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CACFP Sponsor and Provider Characteristics

Clearance Version Final Report

Volume IV Data Collection Instruments

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Main Study Sponsor Instruments

Child Care Center Sponsor Survey Instrument

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

1. Is your organization a private not-for-profit, private for-profit, or is it a public agency, school, or school district?

Private, not-for-profit
 Private, for-profit.....
 Public agency, school, or school district

2. Which of the following best describes your organization? (*Check one box*)

Social service agency
 Child care agency
 Charitable organization
 Local education agency
 School
 College or university.....
 Religious organization.....
 Tribal organization.....
 U.S. Military
 YMCA or YWCA.....
 Other
 (Please specify)_____

3. In what year did your organization first become a CACFP sponsor for child care centers?

|_|_|_|_|

Don't know

4. In October 2014, how many adult centers did your organization claim for CACFP?

Number of adult day centers..... |_|_|_|_|

5. In October 2014, how many total sites (not including adult care CACFP sites) did your organization claim for CACFP?

Total sites..... |_|_|_|_|

- 5a. How many of these sites were not-for-profit child care centers?
Nonprofit centers..... |__|__|__|
- 5b. How many of these sites were for-profit (Title XX) child care centers?
For-profit centers..... |__|__|__|
- 5c. How many of these sites were "outside of school hours" centers?
Number of centers |__|__|__|
- 5d. How many of these sites participated in the At-Risk CACFP?
Number of centers |__|__|__|
- 5e. How many of these sites were "emergency shelter" sites?
Number of centers |__|__|__|
6. How much did your organization receive for all CACFP reimbursable meals and snacks served in child care centers in October 2014? (Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.)
\$ |__|__|__| , |__|__|__|
7. Did your organization retain any of these meal reimbursements to offset the cost of administering the CACFP for these centers?
Yes.....
No..... → **GO TO QUESTION 8**
- 7a. In October 2014, how much of these meal reimbursements did your organization retain to offset the cost of administering the CACFP for these centers?
\$ |__|__|__| , |__|__|__|
- 7b. Approximately what percentage of your organization's total funding for administrative functions comes from money retained from CACFP meal reimbursements for child care centers?
|__|__| %

8. Which of the following best describes the geographic area served by your CACFP sponsorship?
(Check one box)

Part of a town or city
 One or more towns or cities, but not an entire
 county.....
 An entire county
 A group of counties
 Entire state
 Other
 (Please specify) _____

9. Approximately what percentage of the child care centers that your organization sponsors are located in a tribal area?

|_|_|_| %

Don't know

10. In addition to the CACFP, does your organization manage or administer any other USDA food and nutrition programs?

Yes

No..... → **GO TO QUESTION 11**

- 10a. Which of the following USDA programs does your organization manage or administer?
(Check all that apply)

National School Lunch Program
 School Breakfast Program
 Summer Food Service Program
 Special Milk Program
 Fresh Fruits and Vegetables Program
 Special Supplemental Nutrition Program for
 Women, Infants and Children (WIC)
 Commodity Supplemental Food Program
 USDA Commodities Program
 The Emergency Food Assistance Program
 (TEFAP)
 Supplemental Nutrition Assistance Program
 (SNAP) Nutrition Education
 Other program
 (Please specify) _____

11. Does your organization administer or provide any services that are not funded by USDA?

Yes

No..... → **GO TO QUESTION 12**

- 11a. Which of the following types of non-USDA funded services does your organization administer or provide? (*Check all that apply*)

- Child care locator/finder
- Child care subsidies
- Child care staff training and professional development.....
- Technical assistance/coaching/mentoring for quality improvement.....
- Outside school hours program.....
- Home visiting.....
- Parent support and education.....
- Nutrition and/or health education
- Early intervention services (Part C for children with or at-risk of developmental disabilities)
- Community recreation program
- Adult day care program.....
- Domestic violence shelter
- Food pantry or soup kitchen
- Other
- (Please specify) _____

Training and Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in the training and technical assistance provided by your State CACFP Agency and on what CACFP-related topics it would be helpful to receive more training or assistance.

12. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

- Yes
- No..... → **GO TO QUESTION 13**

- 12a. What was the format of this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

12b. What topics were covered in this training? (*Check all that apply*)

- CACFP meal requirements
- CACFP administrative requirements
- CACFP monitoring requirements
- Child care center applications
- Preparing and filing monthly reimbursement
claims
- Administrative reimbursement
- For-profit center eligibility
- Family/child income eligibility
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

12c. How satisfied are you with this training?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

13. During the past 12 months, has your State CACFP Agency provided you or your staff any additional training?

- Yes
- No → **GO TO QUESTION 14**

13a. What was the most common format of this additional training? (*Check one box*)

- Web-based
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

13b. What topics were covered in this additional training? *(Check all that apply)*

- CACFP meal requirements
- CACFP administrative requirements
- CACFP monitoring requirements
- Child care center applications
- Preparing and filing monthly reimbursement
claims
- Administrative reimbursement
- For-profit center eligibility
- Family/child income eligibility
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

13c. How satisfied are you with this additional training?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

14. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

- Yes
- No → **GO TO QUESTION 15**

14a. On what topics did you receive technical assistance from your State CACFP Agency?
(Check all that apply)

- Menu planning/sample menus
- Food vendor contracts
- Staff training
- Recruitment and retention of child care
centers
- Budgeting
- Computer support
- Other
- (Please specify) _____

14b. How satisfied are you with the technical assistance available from your State CACFP Agency?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied.....

15. Are there any food, nutrition or CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No..... → **GO TO QUESTION 16**

15a. On what topics would you like to receive more training or assistance? (*Check all that apply*)

- Menu planning/sample menus
 Food vendor contracts
 Staff training.....
 Recruitment and retention of CACFP sites.....
 Budgeting
 Computer support
 Training our CACFP sites
 Networking with other sponsors in my state
 Other
 (Please specify) _____

Electronic Systems You Use for CACFP

This section asks about any electronic systems that you use to manage your CACFP claims.

16. Does your organization use an electronic system or systems to check CACFP reimbursement claims?

- Yes
 No..... → **GO TO QUESTION 17**

16a. Were any of the electronic systems you use for CACFP developed in house?

- Yes
 No.....

16b. Were any of the electronic systems you use for CACFP developed by your State CACFP Agency?

- Yes
 No.....

16c. Are any of the electronic systems you use commercial systems?

- Yes
 No..... → **GO TO QUESTION 17**

16d. What are the names of the commercial electronic systems you use for CACFP? (*Check all that apply*)

- Minute Menu
 Nutrition Manager.....
 Procure.....
 Child Watch.....
 ChildPlus
 AccuTrack
 Maggey Deluxe
 Other
 (Please specify) _____
 Don't know

CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. **Please do not include any of your organization's employees who work primarily on-site at the child care centers you sponsor.**

17. How many employees (counting part- and full-time staff equally) work in your organization?

Total number of employees |__|__|__|__|

17a. How many of these employees work on the CACFP on a regular basis?

Number of employees..... |__|__|__|

The following questions ask about turnover of the staff who worked on the CACFP on a regular basis in 2014.

18. Have any of the staff who worked on the CACFP on a regular basis in 2014 left your organization?

- Yes
 No..... → **GO TO QUESTION 19**

18a. How many of these staff have left?

Number of staff..... |__|__|

18b. How many of these staff have been replaced?

Number of staff..... |__|__|

The next three questions ask about staff time spent on CACFP. For a typical month, please estimate the percentage of the total time spent by your staff on specific CACFP functions.

19. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on processing claims and reimbursements?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

20. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on monitoring and training?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

21. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on outreach?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

22. Does your organization's CACFP employ anyone who has a degree or formal training in nutrition?

Yes
 No..... → **GO TO QUESTION 23**

- 22a. Are any of these individuals registered dietitians (R.D.) or registered dietitian nutritionists (RDN)?

Yes
 No.....
 Don't know

Training Your Organization Provided for Child Care Centers

In this section, we're interested in the CACFP-related training your organization provided to child care center staff during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

23. During the past 12 months, did your organization provide any CACFP-related training for any of the staff at the child care centers you sponsor?

Yes
 No..... → **GO TO QUESTION 24**

- 23a. What types of child care center staff received your CACFP-related training? (*Check all that apply*)

Center administrators
 Classroom staff
 Nutritionists (including RDs and RDNs) ..
 Food preparation staff
 Other
 (Please specify) _____

- 23b. What was the most common format that your organization used to provide CACFP training for center staff? (*Check one box*)

Web-based.....
 In-person group classes or workshops ...
 Self-Study.....
 One-on-one
 Other
 (Please specify) _____

- 23c. Thinking about a typical child care center that you sponsor, how many times during the past 12 months did your organization provide CACFP training for that center?

Number of times..... |__|__|

23d. Which of the following topics were covered in your CACFP trainings for child care center staff? (Check all that apply)

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement
claims
- Family/child income eligibility
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

Monitoring Visits

This section is about CACFP monitoring visits conducted by your organization.

24. For a typical child care center, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|

25. For a typical child care center that is not a new CACFP site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit |__|__|

26. For a typical child care center, approximately how many minutes is the average CACFP monitoring visit your organization conducts?

Number of minutes |__|__|__|

27. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Child care license is current.....
 Health and safety guidelines followed.....
 A current enrollment record exists for each
 child present, including provider's own
 Children in attendance less than or equal to
 licensed capacity.....
 Food allergies documented.....
 Other
 (Please specify)_____

28. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Existence and accuracy of daily attendance
 records
 Number of meals claimed compared to
 licensed capacity
 Meal counts and menus are recorded daily
 5-day reconciliation
 Menu exists for each meal claimed, including
 infant meals.....
 Menu production records are completed with
 quantities.....
 Infant menu complies with CACFP meal pattern
 requirements
 Food receipts support menu
 Other
 (Please specify)_____

29. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Observed meal meets CACFP meal pattern
 requirements
 Appropriate type of milk served to children.....
 Drinking water available throughout the day.....
 Meals served match menu.....
 Time of day meals and snacks served.....
 Type of meal service (family style vs. plated)
 Safe food handling practices observed.....
 Food allergies accommodated.....
 Other
 (Please specify)_____

30. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits with child care centers? (*Check one box*)

- Follow-up on corrective actions taken for deficiencies
- Ensure nutritious meals and snacks are being served
- Combine training and technical assistance with monitoring
- Check in to make certain that provider is pleased with the service provided by the sponsor
- Provider requested a sponsor visit for help with some issue.....
- Other
- (Please specify)_____

31. When your organization conducts monitoring visits with child care centers, what are the three most common deficiencies found that require corrective action? (*Check 3 boxes*)

- Submission of false information on the application
- Submission of false claims for reimbursement
- Simultaneous participation under more than one sponsoring organization
- Non-compliance with CACFP meal pattern
- Failure to keep required records
- Failure to fill out menu production records correctly
- Conduct or conditions that threaten the health or safety of a child (or children) in care
- Water not available to children on request
- Number of children present is more than child care center's licensed capacity
- Other
- (Please specify)_____

32. Do you serve any child care centers where the staff do not speak English?

- Yes
- No → **GO TO QUESTION 33**

- 32a. Does your organization conduct any monitoring visits, reviews or trainings in any languages other than English?

- Yes
- No

Satisfaction with State CACFP Agency

33. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
(Circle one number for each factor)

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application	1	2	3	4	5	-8	-9
b. Processing and payment of claims	1	2	3	4	5	-8	-9
c. Review of your organization..	1	2	3	4	5	-8	-9
d. Annual contract renewal process, including budget and management plan renewal .	1	2	3	4	5	-8	-9
e. Use of technology	1	2	3	4	5	-8	-9
f. Support of your organization's use of technology for the CACFP ...	1	2	3	4	5	-8	-9
g. Support for recruiting new child care centers.....	1	2	3	4	5	-8	-9

Sponsors' Perceptions of the CACFP

34. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be the most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. *(Rank 3)*

	<u>Rank</u>
CACFP provides nutritious meals to children	__
CACFP teaches child care programs/providers to plan and prepare nutritious meals.....	__
CACFP feeds children who would otherwise have limited access to nutritious food	__
CACFP helps children develop healthy eating habits.....	__
CACFP keeps down the cost of child care	__
CACFP helps parents learn the importance of healthy eating.....	__
CACFP helps child care programs stay in business	__
CACFP is an important part of the social safety net for children and families	__
CACFP facilitates child care center recruitment ..	__

35. Overall, how would you rate your burden level to meet CACFP requirements? Think of burden as the amount of time and effort you have to put into meeting the requirements.

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 42
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

36. How would you rate the level of burden for your organization for performing CACFP enrollment activities?

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 37
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

- 36a. Thinking about the CACFP enrollment activities performed by your organization, which one do you find the most burdensome? (Check one box)

Determining free/reduced and paid meal eligibility for children in child care centers

Processing parent income eligibility applications

Other

(Please specify) _____

37. How would you rate the level of burden for your organization for performing CACFP claiming activities?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden

Very high burden

} **GO TO QUESTION 38**

- 37a. Thinking about the CACFP activities related to claiming performed by your organization, which one do you find the most burdensome? (Check one box)

Training centers on CACFP recordkeeping requirements

Reviewing claims

Preparing and filing monthly reimbursement claims

Awaiting payment from the state

Processing provider payments

Other

(Please specify) _____

38. How would you rate the level of burden for your organization to comply with CACFP menu requirements?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden

Very high burden

} **GO TO QUESTION 39**

38a. Thinking about the activities related to the CACFP menu requirements performed by your organization, which one do you find the most burdensome? (Check one box)

- Training centers on CACFP meal pattern requirements
- Training centers on the allowable number of daily meals and snacks per child.....
- Reviewing provider menus.....
- Other
- (Please specify) _____

39. How would you rate the level of burden for your organization for performing activities related to CACFP monitoring?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 40**

39a. Thinking about the activities related to CACFP monitoring performed by your organization, which one do you find the most burdensome? (Check one box)

- Conducting required monitoring visits.....
- Conducting 5-day reconciliations
- Following up on serious deficiencies
- Other
- (Please specify) _____

40. How would you rate the level of burden for your organization for performing CACFP recordkeeping?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 41**

- 40a. Thinking about the activities related to CACFP recordkeeping performed by your organization, which one do you find the most burdensome? (Check one box)

Completing annual budget and
management plan renewal process

Utilizing automated systems

Maintaining both paper and electronic
records

Inconsistent interpretation of federal
CACFP rules

Total CACFP paperwork

Other

(Please specify).....

41. How would you rate the level of burden for your organization for performing outreach to new CACFP sites?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden.....

Very high burden.....

GO TO QUESTION 42

- 41a. Thinking about the CACFP outreach activities performed by your organization, which one do you find the most burdensome? (Check one box)

Identifying potential sites.....

Conducting pre-approval visits.....

Other

(Please specify) _____

42. Do you collect information from child care centers who have left your CACFP to determine the reasons why they left?

Yes

No..... → **GO TO QUESTION 43**

- 42a. How does your organization collect this information?

Questionnaires or other forms when
centers leave the program

Interviews with center directors when
they leave the program

Anecdotal information

Studies or evaluations.....

Other ways

(Please specify) _____

43. What do you think are the two most common reasons child care centers leave the CACFP?
(Check 2 boxes)

- Paperwork burden too high
 Not enough low-income children enrolled.....
 Difficult to comply with meal requirements
 Unannounced site monitoring visits
 Serious deficiency process
 Meal reimbursement rates are too low.....
 Child care center lost license
 Other reason
 (Please specify)_____
- Don't know

44. Other than program reimbursement levels, what do you think are the two greatest barriers to increasing CACFP participation among child care centers? (Check 2 boxes)

- Paperwork burden for parent applications
 Other paperwork burden related to CACFP.....
 Application process is too complicated.....
 Takes too much time to apply and be approved..
 Centers' reluctance to participate in
 government programs
 Other
 (Please specify)_____

- Eligible centers already participate } **GO TO QUESTION 45**
 Don't know

- 44a. Do you have any suggestions for reducing or eliminating these barriers to CACFP participation?

- Yes
 No..... → **GO TO QUESTION 45**

- 44b. What are your suggestions for reducing or eliminating these barriers to CACFP participation?

45. Based on your experience, do you think any areas of the CACFP need to be improved?

- Yes
 No..... → **Thank you!**

45a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

**CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850**

Family Day Care Home Sponsor Survey Instrument

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

1. Is your organization a private not-for-profit or public agency?
 - Private not-for-profit
 - Public agency

2. Which of the following best describes your organization? (*Check one box*)
 - Social service agency
 - Child care agency
 - Charitable organization
 - Local education organization
 - School
 - College or university
 - Religious organization
 - Tribal organization
 - U.S. Military
 - Other
 - (Please specify) _____

3. In what year did your organization first become a CACFP sponsor for family day care homes?

|_|_|_|_|

4. In October 2014, how many family day care homes did your organization claim for CACFP?

Number of family day care homes |_|_|_|_|_|

5. What was your sponsorship's total administrative reimbursements from CACFP for sponsoring family day care homes in October 2014? (*Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.*)

\$ |_|_|_|_|_| , |_|_|_|_|_|

6. Approximately what percentage of your organization's total funding for administrative functions comes from CACFP administrative reimbursements for sponsoring family day care homes?

|_|_|_|_| %

7. Which of the following best describes the geographic area served by your CACFP sponsorship?
(Check one box)

Part of a town or city
 One or more towns or cities, but not an entire
 county.....
 An entire county
 A group of counties
 Entire state
 Other
 (Please specify) _____

- 7a. Approximately what percentage of the family day care homes that your organization sponsors are located in a tribal area?

|_|_|_|_| %

Don't know

8. In addition to the CACFP, does your organization manage or administer any other USDA food and nutrition programs?

Yes

No..... → **GO TO QUESTION 9**

- 8a. Which of the following USDA programs does your organization manage or administer?
(Check all that apply)

National School Lunch Program
 School Breakfast Program
 Summer Food Service Program
 Special Milk Program
 Fresh Fruits and Vegetables Program
 Special Supplemental Nutrition Program for
 Women, Infants and Children (WIC)
 Commodity Supplemental Food Program
 USDA Commodities Program
 The Emergency Food Assistance Program
 (TEFAP)
 Supplemental Nutrition Assistance Program
 (SNAP) Nutrition Education
 Other program
 (Please specify) _____

9. Does your organization administer or provide any services that are not funded by USDA?

Yes

No..... → **GO TO QUESTION 10**

- 9a. Which of the following types of non-USDA services does your organization administer or provide? (*Check all that apply*)

- Child care locator/finder
- Child care subsidies
- Child care staff training and professional development.....
- Technical assistance/coaching/mentoring for quality improvement.....
- Outside school hours program.....
- Home visiting.....
- Parent support and education.....
- Nutrition and/or health education
- Early intervention services (Part C for children with or at-risk of developmental disabilities)
- Community recreation program
- Adult day care program.....
- Domestic violence shelter
- Food pantry or soup kitchen
- Other
- (Please specify) _____

Training and Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in training and technical assistance provided by your State CACFP Agency and on what CACFP-related topics it would be helpful to receive more training or assistance.

10. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

- Yes
- No..... → **GO TO QUESTION 11**

- 10a. What was the format of this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

10b. What topics were covered in this training? *(Check all that apply)*

- CACFP meal requirements
 CACFP administrative requirements
 CACFP monitoring requirements
 Provider applications.....
 Preparing and filing monthly reimbursement
 claims
 Administrative reimbursement
 Tiering rules for family day care homes
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

10c. How satisfied are you with this training?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied

11. During the past 12 months, has your State CACFP Agency provided you or your staff any additional training?

- Yes
 No..... → **GO TO QUESTION 12**

11a. What was the most common format of this additional training? *(Check one box)*

- Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

11b. What topics were covered in this additional training? *(Check all that apply)*

- CACFP meal requirements
- CACFP administrative requirements
- CACFP monitoring requirements
- Provider applications.....
- Preparing and filing monthly reimbursement
claims
- Administrative reimbursement
- Tiering rules for family day care homes
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning.....
- Food preparation.....
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

11c. How satisfied are you with this additional training?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied

12. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

- Yes
- No..... → **GO TO QUESTION 13**

12a. On what topics did you receive technical assistance from your State CACFP Agency?
(Check all that apply)

- Menu planning/sample menus
- Staff training
- Recruitment and retention of family
day care homes.....
- Budgeting
- Computer support
- Other
- (Please specify) _____

12b. How satisfied are you with the technical assistance available from your State CACFP Agency?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied.....

13. Are there any food, nutrition, or other CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No..... → **GO TO QUESTION 14**

13a. On what topics would you like to receive more training or assistance? (*Check all that apply*)

- Menu planning/sample menus
 Staff training
 Recruitment and retention of family
 day care homes.....
 Budgeting
 Computer support
 Training our CACFP sites
 Networking with other sponsors in my
 state
 Other
 (Please specify) _____

Electronic Systems You Use for CACFP

This section asks about any electronic systems that you use to manage your CACFP claims.

14. Does your organization have an electronic system or systems to check CACFP reimbursement claims?

- Yes
 No..... → **GO TO QUESTION 15**

14a. Were any of the electronic systems you use for CACFP developed in house?

- Yes
 No.....

14b. Were any of the electronic systems you use for CACFP developed by your State CACFP Agency?

- Yes
 No.....

- 14c. Are any of the electronic systems you use commercial systems?
- Yes
 No..... → **GO TO QUESTION 15**
- 14d. What are the names of the commercial electronic systems you use for CACFP? (*Check all that apply*)
- Minute Menu
 Nutrition Manager.....
 Procure.....
 Child Watch.....
 ChildPlus
 AccuTrack
 Maggey Deluxe
 Other
 (Please specify) _____
- Don't know

CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. **Please do not include any of your organization's employees who work on-site at the family day care homes you sponsor.**

15. How many employees (counting part- and full-time staff equally) work in your organization?

Total number of employees |__|__|__|__|

- 15a. How many of these employees work on the CACFP on a regular basis?

Number of employees |__|__|__|

The following questions ask about turnover of the staff who worked on the CACFP on a regular basis in 2014.

16. Have any of the staff who worked on the CACFP on a regular basis in 2014 left your organization?

Yes
 No..... → **GO TO QUESTION 17**

- 16a. How many of these staff have left?

Number of staff..... |__|__|

- 16b. How many of these staff have been replaced?

Number of staff..... |__|__|

The next three questions ask about staff time spent on CACFP. For a typical month, please estimate the percentage of the total time spent by your staff on specific CACFP functions.

17. In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on processing claims and reimbursements?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

18. In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on monitoring and training?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

19. In a typical month, of the total time your staff spend on CACFP, of the total time your staff spend on CACFP, approximately what percentage is spent on outreach?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

20. Does your organization's CACFP employ anyone who has a degree or formal training in nutrition?

Yes
 No..... → **GO TO QUESTION 21**

- 20a. Are any of these individuals registered dietitians (R.D.) or registered dietitian nutritionists (RDN)?

Yes
 No.....
 Don't know

Training Your Organization's Staff on Tiering
--

21. When your organization trains your staff on how to assign family day care homes a tiering level, on which topics do you provide training? *(Check all that apply)*

- Informing new family day care homes about tiering
- Obtaining/using school boundary data.....
- Obtaining/using census tract data.....
- Reviewing provider income eligibility applications
- Reviewing provider eligibility for other means-tested programs
- Other topics.....
- (Please specify)_____
- We do not train staff on how to assign family day care homes a tiering level

Training Your Organization Provided for Family Day Care Homes
--

In this section, we are interested in the CACFP-related training your organization provided to family day care home providers during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

22. During the past 12 months, did your organization provide any CACFP-related training for family day care home providers you sponsor?

- Yes
- No..... → **GO TO QUESTION 23**

- 22a. What was the most common format that your organization used to provide CACFP training for family day care home providers? *(Check one box)*

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

- 22b. Thinking about a typical family day care home that you sponsor, how many times in the past 12 months did your organization provide CACFP training for that home?

Number of times..... |__|__|

22c. Which of the following topics were covered in your CACFP trainings for family day care home providers? (Check all that apply)

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement claims
- Tiering rules
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Sponsor monitoring visits
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

Monitoring Visits

This section is about CACFP monitoring visits conducted by your organization.

23. For a typical family day care home, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|

24. For a typical family day care home that is not a new CACFP site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit..... |__|__|

25. For a typical family day care home, approximately how many minutes is the average CACFP monitoring visit your organization conducts?

Number of minutes..... |__|__|__|

26. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? (Check 2 boxes)

- Child care license is current.....
- Health and safety guidelines followed.....
- A current enrollment record exists for each child present, including provider's own
- Children in attendance less than or equal to licensed capacity.....
- Food allergies documented.....
- Other
- (Please specify) _____

27. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? (Check 2 boxes)

- Existence and accuracy of daily attendance records
- Number of meals claimed compared to licensed capacity.....
- Meal counts are menus recorded daily
- 5-day reconciliation
- Menu exists for each meal claimed, including infant meals.....
- Menu production records are completed with quantities.....
- Infant menu complies with CACFP meal pattern requirements
- Food receipts support menu
- Other
- (Please specify) _____

28. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with family day care homes? (Check 2 boxes)

- Observed meal meets CACFP meal pattern requirements
- Appropriate type of milk served to children.....
- Drinking water available throughout the day.....
- Meals served match menu.....
- Time of day meals and snacks served.....
- Type of meal service (family style vs. plated)
- Safe food handling practices observed.....
- Food allergies accommodated.....
- Other
- (Please specify) _____

29. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits with family day care homes? (Check one box)

Follow-up on corrective actions taken for deficiencies

Ensure nutritious meals and snacks are being served

Combine training and technical assistance with monitoring

Check in to make certain that provider is pleased with the service provided by the sponsor

CACFP provider requested a sponsor visit for help with some issue

Other

(Please specify) _____

30. When your organization conducts monitoring visits with family day care homes, what are the three most common deficiencies found that require corrective action? (Check 3 boxes)

Submission of false information on the application

Submission of false claims for reimbursement

Simultaneous participation under more than one sponsoring organization

Non-compliance with CACFP meal pattern

Failure to keep required records

Failure to fill out menu production records correctly

Conduct or conditions that threaten the health or safety of a child (or children) in care

Water not available to children on request

Number of children present is more than provider's licensed capacity

Provider not present

Other

(Please specify) _____

31. Do you serve any family day care homes where the provider or staff do not speak English?

Yes

No → **GO TO QUESTION 32**

- 31a. Does your organization conduct any monitoring visits, reviews, or trainings in any languages other than English?

Yes

No

Satisfaction with State CACFP Agency

32. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
(Circle one number for each factor)

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application	1	2	3	4	5	-8	-9
b. Processing and payment of claims	1	2	3	4	5	-8	-9
c. Review of your organization.....	1	2	3	4	5	-8	-9
d. Annual contract renewal process, including budget and management plan renewal	1	2	3	4	5	-8	-9
e. Use of technology	1	2	3	4	5	-8	-9
f. Support of your organization's use of technology for the CACFP	1	2	3	4	5	-8	-9
g. Support for recruiting new family day care homes.....	1	2	3	4	5	-8	-9

Sponsors' Perceptions of the CACFP

33. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be the most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. *(Rank 3)*

	<u>Rank</u>
CACFP provides nutritious meals to children	__
CACFP teaches family day care home providers to plan and prepare nutritious meals..	__
CACFP feeds children who would otherwise have limited access to nutritious food	__
CACFP helps children develop healthy eating habits.....	__
CACFP keeps down the cost of child care	__
CACFP helps parents learn the importance of healthy eating.....	__
CACFP helps family day care homes to stay in business	__
CACFP is an important part of the social safety net for children and families	__
CACFP helps family day care home recruitment.	__

34. Overall, how would you rate your burden level to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 41
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

35. How would you rate the level of burden for your organization for performing CACFP enrollment activities?

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 36
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

35a. Thinking about the CACFP enrollment activities performed by your organization, which one do you find the most burdensome? (Check one box)

- Determining tiering status for family day care homes.....
- Processing parent income eligibility applications
- Processing new home applications.....
- Other
- (Please specify) _____

36. How would you rate the level of burden for your organization for performing CACFP claiming activities?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 37**

36a. Thinking about the CACFP activities related to claiming performed by your organization, which one do you find the most burdensome? (Check one box)

- Training providers on CACFP recordkeeping requirements
- Reviewing claims
- Preparing and filing monthly reimbursement claims
- Awaiting payment from the state.....
- Processing provider payments.....
- Other
- (Please specify) _____

37. How would you rate the level of burden for your organization to comply with CACFP menu requirements?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 38**

37a. Thinking about the activities related to the CACFP menu requirements performed by your organization, which one do you find the most burdensome? (Check one box)

- Training providers on CACFP meal pattern requirements
- Training providers on the allowable number of daily meals and snacks per child.....
- Reviewing provider menus.....
- Other
- (Please specify) _____

38. How would you rate the level of burden for your organization for performing activities related to CACFP monitoring?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 39**

38a. Thinking about the activities related to the CACFP monitoring performed by your organization, which one do you find the most burdensome? (Check one box)

- Conducting required monitoring visits.....
- Conducting 5-day reconciliations
- Following up on serious deficiencies
- Other
- (Please specify) _____

39. How would you rate the level of burden for your organization for performing CACFP recordkeeping?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 40**

- 39a. Thinking about the activities related to CACFP recordkeeping performed by your organization, which one do you find the most burdensome? (Check one box)

Completing annual budget and
management plan renewal process

Utilizing automated systems

Maintaining both paper and electronic
records

Inconsistent interpretation of federal
CACFP rules

Total CACFP paperwork

Other

(Please specify) _____

40. How would you rate the level of burden for your organization for performing outreach to new CACFP sites?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden

Very high burden

GO TO QUESTION 41

- 40a. Thinking about the CACFP outreach activities performed by your organization, which one do you find the most burdensome? (Check one box)

Identifying potential providers

Conducting pre-approval visits

Other

(Please specify) _____

41. Do you collect information from family day care home providers who have left your CACFP to determine the reasons why they left?

Yes

No → **GO TO QUESTION 42**

- 41a. How does your organization collect this information?

Questionnaires or other forms when
homes leave the program

Interviews with family day care home
providers when they leave the
program

Anecdotal information

Studies or evaluations

Other ways

(Please specify) _____

42. What do you think are the two most common reasons family day care homes leave the CACFP? (Check 2 boxes)

- Paperwork burden too high.....
- Not enough low-income children enrolled.....
- Difficult to comply with meal requirements
- Unannounced site monitoring visits
- Serious deficiency process
- Meal reimbursement rates are too low.....
- Family day care home closed
- Family day care home lost license.....
- Other reason
- (Please specify)_____
- Don't know

43. Other than program reimbursement levels, what do you think are the two greatest barriers to increasing CACFP participation among family day care homes? (Check 2 boxes)

- Paperwork burden for parent applications
- Other paperwork burden related to CACFP.....
- Application process is too complicated.....
- Takes too much time to apply and be approved..
- Providers' reluctance to participate in government programs
- Providers don't want people coming into their homes
- Other
- (Please specify)_____
- Eligible homes already participate
- Don't know

} **GO TO QUESTION 44**

43a. Do you have any suggestions for reducing or eliminating these barriers to CACFP participation?

- Yes
- No..... → **GO TO QUESTION 44**

43b. What are your suggestions for reducing or eliminating these barriers to CACFP participation?

44. Based on your experience, do you think any areas of the CACFP need to be improved?

- Yes
- No..... → **Thank you!**

44a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

**CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850**

Head Start Sponsor Survey Instrument

IMPORTANT: When completing this questionnaire, please consider BOTH Head Start AND Early Head Start centers that your organization sponsors in the Child and Adult Care Food Program (CACFP). If your organization sponsors only one type of program (i.e., EITHER Head Start OR Early Head Start), base your responses on the one type.

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

1. Is your organization a private nonprofit or public agency?
 - Private nonprofit
 - Public agency

2. Which of the following best describes your organization? *(Check one box)*
 - Social service agency
 - Head Start grantee, delegate agency, or
administering agency
 - Charitable organization
 - Local education agency
 - School
 - College or university.....
 - Religious organization.....
 - Tribal organization.....
 - U.S. Military
 - Other
 - (Please specify) _____

3. In what year did your organization first become a CACFP sponsor for Head Start and Early Head Start centers?
 - ____|____|____|____|
 - Don't know

4. In October 2014, how many total Head Start and Early Head Start centers did your organization claim for CACFP?
 - Number of Head Start and Early Head Start centers|____|____|____|

5. How much did your organization receive for all CACFP reimbursable meals and snacks served in Head Start and Early Head Start centers in October 2014? (*Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.*)

\$ |__|__|__| , |__|__|__|

6. Did your organization retain any of these meal reimbursements to offset the cost of administering the CACFP for these Head Start and Early Head Start centers?

Yes

No → **GO TO QUESTION 7**

- 6a. In October 2014, how much of these meal reimbursements did your organization retain to offset the cost of administering the CACFP for these Head Start and Early Head Start centers?

\$ |__|__|__| , |__|__|__|

- 6b. Approximately what percentage of your organization's total funding for administrative functions comes from money retained from CACFP meal reimbursements for Head Start and Early Head Start centers?

|__|__| %

7. Which of the following best describes the geographic area served by your sponsorship? (*Check one box*)

Part of a town or city

One or more towns or cities but not an entire county

An entire county

A group of counties

Entire state

Other

(Please specify) _____

8. Approximately what percentage of the Head Start and Early Head Start centers that your organization sponsors are located in a tribal area?

|__|__|__| %

Don't know

9. In addition to the CACFP, does your organization manage or administer any other USDA food and nutrition programs?

Yes

No → **GO TO QUESTION 10**

- 9a. Which of the following USDA programs does your organization manage or administer?
(Check all that apply)

- National School Lunch Program
- School Breakfast Program
- Summer Food Service Program
- Special Milk Program
- Fresh Fruits and Vegetables Program
- Special Supplemental Nutrition Program for
Women, Infants and Children (WIC)
- Commodity Supplemental Food Program
- USDA Commodities Program
- The Emergency Food Assistance Program
(TEFAP)
- Supplemental Nutrition Assistance Program
(SNAP) Nutrition Education
- Other program
(Please specify) _____

10. In addition to Head Start and Early Head Start, does your organization administer or provide any services that are not funded by USDA?

- Yes
- No → **GO TO QUESTION 11**

- 10a. Which of the following types of non-USDA funded services does your organization administer or provide? (Check all that apply)

- Child care locator/finder
- Child care subsidies
- Child care staff training and professional
development
- Technical assistance/coaching/mentoring for
quality improvement
- Outside school hours program
- Home visiting
- Parent support and education
- Nutrition and/or health education
- Early intervention services (Part C for children
with or at-risk of developmental disabilities)
- Community recreation program
- Adult day care program
- Domestic violence shelter
- Food pantry or soup kitchen
- Other
(Please specify) _____

Training and Technical Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in training and technical assistance provided by your State CACFP Agency and on what CACFP-related topics it would be helpful to receive more training or assistance.

11. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

Yes
 No..... → **GO TO QUESTION 12**

- 11a. What was the format of this training? (*Check one box*)

Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

- 11b. What topics were covered in this training? (*Check all that apply*)

CACFP meal requirements
 CACFP administrative requirements
 CACFP monitoring requirements
 Head Start categorical eligibility guidelines
 Preparing and filing monthly reimbursement
 claims
 Administrative reimbursement
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

- 11c. How satisfied are you with this training?

Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied

12. During the past 12 months, has your State CACFP Agency offered you or your staff any additional training?

- Yes
 No..... → **GO TO QUESTION 13**

12a. What was the most common format of this additional training? (*Check one box*)

- Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

12b. What topics were covered in this additional training? (*Check all that apply*)

- CACFP meal requirements
 CACFP administrative requirements
 CACFP monitoring requirements
 Head Start categorical eligibility guidelines
 Preparing and filing monthly reimbursement
 claims
 Administrative reimbursement
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

12c. How satisfied are you with this additional training?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied

13. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

Yes
 No → **GO TO QUESTION 14**

- 13a. On what topics did you receive technical assistance from your State CACFP Agency?
(Check all that apply)

Menu planning/sample menus
 Food vendor contracts
 Staff training
 Budgeting
 Computer support
 Other
 (Please specify) _____

- 13b. How satisfied are you with the technical assistance available from your State CACFP Agency?

Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

14. Are there any food, nutrition, or CACFP-related topics on which you would like to receive more training or assistance?

Yes
 No → **GO TO QUESTION 15**

- 14a. On what topics would you like to receive more training or assistance? *(Check all that apply)*

Menu planning/sample menus
 Food vendor contracts
 Staff training
 Budgeting
 Computer support
 Training our CACFP sites
 Networking with other sponsors in my
 state
 Other
 (Please specify) _____

Electronic Systems You Use for CACFP

This section asks about any electronic systems that you use to manage your CACFP claims.

15. Does your organization have an electronic system or systems to check CACFP reimbursement claims?

- Yes
- No..... → **GO TO QUESTION 16**

15a. Were any of the electronic systems you use for CACFP developed in house?

- Yes
- No.....

15b. Were any of the electronic systems you use for CACFP developed by your State CACFP Agency?

- Yes
- No.....

15c. Are any of the electronic systems you use commercial systems?

- Yes
- No..... → **GO TO QUESTION 16**

15d. What are the names of the commercial electronic systems you use for CACFP? (*Check all that apply*)

- Minute Menu
- Nutrition Manager.....
- Procure.....
- Child Watch.....
- ChildPlus
- AccuTrack
- Maggey Deluxe
- Other
- (Please specify) _____
- Don't know

CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. **Please do not include any or your organization's employees who work primarily on-site at the Head Start and Early Head Start centers you sponsor.**

16. How many employees (counting part- and full-time staff equally) work in your organization?

Total number of employees |__|__|__|__|

- 16a. How many of these employees work on the CACFP on a regular basis?

Number of employees |__|__|__|

The following questions ask about turnover of the staff who worked on CACFP on a regular basis in 2014.

17. Have any of the staff who worked on the CACFP on a regular basis in 2014 left your organization?

Yes

No → **GO TO QUESTION 18**

- 17a. Approximately how many of these staff have left?

Number of staff..... |__|__|

- 17b. How many of these staff have been replaced?

Number of staff..... |__|__|

The next three questions ask about staff time spent on CACFP. For a typical month, please estimate the percentage of the total time spent by your staff that is spent on specific CACFP functions.

18. In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on processing claims and reimbursements?

Less than 10%

10% - 25%.....

26% - 50%.....

51% - 75%.....

More than 75%.....

19. In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on monitoring and training?

- Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

20. Does your organization's CACFP employ anyone who has a degree or formal training in nutrition?

- Yes
 No..... → **GO TO QUESTION 21**

20a. Are any of these individuals registered dietitians (R.D.) or registered dietitian nutritionists (RDN)?

- Yes
 No.....
 Don't know

Training Your Organization Provided for Head Start and Early Head Start Centers

In this section, we are interested in the CACFP-related training your organization provided to Head Start and Early Head Start care center staff during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

21. During the past 12 months, did your organization provide any CACFP-related training for any of the staff at the Head Start and Early Head Start centers you sponsor?

- Yes
 No..... → **GO TO QUESTION 22**

21a. What types of Head Start and Early Head Start center staff received your CACFP-related training? (*Check all that apply*)

- Center administrators.....
 Classroom staff
 Food preparation staff
 Nutritionists (including RDs and RDNs) ..
 Other
 (Please specify) _____

21b. What was the most common format that your organization used to provide CACFP training for staff? (*Check one box*)

- Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

21c. Thinking about a typical Head Start and Early Head Start center that you sponsor, how many times during the past 12 months did your organization provide CACFP training for that center?

Number of times..... |__|__|

21d. Which of the following topics were covered in your CACFP trainings for Head Start and Early Head Start center staff? (*Check all that apply*)

- CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement claims
 Head Start categorical eligibility guidelines
 CACFP monitoring requirements
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

Monitoring Visits

This section is about CACFP monitoring visits conducted by your organization.

22. For a typical Head Start or Early Head Start center, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|

23. For a typical Head Start or Early Head Start center that is not a new CACFP site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit..... |__|__|

24. For a typical Head Start or Early Head Start center, approximately how many minutes is the average monitoring visit your organization conducts?

Number of minutes..... |__|__|__|

25. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

Child care license is current.....
 Health and safety guidelines followed.....
 A current enrollment record exists for each
 child present, including provider's own
 Children in attendance less than or equal to
 licensed capacity.....
 Food allergies documented.....
 Other
 (Please specify)_____

26. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

Existence and accuracy of daily attendance
 records
 Number of meals claimed compared to
 licensed capacity
 Meal counts and menus are recorded daily.....
 5-day reconciliation
 Menu exists for each meal claimed, including
 infant meals.....
 Menu production records are completed with
 quantities
 Infant menu complies with CACFP meal
 pattern requirements
 Food receipts support menu
 Other
 (Please specify)_____

27. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Observed meal meets CACFP meal pattern requirements
- Appropriate type of milk served to children.....
- Drinking water available throughout the day.....
- Meals served match menu.....
- Meals and snacks served match food available ..
- Time of day meals and snacks served.....
- Type of meal service (family style vs. plated)
- Safe food handling practices observed.....
- Food allergies accommodated.....
- Other
- (Please specify)_____

28. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits with Head Start and Early Head Start centers? (Check one box)

- Follow-up on corrective actions taken for deficiencies
- Ensure nutritious meals and snacks are being served
- Combine training and technical assistance with monitoring
- Check in to make certain that provider is pleased with the service provided by the sponsor
- Provider requested a sponsor visit for help with some issue.....
- Other
- (Please specify)_____

29. When your organization conducts monitoring visits with Head Start and Early Head Start centers, what are the three most common deficiencies found that require corrective action? (Check 3 boxes)

- Submission of false claims for reimbursement
- Simultaneous participation under more than one sponsoring organization.....
- Non-compliance with CACFP meal pattern
- Failure to keep required records
- Failure to fill out menu production records correctly.....
- Conduct or conditions that threaten the health or safety of a child (or children) in care.....
- Water not available to children on request
- Number of children present is more than Head Start center's licensed capacity
- Other
- (Please specify)_____

30. Do you serve any Head Start or Early Head Start centers where the staff do not speak English?

Yes
 No → **GO TO QUESTION 31**

30a. Does your organization conduct any monitoring visits, reviews or trainings in any languages other than English?

Yes
 No

Satisfaction with State CACFP Agency

31. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
 (Circle one number for each factor)

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application	1	2	3	4	5	-8	-9
b. Processing and payment of claims	1	2	3	4	5	-8	-9
c. Review of your organization..	1	2	3	4	5	-8	-9
d. Annual contract renewal process, including budget and management plan renewal .	1	2	3	4	5	-8	-9
f. Use of technology	1	2	3	4	5	-8	-9
g. Support of your organization's use of technology for the CACFP ...	1	2	3	4	5	-8	-9

Sponsors' Perceptions of the CACFP

32. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be the most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. (*Rank 3*)

	<u>Rank</u>
CACFP provides nutritious meals to children	__
CACFP teaches child care programs/providers to plan and prepare nutritious meals.....	__
CACFP feeds children who would otherwise have limited access to nutritious food	__
CACFP helps children develop healthy eating habits.....	__
CACFP keeps down the cost of child care	__
CACFP helps parents learn the importance of healthy eating.....	__
CACFP helps child care programs stay in business	__
CACFP is an important part of the social safety net for children and families	__

33. Overall, how would you rate your burden level to meet CACFP requirements? Think of burden as the amount of time and effort you have to put into meeting the requirements.

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 38
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

34. How would you rate the level of burden for your organization for performing CACFP claiming activities?

No burden at all.....	<input type="checkbox"/>	}	GO TO QUESTION 35
Very low burden	<input type="checkbox"/>		
Low burden	<input type="checkbox"/>		
Neither high nor low	<input type="checkbox"/>		
High burden.....	<input type="checkbox"/>		
Very high burden.....	<input type="checkbox"/>		

- 34a. Thinking about the CACFP activities related to claiming performed by your organization, which one do you find the most burdensome? (Check one box)

Training centers on CACFP
 recordkeeping requirements
 Reviewing claims
 Preparing and filing monthly
 reimbursement claims
 Awaiting payment from the state.....
 Processing provider payments.....
 Other
 (Please specify) _____

35. How would you rate the level of burden for your organization to comply with CACFP menu requirements?

No burden at all }
 Very low burden } **GO TO QUESTION 36**
 Low burden
 Neither high nor low
 High burden.....
 Very high burden.....

- 35a. Thinking about the activities related to the CACFP menu requirements performed by your organization, which one do you find the most burdensome? (Check one box)

Training centers on CACFP meal
 pattern requirements
 Training centers on the allowable
 number of daily meals and snacks
 per child.....
 Reviewing provider menus.....
 Other
 (Please specify) _____

36. How would you rate the level of burden for your organization for performing activities related to CACFP monitoring?

No burden at all }
 Very low burden } **GO TO QUESTION 37**
 Low burden
 Neither high nor low
 High burden.....
 Very high burden.....

- 36a. Thinking about the activities related to CACFP monitoring performed by your organization, which one do you find the most burdensome? (Check one box)

Conducting required monitoring visits.....
 Conducting 5-day reconciliations
 Following up on serious deficiencies
 Other
 (Please specify) _____

37. How would you rate the level of burden for your organization for performing CACFP recordkeeping?

- No burden at all.....
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 38**

37a. Thinking about the activities related to CACFP recordkeeping performed by your organization, which one do you find the most burdensome? (Check one box)

- Completing annual budget and management plan renewal process.....
- Utilizing automated systems
- Maintaining both paper and electronic records
- Inconsistent interpretation of federal CACFP rules
- Total CACFP paperwork
- Other
- (Please specify) _____

38. Based on your experience, do you think any areas of the CACFP need to be improved?

- Yes
- No..... → **Thank you!**

38a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850

Mixed Sponsor Survey Instrument

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

1. Is your organization a private not-for-profit, private for-profit, or is it a public agency, school or school district?

Private, not-for-profit
 Private, for-profit.....
 Public agency, school, or school district

2. Which of the following best describes your organization? *(Check one box)*

Social service agency
 Child care agency
 Head Start grantee, delegate agency, or
 administering agency
 Charitable organization
 Local education agency
 School
 College or university.....
 Religious organization.....
 Tribal organization.....
 U.S. Military
 YMCA or YWCA.....
 Other
 (Please specify)_____

3. In what year did your organization first become a CACFP sponsor?

|_|_|_|_|

4. How many adult day centers did your organization claim in October 2014?

Number of adult day centers..... |_|_|_|_|

5. Which of the following describes the geographic area served by your CACFP sponsorship? (Check one box)

- Part of a town or city
- One or more towns or cities, but not an entire county.....
- An entire county
- A group of counties
- Entire state
- Other
- (Please specify) _____

6. Approximately what percentage of the child care sites that your organization sponsors are located in a tribal area?

|_|_|_| %

7. In addition to the CACFP, does your organization participate in any other USDA food and nutrition programs?

- Yes
- No..... → **GO TO QUESTION 8**

7a. In which of the following USDA food and nutrition programs does your organization participate? (Check all that apply)

- National School Lunch Program
- School Breakfast Program
- Summer Food Service Program
- Special Milk Program
- Fresh Fruits and Vegetables Program
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Commodity Supplemental Food Program
- USDA Commodities Program
- The Emergency Food Assistance Program (TEFAP)
- Supplemental Nutrition Assistance Program (SNAP) Nutrition Education
- Other program
- (Please specify) _____

8. Does your organization administer or provide any services that are not funded by USDA?

- Yes
- No..... → **GO TO QUESTION 9**

- 8a. Which of the following types of non-USDA funded services does your organization administer or provide? (*Check all that apply*)

- Child care locator/finder
- Child care subsidies
- Child care staff training and professional development.....
- Technical assistance/coaching/mentoring for quality improvement.....
- Outside school hours program.....
- Home visiting.....
- Parent support and education.....
- Nutrition and/or health education
- Early intervention services (Part C for children with or at-risk of developmental disabilities)
- Community recreation program
- Adult day care program.....
- Domestic violence shelter
- Food pantry or soup kitchen
- Other
- (Please specify) _____

Training and Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in training and technical assistance provided by your State CACFP Agency and on what CACFP-related topics it would be helpful to receive more training or assistance.

9. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

- Yes
- No..... → **GO TO QUESTION 10**

- 9a. What was the format of this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

9b. What topics were covered in this training?

- CACFP meal requirements
 CACFP administrative requirements
 CACFP monitoring requirements
 Center and/or provider applications
 Preparing and filing monthly reimbursement
 claims
 Administrative reimbursement
 For-profit center eligibility
 Family/Child eligibility determination
 Tiering rules for family day care homes
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning
 Food preparation
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect
 Other
 (Please specify) _____

9c. How satisfied are you with this training?

- Very satisfied
 Satisfied
 Neither satisfied or dissatisfied
 Dissatisfied
 Very dissatisfied

10. During the past 12 months, has your State CACFP Agency provided you or your staff any additional training?

- Yes
 No → **GO TO QUESTION 11**

10a. What was the most common format of this training? (*Check one box*)

- Web-based
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

10b. What topics were covered in this additional training? *(Check all that apply)*

- CACFP meal requirements
- CACFP administrative requirements
- CACFP monitoring requirements
- Center and/or provider applications
- Preparing and filing monthly reimbursement
claims
- Administrative reimbursement
- For-profit center eligibility
- Family/Child eligibility determination
- Tiering rules for family day care homes
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

10c. How satisfied are you with this additional training?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

11. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

- Yes
- No → **GO TO QUESTION 12**

- 11a. On what topics did you receive technical assistance from your State CACFP Agency?
(Check all that apply)

Menu planning/sample menus
 Food vendor contracts
 Staff training
 Recruitment and retention of CACFP
 sites
 Budgeting assistance
 Computer support
 Other
 (Please specify) _____

- 11b. How satisfied are you with the technical assistance available from your State CACFP Agency?

Very satisfied.....
 Satisfied
 Neither satisfied or dissatisfied
 Dissatisfied.....
 Very dissatisfied

12. Are there any food, nutrition or CACFP-related topics on which you would like to receive more training or assistance?

Yes
 No..... → **GO TO QUESTION 13**

- 12a. On what topics would you like to receive more training or assistance? (Check all that apply)

Menu planning/sample menus
 Food vendor contracts
 Staff training
 Recruitment and retention of CACFP
 sites
 Budgeting
 Computer support
 Training our CACFP sites
 Networking with other sponsors in my
 state
 Other
 (Please specify) _____

Electronic Systems You Use for CACFP

This section asks about any electronic systems that you use to manage your CACFP claims.

13. Does your organization use an electronic system or systems to check CACFP reimbursement claims?

Yes
 No..... → **GO TO QUESTION 14**

- 13a. Were any of the electronic systems you use for CACFP developed in house?

Yes
 No.....

- 13b. Were any of the electronic systems you use for CACFP developed by your State CACFP Agency?

Yes
 No.....

- 13c. Are any of the electronic systems you use for CACFP commercial systems?

Yes
 No..... → **GO TO QUESTION 14**

- 13e. What are the names of the commercial automated systems you use for CACFP? (*Check all that apply*)

Minute Menu
 Nutrition Manager.....
 Procure.....
 Child Watch.....
 ChildPlus
 AccuTrack
 Maggey Deluxe
 Other
 (Please specify) _____

Don't know

CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. **Please do not include any of your organization's employees who work primarily at the sites you sponsor.**

14. How many employees (counting part- and full-time staff equally) work in your organization?

Total number of employees |__|__|__|__|

- 14a. How many of these employees work on the CACFP on a regular basis?

Number of employees |__|__|__|

- 14b. How many of these employees who work on the CACFP on a regular basis work with family day care homes?

Number of employees |__|__|__|

- 14c. How many of these employees who work on the CACFP on a regular basis work with child care centers?

Number of employees |__|__|__|

- 14d. How many of these employees who work on the CACFP on a regular basis work with Head Start centers?

Number of employees |__|__|__|

The following questions ask about turnover of the staff who worked on the CACFP on a regular basis in 2014.

15. Have any of the staff who worked on the CACFP on a regular basis in 2014 left your organization?

Yes

No → **GO TO QUESTION 16**

- 15a. How many of these staff have left?

Number of staff |__|__|

- 15b. How many of these staff have been replaced?

Number of staff |__|__|

The next three questions ask about staff time spent on CACFP. For a typical month, please estimate the percentage of the total time spent by your staff on specific CACFP functions.

16. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on processing claims and reimbursements?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

17. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on monitoring and training?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

18. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on outreach?

Less than 10%
 10% - 25%.....
 26% - 50%.....
 51% - 75%.....
 More than 75%.....

19. Does your organization's CACFP employ anyone who has a degree or formal training in nutrition?

Yes
 No..... → **GO TO QUESTION 20**

- 19a. Are any of these individuals registered dietitians (R.D.) or registered dietitian nutritionists (RDN)?

Yes
 No.....
 Don't know

Satisfaction with State CACFP Agency

20. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
(Circle one number for each factor)

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application	1	2	3	4	5	-8	-9
b. Processing and payment of claims	1	2	3	4	5	-8	-9
c. Review of your organization..	1	2	3	4	5	-8	-9
d. Annual contract renewal process, including budget and management plan renewal .	1	2	3	4	5	-8	-9
e. Use of technology	1	2	3	4	5	-8	-9
f. Support of your organization's use of technology for the CACFP	1	2	3	4	5	-8	-9
g. Support for recruiting new centers or family day care homes...	1	2	3	4	5	-8	-9

Sponsors' Perceptions of the CACFP

21. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be the most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. *(Rank 3)*

- | | <u>Rank</u> |
|---|-------------|
| CACFP provides nutritious meals to children | __ |
| CACFP teaches child care program and providers to plan and prepare nutritious meals.. | __ |
| CACFP feeds children who would otherwise have limited access to nutritious food | __ |
| CACFP helps children develop healthy eating habits..... | __ |
| CACFP keeps down the cost of child care | __ |
| CACFP helps parents learn the importance of healthy eating..... | __ |
| CACFP helps child care programs stay in business | __ |
| CACFP is an important part of the social safety net for children and families | __ |
| CACFP facilitates child care center or family day care home recruitment | __ |

22. Overall, how would you rate your burden level to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

- | | | | |
|----------------------------|--------------------------|---|--------------------------|
| No burden at all..... | <input type="checkbox"/> | } | GO TO QUESTION 29 |
| Very low burden | <input type="checkbox"/> | | |
| Low burden | <input type="checkbox"/> | | |
| Neither high nor low | <input type="checkbox"/> | | |
| High burden..... | <input type="checkbox"/> | | |
| Very high burden..... | <input type="checkbox"/> | | |

23. How would you rate the level of burden for your organization for performing CACFP enrollment activities?

- | | | | |
|----------------------------|--------------------------|---|--------------------------|
| No burden at all..... | <input type="checkbox"/> | } | GO TO QUESTION 24 |
| Very low burden | <input type="checkbox"/> | | |
| Low burden | <input type="checkbox"/> | | |
| Neither high nor low | <input type="checkbox"/> | | |
| High burden..... | <input type="checkbox"/> | | |
| Very high burden..... | <input type="checkbox"/> | | |

- 23a. Thinking about the CACFP enrollment activities performed by your organization, which one do you find the most burdensome? (Check one box)

Determining free/reduced and paid meal eligibility for children in child care centers

Processing parent income eligibility applications for family day care homes.

Determining tiering status for family day care homes.....

Processing new center or home applications

Other

(Please specify) _____

24. How would you rate the level of burden for your organization for performing CACFP claiming activities?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden.....

Very high burden.....

GO TO QUESTION 25

- 24a. Thinking about the CACFP activities related to claiming performed by your organization, which one do you find the most burdensome? (Check one box)

Training child care sites on CACFP recordkeeping requirements

Reviewing claims

Preparing and filing monthly reimbursement claims

Awaiting payment from the state.....

Processing provider payments.....

Other

(Please specify) _____

25. How would you rate the level of burden for your organization to comply with CACFP menu requirements?

No burden at all

Very low burden

Low burden

Neither high nor low

High burden.....

Very high burden.....

GO TO QUESTION 26

- 25a. Thinking about the activities related to the CACFP menu requirements performed by your organization, which one do you find the most burdensome?

Training child care sites on CACFP
meal pattern requirements

Training child care sites on the
allowable number of daily meals and
snacks per child

Reviewing provider menus.....

Other

(Please specify) _____

26. How would you rate the level of burden for your organization for performing activities related to CACFP monitoring?

No burden at all.....

Very low burden

Low burden

Neither high nor low

High burden.....

Very high burden.....

GO TO QUESTION 27

- 26a. Thinking about the activities related to CACFP monitoring performed by your organization, which one do you find the most burdensome?

Conducting required monitoring visits.....

Conducting 5-day reconciliations

Following up on serious deficiencies

Other

(Please specify) _____

27. How would you rate the level of burden for your organization for performing CACFP recordkeeping?

No burden at all.....

Very low burden

Low burden

Neither high nor low

High burden.....

Very high burden.....

GO TO QUESTION 28

27a. Thinking about the activities related to CACFP recordkeeping performed by your organization, which one do you find the most burdensome? (Check one box)

- Completing annual budget and management plan renewal process
- Utilizing automated systems
- Maintaining both paper and electronic records
- Inconsistent interpretation of federal CACFP rules
- Total CACFP paperwork
- Other
- (Please specify) _____

28. How would you rate the level of burden for your organization for performing outreach to new CACFP sites?

- No burden at all
 - Very low burden
 - Low burden
 - Neither high nor low
 - High burden.....
 - Very high burden.....
- } **GO TO QUESTION 29**

28a. Thinking about the CACFP outreach activities performed by your organization, which one do you find the most burdensome? (Check one box)

- Identifying potential sites.....
- Conducting pre-approval visits.....
- Other
- (Please specify) _____

29. Based on your experience, do you think any areas of the CACFP need to be improved?

- Yes
- No..... → **GO TO QUESTION 30**

29a. What suggestions do you have for improving CACFP?

Family Day Care Homes

30. In October 2014, did your organization sponsor any family day care homes?

- Yes
 No..... → **GO TO QUESTION 48 ON PAGE 21**

31. In October 2014, how many family day care homes did your organization claim for CACFP?

Number of family day care homes . |__|__|__|

32. What was your sponsorship’s total administrative reimbursements from CACFP for sponsoring family day care homes in October 2014? (Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.)

\$ |__|__|__| , |__|__|__|

33. Approximately what percentage of your organization’s total funding for administrative functions comes from CACFP administrative reimbursements for sponsoring family day care homes?

|__|__| %

Training Your Own Organization’s Staff on Tiering

34. When your organization trains your staff on how to assign family day care homes a tiering level, on which topics do you provide training? (Check all that apply)

- Informing new family day care homes about tiering
- Obtaining/using school boundary data.....
- Obtaining/using census tract data.....
- Reviewing provider income eligibility applications
- Reviewing provider eligibility for other means-tested programs
- Other topics
(Please specify)_____
- We do not train staff on how to assign family day care homes a tiering level

Training Your Organization Provided for Family Day Care Homes
--

In this section, we are interested in the CACFP-related training your organization provided to family day care homes during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

35. During the past 12 months, did your organization provide any CACFP related training for family day care home providers you sponsor?

Yes
 No..... → **GO TO QUESTION 36**

- 35a. What was the most common format that your organization used to provide CACFP training for family day care home providers? (*Check one box*)

Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

- 35b. Thinking about a typical family day care home that you sponsor, how many times in the past 12 months did your organization provide CACFP training for that home?

Number of times..... |__|__|

- 35c. Which of the following topics were covered in your CACFP trainings for family day care home providers? (*Check all that apply*)

CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement claims
 Tiering rules for family day care homes
 CACFP monitoring requirements
 Serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning
 Food preparation
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect
 Other
 (Please specify) _____

Monitoring Visits to Family Day Care Homes

This section is about CACFP monitoring visits your organization has conducted to family day care homes.

36. For a typical family day care home, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|

37. For a typical family day care home that is not a new site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit..... |__|__|

38. For a typical family day care home, approximately how many minutes is the average CACFP monitoring visit your organization conducts?

Number of minutes..... |__|__|__|

39. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? (*Check 2 boxes*)

- Child care license is current.....
- Health and safety guidelines followed.....
- A current enrollment record exists for each
child present, including provider's own
- Children in attendance less than or equal to
licensed capacity.....
- Food allergies documented.....
- Other
- (Please specify)_____

40. Which of the following are the two most important claiming-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? (Check 2 boxes)

Existence and accuracy of daily attendance records

Number of meals claimed compared to licensed capacity.....

Meal counts and menus are recorded daily.....

5-day reconciliation

Menu exists for each meal claimed, including infant meals.....

Menu production records are completed with quantities

Infant menu complies with CACFP meal requirements

Food receipts support menu

Other

(Please specify) _____

41. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with family day care homes? (Check 2 boxes)

Observed meal meets CACFP meal pattern requirements

Appropriate type of milk served to children.....

Drinking water available throughout the day.....

Meals served match menu.....

Time of day meals and snacks served.....

Type of meal service (family style vs. plated)

Safe food handling practices observed.....

Food allergies accommodated.....

Other

(Please specify) _____

42. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits with family day care homes? (Check one box)

Follow-up on corrective actions taken for deficiencies

Ensure nutritious meals and snacks are being served

Combine training and technical assistance with monitoring

Check in to make certain that provider is pleased with the service provided by the sponsor

CACFP provider requested a sponsor visit for help with some issue.....

Other

(Please specify) _____

43. When your organization conducts monitoring visits with family day care homes, what are the three most common deficiencies found that require corrective action? (Check 3 boxes)

- Submission of false information on the application
- Submission of false claims for reimbursement
- Simultaneous participation under more than one sponsoring organization
- Non-compliance with CACFP meal pattern
- Failure to keep required records
- Failure to fill out menu production records correctly
- Conduct or conditions that threaten the health or safety of a child (or children) in care
- Water not available to children on request
- Number of children present is more than provider's licensed capacity
- Provider not present
- Other
- (Please specify) _____

44. Do you serve any family day care homes where the provider or staff do not speak English?

- Yes
- No → **GO TO QUESTION 45**

- 44a. Does your organization conduct any monitoring visits, reviews, or trainings in any languages other than English?

- Yes
- No

Barriers to CACFP Participation for Family Day Care Homes

45. Do you collect information from family day care home providers who have left your CACFP to determine the reasons why they left?

- Yes
- No → **GO TO QUESTION 46**

- 45a. How does your organization collect this information?

- Questionnaires or other forms when homes leave the program
- Interviews with family day care home providers when they leave the program
- Anecdotal information
- Studies or evaluations
- Other ways
- (Please specify) _____

46. What do you think are two most common reasons family day care homes leave the CACFP?
(Check 2 boxes)

Paperwork burden too high.....
 Not enough low-income children enrolled.....
 Difficult to comply with meal requirements
 Unannounced site monitoring visits
 Serious deficiency process
 Meal reimbursement rates are too low.....
 Family day care home closed
 Family day care home lost license.....
 Other reason
 (Please specify)_____

47. Other than program reimbursement levels, what do you think are the two greatest barriers to increasing CACFP participation among family day care homes? (Check 2 boxes)

Paperwork burden for parent applications
 Other paperwork burden related to CACFP.....
 Application process is too complicated
 Takes too much time to apply and be approved..
 Providers' reluctance to participate in
 government programs
 Providers don't want people coming into their
 homes
 Other
 (Please specify)_____

Eligible homes already participate } **GO TO QUESTION 48**
 Don't know }

- 47a. Do you have any suggestions for reducing or eliminating these barriers to CACFP participation?

Yes
 No..... → **GO TO QUESTION 48**

- 47b. What are your suggestions for reducing or eliminating these barriers to CACFP participation?

Child Care Centers

48. In October 2014, did your organization sponsor any child care centers?

Yes
 No → **GO TO QUESTION 65 ON PAGE 27**

49. In October 2014, how many total sites did your organization claim for CACFP? Do not count any adult care CACFP sites or Head Start/Early Head Start centers that you might sponsor.

Total sites |__|__|__|

49a. How many of these sites were not-for-profit child care centers?

Nonprofit centers |__|__|__|

49b. How many of these sites were for-profit (Title XX) child care centers?

For-profit centers |__|__|__|

49c. How many of these sites were "outside of school hours" centers?

Number of centers |__|__|__|

49d. How many of these sites participated in the At-Risk CACFP?

Number of centers |__|__|__|

49e. How many of these sites were "emergency shelter" sites?

Number of centers |__|__|__|

50. How much did your organization receive for all CACFP reimbursable meals and snacks served in child care centers in October 2014? (Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.)

\$ |__|__|__| , |__|__|__|

51. Did your organization retain any of these meal reimbursements to offset the cost of administering the CACFP for these centers?

Yes
 No → **GO TO QUESTION 52**

- 51a. In October 2014, how much of these meal reimbursements did your organization retain to offset the cost of administering the CACFP for these centers?

\$ |__|__|__| , |__|__|__|

- 51b. Approximately what percentage of your organization's total funding for administrative functions comes from money retained from CACFP meal reimbursements for child care centers?

|__|__| %

Training Your Organization Provided for Child Care Centers

In this section, we are interested in the CACFP-related training your organization provided to child care center staff during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

52. During the past 12 months, did your organization provide any CACFP related training for any of the staff at the child care centers you sponsor?

Yes
 No → **GO TO QUESTION 53**

- 52a. What types of child care center staff received CACFP-related training? (*Check all that apply*)

Center administrators
 Classroom staff
 Food preparation staff
 Nutritionists (including RDs and RDNs) ..
 Other
 (Please specify) _____

- 52b. What was the most common format that your organization used to provide CACFP training for these staff? (*Check one box*)

Web-based
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

- 52c. Thinking about a typical child care center site that you sponsor, how many times during the past 12 months did your organization provide CACFP training for that site?

Times in past 12 months |__|__|

52d. Which of the following topics were covered in your CACFP trainings for child care center staff? (Check all that apply)

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement
claims
- Family/child eligibility determination
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

Monitoring Visits to Child Care Centers

This section is about CACFP monitoring visits your organization has conducted to child care centers.

53. For a typical child care center, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|

54. For a typical child care center that is not a new site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit |__|__|

55. For a typical child care center, approximately how many minutes is the average monitoring visit your organization conducts?

Number of minutes |__|__|__|

56. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Child care license is current.....
 Health and safety guidelines followed.....
 A current enrollment record exists for each
 child present, including provider's own
 Children in attendance less than or equal to
 licensed capacity.....
 Food allergies documented.....
 Other
 (Please specify)_____

57. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Existence and accuracy of daily attendance
 records
 Number of meals claimed compared to
 licensed capacity
 Meal counts and menus are recorded daily
 5-day reconciliation
 Menu exists for each meal claimed, including
 infant meals.....
 Menu production records are completed with
 quantities
 Infant menu complies with CACFP meal
 pattern requirements
 Food receipts support menu
 Other
 (Please specify)_____

58. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with child care centers? (Check 2 boxes)

Observed meal meets CACFP meal pattern
 requirements
 Appropriate type of milk served to children.....
 Drinking water available throughout the day.....
 Meals served match menu.....
 Meals and snacks served match food available ..
 Time of day meals and snacks served.....
 Type of meal service (family style vs. plated)
 Safe food handling practices observed.....
 Food allergies accommodated.....
 Other
 (Please specify)_____

59. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits to child care centers? (*Check one box*)

Follow-up on corrective actions taken for deficiencies

Ensure nutritious meals and snacks are being served

Combine training and technical assistance with monitoring

Check in to make certain that provider is pleased with the service provided by the sponsor

Provider requested a sponsor visit for help with some issue.....

Other

(Please specify)_____

60. When your organization conducts monitoring visits to child care centers, what are the three most common deficiencies found that requires corrective action? (*Check 3 boxes*)

Submission of false information on the application

Submission of false claims for reimbursement

Simultaneous participation under more than one sponsoring organization.....

Non-compliance with CACFP meal pattern

Failure to keep required records

Failure to fill out menu production records correctly.....

Conduct or conditions that threaten the health or safety of a child (or children) in care

Water not available to children on request

Number of children present is more than child care center's licensed capacity

Other

(Please specify)_____

61. Do you serve any child care centers where the provider or staff do not speak English?

Yes

No..... → **GO TO QUESTION 62**

- 61a. Does your organization conduct any monitoring visits, reviews or trainings in any languages other than English?

Yes

No.....

Barriers to CACFP Participation for Child Care Centers

62. Do you collect information from child care centers who have left your CACFP to determine the reasons why they left?

Yes
 No..... → **GO TO QUESTION 63**

- 62a. How does your organization collect this information?

Questionnaires or other forms when
 centers leave the program
 Interviews with center directors when
 they leave the program
 Anecdotal information
 Studies or evaluations.....
 Other ways
 (Please specify) _____

63. What do you think are the two most common reasons child care centers leave the CACFP?
 (Check 2 boxes)

Paperwork burden too high
 Not enough low-income children enrolled.....
 Difficult to comply with meal requirements
 Unannounced site monitoring visits
 Serious deficiency process
 Meal reimbursement rates are too low.....
 Child care center lost license
 Child care center closed
 Other reason
 (Please specify) _____
 Don't know

64. Other than program reimbursement levels, what do you think are the two greatest barriers to increasing CACFP participation among child care centers? (Check 2 boxes)

Paperwork burden for parent applications
 Other paperwork burden related to CACFP.....
 Application process is too complicated
 Takes too much time to apply and be approved..
 Centers' reluctance to participate in
 government programs
 Other
 (Please specify) _____
 Eligible centers already participate } **GO TO QUESTION 65**
 Don't know

64a. Do you have any suggestions for reducing or eliminating these barriers to CACFP participation?

Yes
No..... → GO TO QUESTION 65

64b. What are your suggestions for reducing or eliminating these barriers to CACFP participation?

Head Start/Early Head Start Centers

IMPORTANT: When completing the Head Start/Early Head Start sections, please consider BOTH Head Start AND Early Head Start centers that your organization sponsors in the Child and Adult Care Food Program (CACFP). If your organization sponsors only one type of program (i.e., EITHER Head Start OR Early Head Start), base your responses on the one type.

65. In October 2014, did your organization sponsor any Head Start or Early Head Start centers?

Yes
No..... → GO TO THANK YOU ON PAGE 32

66. In October 2014, how many Head Start and Early Head Start centers did your organization claim for CACFP?

Number of Head Start and Early
Head Start centers |__|__|__|

67. How much did your organization receive for all CACFP reimbursable meals and snacks served in Head Start and Early Head Start centers in October 2014? (*Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.*)

\$ |__|__|__| , |__|__|__|

68. Did your organization retain any of these meal reimbursements to offset the cost of administering the CACFP for these Head Start and Early Head Start centers?

Yes
No..... → GO TO QUESTION 69

- 68a. In October 2014, how much of these meal reimbursements did your organization retain to offset the cost of administering the CACFP for these Head Start centers?

\$ |__|__|__| , |__|__|__|

- 68b. Approximately what percentage of your organization's total funding for administrative functions comes from money retained from CACFP meal reimbursements for Head Start and Early Head Start centers?

|__|__| %

Training Your Organization Provided for Head Start and Early Head Start Centers

In this section, we are interested in the CACFP-related training your organization provided to Head Start and Early Head Start staff during the past 12 months. In your responses, **do not include an informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

69. During the past 12 months, did your organization provide any CACFP related training for any of the staff at the Head Start and Early Head Start centers you sponsor?

Yes
 No → **GO TO QUESTION 70**

- 69a. What types of Head Start and Early Head Start center staff received your CACFP-related training? (*Check all that apply*)

Center administrators
 Classroom staff
 Food preparation staff
 Nutritionists (including RDs and RDNs) ..
 Other
 (Please specify) _____

- 69b. What was the most common format that your organization used to provide CACFP training for these staff? (*Check one box*)

Web-based
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

- 69c. Thinking about a typical Head Start and Early Head Start center that you sponsor, how many times during the past 12 months did your organization provide CACFP training for that center?

Number of times |__|__|

69d. Which of the following topics were covered in your CACFP trainings for Head Start and Early Head Start center staff? *(Check all that apply)*

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement
claims
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

Monitoring Visits to Head Start Centers

This section is about CACFP monitoring visits your organization has conducted to Head Start and Early Head Start centers.

70. For a typical Head Start or Early Head Start center, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year |__|__|__|

71. For a typical Head Start or Early Head Start center that is not a new site, how many of the visits each year are announced before the visit?

Number of monitoring visits
announced before the visit |__|__|

72. For a typical Head Start or Early Head Start center, approximately how many minutes is the average monitoring visit your organization conducts?

Number of minutes |__|__|__|

73. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Child care license is current.....
- Health and safety guidelines followed.....
- A current enrollment record exists for each child present, including provider's own
- Children in attendance less than or equal to licensed capacity.....
- Food allergies documented.....
- Other
- (Please specify)_____

74. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Existence and accuracy of daily attendance records
- Number of meals claimed compared to licensed capacity
- Meal counts and menus are recorded daily
- 5-day reconciliation
- Menu exists for each meal claimed, including infant meals.....
- Menu production records are completed with quantities
- Infant menu complies with CACFP meal pattern requirements
- Food receipts support menu
- Other
- (Please specify)_____

75. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Observed meal meets CACFP meal pattern requirements
- Appropriate type of milk served to children
- Drinking water available throughout the day.....
- Meals served match menu.....
- Time of day meals and snacks served.....
- Type of meal service (family style vs. plated)
- Safe food handling practices observed.....
- Food allergies accommodated.....
- Other
- (Please specify)_____

76. Other than meeting CACFP monitoring requirements, what is the main reason that your organization conducts monitoring visits with Head Start and Early Head Start centers? (*Check one box*)

- Follow-up on corrective actions taken for deficiencies
- Ensure nutritious meals and snacks are being served
- Combine training and technical assistance with monitoring
- Check in to make certain that provider is pleased with the service provided by the sponsor
- Provider requested a sponsor visit for help with some issue.....
- Other
- (Please specify)_____

77. When your organization conducts monitoring visits to Head Start centers, what are the three most common deficiencies found that requires corrective action? (*Check 3 boxes*)

- Submission of false claims for reimbursement
- Simultaneous participation under more than one sponsoring organization
- Non-compliance with CACFP meal pattern
- Failure to keep required records
- Conduct or conditions that threaten the health or safety of a child (or children) in care
- Conduct or conditions that threaten the public health or safety.....
- Water not available to children on request
- Number of children present is more than Head Start center's licensed capacity
- Provider not present.....
- Other
- (Please specify)_____

78. Not including the first visit made to new sites, how often are CACFP monitoring visits provided to Head Start centers that you sponsor announced before the visit?

- Never.....
- Less than 1/3 of visits.....
- Between 1/3 - 2/3 of visits
- More than 2/3 of visits, but not always.....
- Always.....

79. Do you serve any Head Start and Early Head Start centers where the staff do not speak English?

- Yes
- No..... → **Thank you!**

79a. Does your organization conduct any monitoring visits, reviews, or trainings in any languages other than English?

- Yes
- No.....

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

**CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850**

Main Study Provider Instruments

Child Care Center Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think ONLY of the child care site at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with this site only.**
- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

Your Child Care Site's Initial Participation in CACFP

1. In what year did your child care site first begin participating in CACFP?

|_|_|_|_|

Don't know

2. Thinking back on when you first applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

Less than 7 days

1 week to 4 weeks.....

1 to 2 months

Longer than 2 months

Don't know

General Background on Your Child Care Site

3. Is the organization that administers your site private not-for-profit, for-profit, or is it a public agency, school or school district? (*Check one box*)

Private, not-for-profit

Private for-profit.....

Public agency, school, or school district

Don't know

4. Is your child care site licensed?

- Yes → **GO TO QUESTION 5**
- No.....
- Don't know

4a. Why does your child care site not have a license? (Check one box)

- We are license exempt
 - Just don't have a license.....
 - Don't know
- GO TO QUESTION 6**

5. How many total children is your child care site licensed to serve?

Number of children..... |__|__|

6. Which of the following age groups does your child care site serve? (Check all that apply)

- 0-12 months
- 1 and 2 years
- 3 through 5 years
- Older than 5 years.....

7. Do you and/or your staff refer any children in your care to other community services they may need?

- Yes
 - No.....
 - Don't know
- GO TO QUESTION 8**

7a. Which of the following services do you make referrals to? *(Check all that apply)*

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Health programs that provide medical, dental, vision, hearing or speech screening
- Therapeutic services such as speech therapy, occupational therapy or other services for children with special needs
- Health insurance
- Child welfare or family support services
- The Supplemental Nutrition Assistance Program or SNAP (previously referred to as the Food Stamp Program)
- Head Start/Early Head Start
- Emergency food assistance programs (such as food pantries, food banks, and soup kitchens) ..
- Housing or shelter services.....
- Other
- (Please specify) _____
- Don't know

Your Child Care Site Schedule

8. How many days of the week is your child care site usually open?

Number of days |__|

9. Does your site have split (a.m./p.m.) child care sessions?

- Yes → **GO TO QUESTION 9a**
- No..... → **GO TO QUESTION 10**

- 9a. Please fill out the table below for your site's **morning session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide morning session child care on a particular day of the week, please check "My site usually does not provide A.M. child care on that day."

Day of the Week	Start time (AM)	End time (AM/PM)	My site usually does not provide A.M. child care on that day
Monday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>

- 9b. Please fill out the table below for your site's **afternoon session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide afternoon session child care on a particular day of the week, please check "My site usually does not provide P.M. child care on that day."

Day of the Week	Start time	End time	My site usually does not provide P.M. child care on that day
Monday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Thursday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Friday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Saturday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Sunday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>

GO TO QUESTION 11

10. What hours does your site usually provide care for children each day of the week? If your site does not provide child care on a particular day of the week, please check “My site usually does not provide child care on that day.”

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site usually does not provide child care on that day
Monday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>

11. For all of Calendar Year 2014, how many weeks was your child care site scheduled to be open?

Number of weeks |_|_|

Enrollment at Your Child Care Site

12. In total, how many children are currently enrolled at your child care site? If your site has split sessions, please combine the enrollment from all sessions.

Number of children |_|_|_|

- 12a. How many children are enrolled for less than 30 hours per week?

Number of children |_|_|_|

- 12b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q12a, above.

Number of children |_|_|_|

- 12c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q12a and Q12b, above.

Child care site does not operate on weekends → **GO TO QUESTION 13**

Number of children..... |__|__|

Average Daily Attendance at Your Child Care Site

In answering the following set of questions, please think about actual child attendance during the past four weeks.

13. During the past four weeks, on a typical weekday how many enrolled children attended your child care site?

Number of children..... |__|__|__|

14. During the past four weeks, on a typical weekend day how many enrolled children attended your child care site?

Child care site does not operate on weekends → **GO TO QUESTION 15**

Number of children..... |__|__|__|

15. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for 5 or more days?

Number of children..... |__|__|__|

16. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for less than 5 days?

Number of children..... |__|__|__|

Meal Service and Menus at Your Child Care Site

Please answer the questions in this section about only the meals and menus at your child care site.

17. Which of the following meals does your child care site serve on weekdays? (*Check all that apply*)

Breakfast
 Morning snack.....
 Lunch
 Afternoon snack
 Supper.....
 Evening snack.....

18. Which of the following meals does your child care site serve on weekends? (Check all that apply)

- Child care site does not operate on weekends....
- Breakfast.....
- Morning snack.....
- Lunch
- Afternoon snack
- Supper.....
- Evening snack.....

19. Please provide the total number of each type of meal and snack that were claimed for your child care site for CACFP in October 2014.

- Breakfast..... |__|__|__|__|__|
- Morning snack..... |__|__|__|__|__|
- Lunch |__|__|__|__|__|
- Afternoon snack |__|__|__|__|__|
- Supper..... |__|__|__|__|__|
- Evening snack..... |__|__|__|__|__|

20. Please provide the total number of each type of meal and snack that your child care site served to the children in October 2014, but were not claimed for CACFP.

- Breakfast..... |__|__|__|__|__|
- Morning snack..... |__|__|__|__|__|
- Lunch |__|__|__|__|__|
- Afternoon snack |__|__|__|__|__|
- Supper..... |__|__|__|__|__|
- Evening snack..... |__|__|__|__|__|

21. Does your child care site have any infants who receive breast milk while in your care? (Check one box)

- We do not have any infants enrolled at our child care site
- Yes
- No.....

22. What are the sources of the menus used at your child care site? *(Check all that apply)*

- Our own staff.....
 CACFP sponsor's cycle menus
 CACFP State Agency.....
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify) _____

NOTE:

If you only checked one box in Q22, go to Q23. Otherwise, go to Q22a.

22a. What is the primary source of the menus used at your child care site? *(Check one box)*

- Our own staff.....
 CACFP sponsor's cycle menus
 CACFP State Agency
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify) _____

23. Are all, some, or none of the meals you serve prepared by another organization (e.g., a food bank, commercial food service vendor, or CACFP sponsor) and provided to your site as "ready to serve"? *(By "ready to serve" we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.)*

- All meals are provided to us by another organization "ready to serve"
 Some meals are provided to us "ready to serve" and some meals are prepared on site
 No meals are provided to us "ready to serve;" all meals are prepared at our site → **GO TO QUESTION 24**

23a. Where are most of the meals you serve prepared? *(Check one box)*

- At a central kitchen of my organization or my CACFP sponsor
 A local school that is not my sponsor.....
 A commercial food service vendor.....
 A local restaurant or delicatessen with a catering permit
 At a food bank or emergency kitchen
 At a homeless shelter
 At another community site
 Other
 (Please specify) _____

Languages Spoken at Your Child Care Site

24. Do any children currently enrolled at your child care site speak a language other than English?

Yes
 No..... } **GO TO QUESTION 25**
 Don't know

24a. Does your site have at least one person on staff who can speak the same language that these children speak?

Yes
 No.....

24b. What languages do you and your staff speak when talking with the children at your child care site? (*Check all that apply*)

English
 Spanish
 Chinese
 French/Haitian Creole
 Tagalog
 Vietnamese
 Korean.....
 German
 Russian
 Miao/Hmong.....
 Arabic
 Japanese.....
 Other language
 (Please specify) _____

24c. What is the main language you and your staff speak when talking with the children at your child care site? (*Check one box*)

English
 Spanish
 Chinese
 French/Haitian Creole
 Tagalog
 Vietnamese
 Korean.....
 German
 Russian
 Miao/Hmong.....
 Arabic
 Japanese.....
 Other language
 (Please specify) _____

Children with Special Dietary Needs

25. Do any children enrolled at your child care site have special dietary needs?

- Yes
- No.....
- Don't know } **GO TO QUESTION 26**

25a. What policies does your child care site have to accommodate these children's dietary needs? *(Check all that apply)*

- We require them to bring in a note from their medical provider documenting their special dietary needs.....
- We provide food substitutions for foods they cannot eat
- We modify the daily meal pattern as needed.....
- We maintain a nut-free environment in our child care program
- We allow children with special dietary needs to bring food from home.....
- Other
- (Please specify) _____

Staffing at Your Child Care Site

As with the other sections of this survey, please answer the questions in this section only for your individual child care site. **This is the site located at the address on the cover letter that came with the questionnaire.**

26. How many employees, including you, work at your child care site? (Please count part-time and full-time staff equally.)

Total number of employees |__|__|__|

27. What is the usual number of children per adult at this site at 10:00 a.m. on weekdays, for groups of 3 to 5 year olds?

Number of children per adult..... |__|__|

28. Is the number of children per adult different during weekends or evenings that your child care site is in operation?

- This child care site is not open weekends or evenings.....
- No, it is not different during weekends or evenings.....
- Yes, it is different during weekends or evenings . } **GO TO QUESTION 29**

- 28a. What is the usual number of children per adult for groups of 3 to 5 year olds served during weekends or evenings at this site?

Number of children per adult.... |__|__|

29. How many employees (counting part-time and full-time staff equally) at your child care site work on any of the following food service tasks: menu planning, food purchasing, food storage, food preparation, and/or food safety?

Number of employees |__|__|__|

None..... → **GO TO QUESTION 30**

- 29a. Among all of the employees that work on any of these food service tasks, how many have received training in food service as part of the mandatory annual CACFP training?

Number of employees |__|__|__|

- 29b. How many of these employees have received additional training in food service that was **not** part of the mandatory annual CACFP training?

Number of employees |__|__|__|

Internet Use at Your Child Care Site

30. Does your child care site have on-site access to the Internet?

Yes
 No.....
 Don't know }

GO TO QUESTION 32

31. Does your child care site usually submit CACFP meal claim forms on paper, electronically, or in both formats?

Submit only paper claims..... → **GO TO QUESTION 32**
 Submit only electronic claims.....
 Submit both paper and electronic claims

- 31a. Who developed the system your child care site uses to electronically submit CACFP claims? (*Check one box*).

Private source
 State CACFP Agency
 CACFP Sponsoring organization
 Don't know }

GO TO QUESTION 32

31b. What is the name of the system your child care site uses for submitting CACFP claims electronically?

- Minute Menu
- Procare.....
- CACFP.Net
- Other
- (Please specify) _____
- Don't know

How Child Care is Funded for Your Site

32. How many children enrolled at your child care site have some or all of their care paid for by state or local child care subsidies (e.g. in the form of vouchers for the child, or grants or contracts with your program)?

Number of children..... |__|__|__|

33. How many children enrolled in your child care site have some or all of their care paid for by their families, including those who pay co-payments?

Number of children..... |__|__|__|

None..... → **GO TO QUESTION 34**

33a. What is the highest rate your program currently charges a family to enroll one infant (less than one year old) full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

- Hour
- ½ day
- Full day
- Week.....
- Month.....
- Year
- Other.....
- (Please specify) _____

33b. What is the highest rate your program currently charges a family to enroll one child (age 1 year or older) full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

- Hour
- ½ day
- Full day
- Week.....
- Month.....
- Year
- Other.....
- (Please specify) _____

33c. Does your child care site offer any child care discounts to families that pay for their care?

Yes
 No..... → **GO TO QUESTION 34**

33d. On what basis does your child care site offer these discounts?

Family income
 More than one family member currently
 enrolled
 Another family member was previously
 enrolled
 Children of people that work at the child care
 site or sponsoring agency.....
 Other
 (Please specify) _____

34. Do you charge families for meals, separately from your basic child care fee?

Yes
 No.....

Training and Assistance Provided by Your Sponsoring Organization

In this section, we are interested in the training and other assistance that your CACFP sponsor provided to your child care site during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance.

35. During the past 12 months, did you and/or staff receive any training from your CACFP sponsor on CACFP issues?

Yes
 No..... → **GO TO QUESTION 36**

35a. During the past 12 months, what was the most common format that your CACFP sponsor used to provide this training? (*Check one box*)

Web-based.....
 In-person group classes or workshops ...
 One-on-one
 Other
 (Please specify) _____

35b. During the past 12 months, on what topics have you and/or your staff received training from your CACFP sponsor? (Check all that apply)

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement
claims
- Family/child income eligibility
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Using best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

35c. How satisfied are you with the training your child care site received from your CACFP sponsor?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

36. During the past 12 months, have you received any technical assistance from your CACFP sponsor?

- Yes
- No → **GO TO QUESTION 37**

36a. On what topics did you receive technical assistance from your CACFP sponsor? (Check all that apply)

- Menu planning/sample menus
- Food vendor contracts
- Staff training
- Budgeting
- Computer support
- Other
- (Please specify) _____

36b. How satisfied are you with the technical assistance available from your CACFP sponsor?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied.....

37. Are there any food, nutrition, or CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No..... → **GO TO QUESTION 38**

37a. On what topics would you like to receive more training or assistance from your CACFP sponsor? (*Check all that apply*)

- Menu planning/sample menus
 Food vendor contracts
 Staff training
 Budgeting
 Computer support
 Other
 (Please specify) _____

Training Provided by Your Site to Your Staff

In the following questions, we're interested in CACFP-related training that your site may have provided to your staff during the past 12 months (not training provided by your CACFP sponsor).

38. During the past 12 months, did your site provide any training to your staff on CACFP issues, such as meal patterns, nutrition, and eligibility for CACFP?

- Yes
 No.....
 Don't know } **GO TO QUESTION 39**

38a. During the past 12 months, how many training sessions were provided by your site to your staff on CACFP issues?

Number of training sessions
 on CACFP issues..... |__|__|

CACFP Monitoring Visits

39. During the past 12 months, how many times did your CACFP sponsor conduct a monitoring visit at your child care site?

Times during last 12 months..... |__|__| → **IF = 0, GO TO QUESTION 45**

40. How many of these monitoring visits were announced before the visit?

Number of monitoring visits
announced before the visit |__|__|

Don't know

41. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit |__|__|__|

42. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your site? (Check all that apply)

Child care license is current.....

Health and safety guidelines are followed

A current enrollment record exists for each
child.....

The number of children in attendance is less
than or equal to the licensed capacity

Food allergies are documented

Other

(Please specify)_____

43. During the past 12 months, which of the following claiming and menu-related topics were reviewed during a CACFP monitoring visit? (Check all that apply)

Existence and accuracy of daily attendance
records

Number of meals claimed compared to
licensed capacity.....

Recording of daily meal counts and menus

5-day reconciliation

Menus for each meal claimed, including
infant meals.....

Completion of menu production records
with quantities

Compliance of infant menus with CACFP meal
pattern requirements

Food receipts support the menu

Other

(Please specify)_____

44. During the past 12 months, which of the following meal-related topics were observed and/or reviewed during a CACFP monitoring visit? *(Check all that apply)*

- Observed meal meets CACFP meal pattern requirements
 - Appropriate type of milk is served to children.....
 - Drinking water is available throughout the day
 - Meals served match the menu
 - Time of day meals and snacks served is appropriate
 - Type of meal service (family style vs. plated)
 - Safe food handling practices.....
 - Food allergies are accommodated.....
 - Other
- (Please specify)_____

Your Satisfaction with CACFP

45. Please rate your level of satisfaction with your CACFP sponsoring organization on the following factors: *(Circle one number for each factor)*

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Availability of someone to help when needed.....	1	2	3	4	5	-8	-9
b. Turnaround time for payment of my claims.....	1	2	3	4	5	-8	-9
c. Review of my child care site	1	2	3	4	5	-8	-9
d. CACFP sponsor's use of technology	1	2	3	4	5	-8	-9
e. Support of my child care site's use of technology for the CACFP....	1	2	3	4	5	-8	-9

46. How satisfied are you with the CACFP meal reimbursement levels?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied
- Don't know

Your Perceptions of the CACFP

47. How does the money from CACFP reimbursements change the way your child care site provides services? (*Check all that apply*)

- We can care for more children
- We can serve more snacks or meals to children we serve
- We can serve higher quality meals
- We can improve the non-food related parts of our program
- We can lower the fees we charge for our program
- Other
- (Please specify) _____

48. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. (*Rank 3*)

- | | <u>Rank</u> |
|---|-------------|
| CACFP provides nutritious meals to children | __ |
| CACFP teaches me and my staff to plan and prepare nutritious meals | __ |
| CACFP feeds children who would otherwise have limited access to nutritious food | __ |
| CACFP helps children develop healthy eating habits..... | __ |
| CACFP keeps down the cost of child care | __ |
| CACFP helps parents learn the importance of healthy eating..... | __ |
| CACFP helps child care programs stay in business | __ |
| CACFP is an important part of the social safety net for children and families | __ |

49. Overall, how would you rate your child care site's level of burden to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

Very low burden
 Low burden
 Neither high nor low
 High burden.....
 Very high burden.....

50. Did you ever consider leaving CACFP?

Yes
 No..... } **GO TO QUESTION 51**
 Don't know

- 50a. What are the two main reasons you considered leaving CACFP? (*Check 2 boxes*)

Paperwork burden too high.....
 Not enough low-income children enrolled in
 my program
 Difficult to comply with meal requirements
 Unannounced site monitoring visits
 Serious deficiency process
 Not enough support from my CACFP
 sponsoring organization.....
 Meal reimbursement rates too low
 Other
 (Please specify) _____

Suggestions for Improving CACFP

51. Do you have any suggestions for improving the program support and oversight provided by your CACFP sponsoring organization?

Yes
 No..... → **GO TO QUESTION 52**

51a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP sponsoring organization? (Check all that apply)

- Offer better feedback during monitoring visits
 - Provide more timely feedback on results of monitoring visits
 - Provide clearer information about follow-up actions I need to take after a monitoring visit
 - Provide clearer information about what constitutes a serious deficiency
 - Provide clearer information about the appeals process for serious deficiency notices
 - Provide better training on CACFP rules and responsibilities.....
 - Process reimbursements for claims in a more timely fashion
 - Focus monitoring visits on teaching not just enforcement
 - Make monitoring visits less invasive
 - Other
- (Please specify)_____

52. Based on your experience, do you think any other areas of the CACFP need to be improved?

- Yes
- No..... → **Thank you!**

52a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850

Family Day Care Home Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think of the family day care home at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with this site only.**
- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

Your Family Day Care Home's Initial Participation in CACFP

1. In what year did you first begin participating in CACFP?

|_|_|_|_|_|

Don't know

2. Thinking back on when you first applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

Less than 7 days

1 week to 4 weeks.....

1 to 2 months

Longer than 2 months

Don't know

General Background on Your Family Day Care Home

3. Is your family day care home licensed?

Yes → **GO TO QUESTION 4**

No.....

Don't know

3a. Why does your home not have a license? (Check one box)

- I am license exempt
 - Just don't have a license.....
 - Don't know
- GO TO QUESTION 5**

4. How many total children is your family day care home licensed to serve?

Number of children..... |__|__|

5. Which of the following age groups does your family day care home serve? (Check all that apply)

- 0-12 months
- 1 and 2 years
- 3 through 5 years
- Older than 5 years.....

6. Do you refer any children in your care to other community services they may need?

- Yes
 - No.....
 - Don't know
- GO TO QUESTION 7**

6a. Which of the following services do you make referrals to? (Check all that apply)

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Health programs that provide medical, dental, vision, hearing or speech screening
- Therapeutic services (such as speech therapy, occupational therapy or other services for children with special needs)
- Health insurance
- Child welfare or family support services
- The Supplemental Nutrition Assistance Program or SNAP (previously referred to as the Food Stamp Program)
- Head Start/Early Head Start
- Emergency food assistance programs (such as food pantries, food banks and soup kitchens) ...
- Housing or shelter services.....
- Other
- (Please specify) _____
- Don't know

Your Family Day Care Home Schedule

7. How many days of the week is your family day care home usually open?

Number of days |__|

8. What hours does your family day care home usually provide care for children each day of the week? If you do not provide care on a particular day of the week, please check "My family day care home usually does not provide child care on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My family day care home usually does not provide child care on that day
Monday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>

9. For all of Calendar Year 2014, how many weeks was your family day care home scheduled to be open?

Number of weeks |__|

Child Enrollment at Your Family Day Care Home

10. In total, how many children are currently enrolled at your family day care home?

Number of children |__|

10a. How many children are enrolled for less than 30 hours per week?

Number of children..... |__|__|

- 10b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q10a, above.

Number of children..... |__|__|

- 10c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q10a and Q10b, above.

Family day care home does not
operate on weekends..... → **GO TO QUESTION 11**

Number of children..... |__|__|

Average Daily Attendance at Your Family Day Care Home
--

In answering the following set of questions, please think about actual child attendance during the past four weeks.

11. During the past four weeks, on a typical weekday how many enrolled children attended your family day care home (either full-time or part-time)?

Number of children..... |__|__|

12. During the past four weeks, on a typical weekend day how many enrolled children attended your family day care home (either full-time or part-time)?

My family day care home does not operate on
weekends → **GO TO QUESTION 13**

Number of children..... |__|__|

13. Think about a typical week during the past four weeks. How many enrolled children attended your family day care home for 5 or more days?

Number of children..... |__|__|

14. Think about a typical week during the past four weeks. How many enrolled children attended your family day care home for less than 5 days?

Number of children..... |__|__|

Meal Service and Menus at Your Family Day Care Home
--

15. Which of the following meals do you serve to the children in your care on weekdays? (Check all that apply)

Breakfast
 Morning snack
 Lunch
 Afternoon snack
 Supper
 Evening snack

16. Which of the following meals do you serve to the children in your care on weekends? (Check all that apply)

Family day care home does not operate on weekends
 Breakfast
 Morning snack
 Lunch
 Afternoon snack
 Supper
 Evening snack

17. Please provide the total number of each type of meal and snack you claimed for CACFP in October 2014?

Breakfast |__|__|__|
 Morning snack |__|__|__|
 Lunch |__|__|__|
 Afternoon snack |__|__|__|
 Supper |__|__|__|
 Evening snack |__|__|__|

18. Please provide the total number of each type of meal and snack that were served to the children at your family day care home in October 2014, but were not claimed for CACFP?

Breakfast |__|__|__|
 Morning snack |__|__|__|
 Lunch |__|__|__|
 Afternoon snack |__|__|__|
 Supper |__|__|__|
 Evening snack |__|__|__|

19. Are any of the children whose meals you claim for CACFP your own children?

- Yes
 No..... → **GO TO QUESTION 20**

19a. For your own children whose meals you claim, please provide the number who fall into each age category below.

Number of Your Children

- 0 – 12 months |__|
 1 and 2 years |__|
 3 through 5 years |__|
 Older than 5 years |__|

20. Do you have any infants who receive breast milk while in your care? (*Check one box*)

- I do not have any infants enrolled at my family
 day care home
 Yes
 No.....

21. What are the sources of the menus used in your family day care home? (*Check all that apply*)

- Menus developed by me or my staff
 CACFP sponsor's cycle menus
 CACFP State Agency.....
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify) _____

NOTE:

If you only checked one box in Q21, go to Q22. Otherwise, go to Q21a.

21a. What is the primary source of the menus used in your child care site? (*Check one box*)

- Menus developed by me or my staff
 CACFP sponsor's cycle menus
 CACFP State Agency
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify) _____

Languages Spoken at Your Family Day Care Home

22. Do any children currently enrolled at your family day care home speak a language other than English?

- Yes
 - No.....
 - Don't know
- } **GO TO QUESTION 23**

22a. What languages do you and your staff speak when talking with the children at your family day care home? (*Check all that apply*)

- English
- Spanish
- Chinese
- French/Haitian Creole
- Tagalog
- Vietnamese
- Korean.....
- German
- Russian
- Miao/Hmong.....
- Arabic
- Japanese.....
- Other language
- (Please specify) _____

22b. What is the main language you and your staff speak when talking with the children at your family day care home? (*Check all that apply*)

- English
- Spanish
- Chinese
- French/Haitian Creole
- Tagalog
- Vietnamese
- Korean.....
- German
- Russian
- Miao/Hmong.....
- Arabic
- Japanese.....
- Other language
- (Please specify) _____

Children with Special Dietary Needs
--

23. Do any children at your family day care home have special dietary needs?

- Yes
- No..... } **GO TO QUESTION 24**
- Don't know

23a. What do you do to accommodate these children's dietary needs? (*Check all that apply*)

- I require them to bring in a note from their medical provider documenting their special dietary needs.....
- I provide food substitutions for foods they cannot eat
- I modify the daily meal pattern as needed
- I maintain a nut-free environment in my child care program
- I allow children with special dietary needs to bring food from home.....
- Other
- (Please specify) _____

Internet Use and Submission of CACFP Claims
--

24. Do you have on-site access to the Internet at your family day care home?

- Yes
- No..... } **GO TO QUESTION 26**
- Don't know

25. Do you usually submit your CACFP meal claim forms on paper, electronically, or in both formats?

- Submit only paper claims..... → **GO TO QUESTION 26**
- Submit only electronic claims.....
- Submit both paper and electronic claims

25a. Who developed the system you use to electronically submit CACFP claims? (*Check one box*)

- Private source
- State CACFP Agency } **GO TO QUESTION 26**
- CACFP Sponsoring organization
- Don't know

25b. What is the name of the system you use for submitting CACFP claims electronically?

- Minute Menu
- Procare.....
- CACFP.Net
- Other
- (Please specify) _____
- Don't know

How Child Care is Funded for Your Family Day Care Home

26. How many children enrolled in your family day care home have some or all their care paid for by state or local child care subsidies (e.g., in the form of vouchers for the child, or grants or contracts with your program)?

Number of children..... |__|__|

27. How many children enrolled in your family day care home have some or all their care paid for by their families, including those who pay co-payments?

Number of children..... |__|__|

None..... → **GO TO QUESTION 28**

27a. What is the highest rate you charge families for one infant (less than one year old) to attend full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

- Hour
- ½ day
- Full day
- Week.....
- Month.....
- Year
- Other
- (Please specify) _____

27b. What is the highest rate you charge families for one child (age 1 year or older) to attend full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

- Hour
- ½ day
- Full day
- Week.....
- Month.....
- Year
- Other
- (Please specify) _____

27c. Do you offer any discounts to families that pay for their care?

- Yes
 No..... → **GO TO QUESTION 28**

27d. On what basis do you offer these discounts?

- Family income
 More than one family member currently
 enrolled
 Another family member was previously
 enrolled
 Children of people that work at my family day
 care home or at the sponsoring agency
 Other
 (Please specify) _____

28. Do you charge families for meals, separately from your basic child care fee?

- Yes
 No.....

Training and Assistance Provided by Your CACFP Sponsoring Organization

In this section, we are interested in the training and other assistance that your CACFP sponsor provided to your family day care home during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance..

29. During the past 12 months, did you and/or your staff receive any training from your CACFP sponsor on CACFP issues?

- Yes
 No..... → **GO TO QUESTION 30**

29a. During the past 12 months, what was the most common format that your CACFP sponsor used to provide staff this training? (*Check one box*)

- Web-based.....
 In-person group classes or workshops ...
 Self-Study.....
 One-on-one
 Other
 (Please specify) _____

29b. During the past 12 months, on what topics have you and/or your staff received training from your CACFP sponsor? (Check all that apply)

- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement claims
- Tiering rules
- CACFP monitoring requirements
- Defining serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Appeals process for serious deficiencies
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Sponsor monitoring visits
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

29c. How satisfied are you with the training you received from your CACFP sponsor?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

30. During the past 12 months, have you received any technical assistance from your CACFP sponsor?

- Yes
- No → **GO TO QUESTION 31**

30a. On what topics did you receive technical assistance from your CACFP sponsor? (Check all that apply)

- Menu planning/sample menus
- Budgeting
- Computer support
- Other
- (Please specify) _____

30b. How satisfied are you with the technical assistance available from your CACFP sponsor?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied.....

31. Are there any food, nutrition, or CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No..... → **GO TO QUESTION 32**

31a. On what topics would you like to receive more training or assistance from your CACFP sponsor? *(Check all that apply)*

- CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement
 claims
 Tiering rules
 CACFP monitoring requirements
 Defining serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Appeals process for serious deficiencies
 Food purchasing
 Menu planning/sample menus
 Food preparation.....
 Food safety/food service operations
 Budgeting
 Computer support
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Sponsor monitoring visits.....
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

CACFP Monitoring Visits

32. During the past 12 months, how many times did your CACFP sponsor conduct a monitoring visit at your family day care home?

Times during last 12 months..... |__|__| → **IF = 0, GO TO QUESTION 38**

33. How many of these monitoring visits were announced before the visit?

Number of monitoring visits
announced before the visit |__|__|

Don't know

34. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit |__|__|

35. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your family day care home? (Check all that apply)

Child care license is current.....

Health and safety guidelines are followed

A current enrollment record exists for each
child present, including provider's own

The number of children in attendance is less
than or equal to the licensed capacity

Food allergies are documented

Other

(Please specify)_____

36. During the past 12 months, which of the following claiming and menu-related topics were reviewed during a CACFP monitoring visit? (Check all that apply)

Existence and accuracy of daily attendance
records

Number of meals claimed compared to
licensed capacity.....

Recording of daily meal counts and menus.....

5-day reconciliation

Menus for each meal claimed, including infant
meals.....

Completion of menu production records with
quantities.....

Compliance of infant menus with CACFP meal
pattern requirements

Food receipts support the menu

Other

(Please specify)_____

37. During the past 12 months, which of the following menu-related topics were reviewed and/or observed during a CACFP monitoring visit? *(Check all that apply)*

- Observed meal meets CACFP meal pattern requirements
- Appropriate type of milk is served to children
- Drinking water is available throughout the day
- Meals served match the menu
- Time of day meals and snacks are served is appropriate
- Type of meal service (family style vs. plated)
- Safe food handling practices
- Food allergies are accommodated
- Other
- (Please specify) _____

Your Satisfaction with the CACFP

38. Please rate your level of satisfaction with your CACFP sponsoring organization on the following factors: *(Circle one number for each factor)*

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Availability of someone to help when needed	1	2	3	4	5	-8	-9
b. Turnaround time for payment of my claims	1	2	3	4	5	-8	-9
c. Review of my family day care home	1	2	3	4	5	-8	-9
d. CACFP sponsor's use of technology	1	2	3	4	5	-8	-9
e. Support of my family day care home's use of technology for the CACFP	1	2	3	4	5	-8	-9

39. How satisfied are you with the CACFP meal reimbursement levels?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied
- Don't know

Your Perceptions of the CACFP

40. How does the money from CACFP reimbursements change the way your day care home provides services? (*Check all that apply*)

- We can care for more children
- We can serve more snacks or meals to children
we serve.....
- We can serve higher quality meals
- We can improve the non-food related parts of
our program.....
- We can lower the fees we charge for our
program
- Other
- (Please specify)_____

41. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. (*Rank 3*)

- | | <u>Rank</u> |
|--|-------------|
| CACFP provides nutritious meals to children | __ |
| CACFP teaches me and my staff to plan and
prepare nutritious meals | __ |
| CACFP feeds children who would otherwise
have limited access to nutritious food | __ |
| CACFP helps children develop healthy eating
habits..... | __ |
| CACFP keeps down the cost of child care | __ |
| CACFP helps parents learn the importance of
healthy eating..... | __ |
| CACFP helps child care programs stay in
business | __ |
| CACFP is an important part of the social safety
net for children and families | __ |

42. Overall, how would you rate your level of burden to meet CACFP requirements? Think of burden as the amount of time and effort you put into meeting the requirements.

Very low burden
 Low burden
 Neither high nor low
 High burden.....
 Very high burden.....

43. Did you ever consider leaving CACFP?

Yes
 No..... } **GO TO QUESTION 44**
 Don't know

- 43a. What are the two main reasons you considered leaving CACFP? (Check 2 boxes)

Paperwork burden too high.....
 Not enough low-income children enrolled in my
 program.....
 Difficult to comply with meal requirements
 Unannounced site monitoring visits
 Serious deficiency process
 Not enough support from my CACFP
 sponsoring organization.....
 Meal reimbursement rates too low.....
 Other
 (Please specify) _____

Suggestions for Improving CACFP

44. Do you have any suggestions for improving the program support and oversight provided by your CACFP sponsoring organization?

Yes
 No..... → **GO TO QUESTION 45**

44a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP sponsoring organization? (*Check all that apply*)

- Offer better feedback during monitoring visits
 - Provide more timely feedback on results of monitoring visits
 - Provide clearer information about follow-up actions I need to take after a monitoring visit
 - Provide clearer information about what constitutes a serious deficiency
 - Provide clearer information about the appeals process for serious deficiency notices
 - Provide better training on CACFP rules and responsibilities.....
 - Process reimbursements for claims in a more timely fashion
 - Focus monitoring visits on teaching not just enforcement
 - Make monitoring visits less invasive
 - Other
- (Please specify)_____

45. Based on your experience, do you think any other areas of the CACFP need to be improved?

- Yes
- No..... → **Thank you!**

45a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850

Head Start Center Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think of the Head Start and/or Early Head Start site at the address listed in the cover letter that came with the questionnaire packet. Base your answers on your experiences with this site only.**
- **Please consider BOTH Head Start AND Early Head Start classes when responding. If your site has only one type of program (i.e., EITHER Head Start OR Early Head Start), base your responses on the one type.**
- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

Your Head Start/Early Head Start Site's Initial Participation in CACFP

1. In what year did your Head Start/Early Head Start site first begin participating in CACFP?

|_|_|_|_|_|

Don't know

2. Thinking back on when you first applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

Less than 7 days

1 week to 4 weeks.....

1 to 2 months

Longer than 2 months

Don't know

General Background on Your Head Start/Early Head Start Site

3. Is the organization that administers your site a private not-for-profit organization or is it run by a public agency? *(Check one box)*

Private, not-for-profit

Public agency.....

Don't know

4. How many total children is your Head Start/Early Head Start site licensed to serve?

Number of children..... |__|__|__|

5. Which of the following age groups does your Head Start/Early Head Start site serve? *(Check all that apply)*

0-12 months
 1 and 2 years
 3 through 5 years
 Older than 5 years.....

6. Do you and/ or your staff refer any children in your care to other community services they may need?

Yes
 No..... } **GO TO QUESTION 7**
 Don't know

- 6a. Which of the following services do you make referrals to? *(Check all that apply)*

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
 Health programs that provide medical, dental, vision, hearing or speech screening
 Therapeutic services such as speech therapy, occupational therapy or other services for children with special needs
 Health insurance
 Child welfare or family support services
 The Supplemental Nutrition Assistance Program or SNAP (previously referred to as the Food Stamp Program)
 Head Start/Early Head Start
 Emergency food assistance programs (such as food pantries, food banks, and soup kitchens) ..
 Housing or shelter services.....
 Other
 (Please specify) _____
 Don't know

Your Head Start/Early Head Start Site Schedule

7. How many days of the week is your Head Start/Early Head Start site usually open?

Number of days..... |__|

8. Does your site have split (a.m./p.m.) Head Start/Early Head Start sessions?

Yes → **GO TO QUESTION 8a**No → **GO TO QUESTION 9**

- 8a. Please fill out the table below for your site's **morning session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide morning session child care on a particular day of the week, please check "My site usually does not provide A.M. child care on that day."

Day of the Week	Start time (AM)	End time (AM/PM)	My site usually does not provide A.M. child care on that day
Monday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>

- 8b. Please fill out the table below for your site's **afternoon session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide afternoon session child care on a particular day of the week, please check "My site usually does not provide P.M. child care on that day."

Day of the Week	Start time	End time	My site usually does not provide P.M. child care on that day
Monday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Thursday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Friday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Saturday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Sunday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>

GO TO QUESTION 10

9. What hours does your Head Start/Early Head Start site usually provide care for children each day of the week? If your site does not provide child care on a particular day of the week, please check "My site usually does not provide child care on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site usually does not provide child care on that day
Monday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>

10. For all of Calendar Year 2014, how many weeks was your Head Start/Early Head Start site scheduled to be open?

Number of weeks |_|_|

Enrollment at Your Head Start/Early Head Start Site

11. In total, how many children are currently enrolled at your Head Start/Early Head Start site? If your site has split sessions, please combine the enrollment from all sessions.

Number of children |_|_|_|

- 11a. How many children are enrolled for less than 30 hours per week?

Number of children |_|_|_|

- 11b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q11a, above.

Number of children |_|_|_|

- 11c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q11a and Q11b, above.

Site does not operate on weekends..... → **GO TO QUESTION 12**

Number of children..... |__|__|

Average Daily Attendance at Your Head Start/Early Head Start Site
--

In answering the following set of questions, please think about actual child attendance during the past four weeks.

12. During the past four weeks, on a typical weekday how many enrolled children attended your Head Start/Early Head Start site?

Number of children..... |__|__|__|

13. During the past four weeks, on a typical weekend day how many enrolled children attended your Head Start/Early Head Start site?

Site does not operate on weekends..... → **GO TO QUESTION 14**

Number of children..... |__|__|__|

14. Think about a typical week during the past four weeks. How many enrolled children attended your Head Start/Early Head Start site for 5 or more days?

Number of children..... |__|__|__|

15. Think about a typical week during the past four weeks. How many enrolled children attended your Head Start/Early Head Start site for less than 5 days?

Number of children..... |__|__|__|

Meal Service and Menus at Your Head Start/Early Head Start Site
--

Please answer the questions in this section about only the meals and menus at your child care site.

16. Which of the following meals does your Head Start/Early Head Start site serve on weekdays?
(Check all that apply)

Breakfast
 Morning snack.....
 Lunch
 Afternoon snack
 Supper.....
 Evening snack.....

17. Which of the following meals does your Head Start/Early Head Start site serve on weekends?
(Check all that apply)

Site does not operate on weekends.....

Breakfast.....

Morning snack.....

Lunch

Afternoon snack

Supper.....

Evening snack.....

18. Please provide the total number of each type of meal and snack that were claimed for your Head Start/Early Head Start site for CACFP in October 2014.

Breakfast..... |__|__|__|__|__|

Morning snack..... |__|__|__|__|__|

Lunch |__|__|__|__|__|

Afternoon snack |__|__|__|__|__|

Supper..... |__|__|__|__|__|

Evening snack..... |__|__|__|__|__|

19. Please provide the total number of each type of meal and snack your Head Start/Early Head Start site served to the children in October 2014, but were not claimed for CACFP.

Breakfast..... |__|__|__|__|__|

Morning snack..... |__|__|__|__|__|

Lunch |__|__|__|__|__|

Afternoon snack |__|__|__|__|__|

Supper..... |__|__|__|__|__|

Evening snack..... |__|__|__|__|__|

20. Does your Head Start/Early Head Start site have any infants who receive breast milk while in your care? (Check one box)

We do not have any infants enrolled at our site...

Yes.....

No.....

21. What are the sources of the menus used in your Head Start/Early Head Start site? (*Check all that apply*)

- Head Start/Early Head Start staff.....
 CACFP sponsor's cycle menus
 CACFP State Agency.....
 A child care association
 A commercial vendor
 USDA CACFP website.....
 Office of Head Start website
 Other website
 Other
 (Please specify) _____

NOTE:

If you only checked one box in Q21, go to Q22. Otherwise, go to Q21a.

- 21a. What is the primary source of the menus used in your Head Start/Early Head Start site? (*Check one box*)

- Head Start/Early Head Start staff.....
 CACFP sponsor's cycle menus
 CACFP State Agency
 A child care association
 A commercial vendor
 USDA CACFP website.....
 Office of Head Start website
 Other website
 Other
 (Please specify) _____

22. Are all, some, or none of the meals you serve prepared by another organization (e.g., a food bank, commercial food service vendor, or CACFP sponsor) and provided to your site as "ready to serve?" (*By "ready to serve" we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.*)

- All meals are provided to us by another organization "ready to serve"
 Some meals are provided to us "ready to serve" and some meals are prepared on site
 No meals are provided to us "ready to serve;" all meals are prepared at our site → **GO TO QUESTION 23**

22a. Where are most of the meals you serve prepared? (*Check one box*)

- At a central kitchen of my organization
or my CACFP sponsor
- A local school that is not my sponsor.....
- A commercial food service vendor.....
- A local restaurant or delicatessen with
a catering permit
- At a food bank or emergency kitchen
- At a homeless shelter
- At another community site
- Other
- (Please specify) _____

Languages Spoken at Your Head Start/Early Head Start Site
--

23. Do any children currently enrolled at your Head Start/Early Head Start site speak a language other than English?

- Yes
- No.....
- Don't know
- } **GO TO QUESTION 24**

23a. Does your site have at least one person on staff who can speak the same language that these children speak?

- Yes
- No.....

23b. What languages do you and your staff speak when talking with the children at your Head Start/Early Head Start site? (*Check all that apply*)

- English
- Spanish
- Chinese
- French/Haitian Creole
- Tagalog
- Vietnamese
- Korean.....
- German
- Russian
- Miao/Hmong.....
- Arabic.....
- Japanese.....
- Other language
- (Please specify) _____

- 23c. What is the main language you and your staff speak when talking with the children at your Head Start/Early Head Start site? (*Check one box*)

English
 Spanish
 Chinese
 French/Haitian Creole
 Tagalog
 Vietnamese
 Korean.....
 German
 Russian
 Miao/Hmong.....
 Arabic
 Japanese.....
 Other language
 (Please specify) _____

Children with Special Dietary Needs
--

24. Do any children enrolled at your Head Start/Early Head Start site have special dietary needs?

Yes
 No..... } **GO TO QUESTION 25**
 Don't know

- 24a. What policies does your child care site have to accommodate these children's dietary needs? (*Check all that apply*)

We require them to bring in a note from their medical provider documenting their special dietary needs.....
 We provide food substitutions for foods they cannot eat
 We modify the daily meal pattern as needed.....
 We maintain a nut-free environment in our child care program
 We allow children with special dietary needs to bring food from home.....
 Other
 (Please specify) _____

Staffing at Your Head Start/Early Head Start Site
--

As with the other sections of this survey, please answer the questions in this section only for your individual Head Start/Early Head Start site. **This is the site located at the address on the cover letter that came with the questionnaire.**

25. How many employees, including yourself, work at your Head Start/Early Head Start site? (Please count part-time and full-time staff equally.)

Total number of employees |__|__|__|

26. What is the usual number of children per adult at this Head Start/Early Head Start site at 10:00 a.m. on weekdays, for groups of 3 to 5 year olds?

Number of children per adult..... |__|__|

27. Is the number of children per adult different during weekends or evenings that your Head Start/Early Head Start site is in operation?

This Head Start/Early Head Start site is not open weekends or evenings <input type="checkbox"/>	}	GO TO QUESTION 28
No, it is not different during weekends or evenings..... <input type="checkbox"/>		
Yes, it is different during weekends or evenings . <input type="checkbox"/>		

- 27a. What is the usual number of children per adult for groups of 3 to 5 year olds served during weekends or evenings at this site?

Number of children per adult.... |__|__|

28. How many employees (counting part-time and full-time employees equally) at your Head Start/Early Head Start site work on any of the following food service tasks: menu planning, food purchasing, food storage, food preparation, and/or food safety?

Number of employees|__|__|__| → **IF = 0, GO TO QUESTION 29**

- 28a. Among all of the employees who work on any of these food service tasks, how many have received training in food service as part of the mandatory annual CACFP training?

Number of employees |__|__|__|

- 28b. How many of these employees have received additional training in food service, that was **not** part of the mandatory annual CACFP training?

Number of employees |__|__|__|

Internet Use at Your Head Start/Early Head Start Site
--

29. Does your Head Start/Early Head Start site have on-site access to the Internet?

- Yes
- No..... } **GO TO QUESTION 31**
- Don't know

30. Does your Head Start/Early Head Start site usually submit CACFP meal claim forms on paper, electronically, or in both formats?

- Submit only paper claims → **GO TO QUESTION 31**
- Submit only electronic claims.....
- Submit both paper and electronic claims

30a. Who developed the system your Head Start/Early Head Start site uses to electronically submit CACFP claims? (*Check one box*)

- Private source
- State CACFP Agency } **GO TO QUESTION 31**
- CACFP Sponsoring organization
- Don't know

30b. What is the name of the system your Head Start/Early Head Start site uses for submitting CACFP claims electronically?

- Minute Menu
- Procare.....
- CACFP.Net
- Other
- (Please specify) _____
- Don't know

Training and Assistance Provided by Your Sponsoring Organization

In this section, we are interested in the training and other assistance that your CACFP sponsoring organization provided to your Head Start/Early Head Start site during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance.

31. During the past 12 months, did you and/or staff receive any training from your CACFP sponsor on CACFP issues?

- Yes
- No..... → **GO TO QUESTION 32**

- 31a. During the past 12 months, what was the most common format that your CACFP sponsor used to provide this training? (*Check one box*)
- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____
- 31b. During the past 12 months, on what topics have you and/or your staff received training from your CACFP sponsor? (*Check all that apply*)
- CACFP meal requirements
- CACFP administrative requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement claims
- Head Start categorical eligibility guidelines
- CACFP monitoring requirements
- Serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning.....
- Food preparation.....
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect.....
- Other
- (Please specify) _____
- 31c. How satisfied are you with the training your child care site received from your CACFP sponsor?
- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied
32. During the past 12 months, have you received any technical assistance from your CACFP sponsor?
- Yes
- No..... → **GO TO QUESTION 33**

32a. On what topics did you receive technical assistance from your CACFP sponsor? (*Check all that apply*)

- Menu planning/sample menus
 Food vendor contracts
 Staff training
 Budgeting
 Computer support
 Other topics
 (Please specify) _____

32b. How satisfied are you with the technical assistance available from your CACFP sponsor?

- Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

33. Are there any food, nutrition, or CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No → **GO TO QUESTION 34**

33a. On what topics would you like to receive more training or assistance from your CACFP sponsor? (*Check all that apply*)

- CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement
 claims
 Head Start categorical eligibility guidelines
 CACFP monitoring requirements
 Defining serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Appeals process for serious deficiencies
 Food purchasing
 Food vendor contracts
 Menu planning/sample menus
 Food preparation
 Food safety/food service operations
 Budgeting
 Computer support
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Staff training
 Parent relations
 Recognizing abuse and neglect
 Other
 (Please specify) _____

Training Provided by Your Site to Your Staff

In the following questions, we're interested in the CACFP-related training that your site may have provided to your Head Start/Early Head Start staff during the past 12 months.

34. During the past 12 months, did your Head Start/Early Head Start site provide any training to your staff on CACFP issues, such as meal patterns, and nutrition?

- Yes
 - No.....
 - Don't know
- } **GO TO QUESTION 35**

34a. During the past 12 months, how many training sessions were provided by your Head Start/Early Head Start site to your staff on CACFP issues?

Number of training sessions on
CACFP issues..... |__|__|

CACFP Monitoring Visits

35. During the past 12 months, how many times did your CACFP sponsor conduct a monitoring visit at your Head Start/Early Head Start site?

Times during last 12 months..... |__|__| → **IF = 0, GO TO QUESTION 41**

36. How many of these monitoring visits were announced before the visit?

- Number of monitoring visits
announced before the visit..... |__|__|
- Don't know

37. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit |__|__|

38. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your Head Start/Early Head Start site? (*Check all that apply*)

- Child care license is current.....
- Health and safety guidelines followed.....
- A current enrollment record exists for each
child present.....
- The number of children in attendance is less
than or equal to licensed capacity.....
- Food allergies are documented
- Other
- (Please specify)_____

39. During the past 12 months, which of the following claiming and menu-related topics were reviewed during the CACFP monitoring visits? *(Check all that apply)*

- Existence and accuracy of daily attendance records
 - Number of meals claimed compared to licensed capacity.....
 - Recording of daily meal counts and menus
 - 5-day reconciliation
 - Menus for each meal claimed, including infant meals.....
 - Completion of menu production records with quantities
 - Compliance of infant menus with CACFP meal pattern requirements
 - Food receipts support the menu
 - Other
- (Please specify)_____

40. During the past 12 months, which of the following meal-related topics were observed and/or reviewed during the CACFP monitoring visits? *(Check all that apply)*

- Observed meal meets CACFP meal pattern requirements
 - Appropriate type of milk is served to children
 - Drinking water is available throughout the day
 - Meals served match the menu
 - Time of day meals and snacks are served is appropriate
 - Type of meal service (family style vs. plated)
 - Safe food handling practices observed.....
 - Food allergies are accommodated.....
 - Other
- (Please specify)_____

Your Satisfaction with Your CACFP Sponsor
--

41. Please rate your level of satisfaction with your CACFP sponsoring organization on the following factors: *(Circle one number for each factor)*

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Availability of someone to help when needed.....	1	2	3	4	5	-8	-9
b. Turnaround time for payment of our claims	1	2	3	4	5	-8	-9
c. Review of the Head Start/ Early Head Start site.....	1	2	3	4	5	-8	-9
d. CACFP sponsor's use of technology	1	2	3	4	5	-8	-9
e. Support of the Head Start/ Early Head Start site's use of technology for the CACFP....	1	2	3	4	5	-8	-9

Your Perceptions of the CACFP

42. How does the money from CACFP reimbursements change the way your site provides services? *(Check all that apply)*

- We can care for more children
- We can serve more snacks or meals to children we serve
- We can serve higher quality meals
- We can improve the non-food parts of our program
- We can lower the fees we charge for our program
- Other
- (Please specify)_____

43. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be most important, with “1” being the most important, “2” being the second most important, and “3” being the third most important. (*Rank 3*)

- | | <u>Rank</u> |
|---|-------------|
| CACFP provides nutritious meals to children | __ |
| CACFP teaches me and my staff to plan and prepare nutritious meals | __ |
| CACFP feeds children who would otherwise have limited access to nutritious food | __ |
| CACFP helps children develop healthy eating habits..... | __ |
| CACFP helps parents learn the importance of healthy eating..... | __ |
| CACFP helps child care programs stay in business | __ |
| CACFP is an important part of the social safety net for children and families | __ |

44. Overall, how would you rate your Head Start/Early Head Start’s site’s level of burden to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

- | | | | |
|----------------------------|--------------------------|---|--------------------------|
| Very low burden | <input type="checkbox"/> | } | GO TO QUESTION 45 |
| Low burden | <input type="checkbox"/> | | |
| Neither high nor low | <input type="checkbox"/> | | |
| High burden..... | <input type="checkbox"/> | | |
| Very high burden..... | <input type="checkbox"/> | | |

44a. What aspects of the CACFP requirements are burdensome for your Head Start/Early Head Start site?

Suggestions for Improving CACFP

45. Do you have any suggestions for improving the program support and oversight provided by your CACFP sponsoring organization?

- Yes.....
- No..... → **GO TO QUESTION 46**

45a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP sponsoring organization? (Check all that apply)

- Offer better feedback during monitoring visits
 - Provide more timely feedback on results of monitoring visits
 - Provide clearer information about follow-up actions I need to take after a monitoring visit
 - Provide clearer information about what constitutes a serious deficiency
 - Provide clearer information about the appeals process for serious deficiency notices
 - Provide better training on CACFP rules and responsibilities.....
 - Process reimbursements for claims in a more timely fashion
 - Focus monitoring visits on teaching not just enforcement
 - Make monitoring visits less invasive
 - Other
- (Please specify)_____

46. Based on your experience, do you think any other areas of the CACFP need to be improved?

- Yes
- No..... → **Thank you!**

46a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850

Independent Child Care Center Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think of the child care site at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with this site only.**

Your Child Care Site's Initial Participation in CACFP

1. In what year did your child care site first begin participating in CACFP?

|_|_|_|_|_|

Don't know

2. Thinking back on when you first applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

Less than 7 days

1 week to 4 weeks.....

1 to 2 months

Longer than 2 months

Don't know

General Background on Your Child Care Site

3. Is the organization that administers your site private not-for-profit, for-profit, or is it a public agency, school, or school district? (*Check one box*)

Private, not-for-profit

Private for-profit.....

Public agency, school, or school district

Don't know

4. Is your child care site licensed?

Yes → **GO TO QUESTION 5**

No.....

Don't know

4a. Why does your child care site not have a license? (Check one box)

- | | | |
|--------------------------------|--------------------------|---------------------------|
| We are license exempt | <input type="checkbox"/> | } GO TO QUESTION 6 |
| Just don't have a license..... | <input type="checkbox"/> | |
| Don't know | <input type="checkbox"/> | |

5. How many total children is your child care site licensed to serve?

Number of children..... |__|__|

6. Which of the following age groups does your child care site serve? (Check all that apply)

- 0-12 months
- 1 and 2 years
- 3 through 5 years
- Older than 5 years.....

7. Do you and/or your staff refer any children in your care to other community services they may need?

- | | | |
|------------------|--------------------------|---------------------------|
| Yes | <input type="checkbox"/> | } GO TO QUESTION 8 |
| No..... | <input type="checkbox"/> | |
| Don't know | <input type="checkbox"/> | |

7a. Which of the following services do you make referrals to? (Check all that apply)

- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Health programs that provide medical, dental, vision, hearing or speech screening
- Therapeutic services such as speech therapy, occupational therapy or other services for children with special needs
- Health insurance
- Child welfare or family support services
- The Supplemental Nutrition Assistance Program or SNAP (previously referred to as the Food Stamp Program).....
- Head Start/Early Head Start
- Emergency food assistance programs (such as food pantries, food banks, and soup kitchens) ..
- Housing or shelter services.....
- Other
- (Please specify) _____
- Don't know

Your Child Care Site Schedule

8. How many days of the week is your child care site usually open?

Number of days.....|__|

9. Does your site have split (a.m./p.m.) child care sessions?

Yes..... → **GO TO QUESTION 9a**

No..... → **GO TO QUESTION 10**

9a. Please fill out the table below for your site's **morning session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide morning session child care on a particular day of the week, please check "My site usually does not provide A.M. child care on that day."

Day of the Week	Start time (AM)	End time (AM/PM)	My site usually does not provide A.M. child care on that day
Monday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM	_ _ : _ _ AM/PM	<input type="checkbox"/>

- 9b. Please fill out the table below for your site's **afternoon session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide afternoon session child care on a particular day of the week, please check "My site usually does not provide P.M. child care on that day."

Day of the Week	Start time	End time	My site usually does not provide P.M. child care on that day
Monday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Thursday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Friday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Saturday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>
Sunday	_ _ : _ _ PM	_ _ : _ _ PM	<input type="checkbox"/>

GO TO QUESTION 11

10. What hours does your site usually provide care for children each day of the week? If your site does not provide child care on a particular day of the week, please check "My site usually does not provide child care on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site usually does not provide child care on that day
Monday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Tuesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Wednesday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Thursday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Friday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Saturday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>
Sunday	_ _ : _ _ AM/PM	_ _ : _ _ AM/PM	<input type="checkbox"/>

11. For all of Calendar Year 2014, how many weeks was your child care site scheduled to be open?

Number of weeks |__|__|

Enrollment at Your Child Care Site

12. In total, how many children are currently enrolled at your child care site? If your site has split sessions, please combine the enrollment from all sessions.

Number of children..... |__|__|__|

- 12a. How many children are enrolled for less than 30 hours per week?

Number of children..... |__|__|__|

- 12b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q12a, above.

Number of children..... |__|__|__|

- 12c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q12a and Q12b, above.

Child care site does not operate on weekends → **GO TO QUESTION 13**

Number of children..... |__|__|__|

Average Daily Attendance at Your Child Care Site

In answering the following set of questions, please think about actual child attendance during the past four weeks.

13. During the past four weeks, on a typical weekday how many enrolled children attended your child care site?

Number of children..... |__|__|__|

14. During the past four weeks, on a typical weekend day how many enrolled children attended your child care site?

Child care site does not operate on weekends.... → **GO TO QUESTION 15**

Number of children..... |__|__|__|

15. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for 5 or more days?

Number of children..... |__|__|__|

16. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for less than 5 days?

Number of children..... |__|__|__|

Meal Service and Menus at Your Child Care Site

Please answer the questions in this section about only the meals and menus at your child care site.

17. Which of the following meals does your child care site serve on weekdays? (*Check all that apply*)

Breakfast.....
 Morning snack.....
 Lunch.....
 Afternoon snack.....
 Supper.....
 Evening snack.....

18. Which of the following meals does your child care site serve on weekends? (*Check all that apply*)

Child care site does not operate on weekends....
 Breakfast.....
 Morning snack.....
 Lunch.....
 Afternoon snack.....
 Supper.....
 Evening snack.....

19. Please provide the total number of each type of meal and snack that were claimed for your child care site for CACFP in October 2014?

Breakfast..... |__|__|__|__|__|
 Morning snack..... |__|__|__|__|__|
 Lunch..... |__|__|__|__|__|
 Afternoon snack..... |__|__|__|__|__|
 Supper..... |__|__|__|__|__|
 Evening snack..... |__|__|__|__|__|

20. Please provide the total number of each type of meal and snack that your child care site served to the children in October 2014, but were not claimed for CACFP.

Breakfast..... |__|__|__|__|__|
 Morning snack..... |__|__|__|__|__|
 Lunch |__|__|__|__|__|
 Afternoon snack |__|__|__|__|__|
 Supper..... |__|__|__|__|__|
 Evening snack..... |__|__|__|__|__|

21. Does your child care site have any infants who receive breast milk while in your care? (*Check one box*)

We do not have any infants enrolled at our
 child care site
 Yes
 No.....

22. What are the sources of the menus used in your child care site? (*Check all that apply*)

Our own staff.....
 CACFP State Agency.....
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify)_____

NOTE:

If you only checked one box in Q22, go to Q23. Otherwise, go to Q22a.

- 22a. What is the primary source of the menus used in your child care site? (*Check one box*)

Our own staff.....
 CACFP State Agency
 A child care association
 A commercial vendor
 USDA federal CACFP website.....
 Other website
 Other
 (Please specify) _____

23. Are all, some, or none of the meals you serve prepared by another organization (e.g., a food bank, commercial food service vendor) and provided to your site as “ready to serve”? (By “ready to serve” we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.)

All meals are provided to us by another organization “ready to serve”
 Some meals are provided to us “ready to serve” and some meals are prepared on site
 No meals are provided to us “ready to serve;” all meals are prepared at our site → **GO TO QUESTION 24**

- 23a. Where are most of the meals you serve prepared? (Check one box)

At a central kitchen of my organization
 A local school
 A commercial food service vendor
 A local restaurant or delicatessen with a catering permit
 At a food bank or emergency kitchen
 At a homeless shelter
 At another community site
 Other
 (Please specify) _____

Languages Spoken at Your Child Care Site

24. Do any children currently enrolled at your child care site speak a language other than English?

Yes
 No
 Don't know } **GO TO QUESTION 25**

- 24a. Does your site have at least one person on staff who can speak the same language that these children speak?

Yes
 No

24b. What languages do you and your staff speak when talking with the children at your child care site? (Check all that apply)

- English
- Spanish
- Chinese
- French/Haitian Creole
- Tagalog
- Vietnamese
- Korean.....
- German
- Russian
- Miao/Hmong.....
- Arabic
- Japanese.....
- Other language
- (Please specify) _____

24c. What is the main language you and your staff speak when talking with the children at your child care site? (Check only one)?

- English
- Spanish
- Chinese
- French/Haitian Creole
- Tagalog
- Vietnamese
- Korean.....
- German
- Russian
- Miao/Hmong.....
- Arabic
- Japanese.....
- Other language
- (Please specify) _____

Children with Special Dietary Needs

25. Do any children enrolled at your child care site have special dietary needs?

- Yes
 - No.....
 - Don't know
- } **GO TO QUESTION 26**

- 25a. What policies does your child care program have to accommodate these children's dietary needs? *(Check all that apply)*

We require them to bring in a note from their medical provider documenting their special dietary needs.....

We provide food substitutions for foods they cannot eat

We modify the daily meal pattern as needed.....

We maintain a nut-free environment in our child care program

We allow children with special dietary needs to bring food from home.....

Other
(Please specify) _____

Staffing at Your Child Care Site

As with the other sections of this survey, please answer the questions in this section only for your individual child care site. **This is the site located at the address on the cover letter that came with the questionnaire.**

26. How many employees, including you, work at your child care site? (Please count part-time and full-time staff equally.)

Total number of employees |__|__|__|

27. What is the usual number of children per adult at this site at 10:00 a.m. on weekdays, for groups of 3 to 5 year olds?

Number of children per adult..... |__|__|

28. Is the number of children per adult different during weekends or evenings that your child care program is in operation?

This child care site is not open weekends or evenings..... <input type="checkbox"/>	}	GO TO QUESTION 29
No, it is not different during weekends or evenings..... <input type="checkbox"/>		
Yes it is different during weekends or evenings .. <input type="checkbox"/>		

- 28a. What is the usual number of children per adult for groups of 3 to 5 year olds served during weekends or evenings at this site?

Number of children per adult.... |__|__|

29. How many employees (counting part-time and full-time staff equally) at this child care site work on any of the following food service tasks: menu planning, food purchasing, food storage, food preparation, and/or food safety?

Number of employees |__|__|__|

None..... → **GO TO QUESTION 30**

- 29a. Among all the employees that work on any of these food service tasks, how many have received training in food service as part of the mandatory annual CACFP training?

Number of employees |__|__|__|

- 29b. How many of these employees have received additional training in food service that was **not** part of the mandatory annual CACFP training?

Number of employees |__|__|__|

Internet Use at Your Child Care Site

30. Does your child care site have on-site access to the Internet?

Yes

No.....

Don't know

} **GO TO QUESTION 32**

31. Does your child care site usually submit CACFP meal claim forms on paper, electronically, or in both formats?

Submit only paper claims → **GO TO QUESTION 32**

Submit only electronic claims.....

Submit both paper and electronic claims

- 31a. Who developed the system your child care site uses to electronically submit CACFP claims? (*Check one box*)

Private source

State CACFP Agency

Don't know

} **GO TO QUESTION 32**

- 31b. What is the name of the system your child care site uses for submitting CACFP claims electronically?

Minute Menu

Procare.....

CACFP.Net

Other

(Please specify) _____

Don't know

How Child Care is Funded for Your Site

32. How many children enrolled at your child care site have some or all of their care paid for by state or local child care subsidies (e.g. in the form of vouchers for the child, or grants or contracts with your program)?

Number of children..... |__|__|__|

33. How many children enrolled in your child care site have some or all of their care paid for by their families, including those who pay co-payments?

Number of children..... |__|__|__|

None..... → **GO TO QUESTION 34**

- 33a. What is the highest rate your program currently charges a family to enroll one infant (less than one year old) full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

Hour	<input type="checkbox"/>
½ day	<input type="checkbox"/>
Full day	<input type="checkbox"/>
Week.....	<input type="checkbox"/>
Month.....	<input type="checkbox"/>
Year	<input type="checkbox"/>
Other.....	<input type="checkbox"/>
(Please specify) _____	

- 33b. What is the highest rate your program currently charges a family to enroll one child (age 1 year or older) full-time?

\$ |__|__| , |__|__|__|.|__|__| per →

Hour	<input type="checkbox"/>
½ day	<input type="checkbox"/>
Full day	<input type="checkbox"/>
Week.....	<input type="checkbox"/>
Month.....	<input type="checkbox"/>
Year	<input type="checkbox"/>
Other.....	<input type="checkbox"/>
(Please specify) _____	

- 33c. Does your child care site offer any discounts to families that pay for their care?

Yes.....
 No..... → **GO TO QUESTION 34**

33d. On what basis does your child care site offer these discounts?

- Family income
- More than one family member currently
enrolled
- Another family member was previously
enrolled
- Children of people that work at the child care
site.....
- Other
- (Please specify) _____

34. Do you charge families for meals, separately from your basic child care fee?

- Yes
- No..... → **GO TO QUESTION 35**

Training and Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in the training and other assistance provided to your child care site by your State CACFP Agency during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance.

35. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

- Yes
- No..... → **GO TO QUESTION 36**

35a. What was the format of this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

35b. What topics were covered in this training? (*Check all that apply*)

- CACFP meal requirements
 CACFP administrative requirements
 CACFP monitoring requirements
 Child care center applications
 Preparing and filing monthly reimbursement
 claims
 Administrative reimbursement
 For-profit center eligibility
 Family/child income eligibility
 Defining serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning
 Food preparation
 Food safety/food service operations
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Parent relations
 Recognizing abuse and neglect
 Other
 (Please specify) _____

35c. How satisfied are you with this training?

- Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

36. During the past 12 months, has your State CACFP Agency provided you or your staff any additional training?

- Yes
 No → **GO TO QUESTION 37**

36a. What was the most common format of this additional training? (*Check one box*)

- Web-based
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

36b. What topics were covered in this additional training? *(Check all that apply)*

- CACFP meal requirements
- CACFP administrative requirements
- CACFP monitoring requirements
- Child care center applications
- Preparing and filing monthly reimbursement
claims
- Administrative reimbursement
- For-profit center eligibility
- Family/child income eligibility
- Defining serious deficiencies
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning
- Food preparation
- Food safety/food service operations
- Nutrition
- Physical activity in child care
- Obesity prevention
- Best practices in child care
- Staff wellness
- Parent relations
- Recognizing abuse and neglect
- Other
- (Please specify) _____

36c. How satisfied are you with the additional training provided by your State CACFP Agency?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

37. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

- Yes
- No → **GO TO QUESTION 38**

37a. On what topics did you receive technical assistance from your State CACFP Agency?
(Check all that apply)

- Menu planning/sample menus
- Food vendor contracts
- Staff training
- Budgeting
- Computer support
- Other
- (Please specify) _____

37b. How satisfied are you with the technical assistance available from your State CACFP Agency?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied.....

38. Are there any food, nutrition or CACFP-related topics on which you would like to receive more training or assistance?

- Yes
 No..... → **GO TO QUESTION 39**

38a. On what topics would you like to receive more training or assistance? (*Check all that apply*)

- CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement claims
 Family/child income eligibility
 CACFP monitoring requirements
 Defining serious deficiencies
 Maintaining confidentiality
 USDA civil rights requirements
 Appeals process for serious deficiencies.....
 Food purchasing
 Food vendor contracts
 Menu planning/sample menus
 Food preparation.....
 Food safety/food service operations
 Budgeting
 Computer support
 Nutrition
 Physical activity in child care
 Obesity prevention
 Best practices in child care
 Staff wellness
 Staff training
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

Training Provided by Your Site to Your Staff

In the following questions, we're interested in CACFP-related training that your site may have provided to your staff during the past 12 months (not training provided by your CACFP State Agency).

39. During the past 12 months, did your site offer any training to your staff on CACFP issues, such as meal patterns, nutrition, and eligibility for CACFP?

Yes
 No.....
 Don't know } **GO TO QUESTION 40**

- 39a. During the past 12 months, how many training sessions were offered by your site to your staff on CACFP issues?

Number of training sessions on
 CACFP issues..... |__|__|

CACFP Monitoring Visits

40. During the past 12 months, how many times did your CACFP State Agency conduct a monitoring visit at your child care site?

Times during last 12 months..... |__|__| → **IF = 0, GO TO QUESTION 45**

41. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit |__|__|

42. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your site? (*Check all that apply*)

Child care license is current.....
 Health and safety guidelines are followed
 A current enrollment record exists for each
 child.....
 The number of children in attendance is less
 than or equal to the licensed capacity
 Food allergies are documented
 Other
 (Please specify)_____

43. During the past 12 months, which of the following claiming and menu-related areas were reviewed during a CACFP monitoring visit? *(Check all that apply)*

- Existence and accuracy of daily attendance records
- Number of meals claimed compared to licensed capacity.....
- Recording of daily meal counts and menus
- 5-day reconciliation
- Menus for each meal claimed, including infant meals.....
- Completion of menu production records with quantities
- Compliance of infant menus with CACFP meal pattern requirements
- Food receipts support the menu
- Other
- (Please specify)_____

44. During the past 12 months, which of the following meal-related areas were observed and/or reviewed during a CACFP monitoring visit? *(Check all that apply)*

- Observed meal meets CACFP meal pattern requirements
- Appropriate type of milk is served to children
- Drinking water is available throughout the day
- Meals served match menu
- Time of day meals and snacks served is appropriate
- Type of meal service (family style vs. plated)
- Safe food handling practices.....
- Food allergies are accommodated.....
- Other
- (Please specify)_____

Satisfaction with Your State CACFP Agency
--

45. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
(Circle one number for each factor)

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application.....	1	2	3	4	5	-8	-9
b. Availability of someone to help when needed.....	1	2	3	4	5	-8	-9
c. Processing and payment of claims.....	1	2	3	4	5	-8	-9
d. Review of your organization ..	1	2	3	4	5	-8	-9
e. Annual contract renewal process, including budget and management plan renewal .	1	2	3	4	5	-8	-9
f. Use of technology	1	2	3	4	5	-8	-9
g. Support of your organization's use of technology for the CACFP....	1	2	3	4	5	-8	-9

46. How satisfied are you with the CACFP meal reimbursement levels?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied
- Don't know

Your Perceptions of the CACFP

47. How does the money from CACFP reimbursements change the way your child care site provides services? (*Check all that apply*)

- We can care for more children
- We can serve more snacks or meals to children we serve
- We can serve higher quality meals
- We can improve the non-food related parts of our program.....
- We can lower the fees we charge for our program
- Other
- (Please specify)_____

48. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be most important, with "1" being the most important, "2" being the second most important, and "3" being the third most important. (*Rank 3*)

- | | <u>Rank</u> |
|---|-------------|
| CACFP provides nutritious meals to children | __ |
| CACFP teaches me and my staff to plan and prepare nutritious meals | __ |
| CACFP feeds children who would otherwise have limited access to nutritious food | __ |
| CACFP helps children develop healthy eating habits..... | __ |
| CACFP keeps down the cost of child care | __ |
| CACFP helps parents learn the importance of healthy eating..... | __ |
| CACFP helps child care programs stay in business | __ |
| CACFP is an important part of the social safety net for children and families | __ |

49. Overall, how would you rate your child care site's level of burden to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

Very low burden
 Low burden
 Neither high nor low
 High burden.....
 Very high burden.....

50. Did you ever consider leaving the CACFP?

Yes
 No..... } **GO TO QUESTION 51**
 Don't know

- 50a. What are the two main reasons you considered leaving the CACFP? (Check 2 boxes)

Paperwork burden too high.....
 Not enough low-income children enrolled in
 my program
 Difficult to comply with meal requirements
 Serious deficiency process
 Not enough support from my State CACFP
 Agency
 Meal reimbursement rates too low.....
 Other
 (Please specify) _____

Suggestions for Program Improvement

51. Based on your experience, do you think any areas of the CACFP need to be improved?

Yes
 No..... → **Thank you!**

- 51a. What suggestions do you have for improving CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850

At-Risk Component Sponsor Instrument

At-Risk CACFP Sponsor Survey Instrument

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

1. Is your organization a private not-for-profit, private for-profit, or is it a public agency, school, or school district?

Private, not-for-profit
 Private, for-profit.....
 Public agency, school, or school district

2. Which of the following best describes your organization? (*Check one box*)

Social service agency
 Child care agency
 Charitable organization
 Local education agency/school district
 School
 College or university.....
 Religious organization.....
 Tribal organization.....
 U.S. Military
 YMCA or YWCA.....
 Other
 (Please specify)_____

3. Which of the following best describes the geographic area served by your CACFP sponsorship? (*Check one box*)

Part of a town or city
 One or more towns or cities, but not an entire
 county.....
 An entire county
 A group of counties
 Entire state
 Other
 (Please specify)_____

4. In what year did your organization first become a CACFP sponsor?

|_|_|_|_|_|

Don't know

5. In what year did your organization first sponsor any sites for the At-Risk CACFP?

|_|_|_|_|

Don't know

6. In October 2014, how many total sites did your organization sponsor for CACFP (not including adult care CACFP sites)?

Total sites sponsored |_|_|_|_|

- 6a. In October 2014, for how many of these sites did you claim **only At-Risk meals and/or snacks?**

Number of sites |_|_|_|_|

- 6b. In October 2014, for how many of these sites did you claim **only non-At-Risk child care meals and/or snacks?**

Number of sites |_|_|_|_|

- 6c. In October 2014, for how many of these sites did you claim **both At-Risk and non-At-Risk child care meals and/or snacks?**

Number of sites |_|_|_|_|

7. What types of organizations are your sites that participate in the At-Risk CACFP? (*Check all that apply*)

- Child care centers
- Head Start centers
- Public schools
- Private schools
- Housing Authority sites
- Homeless centers
- Parks and recreation sites
- Multi-purpose community centers
- YMCA or YWCA
- Boys & Girls Clubs
- Salvation Army
- United Way
- Faith-based organizations
- 21st Century Community Learning Centers
- Police Athletic Leagues
- Tribal organizations
- Food banks
- Other
- (Please specify) _____

8. Is your organization also a sponsor for the Summer Food Service Program?

Yes

No → **GO TO QUESTION 9**

8a. How many of the sites that you sponsored for At-Risk CACFP in October 2014 also participated in the Summer Food Service Program that year (Summer 2014)?

Number of sites |__|__|__|

Don't know

9. Does your organization manage or administer any other USDA food and nutrition programs?

Yes

No → **GO TO QUESTION 10**

9a. Which of the following USDA food and nutrition programs does your organization manage or administer? (*Check all that apply*)

National School Lunch Program

School Breakfast Program

Special Milk Program

Fresh Fruits and Vegetables Program

Special Supplemental Nutrition Program for
Women, Infants, and Children (WIC)

Commodity Supplemental Food Program

USDA Commodities Program

The Emergency Food Assistance Program
(TEFAP)

Supplemental Nutrition Assistance Program
(SNAP) Nutrition Education

Other program

(Please specify) _____

10. Does your organization administer or provide any services that are not funded by the USDA?

Yes

No → **GO TO QUESTION 11**

- 10a. Which of the following types of non-USDA funded services does your organization administer or provide? (*Check all that apply*)

- Child care locator/finder
- Child care subsidies
- Child care staff training and professional development.....
- Technical assistance/coaching/mentoring for child care quality improvement
- Outside school hours program.....
- Head Start
- Early Head Start.....
- Home visiting.....
- Parent support and education.....
- Nutrition and/or health education
- Early intervention services (Part C for children with or at risk of developmental disabilities)
- Community recreation program
- Adult day care program.....
- Housing or homeless shelter
- Domestic violence shelter
- Food pantry or soup kitchen
- Other
- (Please specify) _____

Training and Assistance Provided by Your State CACFP Agency
--

In this section, we are interested in the training and assistance provided to your organization by your State CACFP Agency and on what topics it would be helpful to receive more training or assistance.

11. During the past 12 months, did your State CACFP Agency provide a mandatory annual training to you or anyone else on your staff?

- Yes
- No..... → **GO TO QUESTION 12**

- 11a. What was the format of this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops ...
- Self-study
- One-on-one
- Other
- (Please specify) _____

- 11b. Did the mandatory annual training include any topics specific to At-Risk CACFP?

- Yes
- No..... → **GO TO QUESTION 12**

11c. What topics related to At-Risk CACFP were covered in this training? *(Check all that apply)*

- At-Risk site applications
- At-Risk area eligibility.....
- CACFP meal requirements
- CACFP recordkeeping requirements
- Preparing and filing monthly reimbursement claims
- Coordination of recordkeeping for sites claiming both At-Risk and non-At-Risk meals and/or snacks.....
- Administrative reimbursement
- CACFP monitoring requirements
- Serious deficiencies
- Assessing health and safety standards
- Maintaining confidentiality
- USDA civil rights requirements
- Food purchasing
- Menu planning.....
- Food preparation.....
- Food safety/food service operations
- Nutrition
- Physical activity.....
- Obesity prevention
- Best practices in afterschool programs.....
- Staff wellness
- Parent relations
- Recognizing abuse and neglect.....
- Other
- (Please specify) _____

11c. How satisfied are you with this training related to At-Risk CACFP?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied

12. During the past 12 months, has your State CACFP Agency offered you or your staff any additional training related to At-Risk CACFP (i.e., training in addition to the one mandatory training)?

- Yes
- No..... → **GO TO QUESTION 13**

12a. What was the most common format of this additional training? (*Check one box*)

- Web-based.....
 In-person group classes or workshops ...
 Self-study
 One-on-one
 Other
 (Please specify) _____

12b. What topics related to At-Risk CACFP were covered in this additional training? (*Check all that apply*)

- At-Risk site applications
 At-Risk area eligibility.....
 CACFP meal requirements
 CACFP recordkeeping requirements.....
 Preparing and filing monthly reimbursement
 claims
 Coordination of recordkeeping for sites
 claiming At-Risk and non-At-Risk meals
 and/or snacks.....
 Administrative reimbursement
 CACFP monitoring requirements
 Serious deficiencies
 Assessing health and safety standards
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity.....
 Obesity prevention
 Best practices in afterschool programs.....
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

12c. How satisfied are you with this additional training related to At-Risk CACFP?

- Very satisfied.....
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied.....
 Very dissatisfied

13. During the past 12 months, have you received any technical assistance from your State CACFP Agency to help you sponsor At-Risk CACFP sites?

- Yes
 No..... → **GO TO QUESTION 14**

- 13a. On what topics related to At-Risk CACFP did you receive technical assistance from your State CACFP Agency? (*Check all that apply*)

Menu planning/sample menus
 Determining area eligibility
 Food vendor contracts
 Staff training
 Recruitment and retention of sites
 Budgeting
 Computer support
 Other
 (Please specify) _____

- 13b. How satisfied are you with the technical assistance available from your State CACFP Agency for the At-Risk CACFP?

Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

14. Has your State CACFP Agency provided your organization with any tools or materials that have made it easier to administer the At-Risk CACFP?

Yes
 No

- 14a. Has your State CACFP Agency provided your organization with any tools or materials that have made it easier for your sites to meet the requirements of the At-Risk CACFP?

Yes
 No

**IF YOUR ANSWER TO BOTH Q14 AND Q14a = NO, THEN GO TO QUESTION 15.
 OTHERWISE, CONTINUE TO QUESTION 14b.**

- 14b. Please briefly describe these tools or materials.

15. Are there any topics related to At-Risk CACFP on which you would like to receive more training or assistance?

Yes
 No → **GO TO QUESTION 16**

- 15a. On what topics would you like to receive more training or assistance?

Training and Support Your Organization Provided to Sites Serving At-Risk Meals

In the following questions, we're interested in the training your organization supplied to sites that provided At-Risk meals and/or snacks during the past 12 months. In your responses, do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.

16. During the past 12 months, did your organization provide any CACFP-related training to staff at sites who participate in At-Risk CACFP?

Yes
 No..... → **GO TO QUESTION 17**

- 16a. Which of the following topics were covered in your CACFP training for sites that participate in At-Risk CACFP? *(Check all that apply)*

At-Risk site applications
 At-Risk area eligibility.....
 Other requirements specific to At-Risk CACFP ...
 CACFP meal requirements
 CACFP recordkeeping requirements
 Preparing and filing monthly reimbursement
 claims
 Coordination of recordkeeping for sites
 claiming both At-Risk and non-At-Risk meals
 and/or snacks.....
 CACFP monitoring requirements
 Serious deficiencies
 Health and safety standards
 Maintaining confidentiality
 USDA civil rights requirements
 Food purchasing
 Menu planning.....
 Food preparation.....
 Food safety/food service operations
 Nutrition
 Physical activity
 Obesity prevention
 Best practices in afterschool programs.....
 Staff wellness
 Parent relations
 Recognizing abuse and neglect.....
 Other
 (Please specify) _____

17. Has your own organization developed any tools or materials designed to make it easier for your sites to participate in At-Risk CACFP?

Yes
 No..... → **GO TO QUESTION 18**

- 17a. Please briefly describe these tools or materials.

Outreach Your Organization Uses to Recruit At-Risk CACFP Sites

This section asks about outreach activities you have used to recruit sites for the At-Risk CACFP and what kind of help you may want in this aspect of the program.

18. Not including word of mouth, which of the following outreach methods have you used to recruit eligible sites for the At-Risk CACFP? (*Check all that apply*)

- Press releases
- Flyers or brochures
- Partnering with advocacy organizations
- Partnering with local schools
- Social media.....
- Hosting webinars.....
- Community meetings
- Other
- (Please specify) _____

We did not do any outreach for the At-Risk CACFP → **GO TO QUESTION 19**

- 18a. Of the outreach methods you used, which one do you think has been the most effective in recruiting eligible sites into the At-Risk CACFP? (*Check one box*)

- Press releases
- Flyers or brochures
- Partnering with advocacy organizations .
- Partnering with local schools
- Social media.....
- Hosting webinars.....
- Community meetings
- Other
- (Please specify) _____

19. What kinds of At-Risk CACFP outreach help, if any, would you like from your CACFP sponsoring organization or State CACFP Agency? (*Check all that apply*)

- Sample templates for outreach materials
- General marketing of the program to increase community awareness.....
- Links to websites.....
- Webinars
- Links to social media.....
- Other
- (Please specify) _____

Don't need any help

Perceptions of Opportunities and Challenges Facing At-Risk CACFP Sites

In this section, we are interested in your opinions about the opportunities and challenges facing sites as they participate in the At-Risk CACFP.

20. Did any of your sites serve only afterschool snacks (not afterschool meals) to school-age children before they started claiming afterschool meals in the At-Risk CACFP?

Yes
 No.....
 Don't know } **GO TO QUESTION 21**

- 20a. Among those sites that made this change, what do you think are the two most common reasons for doing so? (*Check 2 boxes*)

To serve a full meal to children who are at risk
 of hunger
 To attract more children to afterschool
 activities
 To streamline operations by providing
 afterschool snacks and meals through one
 program
 To obtain higher reimbursement than available
 for afterschool snacks
 To offer more flexibility in meal scheduling
 Other
 (Please specify) _____

- 20b. What do you think are the two biggest challenges these sites faced when they started serving CACFP's At-Risk afterschool meals? (*Check 2 boxes*)

Inadequate kitchen space
 Not enough cooking staff
 Limited food storage
 No experience planning or preparing meals
 No experience letting food service contracts
 (vended meals)
 Additional recordkeeping requirements when
 serving meals, such as for food production
 Not enough reimbursement to cover meals
 No place to serve meals
 No experience providing required enrichment
 activities for school-age children
 Other
 (Please specify) _____

Don't know

21. Did any of your sites only begin serving afterschool meals or snacks to school-age children when they began participation in At-Risk CACFP?

Yes
 No
 Don't know } **GO TO QUESTION 22**

- 21a. What do you think are the two most common reasons these sites enrolled in At-Risk CACFP? (*Check 2 boxes*)

To serve a full meal to children who are at risk
 of hunger
 To attract more children to afterschool activities .
 The service area's eligibility
 Less paperwork than the traditional program
 Higher CACFP reimbursement (at the free rate) .
 Programs serve older children, up to age 19
 Individual enrollment is not required
 A license is not required
 Other
 (Please specify) _____
 Don't know

- 21b. What do you think are the two biggest challenges these sites faced as new participants in CACFP? (*Check 2 boxes*)

Inadequate kitchen space
 Difficulty complying with local and state
 regulations
 Not enough cooking staff
 Limited food storage
 No experience planning or preparing CACFP
 meals
 No experience letting food service contracts
 (vended meals)
 Not enough reimbursement to cover meals
 Difficulty complying with CACFP recordkeeping
 requirements
 Difficulty meeting state and local health and
 safety requirements
 Difficulty meeting program enrichment
 activities requirement
 Being approved to participate in CACFP
 Documenting licensing/registration status
 Documenting funding, and staffing
 Other
 (Please specify) _____
 Don't know

22. Did any of your sites first participate in the non-At-Risk child care component of CACFP and then expand to At-Risk CACFP?

Yes
 No
 Don't know } **GO TO QUESTION 22**

- 22a. Among those sites that made this change, what do you think are the two most common reasons for expanding? (*Check 2 boxes*)

To serve older children who are at risk of hunger and weren't eligible for meals under the child care component of CACFP
 To attract more children to afterschool activities
 To offer more flexibility in meal scheduling
 No individual enrollment
 Less paperwork requirements than traditional CACFP
 To obtain higher reimbursement than available from the child care component of CACFP
 Other
 (Please specify) _____
 Don't know

- 22b. What do you think are the two biggest challenges these sites face participating in both the At-Risk and non-At-Risk child care CACFP? (*Check 2 boxes*)

Maintaining separate meal counts for both parts of CACFP
 Maintaining two systems of eligibility
 Training staff on differences in recordkeeping for both parts of CACFP
 Claiming under At-risk and non-At-Risk parts of CACFP during the school year and only non-At-Risk child care CACFP during the summer
 Budgeting when some meals are paid at the free rate and others at a mix of free, reduced and paid rates
 Other
 (Please specify) _____
 Don't know

23. Are you aware of sites that provide afterschool programming that are eligible for but do not participate in At-Risk CACFP?

Yes
 No → **GO TO QUESTION 24**

- 23a. What do you think are the three main reasons eligible sites do not participate in At-Risk CACFP? (Check 3 boxes)

Is it that sites...

- Perceive a high paperwork burden
- Perceive that it takes too much time for sites
to apply and be approved
- Are uncomfortable with the unannounced site
monitoring visits
- Are uncomfortable with the serious deficiency
process.....
- Are reluctant to participate in government
programs
- Do not meet area eligibility requirements
- Do not meet state and local health and safety
requirements
- Do not provide required enrichment activities.....
- Do not meet the definition of a program under
the At-Risk rules.....
- Have difficulty documenting their licensing/
registration status.....
- Do not have adequate funding to support
required services
- Do not have adequate resources to hire or pay
needed staff
- Have no place to serve meals to students.....
- Other
- (Please specify) _____
- Don't know

24. What challenges, if any, have you faced in sponsoring sites for the At-Risk CACFP? *(Check all that apply)*

- No challenges → **GO TO QUESTION 25**
- Identifying programs that are eligible for At-Risk CACFP
- Having the time required to assist sites in applying to participate in At-Risk CACFP
- Having the time to conduct required Pre-Approval visits
- Having the time to train staff to understand At-Risk requirements.....
- Administering the serious deficiency process
- Having no dedicated administrative funds to support At-Risk sites
- Having limited resources to hire staff to support At-Risk CACFP sites
- Helping sites hire qualified food service staff to work during after school hours
- Assisting sites to understand how to claim both At-Risk and child care (non-At-Risk) CACFP meals and/or snacks
- Other
(Please specify) _____

Recommendations for Program Improvement
--

25. Do you have any suggestions for additional ways that USDA or State CACFP agencies can help support sponsors with At-Risk CACFP sites?

- Yes
- No → **GO TO QUESTION 26**

- 25a. What suggestions do you have?

26. Based on your experience, do you have any other suggestions for ways to get more eligible sites to participate in the At-Risk CACFP?

- Yes
- No → **GO TO QUESTION 27**

- 26a. What suggestions do you have?

27. Overall, do you think any other areas of the At-Risk CACFP need to be improved?

Yes
No → **Thank you!**

27a. What suggestions do you have for improving At-Risk CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

**CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850**

At-Risk Component Provider Instrument

At-Risk Center Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think ONLY of the site at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with CACFP at this site only.**
- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

General Background on Your Site

1. Is your organization private not-for-profit, for-profit, or is it a public agency, school, or school district? (*Check one box*)

- Private, not-for-profit
Private for-profit.....
Public agency, school, or school district

2. Which of the following best describes your organization? (*Check one box*)

- Child care center
Head Start center
Public school
Private school.....
School food authority
Housing authority facility/site
Homeless center
Parks and recreation facility
Multi-purpose community center
YMCA or YWCA.....
Boys & Girls Club
Salvation Army site
United Way organization
Faith- based organization
21st Century Community Learning Center
Police Athletic League
Food bank
Tribal organization.....
Other
(Please specify)_____

3. Is the site where you provide At-Risk meals and/or snacks licensed as a child care center?

- Yes
- No.....

4. Do children attending the afterschool program at your site enroll or is attendance on a “drop in” basis?

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

5. Which of the following age groups do you serve in your afterschool program?

- 0-12 months
- 1 and 2 years
- 3 through 5 years
- 6 through 9 years
- 10 through 12 years
- 13 through 18 years

6. What kinds of educational and enrichment programming does the afterschool component of your site offer to the children? (*Check all that apply*)

- Recreation
- Nutrition education on healthy eating.....
- Education on growing healthy foods
- Good citizenship.....
- Anti-bullying.....
- Arts education
- Physical education
- General academic assistance
- Academic tutoring on specific subjects
- Other
- (Please specify)_____

History of Your Site’s CACFP Participation and Experience at Initial Enrollment in At-Risk CACFP

7. In what year did your site first begin participating in any part of the CACFP?

|_|_|_|_|

- Don’t know

8. Have you ever claimed any afterschool snacks in the At-Risk CACFP?

- We currently claim At-Risk afterschool snacks
- We claimed At-Risk afterschool snacks in the past but not currently
- We have never claimed At-Risk afterschool snacks → **GO TO QUESTION 9**

8a. In what year did your site start claiming afterschool snacks in the At-Risk CACFP?

|_|_|_|_|

Don't know

9. Have you ever claimed any afterschool meals in the At-Risk CACFP?

- We currently claim At-Risk afterschool meals
- We claimed At-Risk afterschool meals in the past but not currently
- We have never claimed At-Risk afterschool meals..... → **GO TO QUESTION 10**

9a. In what year did your site start claiming afterschool meals in the At-Risk CACFP?

|_|_|_|_|

Don't know

Please answer the remainder of the questions in this section thinking back to when you first applied to participate in the At-Risk CACFP.

10. How did you first find out about the At-Risk CACFP? (*Check one box*)

- In a local newspaper
- On the radio
- Posters, Flyers or brochures
- From an advocacy organization
- From a friend.....
- Someone contacted me from the State agency...
- Someone contacted me from a CACFP sponsoring organization.....
- From the organization that administers my site ...
- Social media.....
- Other
- (Please specify)_____
- Don't know

11. The following is a list of possible reasons why organizations might want to participate in the At-Risk CACFP. Please rank the three reasons you consider to be most important, with “1” being the most important, “2” being the second most important, and “3” being the third most important reason your organization participates. (*Rank 3*)

	<u>Rank</u>
Allows us to provide food to children who are at risk of hunger	__
Supports afterschool enrichment programming	__
Less paperwork requirements than non-At-Risk CACFP .	__
Area eligibility instead of individual eligibility	__
Does not require us to meet licensing requirements, just health and safety requirements	__
Higher reimbursement than non-At-Risk child care CACFP	__
Individual enrollment is not required	__
Can serve older children in At-Risk CACFP than in non-At-Risk child care CACFP	__
Teaches me and my staff to plan and prepare nutritious meals	__
Helps children develop healthy eating habits	__
Other	__
(Please specify)_____	

12. How difficult would you say it was for your site to apply and be determined eligible to claim At-Risk afterschool meals and snacks?

Very difficult.....

Somewhat difficult.....

Not difficult at all..... → **GO TO QUESTION 13**

Don't know

12a. What factors posed barriers to your initial enrollment? (Check all that apply)

- Area eligibility rules
- State and local health and safety requirements...
- Program enrichment activities requirement
- Documenting licensing/registration status
- Documenting funding and staffing
- Meal pattern requirements
- Determining how to budget for meals
- Not enough cooking staff
- Limited food preparation space.....
- Limited food storage space.....
- No experience planning or preparing CACFP meals.....
- No experience with food service contracts (vended meals)
- Other
- (Please specify) _____

IMPORTANT NOTE: Please answer Question 13 if prior to claiming At-Risk CACFP meals your site provided only afterschool snacks. All other respondents should go to Question 14.

13. When you began participating in the At-Risk CACFP for afterschool meals, what were the three greatest challenges that you faced? (Check 3 boxes)

- We experienced no challenges → **GO TO QUESTION 14**
- Learning how to plan menus
- Determining how much food to purchase or prepare
- Finding enough food storage space.....
- Storing foods at the correct temperature
- Finding food preparation space
- Planning a kitchen.....
- Meeting food sanitation requirements.....
- Hiring skilled food service workers.....
- Training staff to serve meals
- Meal clean up.....
- Budgeting meals
- Completing CACFP food service records
- Recordkeeping (other than food service records)
- Training staff to assure our site's compliance with CACFP rules.....
- Other
- (Please specify) _____
- Don't know

Your Site's Schedule and At-Risk Afterschool Meal/Snack Service

14. In October 2014, to how many children did you serve CACFP At-Risk afterschool meals and/or snacks?

Total number of children served |__|__|__|

15. In October 2014, what was the total number of each type of afterschool meal and snack that your site claimed in the At-Risk CACFP?

At-Risk breakfast..... |__|__|__|__|

At-Risk lunch |__|__|__|__|

At-Risk supper..... |__|__|__|__|

At-Risk snack |__|__|__|__|

16. On weekdays when school is in session, which days and hours does your site usually operate after school care? If it is usually closed on a particular day of the week for after school hours, please check "My site is usually closed after school on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site is usually closed after school on that day
Monday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>
Tuesday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>
Wednesday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>
Thursday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>
Friday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>

17. On the weekdays you operate when school is in session, which of the following afterschool meals and snacks does your site usually claim in the At-Risk CACFP? (*Check all that apply*)

At-Risk lunch

At-Risk supper.....

At-Risk snack

18. During the school year, does your site provide services to children on weekdays when school is not in session, such as during school vacations and/or teacher training days?

Yes

No..... → **GO TO QUESTION 19**

18a. During the school year, on weekdays when school is not in session, what hours does your site provide services to children? (Circle AM or PM)

Start Time: |__|__| : |__|__| AM or PM

End Time: |__|__| : |__|__| AM or PM

18b. During the school year, on weekdays when school is not in session, which of the following afterschool meals and snacks does your site usually claim in the At-Risk CACFP? (Check all that apply)

At-Risk breakfast.....

At-Risk lunch.....

At-Risk supper.....

At-Risk snack.....

19. During the school year, does your site provide services to children on weekend days?

Yes.....

No..... → **GO TO QUESTION 20**

19a. On weekends during the school year, which days and hours does your site provide services to children? If it is usually closed on Saturday or Sunday, please check “My site is usually closed on that day.”

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site is usually closed on that day
Saturday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>
Sunday	__ __ : __ __ AM/PM	__ __ : __ __ AM/PM	<input type="checkbox"/>

19b. On weekends during the school year, which of the following afterschool meals and snacks does your site usually claim in the At-Risk CACFP? (Check all that apply)

At-Risk breakfast.....

At-Risk lunch.....

At-Risk supper.....

At-Risk snack.....

20. Are all, some, or none of your At-Risk afterschool meals prepared by another organization (e.g. a food bank, commercial food service vendor, or CACFP sponsor) and provided to your site as “ready to serve?” (By “ready to serve” we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.)

All At-Risk meals are provided to us by another organization “ready to serve”.....

Some At-Risk meals are provided to us “ready to serve” and some meals are prepared on site.....

No At-Risk meals are provided to us “ready to serve;” all At-Risk meals are prepared at our site..... → **GO TO QUESTION 21**

20a. Where are most of the At-Risk afterschool meals you serve prepared? (Check one box)

- At a central kitchen of my organization or my CACFP sponsor
- A local school that is not my sponsor.....
- A commercial food service vendor.....
- A local restaurant or delicatessen with a catering permit
- At a food bank or emergency kitchen
- At a homeless shelter
- At another community site
- Other
(Please specify) _____
- Don't know

21. Do the At-Risk afterschool meals you serve usually include only cold foods, only hot foods, or both hot and cold foods?

- Only cold foods
- Only hot foods
- Both hot and cold foods

Your Site's Participation in Non-At-Risk CACFP

The next few questions ask specifically about the meals and snacks your site may claim in the non-At-Risk child care part of CACFP.

IMPORTANT NOTE: We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!

22. Do you claim any meals and/or snacks in non-At-Risk child care CACFP?

- Yes
- No → **GO TO QUESTION 27**

23. On weekdays during the school year, which of the following meals and snacks does your site usually claim in non-At-Risk child care CACFP? (Check all that apply)

- We don't claim any non-At-Risk meals and snacks on weekdays
- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Supper
- Evening Snack

24. On weekends during the school year, which of the following meals and snacks does your site usually claim in non-At-Risk child care CACFP? *(Check all that apply)*

- We don't claim any non-At-Risk meals and snacks on weekends.....
- Breakfast
- Morning snack.....
- Lunch
- Afternoon snack
- Supper.....
- Evening snack.....

25. For which of the following age groups does your organization claim meals and/or snacks in non-At-Risk child care CACFP? *(Check all that apply)*

- 0-12 months
- 1 and 2 years
- 3 through 5 years
- 6 through 9 years
- 10 through 12 years

26. Do you currently face any challenges participating in both the At-Risk and non-At-Risk child care CACFP?

- Yes
- No..... → **GO TO QUESTION 27**

26a. What are the two biggest challenges your site faces participating in both the At-Risk and non-At-Risk child care CACFP? *(Check up to 2 boxes)*

- Maintaining separate meal counts for both parts of CACFP
- Maintaining two systems of eligibility
- Training staff on differences in recordkeeping for both parts of CACFP.....
- Claiming under At-Risk and non-At-Risk parts of CACFP during the school year and only non-At-Risk child care CACFP during the summer
- Budgeting when some meals are paid at the free rate and others at a mix of free, reduced and paid rates
- Other
- (Please specify) _____

Outreach

27. Does your organization conduct any outreach efforts to promote participation in your afterschool meals/snacks program?

- Yes
- No..... → **GO TO QUESTION 28**

27a. What kinds of outreach methods has your organization used? *(Check all that apply)*

- Press releases
- Flyers/brochures at local schools.....
- Flyers /brochures at local libraries
- Flyers/brochures at local stores
- Social media.....
- Other
- (Please specify) _____

28. Do other organizations conduct outreach to promote participation in your afterschool meals/snacks program?

- Yes
- No.....
- Don't know } **GO TO QUESTION 29**

28a. What other organizations conduct outreach for your afterschool meals/snacks program?

- My CACFP sponsor
- Advocacy organizations
- Local schools
- Religious organizations
- Food banks
- Local community organizations.....
- Other
- (Please specify) _____

29. Which of the outreach methods do you think have been the most effective in bringing children into your afterschool meals/snacks program? *(Check all that apply)*

- No outreach has been conducted for our afterschool meals/snacks program
- Press releases
- Distributing flyers/brochures at local schools.....
- Distributing flyers/brochures at local libraries
- Distributing flyers/brochures at local stores
- Outreach by advocacy organizations
- Outreach by local schools
- Outreach by religious organizations.....
- Other organizations that serve families in our community.....
- Social media.....
- Other
- (Please specify) _____

Non-CACFP Supports for Meals and Snacks
--

30. Currently, does this site receive any non-CACFP food, funding, or in-kind supports to purchase, prepare or serve the meals and/or snacks you serve after school, on weekends, or during school holidays?

- Yes
- No..... → **GO TO QUESTION 31**

30a. In what year did you start receiving this food, funding or in-kind supports to purchase, prepare or serve meals and snacks in your program?

____|____|____|____|

Don't know

30b. From which non-CACFP sources do you currently receive food, funding or in-kind supports for these purposes? *(Check all that apply)*

- From emergency food assistance programs such as food banks, food pantries or soup kitchens
- From funding for housing or shelter services.....
- From Head Start or Early Head Start programming
- From charitable organizations.....
- From my organization's operating budget
- From fundraising efforts specifically for food
- donations.....
- Fees charged to parents
- Other
- (Please specify) _____

Training and Support on At-Risk CACFP

In the following questions, we're interested in the training and other assistance that your CACFP sponsor and/or State CACFP agency provided to you on the At-Risk CACFP during the past 12 months, as well as on what topics it would be helpful to receive more training or assistance.

31. During the past 12 months, did you and/or your staff receive training from your CACFP sponsor and/or State Agency on any topics specific to At-Risk CACFP?

- Yes
No..... → **GO TO QUESTION 32**

31a. During the past 12 months, what was the most common format that your CACFP sponsor used to provide this training? (Check one box)

- Web-based.....
In-person group classes or workshops ...
One-on-one
Other
(Please specify) _____

31b. During the past 12 months, on which of the following At-Risk CACFP-related topics have you and/or your staff received training from your CACFP sponsor and/or State Agency? (Check all that apply)

- Requirements specific to At-Risk CACFP
CACFP meal requirements
CACFP recordkeeping requirements
Preparing and filing monthly reimbursement
claims
At-Risk area eligibility.....
Coordination of recordkeeping between your
non-At-Risk and At-Risk CACFP
CACFP monitoring requirements
Health and safety standards
Serious deficiencies
Maintaining confidentiality
USDA civil rights requirements
Food purchasing
Menu planning.....
Food preparation.....
Food safety/food service operations
Nutrition
Physical activity
Obesity prevention
Best practices in after school programs.....
Staff wellness
Parent relations
Recognizing abuse and neglect.....
Other
(Please specify) _____

31c. How satisfied are you with the training your site received from your CACFP sponsor and/or State Agency on the At-Risk CACFP?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied.....

32. During the past 12 months, have you received any technical assistance regarding At-Risk CACFP from your CACFP sponsor and/or State CACFP Agency?

- Yes
- No..... → **GO TO QUESTION 33**

32a. On what topics did you receive technical assistance from your CACFP sponsor and/or State CACFP Agency? *(Check all that apply)*

- Menu planning/sample menus
- Food vendor contracts
- Staff training
- Budgeting
- Computer support
- Other
- (Please specify) _____

32b. How satisfied are you with the technical assistance available from your CACFP sponsor specific to At-Risk CACFP?

- Very satisfied.....
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied.....
- Very dissatisfied.....

33. Has your CACFP sponsor or State agency provided you any tools or materials that have helped you to meet the requirements of the At-Risk CACFP?

- Yes
- No..... → **GO TO QUESTION 34**

33a. Please briefly describe these tools or materials.

Summer Programming

34. During Summer 2014, was your afterschool site open for any programming for children?

- Yes
No..... → **GO TO QUESTION 38**

35. During Summer 2014, on a typical day approximately how many children attended your site?

Number of children..... |__|__|__|

36. Is your afterschool program site in an area with a 12- month school year?

- Yes
No..... → **GO TO QUESTION 37**

36a. During Summer 2014, did you claim any meals and/or snacks from the At-Risk CACFP?

- Yes
No.....

37. During Summer 2014, did you operate as a site for the Summer Food Service Program?

- Yes → **GO TO QUESTION 39**
No.....

37a. What are the two main factors that prevented you from being a Summer Food Service Program site? (Check up to 2 boxes)

- State agency approval
- Challenges in obtaining licensing or health and safety approval.....
- Staffing limitations
- Lack of transportation for the children
- Lack of sufficient programming space
- There are one or more Summer Food Service sites in the area.....
- Have never considered participating in the Summer Food Service Program
- The Summer Food Service Program and CACFP program operate out of two different agencies in my State.....
- Other
(Please specify) _____

- Just not interested in participating → **GO TO QUESTION 39**
Don't know

38. Would you like to be a site for the Summer Food Service Program?

Yes
No → **GO TO QUESTION 39**

38a. What kind of information and/or help would you need to consider becoming a site for the Summer Food Service Program?

Suggestions for Improving At-Risk CACFP

39. Do you need more training or tools to help you implement At-Risk CACFP?

Yes
No } **GO TO QUESTION 40**
Don't know

39a. On which of the following topics does your site need more training or tools to help you implement At-Risk CACFP?

- How to plan menus/sample menus.....
- Food purchasing
- Food storage
- Preparing healthy, child-friendly meals...
- Contracting for vended meals
- Food service budgeting
- Other
- (Please specify) _____

40. Based on your experience, do you think any other areas of At-Risk CACFP need to be improved?

Yes
No → **Thank you!**

40a. What suggestions do you have for improving At-Risk CACFP?

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

**CACFP Sponsor and Provider Study
Westat
1600 Research Blvd.
Rm. _____
Rockville, MD 20850**

At-Risk Provider Questions Addendum: Information Collected From Sponsors via Web Survey

1. Did this center submit a claim for meals served to children who were **not** in this center's at-risk afterschool meals program in October 2016?

Yes → **GO TO QUESTION 2**
No..... → **THANK YOU**

2. What was this center's enrollment for the **regular** CACFP in October 2016?

_____ Children

3. For how many of these children were meals reimbursed at the free, reduced-price, and paid rates?

Free _____

Reduced-price _____

Paid _____

Please check to make certain that these numbers add up to the total enrollment reported in Question 2.

Thank you.

Follow-Up Survey Instruments

Follow-Up Survey State Instrument

1. Did this center submit a claim for meals served in October 2016?

YES _____ GO TO QUESTION 2

NO _____ SKIP TO NEXT CENTER.

2. What was this center's enrollment for the **regular** CACFP in October 2016?

_____ CHILDREN

3. For how many of these children were meals reimbursed at the free, reduced-price, and paid rates?

Free _____

Reduced-Price _____

Paid _____

Please check to make certain that these numbers add up to the total enrollment reported in Question 2.

Follow-Up Survey ICCC Instrument

1. Did your center submit a claim for meals served in October 2016?

YES _____ GO TO QUESTION 2

NO _____ THANK YOU.

2. What was your center's total enrollment in October 2016?

_____ CHILDREN

3. Of the <number from Q.2> children on this center's October 2016 claim for reimbursement, how many were for meals reimbursed at the free, reduced-price, and paid rates?

Free _____

Reduced-Price _____

Paid _____

Please check to make certain that these numbers add up to the total enrollment reported in Question 2.

Follow-Up Survey FDCH Instrument

1. Did this provider submit a claim for meals served in October 2016?

YES _____ GO TO QUESTION 2

NO _____ THANK YOU.

2. What was the tiering status of this FDCH?

Tier I _____

Tier II-Low _____

Tier II-Mixed _____

Tier II-Hi _____

3. How many children were included on this FDCH's October 2016 claim for reimbursement?

_____ Children included in March 2016 claim

4. Of the <number from Q.3> children on this FDCH's October 2016 claim for reimbursement, how many were for meals claimed at the Tier I and Tier II rates?

_____ Children at Tier I rates

_____ Children at Tier II rates

Follow-Up Survey At-Risk Center Instrument

1. Did this center submit a claim for meals served to children who were **not** in this center's at-risk afterschool meals program in October 2016?

YES _____ GO TO QUESTION 2

NO _____ THANK YOU

2. What was this center's enrollment for the **regular** CACFP in October 2016?

_____ CHILDREN

3. For how many of these children were meals reimbursed at the free, reduced-price, and paid rates?

Free _____

Reduced-Price _____

Paid _____

Please check to make certain that these numbers add up to the total enrollment reported in Question 2.

THANK YOU.