districts, community-based organizations, and local government agencies such as parks and recreation

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[12] https://fns-prod.azureedge.net/sites/default/files/cn/atriskhandbook.pdf
[13] The sample of At-Risk sponsors includes both sponsors of affiliated and unaffiliated At-Risk centers. FNS National Data Bank, August 1016.

departments. In comparison, 67.5 percent of public-sector sponsors are schools and school districts.

- **Many At-Risk sponsors reported participation in the Summer Food Service Program (SFSP), as well as other FNS programs.** In October 2014, slightly over half (56.5%) of At-Risk sponsors reported participation in the SFSP. Participation rates for private- and public-sector At-Risk sponsors are similar at 57.1% and 55.3%, respectively. Overall, 42.1 percent of At-Risk sponsors participate in other USDA Food and Nutrition Service programs, including the National School Lunch Program and the School Breakfast Program.

- **Sponsors provide mandatory in-service training that emphasizes topics pertinent to At-Risk.** At-Risk sponsors provided training on the following topics specific to the At-Risk component: best practices in afterschool programs (35.7%); area eligibility (35.2%); and record-keeping (31.8%).

CHARACTERISTICS OF AT-RISK CENTERS

In FY 2015, 16,685 At-Risk centers participated in the CACFP.[14] Key characteristics of these centers include:

- **Most At-Risk centers reported that they joined the program to support its mission.** The most frequently cited reason for becoming an At-Risk center is that it allows the center to provide food to hungry children (91.1%). Center directors also reported that the At-Risk component supports afterschool enrichment programming (61.9%) and helps children develop healthy eating habits (53.1%).

- **The availability of supper varies across centers**. Almost half of centers (43.3%) serve only supper in the At-Risk component. However, 29.8 percent of At-Risk centers serve only snack and 16.4 percent serve both supper and snack, with the remaining 10.6 percent of centers providing a different meal combination.

- **Most At-Risk centers also reported participation in SFSP.** Almost three-quarters of At-Risk centers (74.8%) participate in the Summer Food Service Program when schools are closed. Public-sector At-risk centers are more likely to participate in SFSP (89.0%) than private-sector At-Risk centers (70.1%).

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[14] FNS National Data Bank, August 2016.

KEY CHANGES OVER TIME

The composition and characteristics of CACFP sponsors and providers have changed considerably over time, likely in response to legislative and regulatory changes. In particular, three legislative changes shaped the types of organizations that participate in the program.

The **Personal Responsibility and Work Opportunities Reconciliation Act of 1996** (PRWORA) (P.L. 104-193) replaced the single reimbursement structure for family day care homes with a two-tier system. Tiering greatly reduced meal reimbursements for family day care homes not located in a low-income area or operated by a low-income provider (i.e., Tier II family day care homes). From FY 1996, the last year before tiering, to FY 2015, the total number of active family day care homes fell from 195,000 to 113,850, with the sharpest decline among Tier II family day care homes (Exhibit 3).

Exhibit 3: Number of Family Day Care Homes (FDCHs) in the CACFP-- 1991 - 2015, by Tier Level[a]

[a]Tiering was implemented in 1997. Tier I meal reimbursement rates were the same as previous rates for all FDCHs. Rates for Tier II FDCHs were set substantially below Tier I rates. Though there were no "tiers" prior to 1997, all FDCHs have been labeled as Tier I.
Source: FNS National Data Bank, March 2016
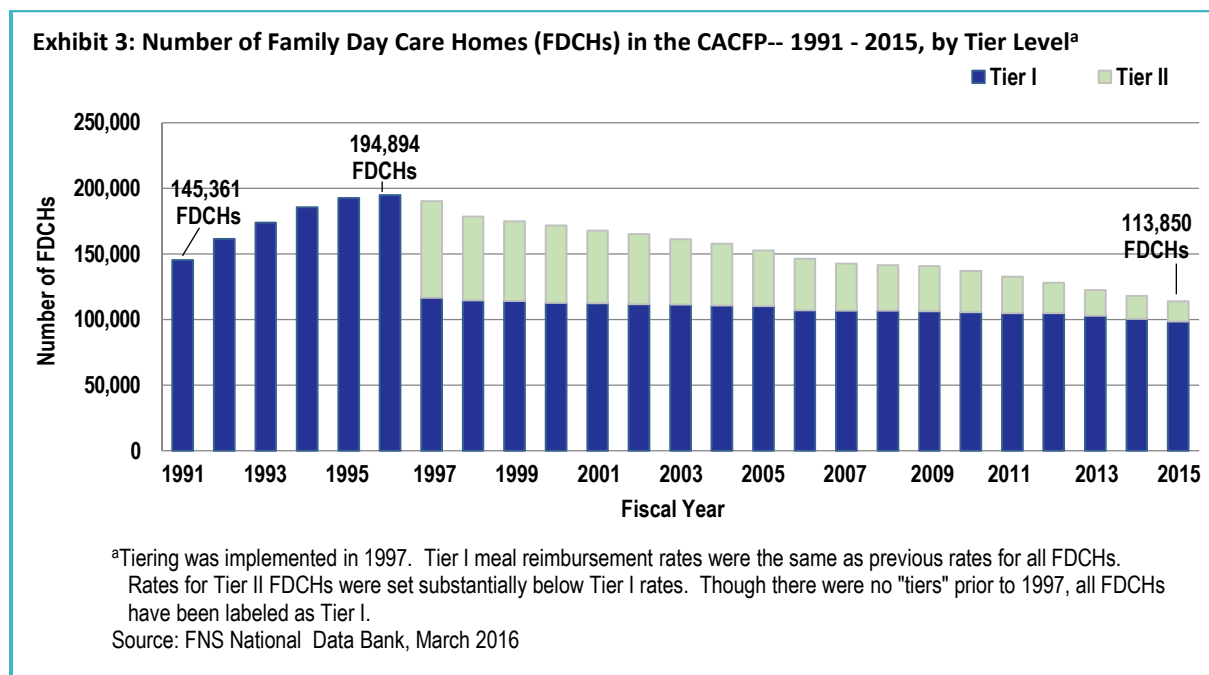
The **1992 Child Nutrition Amendments**[15] expanded CACFP eligibility to for-profit centers by allowing them to meet the required 25 percent benchmark of participants who received a Federal child care subsidy by also including children eligible for free or reduced-price meals. Subsequently, the number of for-profit centers participating in the CACFP grew rapidly. In 1992, for-profit centers accounted for only 7.5 percent of all participating centers but, by 2016, for-profit centers accounted for 25.6 percent (Exhibit 4).[16]

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[15] Formally known as the Children's Nutrition Assistance Act of 1992, P.L. 102-342.
[16] Excluding Head Start centers, for-profit centers accounted for 43.8 % of child care centers participating in the CACFP.

Exhibit 4: Number of Centers Participating in the CACFP-- 1991 - 2015, by Type of Center

Legend: ■ Nonprofit and Public Centers[a]   ■ For Profit Centers

22,311 Centers

39,465 Centers

65,086 Centers
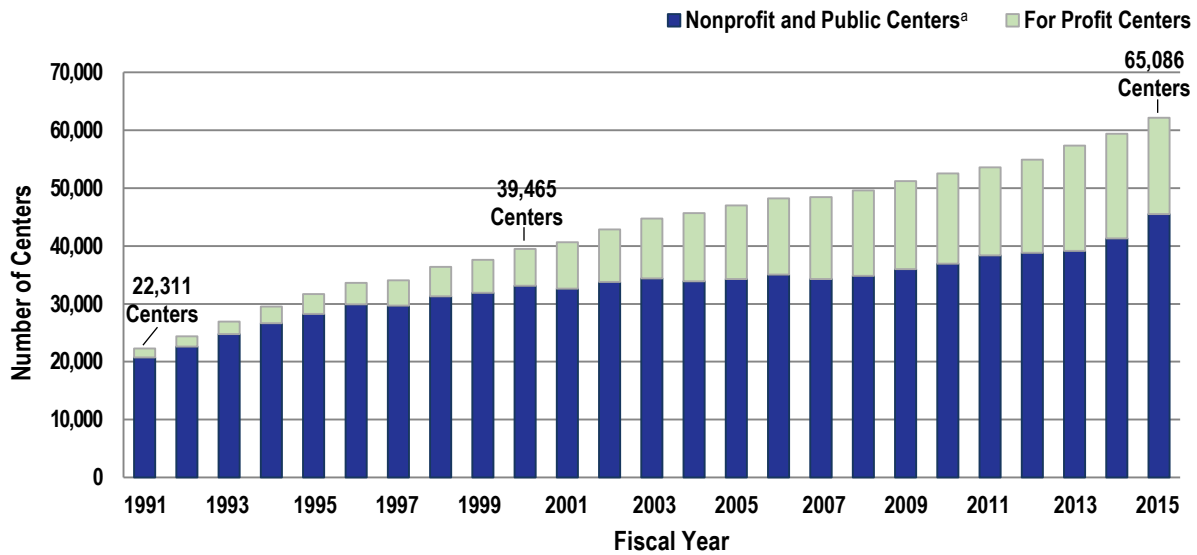
[a]Includes Head Start centers
Source: FNS National Data Bank, August 2016

Lastly, the **Healthy Hunger-Free Kids Act (HHFKA) of 2010** (P.L. 111-296) expanded participation in the At-Risk component to all States, leading to a growth in participation. Between 2010 and 2015 the number of centers participating in the At-Risk component almost doubled from 7,981 centers to 18,497 (Exhibit 5).

Exhibit 5: Number of At-Risk Centers-- 2000 - 2015

NY
PA
DE
MI
MO
OR

IL Added

WV Added

CT NV WI DC Added

Expanded to All States

1,615 2,625 3,463 4,390 5,130 5,699 6,098 6,348 6,686 7,268 7,981 8,329 10,337 13,132 15,678 18,497
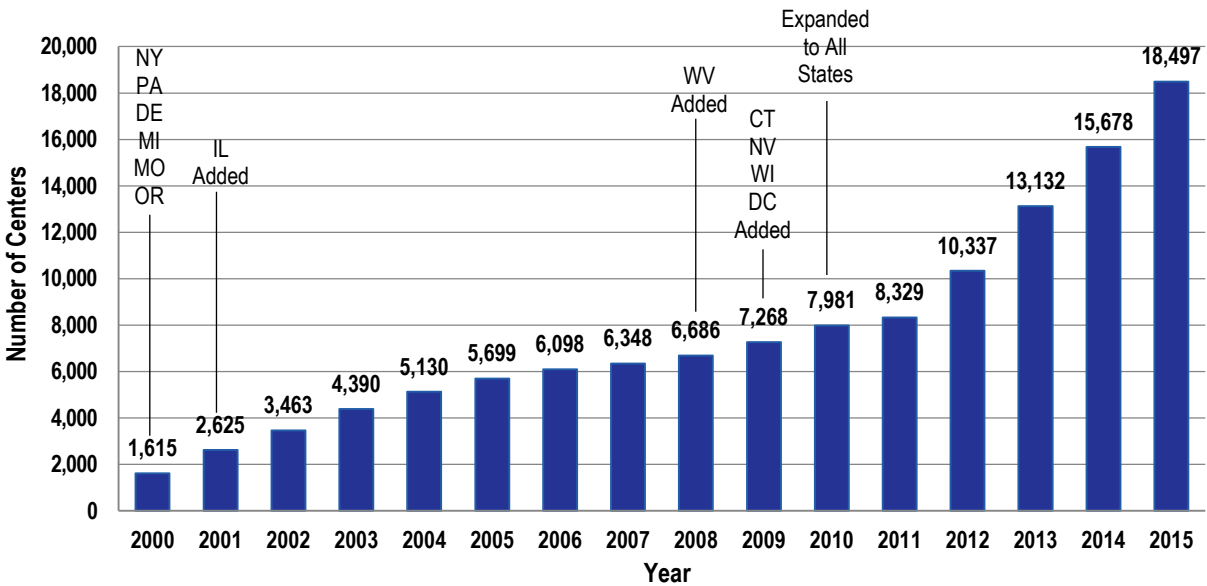
Source: FNS National Data Bank, August 2016

Part I: Introduction and Methodology

Chapter 1: Introduction

Administered by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), the Child and Adult Care Food Program (CACFP) provides reimbursement for nutritious meals and snacks served to children in non-residential day care facilities.[17] The *CACFP Sponsor and Provider Characteristics Study* focuses on the child care component of the program, which in FY 2014 included 4,178 sponsors and 160,120 child care providers.[18] These providers served 1.8 million meals and snacks to an average of 3.4 million children each day. According the FNS National Data Bank data, approximately 80 percent of these meals and snacks were served to children living in households that had incomes below 185 percent of the Federal Poverty Level.

To be eligible for reimbursement, meals and snacks served must comply with the CACFP meal pattern requirements.[19] The Program applies different rules, reimbursement rates, administrative requirements, and criteria for participation based on the type of provider. Both licensed and license-exempt center-based providers may participate independently or under the sponsorship of an organization that assumes fiscal responsibility and provides training and monitoring to ensure compliance with all Federal and State CACFP regulations.

Various types of child care providers participate in the CACFP, including:

- Traditional nonprofit child care centers,
- Head Start centers,
- Outside-of-school-hours centers,
- At-Risk afterschool centers,
- Centers serving children in homeless shelters,
- For-profit centers in which at least 25 percent of the children receive subsidized child care (or are eligible for free and reduced-price meals), and

Licensed or registered family day care homes (family day care homes). Reimbursements for meals and snacks served at centers are based on the child's family income, with higher reimbursement rates for meals served to low-income children. Meals and snacks served to children from households with incomes below 130 percent of the federal poverty income guidelines are reimbursed at the "free" (highest) rates; those served to children from families with incomes between 130 and 185 percent of the FPL are reimbursed at the lower "reduced-price" rates; and those served to children from

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[17] CACFP also includes adult day care centers, though they are not the focus of this study.

[18] Child care centers may participate in the CACFP independently or under the umbrella of a sponsoring organization that assumes fiscal responsibility and provides training and monitoring to ensure that its providers comply with all of the CACFP regulations. All FDCHs must participate under the umbrella of a sponsoring organization.

[19] The meal pattern requirements are specified in 7 CFR 226.20. https://www.gpo.gov/fdsys/pkg/CFR-2003-title7-vol4/pdf/CFR-2003-title7-vol4-sec226-20.pdf

families with incomes above 185 percent of the federal poverty income guidelines are reimbursed at the lower "paid" rates.[20]

Family day care homes must comply with State and local licensing regulations and require a sponsoring organization. Meals and snacks served by family day care providers located in a low-income area, as determined by the attendance area of a school, the most recent Census data, or by a low-income provider are reimbursed at higher Tier I rates. Meals and snacks served by providers that do not meet these criteria are reimbursed at lower Tier II rates. Providers can also receive the higher rate for income-eligible children in a Tier II home, also known as mixed Tier II homes. Additionally, family day care home sponsors receive a separate reimbursement to cover administrative costs.

Exhibit 1.1 shows the CACFP reimbursement rates in the 48 contiguous States for the program year July 1, 2014 – June 30, 2015, which includes October 2014, the reference month for most survey questions.[21]

Exhibit 1.1. CACFP Reimbursement Rates in the Contiguous 48 States: [a] July 1, 2014 – June 30, 2015			
Reimbursement Category	Type of Meal or Snack Claimed		
	Breakfast	Lunch/Supper	Snack
Centers			
Paid	$0.28	$0.28	$0.07
Reduced-Price	$1.32	$2.58	$0.41
Free	$1.62	$2.98	$0.82
Family Day Care Homes			
Tier I	$1.31	$2.47	$0.73
Tier II	$0.48	$1.49	$0.20
Family Day Care Home Sponsor Administrative Cost Reimbursement Rates (per month per family day care home claimed[b])			
Number of Family Day Care Homes Claimed			
Initial 50	Next 150	Next 800	Each additional
$111	$85	$66	$58

[a] Rates are higher in Alaska and Hawaii.
[b] Not every sponsored family day care homes file a claim each month. A sponsor's administrative cost reimbursement is based on the number of family day care homes included on its monthly claim.

STUDY OBJECTIVES

The CACFP Sponsor and Provider Characteristics Study provides the Food and Nutrition Service with updated, nationally-representative information that describes the Program's child care sponsors and providers. The study includes estimates of the characteristics of CACFP sponsors and providers as well as characteristics of centers and sponsors in the CACFP At-Risk Afterschool Meals component. The study also examines the effects of legislative and regulatory changes on the characteristics of

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[20] In practice, centers have the option to file their monthly claims by reporting the total number of meals claimed by type (breakfast, lunch, snack, or supper) by eligibility category or, by applying their claiming percentages or blended rates to the total number of meals served by type. Claiming percentages are the percentages of children enrolled that were approved for F/RP (or paid) meals at the beginning of the program year. Blended rates are the weighted averages of the F/RP and paid reimbursement rates for each type of meal, where a center's claiming percentages are used as the weights.
[21] The survey instruments are included in Volume IV of this report.

CACFP sponsors and providers. A related study objective is to describe changes in the characteristics of CACFP sponsors and providers over time in the context of the potential effects of legislative and other programmatic.

ALL PARTICIPATING SPONSORS AND PROVIDERS

The survey of a nationally-representative sample of CACFP sponsors covered the following topics:

- Kinds of institutions sponsoring child care providers,
- Types of training and technical assistance sponsors receive from their State CACFP Administering Agency,
- Frequency and focus of States' program monitoring,
- Sponsors' operational and management efforts to ensure Program integrity, including compliance with federal and State regulations, and
- Combinations of child care centers, Head Start centers and family day care homes that sponsors serve.

Similarly, the CACFP provider survey collected characteristics by provider type, and covered the following topics related to how they operate and administer the CACFP:

- Days and hours of operation,
- Characteristics of the participants,
- Types of meals and snacks,
- Staff training and monitoring, and
- Providers' funding sources.

AT-RISK AFTERSCHOOL SPONSORS AND CENTERS

The At-Risk Afterschool component of the CACFP (At-Risk) allows centers serving children in low-income areas[22] to receive Program reimbursements at the free reimbursement rate for meals or snacks provided to all school-age children in care after school hours regardless of income eligibility. The At-Risk component began as a pilot program in FY 2000 and was expanded to a national program by the Healthy Hunger-Free Kids Act (HHFKA) of 2010 (P.L. 111-296).

This study summarizes the characteristics of the sponsors and centers participating in the At-Risk component of the Program. The survey of a nationally-representative sample of At-Risk centers and their sponsors covered the following topics:

- Types of organizations that either sponsor or participate as At-Risk centers,
- Types of meals and snacks served,
- Types of enrichment activities provided,
- At-Risk center and sponsor participation in the Summer Food Service Program,

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[22] For more details on area eligibility: https://fns-prod.azureedge.net/sites/default/files/cn/SP10_CACFP04_SFSP03-2015os.pdf

- Challenges faced by At-Risk programs, and

- General characteristics.

A full list of research questions addressed by the study is provided in Chapter 2.

HISTORY OF THE CHILD AND ADULT CARE FOOD PROGRAM

The CACFP began in 1968 as a three-year pilot for child care centers in low-income neighborhoods.[23] Subsequent legislation made the Program permanent, expanded eligibility to family day care homes and Head Start centers, and modified the reimbursement structure:

- 1975. The 1975 Amendments to the National School Lunch Act of 1966 (P.L. 94-105) expanded eligibility to include all public or nonprofit institutions[24] or sponsored facilities, licensed or approved to care for children (child care centers, outside-school-hours care centers, and family day care homes) regardless of location. It also instituted a three-tier reimbursement structure based on the poverty level of the children served. This approach was modeled on the reimbursement structure of the National School Lunch Program in which higher reimbursement rates were introduced for meals served to children from lower income families.[25]

- 1978. The Child Nutrition Amendments of 1978 (P.L. 95-627) made the CACFP permanent and eliminated the three tier reimbursement categories for family day care homes, greatly increasing meal reimbursements for providers, establishing a single set of rates set slightly below the free rates. These amendments also established a separate reimbursement structure for the administrative costs of family day care home sponsors and provided a financial incentive for nonprofit organizations to sponsor family day care homes.

- 1992. With the Child Nutrition Amendments of 1992 (P.L. 102-342), for-profit centers could more easily meet the CACFP eligibility requirement that at least 25 percent of children served receive child care subsidies or be eligible for free or reduced-price meals. Specifically, the legislation allowed the centers to use their licensed capacity rather than total enrollment to determine their eligibility.

- 1994. The Healthy Meals for Healthy Americans Act of 1994 (P.L. 103-448) extended eligibility for free meals to children participating in Head Start.

- 1996. Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) (P.L. 104-193) replaced the single reimbursement structure for family day care homes with a two-tier system. Tier I includes family day care homes located in a low-income area or operated by a provider with a family income less than 185 percent of the Federal Poverty Level. Tier I family day care homes receive higher reimbursement rates than Tier II family day care homes. PRWORA also required sponsors to review the tier of each provider at least once every three years and make changes, as needed.

- 1998. The Child Nutrition Reauthorization Act of 1998 (P.L. 105-336) authorized CACFP reimbursement for snacks to children through age 18 in "At-Risk" afterschool centers. At-Risk centers were defined as afterschool programs located in the attendance area of a school where at least 50 percent of the enrolled children are eligible for free or reduced-price meals.

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[23] P.L. 90-302 (Sec 3)

[24] A nonprofit institution is private.

[25] Meals/snacks served to children with family income below 125 percent of the Federal Poverty Level (FPL) were reimbursed at the "free" rate; meals/snacks served to children with income between 125 and 195 percent of the FPL were reimbursed at the "reduced-price" rate; and meals/snacks served to children with household income above 195 percent of the FPL were reimbursed at the "paid" rate. These breakpoints were changed to 130 and 185 percent of the FPL in 1980.

- 2000. The Agriculture Risk Protection Act (P.L. 106–224) expanded the afterschool snack program by creating a new pilot program—the At-Risk Afterschool component of the CACFP. Under this program, all meals provided by centers participating in the At-Risk component of the CACFP were reimbursed at the free rate. This pilot program was initially limited to four States.

- 2001. The Consolidated Appropriations Act, 2001 (P.L. 106-113) extended eligibility to for-profit centers and outside-of-school-hours centers serving low-income children. It also allowed for-profit centers to meet the 25 percent threshold for participation by using the children eligible for free and reduced-price meals or children receiving Federal child care subsidies.

- 2004. The Child Nutrition and WIC Reauthorization Act (P.L. 108-265) extended the duration of family day care home tiering determinations from three to five years for those whose status is derived from school data.

- 2010. The Healthy Hunger Free Kids Act (P.L. 111–296) expanded reimbursement for afterschool meals (normally suppers) from a 14 State pilot program to a national program for all States.

Even though they became eligible to participate in 1975, very few family day care homes entered the Program at the time. This was due, in part, to the administrative burden of documenting income eligibility. In addition, family day care was used primarily by middle-income families, which resulted in relatively low reimbursements to family day care homes serving these children. As indicated, the Child Nutrition Amendments of 1978 (P.L. 95-687) eliminated family income as a reimbursement eligibility criterion and established a separate administrative cost reimbursement for family day care home sponsors. Implementation of these changes became effective in 1980. This shift made it worthwhile for homes serving children from middle income families to participate in the program and for CACFP sponsors to recruit them. As a result, the number of family day care homes participating in the program doubled between FY 1980 and FY 1981 and continued to grow rapidly until 1997, when PRWORA introduced the tiered reimbursement rates for homes serving low-income and non-low-income children. Tiering greatly reduced meal reimbursements for family day care homes not located in a low-income area or operated by a low-income provider (Tier II family day care homes). From FY 1996, the last year before tiering, to FY 2015, the total number of active family day care homes fell from 195,000 to 113,850 (Exhibit 1.2), with the sharpest decline among the family day care homes that were classified as Tier II family day care homes.

Exhibit 1.2: Number of FDCHs Participating in the CACFP-- 1991 - 2015, by Tier Level[a]
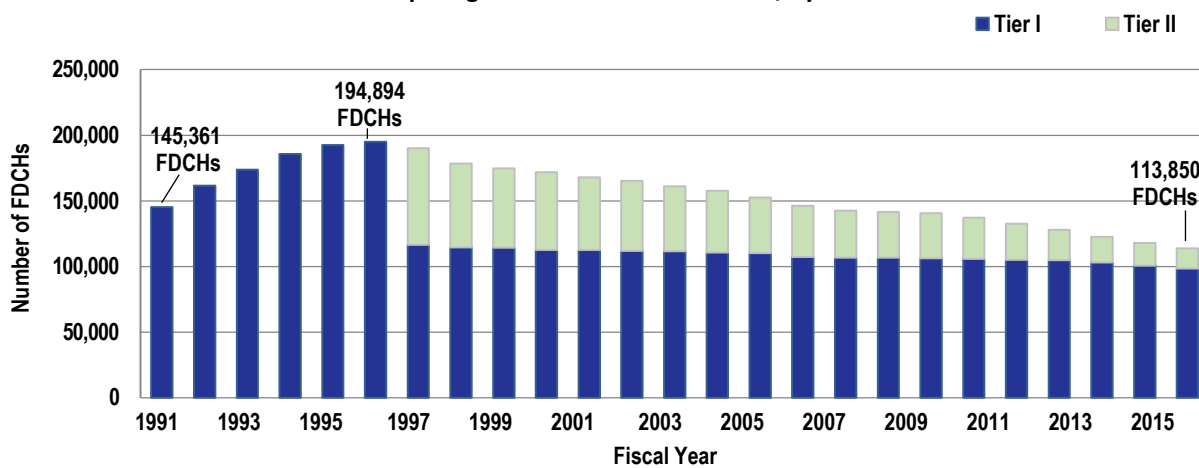
■ Tier I   ■ Tier II

[a]Tiering was implemented in 1997. Tier I meal reimbursement rates were the same as previous rates for all FDCHs. Rates for Tier II FDCHs were set substantially below Tier I rates. Though there were no "tiers" prior to 1997, all FDCHs have been labeled as Tier I.
Source: FNS National Data Bank, March 2016

By contrast, the number of child care centers participating in the CACFP continues to grow (Exhibit 1.3). Despite the decline in family day care home participation and increase in center participation, family day care homes still account for about two-thirds of CACFP providers. However, because centers serve considerably more children than family day care homes, centers account for nearly three-quarters of the meals served to children by CACFP providers.[26]

Exhibit 1.3: Number of Centers Participating in the CACFP-- 1991 - 2015, by Type of Center

■ Nonprofit and Public Centers[a]   ■ For Profit Centers
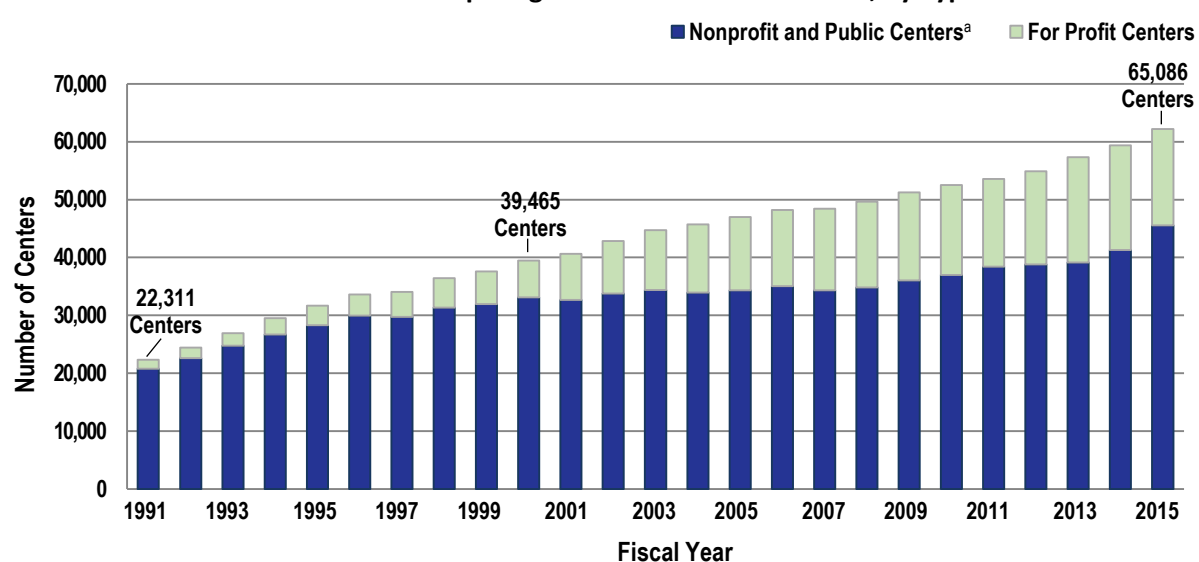
[a]Includes Head Start Centers
Source: FNS National Data Bank, August 2016

Over the same period, the number of for-profit centers participating in the program continued to

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[26] In FY 2015, centers served 1.4 billion meals out of a total of 2.0 billion meals served by CACFP providers (FNS National Data Bank, August 2016).

increase. For-profit centers were initially known as Proprietary Title XX centers and operated under a contract with State or Local government. The centers were reimbursed at the free rates for meals served to children whose care was paid through child care subsidies. Since the CACFP did not reimburse for-profit centers for meals served to other children, many eligible for-profit centers did not participate in the Program.

The 1992 Child Nutrition Amendments expanded eligibility for for-profit centers by allowing them to use their licensed capacity rather than total enrollment to determine if they met the 25 percent benchmark for children that received Federal child care subsidies. The Consolidated Appropriations Act, 2001 further expanded eligibility for for-profit centers by allowing them to use children eligible for free and reduced-price meals to meet the 25 percent benchmark for eligibility. Following these changes, the number of for-profit centers participating in the CACFP grew rapidly. In 1992, for-profit centers accounted for only 7.5 percent of all participating centers but, by 2016, for-profit centers accounted for 25.6 percent of all centers (Exhibit 1.3).   Excluding Head Start centers, for-profit centers accounted for 43.8% of child care centers participating in the CACFP. Between 2010 and 2014 alone, the number of At-Risk centers nearly doubled from 7,981 to 15,678 (Exhibit 1.4).

Exhibit 1.4: Number of At-Risk Centers-- 2000 - 2015

Source: FNS National Data Bank, August 2016
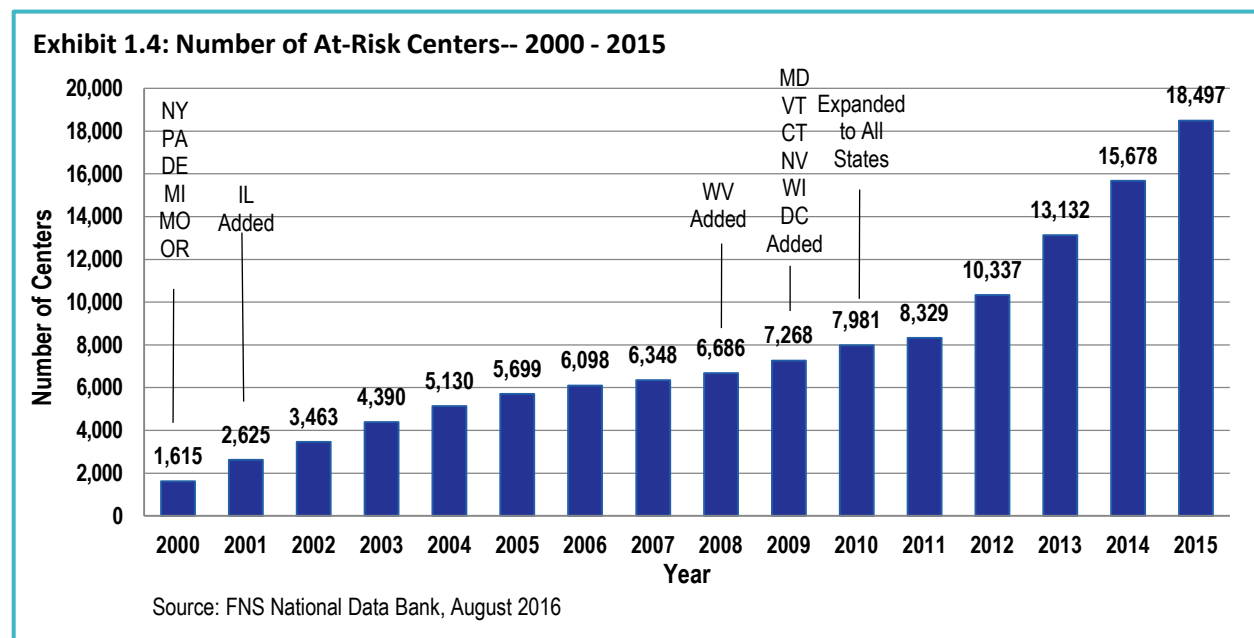
FNS sets the regulations for the CACFP in accordance with authorizing legislation. However, at an operational level, State CACFP administering agencies (often part of a State's Department of Education) provide information and training to sponsors and monitor their regulatory compliance. In turn, sponsors provide information and training to their providers and monitor compliance with CACFP regulations.

ORGANIZATION OF THE REPORT

This is the first of four volumes of the final report of the *CACFP Sponsor and Provider Characteristics*

Study. The report is organized as follows:

- Volume I: Findings*.* Volume I is divided into four parts.

    o Part I (Chapters 1 and 2), includes this introduction, a summary of the research questions addressed in the study, and a non-technical overview of the study methodology.

    o Part II (Chapters 3 and 4) presents findings on the characteristics of CACFP sponsors in Chapter 3 and providers in Chapter 4.

    o Part III (Chapters 5 and 6) presents findings on the characteristics of sponsors (Chapter 5) and providers (Chapter 6) that participate in the At-Risk component.

    o Part IV (Chapters 7 and 8) examines the effects that legislative and other changes have had on sponsor and provider characteristics and presents a summary of the findings from both study components.

- Volume II: Analytic Tables. This volume includes the full set tables with data responsive to each of the study's research questions. Specifically, they provide additional information to support exhibits presented in Chapters 3-6 of this volume.

- Volume III: Study Methodology. This volume provides a comprehensive discussion of the study methodology and is intended for a technical audience.

- Volume IV: Data Collection Instruments. This volume includes all data collection instruments for this study, including the follow-up surveys.

Chapter 2: Methodology

The *CACFP Sponsor and Provider Characteristics Study* includes two major components. The objective of the first component is to produce national estimates of the characteristics of CACFP sponsors and providers that serve children. The objective of the second component is to produce national estimates of the characteristics of one important CACFP sub-group: sponsors and centers that participate in the CACFP At-Risk Afterschool Program. This chapter presents an overview of the study methodology, including sample selection for the two study components, data collection, research questions, and analysis. A more detailed discussion of the study methodology is contained in Volume III of this report.

SAMPLE SELECTION

Separate samples were selected for each of the two study components. The sample for the first component was selected to produce nationally representative estimates of CACFP sponsors and providers (including At-Risk centers and their sponsors). However, because relatively few centers and sponsors participate in the CACFP At-Risk Afterschool Program, the number of At-Risk centers and At-Risk sponsors in this sample would be too small to produce reliable national estimates of this part of the Program. Consequently, a separate sample drawn only from At-Risk centers and their sponsors was selected.

A three-stage sampling design was used for selecting providers and their sponsors for both study components. The first stage included a nationally representative sample of 23 States selected with probability proportional to size (PPS) of the Program in each State (Exhibit 2.1).

Exhibit 2.1: States Included in the Study Sample				
Arkansas	Illinois	Massachusetts	Nevada	Texas
Arizona	Iowa	Missouri	New York	Utah
California	Indiana	North Carolina	Ohio	Washington
Florida	Kansas	North Dakota	Pennsylvania	
Georgia	Kentucky	New Jersey	South Dakota	

COMPONENT 1: CACFP SPONSORS AND PROVIDERS

To ensure that the study could meet the precision requirements for each type of CACFP sponsor and CACFP provider, a stratified probability sample was selected. For sponsors, within each first-stage sample State, sponsor lists were stratified by sponsor type based on the type of center they support:

- Independent or self-sponsoring child care centers (independent centers),
- Sponsors of sponsored child care centers,

- Sponsors of Head Start centers, and
- Sponsors of family day care homes.

From these lists, second-stage PPS samples of sponsors and independent centers were selected. The square root of the number of providers sponsored was used as the measure of size (MOS) for sponsors. Since independent centers are their own sponsor, they were treated as a separate stratum of sponsors (without a second stage sample of providers). At the third stage, a simple random sample of providers was selected from within the second-stage sample sponsors.[27]

This component of the study is based on a stratified nationally-representative sample of CACFP providers. There are four strata: Head Start centers, independent centers, sponsored centers, and family day care homes. The independent center and sponsored center strata include the various types of center-based providers described above in approximate proportion to their representation in the population. This proportional representation ensures that national estimates derived from the study sample are not biased because of the over or under representation of any specific type of center in the sample. However, sample sizes for each individual category of center-based provider are too small to produce reliable national estimates of the characteristics by type (i.e., sponsored center, Head Start center, family day care home).

COMPONENT 2: AT-RISK SPONSORS AND CENTERS

Although the sample discussed above is representative of CACFP sponsors and centers and includes At-Risk sponsors and centers, it does not contain separate strata for At-Risk sponsors and centers. To generate reliable estimates of the characteristics of At-Risk sponsors and centers, a separate sample was drawn from a sample frame limited to At-risk sponsors and centers to ensure the sufficient sample size needed to for national estimates of their characteristics. For the purposes of this study, the following definitions were used to identify at-risk and mixed at-risk sponsors and centers to include in this component:

- At-Risk only sponsors: only support centers that participate in the At-Risk component of the CACFP,
- Mixed At-Risk sponsors: support centers that participate in the At-Risk component and centers that participate in the regular component of the CACFP,
- At-Risk only centers: participate only in the At-Risk component of the CACFP, and
- Mixed At-Risk centers: participate in the At-Risk component of the CACFP as well as the regular component.

MIXED SPONSORS AND CENTERS

The typology of sponsors and providers discussed above reflects the strata used in the analysis. The analysis produced separate national estimates of CACFP sponsor and provider characteristics for each of these strata. However, in practice, some sponsors are associated with more than one type of

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[27] Since independent centers are not clustered within sponsors, a two-stage sampling design was used to select a sample of independent centers. There is no third-stage sample of independent centers.

provider. For example, some sponsors sponsor both child care centers and family day care homes or more than one type of center (sponsored centers, Head Start centers, and/or At-Risk centers). Similarly, some centers have both a regular child care component and an at-risk component. A set of decision rules was developed to classify such sponsors and providers (Exhibit 2.2).

Exhibit 2.2: Classification of "Mixed" Sponsors and "Mixed" Centers
Mixed Sponsor Hierarchy
1. Any sponsor with at least one At-Risk Center was classified as an At-Risk sponsor, and it was further classified as a *Mixed-At-Risk sponsor* if it also had at least one regular child care center.
2. If a sponsor was not classified as At-Risk and administered family day care homes that accounted for 10 percent or more of all associated providers, it was classified as a *family day care home sponsor*.
3. Among the sponsors not classified as At-Risk or family day care home, if a sponsor had 10 percent or more Head Start centers, it was classified as a *Head Start sponsor*.
4. All other sponsors were treated as *traditional center sponsors,* though they may have supported a few family day care homes or Head Start centers.
Mixed Center Hierarchy
1. Any center that participated in the At-Risk component was classified as an At-Risk center. Such a center was further classified as a *Mixed-At Risk center* if it also had a component that provided traditional child care. Otherwise it was classified as an At-Risk-*only center*.
2. Independent centers are classified into two strata, *traditional independent centers* and *At-Risk-independent centers*.

As with component 1, the At-risk component used a three-stage sampling design to select the nationally representative sample of after-school At-Risk centers and their sponsors. The first stage included the same first-stage set of States used for the Component 1 sample. The second-stage sample of At-Risk sponsors was selected from the only those Sponsors classified at At-risk or Mixed At-risk as described above, and then a third-stage sample of At-Risk (and Mixed At-risk) centers was selected from the second stage sample of sponsors for this component of the study.

The sampling design for both study components and sample sizes are shown in Exhibit 2.3.

Exhibit 2.3: Overview of Sampling Design

┌─────────────────────────────────┐
│ **Abbreviations** │
│ │
│ ICCC   Independent Child Care Center │
│ │
│ FDCH   Family Child Care Home │
│ │
│ AR   At-Risk │
└─────────────────────────────────┘

Study Sample 23 States — Selected with probability proportional to size (PPS) from the 50 States plus D.C.

Data Requested from Each State. Most States can provide this information electronically.

Census of CACFP Institutions and Providers in Each State

Non-At-Risk / At-Risk

Selected with probability proportional to size (PPS)

Initial Sample 250 Independent Centers
Initial Sample 220 Center Sponsors (Excluding ICCCs)
Initial Sample 300 Head Start Sponsors
Initial Sample 530 FDCH Sponsors
Initial Sample 250 Independent AR Centers
Initial Sample 340 AR-Only Sponsors
Initial Sample 340 Mixed AR Sponsors

80% Response Rate / 90% Response Rate / 90% Response Rate / 90% Response Rate / 80% Response Rate / 90% Response Rate / 90% Response Rate

Completed Surveys 200 Center Sponsors
Completed Surveys 270 Head Start Sponsors
Completed Surveys 480 FDCH Sponsors
Completed Surveys 306 AR-Only Sponsors
Completed Surveys 306 Mixed AR Sponsors

Use Back-up Sample to Ensure a Sample of One or Two Providers/Sponsor[a]

Use Back-up Sample to Ensure a Sample of One or Two Providers/Sponsor[a]

Completed Surveys 200 Independent Centers
Completed Surveys 200 Sponsored Centers
Completed Surveys 270 Head Start Centers
Completed Surveys 400 FDCHs
Completed Surveys 200 Independent AR Centers
Completed Surveys 306 AR Centers
Completed Surveys 306 AR Centers

[a] Two family day care homes were selected for each of the 20 largest family day care home sponsors in the sample.

DATA COLLECTION

SURVEY INSTRUMENTS

Separate instruments were developed for each component of the study and for sponsors and providers within each component. To reduce respondent burden, individual questionnaires were designed for sponsors of child care centers, Head Start Centers, family day care homes, and At-Risk after school programs, as well as organizations that sponsor more than one type of provider. Similarly, individual provider questionnaires were designed for independent centers, sponsored centers, Head Start centers, family day care homes, and At-Risk centers. A total of 10 separate instruments were used to collect data on sponsor and provider characteristics (Exhibit 2.4).

The surveys were administered using a multi-mode approach to maximize response rates. Hardcopy, web, and computer-assisted telephone interviewing (CATI) versions were created for each instrument. However, the study used a single integrated database for all sponsor and provider surveys, regardless of the mode used to complete the survey.

Exhibit 2.4: Data Collection Instruments		
	Sponsor Instruments	**Provider Instruments**
Component 1 All Sponsors & Providers	• Child Care Centers • Head Start Centers • Family Day Care Homes • Mixed Providers	• Independent Centers • Sponsored Centers • Head Start Centers • Family Day Care Homes
Component 2 At-Risk Sponsors & Providers	• At-Risk Sponsors	• At-Risk Centers

SURVEY IMPLEMENTATION

Data collection began on May 7, 2015 and was completed on November 13, 2015. The data collection was staged so that sponsor surveys were sent out first, allowing time for sponsors to notify their sampled center or family day care home and to encourage completion.

The initial invitation was sent to all sampled sponsors and providers via Federal Express with a hard copy of the instrument that they could complete and return along with the option for them to complete the survey electronically. Approximately two weeks after the initial mailing, a second data collection package was sent to non-respondents. Two weeks after the follow-up mailing, telephone interviewers began to call non-respondents. At that time, they attempted to complete the survey over the phone. After 20 unsuccessful call attempts, a replacement provider or sponsor was selected, and the survey process was initiated for the replacement sponsor or provider.

This multi-mode approach enabled respondents to complete the survey using their preferred method. The initial use of self-administered modes (web and mail) provided cost efficiencies by eliminating the need for a telephone interviewer to administer the survey for respondents who chose one of those options.

FOLLOW-UP SURVEY

To obtain additional data elements that were not included in the sponsor and provider survey instruments, survey participants were re-contacted for a Follow-Up Survey. These data elements allowed FNS to answer the following research question: What are the counts and percentages of participation in the CACFP of centers by meal reimbursement category (free, reduced-price, and paid)?

This Follow-Up Survey was conducted with two attempts, or rounds, to obtain information on the proportion of children in child care centers and in the regular CACFP component of Mixed At-Risk centers whose meals are reimbursed at each of the three income-eligibility categories: free, reduced-price, and paid. The first round of the Follow-Up Survey, conducted from February 6, 2017 through March 1, 2017, attempted to contact participating Sponsors and Providers directly to obtain the additional data. Given the low response rates for the first round of the Follow-up Survey, an additional round of data collection was conducted to obtain data from centers that did not respond to the Follow-Up Survey. The second round of the Follow-Up Survey was conducted from July 10, 2017 through August 28, 2017.

SURVEY RESPONSE RATES

In total, 1,758 sponsors were sampled to participate in the study, and 1,573 responded, resulting in an 89.0 percent response rate for all 23 States combined.[28] Of the sponsor survey responses received, 42.8 percent were completed via the Internet, 52.3 percent were completed by mail, and 4.9 percent were completed by telephone. Exhibit 2.5 provides the overall number of eligible sponsors and respondents, as well as the response rate for each sampling stratum among the eligible sponsors.

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[28] The response rate was calculated using the formula: $R/\{R + N + e(U)\}$, where R is the number of respondents, N is the number of eligible nonrespondents, and $e(U)$ is the estimated number of eligible nonrespondents among the eligible unknown cases. In this study, there were no eligible unknown case. Thus, $e(U) = 0$. Note that N in this formula represents the three terms, R, NC, and O in the OMB formula. Therefore, our formula is essentially the same as the formula provided on Page 14 of the *OMB Standards and Guidelines for Statistical Surveys* (September 2006).

Exhibit 2.5: Sponsor Survey Response Rate by Sampling Stratum[1]			
Sampling Stratum	Number of Eligible	Number of Respondents	Response Rate
All CACFP Sponsors and Providers Component			
Family day care home	411	385	93.7%
Head Start center	295	273	92.5%
Sponsored center	213	179	84.0%
Total	919	837	91.1%
At-Risk Component			
Only At-Risk	308	278	90.3%
Mixed At-Risk	303	260	85.8%
Total	611	538	88.1%

[1] The categories in this exhibit are based on the sponsor sampling strata, rather than the survey form type shown in Exhibit 2.3. Thus, if a sponsor selected from the family day care home sponsor stratum was a sponsor with mixed type of providers (e.g., family day care home and sponsored centers), that sponsor is counted in the family day care home stratum in this exhibit but included in the Mixed Providers form category in Exhibit 2.3.

Similarly, a total 1,981 providers were eligible for the survey, which garnered 1,446 responses for a response rate of 73.0 percent. Exhibit 2.6 shows the response rate among eligible providers by sampling stratum. Of the provider survey responses received, 35.0 percent were completed via the Internet, 54.9 percent were completed by mail, and 10.1 percent were completed by telephone.

Exhibit 2.6: Provider Survey Response Rate by Sampling Stratum[1]			
Sampling Stratum	Number of Eligible	Number of Respondents	Response rate
All CACFP Sponsors and Providers Component			
Family day care home	455	308	67.7%
Head Start center	265	192	72.5%
Sponsored center	211	141	66.8%
Independent center	235	201	85.5%
Total	1166	842	72.2%
At-Risk Component			
At-Risk only	291	199	68.4%
Mixed At-Risk	296	207	69.9%
At-Risk independent center	228	198	86.8%
Total	1,981	1,446	73.0%

[1] The categories in this exhibit are based on the provider sampling strata rather than on the survey form type shown in Exhibit 2.3.

The Follow-Up Survey was provided to 344 child care centers that responded to the original Child Care Center Survey, of which 292 responded, for a response rate of 92.1 percent. Included were 201

Mixed At-Risk centers in component 2 (that were asked about participation by reimbursement category for their regular CACFP component; 178 responded, for a response rate of 93.7 percent.

RESEARCH QUESTIONS

CACFP SPONSORS AND PROVIDERS COMPONENT RESEARCH QUESTIONS

As discussed in Chapter 1, many legislative and regulatory changes have affected CACFP operations since 1997. The objective of the *CACFP Sponsor and Provider Characteristics Study* is to produce up-to-date descriptive profiles of CACFP sponsors and providers. The sponsor-level research questions that FNS specified for this study are shown in Exhibit 2.7; provider-level research questions are shown in Exhibit 2.8.

AT-RISK COMPONENT RESEARCH QUESTIONS

Although the study replicates many of the previous analyses, the At-Risk center research questions addressed focus on sponsor and provider characteristics that may have been affected by legislation and other factors. Sponsor-level research questions for the At-Risk component are shown in Exhibit 2.9; provider-level research questions for the At-Risk component are shown in Exhibit 2.10.

Exhibit 2.7: Sponsor-Level Research Questions: CACFP Sponsors	
General Characteristics	
1	How long have sponsoring organizations been sponsoring child care centers and/or family day care homes for the CACFP?
2	How many sites do sponsoring organizations sponsor?
3	What types of centers do sponsoring agencies sponsor?
4	What configurations of sites (outlets) do sponsoring agencies sponsor?
5	What types of agencies sponsor child care sites for the CACFP?
6	In what other USDA food and nutrition assistance programs do these agencies participate?
7	Do CACFP sponsors manage providers in programs other than the CACFP?
8	What is the geographic area served by CACFP Sponsors?
Program Administration/Operations	
9	For Center Sponsors: Excluding meal reimbursements passed through to providers, what proportion of sponsors' revenue is derived from funds retained from center CACFP meal reimbursements?
10	For family day care home Sponsors: What are the *effective* administrative reimbursement rates?
11	What percentage of sponsors' revenue is derived from other (non-CACFP) sources of income or do sponsors rely solely on CACFP administrative reimbursements for their support?
12	For family day care home Sponsors: What are the tiering rates for family day care homes sponsored?
13	What services do sponsors receive from their State CACFP Agency?
14	What services not now provided by the State CACFP Agency would sponsors like to receive?
15	Do sponsors have automated accounting, meal claims and/or other systems to manage financial and administrative responsibilities? If so, what are the names/offerors of the systems used? If so, do sponsors use an automated system to check claims.
16	Do sponsors capture the primary reasons CACFP providers drop out of the Program?
Staffing/Training	
17	How many employees do sponsors have? How many of these employees work on the CACFP?
18	What percentage of sponsor staff time is spent on administrative functions?
19	What percentage of sponsor staff provide training to CACFP sites?
20	What percentage of sponsor staff conducting site outreach?
21	What percentage of sponsors have formally trained nutritionists on staff? Among those that do, what formal training do these nutritionists have?
22	What percentage of sponsors conduct monitoring, reviews, and trainings for CACFP sites in languages

Exhibit 2.7: Sponsor-Level Research Questions: CACFP Sponsors	
	other than English if needed?
23	For family day care home sponsors: What percentage of family day care home sponsors provide in-service training to family day care providers? If so, what topics are covered in this training?
24	For Center sponsors: What topics are covered by center sponsors in their in-service training for center staff?
25	What is the mode and frequency of sponsors' in-service training for child care center staff?
26	What is the mode and frequency of sponsors' training for family day care home providers?
27	When family day care home sponsors provide their own staff with training on how to assign tiering levels, what topics are covered in this training?
28	What are the turnover rates for sponsor staff by CACFP function (e.g., monitoring, etc.) who work on CACFP?
Monitoring Visits	
29	What is the frequency and duration of monitoring visits by sponsors?
30	What are the primary areas reviewed by sponsors during monitoring visits?
31	What are the primary reasons why sponsors conduct monitoring visits?
32	What are the primary issues encountered during monitoring visits?
33	Do sponsors provide advance notice of monitoring visits?
Sponsors' Perceptions of the CACFP	
35	What are the sponsors' perceptions of the importance of the CACFP?
36	What is the perceived burden of the CACFP's administrative requirements?
37	How satisfied are sponsors with the cognizant State agency's performance?
38	What are the sponsors' perceptions of the barriers to increasing participation by centers and family day care homes?
39	What are sponsors' suggestions for improving the program?

Exhibit 2.8: Provider Level Research Questions: CACFP Providers	
Program Size and Characteristics of Children Served	
1	How many children are enrolled at each CACFP site and what is the average enrollment?
2	For family day care homes: How many of the participants are the providers' own children? What ages are providers' children who participate in CACFP?
3	How do providers' enrollments compare to their licensed capacity?
4	How does average daily attendance compare to enrollment among CACFP providers and how does this vary between weekdays and weekends?
5	What percentage of children enrolled in CACFP sites are enrolled part-time?
6	What percentage of CACFP providers serve infants? Preschoolers? School-aged children?
7	What percentage of CACFP providers serve children with special dietary needs?
8	For Child Care Centers: What percentage of children enrolled in CACFP child care centers are approved for free or reduced-price meals?
9	For Family Day Care Homes: What percentage of children enrolled in CACFP Tier II family day care homes receive meals reimbursed at the Tier I Rates?
10	What percentage of CACFP child care facilities serve children from homes where English is not the primary language?
Program Administration/Operations	
11	For how long have child care providers participated in the CACFP?
12	On average, how long did it take for providers' CACFP applications to be approved?
13	What hours and days of the week do CACFP providers operate child care?
14	What is the legal status of child care centers that participate in the CACFP?
15	What percentage of CACFP providers have on-site access to the internet?
16	What percentage of CACFP providers submit claims electronically?
17	What, if any, referrals and/or linkages to other programs do CACFP providers routinely make for their enrolled children?
Meal Service	
18	What is the source of menus used by CACFP providers?
19	What meals do CACFP providers serve on weekdays? On weekends?

	Exhibit 2.8: Provider Level Research Questions: CACFP Providers
20	What percentage of CACFP providers have at least one infant enrolled who receives breastmilk while in care?
21	What percentage of meals served by CACFP providers are reimbursable vs. non-reimbursable by CACFP, by meal type (breakfast, lunch, supper, AM snack, PM snack)?
22	What policies, if any, do CACFP providers have in place to address special dietary needs of children?
	Program Cost and Funding Sources
23	What are the unsubsidized fees charged by CACFP providers for full-time child care? Does it vary by household income or other factors?
24	What percentage of children in care have their fees paid in whole or in part from government child care subsidies?
25	What percentage of providers charge any parents separately for meals?
26	For family day care homes: What percentage of family day care home providers have no source of child care revenue other than CACFP meal reimbursements?
	CACFP Monitoring Visits
27	What is the usual frequency and duration of CACFP monitoring visits by sponsors?
28	What are the primary areas reviewed by sponsors during monitoring visits?
29	What percentage of providers receive advance notice of monitoring visits?
	Staffing and Training (For Child Care and Head Start Centers)
30	For Child Care and Head Start Centers: How many staff do CACFP participating child care centers employ?
31	What is the usual scheduled child to staff ratio for 3 - 5 year olds at CACFP-participating child care centers?
32	Do providers use a language other than English as the primary language? If so what language(s) do they use?
33	What percentage of child care center staff with food service responsibilities have training in food service (i.e., nutrition, menu planning, food purchasing, food storage, food preparation and food safety)?
34	Do provider staff utilize the internet?
	Training and Services Received from CACFP
35	What training and services do centers and homes report receiving from their sponsoring organization?
36	What are the most common formats of training providers report receiving from their sponsoring organization?
	Providers' Perceptions of the CACFP
37	How satisfied are providers with the CACFP? (including satisfaction with meal reimbursement levels and services they receive from their sponsors and for Independent Centers the services they receive from the State CACFP Agency)
38	What are CACFP providers' perceptions of the importance of the CACFP?
39	What are CACFP providers' perceptions of the burden of the CACFP's paperwork requirements?
40	What percentage of CACFP providers have considered dropping out of the Program? What are providers' primary reasons for considering this?
41	What are child care providers' suggestions for improving the program?

	Exhibit 2.9: Sponsor-Level Research Questions: At-Risk Component
1	What types of organizations sponsor At-Risk centers in CACFP?
2	How long have At-Risk sponsors been CACFP Sponsors?
3	How long have they sponsored At-Risk centers?
4	What percentage of At-Risk sponsors also participate as sponsors in the Summer Food Service Program (SFSP?)
5	How many At-Risk-only centers do they sponsor?
6	How many of an At-Risk sponsor's centers participate only in the At-Risk component of CACFP?
7	How many of an At-Risk sponsor's centers participate in both the At-Risk component of CACFP and the traditional child care center component?

Exhibit 2.9: Sponsor-Level Research Questions: At-Risk Component	
8	How many of an At-Risk sponsor's centers participate only in the traditional child care center component do they sponsor?
9	What is the range in the types of sponsored sites that participate in the At-Risk component of the CACFP?
10	In what other USDA food and nutrition assistance programs do At-Risk sponsors participate?
11	What are the most common types of outreach that At-Risk sponsors conduct to recruit sites for the At-Risk component of CACFP? Which of their outreach activities do At-Risk sponsors consider as most effective?
12	What challenges have sponsors experienced when enrolling eligible sites for the At-Risk component of CACFP?
13	What are sponsors' perceptions of the reasons why eligible sites choose not to participate in the At-Risk component of the CACFP?
14	What are sponsors' perceptions of the challenges that centers face as new participants to the CACFP?
15	What are sponsors' perceptions of the reasons why centers choose to participate in the At-Risk component of the CACFP?
16	What are sponsors' perceptions of the challenges At-Risk centers faced if they switched from serving only snacks to serving snacks and meals?
17	What are sponsors' perceptions of the challenges faced by centers that expanded to participate in the At-Risk component of CACFP?
18	What tools are sponsors using to make it easier for eligible sites to enroll in the At-Risk component?
19	What tools are sponsors using to help At-Risk centers meet CACFP requirements?
20	On which topics regarding the At-Risk component of CACFP have sponsors communicated to centers that participated in the At-Risk component of the CACFP during the past 12 months?
21	On which topics regarding the At-risk afterschool component of CACFP have sponsors received training from their State CACFP agency?
22	How satisfied are At-Risk sponsors with the mandatory training and/or technical assistance they have received on the At-Risk component of the CACFP? On which topics would At-Risk sponsors like to receive additional training or technical assistance?
23	What do sponsors suggest that State agencies can do to support At-Risk sponsors with participating At-Risk sites and help them improve participation in the At-Risk component of CACFP in eligible areas?
24	What other suggestions do At-Risk sponsors have for ways to improve the At-Risk component of the CACFP?

Exhibit 2.10: Provider-Level Research Questions: At-Risk Component	
1	For how long have At-Risk centers participated in the CACFP? For how long have they participated in the At-Risk component of the CACFP?
2	How did participating sites first find out about the program?
3	What are the most important reasons that At-Risk centers participate in the At-Risk component of CACFP?
4	What proportion of At-Risk centers currently serving At-Risk meals started in the At-Risk component of CACFP with only snacks and then "moved up" to serving meals?
5	What types of organizations participate in the At-Risk component of the CACFP?
6	What is the distribution of At-Risk centers between "open/drop-in" or "enrolled" sites?
7	What is the range and average number of children that At-Risk centers serve in a typical month during the school year?
8	What age of children do At-Risk centers serve?
9	What types of educational and enrichment activities do At-Risk centers offer to school-age children? What percentage offer agricultural or nutrition education?
10	How many hours are At-Risk centers open afterschool on weekdays?
11	What percentage of At-Risk centers provide child care programming on weekends? Among those that provide child care programming on weekends, how many hours are they open those days?
12	What percentage of At-Risk centers offer child care programming during the summer months and how many children do they serve during the summer?
13	What percentage of At-Risk centers also participate in SFSP during the summer? If not, why not? Are there specific barriers to their participation?

Exhibit 2.10: Provider-Level Research Questions: At-Risk Component	
14	What percentage of At-Risk centers claim At-Risk meals and/or snacks during the summer months if school is open 12 months in their area?
15	What percentage of At-Risk centers claim only At-Risk meals/snacks?
16	For Mixed (At-Risk and regular CACFP components) At-Risk centers only: What percentage of children enrolled in the child care center are approved for free or reduced priced meals for the center's regular CACFP program
17	How many and what types of CACFP meals and snacks do At-Risk centers claim on weekdays?
18	What percentage of At-Risk centers serve only cold meals?
19	What percentage of At-Risk centers receive support for meals/snack from sources other than the CACFP?
20	Among At-Risk centers that receive support for meals/snack from sources other than the CACFP, what are the sources, and did they receive this support before participating in the At-Risk component of the CACFP?
21	What type of outreach (e.g., media, schools, flyers, networking) do At-Risk centers conduct for the At-Risk component of the CACFP?
22	What types of outreach do At-Risk centers consider to be most effective?
23	How difficult do At-Risk centers perceive it to apply and be determined eligible for the At-Risk component of the CACFP?
24	What factors, if any, posed barriers to At-Risk centers' initial enrollment in the At-Risk component of the CACFP?
25	What challenges, if any, did At-Risk centers face when first participating in the CACFP?
26	What challenges, if any, do mixed At-Risk centers face in claiming both At-Risk meals/snacks and regular CACFP meals/snacks?

SURVEY WEIGHTS AND ANALYSIS

To generate national estimates for both Components 1 and 2, the survey data was first weighted to reflect the multi-stage sampling design. The initial base weights reflected each respondent's overall probability of selection that incorporates all stages' probability sampling. Due to employment of probability proportional to size (PPS) sampling at the higher stages (State and sponsor) with an imperfect measure of size, the sum of base weights does not equal the population size. These base weights were then adjusted to account for nonresponse using the weighting class methodology and then scaled through post-stratification so that the sum of the final-weights matched known national control totals from the FNS National Data Bank.[29]

The analyses to address these research questions were purely descriptive. They include national estimates of means, medians, and standard deviations for continuous variables, as well as frequency distributions and cross-tabulations for categorical variables. Because of the wide range of characteristics and audiences' diverse interests in them, this report summarizes the characteristics most likely to be of broad interest to readers. The results are presented primarily through charts and graphs to facilitate readability; Volume II provides a comprehensive set of tables with all characteristics required by the research questions. Volume I presents these estimates in graphs to facilitate readability, but complete analytic tables can be found in Volume II.

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[29] More details on weighting can be found in Volume III, Chapter 3.

Part II: Characteristics of CACFP Sponsors and Providers

Part II presents national estimates of the characteristics of CACFP sponsors and providers that serve children. The resulting profile of sponsoring agencies and providers is based on survey data collected between May and November 2015. October 2014 was used as the reference month for all survey items.[30] Chapter 3 describes the taxonomy of CACFP sponsors and providers used in the analyses reported in the following chapters; Chapter 4 presents the findings for CACFP sponsors; and Chapter 5 presents the findings for all CACFP providers. Unless otherwise specified, all findings are based upon data collected in these surveys.

Chapter 3: Taxonomy of CACFP Sponsors and Providers

The analyses reported in Chapter 4 reflect the classification of CACFP sponsors into the following types:

- **Sponsors of Child Care Centers:** any organization that sponsors more than one child care center, including nonprofit child care centers, for-profit child care centers, outside-of-school-hours (OSH) centers, At-Risk centers, emergency shelters, and adult care centers. Note that independent child care centers (independent centers) are considered centers, rather than sponsors for this study. Information for independent centers has been excluded from all statistics presented for sponsors.

- **Sponsors of Head Start Centers**: organizations that sponsor Head Start centers. Even though such organizations may also sponsor other types of child care providers for the CACFP, in this study, there was at least a 10% chance of selecting a Head Start center from a Head Start sponsor.

- **Family Day Care Home Sponsors:** sponsoring organizations in which at least 10 percent of the providers are family day care homes.

In program year (PY) 2014-15, a total of 4,998 organizations sponsored child care and early education providers for the CACFP.[31] Of these, 60.4 percent can be classified as sponsors of child care centers, 24.1 percent as sponsors of Head Start centers, and 15.5 percent as family day care home sponsors (Exhibit 3.1).

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[30] An additional data collection effort to obtain information on the number of children in centers in each income-eligibility category was conducted in July and August 2017. The reference month for this survey is October 2016.
[31] PY 2014-15 is the period from July 1, 2014 through September 30, 2015 or FY 2015.

Exhibit 3.1: Distribution of Sponsors by Type of Provider Sponsored[a]

Sponsors of Head Start Centers 24.1%

Sponsors of Child Care Centers 60.4%

Family Day Care Homes…

[a]Does not include independent centers.

Total Sponsors = 4,998
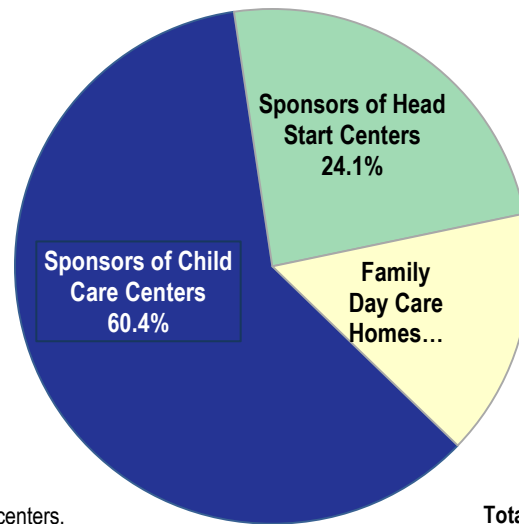
For administrative purposes, the Program classifies participating providers into two groups with separate regulations and reimbursement structures:

1. Center-based Providers. These providers are a diverse group of child care and early education providers whose principal commonality is that they operate in a formal setting.[32] The group includes:[33]
   - Public and private child care centers that may be organized on either a nonprofit or for-profit basis,
   - Licensed and license-exempt centers,
   - Affiliated and unaffiliated sponsored centers,[34]
   - Centers that provide "regular" child care,
   - Centers that offer educational or cultural activities for school-age children outside of school hours,
   - Centers that provide meals and/or snacks after school to at-risk children,
   - Education programs for preschool children, such as Head Start and pre-K programs run by school districts, and
   - Care provided to children in emergency shelters.

   Center-based providers may participate in the CACFP independently or participate under the sponsorship of an organization that ensures its providers comply with Federal and State CACFP regulations. As discussed, an independent center acts as both a sponsor and

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[32] FNS' program reporting system refers to the location at which meals and snacks are served to children as an "outlet."
[33] The types of centers listed are not mutually exclusive. For example, a center could be a licensed, nonprofit center that provides "regular" child care.
[34] An affiliated sponsored center is a center that is part of, or run by, its sponsoring organization. This study does not break out affiliated and unaffiliated centers in the analysis.

a provider.[35] In this study independent centers are considered providers, and the characteristics of independent centers are part of the section on provider characteristics.

2. Family Child Care Providers. Family day care homes provide care and serve meals and/or snacks to children in the provider's own home. Family day care homes are private and must be licensed or license-exempt. CACFP regulations require family day care homes to be sponsored. Child care delivered in a provider's own home is considered either a family day care home or a group day care home. The distinction depends on the maximum number of children *in care at the same time*, as defined by State regulations.[36] Since the same CACFP regulations apply to both family day care homes and group day care homes, this study refers to all care in a provider's own home as family day care homes.

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[35] Organizations that sponsor providers for the CACFP enter into an agreement with the State CACFP agency to assume administrative responsibility for the providers under their sponsorship. In FNS' program reporting system, sponsors are referred to as "institutions." Independent child care centers directly enter into an agreement with the State (i.e., act as their own sponsor). In the FNS reporting system, independent centers are counted both as institutions and as outlets.

[36] In general, a family day care home may have no more than six children in care at the same time, while the maximum for a group day care home is between seven and 13.

Chapter 4: Characteristics of CACFP Sponsors

This chapter describes several dimensions of sponsoring organizations including:

- General characteristics of CACFP sponsors,
- Program administration and operations,
- Staffing levels and training approaches,
- Provider monitoring, and
- Sponsors' perceptions of the CACFP.

GENERAL CHARACTERISTICS OF CACFP SPONSORS

CACFP regulations clearly distinguish between sponsors based on their legal status as a for-profit versus nonprofit organization. Sponsors organized as nonprofit entities can only sponsor nonprofit centers and family day care homes, and sponsors organized as for-profit entities can only sponsor for-profit centers.[37] Other than the proscribed differences by legal status, child care center sponsors may support more than one type of center. Exhibit 4.1 shows the composition of the types of child care centers supported by sponsoring organizations.

Exhibit 4.1: Distribution of Child Care Center Sponsors[a] by Types of Centers Sponsored[a]

Total Child Care Center Sponsors = 3,018

Type of Center	Percent of Sponsors
Nonprofit	35.0%
For-Profit	26.2%
OSH	26.9%
At-Risk	5.9%
Emer. Shelters	1.7%
Adult Care	4.3%
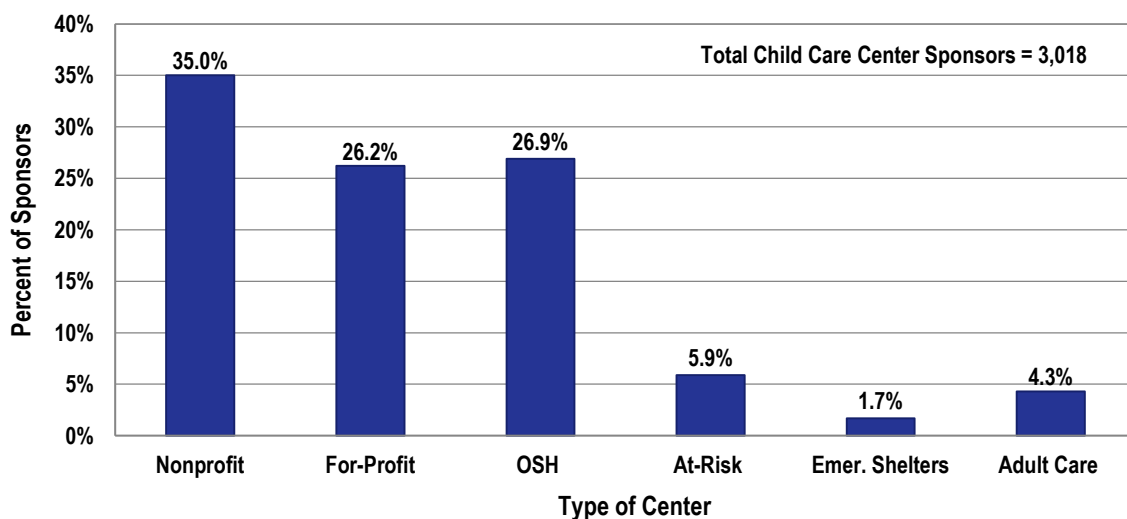
[a]Does not include Head Start center sponsors or independent centers.

YEARS IN CACFP

Across sponsor types, CACFP sponsors have participated in the Program for 14.7 years, on average. However, participation varies by type. Child care center sponsors (including both nonprofit and for-

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[37] 7 CFR 226.16

profit centers) have participated for an average of 13.3 years, Head Start center sponsors for 23.4 years, and family day care home sponsors for 26.4 years.

These differences can be partially explained by the expansion in Program eligibility for certain center types over time. Congress authorized eligibility for outside-of-school-hours to participate in CACFP in 1978, At-Risk Afterschool care centers in 1998, and for-profit centers in 1981. As a result, 22.1 percent of center sponsors reported participation longer than 20 years (Exhibit 4.2).

Exhibit 4.2: Distribution of Sponsors[a] by Number of Years Participating in the CACFP

■ 5 Years or less   ■ 6 - 10 Years   ■ 11 – 20 Years   □ Over 20 Years

Type of Sponsor	5 Years or less	6 - 10 Years	11 – 20 Years	Over 20 Years
All Sponsors	14.6%	20.2%	28.1%	37.1%
Child Care Centers	18.7%	28.9%	30.3%	22.1%
Head Start Centers	11.9%	4.5%	38.3%	45.2%
FDCHs	3.3%	3.1%	12.9%	80.6%
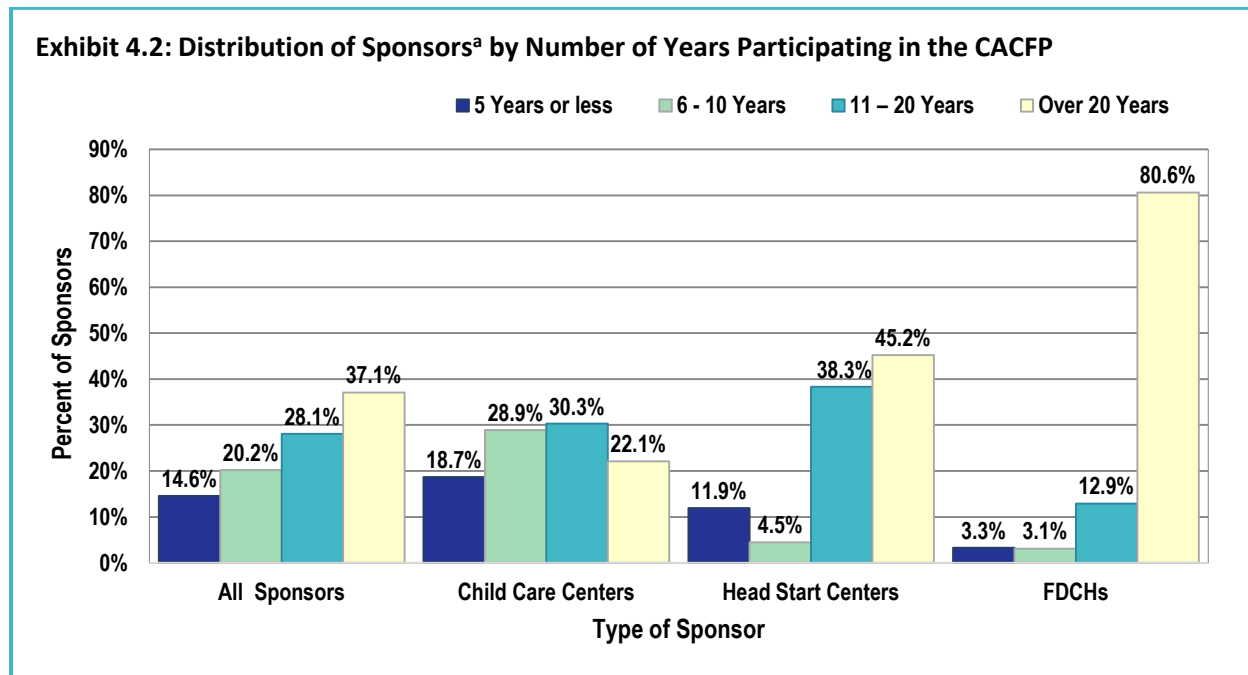
In contrast, 45.2 percent of Head Start sponsors and slightly over 80 percent of family day care home sponsors (80.6%) have participated for over 20 years. This difference may reflect the fact Head Start centers became eligible to participate in the CACFP in 1995 and family day care homes became eligible to participate in 1976. There were no legislative changes that would lead to large increases in Head Start and family day care home participation.

TYPES OF AGENCIES THAT ARE CACFP SPONSORS

The organizational type of a CACFP sponsor is related to the types of providers sponsored. As one might expect, the majority of Head Start sponsors (77.4%) and family day care home sponsors (86.9%) are nonprofit agencies, while the remainder are public agencies. By comparison, 40.0 percent of center sponsors are private for-profit agencies, 47.7 percent are nonprofit agencies, and 12.3 percent are public agencies.

The 40.0 percent figure is consistent with the increase in the participation of for-profit child care centers since 1991 (see Exhibit 1.2 above). The regulations stipulate that public and private nonprofit

centers are not be eligible to participate under the auspices of a for-profit sponsor (7 CFR 226.16).[38] Most sponsors of nonprofit child care centers and family day care homes (72.7% and 44.5%, respectively) are either child care[39] or social service agencies. A large percentage (83.3%) of Head Start sponsors are Head Start grantees, delegate agencies,[40] or other community organizations.[41,42]

CONFIGURATIONS OF CACFP SITES (OUTLETS) SPONSORED

A CACFP sponsor may have any configuration of centers and family day care homes participating under its aegis. However, almost all CACFP sponsors sponsor a single type of CACFP provider, with fewer than 10 percent sponsoring multiple provider types (Exhibit 4.3 below). Of the sponsors surveyed, 60.1 percent sponsor only child care centers; 18.8 percent sponsor only Head Start centers; and 12.4 percent sponsor only family day care homes. Only 8.7 percent of CACFP sponsors are multi-program sponsors responsible for more than one type of provider,[43] and most of these sponsors support child care centers and Head Start centers.[44]

Exhibit 4.3: Distribution of All CACFP Sponsors[a] by the Configuration of Sites Sponsored

Head Start Centers Only
18.8%

FDCHs Only
12.4%

Child Care Centers Only
60.1%

Child Care and Head Start Centers
6.3%

Child Care Centers and FDCHs
1.7%

Head Start Centers and FDCHs
0.3%

Child Care Centers, Head Start Centers, and FDCHs
0.4%

Multi-Program Sponsors

Total Sponsors = 4,168
[a]Does not include indepdendent centers

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[38] Specifically, a for-profit center must have the same the same legal identity as its sponsor. Consequently, most participating for-profit centers are operated by large corporate chains.

[39] Child care agencies include for-profit child care chains.

[40] If a grantee enters into an agreement with another entity to serve children, that entity is referred to as a delegate agency.

[41] Survey respondents that sponsor Head Start centers for the CACFP could have self-classified themselves as either Head Start grantees/delegate agencies or multi-service community agencies.

[42] Volume II Exhibits 1.16 and 1.7 detail the types of agencies that are CACFP sponsors.

[43] A *multi-program* sponsor is required to allocate its administrative costs across the programs it sponsors (e.g., child care centers and FDCHs) and file separate claims for each program. See *Guidance for Management Plans and Budgets: A Child and Adult Care Food Program Handbook*, USDA/FNS, December 2013.

[44] Although some Head Start centers now have full-day Head Start programs, most centers still have part-day programs (3.5 hours). Many Head Start centers offer wrap-around care which combines part-day Head Start with separately funded part-day child care. In some cases, a Head Start center has its own part-day child care program, whereas in other cases a Head Start center will partner with a separate child care center to provide full-day programs for its Head Start program participants. Head Start regulations require Head Start centers to participate in the CACFP. If a Head Start center has a wrap-around program, its partnering child care center is also required to participate. (45 CFR 1302.44(b)).

In FY 2016, most family day care home sponsors typically were responsible for Tier I providers (Exhibit 4.4). The majority of 115,708 family day care homes participating in the CACFP (85.2%) were Tier I family day care homes, which means all meals and snacks served to children in care are reimbursed at the higher rates, and the remaining 17,125 were Tier II family day care.

Exhibit 4.4: Distribution of Family Day Care Homes (FDCHs) by Tiering Level, 2016
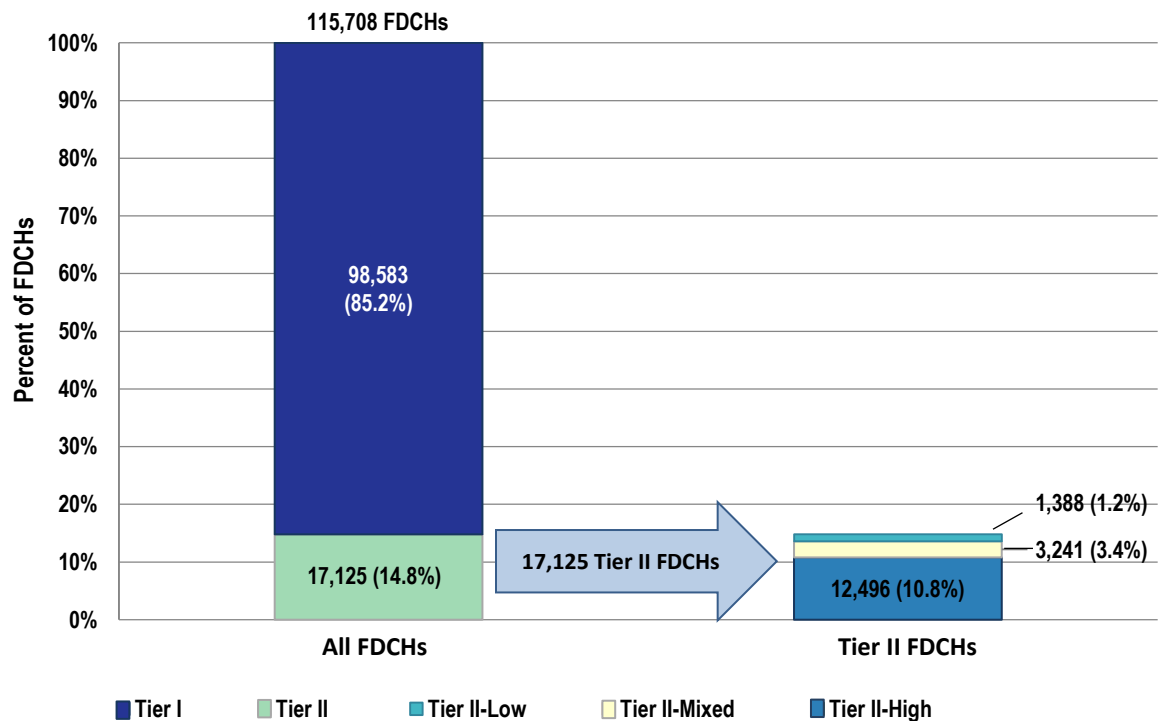
Source: FNS National Data Bank, March 2016

The regulations sub-divide Tier II family day care homes into three categories:

- Tier II-Low. All children enrolled are from families whose income is *at least* 185 percent of the federal poverty income guidelines. All meals and snacks are reimbursed at Tier II rates.

- Tier II-Mixed. Some of the children enrolled at the center are from families whose income is below 185 percent of the federal poverty income guidelines. Meals and snacks served to these children are reimbursed at the higher Tier I rates. For the remaining children, reimbursement is at the Tier II rate.

- Tier II-High. All children enrolled are from families whose income is below 185 percent of the federal poverty income guidelines. All meals and snacks are reimbursed at the higher Tier I rates.

As in Exhibit 4.4, of the 17,125 Tier II family day care homes, 12,496 are Tier II-High, (10.8% of all family day care homes); 3,241 are Tier II-Mixed (2.8 % of all family day care homes); and 1,388 are Tier II-Low (1.2% of all family day care homes). The small percentage of all Tier II family day care

homes are either in the Mixed or Low categories may reflect the relatively low Tier-II reimbursement rates.

SIZE AND AREA SERVED BY CACFP SPONSORS

Sponsor Size

CACFP organizations sponsor an average of 24 sites (centers or family day care homes). However, there is wide variation across sponsor types. On average, family day care home sponsors provide oversight for more sites (130.1 family day care homes) than sponsors of either child care centers (4.0 sponsored centers) or Head Start centers (9.1 Head Start centers).

Similarly, only 14.7 percent of family day care home sponsors have 10 or fewer sites compared to 94.6 percent of child care center and 75.4 percent of Head Start center sponsors. Conversely, 38.3 percent of family day care home sponsors have more than 100 sites compared to less than 0.2 percent of child care centers and 0.1 percent of Head Start center sponsors (Exhibit 4.5).

Exhibit 4.5: Distribution of Sponsors[a] by Number of Sites Sponsored

Legend: ■ Less than or equal to 10 sites ■ 11-100 sites ■ Greater than 100 sites

- Total Sponsors: 78.1%, 16.0%, 5.9%
- Child Care Centers: 94.6%, 5.2%, 0.2%
- Head Start Centers: 75.4%, 24.5%, 0.1%
- FDCHs: 14.7%, 47.0%, 38.3%

[a]Does not include independent centers.
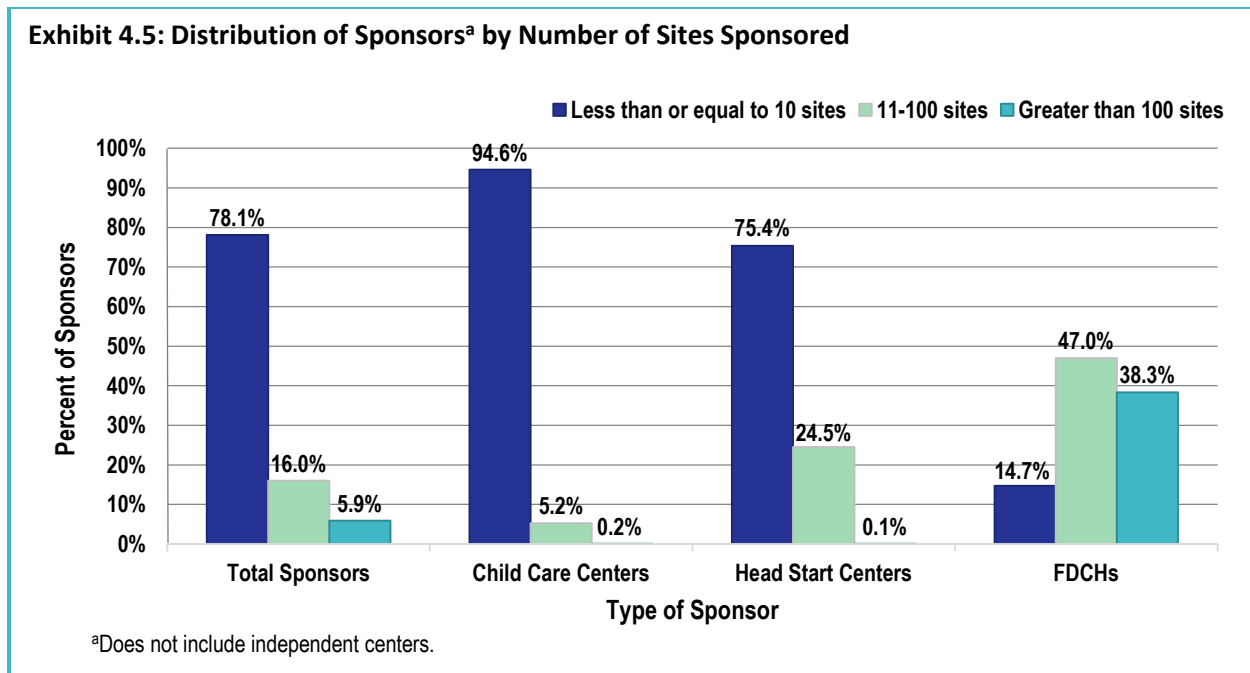
The number of sites sponsored by CACFP organizations may be related to differences in the way the CACFP reimburses different types of sponsors for administrative expenses. Child care centers are reimbursed for each free, reduced price and paid meal they provide, and their sponsors may retain up to 15 percent of costs to cover the administrative costs of sponsorship. To illustrate, in FY 2015 a hypothetical sponsored child care center serving 80 full-time children (50 free, 10 reduced-price, and 20 paid) would generate about $7,561 per month in meal reimbursements. Its sponsor could opt to retain up to 15 percent ($1,134).

Family day care home sponsors, however, receive a separate reimbursement for administrative expenses based on the number of family day care homes that participate each month rather than meal

reimbursements. In FY15, a hypothetical sponsor would have received a $111/month for each of their first 50 family day care homes; the sponsor would have to support 10 family day care homes to generate an amount comparable to a center sponsor of the size described ($1,110).[45] As a result, family day care home sponsors tend to sponsor a relatively large number of family day care homes.

Geographic Area Served by CACFP Sponsors

The sponsorship of a relatively large number of family day care homes is partially reflected in the size of the geographic areas served by family day care home sponsors. More than half of family day care home sponsors (55.7%) have family day care homes that serve children in two or more counties within a State and 11.4 percent have family day care homes across an entire State. By contrast, 9.3 percent of child care center sponsors have centers in two or more counties within a State and only 3.2 percent have centers across an entire State. In addition, six percent of sponsors are located on military bases or private lands (included as "Other" in Exhibit 4.6).

Exhibit 4.6: Distribution of Sponsors[a] by Geographic Area Served

Legend: ■ Parts of a Single County ■ An Entire County ■ Two or More Counties in a Single State ☐ Entire State ■ Other

Type of Sponsor	Parts of a Single County	An Entire County	Two or More Counties in a Single State	Entire State	Other
Total Sponsors	55.3%	11.2%	23.7%	3.8%	6.0%
Child Care Centers	73.7%	9.0%	9.3%	3.2%	4.8%
Head Start Centers	34.2%	17.4%	39.5%	0.4%	8.5%
FDCHs	15.7%	9.9%	55.7%	11.4%	7.3%

Y-axis: Percent of Sponsors

[a]Does not include independent centers.

Head Start sponsors tend to have larger geographic service areas than child care center sponsors. On average, Head Start organizations sponsor nine sites, but 39.5 percent have service areas that cover eligible children in two or more counties. The multi-county service area could be due to the U.S. Department of Health and Human Services (HHS) criteria for Head Start grantees, which encourages applicants to propose service areas that include one or more whole minor civil divisions (e.g., towns, cities, and counties).[46] This increases the likelihood that Head Start sponsors will sponsor larger areas than their child care center counterparts.

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[45] The CACFP reimbursement structure for sponsors' administrative costs is discussed more fully below in the section on Program Administration and Operations.
[46] The DHHS criteria are included in 45 CFR 1302.11.

SPONSORSHIP OF OTHER USDA PROGRAMS AND/OR SERVICES

Less than one fifth of CACFP sponsors (14.4%) reported that they participate in other FNS child nutrition programs. Among those that participate, the programs vary by sponsor, with the least participation among those sponsoring family day care homes. The Summer Food Service Program has the highest participation rate among CACFP sponsors at 45.0 percent (Exhibit 4.7).

Exhibit 4.7: CACFP Sponsors'[a] Management of Providers in Other USDA FNS Child Nutrition Programs

a Does not include independent centers.
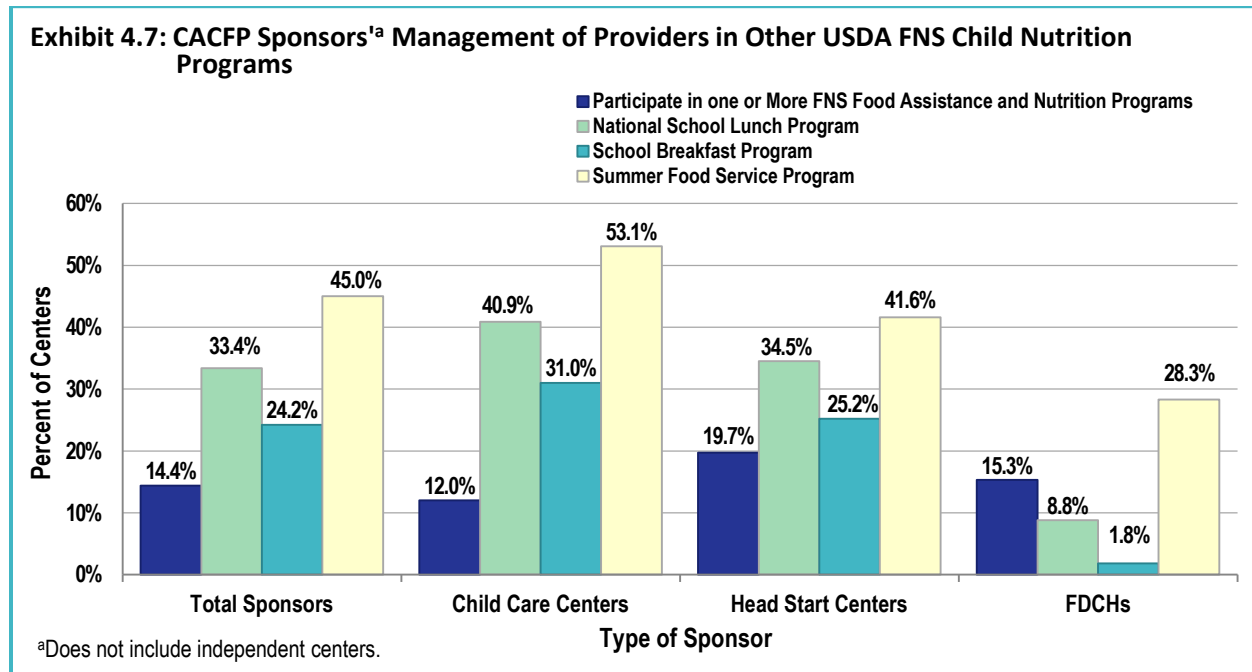
Many CACFP sponsors also manage or sponsor providers in programs or services funded by other agencies (53.6%). More than half of Head Start and child care center sponsors (56.5% and 52.7% respectively) also manage sites for non-USDA programs or services, as do more than half of family day care home sponsors (54.9%) (Exhibit 4.8).

Exhibit 4.8: CACFP Sponsors[a] Management of Providers in Non-USDA Funded Programs or Services

a Does not include independent centers.
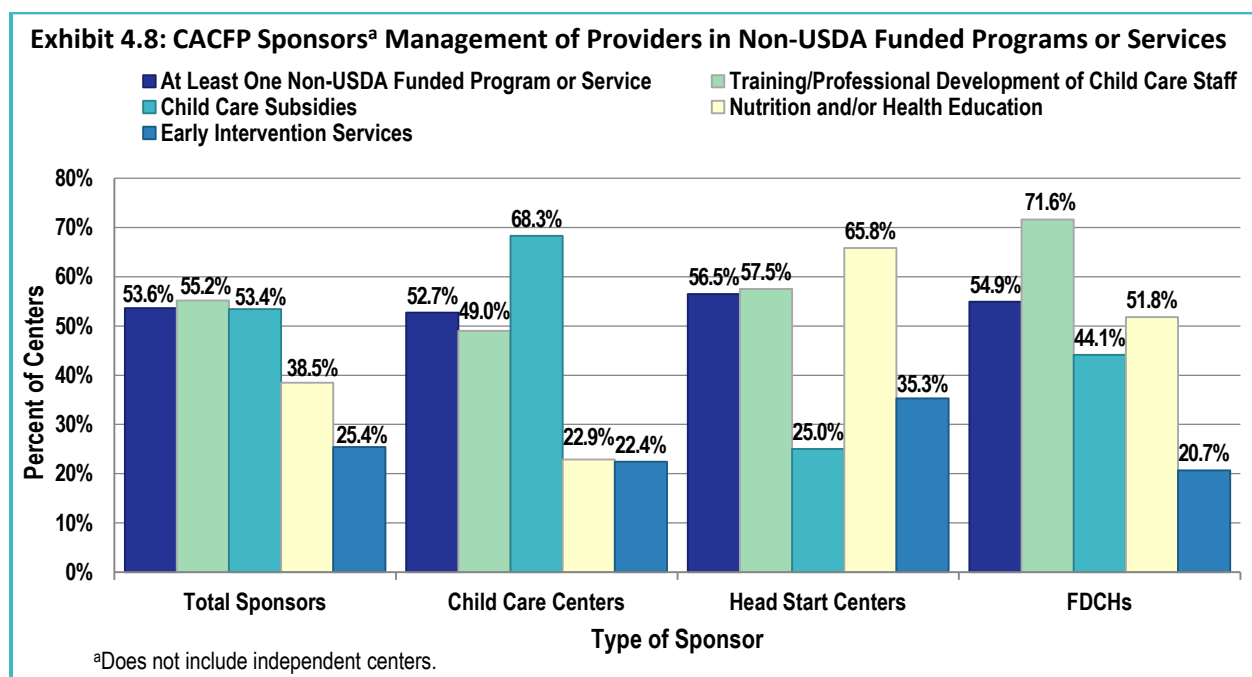
PROGRAM ADMINISTRATION AND OPERATIONS

Overall, CACFP sponsors are responsible for ensuring the integrity of the Program, rather than directly providing the meals. The CACFP regulations (7 CFR 226.15 and 226.16) require sponsors to:

- Submit applications for participation or renewal on behalf of sponsored providers,
- Accept final administrative and financial responsibility for Program operations with respect to sponsored providers,
- Maintain records required by USDA,
- Act as the "fiscal intermediary" for food service funds between the state agency and sponsored child care providers,
- Conduct pre-approval visits to each provider,
- Verify that proposed food services do not exceed providers' capabilities,
- Train providers in their responsibilities under CACFP, and
- Review operations to assess compliance with CACFP at least three times a year.

In addition, family day care home sponsors are responsible for determining the reimbursement tier for its family day care homes.[47] Sponsors must also comply with any additional regulations set by its State CACFP agency. In turn, State CACFP agencies provide regular training for sponsor staff and monitor sponsoring organizations.

ADMINISTRATIVE COST REIMBURSEMENTS

Multiple mechanisms are used to reimburse sponsors for their CACFP administrative costs. In addition to receiving meal reimbursements that are passed through to providers, family day care home sponsors receive an administrative cost reimbursement based on the number of their participating homes that month. The amount received per home does not depend on the tiering status of the homes sponsored; family day care home sponsors receive the same administrative reimbursement for homes in Tier I and Tier II.

A family day care home sponsor's effective administrative reimbursement rate is equal to its total monthly administrative reimbursements received divided by the number of active family day care homes in the corresponding month. The effective monthly administrative reimbursement rate for family day care home sponsors with no more than 50 family day care homes was $111 per family day care home in Program Year (PY) 2014-2015. Exhibit 4.9 shows the PY 2014-2015 family day care home sponsor administrative cost reimbursement rates.[48]

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[47] CACFP regulations pertaining to sponsors are included in 7 CFR 226.16: Sponsoring organization provisions.
[48] Administrative rates for sponsors of day care homes for 2014-2015 can be found at:
https://www.gpo.gov/fdsys/pkg/FR-2015-07-17/pdf/2015-17597.pdf

Exhibit 4.9: Family Day Care Home Sponsor Monthly Administrative Cost Reimbursement: PY 2014-15	
Number of family day care homes	**Reimbursement Rate per Family Day Care Home per Month**
First 50 Day Care Homes (1 through 50)	$111
Next 150 Day Care Homes (51 through 200)	$ 85
Next 800 Day Care Homes (201 through 1000)	$ 66
Additional Day Care Homes (1001 and over)	$ 58

Yet, the actual rate varies based on the number of family day care homes. The effective administrative reimbursement rate decreases as the number of homes increases. Exhibit 4.10 shows that as the number of family day care homes sponsored gets larger, the sponsor's effective monthly reimbursement rate decreases. In this example, the effective reimbursement rate drops from $111.00 per family day care home for sponsors with up to 50 family day care homes to $64.55 per family day care home for sponsors with 2,000 family day care homes. After a sponsor supports 2,000 homes, the effective reimbursement rate continues to decline and approaches $58 per family day care home. In PY 2014-15, the average monthly effective administrative reimbursement rate for family day care home sponsors was $90.05.

Exhibit 4.10: FDCH Sponsor Effective Administrative Reimbursement Rates
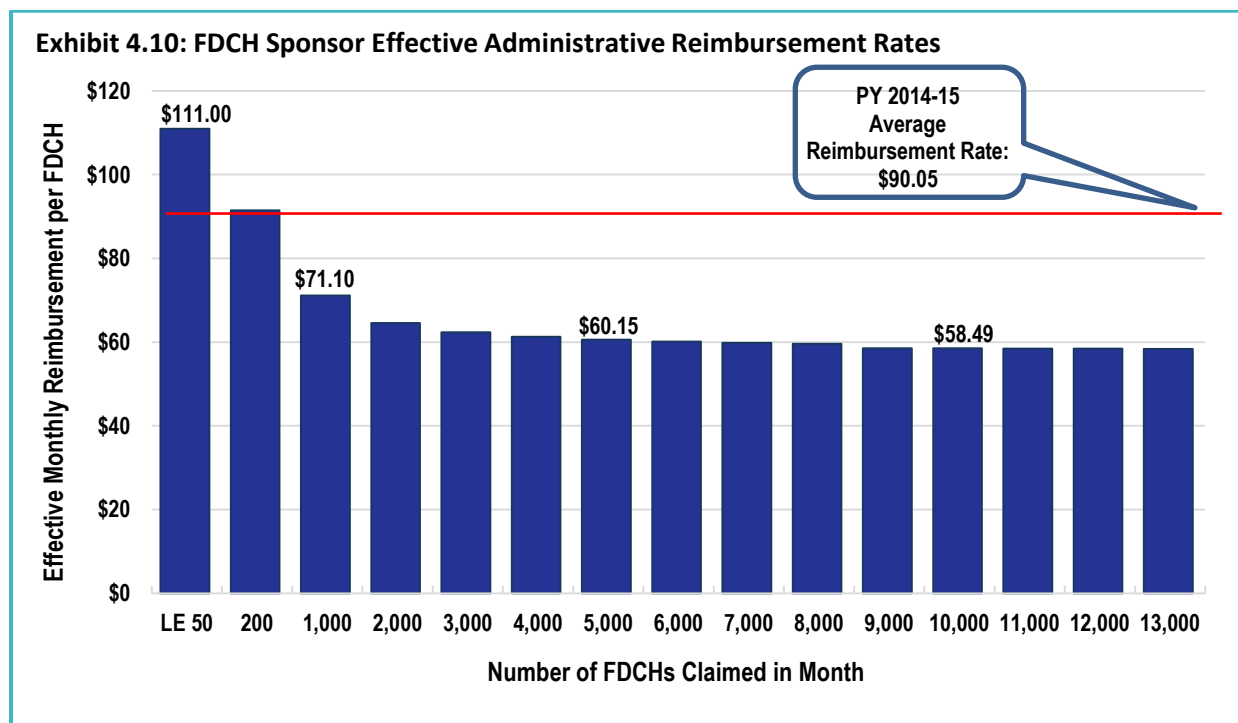
Unlike family day care home sponsors, center sponsors do not receive a separate administrative cost reimbursement; rather regulations[49] permit center sponsors to retain up to 15 percent of the meal reimbursements received by their sponsored centers each month. The amount available to these sponsors to offset administrative costs depends on a variety of center features (i.e., number, size, and

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[49] 7 CFR 226. 16(b)

combination of meals and snacks served), as well as the reimbursement rate associated with meals served (i.e., free, reduced-price, and paid).

A center serving breakfast, lunch, and an afternoon snack to 80 children each day for 21 days in a month would generate $9,106 in meal reimbursements if all children were approved at the free rates. The center's sponsor could retain up to 15 percent, or $1,366, to cover its administrative costs. By contrast, that center would generate $7,561 in meal reimbursements if they had 50 children at the free rates, 20 at the reduced-price rates, and 10 at the paid rates. In this scenario, the center's sponsor could retain up to $1,134 for administrative costs (a difference of $232/month). The meal reimbursement rates for centers in the continental United States in FY 2014-15 can be found in Exhibit 4.11. All meals and snacks claimed by At-Risk centers, emergency shelters, and Head Start centers are reimbursed at the free rates.

Exhibit 4.11: Reimbursement Rates for Child Care Centers in the Contiguous United States: 2014-15			
Reimbursement Category	Breakfast	Lunch/Dinner	Snack
Paid	$0.28	$0.28	$0.07
Reduced-Price	$1.32	$2.58	$0.41
Free	$1.62	$2.98	$0.82

However, relatively few center sponsors retain the 15.0 percent of meal reimbursements they are entitled to keep for administrative costs. In fact, only 20.2 percent of center sponsors reported that they retain any portion of the meal reimbursements generated by their centers.[50] Similarly, 16.4 percent of Head Start center sponsors and only 20.7 percent of child care center sponsors reported retaining any meal reimbursements. Among the relatively few center sponsors that retained meal reimbursements, only 1.3 percent found the reimbursements sufficient to cover all of their CACFP administrative costs.[51] The relatively small percentage of child care center sponsors that retain any of their centers' meal reimbursements may reflect the fact that sponsors of affiliated centers use their centers' meal reimbursements to pay for all of their operating costs including food, supplies, and operational labor. Because sponsors of affiliated centers own the centers, they also retain 100% of the reimbursement.

By contrast, sponsors of unaffiliated centers do not own and are fiscally separate from their centers. The only way for such sponsors to get any reimbursement for administering the CACFP is to retain some of their centers' meal reimbursements. Since for-profit centers that are affiliated with their sponsor are, in essence, the same organization, the sponsoring organization retains all of the reimbursement; there is no distribution of funds to the centers.[52] This detail might, in part, explain the relatively low percentage of child care center sponsors that reported retaining center meal reimbursements. Among the sponsors that do retain a portion of meal reimbursements, the average amount retained is 13.0 percent (13.2% for child care and 11.9% for Head Start centers), even though they can retain more.

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[50] The data are not broken out by unaffiliated and affiliated centers. The data are in Volume II, Exhibit 1.15.
[51] The data are in Volume II, Exhibit 1.18.
[52] Yet, the for-profit centers can also participate under a sponsor of unaffiliated centers.

CACFP administrative cost reimbursements are considerably more important to family day care home sponsors. The percentage of family day care home sponsors' CACFP administrative costs that are covered by administrative reimbursements varies (Exhibit 4.12). For almost half (46.6%) of family day care home sponsors, their administrative cost reimbursements covered all of their administrative costs.[53] At the other end of the spectrum, for almost one-third (31.6%) of family day care home sponsors, the administrative cost reimbursements covered less than 20 percent of their administrative costs. Among Head Start center sponsors, the marginal cost of administering CACFP may be small enough to do so from Head Start Program funds.

Exhibit 4.12: Distribution of FDCH Sponsors by their Administrative Cost Reimbursements as a Percentage of Administrative Costs

Y-axis: Percent of FDCH Sponsors (0% – 50%)
X-axis: Sponsor Admistrative Cost Reimbursement as a Percentage of Administrative Costs

- 0% - 19%: 31.6%
- 20% - 39%: 10.9%
- 40% - 99%: 10.9%
- 100%: 46.6%
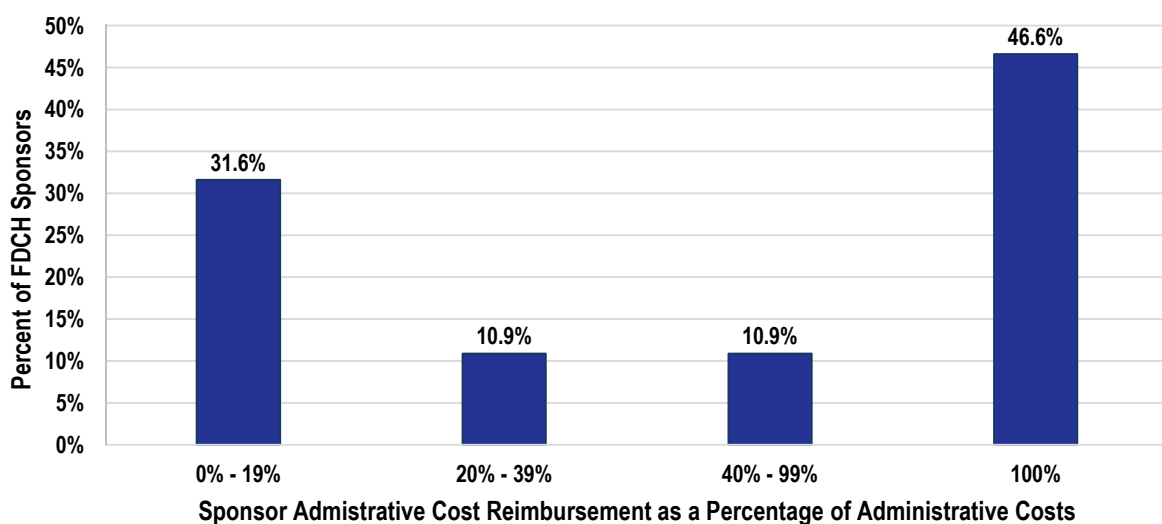
FINANCIAL MANAGEMENT

CACFP sponsors are fiscal intermediaries between the State CACFP administering agency and the outlets providing child care. Centers and family day care homes submit their monthly claims for reimbursable meals served to their sponsors. Sponsors then perform checks on meal claims for each facility before aggregating the claims and submitting to the State administering agency. State agencies review the sponsors' claims, calculate the total reimbursement due, and send payments to sponsors. Sponsors then send a payment to each provider included in its aggregated claim. Success in claims processing and provider oversight are, in part, dependent on the accuracy and efficiency of the sponsor's accounting, meal claiming or other systems.

In the early years of CACFP, few electronic tools were available to support sponsors' financial and other administrative management, and those that were available had relatively limited functionality. Today, computerized systems with comprehensive functionality enable both providers and sponsors

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[53] This data, and more on the same topic, can be found in Volume II, Exhibit 1.18.

to maintain required records and submit claims electronically. Over the last decade, most States have implemented automated systems that can receive sponsor claims electronically. In fact, the Program now encourages State administering agencies, sponsors, and independent centers to establish internet or other electronic-based systems for claims processing and other activities, like attendance records maintenance.[54]

Almost two-thirds of CACFP sponsors (63.7%) reported that they use an automated accounting system for processing meal claims and/or other CACFP administrative activities, but the proportion varies by sponsor type. Just over half (53.2 %) of center sponsors use an automated accounting system compared to 81.1 percent of family day care home and 78.5 percent of Head Start sponsors (Exhibit 4.13).

Exhibit 4.13: Percent of All Sponsors[a] Using Automated Accounting Systems

Bar chart showing "Percent of Sponsors" (y-axis, 0% to 90%) by "Type of Sponsor" (x-axis):
- Total Sponsors: 63.7%
- Child Care Centers: 53.2%
- Head Start Centers: 78.5%
- FDCHs: 81.1%

[a]Does not include independent centers.
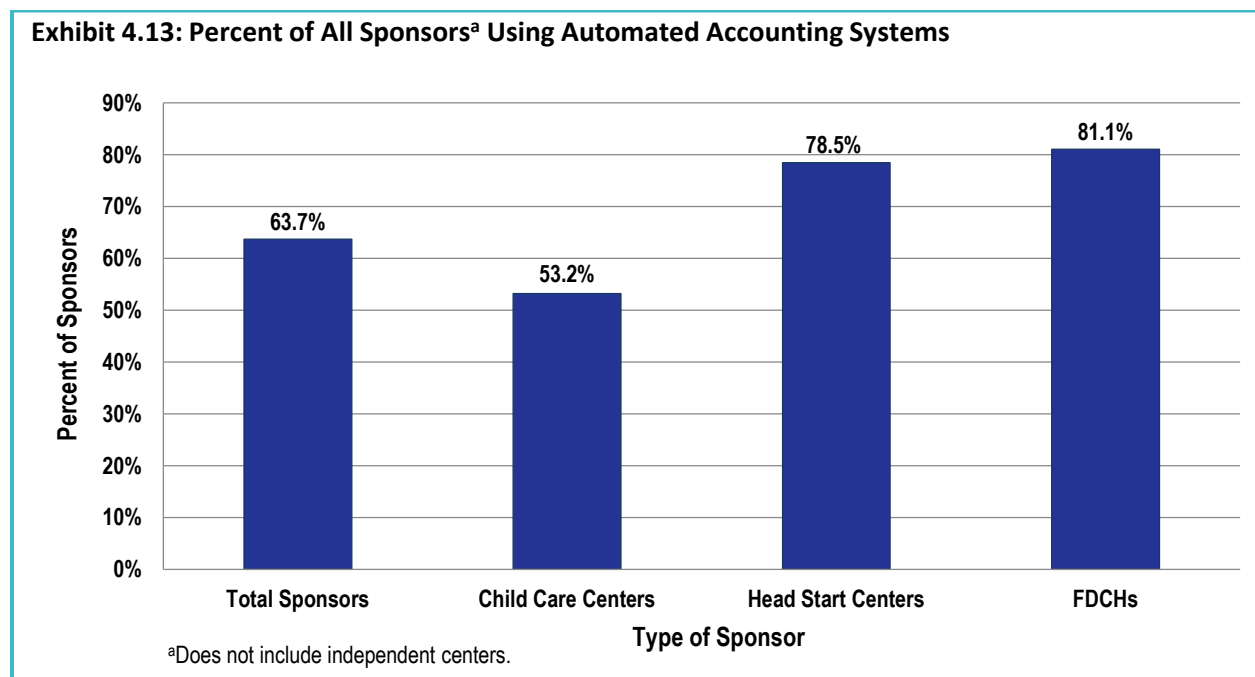
The sources of the accounting systems are varied. Approximately 16.2 percent of CACFP sponsors use a system developed in-house (Exhibit 4.14). Of the 22.4 percent of sponsors using a commercially purchased system, most use either Minute Menu™ (39.8%) or ChildPlus™ (25.6%), though there are many other options available.[55]

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[54] Policy Memo CACFP 03-2011, December 17, 2010. State claims processing systems must still provide access for sponsors and/or providers without internet or computer access who chose to file paper claims.
[55] More detail on system brands can be found in Volume II, Exhibit 1.23.

Exhibit 4.14: Sources of Sponsors'[a] Automated Accounting Systems[b]

Legend: ■ Use Automated Accounting System ■ State Agency ☐ Commercially Purchased ■ In House

Type of Sponsor	Use Automated Accounting System	State Agency	Commercially Purchased	In House
Total Sponsors	63.7%	39.9%	22.4%	16.2%
Center Sponsors	53.2%	34.5%	9.4%	16.1%
Head Start Sponsors	78.6%	54.5%	32.6%	16.8%
FDCH Sponsors	81.2%	38.1%	56.9%	15.2%

Y-axis: Percent of Sponsors (0% to 90%)

[a]Does not include independent centers.
[b]Some sponsors use more than one automated accounting system.

SERVICES RECEIVED FROM STATE CACFP ADMINISTERING AGENCIES

State CACFP administering agencies are required to provide technical and supervisory assistance to sponsors and independent centers to facilitate effective Program operations. Three quarters of CACFP sponsors (75.8%) reported that they received training from their State administering agency during the previous 12 calendar months.[56]

Trainings covered a broad range of topics, including the CACFP meal pattern, administrative, and monitoring requirements; preparing and submitting monthly claims; food purchasing; confidentiality; food preparation; menu planning; food safety; family day care home tiering rules; recognizing child abuse and neglect; and many others. Assistance was provided in many formats, including brochures and manuals, videos, State and regional conferences, on-site visits, conference calls, and as part of administrative reviews. Exhibit 4.15 shows the percentage of sponsors that reported receiving training on selected topics. The topics most frequently covered in this training include CACFP meal requirements (88.6%), CACFP monitoring requirements (79.8%), USDA civil rights requirements (82.1%), CACFP administrative requirements (75.2%), and menu planning (71.9%).[57]

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[56] The survey asked about services/training received over the previous 12 months. Given the timing of the survey, responses covered parts of program years 2013-14 and 2014-15. The fact that about a quarter of sponsors did not receive any services/training from their State agency does not mean that States did not make services available to these sponsors. This may reflect that some sponsors simply do not avail themselves of services available from their States Agency. For example, not every sponsor attends their States' annual sponsor training.
[57] These training topics were not mutually exclusive survey choices.

Exhibit 4.15: Topics on Which Sponsors[a] Receive Training from the State Agency[b]

Percent of Sponsors by Training Topic:
- Meal Requirements: 88.6%
- Administrative Requirements: 75.2%
- Monitoring Requirements: 79.8%
- Civil Rights Requirements: 82.1%
- Menu Planning: 71.9%
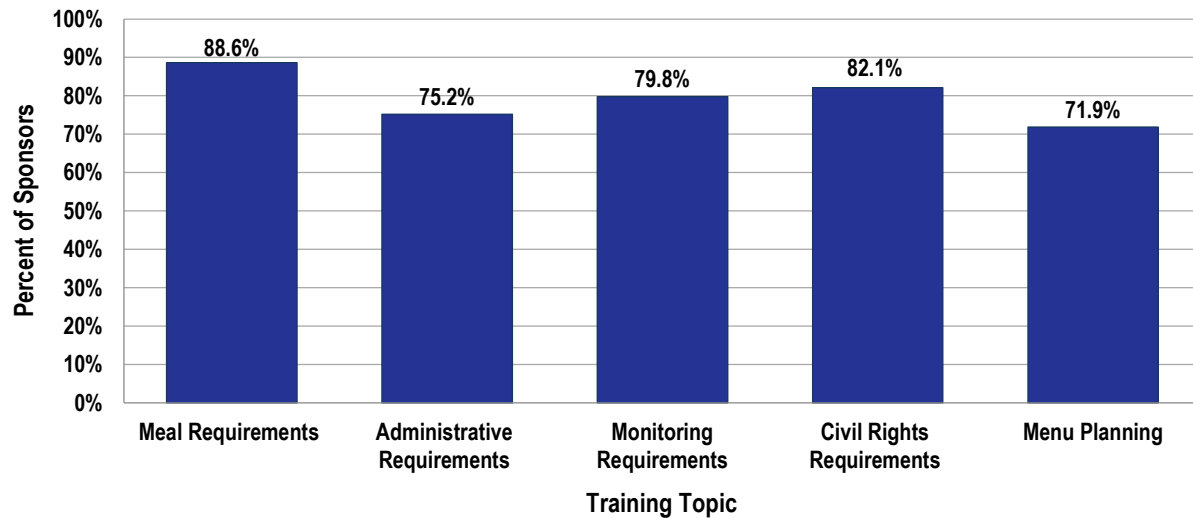
[a]Does not include independent centers.
[b]Sponsors may receive training on more than one topic.

Many sponsors (38.9%) expressed interest in training or technical assistance from their State administering agencies in new areas[58] (Exhibit 4.16). Although sponsors showed interest in various topics, only two were identified by more than 15 percent: menu planning and sample menus (20.3%) and training sponsor staff (16.4%).

Exhibit 4.16: Topics on Which Sponsors[a] Would Like to Receive Training from their State Agency

Percent of Sponsors by Desired Training Topic:
- Menu Planning: 20.3%
- Staff Training: 16.4%
- Budgeting: 10.2%
- Training Sites: 11.9%
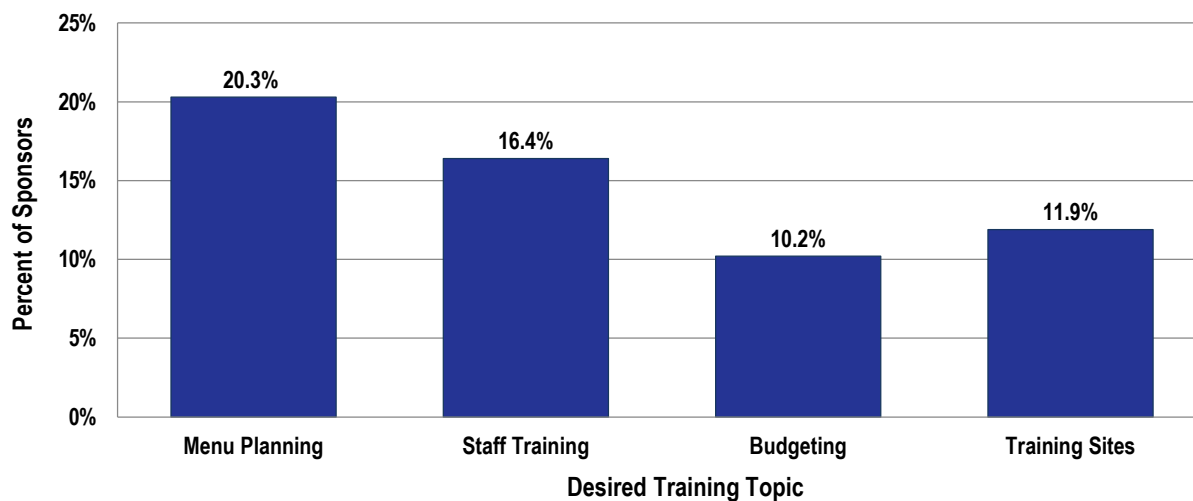
.[a]Does not include independent centers.

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[58] Training on a topic may have been available or provided by State administering agencies, but not received by some sponsors. For example, a sponsor may not have attended a conference where the State administering agency covered a specific topic.

PROVIDERS DROPPING OUT OF THE CACFP

Prior to tiering, the number of family day care homes entering the CACFP annually exceeded the number that left but, following the implementation of tiering, that difference reversed. As stated in Chapter 1, the number of family day care homes participating in the CACFP dropped by 44.6 percent in the years since tiering was enacted.

Sponsors do not systematically track the reasons why providers leave the Program. Fewer than ten percent of family day care home sponsors (5.1%) and child care center sponsors (9.4%) reported that they collect that information. Among the family day care home sponsors that could provide this information, 56.7 percent assumed the primary reason for drop-out is that the home chooses to no longer provide child care[59]. Additional reasons identified by these sponsors include: a high paperwork burden (44.0%), low meal reimbursement rates[60] (30.2%), and that drop-outs occur when Tier-II mixed providers do not have enough low-income children to be reimbursed for meals at the higher Tier I rates (7.2 %).[61]

Other sponsor types experience less turnover. In particular, Head Start centers are required to participate in CACFP, so they do not leave the program as long as they are operating. On the other hand, given child care center sponsors provide oversight to an average of only four providers, a single provider drop-out can have a meaningful impact on a sponsor's revenues and staffing needs.

STAFFING

Sponsors must provide adequate supervisory and operational personnel for effective program management. Family day care home sponsors must employ the equivalent of one full-time staff person for each 50 to 150 family day care home providers sponsored. Similarly, a center sponsor must employ the equivalent of one full-time staff person for each 25 to 150 sponsored centers for oversight.[62] However, many center and family day care home sponsors have a broader mission than sponsoring child care and early education providers for the CACFP. As a result, while organizations that sponsor child care centers employ an average of 249 people, not all employees work on CACFP activities. On average, only 36.4 percent of all CACFP sponsors' employees work on CACFP administrative functions. However, this varies across types of sponsor; on average, 57.8 percent of child care center sponsors' employees work on CACFP activities, as do 35.6 percent of Head Start sponsors' employees and 39.4 percent of family day care home sponsors' employees (Exhibit 4.17).

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[59] See Volume II, Exhibit 1.26 for a more extensive list of the reasons reported by sponsors.

[60] Tiering greatly reduced meal reimbursements for Tier II homes. In 2014-15, the meal reimbursement to family day care homes serving a child breakfast, lunch, and a snack was $4.51 at Tier I rates, but only $2.17 at Tier II rates.

[61] Tier II-Mixed family day care homes receive the higher Tier I rates for meals and snacks served to individual children from households with incomes below 185% of the FPL. The greater the number of such children in care, the higher a home's total meal reimbursement. If meals and snacks served to all the children attending a Tier-II-High family day care home are from households with incomes below 185% of the FPL, then total meal reimbursements would be the same as that of a comparable Tier I home.

[62] 7 CFR 226.16(b)1

Exhibit 4.17: Distribution of Sponsors[a] by the Percentage of Staff Working on the CACFP[b]

Legend: ■ Less than or equals 20% ■ 21% - 30% ■ 31% - 40% □ 41% - 50% ■ Greater than 50%

Type of Sponsor	Less than or equals 20%	21% - 30%	31% - 40%	41% - 50%	Greater than 50%	Mean
Total Sponsors	44.9%	14.7%	8.2%	5.7%	34.6%	Mean=36.4%
Child Care Centers	43.0%	16.5%	9.1%	5.3%	26.0%	Mean=57.8%
Head Start Centers	54.9%	7.7%	6.1%	5.4%	25.9%	Mean=35.6%
FDCHs	29.7%	3.9%	3.2%	7.1%	56.1%	Mean=39.4%

Y-axis: Percent of Sponsors (0% to 60%)
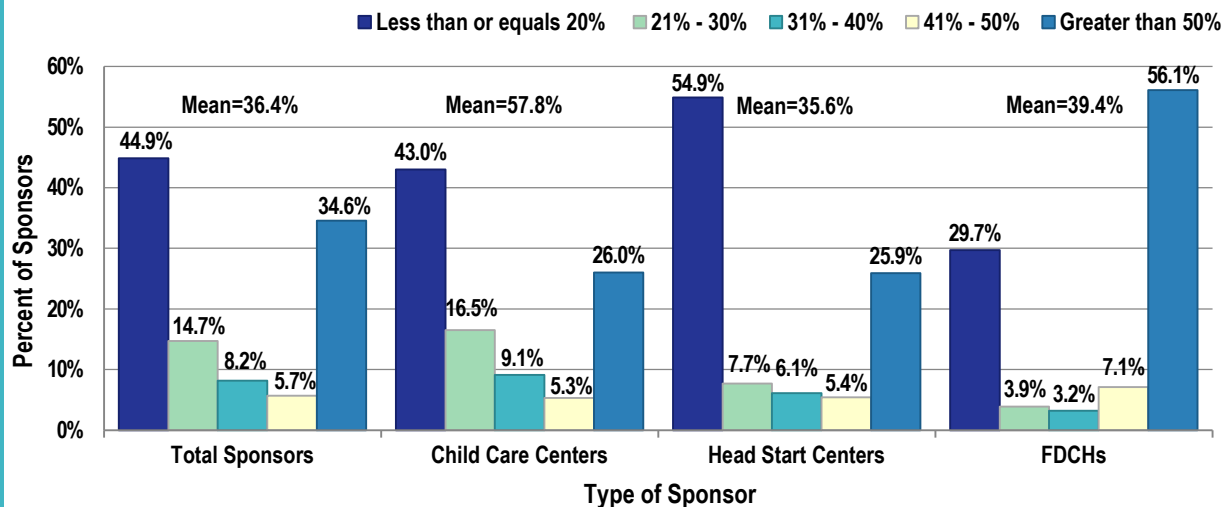
[a]Does not include independent centers.
[b]Refers to staff count not staff time. Includes both full-time and part-time staff.

Staffing requirements are broadly specified in the regulations (7 CFR 16(b)(1)), but the State administering agencies have the authority to determine the appropriate staffing level for each sponsoring organization, as long as they are consistent with the specified ranges. Nevertheless, all CACFP sponsors must meet the minimum regulatory requirements. In fact, 81.9 percent of sponsors reported more than the minimum number of staff working on the CACFP (Exhibit 4.18).

Exhibit 4.18: Percentage of All Sponsors[a] with Staff Numbers that Exceed CACFP Minimum Requirements

Type of Sponsor	Percent of Sponsors
Total Sponsors	81.9%
Child Care Centers	86.7%
Head Start Centers	84.2%
FDCHs	57.8%

Y-axis: Percent of Sponsors (0% to 100%)
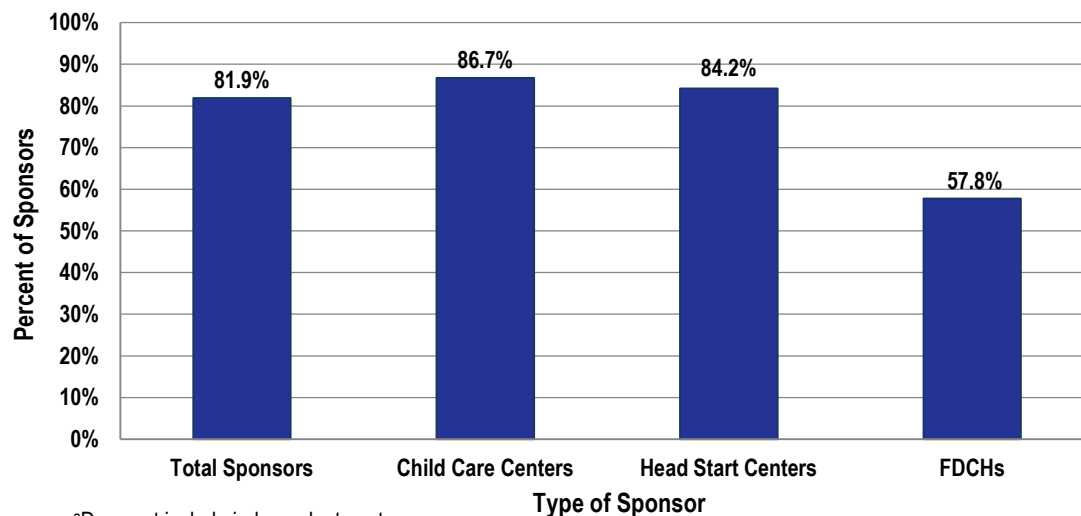
[a]Does not include independent centers.

Sponsors engage in a wide range of activities to successfully administer the CACFP. Responsibilities include hiring and training staff; providing professional development; conducting outreach and recruiting new sites; monitoring and training staff at their sponsored sites; processing their sites' monthly claims and distributing reimbursements; preparing for State administrative reviews; and more. Although conceptually monitoring and training are different activities, they are often done jointly. Sponsor staff often provide training to family day care home and center staff as part of

monitoring visits, making it difficult for some sponsors to easily estimate the amount of staff time devoted to training separate from monitoring. Exhibit 4.19 shows the average percentage of CACFP staff time spent on two key activities: 1) monitoring and training, and 2) conducting outreach for new sites.[63]

Exhibit 4.19: Average Percentage of Sponsor[a] Staff Time Allocated to Selected CACFP Administrative Activities

■ Monitoring and Training Site Staff   ☐ Conducting Outreach

[a]Does not include independent centers.
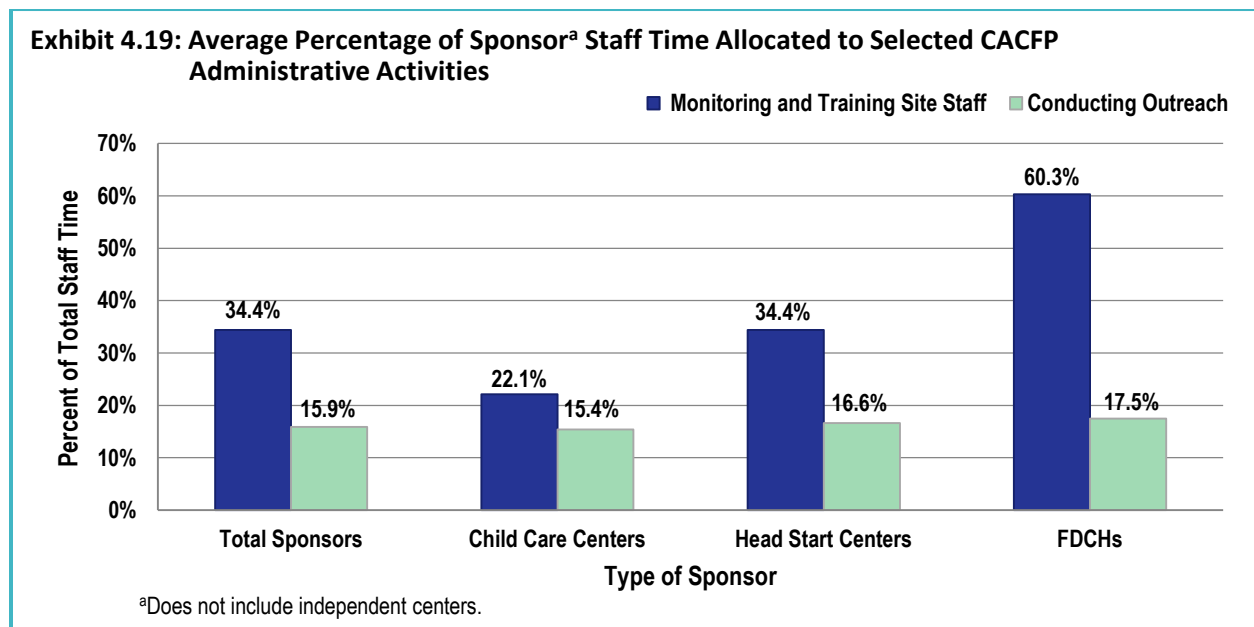
The allocation of staff time varies by sponsor type. Head Start sponsors allocate an average of 34.4 percent of their CACFP staff time to monitoring and training, while child care center sponsors average 22.1 percent of staff time for these activities and family day care home sponsors average 60.3 percent of staff time.

The percentage of staff time allocated to outreach activities ranges from an average of 15.4 and 17.5 percent among CACFP staff time at center and family day care home sponsors, respectively, to an average of 16.6 percent among Head Start sponsors. The amount of staff time needed for outreach is somewhat dependent on a sponsor's need to recruit new sites. Family day care home sponsors reported allocating 17.5 percent of total CACFP staff time, on average, to outreach activities despite the declining number of family day care homes participating in the Program since 1997.

Sponsors are responsible for ensuring that meals served by their providers meet the CACFP requirements; given they can assist in creating menus and planning meals, a trained nutritionist[64] can increase the likelihood that their providers will be in compliance with CACFP meal requirements. The use of a nutritionist varied widely across sponsor types (Exhibit 4.20). While fewer than one-third of sponsors (28.9%) reported a trained nutritionist on staff, more than twice as many Head Start sponsors (59.1%) have a nutritionist on staff than either child care center sponsors (17.3%) or family day care home sponsors (27.1%). Although the survey did not define "trained nutritionist," the term includes, but is not limited to registered dietitians. Among those that reported having a

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[63] Additional data on this topic can be found in Volume II, Exhibits 1.36 and 1.39.
[64] "Formally-trained nutritionist" was not defined in the survey.

trained nutritionist, 67.7 percent of Head Start sponsors reported that their nutritionist was a registered dietitian, compared to 43.9 percent and 20.4 percent of center and home sponsors, respectively.

Exhibit 4.20: Perecentage of All Sponsors[a] With a Trained Nutritionist[b] on Staff

■ Trained Nutritionist   ■ Nutritionist is a Registered Dietitian
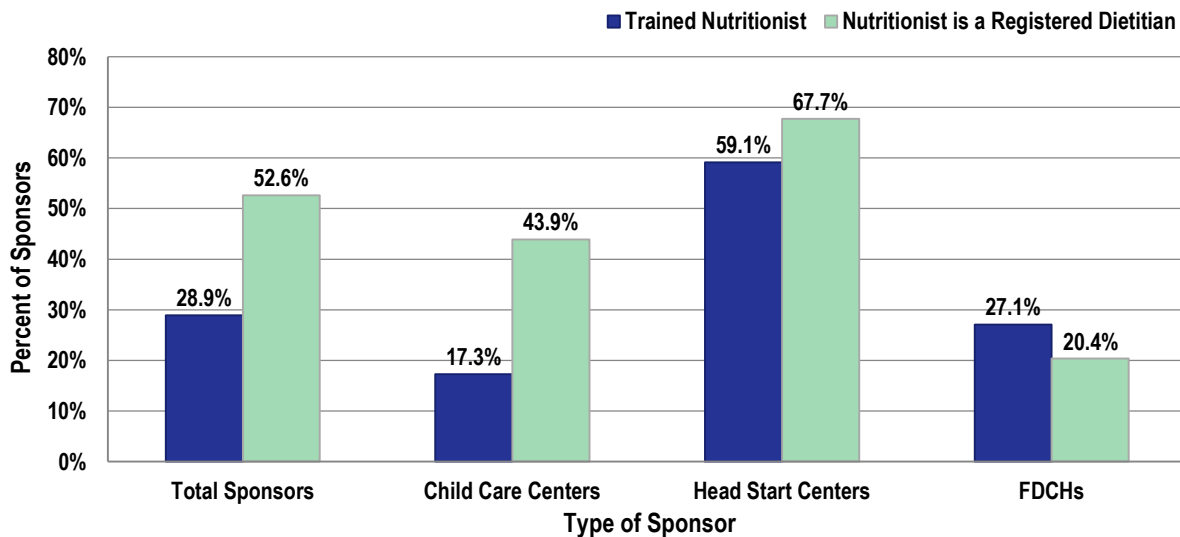
[a]Does not include independent centers.
[b]Trained nutritionist includes those who are RDs as well as those with other types of formal training in nutrition.

Finally, this study also asked sponsors about staff turnover. Just over half (50.3%) of CACFP sponsors have a staff turnover rate greater than 25 percent. Among the sponsor types, Head Start sponsors have the lowest turnover rates (39.6 percent have a turnover rate higher than 25 percent) compared to 55.7 percent of child care center and 48.0 percent of family day care home sponsors (Exhibit 4.21).

Exhibit 4.21: Percentage of All Sponsors[a] with an Annual Staff Turnover Rate Greater than 25 Percent
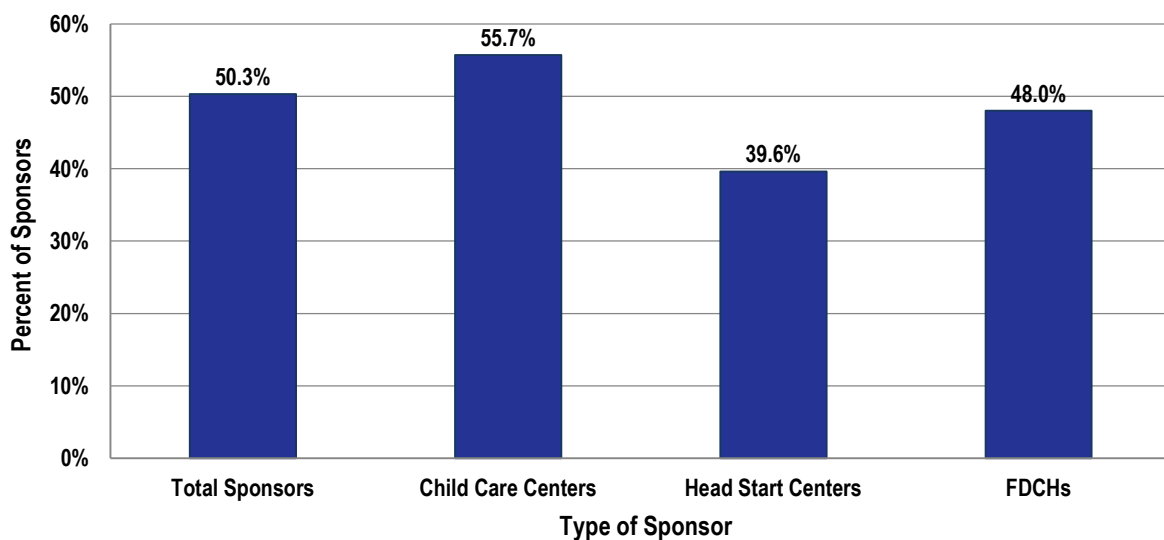
[a]Does not include independent centers.

TRAINING CENTER AND FAMILY DAY CARE HOME STAFF

CACFP sponsors are required to provide mandatory in-service training to the key staff[65] from sponsored child care and Head Start centers, and family day care home providers at least once per year.[66] This training must include instruction appropriate to the level of staff experience and duties. Among other items, topics include meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system.[67] Three-quarters of CACFP sponsors (74.2%) provide in-service training on at least one topic to their providers. This study examined three of the topics specifically required by the regulations:[68]

- CACFP meal requirements,
- CACFP recordkeeping requirements, and
- Preparing and filing monthly claims.

Exhibit 4.22 shows that a majority of sponsors provide training on CACFP meal requirements (91.7%) and CACFP recordkeeping requirements (88.5%). Fewer sponsors reported that they provide training on preparing and filing monthly claims (37.9 %). Family day care homes sponsors were most likely to report providing training on this topic (69.3%), compared to 39.1 percent of child care center sponsors and 34.6 percent of Head Start center sponsors.

Exhibit 4.22: Distribution of Sponsors[a] by Training Topics Delivered to Providers

[a]Does not include independent centers.
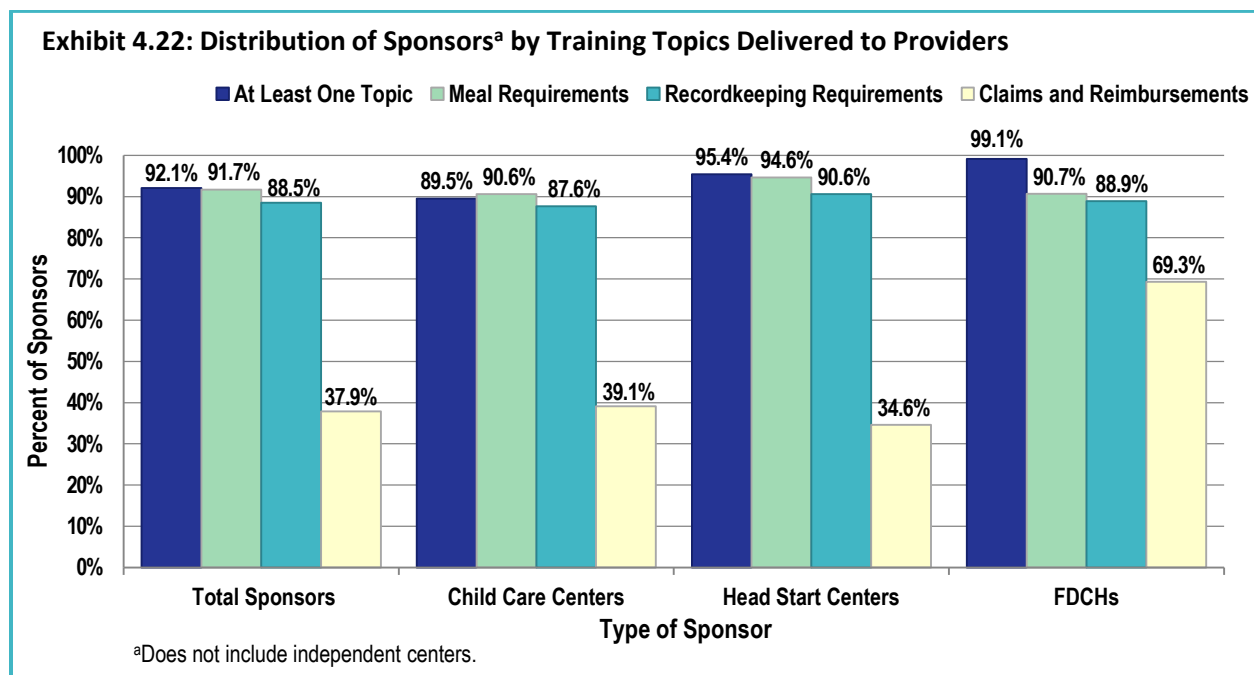
Additional topics covered by at least 50 percent of sponsors include nutrition (child care center sponsors, 59.3%; Head Start center sponsors, 80.0%; and family day care home sponsors, 78.3%), food safety/food service operations (child care center sponsors, 77.7%; Head Start center sponsors,

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[65] Additionally, State administering agencies are responsible for defining "key staff." Attendance by key staff is mandatory.

[66] 7 CFR 226.16(d)

[67] CACFP sponsors are also required to provide training to the family day care home providers and key staff of the centers they sponsor prior to beginning CACFP operations. This pre-service training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system. This study did not examine pre-service training provided by sponsors.

[68] Additional detail on other topics is provided in Volume II, Exhibits 1.45 and 1.47.

88.5%; and family day care home sponsors, 68.6%), and food preparation (child care center sponsors, 71.4%: Head Start centers 73.6%; and family day care home sponsors, 61.7%).

The frequency with which they conduct such training is varied. Among sponsors, more than half (55.3%) conduct training once or twice per year, while one-quarter (25.9%) conduct training more than three times per year (Exhibit 4.23).

Exhibit 4.23: Distribution of Sponsors[a] by the Frequency of Training Sessions Delivered to Providers

Bar chart legend: ■ 1 Time/Year ■ 2 Times/Year ■ 3 Times/Year □ Greater than 3 Times/Year

Y-axis: Percent of Sponsors (0% to 35%)
X-axis: Type of Sponsor

Total Sponsors: 1 Time/Year 29.4%, 2 Times/Year 25.9%, 3 Times/Year 18.7%, Greater than 3 Times/Year 25.9%
Child Care Centers: 1 Time/Year 25.3%, 2 Times/Year 27.8%, 3 Times/Year 21.3%, Greater than 3 Times/Year 25.5%
Head Start Centers: 1 Time/Year 27.0%, 2 Times/Year 32.3%, 3 Times/Year 16.8%, Greater than 3 Times/Year 23.8%
FDCHs: 1 Time/Year 32.9%, 2 Times/Year 20.8%, 3 Times/Year 18.9%, Greater than 3 Times/Year 27.4%

[a]Does not include ICCCs.

Overall, most sponsors conduct in-person trainings, with little variation among sponsor types that use this approach (child center sponsors, 81.2%; Head Start center sponsors, 86.7%; and family day care home sponsors, 82.5%). Even though center and family day care home staff are diverse, 88.9 percent of CACFP sponsors reported they do not conduct training, monitoring, or reviews in languages other than English.[69]

MONITORING

Program regulations require sponsors to conduct an on-site review of each provider at least three times per year.[70] Review areas include:

- Compliance with the meal pattern requirements,
- Current licensing or approval,
- Attendance at training,
- Meal counts,[71] and
- Menu and meal records.

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[69] More than one-third of FDCH sponsors reported a need to conduct training in languages other than English.
[70] 7 CFR 226.17
[71] Meal count reviews examine the meal counts recorded by the facility for five consecutive days during the current and/or prior claiming period.

Two on-site reviews are required to be unannounced and at least one of the unannounced on-site reviews must include a meal service observation. If a sponsor finds a "serious deficiency" during a monitoring visit, regulations require a follow-up visit to verify that the provider has taken the necessary corrective actions.[72]

FREQUENCY AND DURATION OF MONITORING VISITS

CACFP sponsors vary by the frequency with which they conduct monitoring visits (Exhibit 4.24). Overall, 63.9 percent of sponsors reported that they conduct three monitoring visits per year and almost one-quarter (22.9%) conduct more than the required minimum. Yet, while only 1.0 percent of family day care home sponsors reported that they conduct fewer than three visits, 17.2 percent of center sponsors and 10.0 percent of Head Start centers reported conducting fewer than three visits.

Exhibit 4.24: Distribution of Sponsors by the Annual Frequency of Monitoring Visits[a]

aDoes not include independent centers.
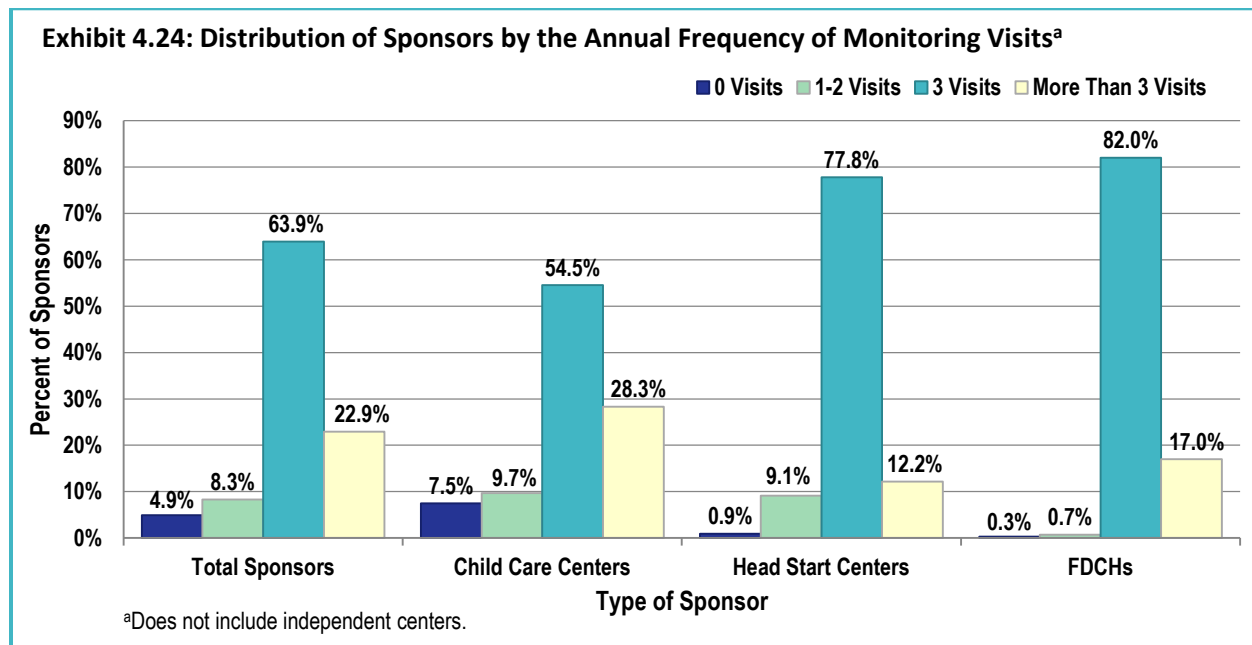
However, child care and Head Start center sponsors spend considerably more time on average conducting each visit. The average time per monitoring visit for sponsors of child care and Head Start centers lasts at least 21.1 minutes longer than visits by family day care home sponsors (Exhibit 4.25).

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[72] Serious deficiencies are Program violations or issues of non-compliance with CACFP requirements at any time during a center's or family day care home's participation. Serious deficiencies that are not permanently corrected result in the proposed termination and disqualification of the center or home (see Serious Deficiency, Suspension & Appeals for State Agencies and Sponsoring Organizations: A CACFP Handbook, USDA, February 2015).

Exhibit 4.25: Average Duration of Sponsors[a] Monitoring Visits
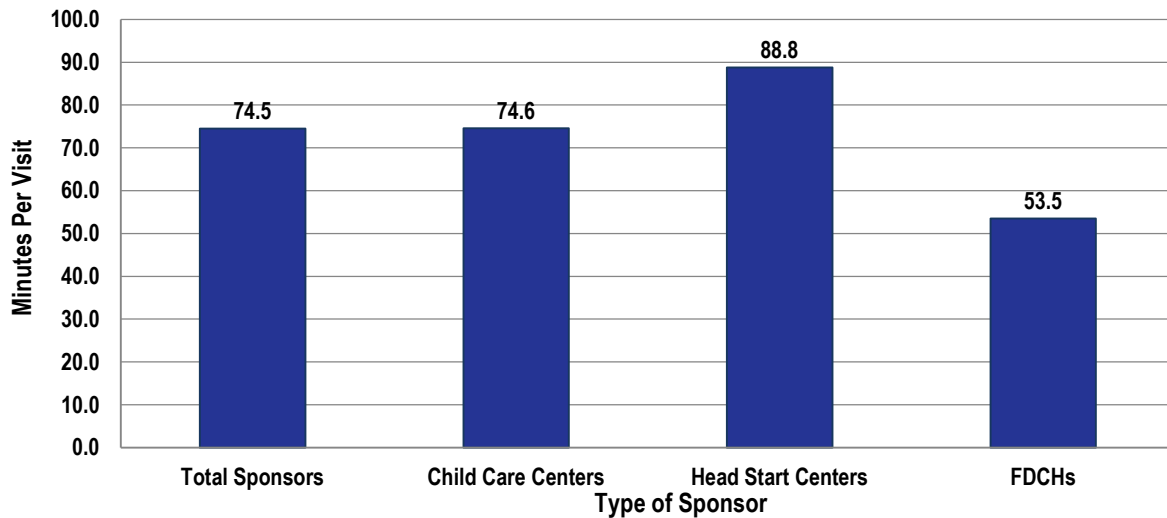
[a]Does not include independent centers.

Despite the requirement[73] that at least two of the required monitoring visits occur without notice, only half of sponsors (50.7%) reported thay they conduct unannounced monitoring visits.

PRIMARY AREAS REVIEWED DURING MONITORING VISITS

Approximately half of CACFP sponsors (54.6%) reported that they conduct monitoring visits to ensure that providers are serving nutritious meals and snacks and about one quarter (27.3%) combine training and technical assistance with monitoring visits. The next most frequent purpose for conducting monitoring visits is to evaluate whether providers are pleased with the service provided by the sponsor (8.6%).

Primary enrollment areas reviewed or checked by sponsors during monitoring visits include: current license, health and safety guidelines, current enrollment records, and the difference between licensed capacity and attendance (Exhibit 4.26). Overall, 64.8 percent of sponsors reported that they confirm current enrollment records for each child and 55.2 percent reported that they confirmed providers follow health and safety guidelines. Small differences across sponsor types exist: While 78.9 percent of family day care home sponsors reportedly review current enrollment records, 65.8 percent of center sponsors and 52.3 percent of Head Start center sponsors do so. Overall, 34.8 percent of sponsors reported reviewing attendance records to make certain that daily attendance (used to assess the accuracy of providers' claims) does not exceed licensed capacity.

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[73] (7 CFR 226.16(d)4)

Exhibit 4.26: Distribution of Sponsors[a] by the Primary Enrollment-Related Areas Reviewed during Monitoring Visits

Legend: ■ Current License ■ Health & Safety Guidelines ■ Current Enrollment Records □ Attendance ≤ Licensed Capacity

Type of Sponsor	Current License	Health & Safety Guidelines	Current Enrollment Records	Attendance ≤ Licensed Capacity
Total Sponsors	21.9%	55.2%	64.8%	34.8%
Child Care Centers	19.9%	59.7%	65.8%	33.3%
Head Start Centers	23.7%	57.9%	52.3%	25.9%
FDCHs	26.9%	34.1%	78.9%	53.5%

[a]Does not include independent centers.
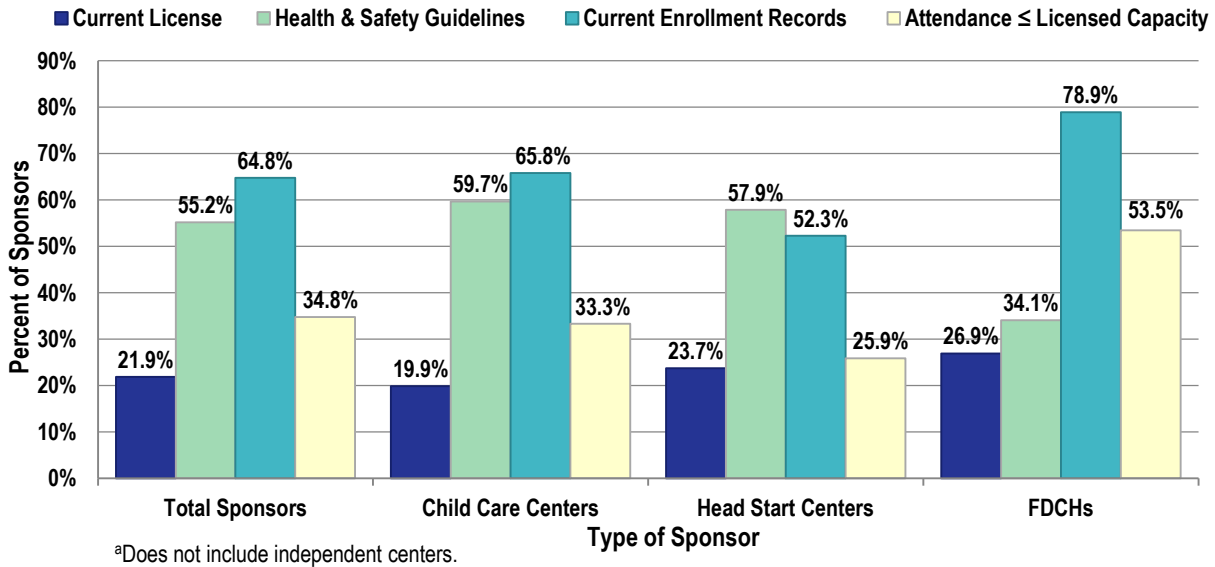
Among menu-related areas reviewed during monitoring visits, 73.8 percent of sponsors reported reviewing provider compliance with meal pattern requirements and 59.2 percent reported reviewing compliance with recordkeeping requirements.[74] Most sponsors (78.9%) reported reviewing meal count accuracy. Few sponsors reported comparing meals claimed to licensed capacity (8.2%) or conducting a 5-day reconciliation of meal counts to meal claims (11.9%).[75]

Exhibit 4.27: Menu-Related Areas Reviewed During Monitoring Visits[a]

Legend: ■ Accuracy of meal counts ■ Compliance with CACFP meal pattern requirements ■ Compliance with CACFP recordkeeping requirements

Type of Sponsor	Accuracy of meal counts	Compliance with CACFP meal pattern requirements	Compliance with CACFP recordkeeping requirements
Total Sponsors	78.9%	73.8%	59.2%
Child Care Centers	78.8%	74.8%	59.0%
Head Start Centers	70.7%	73.6%	55.9%
FDCHs	91.5%	70.0%	64.8%

[a]Does not include independent centers.

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[74] In Volume II, Exhibits 1.59 and 1.60 provide data on additional areas of review.

[75] For each day examined during the reconciliation period, reviewers must use enrollment and attendance records to determine the number of participants for each meal service and attempt to reconcile those numbers with the breakfasts, lunches, suppers, and/or snacks recorded in the facility's meal count for that day. Based on that comparison, reviewers must determine whether the meal counts were accurate. Outside-of-school-hours care centers, At-Risk centers, and emergency shelters where enrollment records are not required are exempt from this requirement (7CFR 226.16d(4)2).

The majority of family day care home sponsors (91.5 %) reported monitoring for meal pattern compliance compared to 78.8 percent of child care centers and 70.7 percent of Head Start center sponsors (Exhibit 4.28).[76] Conversely, 25.7 percent of family day care home sponsors reported review of safe food handling practices records, whereas 39.2 percent of child care center and 41.3 percent of Head Start center sponsors perform that review.

Exhibit 4.28: Distribution of Sponsors[a] by the Meal-Related Areas Reviewed During Monitoring Visits

[a]Does not include independent centers.
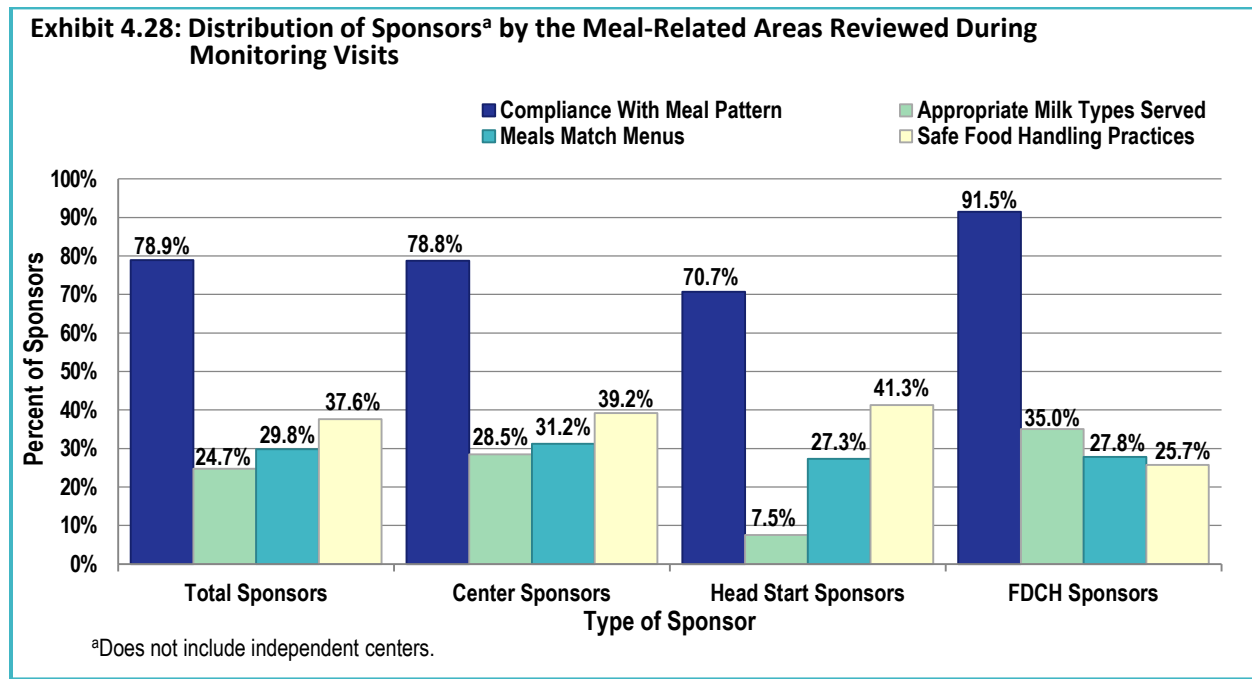
ISSUES MOST FREQUENTLY ENCOUNTERED DURING MONITORING VISITS

Sponsors reported they encountered several types of issues during monitoring visits. Across sponsor types, 56.1 percent reported encountering inaccurate meal counts, 48.2 percent reported encountering providers that failed to meet CACFP meal pattern requirements, and 51.8 percent reported encountering providers that failed to comply with CACFP recordkeeping requirements (Exhibit 4.29). All other issues reported were encountered by fewer that 20 percent of sponsors (see Volume II, Exhibit 1.62).

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[76] In Volume II, Exhibits 1.59 and 1.60 provide data on additional areas of review.

Exhibit 4.29: Distribution of Sponsors[a] by the Issues Most Frequently Encountered During Monitoring Visits

Legend:
- Inaccurate meal counts
- Failure to meet CACFP meal pattern requirements
- Failure to comply with CACFP recordkeeping requirements

Y-axis: Percent of Sponsors (0% to 90%)
X-axis: Type of Sponsor

Type of Sponsor	Inaccurate meal counts	Failure to meet CACFP meal pattern requirements	Failure to comply with CACFP recordkeeping requirements
Total Sponsors	56.1%	48.2%	51.8%
Center Sponsors	57.8%	45.4%	44.1%
Head Start Sponsors	61.2%	46.4%	51.8%
FDCH Sponsors	42.4%	61.0%	81.8%

[a]Does not include independent centers.

The frequency with which these three issues are encountered varies by sponsor type. Family day care home sponsors reported more often that they encounter meal pattern and CACFP record keeping issues than inaccurate meal counts. Head Start and center sponsors more frequently reported they encounter inaccurate meal counts than sponsors of day care homes.

Even though many sponsors observe inaccurate meal counts or failure to meet CACFP meal pattern or recordkeeping requirements, only 8.6 percent of sponsors conduct monitoring visits to follow up corrective actions for serious deficiencies detected previously.[77] This finding indicates that relatively few sponsors encounter the issues that rise to the level of a serious deficiency, at least during the monitoring visits.[78]

SPONSORS' PERCEPTIONS OF CACFP BENEFITS

Many sponsors reported that CACFP participation benefits include: providing nutritious meals to children (73.5%); helping children develop healthy eating habits (69.7%); and helping parents learn the importance of healthy eating habits (57.0%), with little variation across sponsor types (see Volume II, Exhibit 1.65 for differences across sponsor types). Although meal reimbursements contribute to the financial health of providers, slightly less than a quarter (23.7%) of sponsors reported it as an important aspect of CACFP (Exhibit 4.30).

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[77] An alternative explanation for the fact that only 8.6 percent of sponsors reported conducting monitoring visits to follow-up on corrective actions may be that sponsors did not identify serious deficiencies in the first place. The survey did not explore reasons for why relatively few serious deficiencies were identified during monitoring visits. More data on this topic can be found in Volume II, Exhibit 1.61.

[78] Serious deficiencies, which if not corrected by the provider within a specified time period, can result in the provider being terminated from the Program. Serious deficiencies include: submission of false claims for reimbursement, non-compliance with meal pattern requirements, failure to keep required records, and simultaneous participation under more than one sponsoring organization. (7 CFR 226.16(k)(2)).

Exhibit 4.30: Percentage of All Sponsors Strongly Agreeing to the Importance of Selected Aspects of the CACFP
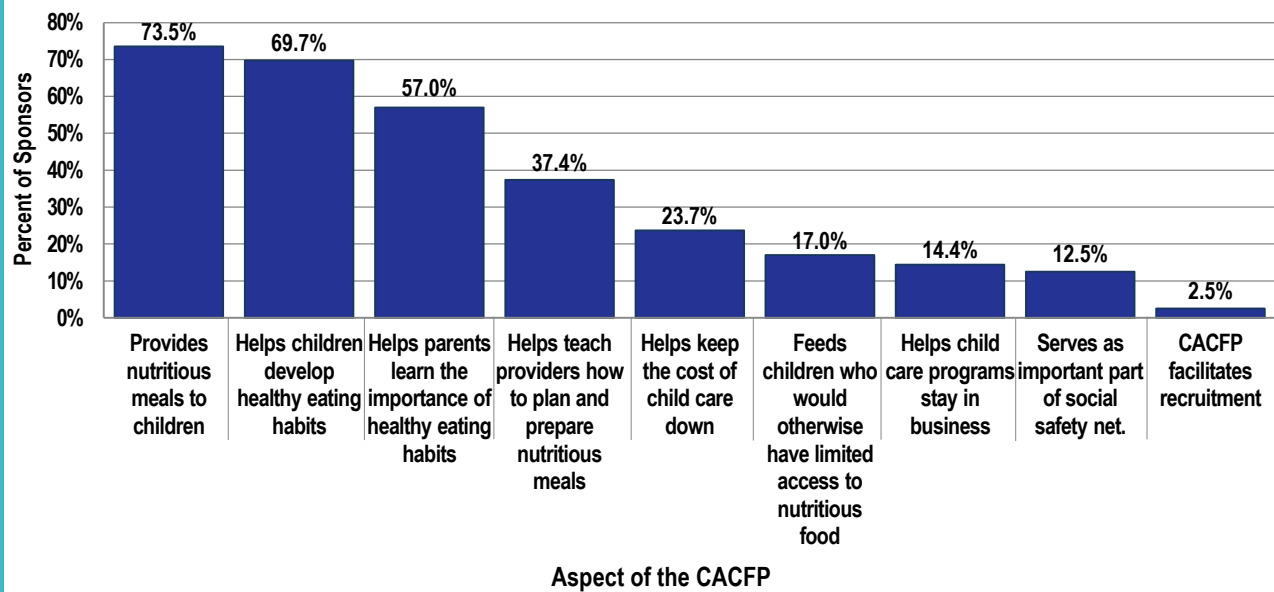
Some sponsors perceive the CACFP administrative requirements to be burdensome. Overall, 23.2 percent of all CACFP sponsors reported that administrative requirements impose a high or very high burden. However, the percentage varies by sponsor type. Just over one-third (35.2%) of family day care home sponsors reported CACFP requirements to be burdensome compared to only 22.9 percent of child care center and 16.2 percent of Head Start sponsors (Exhibit 4.31).

Exhibit 4.31: Percentage of All Sponsors Who Consider CACFP Administrative Requirements to be a High or Very High Burden
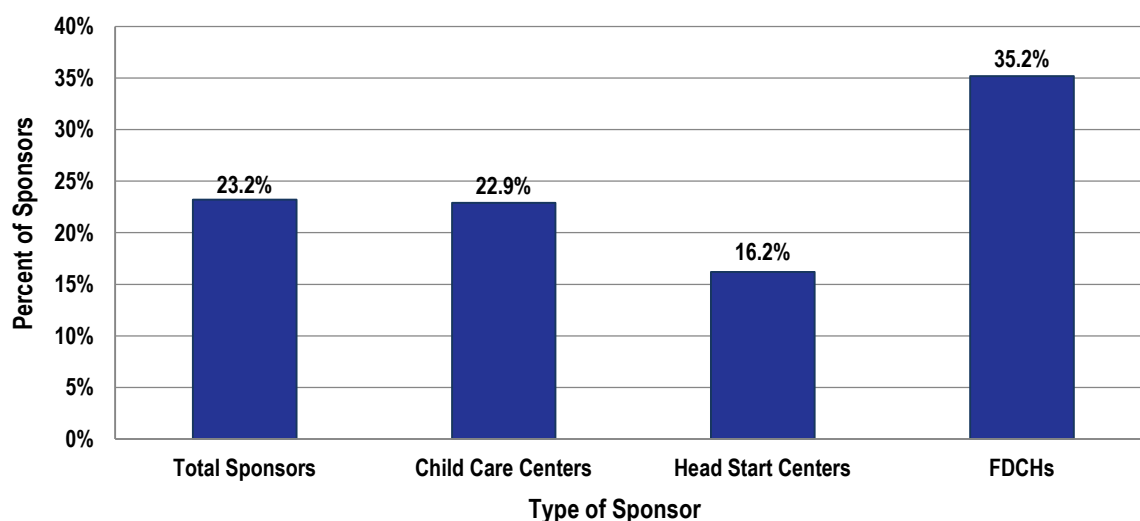
In general, sponsors reported that participation in the CACFP provides children with nutritious meals and contributes to the development of healthy eating habits and relatively few sponsors view the CACFP administrative requirements to be burdensome.

Chapter 5: Characteristics of CACFP Providers

This chapter discusses the characteristics of child care providers that participate in the CACFP. Specifically, it describes the characteristics of independent child care centers (independent centers), along with the characteristics of sponsored child care centers (sponsored centers), Head Start centers, and family day care homes based on the survey responses collected in FY 2015.

Several dimensions of participating centers and family day care homes are examined in this section including:

- General characteristics,

- Meal service,

- Parent fees,

- Monitoring by sponsoring organizations,

- Staffing and training, and

- Providers' perceptions of CACFP.

Based on the weighted survey data, a total of 160,120 child care providers participate in the CACFP; nearly three quarters (72.3%) are family day care homes and one fifth (20.5%) are child care centers (Exhibit 5.1).

Exhibit 5.1: Distribution of Providers by Type of Provider
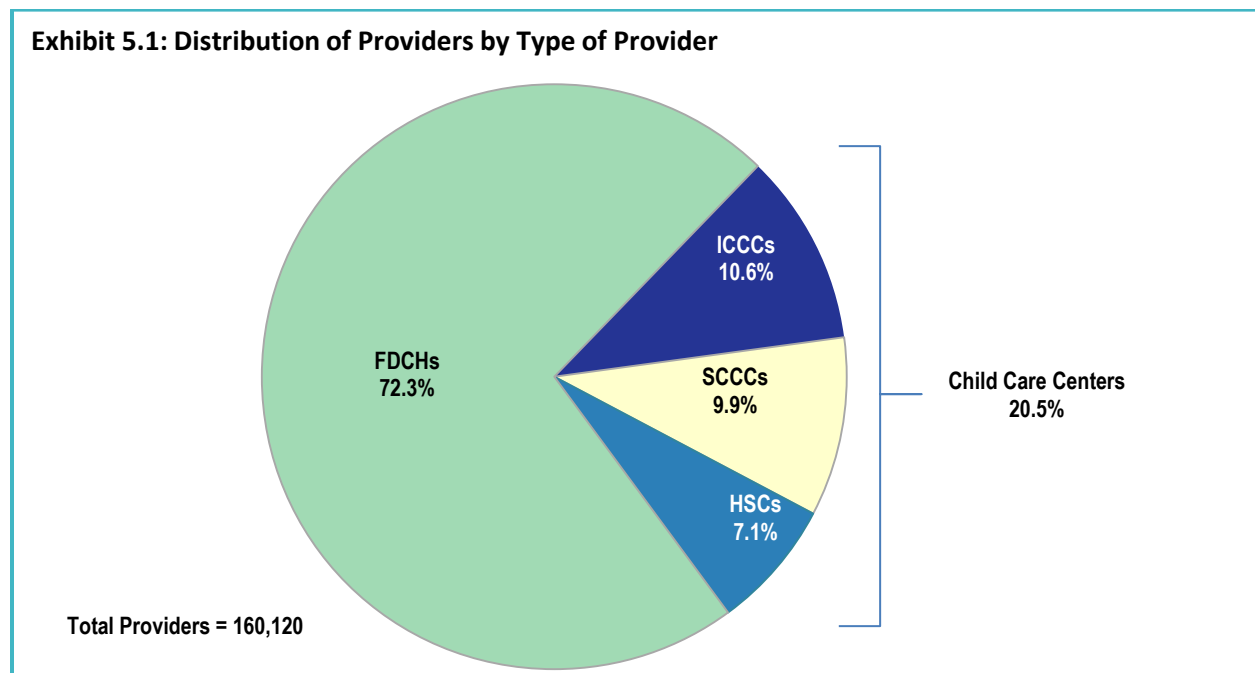
GENERAL CHARACTERISTICS

LEGAL STATUS OF PARTICIPATING CHILD CARE CENTERS

CACFP rules vary by legal status (e.g. private, for-profit, public, etc.) for child care centers. For example, the Consolidated Appropriations Act of 2000 made it easier for-profit centers to participate by claiming reimbursement for meals served in every month in which 25 percent of their enrollment or licensed capacity, whichever is greater, is eligible for Free/Reduced-Price meals or have their care subsidized with Title XX funds.[79]

As discussed in Chapter 1, between FY 2000 and FY 2016, the number of nonprofit and public-sector centers (including Head Start) that participate in the CACFP increased at an average annual rate of 2.0 percent. In contrast, the number of for-profit centers increased at an average annual rate of 20.3 percent. These increases transformed the mix of participating sponsored and independent centers; the percentage of for-profit centers increased from 19.2 percent to 35.9 percent (Exhibit 5.2).

Exhibit 5.2: Distribution of Centers[a] by Licensure and Legal Status

License-Exempt, Nonprofit 3.1%
Licensed, Public and Nonprofit 35.3%
Head Start 25.7%
Licensed, For-Profit 35.9%
Licensed Centers 69.2%
Total Centers = 44,467

[a]Includes independent and sponosred centers
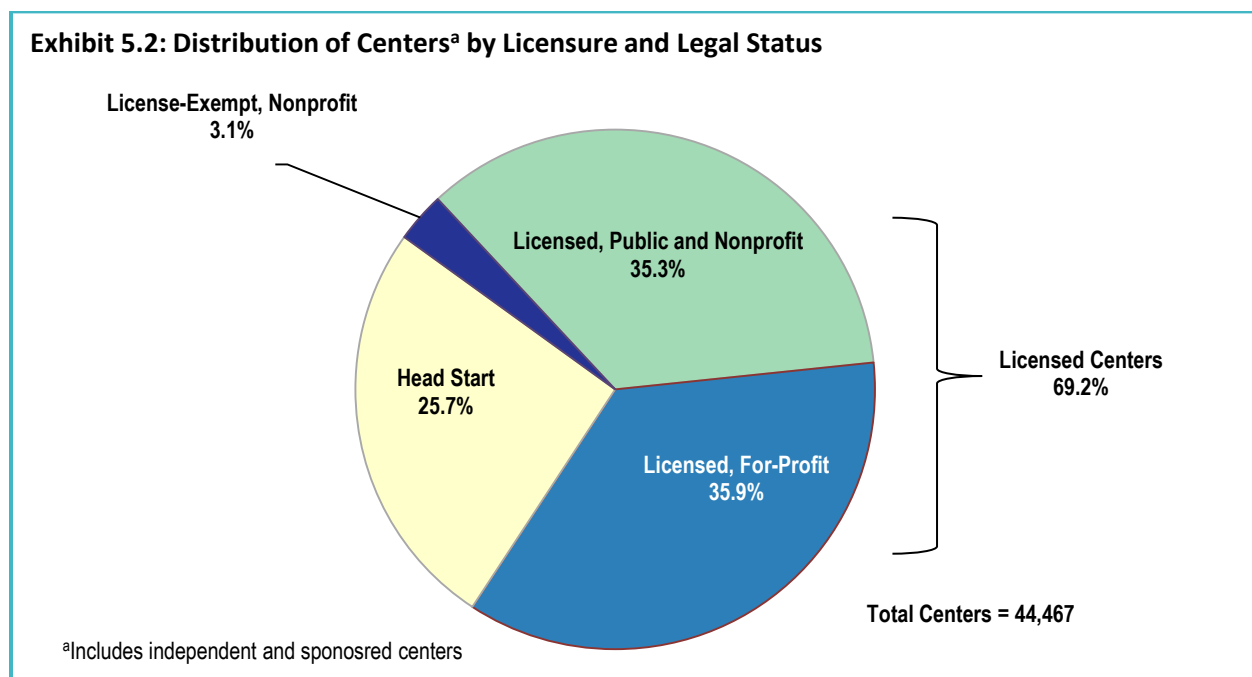
When comparing the characteristics of independent and sponsored centers to those of Head Start centers, differences are at least partially due to the mix of for-profit and nonprofit organizations among the former, whereas Head Start centers are all nonprofits.

ENROLLMENT AND ATTENDANCE
Enrollment

Centers. Including children enrolled full- and part-time, participating centers have an average enrollment of 88.0 children. Yet, average enrollment varies considerably across center types (Exhibit

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[79] For more information on Title XX funds, please see "Claiming Reimbursement for Meals Served" at https://www.fns.usda.gov/cacfp/why-cacfp-important

5.3). Independent centers enroll an average of 78.3 children, while sponsored centers average 86.0 children and Head Start centers average 104.9 children. These differences appear to be driven by the distribution of large centers across provider types. An estimated 7.6 percent of independent centers have an enrollment of more than 150 children compared to 11.8 percent of sponsored centers and 14.1 percent of Head Start centers.

Exhibit 5.3: Distribution of Centers by Total Enrollment[a]

■ Less than or equal to 75 children   ▢ 76 - 100 children   ■ 101 - 150 children   ▢ Greater than 150 children

Total Centers: 58.6%, 14.0%, 16.4%, 10.8%, Mean = 88.0

ICCCs: 57.8%, 16.9%, 17.8%, 7.6%, Mean = 78.3

SCCCs: 53.6%, 15.3%, 19.3%, 11.8%, Mean = 86.0

HSCs: 67.7%, 7.8%, 10.4%, 14.1%, Mean = 104.9[b]

Y-axis: Percent of Centers. X-axis: Type of Center.

[a]Includes both full-time and part-time children.
[b]Many Head Start centers have split shifts. For those, enrollment is equal to the sum of the enrollment in the morning and afternoon sessions.

Family Day Care Homes. The average enrollment of participating family day care homes is 10.8 children, which could include the operator's own children. Low-income family day care home providers are permitted to claim meals served to one or more of their own children at times when non-resident children are also in care.[80] Less than one-quarter of family day care home providers (22.0%) claim any CACFP reimbursements for meals served to their own children. Among these providers, nearly all (97.7%) are claiming meals for children more than five years old (Exhibit 5.4), 92.8 percent for children ages three to five, and 88.9 percent for children one to two years old and children less than one year-old.

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[80] FDCH providers whose own family income is below 185% of the FPL may claim meals served to their own children only when (1) such children are enrolled and participating in the child care program during the time of the meal service, and (2) enrolled nonresident children are present and participating in the child care (7 CFR 226.18(e)).

Exhibit 5.4: Distribution of FDCHs Who Claim their Own Children for the CACFP by Ages of Own Children[a]

Bar chart — Y-axis: "Percent of Providers' Children" (82% to 100%). X-axis: "Age of Providers' Children Claimed"

- Less than 1 Year Old: 88.9%
- 1 - 2 Years Old: 88.9%
- 3 - 5 Years Old: 92.8%
- More than 5 Years Old: 97.7%
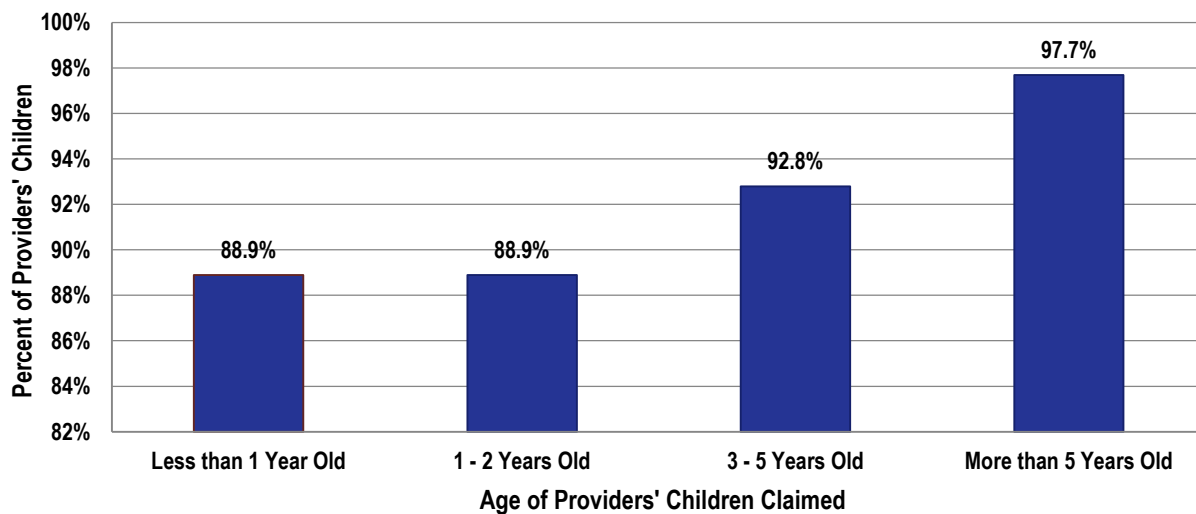
[a]Each one of a provider's children is counted separately.

Attendance

Part-Time Attendance. Head Start centers (62.1%) and family day care homes (63.9%) are slightly less likely to serve children enrolled part-time care (i.e., fewer than five hours per day) when compared to other types of providers. In contrast, almost three-quarters of the other providers serve children enrolled part-time (independent centers, 70.7%; sponsored centers, 71.1%).

Part-Week Care. Most child care centers serve children who are enrolled for fewer than five days per week, including 66.7 percent of independent centers and 65.0 percent of sponsored centers. Similarly, 56.0 percent of Head Start centers[81] and 56.0 percent of family day care homes serve children who are enrolled for fewer than five days per week. Family day care homes are more likely than other providers to provide care to children on weekends (26.6%). A smaller percentage of participating child care centers provide weekend care: 12.3 percent of independent centers, 11.6 percent of sponsored centers, and 8.7 percent of Head Start centers.

Capacity Utilization. Enrollment as a percentage of licensed capacity is often viewed as a measure of capacity utilization. While this is a useful measure, proper interpretation requires understanding the organization's enrollment, licensed capacity, and regulatory enrollment limits. First, enrollment is defined as a total head count of all children signed up for full-time and part-time care. Second, because not every child will be present each day, child care facilities are permitted to enroll more children than their licensed capacity.

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[81] Head Start originated as a four-day per week program that operated during the school year. Increasingly, HSCs are operating five days per week and many also operate year-round (Head Start Bulletin, September 2014. U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau).

Participating family day care homes are more likely than participating centers to have an enrollment that exceeds their licensed capacity (Exhibit 5.5).[82] An estimated 30.5 percent of participating family day care homes reported an enrollment that exceeds licensed capacity, compared to 21.0 percent of independent centers, 17.9 percent of sponsored centers, and 11.0 percent of Head Start centers.

Conversely, 54.8 percent of independent centers and 56.3 percent of sponsored centers have an enrollment that is less than or equal to 90 percent of licensed capacity, whereas 32.3 percent of Head Start centers and 35.5 percent of family care homes do.

Exhibit 5.5: Distribution of Providers by Enrollment as a Percentage of Licensed Capacity[a]

Legend: ■ Less than or equal to 90%   ▢ 91% - 100%   ■ Greater than 100%

Y-axis: Percent of Centers (0% to 70%)
X-axis: Type of Provider

- Total Providers: Mean = 100.4%; 39.2%, 33.9%, 27.0%
- ICCCs: Mean = 89.4%; 54.8%, 24.3%, 21.0%
- SCCCs: Mean = 82.2%; 56.3%, 25.8%, 17.9%
- HSCs: Mean = 89.4%[b]; 32.3%, 56.7%, 11.0%
- FDCHs: Mean = 105.4%[c]; 35.5%, 33.9%, 30.5%

[a]Includes both full-time and part-time children.
[b]Many Head Start centers have split shifts. In those, enrollment is equal to the sum of the enrollment in the morning and afternoon sessions, and licensed capacity is twice the center's licensed capacity of record.
[c]Licensed capacity lis the number of children a provider can care for at the same time. Some homes have children enrolled that are in care at different times and/or days.

Attendance varies somewhat from enrollment, though they are related. On average, attendance rates range from 81.6 percent in child care centers to 85.0 percent in family day care homes (Exhibit 5.6). On average, 47.3 percent of providers reported their average daily attendance at between 96 and 100 percent of enrollment, as do 23.0 percent of independent centers, 25.3 percent of sponsored centers, 22.8 percent of Head Start centers, and 55.9 percent of family day care homes.

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[82] For license-exempt FDCHs, the maximum number of children a provider can care for without needing a license was used as their "licensed capacity" in this analysis.

Exhibit 5.6: Distribution of Providers by Average Daily Attendance[a] as a Percentage of Enrollment

Legend: Less than or equal to 80% · 81%-85% · 86%-90% · 91%-95% · 96%-100%

Total Providers (Mean = 84.2%): 33.9%, 6.7%, 7.2%, 4.9%, 47.3%
ICCCs (Mean = 81.6%): 40.7%, 10.4%, 14.8%, 11.2%, 23.0%
SCCCs (Mean = 81.7%): 41.2%, 9.5%, 13.9%, 10.2%, 25.3%
HSCs (Mean = 84.0%): 27.8%, 15.1%, 23.2%, 11.0%, 22.8%
FDCHs (Mean = 85.0%[b]): 32.5%, 5.1%, 3.7%, 2.7%, 55.9%

Y-axis: Percent of Centers
X-axis: Type of Provider

[a]Includes both full-time and part-time children.
[b]Many Head Start centers have split shifts. In those, enrollment is equal to the sum of the enrollment in the morning and afternoon sessions, and licensed capacity is twice the center's licensed capacity of record.

CHARACTERISTICS OF CHILDREN SERVED

AGES OF CHILDREN SERVED

The age of children served by CACFP participating providers varies by type (Exhibit 5.7). More than 90 percent of each provider type provides care for preschool children aged three to five, while fewer providers reported serving infants and school-age children.[83] Specifically, 28.9 percent of Head Start centers serve infants; 78.1 percent of family day care homes, 72.1 percent of independent centers and 61.7 percent of sponsored center reported the same.

Exhibit 5.7: Distribution of Providers by Ages of Children Served

Legend: Infants · 1-2 Year Olds · 3-5 Year Olds · Over 5 Years Old

Total Providers: 72.7%, 84.9%, 99.1%, 72.0%
ICCCs: 72.1%, 89.0%, 97.6%, 77.6%
SCCCs: 61.7%, 74.4%, 94.3%, 65.0%
HSCs: 28.9%, 36.5%, 92.3%, 4.7%
FDCHs: 78.1%, 89.6%, 95.4%, 78.8%

Y-axis: Percent of Providers
X-axis: Type of Provider

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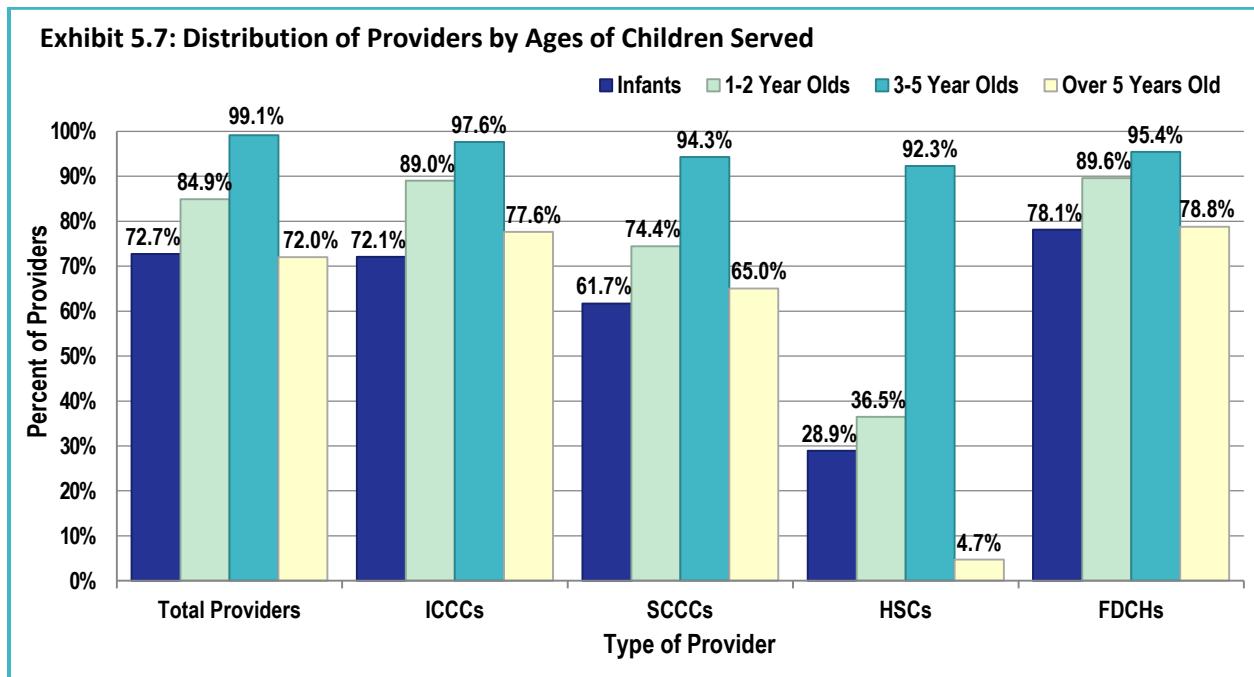
[83] While the survey question only specified children over the age of five, they can participate until they are 18 years old.

The ages of children served by Head Start centers reflects the age groups Head Start is designed to serve: three and four-year olds. However, Head Start centers with wrap-around care can provide afterschool care for the school-age siblings of children in their Head Start program, which explains the 4.7 percent of Head Start centers that serve children over age five. Additionally, some Head Start centers also have an Early Head Start component that provides services to low-income infants (28.9%) and toddlers (36.5%).

CHILDREN APPROVED FOR FREE AND REDUCED-PRICE MEALS

The CACFP reimburses independent centers and sponsored centers for meals and snacks served to children in care based on the federal poverty income guidelines of the children served, except in Head Start centers where all meals and snacks served are reimbursed at the free rates. The Program has three sets of reimbursement rates. Providers receive the highest "free" rate for meals and snacks served to children from families with incomes at or below 130 percent of the federal poverty income guidelines; meals and snacks served to children from families with incomes between 130 and 185 percent of the federal poverty income guidelines are reimbursed at slightly lower "reduced-price" rates; those served to children from families with incomes above 185 percent of the federal poverty income guidelines are reimbursed at even lower "paid" rates. As of spring 2017, children approved for free or reduced price meals account for more than 60 percent of the children enrolled in 47.8 percent of all child care centers participating in the CACFP and between 41 and 60 percent for 15.7 percent of centers (Exhibit 5.8).[84]

Exhibit 5.8: Distribution of Child Care Centers[a] by the Percentage of Enrolled Children Approved for Free or Reduced-Price Meals: FY 2016[b]

[a]Does not include Head Start centers or family day care homes.
[b]Data were collected in a Follow-Up Survey of child care centers that responded to the original survey.

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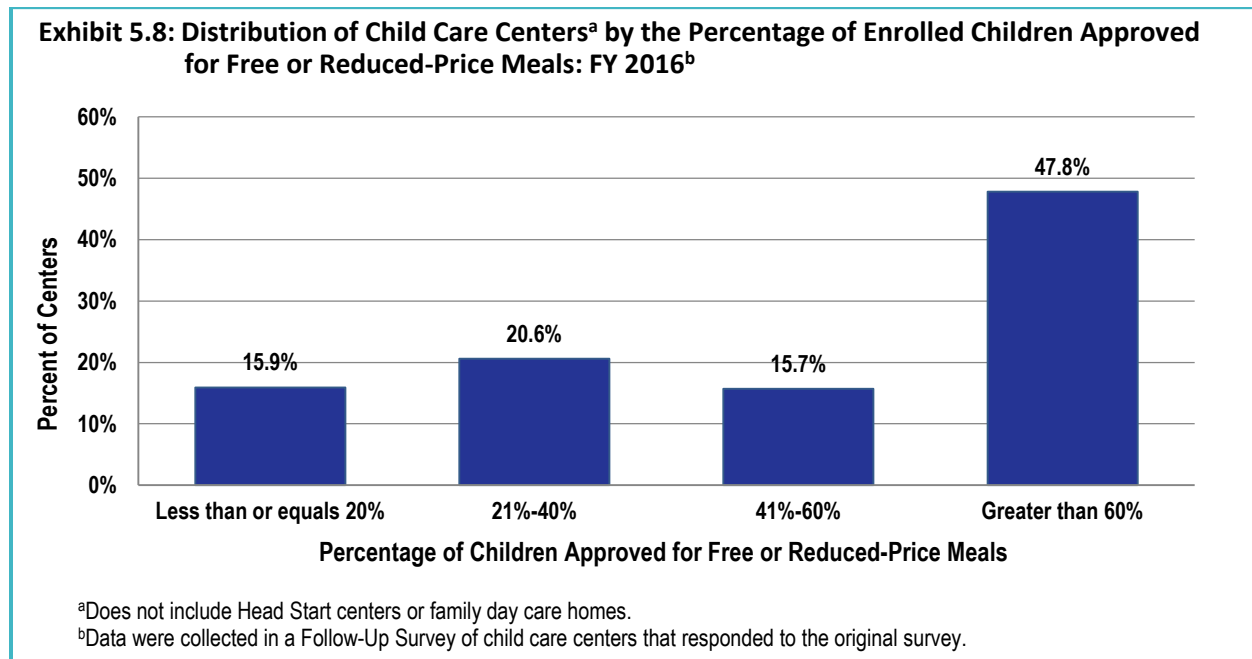
[84] Questions about the numbers of children enrolled in a center approved for free/reduced price meals were not asked in the original Child Care Center Survey conducted in 2016. These data were collected in 2017 follow-up survey of centers that responded to the original survey.

CHILDREN WITH SPECIAL DIETARY NEEDS

In addition to compliance with the CACFP meal pattern requirements for all reimbursable meals, providers must make accommodations for children with a disability that requires special dietary needs. Providers also have the option to accommodate children with special dietary needs not related to a disability.[85]

Child care and Head Start centers reported more often that they care for children with special dietary needs than did family day care homes.[86] Almost three-quarters (73.8%) of centers reported serving children with special dietary needs compared to only 13.6 percent of family day care homes. A higher share of Head Start centers (80.9%) serve children with special dietary needs than independent centers (66.4%).

CHILDREN WHO SPEAK LANGUAGES OTHER THAN ENGLISH

A majority of centers reported they enroll children whose primary language is not English, including 59.0 percent of independent centers, 65.6 percent of sponsored centers, and 63.6 percent of Head Start centers. In contrast, 27.4 percent of family day care homes do so.

PROGRAM ADMINISTRATION/OPERATIONS AND SERVICE CHARACTERISTICS

LENGTH OF TIME PARTICIPATING IN THE CACFP

Exhibit 5.9 shows the distribution of providers by the length of time that they have participated in the CACFP.

Exhibit 5.9: Distribution of Providers by Number of Years Participating in the CACFP

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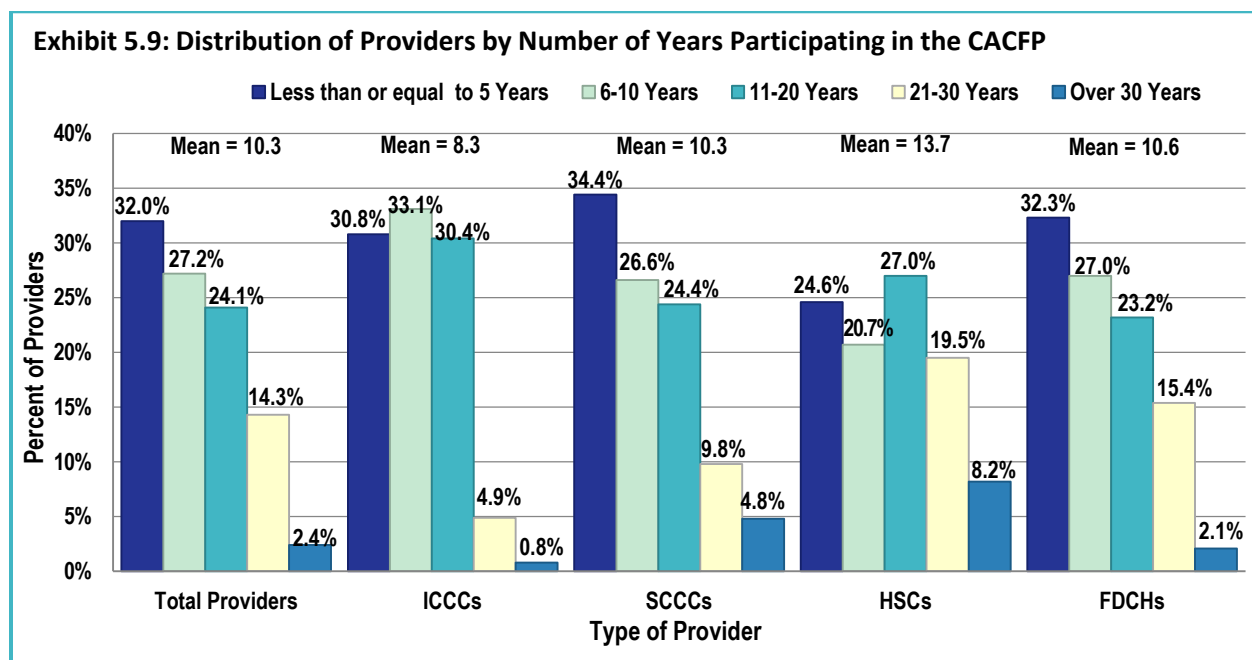
[85] 7 CFR 226.20

[86] More data on this topic can be found in Volume II, Exhibit 2.12.

The Consolidated Appropriations Act of 2000 (P.L. 106-113) extended eligibility to for-profit and OSH centers serving low-income children. As discussed, for-profit centers account for almost all of the net increase in the number of participating centers since 2000. The influx of for-profit centers following this legislation helps to explain why more than eight out of 10 participating child care centers have participated for less than 20 years, including independent centers (94.3%) and sponsored centers (85.4%).

APPROVAL OF APPLICATIONS TO PARTICIPATE IN THE CACFP

State agencies approve the applications for sponsoring organizations and independent centers, but facility applications (for sponsored centers or family day care homes) are reviewed by the sponsor. The State agency then verifies the approval and confirms the facility is not on the National Disqualified List. Most providers reported that their applications (76.3%) to CACFP were approved by the States within a month. Approximately one third of providers (family day care homes, 33.6%; and Head Start centers, 31.8%) reported approval within seven days of submission. By contrast, few child care centers (independent centers, 2.8%; sponsored centers, 4.4%) received approval within seven days (Exhibit 5.10).

Exhibit 5.10: Distribution of Providers by Number of Week from CACFP Application Submission to Approval
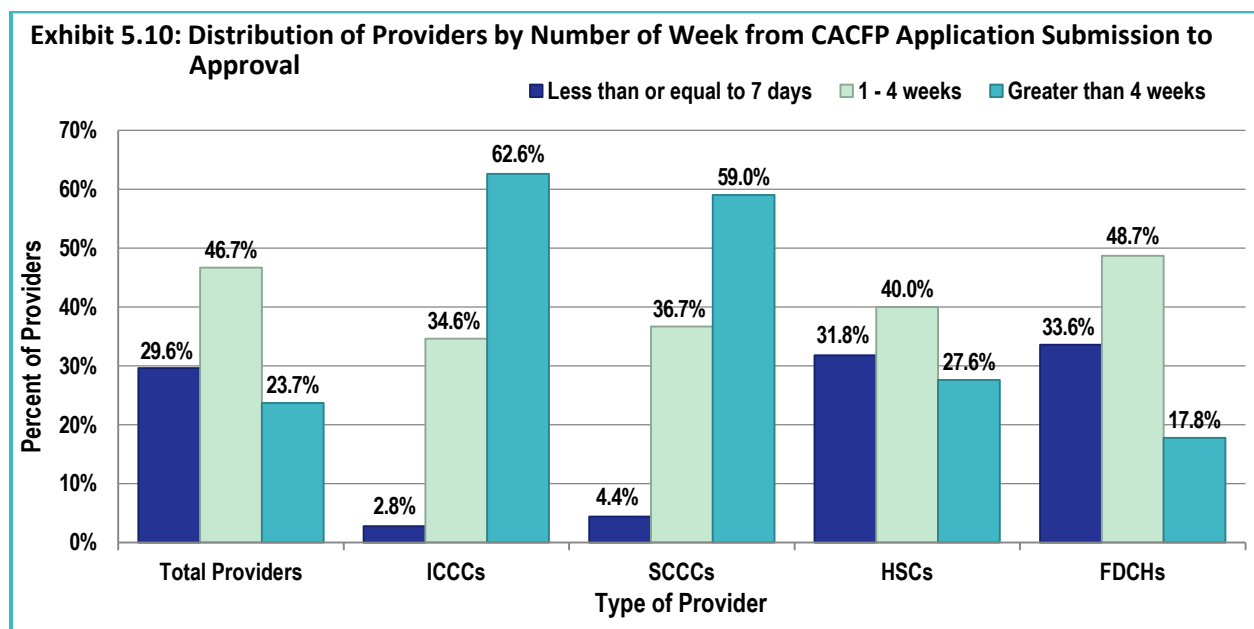
OPERATING SCHEDULES

The operating schedules of different CACFP provider types generally follow particular patterns (Exhibit 5.11).[87] Child care provider schedules typically follow a traditional work week, opening at least one hour before and closing at least one hour after the 9 a.m. to 5 p.m. workday, Monday through Friday, and are open year-round.

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[87] States typically require public schools to operate 175-180 days/year, which translates into 35-36 operating weeks (without school holidays). Some centers following a school-year calendar also close during school holidays, while others remain open. A center following a school-year calendar would be open 30-40 weeks/year.

Head Start centers have more varied schedules; they tend to be open four to five days per week. Single session Head Start centers are typically open for five hours per day. Double session Head Start centers are typically open nine or more hours per day as are Head Start centers that provide wrap-around child care. Head Start centers might follow a school-year calendar or operate year-round.

Exhibit 5.11: Percent of Providers by Operating Schedule
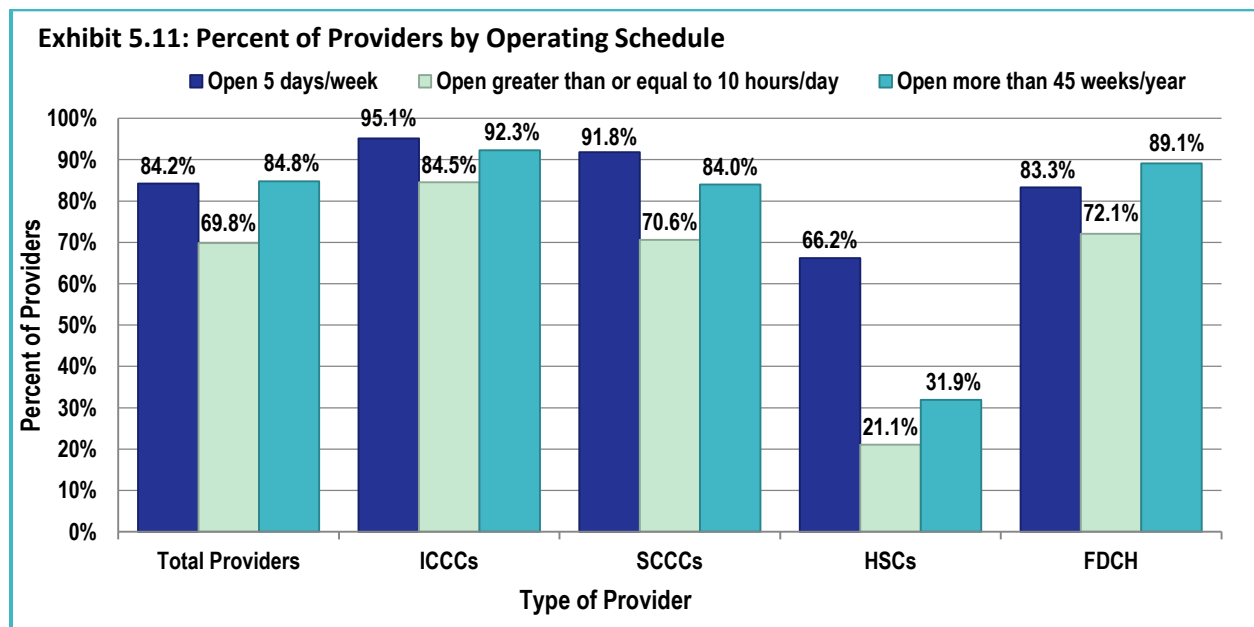
USE OF THE INTERNET

Almost all participating centers have access to the Internet (97.5% of independent centers, 95.3% of sponsored centers, and 99.4% of Head Start centers) and 86.0 percent of family day care home providers have such access. While 97.5 percent of independent centers reported they had Internet access, 91.7 percent of independent centers use the Internet to file their monthly meal claims electronically. However, despite comparable Internet access, 78.9 percent of sponsored centers and 69.2 percent of Head Start centers file their claims electronically (Exhibit 5.12). This difference probably reflects the fact, as in Exhibit 4.14, that only 53.2 percent of child care and 78.6 percent of Head Start center sponsors have the automated accounting systems needed to electronically process their providers' claims. However, although 86.0 percent of family day care homes have access to the Internet and 81.2 percent of family day care home sponsors have automated accounting systems, only 60.2 percent file their claims electronically.

Exhibit 5.12: Percentage of Providers with Internet Access and Electronic Claims Filing

■ Have Access to Internet　　□ File Claims Electronically

	Total Providers	ICCCs	SCCCs	HSCs	FDCHs
Have Access to Internet	89.1%	97.5%	95.3%	99.4%	86.0%
File Claims Electronically	66.7%	91.7%	78.9%	69.2%	60.2%

Percent of Providers — Type of Provider
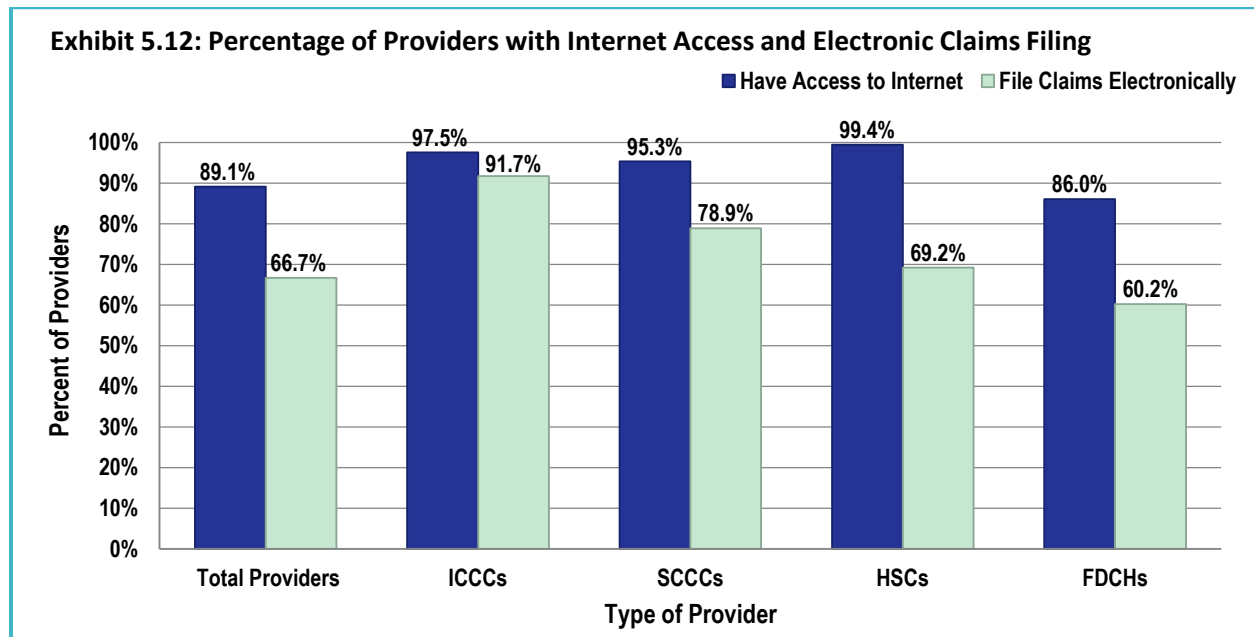
REFERRALS TO OTHER PROGRAMS

Nine out of 10 participating child care centers (independent centers, 90.7%; and sponsored centers, 92.3%), and 99.1 percent of Head Start centers, routinely make referrals for their enrolled children to other community service programs. The high referral rate among Head Start centers may reflect the performance standard for their centers to coordinate with other entities providing an array of services (45 CFR 1304(41)). On the other hand, 62.3 percent of family day care home providers reported that they make referrals for other community services. Exhibit 5.13 shows the percentage of providers that refer to select programs including WIC, child welfare/family support services, and child health insurance programs.[88]

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[88] Information on referrals to other programs is presented in Volume II, Exhibit 2.28.

Exhibit 5.13: Distribution of Providers Making Referrals to Selected Programs and Services[a]
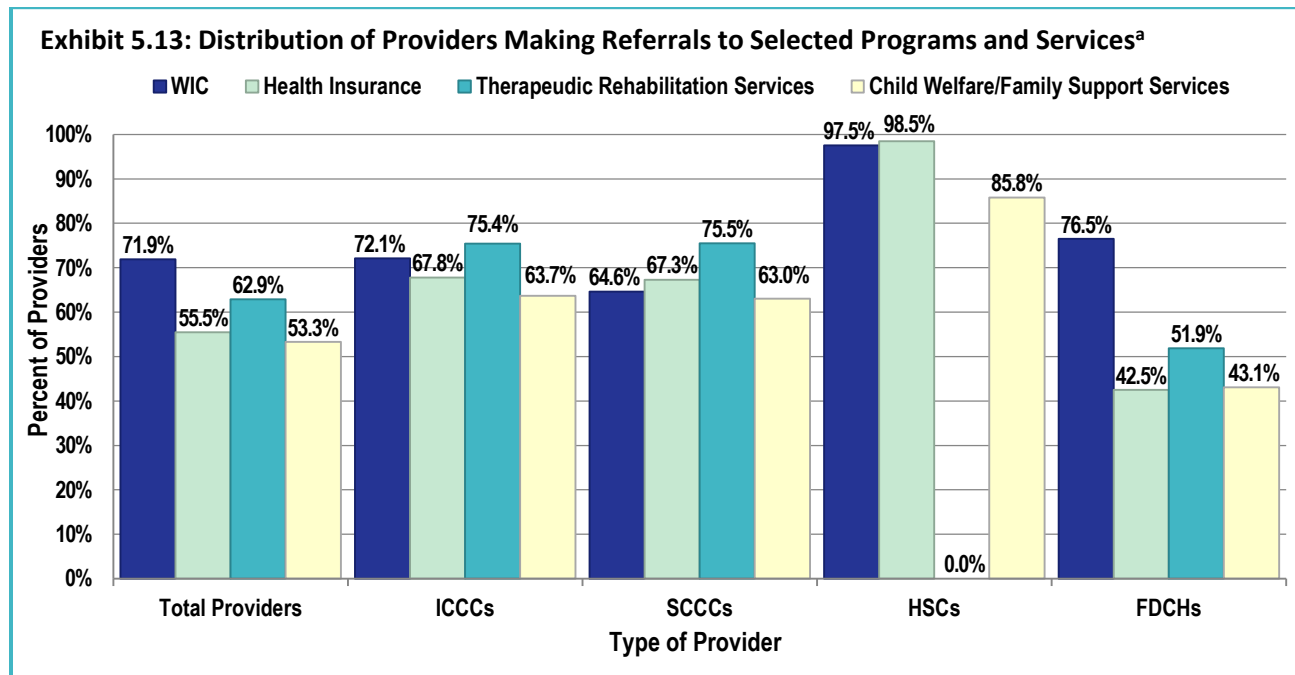
MEAL SERVICE

SOURCES OF MENUS

Providers use menus obtained from a variety of sources. Independent centers use menus developed by their own staff more often than sponsored centers (independent centers, 62.3%; and sponsored centers, 37.9%). Similarly, 72.1 percent of the family day care homes use menus developed by the owner/operator of the home. Sponsoring organizations developed the menus for 28.0 percent of Head Start centers, and 23.3 percent of sponsored centers and 22.8 percent of family day care homes also use menus developed by their sponsors. Other centers use menus available on USDA's CACFP website (independent centers, 16.1%; sponsored centers, 20.6%; and Head Start centers, 14.7%).[89] Yet, just 0.1 percent of family day care home providers use menus obtained from the CACFP website. While some centers use menus obtained from commercial vendors (independent centers, 2.6%; sponsored centers, 8.2%; Head Start centers, 12.4%), no family day care home providers reported doing so (Exhibit 5.14).

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[89] http://theicn.org/documentlibraryfiles/PDF/20090428085602.pdf

Exhibit 5.14: Primary Sources of Provider Menus

Legend: Provider/Center's Own Staff ■ Sponsor ■ USDA CACFP Website ■ State CACFP Agency ■ Commercial Vendor ■

Bar chart showing Percent of Providers by Type of Provider:

Type of Provider	Provider/Center's Own Staff	Sponsor	USDA CACFP Website	State CACFP Agency	Commercial Vendor
Total Providers	58.9%	20.0%	6.2%	5.1%	2.6%
ICCCs	62.3%	0.0%	16.1%	14.2%	2.6%
SCCCs	37.9%	23.3%	20.6%	0.0%	8.2%
HSCs	0.0%	28.0%	14.7%	1.6%	12.4%
FDCHs	72.1%	22.8%	0.1%	4.4%	0.0%

MEALS AND SNACKS SERVED

The CACFP will reimburse providers for a maximum of two meals plus one snack or two snacks and one meal each day per child in care. Children in full-time care tend to be dropped off before 9:00 AM and picked up after 5:00 PM. For those children, a provider could claim reimbursement for a maximum of a morning snack, a lunch, and an afternoon snack or a breakfast, a lunch and an afternoon snack. If a center serves breakfast to children who are dropped off early and serves a morning snack to children who are dropped off later, the center could receive reimbursement for all meals and snacks served since no child would have been served more than the specified maximum. However, if a center serves each child a morning snack, breakfast, lunch, and an afternoon snack, then the center cannot receive CACFP reimbursement for one of the snacks served.

As shown in Exhibit 5.15, most independent centers, sponsored centers, Head Start center, and family day care homes serve breakfast, lunch, and afternoon snack.

Exhibit 5.15: Distribution of Providers by Combination of Meals and Snacks Served on a Typical Weekday

Legend: Breakfast, Lunch, Afternoon Snack ■ Breakfast, Morning Snack, Lunch, Afternoon Snack ■ Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper ■ Other Combination ■

Bar chart showing Percent of Providers by Type of Provider:

Type of Provider	Breakfast, Lunch, Afternoon Snack	Breakfast, Morning Snack, Lunch, Afternoon Snack	Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper	Other Combination
Total Providers	41.6%	19.2%	13.0%	26.2%
ICCCs	69.5%	13.0%	2.4%	15.1%
SCCCs	56.0%	12.4%	0.0%	31.6%
HSCs	64.7%	9.3%	0.0%	26.0%
FDCHs	33.3%	22.0%	17.1%	27.6%

Given the limit on the number of reimbursable meals, 9.3 percent of Head Start centers, 22.0 percent of family day care homes, and between 13.0 and 19.3 percent of child care centers serve the combination of morning snack, breakfast, lunch, and afternoon snack. More family day care homes than centers serve the combination of a morning snack, breakfast, lunch, afternoon snack, and supper (17.1%), which could be due to flexibility in drop off and pick up times.

While 22.0 percent of family day care homes reported serving a combination of four meals and snacks, 31.6 percent serve meals or snacks for which they would be unable to receive CACFP reimbursement (Exhibit 5.16). The percentage of centers that serve meals or snacks for which they are not reimbursed exceeds the percentage that serve this four-component combination of meals and snacks (independent centers, 28.8% vs. 13.0%, sponsored centers, 22.3% vs. 12.4%, and Head Start centers, 14.3% vs. 9.3%). The survey did not ask for detail or clarification regarding the reason for meals that did not receive reimbursement.

Exhibit 5.16: Percentage of Providers Serving Meals and/or Snacks Not Reimbursed by the CACFP

Legend: ■ Serve AM Snack, Breakfast, Lunch, and PM Snack   ☐ Have Meals or Snacks Not Reimbursed By the CACFP

Type of Provider	Serve AM Snack, Breakfast, Lunch, and PM Snack	Have Meals or Snacks Not Reimbursed By the CACFP
Total Providers	19.2%	28.5%
ICCCs	13.0%	28.8%
SCCCs	12.4%	22.3%
HSCs	9.3%	14.3%
FDCHs	22.0%	31.6%

BREASTMILK FOR INFANTS

At the time of this survey, the CACFP meal pattern regulations for infants from birth through 11 months of age specified that mother-pumped breastmilk, iron-fortified formula, or portions of both, be provided. As of October 1, 2017, to support and encourage breastfeeding, meals where a mother directly breastfeeds her infant on-site are eligible for reimbursement, as well as milk pumped ahead and stored for the child (Federal Register, April 25, 2016). In addition, providers must serve all the components in the meal pattern that an infant is developmentally-ready to accept (7 CFR.226.20).

Exhibit 5.17 compares the percentage of providers with infants in care to the percentage that have one or more infants that receive breastmilk. Of the 29.9 percent of Head Start centers that reported

providing care to infants, all of them reported that at least one infant receives breastmilk, though that is not the case for other types of providers.[90]

Exhibit 5.17: Percentage of Providers that Have Infants that Receive Breastmilk

Note: "Infant" was not defined in the survey; respondents may have included young toddlers in their counts.
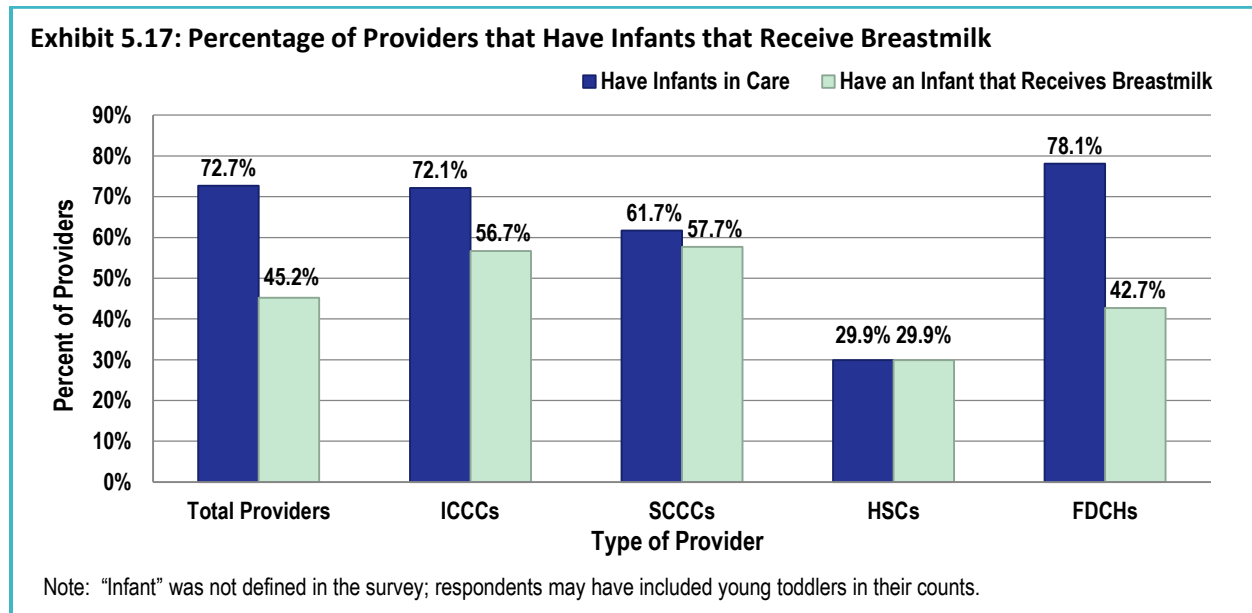
PARENT FEES

Primary sources of revenue for participating providers include fees, government child care subsidies for low-income families, and CACFP meal reimbursements. More than 99 percent of participating family day care homes have sources of child care revenue in addition to CACFP meal reimbursements.

Child care providers typically have multi-layered fee structures resulting in different fees charged to parents based on factors such as household income, age of enrolled child, and number of children enrolled. For example, providers may offer discounts to parents (e.g., those with more than one child in care or parents who used the provider previously for other children) or sliding scales based on income. Many providers (independent centers, 95.8%; sponsored centers, 83.3%; and family day care homes, 48.3%) serve children whose care is subsidized in whole or in part by the State government. Typically, providers receive a set hourly rate from the State government and a reduced co-payment from the parent.[91] Therefore, when comparing fees, this report considers the full undiscounted and unsubsidized amount charged to parents for full-time care.

Parent fees vary across the different types of participating providers (Exhibit 5.18). The average hourly fee charged by participating family day care homes is $2.33, compared to $2.41 for independent centers and $2.74 for sponsored centers. Participating sponsored centers have both the

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[90] These statistics might change as a result of the change in the regulations now permitting providers to be reimbursed for meals where a mother directly breastfeeds her infant on-site.

[91] The hourly rate paid by the government varies from State-to-State and by mode of care. Providers are permitted to charge parents a co-payment set by the State government. However, many providers do not charge or do not require parents to pay the State-specified co-payment (See for example, C. Michalopoulos (2010). Effects of Reducing Child Care Subsidy Copayments in Washington State. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services).

highest average hourly fees and the highest percentage of centers that offer discounts to parents Head Start centers cannot charge fees.

Exhibit 5.18: Distribution of Providers[a] by Hourly Fees Charged For Full-Time Care for Children Who Do Not Receive Child Care Subsidies

Legend: ■ Offer Discounts   ■ Less than $2.00   ▢ $2.00 - $3.99   ■ $4.00 - $5.99   ▢ Greater than $6.00

Type of Provider	Mean	Offer Discounts	Less than $2.00	$2.00 - $3.99	$4.00 - $5.99	Greater than $6.00
All Providers	$2.38	46.6%	2.3%	63.4%	28.2%	6.1%
ICCCs	$2.41	59.5%	1.3%	59.6%	35.9%	3.1%
SCCCs	$2.74	76.1%	1.5%	42.1%	37.4%	19.0%
FDCHs	$2.33	41.0%	2.5%	66.7%	28.5%	5.0%

(Y-axis: Percent of Providers, 0%–90%)
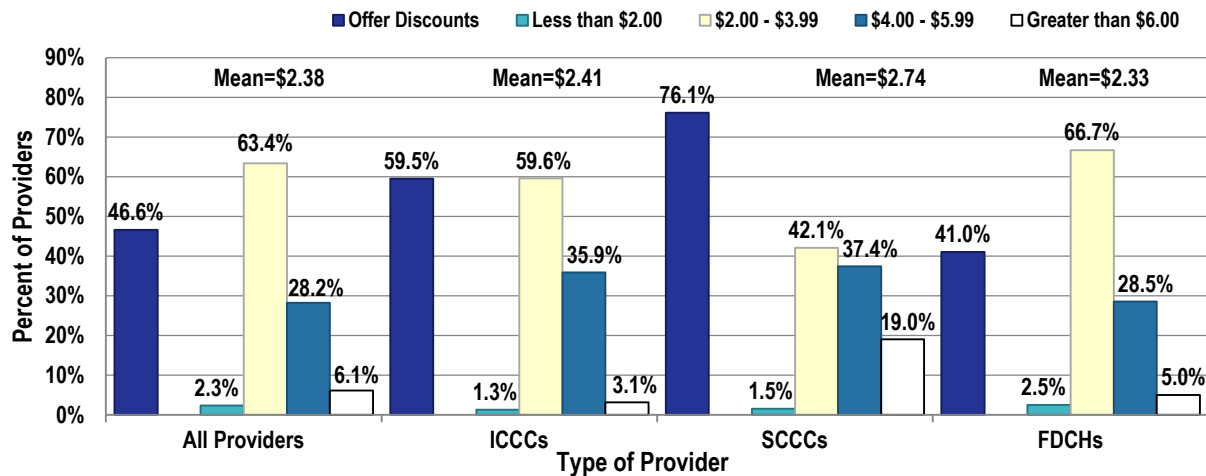
[a]Does not include Head Start centers, as they do not have children in care full time whose fees are paid for entirely by their parents.

Among participating providers that offer discounts (Exhibit 5.19), the majority reported offering a discount for more than one child enrolled per family (independent centers, 80.8%; sponsored centers, 90.3%; and family day care homes, 86.6%). Many provide discounts if a child's parent works for the provider (independent centers, 71.3%; sponsored centers, 66.0%; and family day care homes, 22.3%).[92] Other discounts include corporate discounts, discounts for pre-payment, military discounts, and discounts for single parents, etc.

Exhibit 5.19: Percentage of Providers[a] Offering Selected Types of Discounts on Parent Fees

Legend: ■ Family Income   ▢ More than One Child Enrolled   ■ Previously Had a Child in Care   ▢ Parent Works for the Provider or Sponsor   ■ Other

Type of Provider	Family Income	More than One Child Enrolled	Previously Had a Child in Care	Parent Works for the Provider or Sponsor	Other
Total Providers	30.6%	86.3%	14.6%	37.6%	12.8%
ICCCs	20.8%	80.8%	2.7%	71.3%	15.6%
SCCCs	32.5%	90.3%	2.3%	66.0%	18.5%
FDCHs	32.5%	86.6%	20.6%	22.3%	10.7%

(Y-axis: Percent of Providers, 0%–100%)

[a] Does not include Head Start centers. There are no fees for children in the Head Start program.

Federal regulations also allow providers to charge parents separately for meals served to children not approved for free or reduced-price meals, as long as the method to collect income information

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[92] Some FDCH providers employ an assistant to help the provider.

protects the anonymity of these children (7 CFR 226.23). Despite this allowance, few providers reported that they charge parents separately for meals (independent centers, 2.5%; sponsored centers, 6.6%; and family day care homes, 0.1%).

MONITORING BY SPONSORS

This section discusses sponsor oversight from the perspective of providers being monitored. Given the sample of providers is nested within the sample of sponsors, the providers in the study were monitored by the sampled sponsors. Earlier reporting on sponsor monitoring describes their general approach and practices rather than the details of how providers are monitored. Thus, a direct correlation might not exist between sponsor and provider perspectives. For example, a sponsor might conduct three monitoring visits per year, on average, with its providers, but some of its providers might receive more than three visits, while others receive fewer.

FREQUENCY AND DURATION OF MONITORING VISITS

Sponsored providers reported they receive, on average, 3.4 monitoring visits annually from their sponsors. The average number of visits varies by the provider type, ranging from an average of 2.7 visits for sponsored centers to an average of 3.5 visits for family day care homes.[93] The majority of Head Start centers (73.6%) and family day care homes (87.8%) reported they receive at least three monitoring visits. However, only 57.7 percent of sponsored centers reported three monitoring visits.

Only 1.0 percent of family day care homes reported that they do not receive any monitoring visits from their sponsor, while an estimated 11.8 percent of sponsored centers and 15.1 percent of Head Start centers reported the same (Exhibit 5.20). The percentages for sponsored centers and Head Start centers that reported zero monitoring visits are higher than comparable figures reported by sponsors for these categories of providers, which could be an artifact of sampling providers within the sample of sponsors. [94] Because sponsors of affiliated centers own the centers, they are part of the daily operations. The center may not view a "monitoring" visit as being different from any other visits the sponsor makes to check on operations.

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[93] As stated, CACFP regulations require sponsors to conduct at least three monitoring visits annually to each of their providers.

[94] In the sponsor surveys sponsors reported the *average* number of monitoring visits they conducted with their providers over the last 12 months. As with any average, some of a sponsor's providers will have received more than the reported average number of visits, while others will have received fewer that the reported average. Since the study sampled providers within sponsors, it would be surprising if all of the sampled providers reported receiving the same number of monitoring visits as the average number reported by their sponsor.

Exhibit 5.20: Frequency of Monitoring Visits by Sponsor

■ 3 or More Visits   ■ 1-2 Visits   ■ 0 Visits

	3 or More Visits	1-2 Visits	0 Visits
Total Providers	83.2%	13.5%	3.3%
SCCCs	57.7%	30.5%	11.8%
HSCs	73.6%	11.3%	15.1%
FDCHs	87.8%	11.2%	1.0%

Percent of Providers — Type of Provider
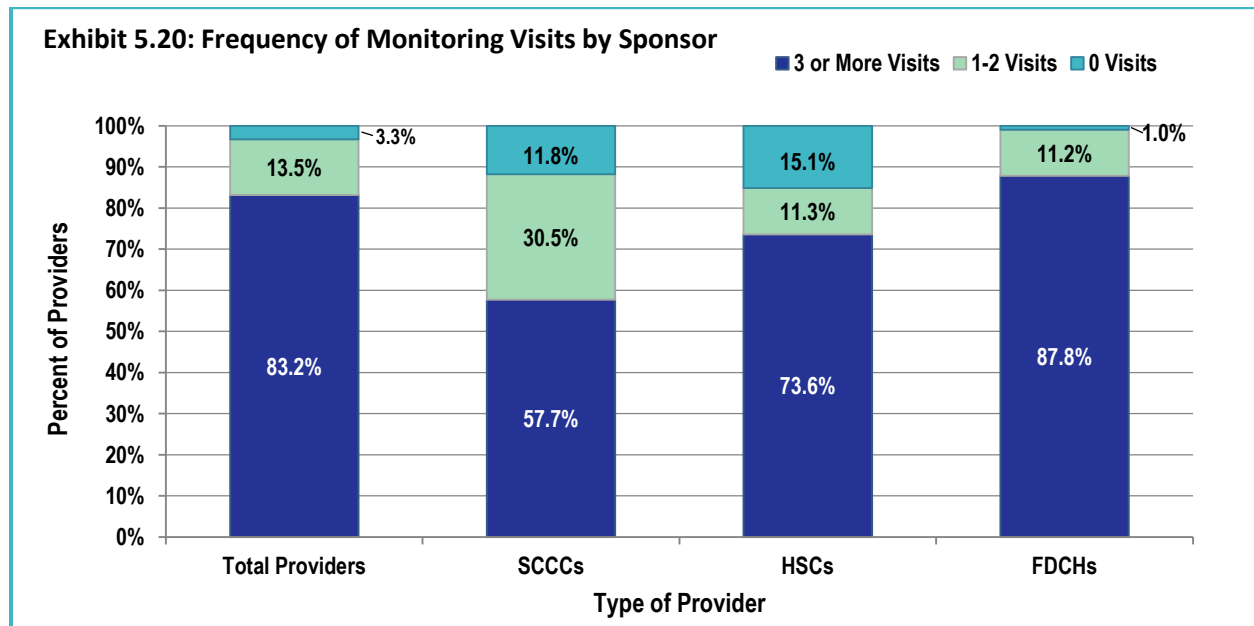
As indicated, two out of the required three monitoring visits are required to be unannounced. However, 50.6 percent of sponsored centers providers reported that they do not receive any unannounced visits, as did 57.0 percent of Head Start centers and 44.7 percent of family day care homes.

Among providers that receive monitoring visits, their average duration is 73.4 minutes (Exhibit 5.21). The average length of a monitoring visit to family day care homes is 39.7 minutes, and substantially shorter, on average, than those reported by sponsored centers at 86.6 minutes and Head Start centers at 91.0 minutes. Overall, family day care homes receive shorter, but more frequent, monitoring visits than either sponsored centers or Head Start centers. The total annual amount of monitoring time family day care homes receive (140 minutes) is less than that received by sponsored centers (231 minutes) and Head Start centers (271 minutes). Yet, the shorter duration of the visits does not necessarily reflect the thoroughness of the visit. A center setting can require more time to complete a monitoring visit than a home.

Exhibit 5.21 Distribution of Providers by the Average Duration of Monitoring Visits

Less than or equal to 30 Minutes ☐ 31-60 Minutes ☐ Greater than 60 minutes

Total Providers: Mean = 73.4, 46.4%, 42.4%, 11.2%
SCCCs: Mean = 86.6, 15.2%, 43.2%, 41.5%
HSCs: Mean = 91.0, 14.4%, 32.1%, 53.6%
FDCHs: Mean = 39.7, 52.6%, 43.2%, 4.2%
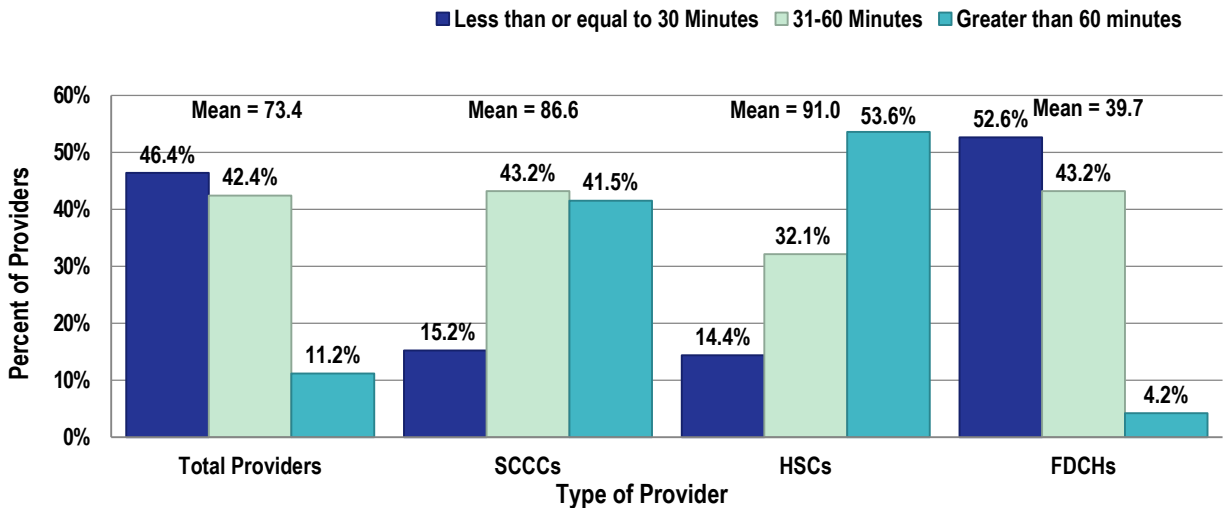
AREAS REVIEWED DURING MONITORING VISITS

For most providers, the topics monitored by their sponsors are those specified in CACFP regulations (Exhibit 5.22), including:

- Review and verification of current enrollment records,
- Review of health and safety practices and guidelines,
- Verify that attendance does not exceed licensed capacity,
- Verify provider's child care license is current, and
- Review of food allergy documentation.

Exhibit 5.22: Percentage of Providers Reviewed on Selected Topics at Monitoring Visits

■ Current Enrollment Records Exist ☐ Health/Safety Guidelines Followed ■ Attendance ≦ Licensed Capacity
☐ Child Care License Current ■ Food Allergies Documented

Total Providers: 96.5%, 90.5%, 90.0%, 84.8%, 65.3%
SCCCs: 76.3%, 86.9%, 67.4%, 68.3%, 83.4%
HSCs: 75.6%, 82.4%, 66.7%, 71.9%, 77.0%
FDCHs: 99.6%, 91.8%, 95.7%, 88.6%, 61.5%
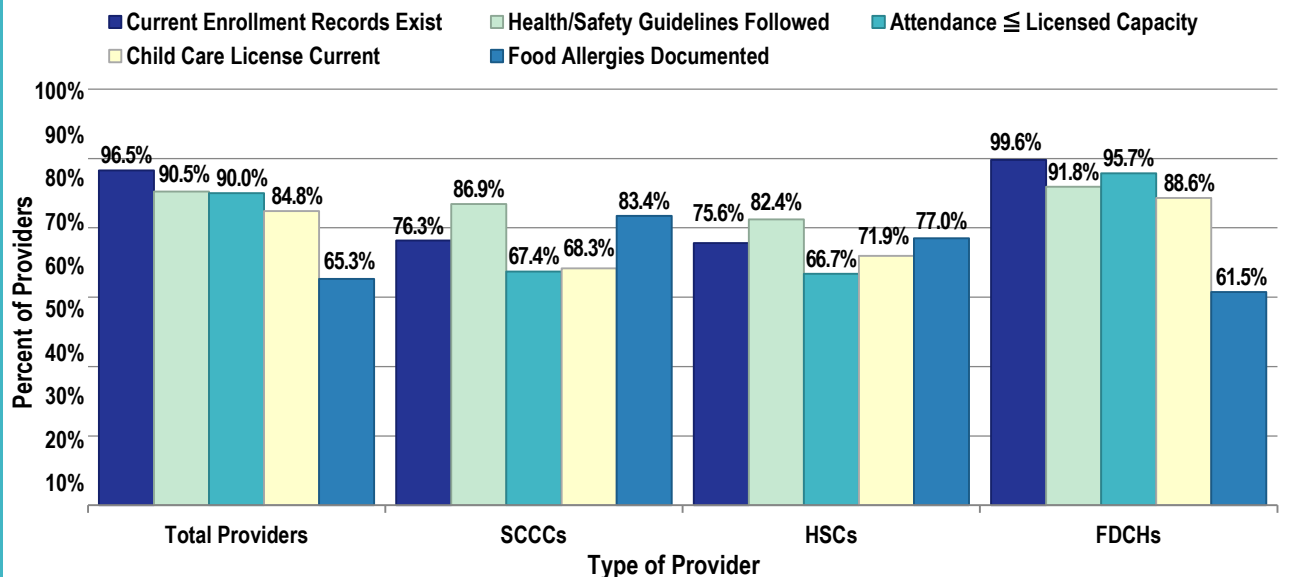
Some differences exist across the three types of sponsored providers. The enrollment records of family day care homes are more frequently reviewed (99.6%) than those of sponsored centers (76.3%) and Head Start centers (75.6%). Similarly, attendance at family day care homes is more frequently checked (95.7%) than at sponsored centers (67.4%) and Head Start centers (66.7%).

STAFFING AND TRAINING

STAFFING

In contrast to family day care homes, child care and Head Start centers employ multiple employees, including a center director,[95] caregivers, and, in some centers, food preparation, and custodial staff. Including both full-time and part-time employees, centers reported they employ an average of 15-16 people (Exhibit 5.23). Head Start centers are more likely to employ fewer than five people, as 30.4 percent do so, compared to 11.7 percent of independent centers or 16.9 percent of sponsored centers.

Exhibit 5.23: Distribution of Centers by the Number of Employees[a]

■ Less than 5 employees   □ 5-10 employees   ■ 11-15 employees   □ Greater than 15 employees

Type of Provider	Less than 5	5-10	11-15	Greater than 15	Mean
Total Centers	18.4%	25.1%	20.9%	35.6%	15.8
ICCCs	11.7%	25.8%	26.3%	36.1%	15.9
SCCCs	16.9%	21.9%	19.2%	42.0%	16.1
HSCs	30.4%	28.6%	15.1%	25.9%	15.0

[a]Includes both full-time and part-time employees.
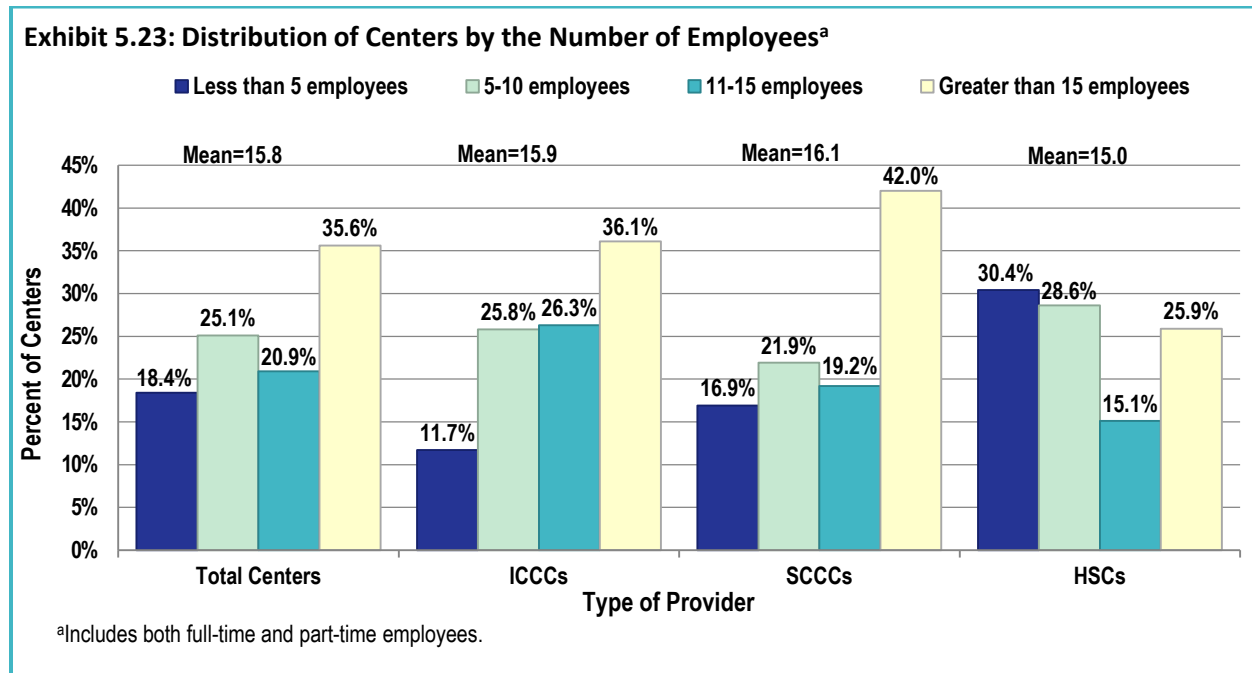
The variation in staffing might reflect differences in enrollment and the way that Head Start centers operate separate morning and afternoon sessions. For example, a Head Start center with two sessions, each with 60 children enrolled, would have a total enrollment of 120 children, but would have approximately the same staffing needs as a child care center with only 60-70 children enrolled for a full day.

The effect of split sessions can be seen in the different staff to child ratios across provider types. A split shift allows a provider to have fewer children per caregiver, on average, than another with the same total enrollment and a single session. On average, Head Start centers have one caregiver for every seven children ages three and four, compared to one caregiver for every 10 children in independent centers and for every nine in sponsored centers.[96]

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[95] In Head Start centers, a "lead teacher" rather than a center director is responsible for managing center operations.

[96] The actual ratios maintained by child care centers and Head Start centers are determined in part by the maximum number of children per caregiver allowed by State child care licensing requirements and Head Start Program requirements. Head Start permits no more than eight children per caregiver, while in most States child licensing requirements permit 10 or more 3-4 year olds to be supervised by a single caregiver.

TRAINING EMPLOYEES WITH FOOD SERVICE RESPONSIBILITIES

All participating child care centers, regardless of size, have at least one person who is tasked with food service responsibilities. In small centers, some caregivers may be responsible for preparing and serving meals while the center director may handle menu preparation, food purchasing, and other food service activities. Larger centers tend to have separate food service staff.

Regardless of which employees are responsible for food service, Program regulations require that they attend at least one annual training session with content determined by the State CACFP administering agency. Centers are required to keep records of the date, location, topics covered, and names of staff in attendance at each food service training session.[97] Overall, 98.4 percent of providers reported that they did, and 1.6 percent of providers reported that they did not receive food service training.[98]

TRAINING AND SERVICES RECEIVED FROM SPONSORING ORGANIZATION

Sponsors are required to provide training not only for their own monitoring and training staff, but for the family day care home and center food service staff they sponsor. Almost nine out of ten sponsored providers (sponsored centers, 88.7%; Head Start centers, 88.0%; and family day care homes, 88.7%) receive training from their sponsor.[99] Of providers that receive training from their sponsors, they reported training on the following topics (Exhibit 5.24, panels A and B):

- CACFP meal requirements,
- CACFP recordkeeping requirements,
- Nutrition,
- Food safety/food service operations,
- USDA civil rights requirements.

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[97] 7CFR226.17(b) (10)
[98] More detail on this topic can be found in Volume II, Exhibit 2.66.
[99] More detail on this topic can be found in Volume II, Exhibit 2.69.

Exhibit 5.24: Percentage of Sponsored Providers that Receive Training on Selected Topics
Panel A

- CACFP Meal Requirements
- Nutrition
- CACFP Recordkeeping Requirements
- Meal Planning
- Food Safety/Food Service Operations

Type of Provider	CACFP Meal Requirements	Nutrition	CACFP Recordkeeping Requirements	Meal Planning	Food Safety/Food Service Operations
Total Providers	77.5%	70.6%	68.6%	65.1%	60.7%
SCCCs	78.6%	49.4%	81.0%	58.2%	62.7%
HSCs	84.5%	65.0%	79.1%	51.5%	67.6%
FDCHs	76.7%	74.2%	65.7%	67.6%	59.6%
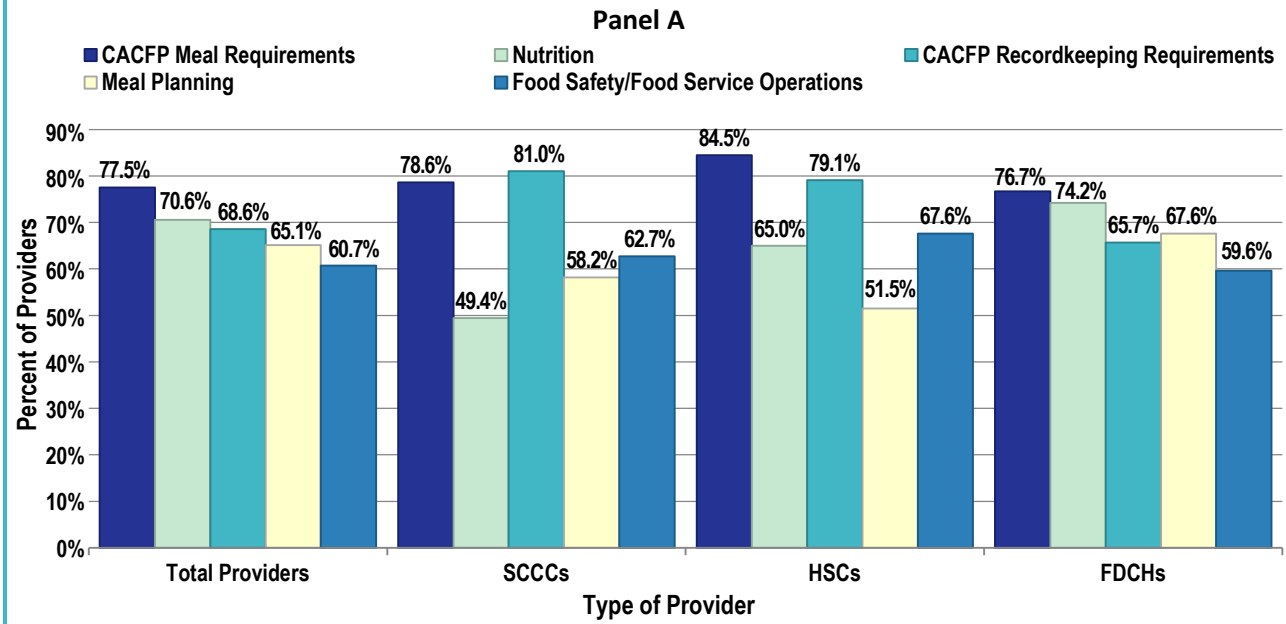
Although sponsors use various formats to provide training, most providers report that training is received in-person, including 77.2 percent of sponsored centers, 76.0 percent of Head Start centers, and 63.6 percent of family day care homes. Fewer providers reported web-based training, including 9.8 percent of sponsored centers, 19.0 percent of Head Start centers, and 14.2 percent of family day care homes. More than nine out of 10 providers reported satisfaction (satisfied or very satisfied) with the training received from their sponsors.[100]

Exhibit 5.24: Percentage of Sponsored Providers that Receive Training on Selected Topics
Panel B

- Food Preparation
- Preparing/Filing Monthly Claims
- CACFP Monitoring Requirements
- USDA Civil Rights Requirements

Type of Sponsored Provider	Food Preparation	Preparing/Filing Monthly Claims	CACFP Monitoring Requirements	USDA Civil Rights Requirements
Total Providers	59.1%	52.3%	51.6%	50.1%
SCCCs	53.0%	46.6%	55.2%	66.5%
HSCs	51.1%	42.0%	65.7%	76.1%
FDCHs	60.8%	54.2%	49.6%	45.0%

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[100] More detail on this topic can be found in Volume II, Exhibit 2.71.

PROVIDERS' PERCEPTIONS OF THE CACFP

IMPORTANCE OF THE CACFP

Overall, providers offered several reasons for why they believe CACFP to be an important program. More than half of centers (independent centers, 59.8%; sponsored centers, 67.5%; and Head Start centers 65.3%) think the Program is important because it feeds children who might otherwise have limited access to food, and 45.3 percent of family day care home providers share this opinion. Similarly, 55.0 percent of independent centers, 57.6 percent of sponsored centers, and 67.4 percent of family day care home providers reported that CACFP is important because it helps children develop healthy eating habits, but only 36.5 percent of Head Start centers selected this option. Almost half of family day care home providers (47.6%) reported the program is important because it teaches them to plan and prepare nutritious meals, while fewer centers (independent centers, 29.9%; sponsored centers, 26.0%; and Head Start centers, 8.2%) found this to be important.

Across all center types, fewer than one third of providers reported economic aspects of the Program (e.g., helping providers stay in business and helping to keep the cost of child care down) to be important. Overall, almost one fifth selected the survey response categories "helping parents learn healthy eating habits" or "being part of the social safety net" as important aspects of the CACFP.

CACFP PAPERWORK REQUIREMENTS: PERCEIVED BURDEN

Over 20 years ago (in program year 1995), 26 percent of family day care homes and 39 percent of all participating centers reported (independent centers, sponsored centers, and Head Start centers) found the CACFP monthly accounting paperwork burdensome.[101] Since then, improvements in technology at the State, sponsor, and provider levels have been introduced. Modern program management software allows providers to track many aspects of their child care business, including the information needed to file monthly claims and maintain records. Rather than using paper forms for monthly claims, many providers now file claims and maintain records electronically.

Thus, while child care centers continue to report the paperwork requirements to be burdensome, this is reported by a smaller share than previously: 23.8 percent of independent centers and 28.1 percent of sponsored centers. A minority of Head Start centers (7.2%) and family day care homes (12.0%) reported these requirements are burdensome, and only a small percentage of each found it to be a very high burden (Exhibit 5.25).

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[101] F. Glantz, et al., Early Childhood and Child Care Study Final Report Volume I: Profile of Participants in the CACFP, Abt Associates, 1997.

Exhibit 5.25: Percentage of Providers that Find the CACFP Paperwork Burdensome

■ High Burden ■ Very High Burden

Percent of Providers

	Total Providers	ICCCs	SCCCs	HSCs	FDCHs
Very High Burden	3.5%	3.2%	7.6%	1.9%	3.1%
High Burden	11.1%	20.6%	20.5%	5.3%	8.9%

Type of Provider
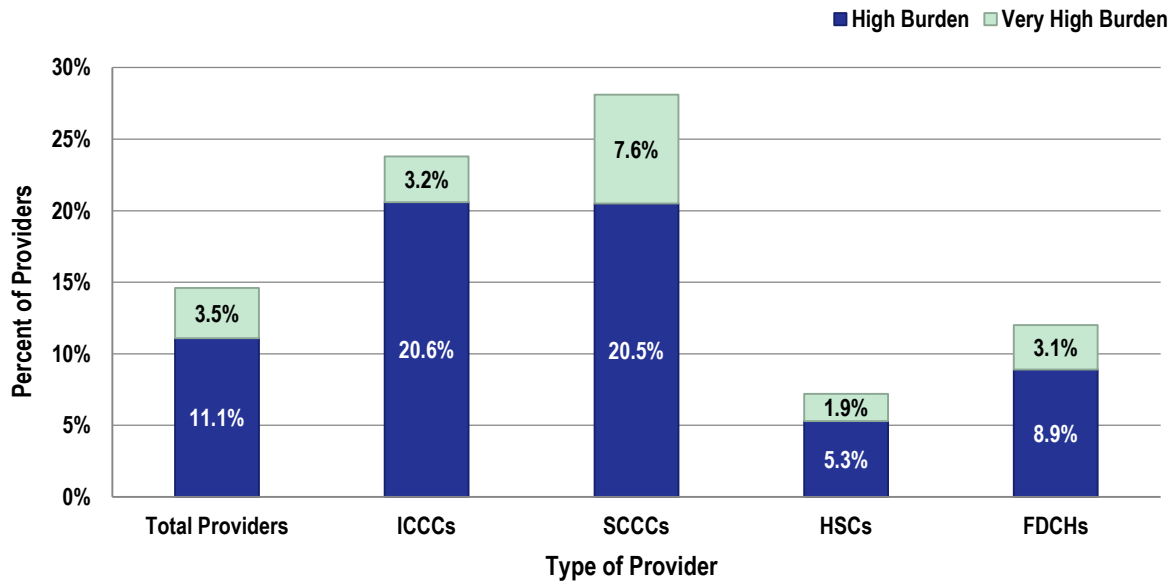
REASONS FOR DROPPING OUT OF THE CACFP

For various reasons, 17.8 percent of all providers considered dropping out of CACFP. Among those providers, the most frequent reason provided is the paperwork burden (independent centers, 75.2%; sponsored centers, 95.3%). By contrast, only 47.3 percent of family day care homes report the paperwork burden as a reason for considering dropping out of the Program; instead, 59.4 percent of family day care homes reported inadequate meal reimbursements as a reason. Some centers (independent centers, 33.8%; sponsored centers, 48.0%) report inadequacy of the CACFP meal reimbursement as a reason when they considered dropping out of the CACFP (Exhibit 5.26).

Exhibit 5.26: Distribution of Reasons that Providers[a] Considered Dropping Out of the CACFP

■ Paperwork Burden   □ Reimbursement Rates Too Low
■ Not Enough Low-Income Children Enrolled   □ Difficult to Comply with Meal Requirements

Percent of Providers

	Total Providers	ICCCs	SCCCs	FDCHs
Paperwork Burden	55.4%	75.2%	95.3%	47.3%
Reimbursement Rates Too Low	55.4%	33.8%	48.0%	59.4%
Not Enough Low-Income Children Enrolled	12.0%	24.2%	13.6%	10.0%
Difficult to Comply with Meal Requirements	14.0%	17.1%	13.3%	13.6%

Type of Provider
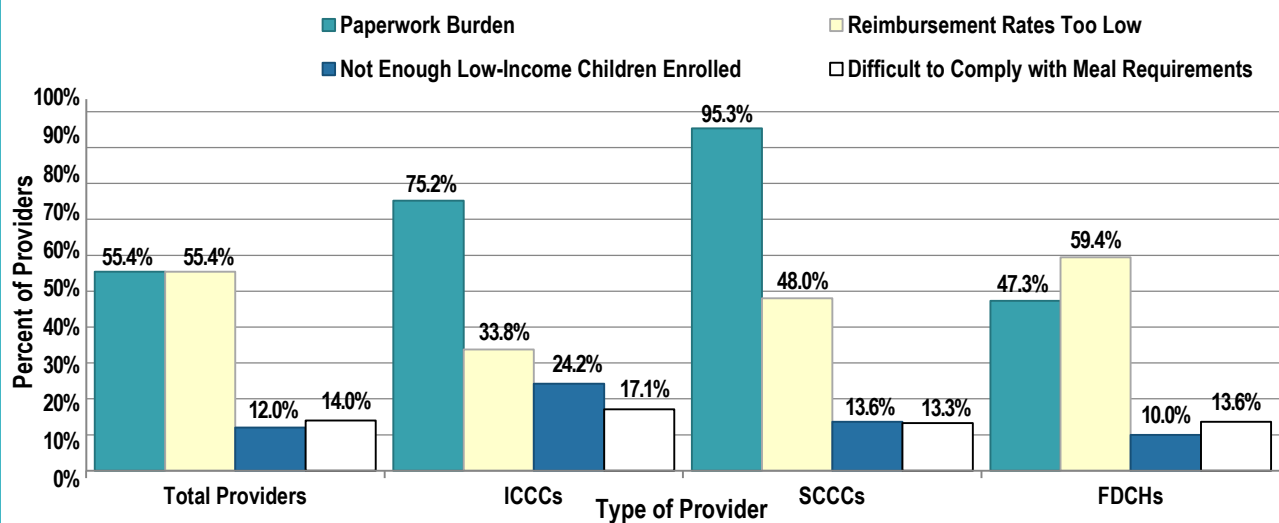
[a]Does not include Head Start centers since their participation is required by the Head Start regulations.
[b]Includes only those reasons cited by at least 10% of all providers. Additional detail is provided in Volume II, Exhibit 2.76.

The amount received in CACFP meal reimbursements is determined by three interrelated factors:

- Reimbursement rates for each type of meal/snack served,
- Number of each type of meal/snack served, and
- Percentage of meals/snacks served to children at the free, reduced-price, and paid rates.

Of those that considered leaving, 33.8 percent of independent centers and 48.0 percent of sponsored centers cited low reimbursement rates as a reason. Additionally, 24.4 percent of independent centers and 13.6 percent of sponsored centers reported that they did not have enough low-income children enrolled (i.e., those whose meals are reimbursed at the higher F/RP rates) to generate an adequate amount in meal reimbursements. Only 10.0 percent of family day care home providers cited concern over the number of low-income children enrolled. However, 59.4 percent of family day care home providers that considered leaving the Program cited low reimbursement rates as a reason.[102]

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[102] This figure could also include some Tier II-Low and Tier II-Mixed providers that, in addition to not having enough Tier I-eligible children enrolled, might feel the Tier I reimbursement rates are too low.

Part III: Characteristics of At-Risk Sponsors and Centers

Part III presents national estimates of the characteristics of CACFP sponsors and centers that participate in the At-Risk component of the CACFP. Its focus is more limited in its range of sponsor and center characteristics than Part II. The resulting profile of At-Risk sponsors and centers is based on survey data collected between May and November 2015. October 2014 was used as the reference month for all survey items.[103] Chapter 6 describes the taxonomy of At-Risk sponsors and centers used in the analyses reported in Part III; Chapter 7 describes the characteristics of At-Risk sponsors; and Chapter 8 presents the characteristics of At-Risk centers. Unless otherwise specified, all findings are based upon data collected in these surveys.

Chapter 6: Taxonomy of At-Risk Sponsors and Centers

The CACFP At-Risk component provides funding to after-school programs that serve a meal and/or snacks to children and teenagers who are age 18 or younger (at the start of the school year) in low-income areas. According to 7 CFR 226.170, programs must complete the following to participate:

- Provide care for children after school or on the weekends, holidays, or breaks during the regular school year,

- Provide organized, regularly scheduled activities,

- Include educational or enrichment activities such as arts and crafts, computer lessons, or homework help as part of their functions, and

- Be situated in the attendance area of a public elementary, middle, or high school where at least 50 percent of the students are eligible for free or reduced-price meals.

Unlike traditional child care centers, which typically serve young children while parents are at work, the At-Risk component of CACFP primarily supports after-school programs offered through other types of providers (e.g., schools, libraries, community centers). Children in a traditional child care center's At-Risk component may attend after their school day ends or on weekends, holidays, or school vacation. Traditional child care centers with an At-Risk component are referred to, throughout this report, as "Mixed" At-Risk centers.

Participation in the At-Risk component of the CACFP is also allowed in a few other contexts. A school that operates its school day at least one hour longer than the minimum number required by its local educational agency may be eligible for At-Risk meal reimbursement.[104] Furthermore, a residential

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[103] An additional data collection effort to obtain information on the number of children in centers in each income-eligibility category was conducted in July and August 2017. The reference month for this survey is October 2016.

[104] CACFP 01-2011 states that "a school operating longer than the traditional school day may be eligible for afterschool snack reimbursement through the NSLP or CACFP, provided that it operates a school day that is at least one hour longer than the minimum number of school day hours required for the comparable grade levels by the local educational

facility may be eligible to participate in the At-Risk component if it has non-residential care programs that offer afterschool education and enrichment programs for non-residential children.

Similar to traditional CACFP, At-Risk centers may participate independently or are supported by a sponsoring organization that assumes responsibility for the fiscal and programmatic integrity of centers participating under its sponsorship. Sponsored for-profit At-Risk centers must be sponsored by for-profit organizations; similarly, nonprofit At-Risk centers must be supported by a nonprofit organization.

Under the At-Risk component, meals and snacks served on weekends or holidays, including vacation periods, during the regular school year at all At-Risk centers are reimbursable. Per regulations, At-Risk centers can only operate during the regular school year. However, during the summer months, an At-Risk center may instead operate as a Summer Food Service Program (SFSP) site.[105] When At-Risk centers serve children attending year-round schools, they may receive reimbursement for meals and snacks served through the At-Risk component of the CACFP all year.

An At-Risk center may participate as an "open" or "enrolled" center. Centers in the attendance area of a public elementary, middle, or high school where at least 50 percent of the children are eligible for free and reduced-price meals, may operate as "open," i.e. eligible to serve free meals and snacks to all children in the community, regardless of F/RP meal eligibility. By contrast, "enrolled" centers may serve only those children enrolled in the program and are reimbursed based on the Free/Reduced Price (F/RP) status of each child served. If at least 50% of the children enrolled in the program are eligible for F/RP meals, however, then all meals and snacks served are reimbursed at the free rates.

An At-Risk sponsor may work with all types of eligible centers. In addition to legal status (i.e., for-profit or nonprofit), this study also classifies At-Risk sponsors and centers as private or public agencies (e.g., a local government social service or child care agency), schools, or school districts.

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agency in which the school is located." CACFP 01-2011: https://fns-prod.azureedge.net/sites/default/files/cn/SP04_CACFP01-2011osr.pdf

[105] "CACFP institutions that develop a separate food service program for children who are not enrolled in the CACFP, and meet SFSP eligibility criteria, may be approved to participate in the SFSP. Institutions that are approved for both the CACFP and the SFSP must ensure that the same children are not served meals in both programs." (The Summer Food Service Program (SFSP): 2016 Administrative Guidance for Sponsors, USDA, 2016).

Chapter 7: Characteristics of At-Risk Sponsors

Several dimensions of At-Risk sponsoring agencies were examined in this study, including:

- General characteristics,
- At-Risk sponsor size,
- Characteristics of the centers they sponsor,
- Sponsor outreach,
- At-Risk sponsor training and support to centers, and
- Training and services received from the State CACFP agency

GENERAL CHARACTERISTICS OF AT-RISK SPONSORS

In FY 2014-15, 1,853 organizations sponsored centers under the At-Risk component of the CACFP;[106] 58.3 percent of these organizations were nonprofits. Public agencies, schools, or school districts accounted for 34.4 percent of all At-Risk centers as the sponsoring organization (hereafter referred to as sponsors), while the remaining 7.3 percent of At-Risk sponsors were private for-profit organizations.

TYPES OF ORGANIZATIONS THAT SPONSOR AT-RISK CENTERS

The types of organizations that sponsor At-Risk centers are varied (Exhibit 7.1). Among all At-Risk sponsors, the most common types of sponsoring organizations are schools or school districts (25.0%) and child care agencies (20.7%). However, there are many types of private- and public-sector organizations that sponsor At-Risk centers. The most common types of private-sector At-Risk sponsors are child care agencies (27.9%), charitable organizations (14.7%), YMCAs or YWCAs (13.9%), and social service agencies (10.9%). In comparison, 67.5 percent of public-sector sponsors are schools and school districts, 7.0 percent are child care agencies, and 2.5 percent are social service agencies. Other types of organizations that sponsor At-Risk centers include community development organizations, community-based organizations, religious organizations, and local government agencies, like parks and recreation departments.

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[106] FNS National Data Bank, August 2016.

Exhibit 7.1: Distribution of At-Risk Sponsors by Organization Type

■ Child Care Agency ■ School or School District ■ Charitable Agency □ YMCA or YWCA ■ Social Service Agency

Type of AR Sponsor	Total AR Sponsors	Private Sector	Public Sector
Social Service Agency	8.0%	10.9%	−2.5%
YMCA or YWCA	9.1%	13.9%	
Charitable Agency	9.6%	14.7%	
School or School District	25.0%	−2.5%	67.5%
Child Care Agency	20.7%	27.9%	7.0%

Percent of Sponsors (y-axis: 0% to 100%)

Years In CACFP

On average, At-Risk sponsors have been participating in the CACFP for 9 years, though private organizations reported participating more than twice as long as public-sector sponsors (11 years vs. 5 years, on average). More than half (60.6%) of private-sector At-Risk sponsors reported participation in CACFP for more than five years compared to 23.8 percent of public-sector At-Risk sponsors (Exhibit 7.2). In fact, 9.3 percent of public-sector At-Risk sponsors reported participation for more than 10 years compared to 43.0 percent of private-sector At-Risk sponsors.

On average, private-sector At-Risk sponsors have participated the At-Risk component of the CACFP for 6.3 years compared to 4.3 years for public-sector At-Risk sponsors. Some public-sector At-Risk sponsors began participating in the CACFP in 2010, when the At-Risk component expanded to all States, whereas more private-sector At-Risk sponsors (35.0%) reported that they participated in the traditional CACFP prior to that shift. Additionally, some surveyed At-Risk sponsors might have began participating earlier than 2010 given that three of the 23 States in the study sample (Missouri, New York, and Pennsylvania) were part of the At-Risk pilot program that began in 2000.[107] Illinois joined in 2001 and Nevada joined in 2009.

Sponsoring At-Risk Centers

While 35.0 percent of private-sector At-Risk sponsors were already sponsors in the traditional CACFP, a smaller 7.2 percent of public-sector At-Risk sponsors were already CACFP sponsors when they began to support At-Risk centers (Exhibit 7.2).

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[107] A fifth State in the sample, Nevada, was added to the pilot in 2009.

Exhibit 7.2: Percentage of At-Risk Sponsors that First Participated in the Regular Component of the CACFP
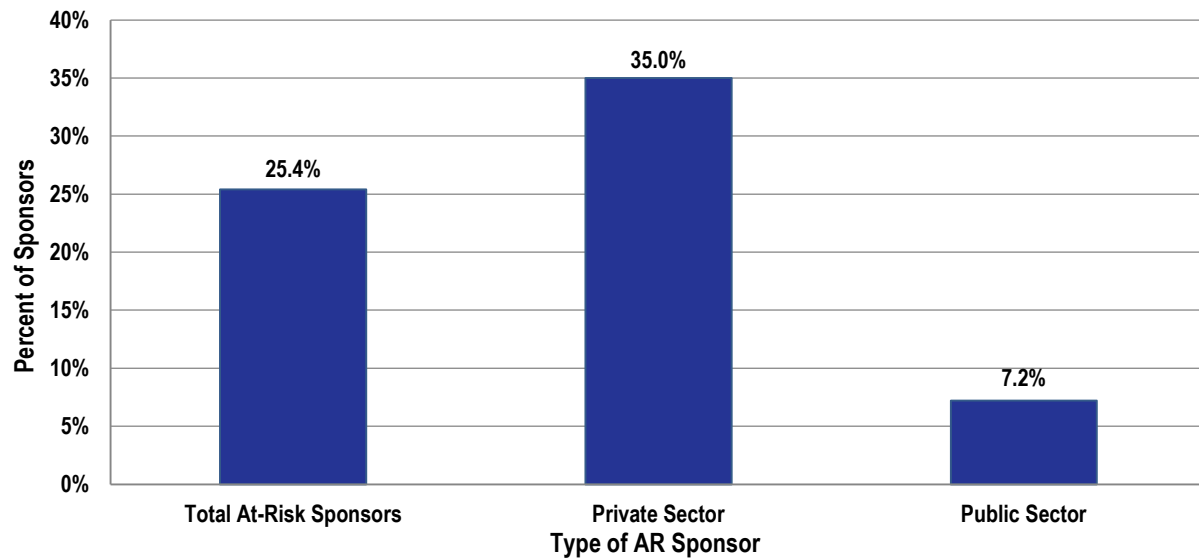
In 18 of the 23 study States, the At-Risk sponsors first became eligible to participate in the At-Risk component in 2010. Most public-sector At-Risk sponsors in these States became sponsors for traditional and At-Risk CACFP at the same time. This may help to explain why 67.3 percent of the At-Risk sponsors have participated for fewer than five years (Exhibit 7.3).

Exhibit 7.3: Distribution of At-Risk Sponsors by the Number of Years They Have Participated in the At-Risk Component
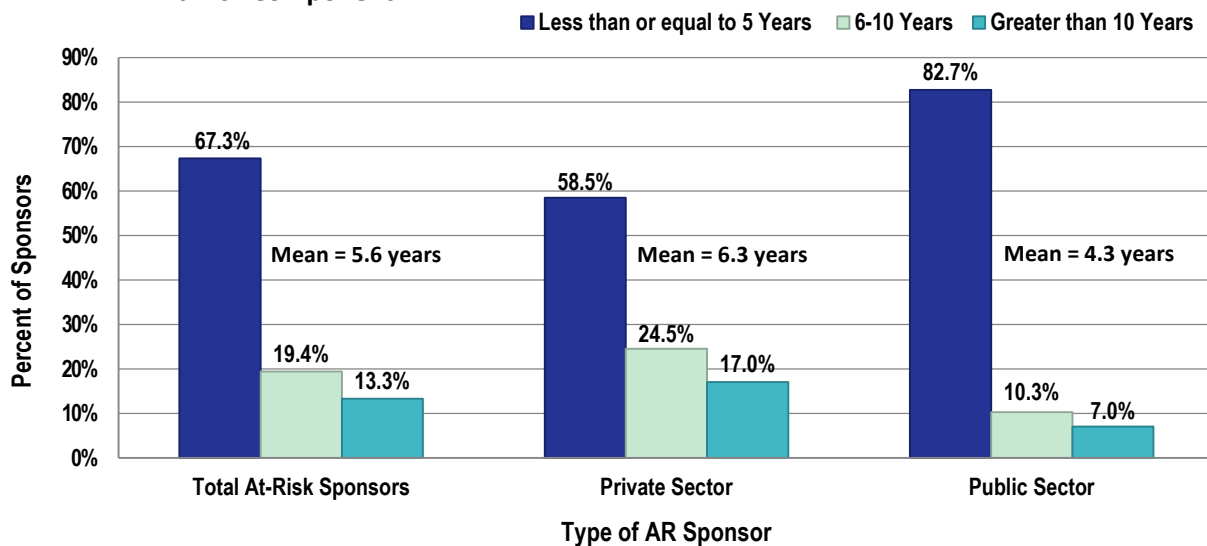
AT-RISK SPONSOR SIZE AND CHARACTERISTICS OF THE AT-RISK CENTERS THEY SPONSOR

Private and public-sector sponsors differ in terms of the number of centers they sponsor. On average, private-sector At-Risk sponsors support 16.7 centers, whereas public-sector At-Risk sponsors average 13.3 centers (Exhibit 7.4). More than 60 percent of private-sector At-Risk sponsors support five or fewer centers, while 50.7 percent of public-sector At-Risk sponsors support no more than five centers. Approximately the same percentage of private- and public-sector organizations sponsor more than 10 centers (25.7% vs. 25.1%, respectively).

Exhibit 7.4: Distribution of At-Risk Sponsors by Number of Sites Sponsored
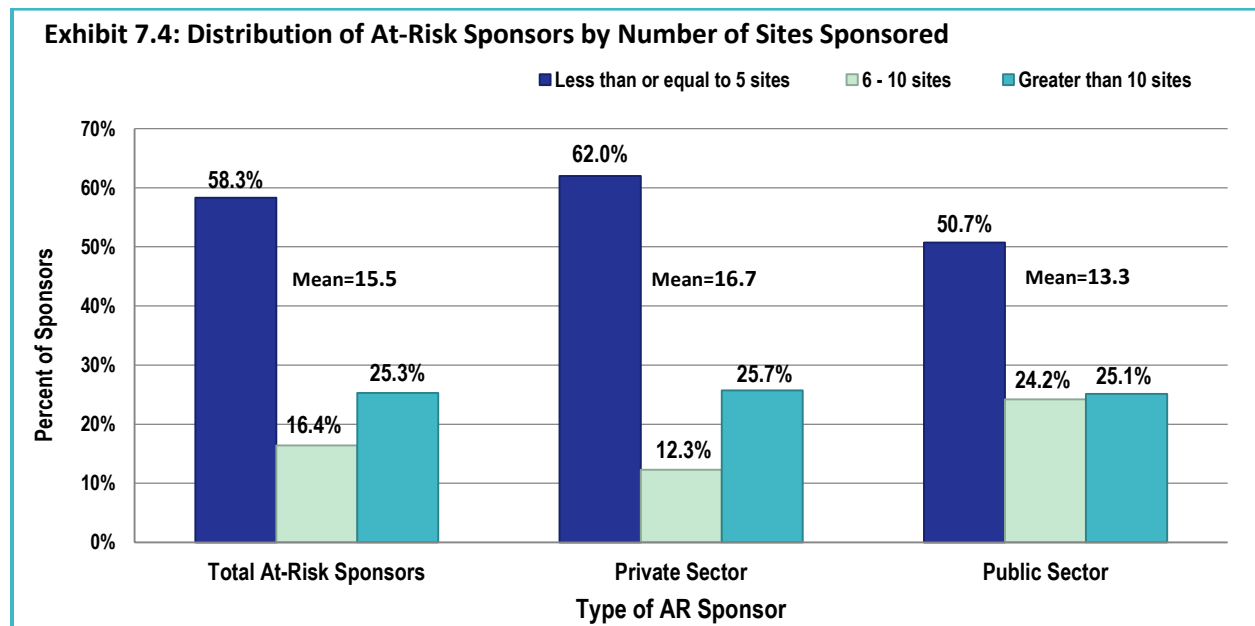
PARTICIPATION IN THE REGULAR AND/OR AT-RISK CACFP COMPONENTS

For this report, centers are described in three categories: those that participate in the At-Risk component only, those that participate in traditional CACFP only, and those that participate in both (Exhibit 7.5). An At-Risk sponsor that supports more than one center may have some that participate only in the regular CACFP, some that participate only in the At-Risk component of the CACFP, and/or some that participate in both components (Mixed At-Risk). Over half (51.5%) of At-Risk sponsors have at least one At-Risk-only center. Smaller percentages of At-Risk sponsors have Mixed At-Risk centers (21.6%) or centers that only operate traditional CACFP (27.0%).

Exhibit 7.5: Percentage of At-Risk Sponsors by Types of Centers Sponsored

■ Sites participate in the AR and non-AR component
■ Sites participate only in the non-AR component
■ Sites participate only in the AR component

(Bar chart — Percent of Sponsors by Type of AR Sponsor)

Total At-Risk Sponsors: 21.6%, 27.0%, 51.5%
Private Sector: 23.1%, 27.0%, 49.9%
Public Sector: 18.2%, 26.8%, 55.0%
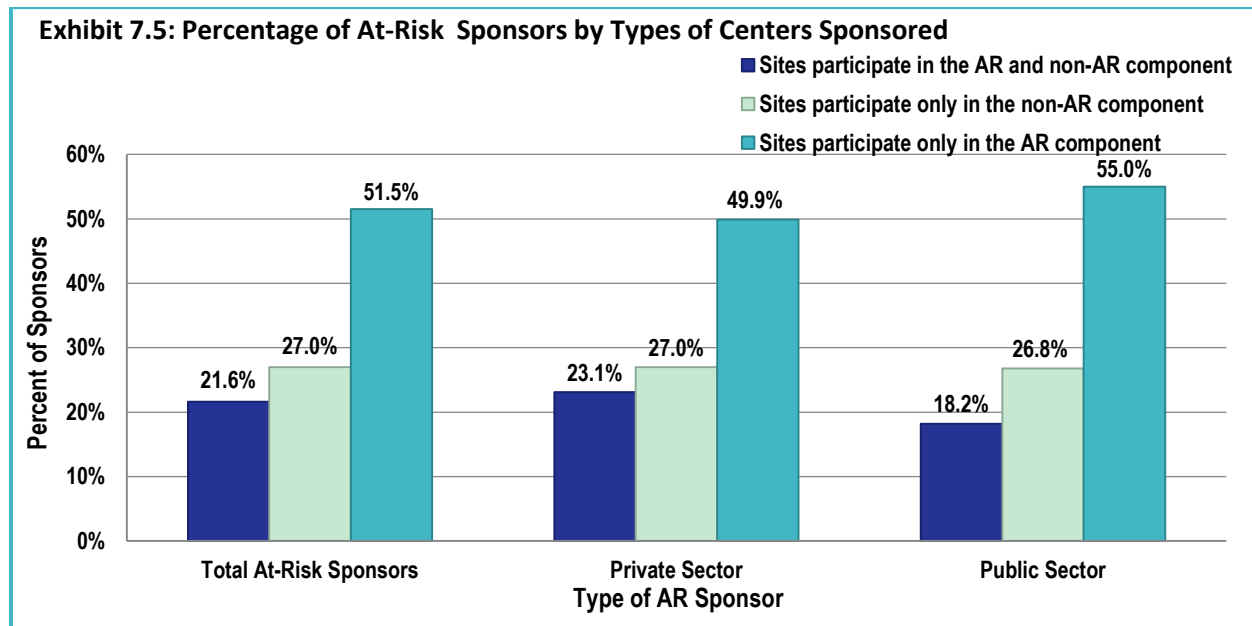
On average, At-Risk sponsors support 11.3 centers that only participate in the CACFP At-Risk component, 6.4 centers that only participate in the regular CACFP component, and 10.6 centers that participate in both.[108] This pattern may be reflective of the types of organizations that sponsor At-Risk centers. One quarter of all At-Risk sponsors are either schools or school districts. The At-Risk centers sponsored by schools or school districts are likely to be afterschool programs that take place in schools which do not provide regular child care. Additionally, this pattern is reflected in the percentage of public-sector At-Risk sponsors that are schools or school districts (58.2%) compared to the 19.4 percent of private-sector At-Risk centers (Exhibit 7.6).

TYPES OF AT RISK CENTERS SPONSORED

The At-Risk component of the CACFP supports primarily nontraditional centers; most At-Risk sponsors support nontraditional child care centers, including afterschool programs at schools (32.7%), Boys and Girls Clubs (20.7%), YMCAs/YWCAs (14.3%), and faith-based afterschool programs (12.7%) (Exhibit 7.6). Approximately one-third of At-Risk sponsors (33.2%) also support traditional child care centers, with 41.2 percent of private-sector At-Risk sponsors supporting at least one traditional child care center. Among public-sector At-Risk sponsors, 17.6 percent support at least one traditional center. Before they supported At-Risk centers, 22.5 percent of At-Risk sponsors supported traditional centers for CACFP.

Many traditional child care centers serve school-age children before and/or after school hours. A center that meets the At-Risk component's area-eligibility requirements may qualify for the CACFP At-Risk Afterschool reimbursement. Free meals and snack would then be served to children in attendance at the center after school (or on weekends, holidays, or school vacation). However, children who do not attend school would continue to participate in the traditional CACFP meal service provided by the center.

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[108] More detail on these data can be found in Vol. II, Exhibits 3.10. 3.11, and 3.12.

Exhibit 7.6: Percentage of At-Risk Sponsors by Types of Providers

■ Public Schools or School Districts　□ Child Care Centers　■ Boys & Girls Clubs　□ YMCA/YWCA　■ Faith-Based Organizations
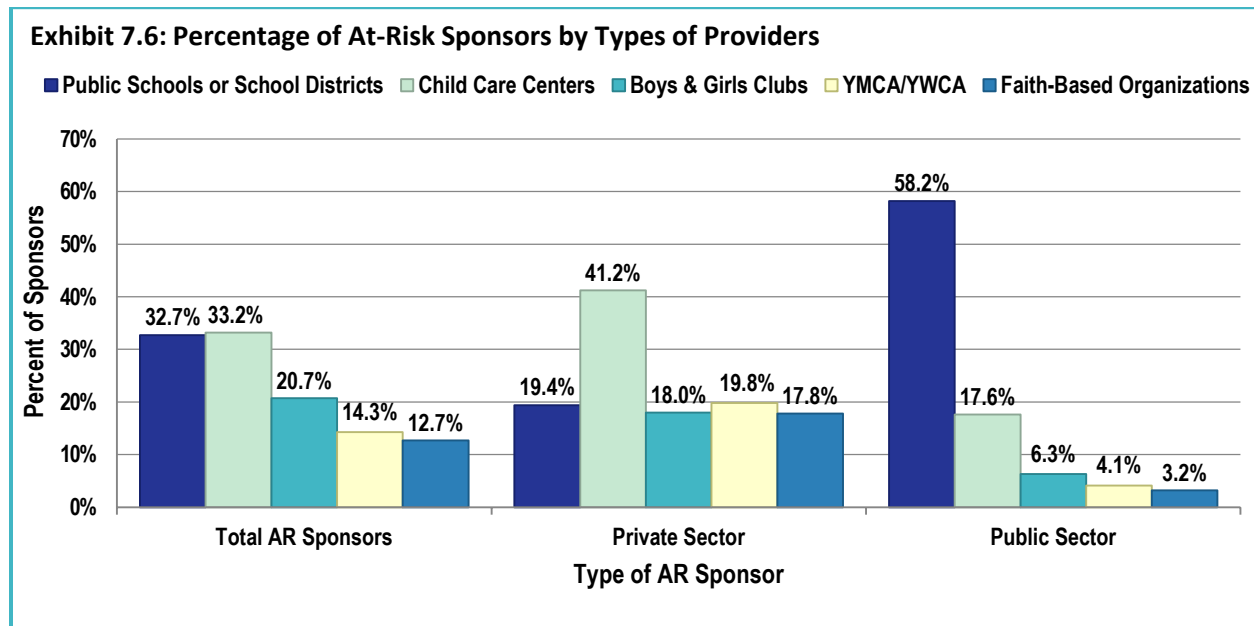
The mix of provider types shown by private and public sector At-Risk sponsors in Exhibit 7.6 illustrate the variation in the types of providers that these sponsors support. For example, 19.4 percent of private-sector At-Risk sponsors support schools or school districts[109] compared to 58.2 percent of public-sector At-Risk sponsors. Among private-sector At-Risk sponsors, 7.2 percent supported traditional CACFP centers compared to 30.6 percent of public-sector At-Risk sponsors. In addition, a higher percentage of private-sector At-Risk sponsors supported programs run by a Boys and Girls Club, YMCA or YWCA, and/or faith-based organization, as compared to public-sector At-Risk sponsors (18.0%, 19.8%, and 17.8% vs. 6.3%, 4.1%, and 3.2%, respectively).

PARTICIPATION IN THE SUMMER FOOD SERVICE PROGRAM

In 1968, the Special Food Service Program for Children was created as a 3-year pilot program with two components: Child Care and Summer Food Service. The pilot provided grants to States to help provide meals for children when school was not in session.[110]

In 1975, a separate Child Care Food Program and Summer Food Service Program (SFSP) was authorized. SFSP eligible entities included residential summer camps and centers serving areas where at least one-third (increased to 50% in 1981) of the children qualified for free and reduced-price school meals. All meals served to children participating in the SFSP are reimbursed at a single rate. As of October 2014, slightly over half (56.5%) of At-Risk sponsors reported participation in the

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[109] As used here, the term "school district" includes Local Education Authorities and School Food Authorities (SFAs). SFAs are the agencies that contract with States to run the school meals programs. While SFAs are responsible to the schools and school districts in which they operate, they are legally independent agencies with their own administrative structures and budgets. So, for example, the kitchen manager and kitchen staff that prepare and serve meals in schools are SFA employees rather than school or school district employees, and report to the SFA director rather than the school principal or school district superintendent.

[110] https://www.fns.usda.gov/sfsp/program-history

SFSP.[111] Participation rates among private and public sponsors are similar (57.1% vs. 55.3%, respectively).[112]

At-Risk sponsors vary in terms of SFSP participation by their centers. Private-sector At-Risk sponsors are more likely to have centers participating in the SFSP. Specifically, 57.4 percent of private-sector At-Risk sponsors have more than half of their centers participating in the SFSP. By comparison, 44.4 percent of public-sector At-Risk sponsors have more than half of their centers participating in the SFSP (Exhibit 7.7).

Exhibit 7.7: Distribution of At-Risk Sponsors by Percentage of Sites that Participate in SFSP

Legend: ■ Less than or equal to 10%   ▨ 11% to 50%   ■ Greater than 50%

Type of AR Sponsor	Less than or equal to 10%	11% to 50%	Greater than 50%	Mean
Total At-Risk Sponsors	2.4%	44.6%	53.0%	58.2%
Private Sector	2.7%	39.9%	57.4%	59.1%
Public Sector	1.7%	53.9%	44.4%	56.6%
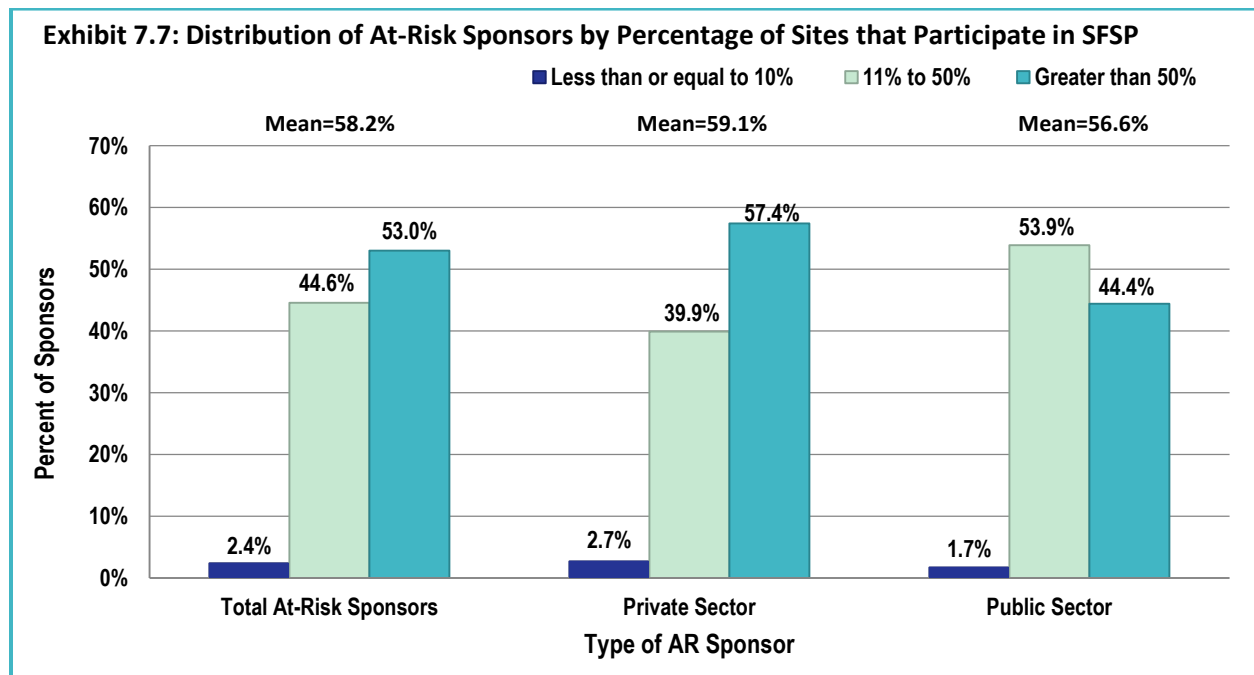
PARTICIPATION IN OTHER USDA FOOD AND NUTRITION SERVICE PROGRAMS

Many At-Risk sponsors (42.1%) also participate in other USDA Food and Nutrition Service programs, including the USDA Foods Programs[113] (Exhibit 7.8). A larger percentage of public versus private-sector At-Risk sponsors participate in these programs. In addition to the programs shown in Exhibit 7.8, At-Risk sponsors participate in the Fresh Fruit and Vegetable Program, the Commodity Supplemental Food Program, and The Emergency Food Assistance Program, among others.[114]

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[111] This data can be found in Volume II, Exhibit 3.6.

[112] This data can be found in Volume II, Exhibit 3.6.

[113] In the survey, participants were asked about participating the USDA commodities programs. Given that these programs are named the USDA Foods Programs, this report includes the updated terminology. More information on the USDA Foods programs: https://www.fns.usda.gov/fdd/schoolscn-usda-foods-programs

[114] Additional data on sponsor participation in these programs and others can be found in Volume II, Exhibit 3.15.

Exhibit 7.8: Distribution of At-Risk Sponsors by Participation in Other USDA Child Nutrition Programs
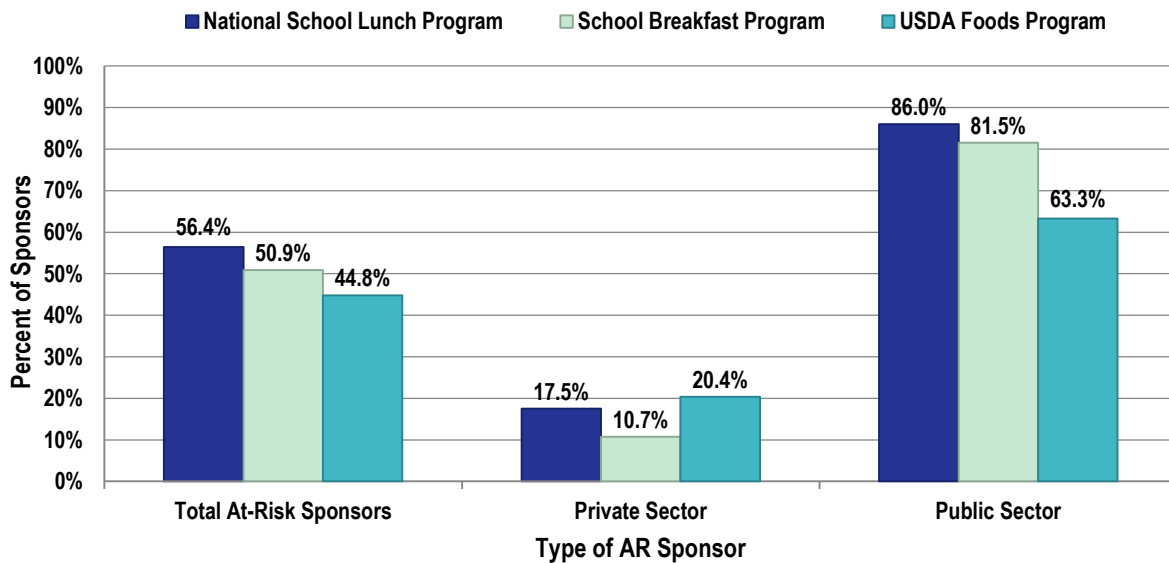
TYPES OF OUTREACH CONDUCTED BY SPONSORS TO RECRUIT CENTERS FOR THE AT-RISK COMPONENT

About half (51.4%) of At-Risk sponsors reported conducting outreach to recruit centers into the At-Risk component.[115] Private- and public-sector At-Risk sponsors are roughly similar in terms of the percentage conducting such outreach (52.1% and 49.5%, respectively). On average, 50.0 percent of At-Risk sponsors conduct outreach to potential centers (e.g. local places that provide educational programs of food assistance including libraries and places of worship), in addition to centers that currently participate in the regular component of the Program.[116]

Outreach methods to recruit new sites reported by At-Risk sponsors included distribution of flyers or brochures (60.6%) and partnering with local schools (53.4%). Other reported types of outreach include distributing press releases (43.5%); advertising via social media (36.6%); and partnering with advocacy organizations (32.6%) (Exhibit 7.9). Of these approaches, partnering with local schools (31.0%) and distributing flyers or brochures (23.8%) were perceived as being most effective.[117] More than three times as many At-Risk centers reported learning about the At-Risk component of the CACFP through social media (36.9%) versus other forms such as posters, flyers, or brochures (10.2%), from CACFP sponsoring organizations (7.4%), or from an advocacy organization (3.6%), suggesting that it may be worthwhile for more sponsors to conduct outreach through social media.

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[115] At-Risk sponsors may also conduct outreach for child care centers and/or family day care homes to participate in traditional CACFP. However, this discussion refers to outreach specifically for the At-Risk component.
[116] More data on conducting outreach can be found in Volume II, Exhibits 4.32, 4.33, and 4.34.
[117] Additional data on effective outreach methods can be found in Volume II, Exhibit 3.16.

Exhibit 7.9: Percentage of At-Risk Sponsors Using Selected Types of Outreach to Recruit Sites for the At-Risk Component

Type of Outreach

Type of Outreach	Percent of Sponsors
Flyers or brochures	60.6%
Partnering with local schools	53.4%
Press releases	43.5%
Social media	36.6%
Partnering with advocacy organizations	32.6%
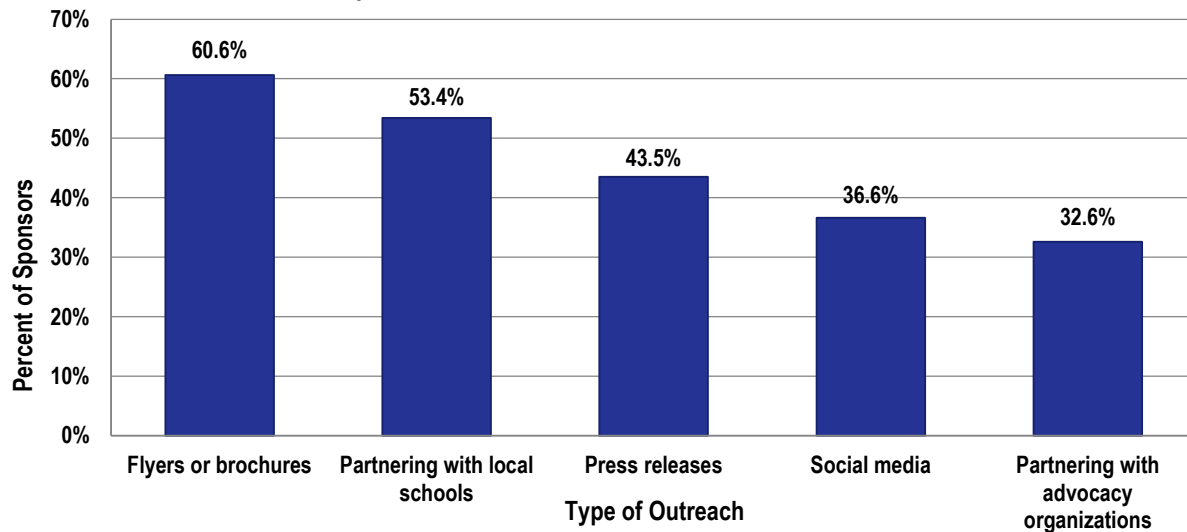
SPONSORSHIP CHALLENGES

On average, 53.8 percent of At-Risk sponsors reported they face challenges specific to sponsoring At-Risk centers. To varying degrees, both private and public-sector sponsors have difficulty finding adequate resources to provide the necessary fiscal and programmatic oversight of At-Risk centers that operate under their umbrella. Almost one-quarter (24.4%) reported limited resources to hire support staff; 21.6 percent of sponsors reported too little time to adequately train their staff on the At-Risk requirements, and 14.3 percent reported they have no dedicated administrative funds to provide support for training and oversight to their At-Risk Center staff. Similarly, 14.3 percent of At-Risk sponsors reported difficulty in helping their centers hire qualified food service staff given the afterschool time slot.

Exhibit 7.10: Percentage of At-Risk Sponsors Experiencing Selected Sponsorship Challenges

Type of Challenge

Type of Challenge	Percent of Sponsors
Have challenges sponsoring ARCs	53.8%
Limited resources to hire additional staff	24.4%
Lack time to train staff	21.6%
No dedicated funds to support AR centers	14.3%
Lack ability to help centers hire qualified food service staff	14.3%
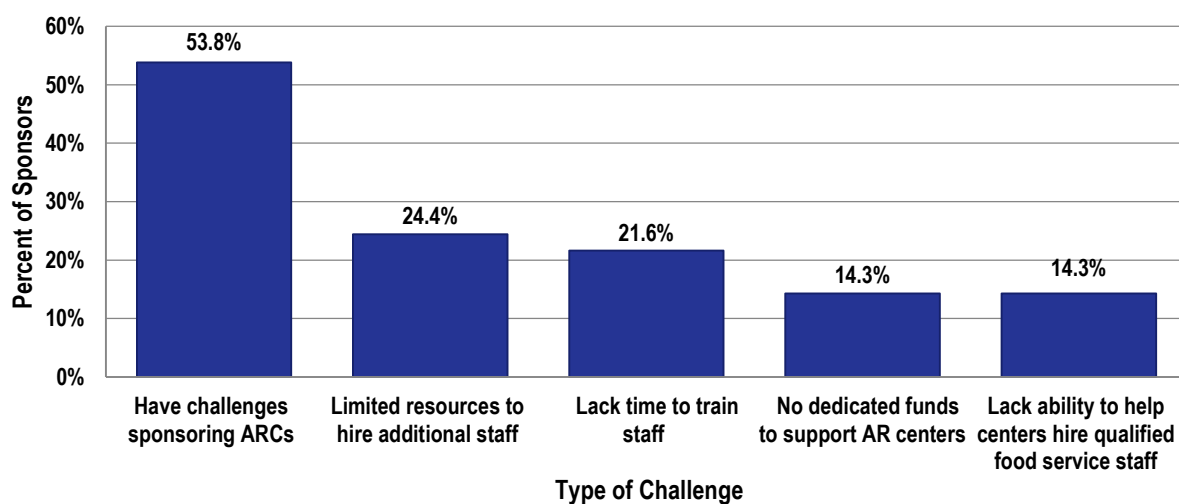
PARTICIPATION PERCEPTIONS

Some eligible centers do not participate in the At-Risk component. At-Risk sponsors reported that centers may not participate due to their perception that the At-Risk component paperwork burden is high (75.1%) and that it takes too much time to apply and obtain approval (34.8%). Additionally, 32.6 percent of *sponsors reported* that centers who are eligible to participate, but choose not to, perceive a lack of adequate funding to support required services or lack funds to hire and pay staff (47.5%). Additionally, 12.2 percent reported that eligible centers do not participate due to a general reluctance towards government programs, 11.9 percent reported that sites were uncomfortable with unannounced monitoring visits, 9.4 percent reported concerns that they will not meet State and local health and safety requirements, and 8.8 percent reported that sites may not believe they would meet the definition of a program under At-Risk component rules.[118]

Exhibit 7.11: Distribution of At-Risk Sponsors by Perceptions of Why Eligible Sites Do Not Participate in the At-Risk Component[a]

[a]This exhibit includes only those reasons mentioned by at least 15 percent of all AR sponsors.
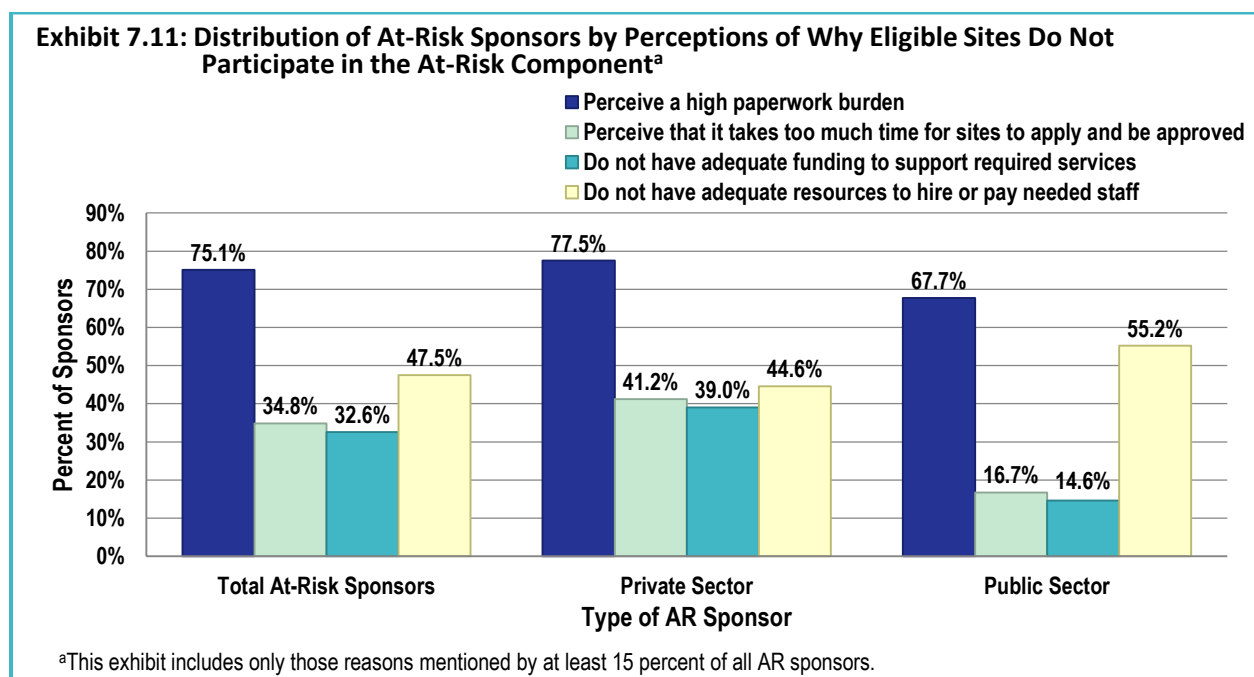
SUGGESTIONS FOR ADDITIONAL RECRUITMENT SUPPORT

At-Risk sponsors reported suggestions for FNS and State agencies to help sponsors successfully recruit centers located in low-income areas. While most sponsors (73.8%) did not have suggestions to offer, among those who did, 38.7 percent of private and 31.5 percent of public-sector At-Risk sponsors suggested that FNS and/or States develop and distribute marketing materials to increase awareness about the At-Risk component (Exhibit 7.12). Of those who suggested reasons, 20.9 percent of private and 51.2 percent of public-sector At-Risk sponsors suggested raising reimbursement rates.

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[118] This data and more can be found in Volume II, Exhibit 3.20.

Exhibit 7.12: Distribution of At-Risk Sponsors by Suggestions to Improve Center Participation
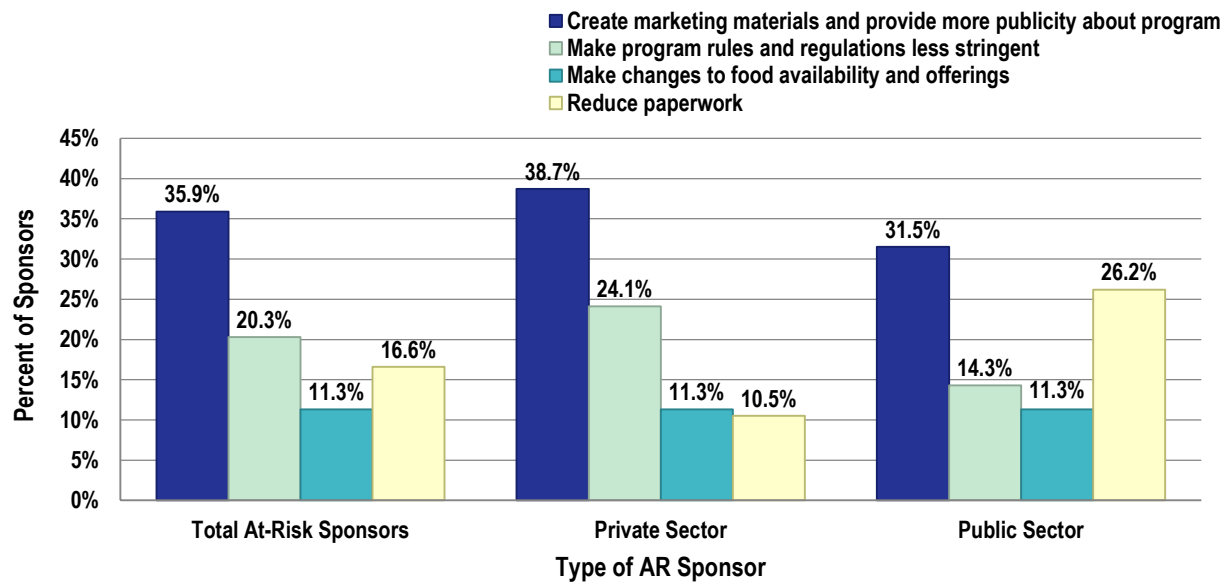
More than a quarter (31.7%) of public-sector At-Risk sponsors suggested that FNS and/or States reduce the amount of paperwork, consistent with the 67.7 percent of At-Risk sponsors who believe the Program's required paperwork is perceived to be a deterrent to participation.[119] However, only 28.1 percent of private-sector At-Risk sponsors recommended reducing paperwork even though 77.5 percent indicated that the Program's paperwork is perceived to be a deterrent to participation.

AT-RISK SPONSORS' PERCEPTIONS OF WHY ELIGIBLE CENTERS CHOOSE TO PARTICIPATE

Although many At-Risk sponsors experience some recruitment challenges, participation has increased by 188 percent since eligibility was expanded to all States in 2010. In FY 2011, 8,329 centers participated in the pilot Program. By FY 2015, with the shift from a pilot to a national program, that number had grown to 15,678 centers nationwide.[120] A majority of At-Risk sponsors (78.4%) reported their centers choose to participate in order to serve a full meal to children who are at risk of hunger. Nearly half of At-Risk sponsors (48.7%) reported that centers participate in the At-Risk component to attract more children to afterschool activities (Exhibit 7.13).

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[119] More data on the perceived reasons that eligible centers choose not to participate in the At-Risk component can be found in Volume II, Exhibit 3.20.

[120] FNS National Data Bank, August 2016

Exhibit 7.13: Percentage of At-Risk Sponsors by Perception of Why Eligible Sites Choose to Participate in the CACFP At-Risk Component
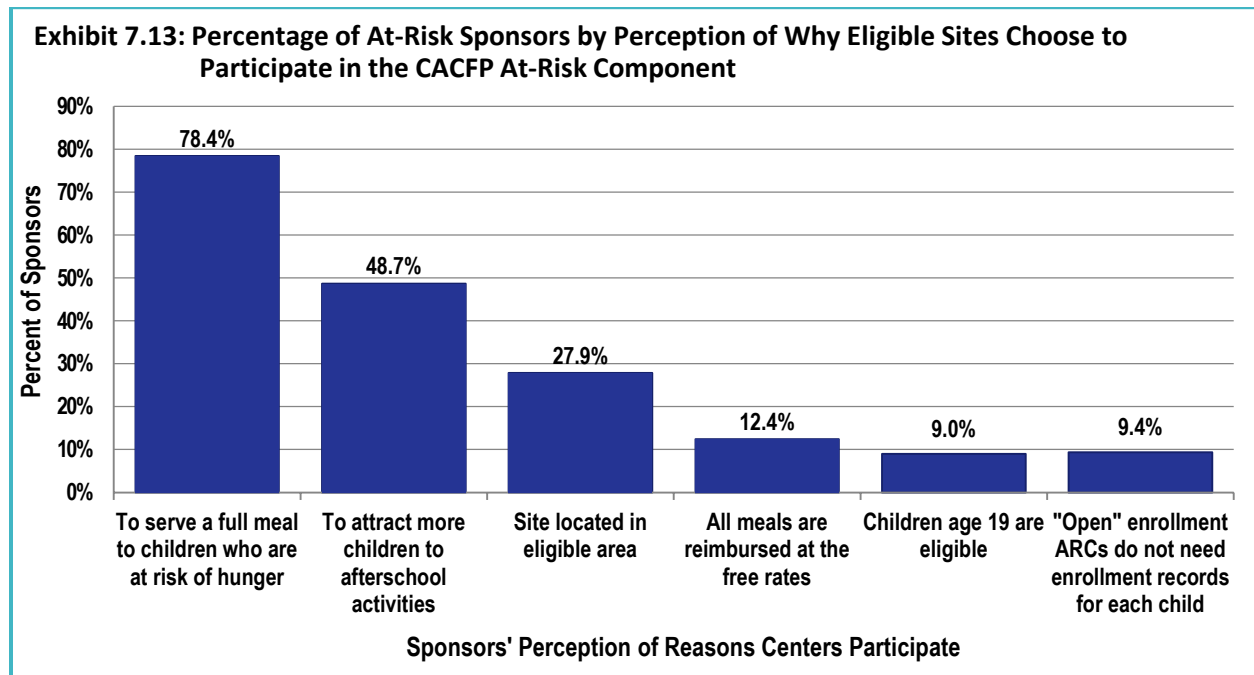
While a center located in a low-income area can increase the amount of its meal reimbursement by adding an At-Risk component to its regular program, just 12.4 percent of At-Risk sponsors cited the opportunity to increase meal reimbursements as a reason that eligible centers choose to participate in the At-Risk component.

AT-RISK SPONSORS' PERCEPTIONS OF CHALLENGES CENTERS FACE AS NEW PARTICIPANTS IN AT-RISK COMPONENT OF THE CACFP

At-Risk sponsors were asked to report on the challenges faced by centers when they first participate in the At-Risk component (Exhibit 7.14). New At-Risk centers fit into two categories: 1) new participants in the CACFP, or 2) centers that are already participating in the regular CACFP component that add an At-Risk component.

The most prevalent challenge At-Risk sponsors reported for new At-Risk center participation is the difficulty in complying with Program recordkeeping requirements (34.9%). However, private and public-sector At-Risk sponsors had disparate views of the main challenges faced by new At-Risk centers. One third (32.3%) of private-sector At-Risk sponsors indicated that inadequate food storage is a challenge but only 11.5 percent of public-sector sponsors cited this as a challenge. However, 27.9 percent of public-sector sponsors cited the lack of experience planning or preparing CACFP meals compared to only 11.7 percent of private-sector sponsors. Similarly, 17.0 percent of public-sector sponsors cited limited cooking staff as a major challenge for these newly participating At-Risk centers compared to only 5.1 percent of private-sector At-Risk sponsors. These differences may reflect prior experience with CACFP as 30.5 percent of private-sector At-Risk sponsors were already sponsoring centers and/or family day care homes for the regular CACFP component before they started sponsoring centers for the At-Risk component compared to only 11.1 percent of public-sector At-Risk sponsors.

Exhibit 7.14: Distribution of At-Risk Sponsors by Their Perceptions of Challenges Sites Face as New Participants in the At-Risk Component CACFP

Legend:
- Difficulty complying with CACFP recordkeeping requirements
- Limited food storage
- No experience planning or preparing CACFP meals
- Not enough cooking staff

Total At-Risk Sponsors: 34.9%, 26.3%, 16.5%, 8.6%
Private Sector: 38.7%, 32.3%, 11.7%, 5.1%
Public Sector: 26.7%, 11.5%, 27.9%, 17.0%

Y-axis: Percent of Sponsors
X-axis: Type of AR Sponsor
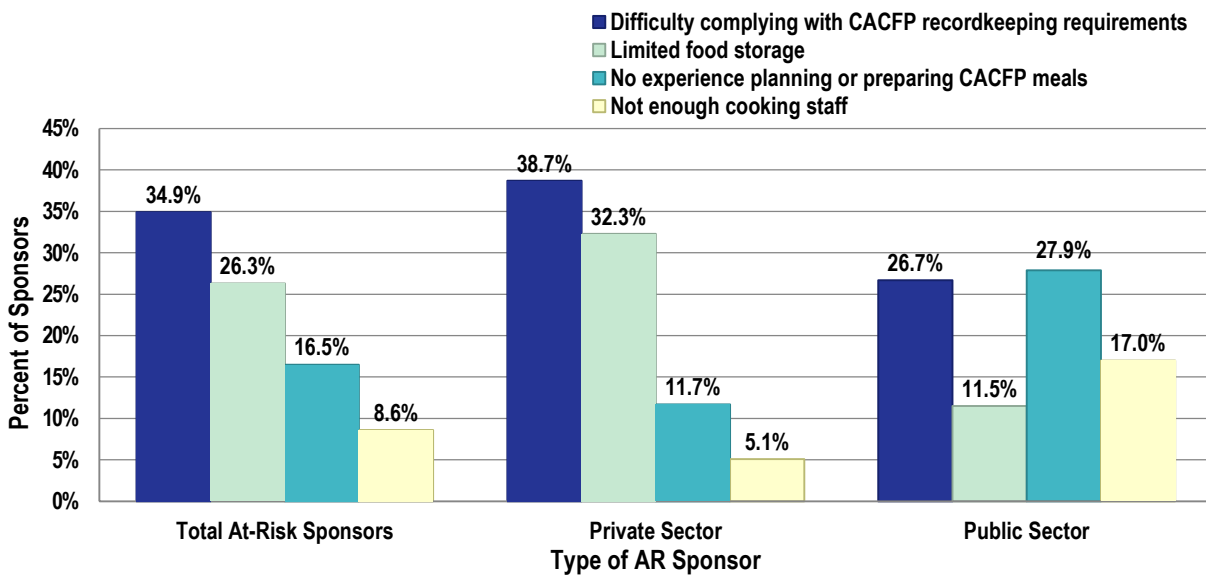
AT-RISK SPONSORS' PERCEIVED CHALLENGES IN MEAL SERVICE EXPANSION

At-Risk sponsors perceived the greatest challenges for centers switching from serving only snacks to serving snacks and meals as somewhat similar to the challenges faced by new center participants. More than 40 percent of all At-Risk sponsors (private-sector, 43.6% vs. public-sector, 41.0%) reported that limited food storage capability is a challenge for At-Risk centers when expanding, as is inadequate kitchen space (34.6 vs. 26.5%, respectively). Additional challenges include difficulty complying with CACFP recordkeeping requirements, too little reimbursement to cover meals, and not enough cooking staff (Exhibit 7.15).

Exhibit 7.15: At-Risk Sponsors' Perceptions of Challenges Sites Face if They Switch from Serving Only Snacks to Serving Snacks *and* Meals

Legend:
- Limited food storage space
- Inadequate kitchen space
- Difficulty complying with CACFP recordkeeping requirements
- Not enough reimbursement to cover meals
- Not enough cooking staff

Total At-Risk Sponsors: 42.6%, 31.6%, 36.3%, 17.5%, 21.2%
Private Sector: 43.6%, 34.6%, 30.8%, 20.8%, 19.4%
Public Sector: 41.0%, 26.5%, 45.0%, 13.0%, 23.0%

Y-axis: Percent of Sponsors
X-axis: Type of AR Sponsors
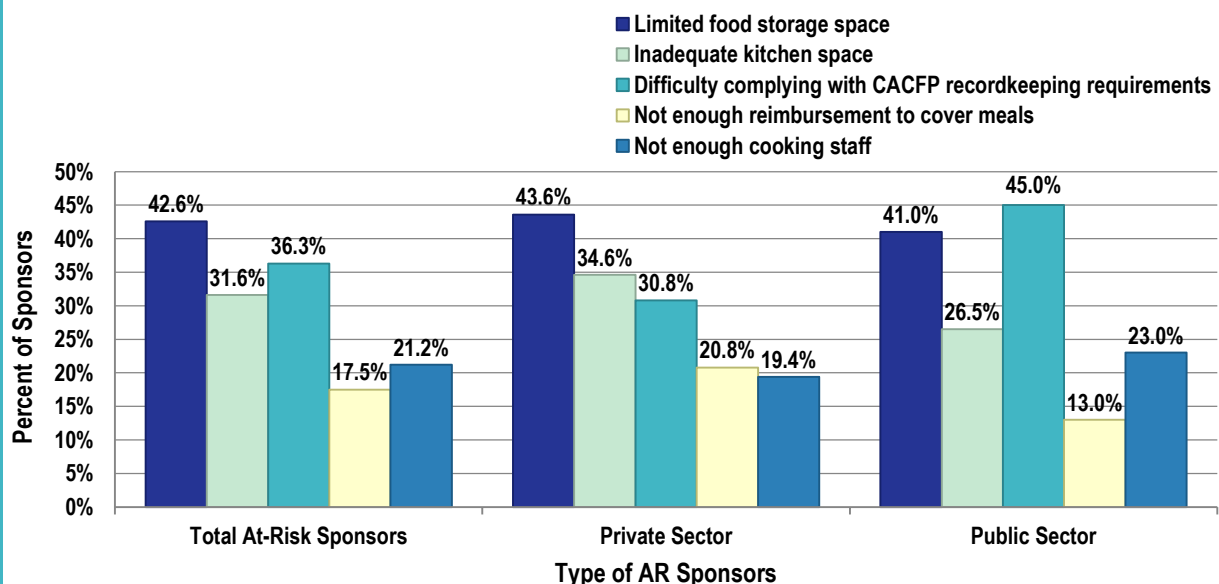
CHALLENGES AT-RISK CENTERS FACE EXPANDING FROM PARTICIPATING IN THE REGULAR CACFP TO PARTICIPATING IN THE AT-RISK CACFP

Overall, At-Risk sponsors reported that the main challenges for centers expanding to the At-Risk component include: maintaining separate meal counts for both parts of the CACFP (43.2%); filing claims for both components during the school year, but not in the summer (44.6%); and maintaining two systems of eligibility (38.0%), (Exhibit 7.16). However, more private-sector At-Risk sponsors reported (47.3%) that maintaining separate meal counts for both components of the CACFP is a challenge than public-sector At-Risk sponsors (17.4%). Additionally, 41.8 percent of private and 23.9 percent of public-sector At-Risk sponsors reporting that maintaining two systems of eligibility is a challenge for these centers. With respect to the perceived challenge posed by budgeting under two reimbursement rate structures, almost twice as many public-sector At-Risk sponsors (50.0%), compared to private-sector At-Risk sponsors (25.5%) cite this as a challenge for their centers.

Exhibit 7.16: Distribution of At-Risk Sponsors by Perceived At-Risk Expansion Challenges
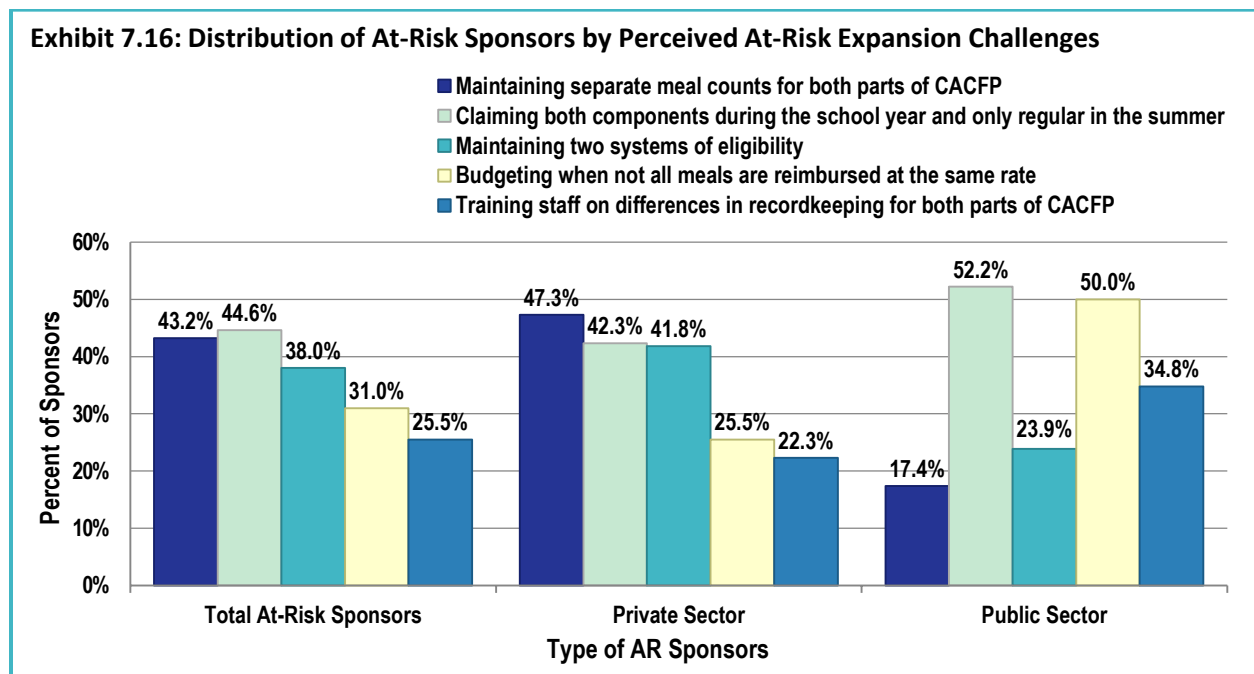
AT-RISK SPONSOR TRAINING AND SUPPORT TO CENTERS

Like sponsors of traditional centers, At-Risk sponsors are required to provide mandatory in-service training to key staff from all At-Risk centers at least once per year. Training topics include At-Risk meal patterns, meal counts, claims submission and review procedures, and recordkeeping requirements.

TYPE OF TOOLS AT-RISK SPONSORS USE TO MEET CACFP REQUIREMENTS AT THE CENTER LEVEL

The percentage of At-Risk sponsors that provide selected tools to help eligible centers participate in the At-Risk component varies across type (Exhibit 7.17). Overall, 51.4 percent of At-Risk sponsors reported that they provide training or tools to make it easier for eligible centers to enroll in the At-Risk component of the CACFP. More than one third (36.7%) of At-Risk sponsors reported they provide eligible centers with tools related to meal supports, such as meal count forms or menus. Often, At-Risk sponsors provide eligible centers with forms for inventory, recordkeeping, budgeting, and the like (41.0%). However, 46.3 percent of private-sector sponsors reported that they provide such forms whereas 33.0 percent of public-sector sponsors reported the same.

Exhibit 7.17: Percentage of At-Risk Sponsors Providing Selected Tools[a] to Help Eligible Centers Participate

Forms for inventory, record-keeping, budgeting etc.: 41.0%
Meal-related supports such as menus, meal count forms, etc.: 36.7%
Trainings: 17.2%
Manuals/handbooks: 13.0%

X-axis: Types of Tools
Y-axis: Percent of Sponsors

[a]Includes only tools provided by at least 10 percent of At-Risk sponsors. More detail can be found in Volume II, Exhibit 3.28.

At-Risk sponsors might also use tools developed by their State CACFP agency to help their At-Risk centers meet Program requirements. As shown in Exhibit 7.18, many of the tools relate to providing nutritious meals, counting reimbursable meals and snacks, and general record keeping. Overall, At-Risk sponsors reported the use of varied State-developed tools: forms/templates (22.7%); manuals/handbooks (21.6%); State agency training handouts (19.9%); websites (15.8%); resource guides (12.3%); guidance documents (12.9%); and nutrition overviews (17.1%).[121]

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[121] This data can be found in Volume II, Exhibit 3.30.

Exhibit 7.18: Percentage of At-Risk Sponsors Using Tools Developed by State CACFP Agency

Percent of Sponsors

- Forms and templates: 22.7%
- Manuals/handbooks: 21.6%
- Training handouts: 19.9%
- Nutrition overviews: 17.1%
- Websites: 15.8%
- Guidance documents: 12.9%
- Resource guides: 12.3%

Tools Developed by State
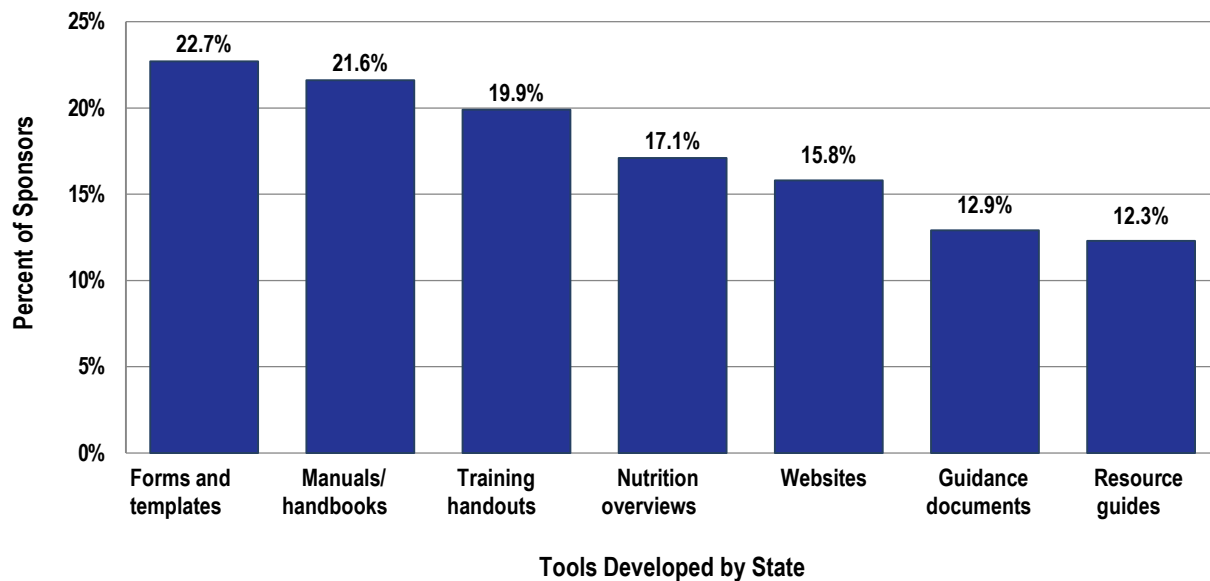
TRAINING TOPICS PROVIDED BY AT-RISK SPONSORS TO AT-RISK CENTERS

For FY2015, 79.0 percent of At-Risk sponsors reported they provide annual training, including 81.7 percent of private-sector sponsors and 73.7 percent of public-sector sponsors (Exhibit 7.19). The most frequently reported topics include CACFP meal requirements (87.6%), record-keeping, and USDA civil rights requirements (74.3%). Other topics covered by at least half of At-Risk sponsors include health and safety standards, food safety/food CACFP monitoring requirements and nutrition.[122]

Exhibit 7.19: Percentage of At-Risk Sponsors that Provided Selected Training Topics to At-Risk Centers During the Past 12 Months[a]

Percent of Sponsors

- CACFP meal requirements: 87.6%
- USDA civil rights requirements: 74.3%
- Health and safety standards: 69.6%
- Food safety/food service operations: 66.4%
- CACFP monitoring requirements: 64.5%
- Nutrition: 51.9%
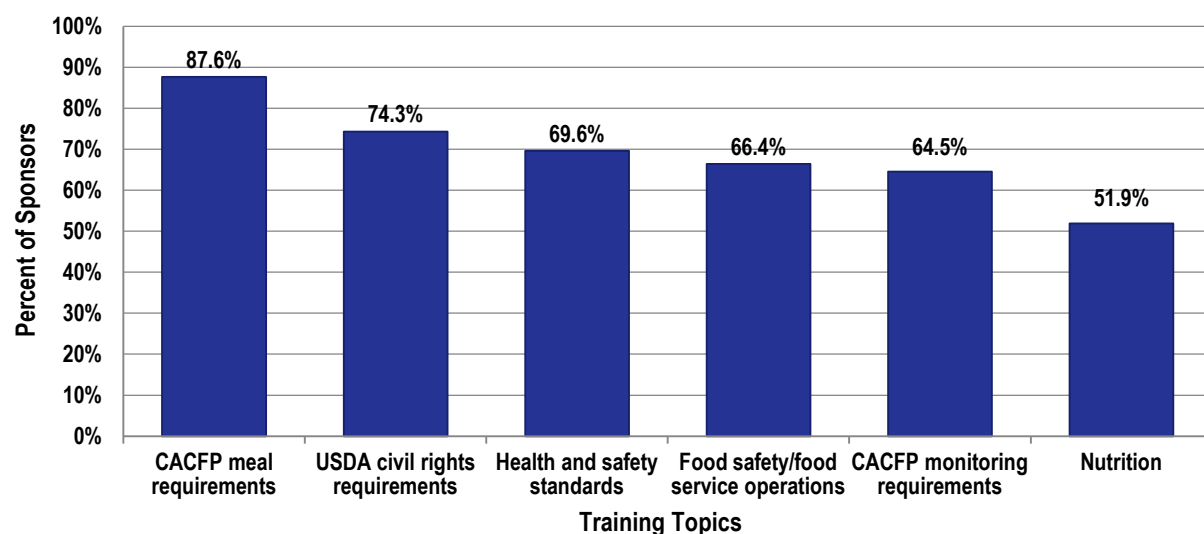
Training Topics

[a]Includes only topics provided by at lease 50% of At-Risk sponsors.

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[122] More data on training topics reported by At-Risk sponsors can be found in Volume II, Exhibit 3.32.

TRAINING AND SERVICES RECEIVED FROM THE STATE CACFP AGENCY

As discussed in Chapter 3, CACFP regulations require State agencies to provide sufficient training and technical assistance to sponsors and independent centers on content areas established by the State agency. States are encouraged to provide training at multiple venues throughout the year, to reach as many participants as possible. Regulations also permit online training, if there is a test at the end and one can verify that it was completed.

Most private and public-sector At-Risk sponsors reported that they received the required program training from their State CACFP agencies in the 12 months prior to the survey (private-sector, 82.0%; public-sector, 86.7%). Furthermore, some At-Risk sponsors also received additional training (44.0%) and/or technical assistance (36.9%) from their State agencies during this period.[123]

RELEVANT AT-RISK TOPICS COVERED IN TRAINING PROVIDED BY THE STATE CACFP AGENCY

Much of the reported training regarding the At-Risk component of the Program focused on eligibility and participation requirements, with private and public-sector At-Risk sponsors reporting similarly.[124] As shown in Exhibit 7.20, more than nine out of 10 At-Risk sponsors (99.4%) received training on CACFP meal requirements and on CACFP monitoring requirements (98.6%). Over eighty percent received training on USDA civil rights requirements (84.3%) and 79.0 percent of At-Risk sponsors received State training on procedures for reimbursement claims (32.7%).[125]

Exhibit 7.20: Distribution of At-Risk Sponsors by Topics Covered in Training Provided by their State CACFP Agency Regarding the At-Risk Component of the CACFP

Legend:
- CACFP meal requirements
- CACFP recordkeeping requirements
- USDA civil rights requirements
- Health and Safety Standards
- Food safety/food service operations
- CACFP monitoring requirements
- Nutrition
- Menu Planning
- Food Preparation

Values (Percent of Sponsors):
- 99.4%
- 98.6%
- 84.3%
- 79.0%
- 75.2%
- 73.2%
- 58.9%
- 55.0%
- 53.2%

X-axis: Training Topics Covered by State CACFP
Total AR Sponsors

Y-axis: Percent of Sponsors

aIncludes only topics provided by State CACFP agency to at least two thirds of all At-Risk sponsors.

[123] More data on State training can be found in Volume II, Exhibits 3.35 through 3.39.
[124] More data on these training topics by public and private sector sponsors can be found in Volume II, Exhibit 3.34.
[125] In addition, at least half of all At-Risk sponsors received training from their State CACFP agency on the following topics: At-Risk center applications (64.9%), Head Start categorical eligibility guidelines (58.6%), nutrition (55.2%), food safety/sanitation (52.7%) and food purchasing (50.0%).

LEVEL OF SATISFACTION WITH THE TRAINING AND TECHNICAL ASSISTANCE RECEIVED FROM STATE AGENCIES

Overall, At-Risk sponsors reported satisfaction with the mandatory annual training received from States (Exhibit 7.21). Almost nine of 10 (89.3%) At-Risk sponsors stated they are "satisfied" or "very satisfied" with the mandatory trainings and among those that received additional training, about three quarters (72.9%) are also "satisfied" or "very satisfied." Similarly, among At-Risk sponsors that received technical assistance from their State agencies, 88.6 percent reported they are "satisfied" or "very satisfied" with the assistance received from their State agency.

Exhibit 7.21: Percentage of At-Risk Sponsors "Satisfied" or "Very Satisfied" with the Mandatory Annual Training, Additional Training, and Technical Assistance Received from their State CACFP Agency
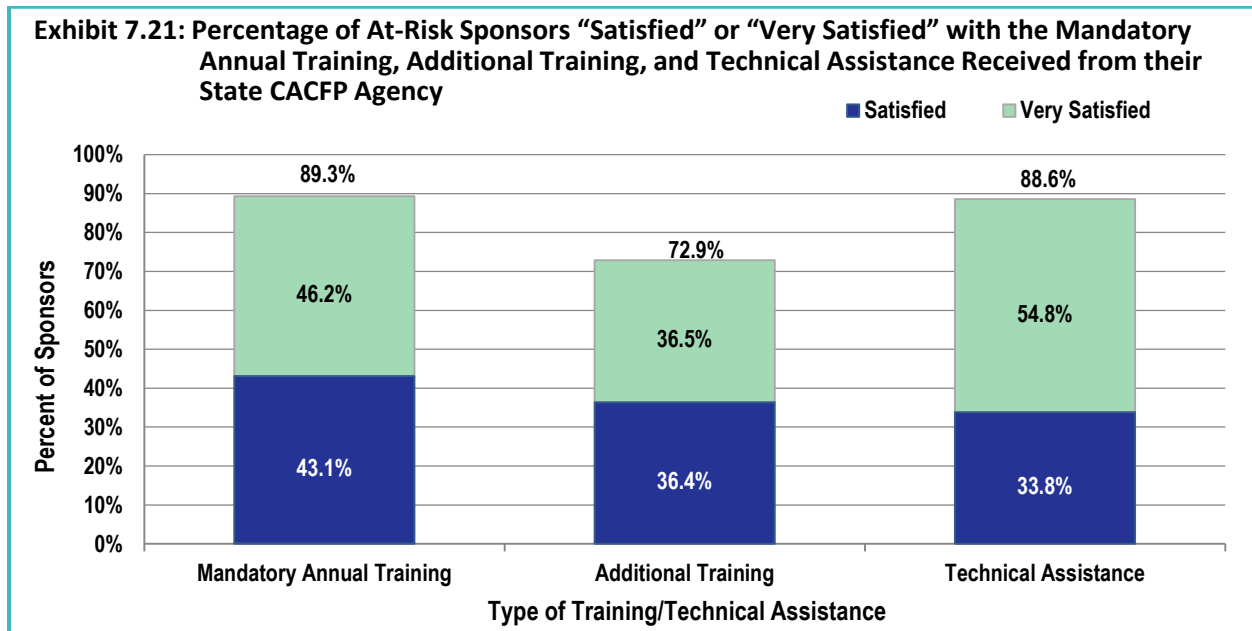
SUGGESTIONS FOR IMPROVING THE AT-RISK COMPONENT OF THE CACFP

Sponsor suggestions for improving the At-Risk component focused primarily on eliminating the challenges they perceive At-Risk centers and potential At-Risk centers encounter. However, fewer private than public-sector At-Risk sponsors made any suggestions (Exhibit 7.22).

Exhibit 7.22: Distribution of At-Risk Sponsors by Suggestions for Improving the At-Risk After School Program
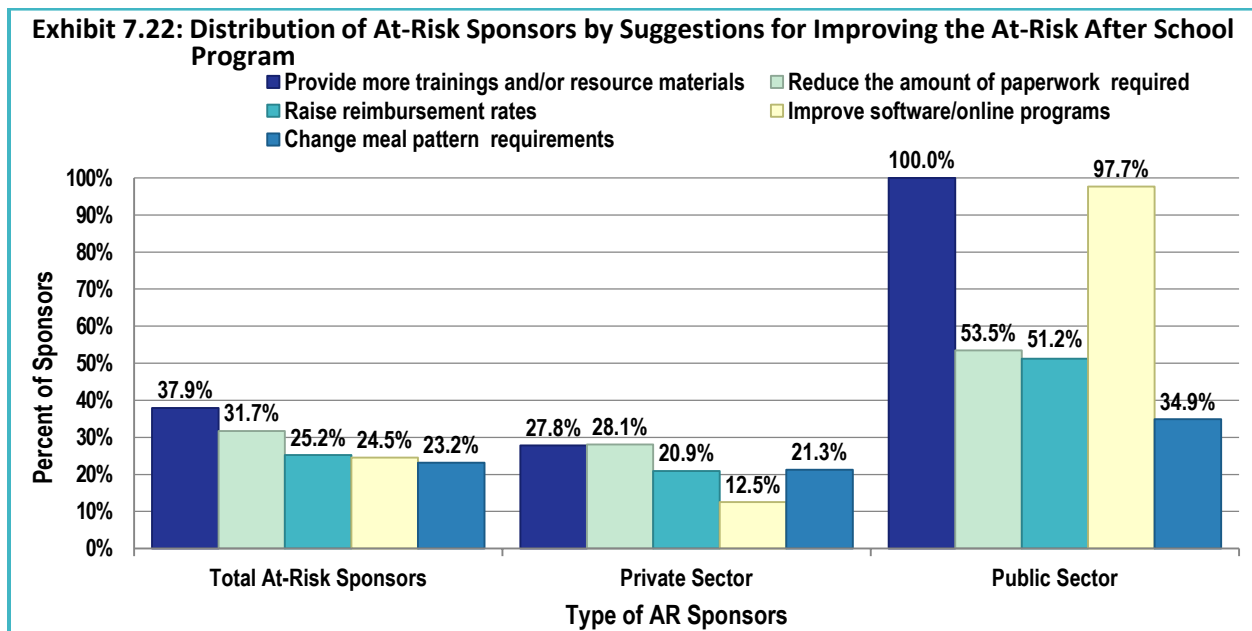
While all public-sector sponsors suggested more training and technical assistance, only 27.8 percent of private-sector sponsors made this suggestion. Furthermore, the largest difference pertains to suggestions for improving management software or the CACFP online program. Nearly all (97.7%) public-sector sponsors suggested making improvements in this area, whereas only 12.5 percent of private-sector sponsors did so. Private and public-sector sponsors varied in terms of the other suggestions: to make meal requirements less stringent, reduce paperwork, and raise reimbursement rates.

Chapter 8: Characteristics of At-Risk Centers

Several dimensions of At-Risk centers are examined in this chapter, including:

- General characteristics of At-Risk centers,
- At-Risk center size and characteristics,
- Meals and snacks served,
- Support received by At-Risk centers,
- Outreach by At-Risk centers, and
- Perceptions of participation in the At-Risk component.

GENERAL CHARACTERISTICS OF AT-RISK CENTERS

In FY 2015, 16,685 centers[126] participated in the At-Risk component of the CACFP. Most of these centers were nonprofits (48.5%) or public agencies, schools, or school districts (42.9%). The remaining 8.6 percent were private for-profit centers. Similar to the previous chapter, this analysis distinguishes between public-sector and private-sector At-Risk centers, but not between private-sector nonprofit and for-profit At-Risk centers. During FY 2015, all At-Risk centers were licensed by their State child care agency, though license-exempt centers can participate. In addition, 33.6 percent of private and 23.2 percent of public-sector At-Risk centers also participate in the traditional CACFP and are referred to in this report as Mixed At-Risk centers.

As shown in Exhibit 8.1, 59.3 percent of public-sector At-Risk centers are public schools and 33.6 percent of private-sector At-Risk centers are child care centers. Boys and Girls Clubs and YMCAs or YWCAs also make up sizable portion of private-sector centers (21.5% and 11.1%, respectively). Yet, together, these categories amount to less than three percent of public-sector At-Risk centers (Exhibit 8.1).[127]

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[126] FNS National Data Bank, August 2016.
[127] The full breakdown of all types of centers that participate in the At-Risk CACFP can be found in Volume II, Exhibit 4.11.

Exhibit 8.1: Distribution of At-Risk Centers by Organization Type

■ Child care center　■ Boys & Girls Club　■ YMCA or YWCA　□ Public school　■ Parks and Recreation facility

Percent of Centers

Type of AR Center	Child care center	Boys & Girls Club	YMCA or YWCA	Public school	Parks and Recreation facility
Total At-Risk Centers	21.0%	13.2%	6.4%	26.3%	4.9%
Private Sector	33.6%	21.5%	11.1%	1.1%	0.5%
Public Sector	4.6%	2.4%	0.3%	59.3%	10.6%

YEARS IN CACFP

Participation in the At-Risk component has been available in all States since 2010. More than half of private-sector At-Risk centers (54.3%) and 84.1 percent of public-sector At-Risk centers reported participation in the At-Risk component for five years or fewer (Exhibit 8.2).

Exhibit 8.2: Distribution of At-Risk Centers by the Number of Years they Have Participated in the At-Risk Component

■ 5 years or less　■ 6-20 years　■ Greater than 20 years

Percent of Centers

Type of AR Center	5 years or less	6-20 years	Greater than 20 years
Total At-Risk Centers	67.0%	24.7%	8.2%
Private Sector	54.3%	37.8%	7.9%
Public Sector	84.1%	7.4%	8.6%
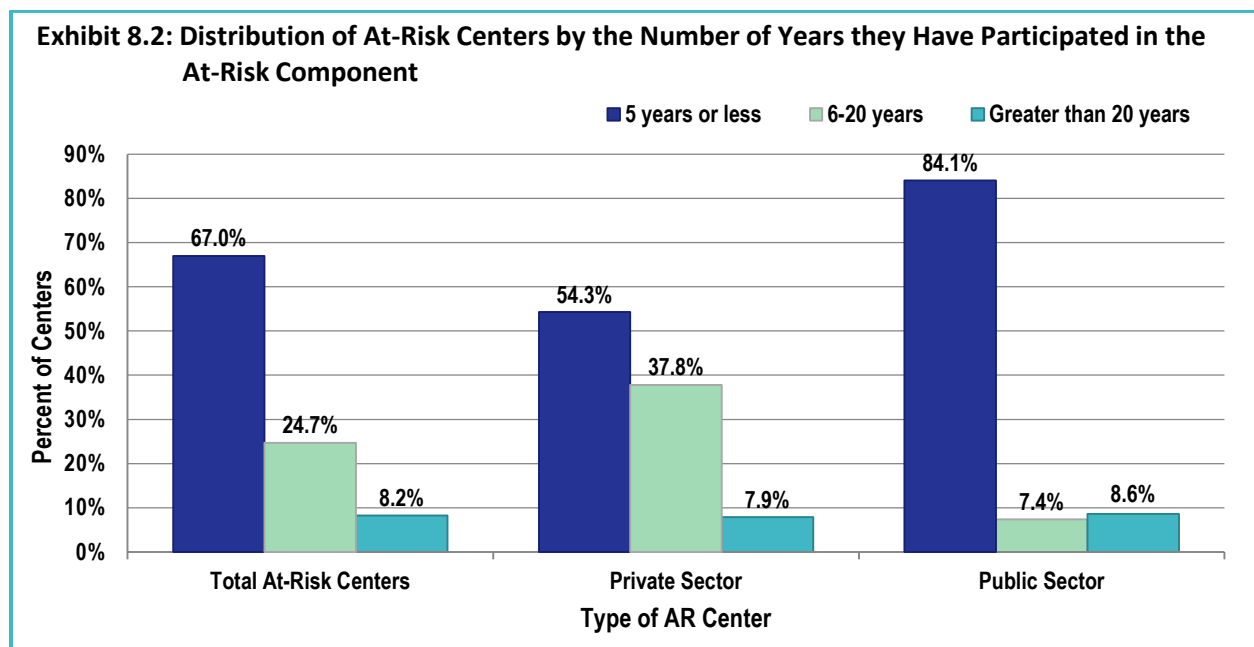
AGES OF CHILDREN SERVED

The At-Risk component is designed to serve eligible children after the end of their school day and on holidays when school is not in session. Nearly all At-Risk centers (97.7%) serve children over age

five.[128] However, since the end of a school day is defined by each child's school hours, 35.2 percent of At-Risk centers also serve children ages 3-5 who are in part-day pre-Kindergarten programs, with little difference between private and public-sector At-Risk centers. Only about 10 percent of private or public-sector At-Risk centers serve children under age three.

PARTICIPATION IN THE AT-RISK COMPONENT

Private and public-sector At-Risk centers reported learning about the At-Risk component from the same sources, but at much different rates (Exhibit 8.3). For example, 41.0 percent of private-sector At-Risk centers reported they learned about the At-Risk component from social media and 32.0 percent of public-sector At-Risk centers did the same. Similarly, 14.7 percent of private compared to 4.9 percent of public-sector At-Risk centers learned about it from a poster, flyers, or brochures. By contrast, 4.5 percent of private-sector At-Risk centers learned about the At-Risk component from friends, but 21.8 percent of public-sector At-Risk centers discovered it through friends. Fewer than 10 percent of both private and public-sector At-Risk centers learned about the At-Risk CACFP from a sponsoring organization. For both types of organizations, social media was the main way they learned of the At-Risk component—at 36.9 percent overall.

Exhibit 8.3: Distribution of At-Risk Centers by How They Discovered the At-Risk Component

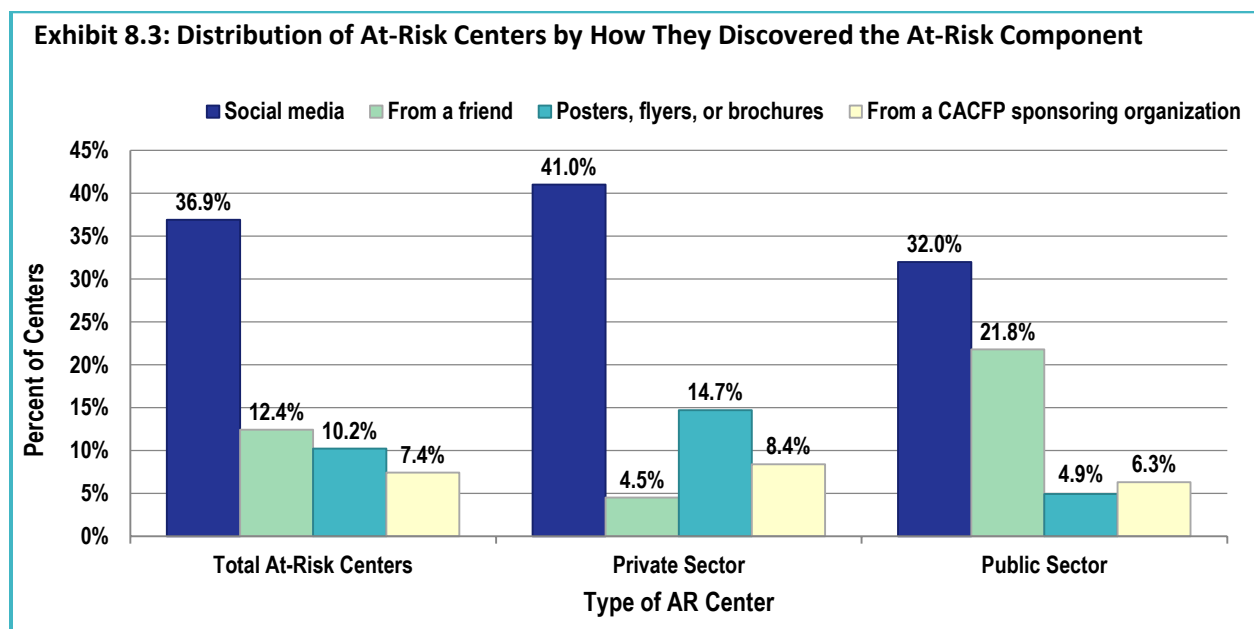The two most important reasons cited by At-Risk sponsors for participating in the At-Risk component are: 1) it allows them to provide food to children who are at risk of hunger (91.1%) and, 2) it provides support for afterschool enrichment programming (61.9%). In addition, 53.1 percent of all At-Risk centers reported that the At-Risk component allows them to help children develop healthy eating habits and, finally, 29.4 percent cited that area eligibility is easier than individual eligibility. Lesser-voiced reasons At-Risk centers cited for At-Risk participation included: the ability to serve older children (14.3%); higher reimbursement rates than available through the regular CACFP component (13.7%); learning how to plan and prepare nutritious meals (10.9%); the ability to have open

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[128] More data on At-Risk participation by age can be found in Volume II, Exhibit 4.14.

enrollment (10.1%); fewer paperwork requirements relative to the regular CACFP component (6.6%); and having to meet only local health and safety requirements rather than State and local child care requirements (5.3%).[129]

Exhibit 8.4: Perentage of At-Risk Centers by Most Important Reason for Participating in the At-Risk Component[a]

Legend:
- To provide food to children who are at risk of hunger
- To support afterschool enrichment programming
- To help children develop healthy eating habits
- Area eligibility is easier than individual eligibility

Y-axis: Percent of Centers

Total At-Risk Centers: 91.1%, 61.9%, 53.1%, 29.4%
Private Sector: 89.9%, 58.1%, 58.6%, 20.7%
Public Sector: 92.6%, 66.6%, 45.9%, 40.5%

X-axis: Type of AR Center
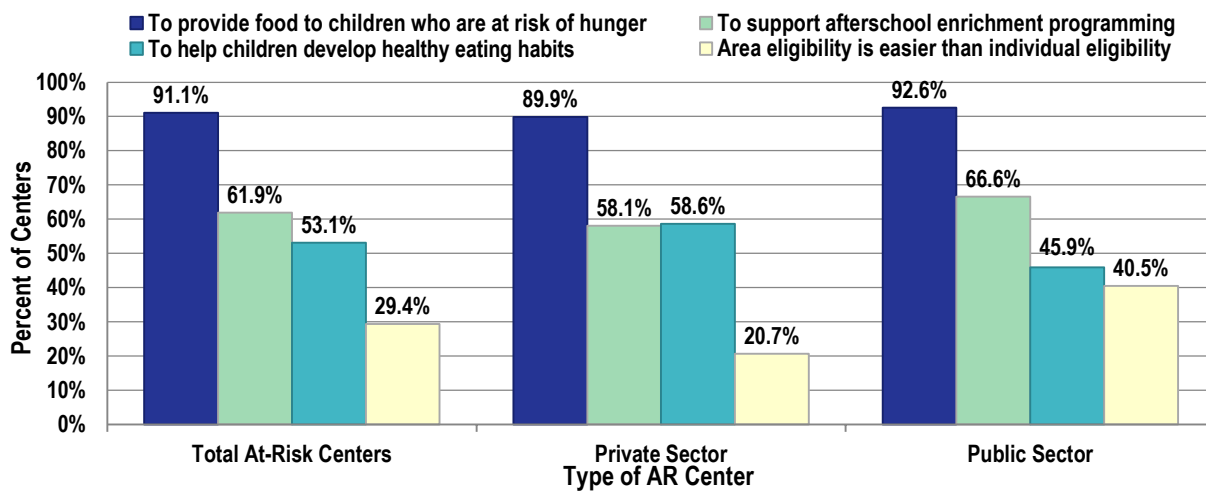
[a]Includes only those reasons cited by at least 20% of all At-Risk centers.

CENTER SIZE AND PROGRAMMING
DROP-IN VS. ENROLLED AT-RISK CENTERS

CACFP regulations allow At-Risk centers the discretion to accept children who attend on a "drop in" basis or to require all children to be enrolled, . As shown in Exhibit 8.5, a majority of both private and public-sector At-Risk centers (68.6% of private-sector and 59.1% of public-sector) reported that they require all children to be enrolled. Fewer At-Risk centers reported serving both enrolled and drop-ins, although this is more common among public than private-sector At-Risk centers (Exhibit 8.5).

Exhibit 8.5: Distribution of At-Risk Centers by Whether Children Enroll, Attend on a "Drop-In" Basis, or Both

Legend:
- All children attend on a drop-in basis
- Some children enroll and some attend on a drop-in basis
- All children must enroll

Y-axis: Percent of Centers

Total At-Risk Centers: 9.5%, 26.1%, 64.5%
Private Sector: 11.6%, 19.8%, 68.6%
Public Sector: 6.7%, 34.2%, 59.1%

X-axis: Type of AR Center

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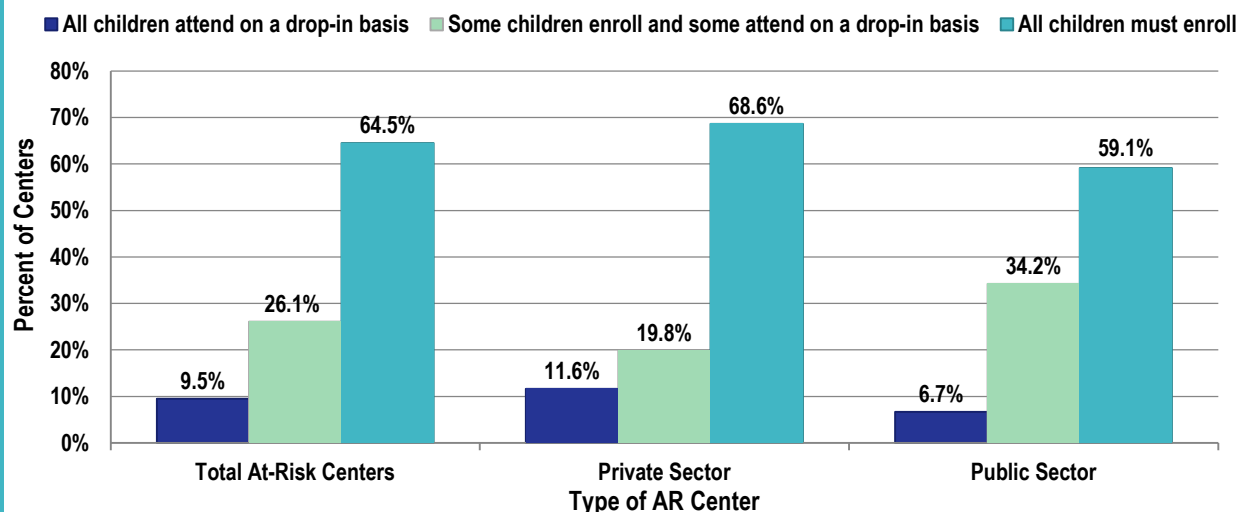
[129] These data and other important reasons for At-Risk participation can be found in Volume II, Exhibit 4.8.

NUMBER OF CHILDREN SERVED

Overall, At-Risk centers tend to be large, with more than half (54.2%) reporting that they serve more than 100 children in a typical month. By contrast, 32.8 percent of centers participating in the regular component of the CACFP serve 51-100 children and 27.1 percent serve over 100 children.

Exhibit 8.6: Distribution of At-Risk and Regular Centers by Number of Children Served in a Typical Month During the School Year
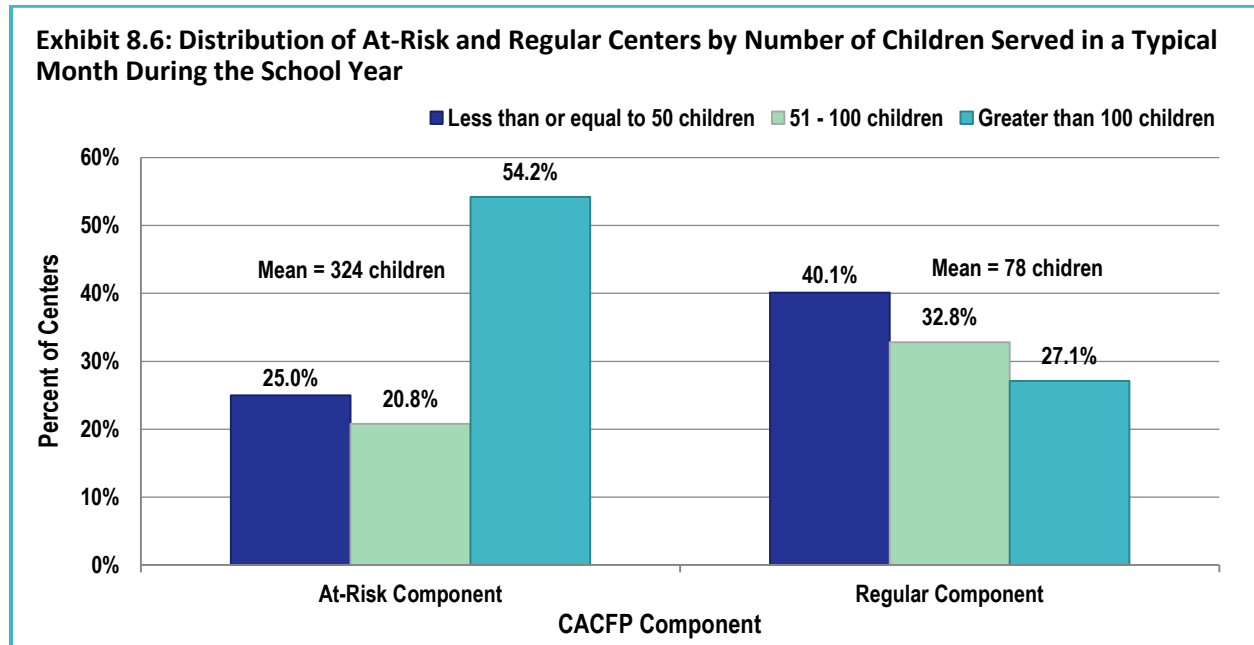
EDUCATIONAL AND ENRICHMENT ACTIVITIES

At-Risk centers are required to provide organized, regularly scheduled activities that include educational or enrichment programming. At-Risk centers provide a wide array of these activities (Exhibit 8.7).

Exhibit 8.7: Distribution of At-Risk Centers by the Type of Educational and Enrichment Programming Offered[a]

[a]Includes only programming offered by at least two-thirds of all At-Risk centers.
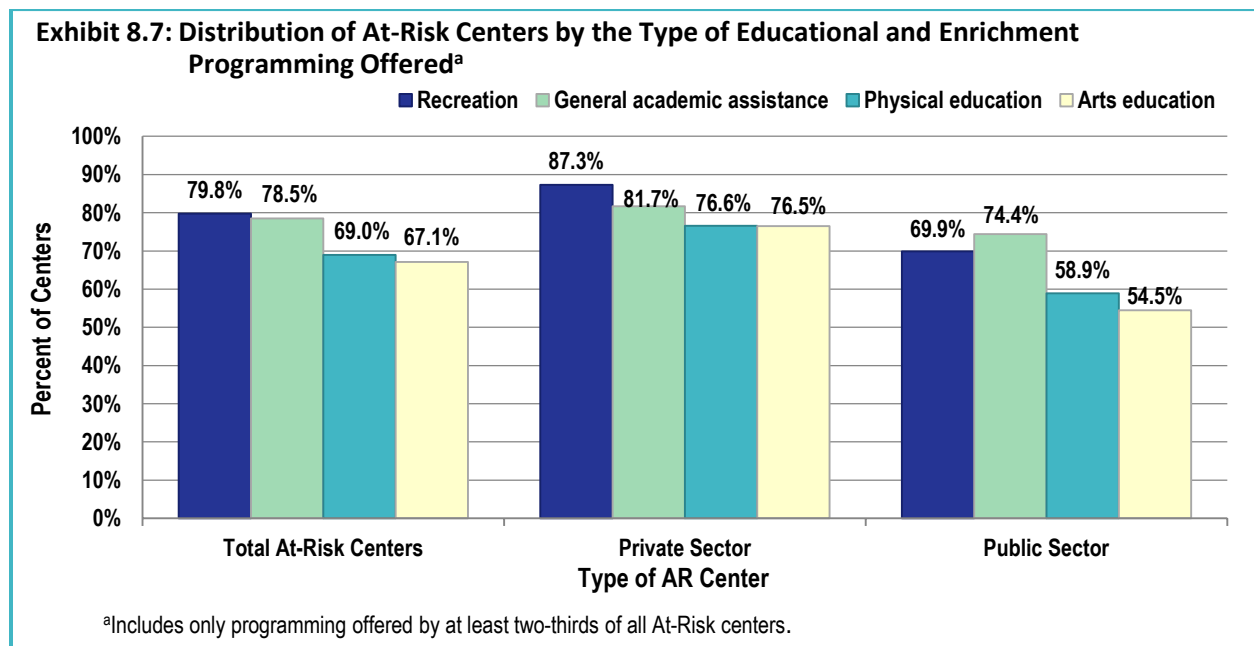
Somewhat similar percentages of private and public-sector At-Risk centers provide recreational

activities (69.9% vs. 87.3%). Over three quarters (74.4%) of public-sector At-Risk centers provide general academic assistance and more than half (54.1%) provide tutoring in specific academic subjects.[130] Conversely, more private than public-sector At-Risk centers provide programming in such areas as growing healthy foods, anti-bullying, arts education, and physical education.

OPERATIONS WHEN SCHOOL IS NOT IN SESSION

During the school year, 40.0 percent of At-Risk centers provide care on holidays and other weekdays when school is not in session. The number of hours of daily programming provided by private and public-sector At-Risk centers are similar (Exhibit 8.8). Over 90 percent of private-sector At-Risk centers provide more than three hours of programming on weekdays when school is not in session, as do 84.3 percent of public-sector At-Risk centers. More than twice as many public-sector At-Risk centers serve children 2 hours or less on days when school is not in session compared to private-sector At-Risk centers (15.1% vs 6.5%).

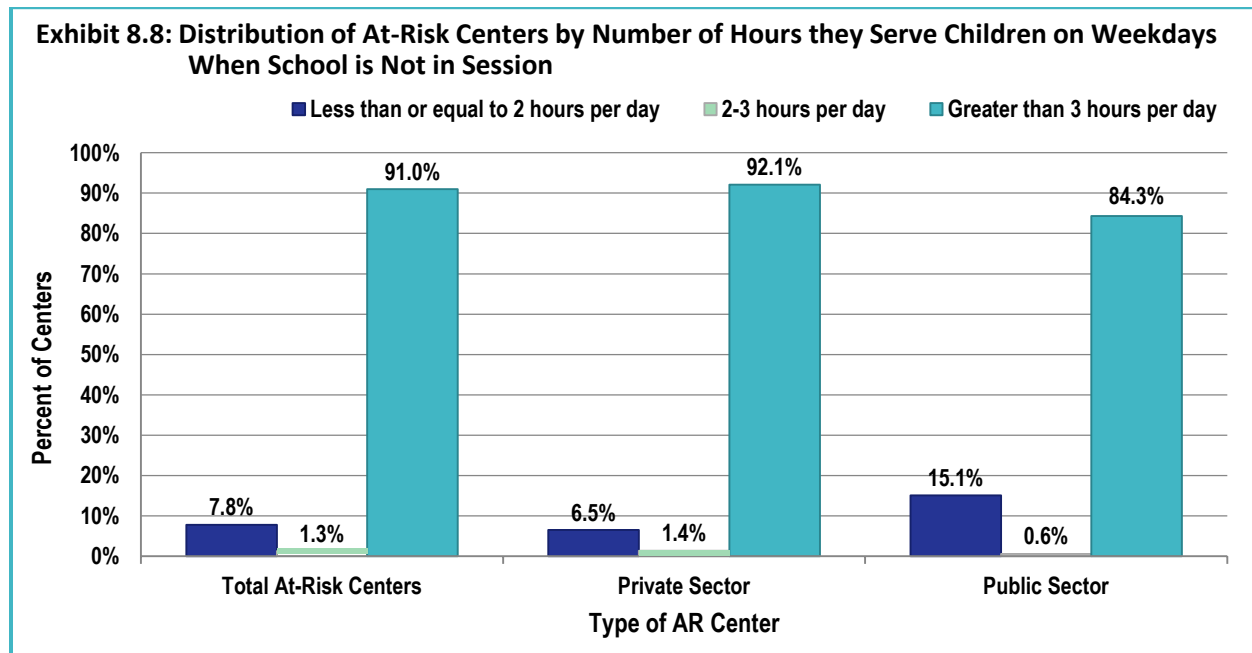**Exhibit 8.8: Distribution of At-Risk Centers by Number of Hours they Serve Children on Weekdays When School is Not in Session**

■ Less than or equal to 2 hours per day ■ 2-3 hours per day ■ Greater than 3 hours per day

WEEKEND AND SUMMER PROGRAMMING

While over 95 percent of private and public At-Risk centers serve children on weekdays when school is not in session, fewer than 10 percent overall provide child care programming on weekends. At-Risk centers may not claim meals or snacks during summer vacation unless they are located in the attendance area of a school operating year-round (7 CFR 226.17(m)). To provide children with year-round services, FNS encourages At-Risk centers to participate in SFSP.[131]

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[130] Mora data on the varied activities of At-Risk centers can be found in Volume II, Exhibit 4.15.
[131] Eligibility and meals differ across programs, but can serve the same population: https://www.fns.usda.gov/school-meals/afterschool-snacks

Similarly, school-based At-Risk centers have the option of continuing to serve children that were served in its At-Risk center during the school year and be reimbursed for meals and snacks served to these children under the NSLP Seamless Summer Option (SSO)..[132]

While 74.8 percent of At-Risk centers participate in the SFSP, there is a difference in the percentage of private and public-sector At-Risk centers that participate in the SFSP (Exhibit 8.9). Fewer than three-quarters (70.1%) of private-sector At-Risk centers participate in the SFSP compared to 89.0 percent of public-sector At-Risk centers. This difference might be explained, in part, by the difference in the types of private and public-sector sites that participate in the At-Risk component. Schools or school districts account for 59.3 percent of public-sector At-Risk centers, but only 1.1 percent of private-sector At-Risk centers.

Exhibit 8.9: Percentage of At-Risk Centers Participating in the Summer Food Service Program
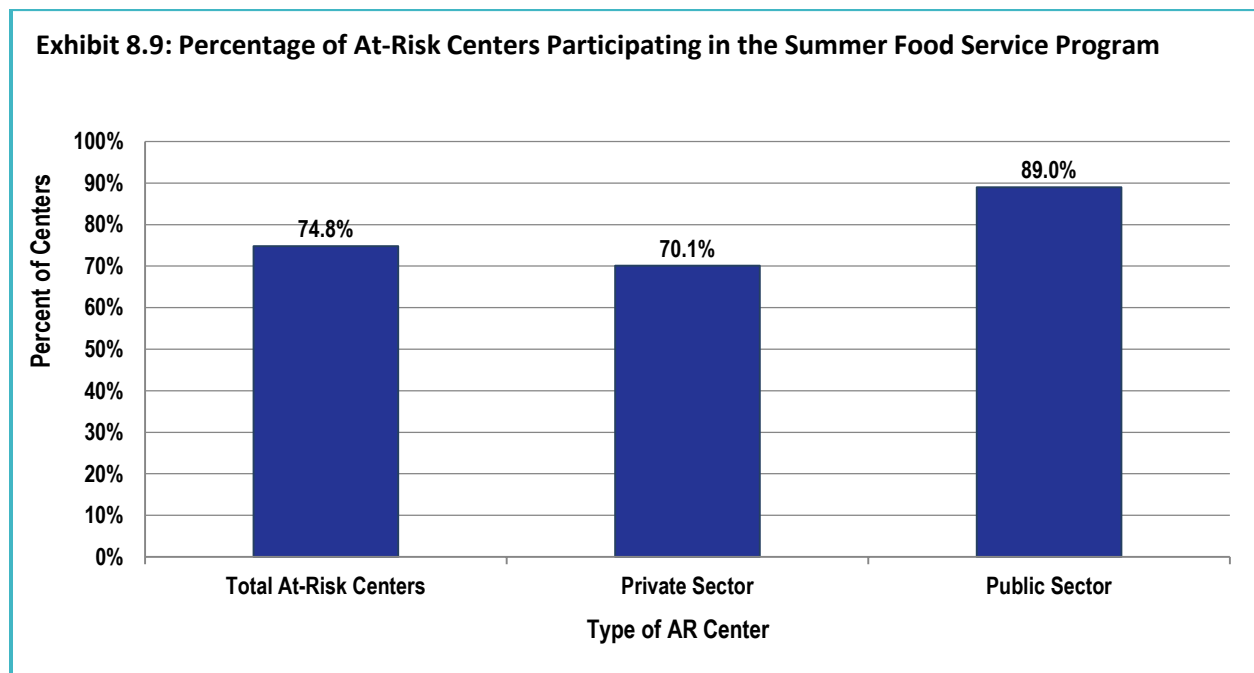
Some At-Risk centers chose not to participate in SFSP due to varied perceptions and organizational barriers (Exhibit 8.10), including:

- Multiple SFSP sites in the area (private-sector, 30.8% vs. public-sector, 19.4%);
- Never considered participating in the SFSP (private-sector, 39.7% vs. public-sector, 26.3%);
- Lack of interest in participating (private-sector, 16.9% vs. public-sector, 43.1%); and
- Staffing limitations (private-sector, 17.8% vs. public-sector, 11.6%).

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[132] The Seamless Summer Option allows schools located in low-income areas to serve meals and snacks to children who are not over 18 years old and be reimbursed at the same rates as the NSLP and SBP. A description of the Seamless Summer Option may be found at https://www.fns.usda.gov/school-meals/opportunity-schools.

Exhibit 8.10: Distribution of At-Risk Centers by Factors that Prevented Their Site from Being a Summer Food Service Program Site

- ■ There are one or more Summer Food Service sites in the area
- ■ Have never considered participating in the Summer Food Service Program
- ■ Lack of interest in participating
- ☐ Staffing limitations

[Bar chart showing:]

Total At-Risk Centers: 29.0%, 37.7%, 20.6%, 16.2%
Private Sector: 30.8%, 39.7%, 16.9%, 17.0%
Public Sector: 19.4%, 26.3%, 43.1%, 11.6%

Y-axis: Percent of Centers (0% to 50%)
X-axis: Type of AR Center
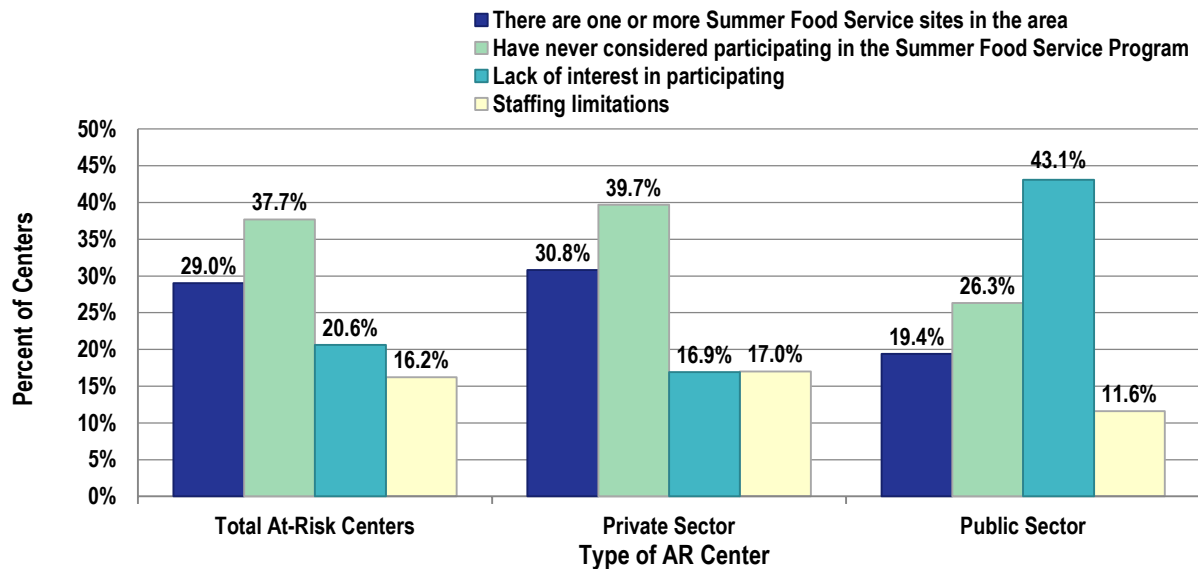
Overall, the number of children served by At-Risk centers during the summer is smaller than the number At-Risk centers serve during the school year. On average, At-Risk centers with summer programming reported serving 96 children per day during the summer compared to 282 children during the school year. Only 30.2 percent of At-Risk centers with summer programs reported serving more than 100 children during the summer; during the school 54.2 percent of At-Risk centers serve more than 100 children (Exhibit 8.11).

Exhibit 8.11: Distribution of At-Risk Centers by the Number of Children They Serve During the Summer Months versus Regular School Year

- ■ Less than or equal to 50 children
- ■ 51 - 100 children
- ■ Greater than 100 children

[Bar chart showing:]

Summer Months (Mean = 96 children): 39.3%, 30.6%, 30.2%
Regular School Year (Mean = 282 children): 25.0%, 20.8%, 54.2%

Y-axis: Percent of Centers (0% to 60%)
X-axis: Time of Year
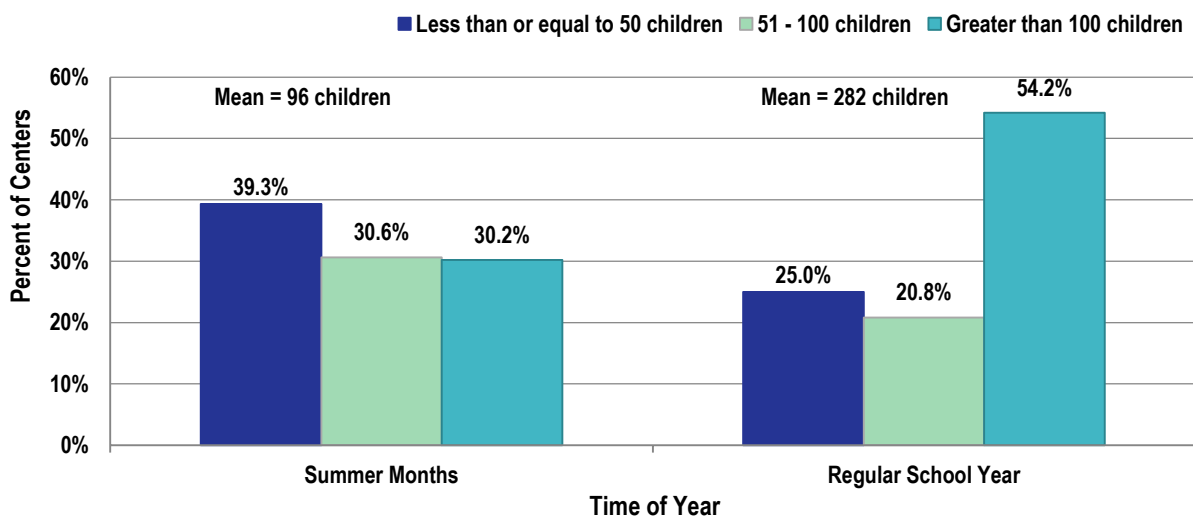
MEALS AND/OR AFTERSCHOOL SNACKS SERVED

CACFP regulations permit an At-Risk center to claim up to one meal and one snack (or two snacks) daily for each child in attendance (7 CFR 226.17(a)). While At-Risk centers typically serve meals and

snacks to children after the end of the school day, the regulations permit them to claim breakfast if the children were served before the start of the school day, though it is less common than other combinations.[133] Almost twice as many public- versus private-sector At-Risk centers serve At-Risk supper only (58.3% of public-sector and 31.6% of private-sector). Almost four times as many private-sector At-Risk centers serve At-Risk supper and At-Risk snack compared to public-sector At-Risk centers (24.3% of private-sector and 6.4% of public-sector).

Exhibit 8.12: Distribution of At-Risk Centers by Combination of AR Meals and/or Snacks Served on Weekdays
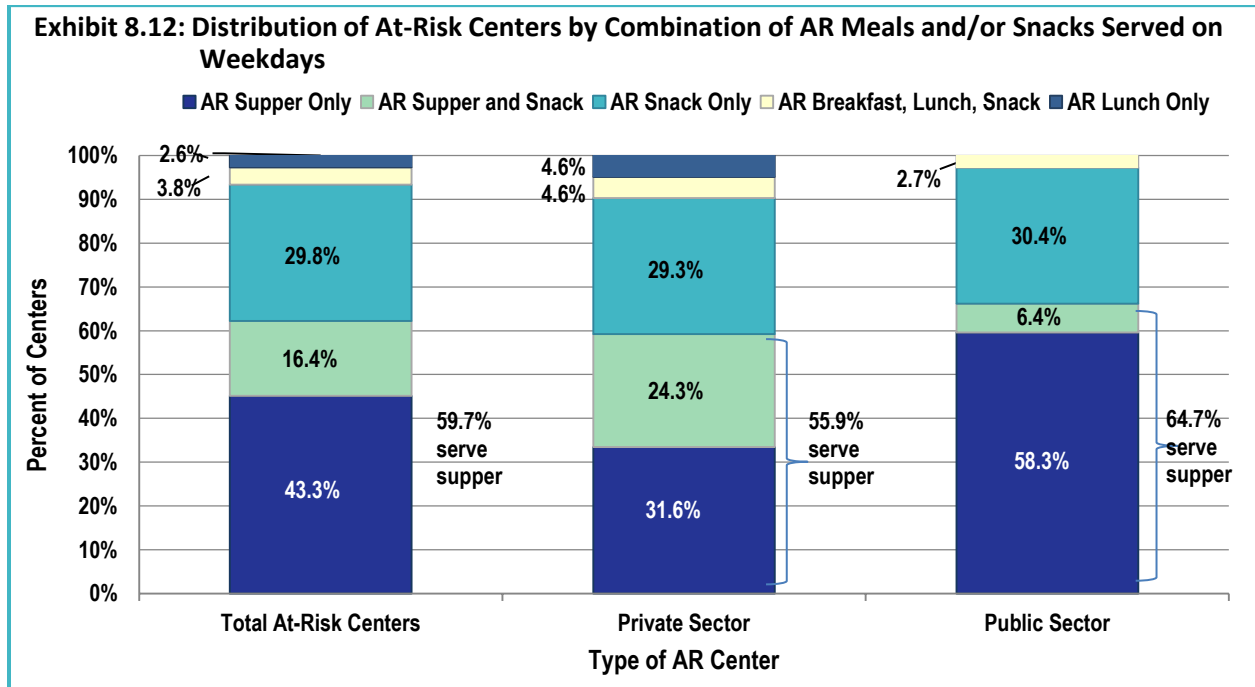
Overall, 23.6 percent of At-Risk centers have changed the combination of meals and/or snacks they serve over the course of their participation in the At-Risk component. About one out of seven At-Risk centers initially served afterschool snacks and then added or switched to serving meals (private-sector, 15.3% vs. public-sector, 13.2%).[134] Eight percent more public- than private-sector At-Risk centers started by serving meals and then added or switched to serving snacks (14.9% vs. 6.9%).

Meals and snacks served in At-Risk centers may be served hot or cold. Two-thirds (63.6%) of private-sector and 50.7 percent of public-sector At-Risk centers serve both hot and cold meals/snacks. Fewer At-Risk centers serve *only* hot food (2.0% of private-sector and 3.8% of public-sector At-Risk centers). About a third (34.3%) of private- and almost half (45.5%) of public-sector At-Risk centers serve only cold food (Exhibit 8.13).

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[133] More data on meal combinations can be found in Volume II, Exhibit 4.26.
[134] More data can be found in Volume II, Exhibit 4.10.

Exhibit 8.13: Distribution of At-Risk Centers by Whether They Serve Cold, Hot, or Both Cold and Hot Meals and/or Snacks
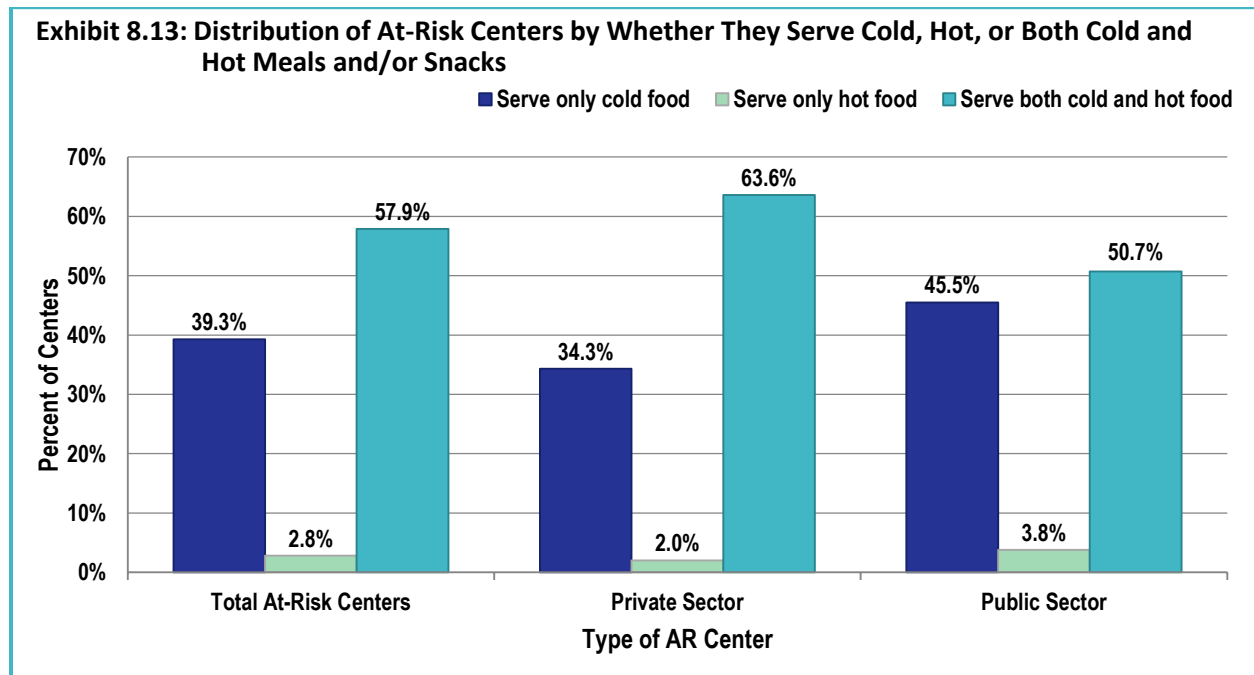
OTHER SUPPORT FOR MEALS/SNACKS

Some At-Risk centers also have support for meals and/or snacks from sources other than the CACFP (Exhibit 8.14). Twice as many private-sector At-Risk centers (24.4%) have such support as public-sector At-Risk centers (12.1%). Additionally, for At-Risk centers, 21.6 percent receive support through include emergency food assistance programs; 21.5 are supported by charitable organizations, 12.5 percent raise money fundraising efforts specifically for food donations, and 7.4 percent charge fees to parents.[135] In addition, 27.1 percent of private-sector At-Risk centers receive support from other sources such as community donations, local summer lunch programs, grants, and the like. Receiving this kind of support is more common among public-sector At-Risk centers (57.0%). In addition, for 42.3 percent of public-sector At-Risk centers, non-CACFP support was reported to come predominately from the At-Risk center's own operating budget; the same is true for 59.1 percent of private-sector At-Risk centers.

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[135] At-Risk centers may charge fees to parents for child care, but since all meals/snacks are reimbursed at the free rates under the At-Risk component, At-Risk centers are not allowed to charge separately for meals or snacks.

Exhibit 8.14: Distribution of At-Risk Centers Receiving Non-CACFP Support for Meals and/or Snacks by Sources of Non-CACFP Support

- ■ Emergency food assistance programs such as food banks, food pantries, or soup kitchens
- ■ Charitable organizations
- ■ Provider organization's operating budget
- ☐ Fundraising efforts specifically for food donations
- ■ Fees charged to parents
- ☐ Other sources

Type of AR Center	Emergency food assistance	Charitable organizations	Provider operating budget	Fundraising efforts	Fees charged to parents	Other sources
Total At-Risk Centers	21.6%	21.5%	54.4%	12.5%	7.4%	35.4%
Private Sector	29.6%	29.7%	59.1%	17.0%	8.5%	27.1%
Public Sector	0.0%	1.2%	42.3%	1.4%	4.9%	57.0%

Percent of Centers

OUTREACH

TYPES AND EFFECTIVENESS OF AT-RISK CENTER OUTREACH EFFORTS

The means by which At-Risk centers conduct outreach to expand service to additional low-income children is varied. The most common methods for conducting outreach include:[136]

- Distribution of flyers/brochures at local schools,
- Social media,
- Press releases, and
- Distribution of flyers or brochures at local libraries or stores.

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[136] More data on conducting outreach by public and private centers can be found in Volume II, Exhibit 4.33.

Exhibit 8.15: Distribution of At-Risk Centers by Types of Outreach They Conduct
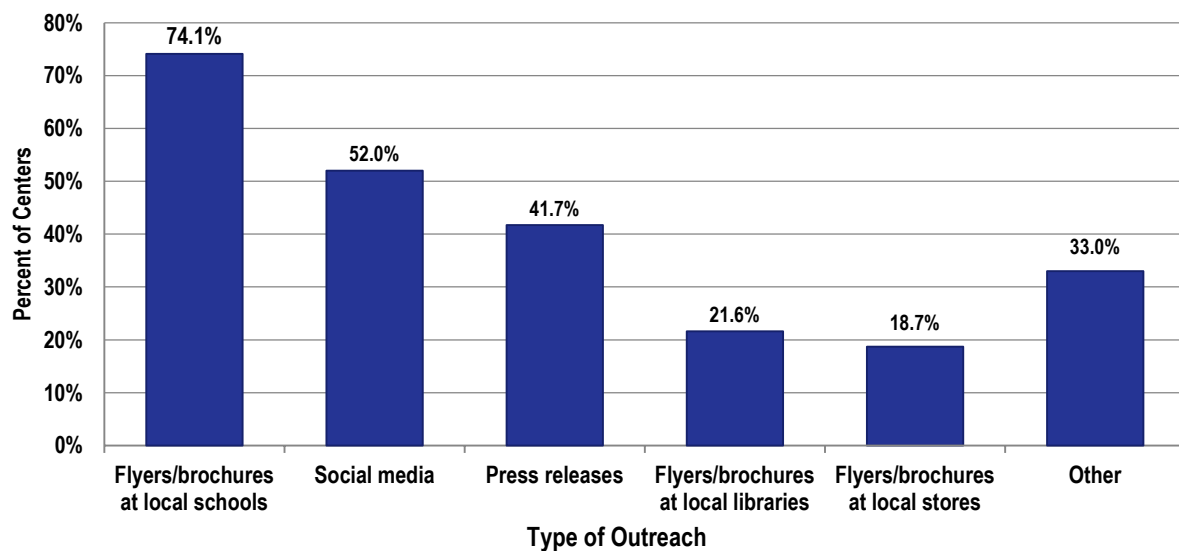
Less frequently used outreach methods include outreach to religious institutions, radio or community TV advertisements, and sending letters to parents.

The outreach methods reported as most effective (Exhibit 8.16) by the private- and public-sector At-Risk centers include:

- Distributing flyers/brochures at schools (private-sector, 52.8% vs. public-sector, 54.7%),
- Outreach by local schools (private-sector, 32.7% vs. public-sector, 37.4%), and
- Social media (private-sector, 34.8% vs. public-sector, 15.1%).

Additionally, 30.2% of private At-Risk centers identified working with other organizations that serve families as an effective recruitment strategy. About one fifth of public-sector At-Risk centers (20.8%), on the other hand, identified other efforts such as word of mouth, serving food, and hanging door signs as effective.

Exhibit 8.16: Distribution of At-Risk Centers by Outreach Efforts That They Consider Most Effective

Public Sector ■ Private Sector

Outreach Effort	Public Sector	Private Sector
Flyers/brochures at local schools	54.7%	52.8%
Outreach by local schools	37.4%	32.7%
Outreach on social media	15.1%	34.8%
Other community organizations	13.1%	30.2%
Flyers/brochures at local libraries	9.8%	20.5%
Press releases	8.3%	13.4%
Flyer/brochures at local stores	3.1%	16.4%
Outreach by advocacy organizations	8.2%	6.7%
Outreach by religious organizations	3.7%	7.6%
Other	20.8%	20.0%

Percent of AR Centers

PERCEPTIONS OF PARTICIPATION IN THE AT-RISK COMPONENT OF THE CACFP
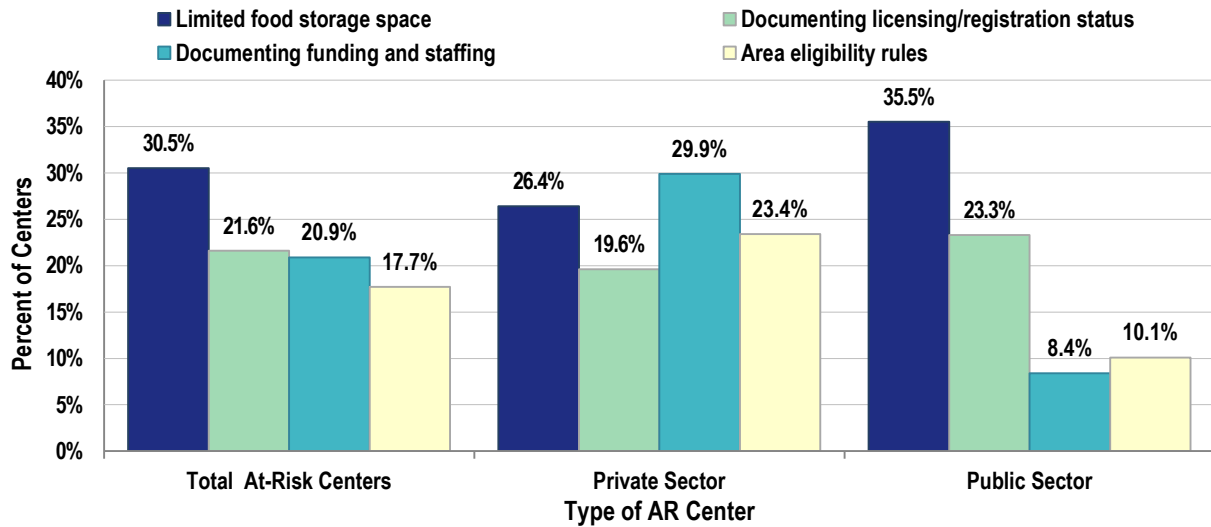
APPLICATION PROCESS

Overall, 82.7 percent of At-Risk centers reported no difficulty with the application process for the At-Risk component—from completing and submitting their application through the completion of eligibility determination.[137] Among those reporting some challenges, only 1.8 percent found the process "very difficult," though 17.3 percent reported it to be "difficult."

BARRIERS TO ENROLLMENT

Among the 17.3 percent of At-Risk centers who did find the application process difficult , the most frequently cited barriers included limited food storage space, licensing/registration status documentation, funding and staffing documentation, and area eligibility rules (Exhibit 8.17). Although barriers encountered by private- and public-sector At-Risk centers differed, fewer than a fifth of At-Risk centers who experienced any barriers experienced barriers to enrollment (13.3% of private-sector and 13.4% of public-sector). Among At-Risk centers that reported experiencing barriers to enrollment, 29.9 percent of private- and 8.4 percent of public-sector centers cited required funding and staffing documentation as a barrier.[138]

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[137] More data on the difficulty of the eligibility application process can be found in Volume II, Exhibit 4.35.
[138] Additional data on barriers can be found in Volume II, Exhibit 4.36.

Exhibit 8.17: Distribution of At-Risk Centers by Primary Barriers[a] to Initial Enrollment in the At-Risk Component of the CACFP

Legend:
- Limited food storage space
- Documenting funding and staffing
- Documenting licensing/registration status
- Area eligibility rules

Total At-Risk Centers: Limited food storage space 30.5%, Documenting licensing/registration status 21.6%, Documenting funding and staffing 20.9%, Area eligibility rules 17.7%

Private Sector: Limited food storage space 26.4%, Documenting licensing/registration status 19.6%, Documenting funding and staffing 29.9%, Area eligibility rules 23.4%

Public Sector: Limited food storage space 35.5%, Documenting licensing/registration status 23.3%, Documenting funding and staffing 8.4%, Area eligibility rules 10.1%

Y-axis: Percent of Centers (0% to 40%)
X-axis: Type of AR Center

[a]These numbers are percentages of those centers (private-sector, 13.3%; public-sector, 13.4%) that reported experienced any barriers.

INITIAL CHALLENGES OF PARTICIPATING

After approval, 71.6 percent of At-Risk centers reported that they faced challenges during the start-up phase of At-Risk program participation (Exhibit 8.18). Among those At-Risk centers experiencing some challenges during their start-up period, four challenges were encountered by the largest percentage of At-Risk centers:

- Recordkeeping not related to food service (22.5%),
- CACFP recordkeeping (28.2%),
- Finding enough food storage space (35.3%), and
- Training staff on CACFP compliance (58.0%).

Exhibit 8.18: Most Frequent Challenges Faced by At-Risk Centers During their Start-Up Period in the At-Risk Component[a,b]

■ Non-Food Service Recordkeeping ■ CACFP Record Keeping ■ Food Storage Space □ Training Staff on CACFP Compliance
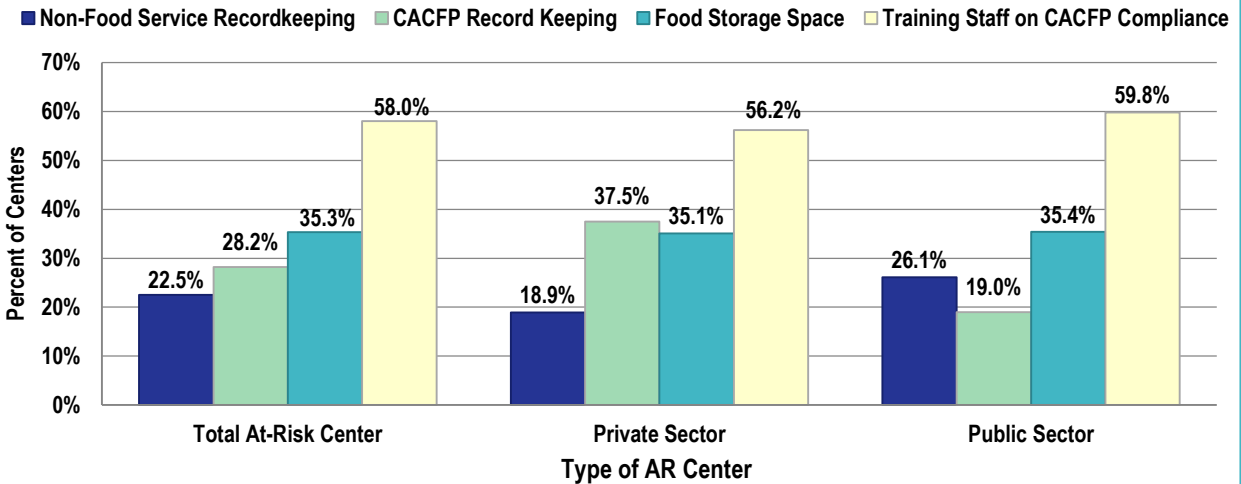
[a]Includes only those At-Risk centers that experienced any challenges during their start-up period in the At-Risk component.
[b]Includes only those challenges experienced by more than 15% of all At-Risk centers.

Among Mixed At-Risk centers, 94.9 percent reported no challenges in claiming both At-Risk and non-At-Risk CACFP meals and snacks.[139] Among those remaining that reported challenges, 2.8 percent reported maintaining separate meal counts for both parts of CACFP, 2.2 percent reported maintaining two systems of eligibility, and 2.1 percent reported claiming under At-Risk and traditional CACFP during the school year and only traditional CACFP during the summer as the major challenges faced.

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[139] Additional data on Mixed At-Risk centers can be found in Volume II, Exhibits 4.38 and 4.39.

Part IV: Major Changes to the CACFP and Summary

Chapter 9: Major Changes in Sponsor and Provider Characteristics Since 1995

This chapter discusses some of the major changes in the characteristics of CACFP sponsors and providers in the 20 years since the last national study of its kind.[140]

CHARACTERISTICS OF SPONSORS PARTICIPATING IN THE CACFP

GENERAL CHARACTERISTICS

As discussed in Chapter 1, two legislative changes after the completion of the last study appear to have had significant effects on the composition of sponsors and providers:

- The implementation of tiering in 1997[141] and
- The allowance for-profit centers to meet the 25 percent threshold for low-income children by counting children from families with incomes below 185 percent of the federal poverty income guidelines, instead of only children who received child care subsidies.

First, the average number of sponsored family day care homes decreased from 156 to 130. CACFP organizations in 2015 sponsored an average of 24 sites (centers or family day care homes). Yet, the number of for-profit centers and their sponsors participating in the Program increased. In 1995, seven percent of sponsors of child care centers were for-profit organizations; by 2015, 26 percent of these sponsors were for-profit organizations. Since for-profit child care chains own or franchise their centers and have a different business model than non-profit sponsors, the effect of this change in composition of child care center sponsors may explain some of the other changes in the characteristics presented here. For example, in 1995, 81 percent of center sponsors were either social service or child care agencies, compared to 72.7[142] percent in 2015. Whereas many social service and child care agencies administer other programs (e.g., SFSP), for-profit child care chains do so less frequently. The previous study found that 28 percent of child care center sponsors administered the SFSP but, by 2015, 12 percent did so.

MONITORING VISITS

Compared to 1995, sponsors reported less frequent monitoring visits to their sites. The average annual number of monitoring visits to each of their sites dropped from 10-11 to about four. However, for family day care home and child care center sponsors, the average duration of a monitoring visit was unchanged (54 minutes for family day care home and 75 minutes for child care center sponsors),

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[140] F. Glantz, *et al.* Early Childhood and Childcare Study Final Report, Volume I, Profile of Participants in the CACFP, Abt Associates, Inc., 1997.
[141] P.L. 104-193
[142] More detail can be found in Volume II, Exhibit 1.7.

while the average duration of these visits for Head Start Sponsors fell from 120 to 89 minutes. The change is likely the result of a decrease in the percentage of Head Start sponsors conducting monitoring visits lasting more than two hours (26% vs 13%); the percentage of family day care home and child care center sponsors conducting visits lasting over two hours was unchanged. There were no legislative or regulatory changes between the two studies changing requirements for the frequency and/or duration of monitoring visits.

CHARACTERISTICS OF PROVIDERS PARTICIPATING IN THE CACFP

GENERAL CHARACTERISTICS

Participation of for-profit centers has increased since 1995. For-profit child care centers, which accounted for 11 percent of participating child care centers in 1995, accounted for 46 percent in 2015.[143] Additionally, the average fee per hour for child care centers decreased from $3.09 to $2.54 over this period.[144] Similarly, the average fee per hour for full-time unsubsidized care among family day care homes also decreased from $2.96 to $2.33.

Additional changes across the 20 years include the large increase in the average number of children enrolled per center, especially among Head Start centers where the average enrollment nearly doubled from 60 to 105 children.

Lastly, the percentage of providers serving infants has increased; the percentage of family day care homes serving infants increased from 43 to 78 percent, child care centers from 33 to 68 percent, and Head Start centers from two to 29 percent.[145]

FOOD SERVICE CHARACTERISTICS

Changes in CACFP food service in the last 20 years include menu sourcing methods used by participating providers. Among family day care homes and sponsored centers, there was shift from relying on menus developed by the family day care home provider or child care center staff to those developed by sponsors. The percentage of family day care homes that received menus from their sponsors increased from four to 23 percent, and, for sponsored centers, from 10 to 23 percent. The use of the Internet additionally shifted menu sourcing mechanisms. In 1995, participating providers did not obtain menus online but, by 2015, the USDA website was a key source of menus used by 18 percent of child care centers and 15 percent of Head Start centers.

MONITORING VISITS RECEIVED

Between 1995 and 2015, providers reported a shift in multiple facets of monitoring visits from their sponsors. Providers received fewer monitoring visits from their sponsors. Family day care homes received an average of 3.5 visits in 2015 compared to 5.1 in 1995 and sponsored centers received 3.4, on average, compared to 13.7 in 1995.

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[143] The 2015 data can be found in Volume II, Exhibit 2.21.
[144] More detail on this can be found in Volume II, Exhibit 2.38.
[145] More detail on this data can be found in Volume II, Exhibit 2.32.

Additionally, more providers reported fewer than the required three annual visits increased. The percentage of Head Start centers and sponsored centers reporting fewer than the required three annual visits nearly doubled: Head Start centers from 15 to 27 percent and sponsored centers from 24 to 42 percent. In 2015, the total annual amount of monitoring time family day care homes receive (140 minutes) is lower than that received by sponsored centers (231 minutes) and Head Start centers (271 minutes).

STUDY SUMMARY

The *CACFP Sponsor and Provider Characteristics* Study is the first Federal comprehensive study of the Program since the 1997 *Early Childhood and Child Care Study.* This report is also the first study of the characteristics of sponsors and centers that participate in the Afterschool At-Risk component of the CACFP since this component shifted from a 13-State pilot program to a national program. This research produced a glimpse of the Program as it operated in PY 2015, prior to the implementation of the revised CACFP meal patterns. Over the years, the number of States participating in the pilot program increased several times and, by 2009, 14 States were included and a total of 7,268 centers were participating. The Healthy Hunger-Free Kids Act of 2010 expanded this pilot into a national program open to centers that meet the At-Risk component's eligibility requirements in all States. Since becoming a national program, the number of centers participating in the At-Risk component has more than doubled from 7,268 in 2009 to 18,497 in 2015 (Exhibit 1.4).

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