

Appendix L

Meal and Snack Cost Data Collection Instruments

L.1. Sponsor/Center Cost Interview



Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

SPONSOR/CENTER COST INTERVIEW

PUT SPONSOR / CENTER COST INTERVIEW LABEL #1 HERE

PUT SPONSOR / CENTER COST INTERVIEW LABEL #2 HERE

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a mandatory collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.75 hours (45 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)

ABOUT THE STUDY. SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA. Participation in this study is mandatory, per Section 28 of the National School Lunch Act.

DATA COLLECTION ACTIVITY. The Sponsor Cost Interview will gather information about reported expenses, identify unreported expenses, confirm reported revenues, and identify vendors used for CACFP foods and collect price documentation. It is expected to take 65 minutes to complete (on average).

PROTECTING PRIVACY. All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

QUESTIONS. If you have questions about the study please call us toll-free at [PHONE], email us at [EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.

Sponsor CACFP Staff Cost Interview

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

Additional Respondents

Name: _____	Title: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____	Email: _____

- ☐ Check here if selected provider is an independent center and move on to module 2, Support Staff Cost Interview.

Sponsor Staff Overview

First, I would like to get an overview of the staff of your organization. I would like to know if your organization employs different types of staff. For these questions, please include contractors or consultants with ongoing roles. Do not include any staff based in child care centers or schools.

Does your sponsor organization employ [TYPE OF NON-CENTER STAFF]?

IF YES: Does this position have a direct role, a support role, or no role in the CACFP?

- A **direct role** means that they spend time on tasks that are directly and specifically part of CACFP operations, including food service or CACFP administration.
- A **support role** means they do tasks that support CACFP and other programs.
- Examples of a direct role include meal production, submitting reimbursement claims, training staff, and purchasing food.
- Examples of a support role include administering payroll, managing staff who work CACFP and other programs, or maintaining classrooms and other facilities not just used for food service.

CHECK THE APPROPRIATE RESPONSES FOR EACH TYPE OF STAFF IN THE GRID. A RESPONSE IN COLUMN A SHOULD BE CHECKED FOR EACH TYPE OF SPONSOR-LEVEL STAFF. COLUMN B SHOULD BE COMPLETED FOR EACH STAFF TYPE WITH "YES" IN (A).

SPONSOR STAFF GRID Type of Non-Center Staff	(A) Employed by SPONSOR (AGENCY/ORG)?		(B) Does this position have a direct CACFP role, a support role, or no role?		
	Yes	No	Direct	Support	None
a. SPONSOR Director/CEO	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Child care director (not CEO)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. CACFP/Food service supervisor	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Nutritionists or dietitians	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Central kitchen staff*	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Staff supervising multiple centers, such as regional managers	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Finance staff (CFO, bookkeeper, fiscal support)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other administrative staff, such as secretaries, receptionists, or department administrators	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Maintenance staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Warehouse staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Drivers (include ALL drivers)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Any other staff not listed above? SPECIFY:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Other:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Other:	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

* A central kitchen is a facility that produces foods and/or meals that are sent to child care centers or schools to be served there; central kitchens do not serve food on site.

Now we are going to create a staff roster and time allocation grid that will help us to analyze the labor cost for your staff who have direct roles in CACFP. I will ask you to list the different job titles or positions of all such staff, listing regular and temporary staff separately. Later in the interview we will compile information on support staff who have support roles for CACFP, such as a payroll administrator for the entire agency.

ON STAFF ROSTER, LIST TITLES FOR ALL STAFF TYPES WITH "DIRECT" CHECKED ABOVE INCLUDING CONSULTANTS AND COMPLETE THE STAFF ROSTER WITH THE LEAD CONTACT. FOLLOW-UP AFTER THE INTERVIEW IF THE CONTACT DOES NOT PROVIDE SALARY INFORMATION (COLUMN 4).

Roster for Sponsor Staff with Direct CACFP Roles Food Service and CACFP-Related Activities Time Allocation Grid for Sponsor Staff

First I'm going to give you handouts 1 and 2. These are the questions I'll ask you about each employee with a direct CACFP role that we just identified. GIVE RESPONDENT HANDOUTS 1 AND 2. For column 2, how many [TITLE/POSITION]s have a direct CACFP role?

IF MORE THAN 1: ONLY LIST MULTIPLE EMPLOYEES ON ONE LINE IF **COLUMNS 4 THROUGH 7** ON THE STAFF ROSTER AND **COLUMNS 8 THROUGH 15** ON THE TIME ALLOCATION GRID ARE ALL THE SAME FOR EACH EMPLOYEE. THEY MUST SPEND THE SAME PERCENTAGE OF TIME ON VARIOUS CACFP ACTIVITIES IN COLUMNS 8 THROUGH 15 TO BE INCLUDED IN THE SAME ROW ON THE ROSTER.

USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF. ADJUST THE WORDING FOR COLUMNS 3A THROUGH 7 IF MORE THAN ONE PERSON IS IN A ROW.

INTERVIEWER: COMPLETE COLUMNS 1 THROUGH 15 FOR EACH EMPLOYEE BEFORE MOVING ON TO THE NEXT EMPLOYEE/ROW.

For column 3a, what is this person's salary or wage? ASK FOR LOW AND HIGH AMOUNTS IF MORE THAN ONE PERSON IS IN THE ROW.

For column 4, what is this person's total paid hours per week?

For column 5, what is this person's total paid weeks per year?

For column 6, is this person regular staff? Regular staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

For column 7, how many hours per week, month, or year does this person work on CACFP activities?

COLUMNS 1, 3, 4, 5, AND 6 CAN BE COMPLETED BY HUMAN RESOURCES/ACCOUNTING OFFICIAL.

Now I am going to give you Handout 3. This handout lists CACFP activities with examples for each. For example, breakfast production includes the time spent preparing and serving breakfast and cleaning up after breakfast. GIVE THE RESPONDENT HANDOUT 3.

For each position in the roster, please tell me the percentage of time spent on activities below in Fiscal Year 2022. For each task we're looking for the percentage of the person's CACFP-related hours spent on this task, so that the total of all tasks equals 100% of their CACFP-related food service time.

(1)	(2)	(3a)		(3b)		(4)	(5)	(6)		(7)
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/Week	Total Paid Weeks/Year	Regular (Full Benefits)	Other (Limited/No Benefits)	Total Work related to CACFP Hours / Period
1. CACFP supervisor	<u>1</u>	\$ <u>25,000</u> per		\$ _____ per		20	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>20</u>
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Roster for Sponsor Staff with Direct CACFP Roles Food Service

INTERVIEWER: COMPLETE COLUMNS 1 THROUGH 15 FOR EACH EMPLOYEE BEFORE MOVING ON TO THE NEXT EMPLOYEE/ROW.

NOTE: The below Roster for Sponsor Staff with Direct CACFP Roles in Food Service and CACFP-Related Activities Time Allocation Grid for Sponsor Staff each had rows for 11 titles/positions. Only one page (three rows) for each is included in this version.

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits) Other (Limited/ No Benefits)		(7) Total Work related to CACFP Hours / Period
1.		\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>	____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
2.		\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>	____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
3.		\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>	____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

CACFP-Related Activities Time Allocation Grid for Sponsor Staff

INTERVIEWER: RECORD THE PERCENTAGE OF CACFP-RELATED TIME SPENT ON EACH ACTIVITY BELOW. TOTAL CACFP TIME WAS CAPTURED IN COLUMN 7 ABOVE. TO CALCULATE PERCENTAGES WHEN THE RESPONDENT GIVES HOURS, DIVIDE THE HOURS SPENT ON THE TASK BY THE TOTAL NUMBER OF HOURS SPENT ON CACFP-RELATED WORK (COLUMN 7 IN THE TABLE ABOVE).

NOTE: EACH ROW SHOULD ADD UP TO 100 PERCENT

(1) Title/Position <i>LIST TITLE/POSITION FROM ROSTER ABOVE</i>	(8) Breakfast Production %	(9) Lunch Production %	(10) Breakfast and Lunch Production %	(11) Snack Production %	(12) Supper Production %	(13) FCCH Administration %	(14) CACFP/ Food Service Administration for CCCs %	(15) Other- CACFP/ Food Service for CCCs %	CACFP/ Food Service Total (Should =100%)
1.									= 100%
2.									= 100%
3.									= 100%

Support Staff Cost Interview

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

Additional Respondents

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

SUPPORT STAFF COST INTERVIEW

THIS INTERVIEW SHOULD BE COMPLETED WITH THE SPONSOR CACFP/CHILD CARE DIRECTOR AND BUSINESS MANAGER, PREFERABLY TOGETHER. IT MAY REQUIRE FOLLOW-UP WITH OTHER ORGANIZATIONS WITH AN INTRODUCTION FROM THE SPONSOR.

INTRODUCTION. In this part of the interview, we will talk about the functions that support both CACFP and food service operations as well as other programs in [your organization's child care centers/child care centers your organization sponsors]. So far the staff cost interviews have captured estimates of how much time staff spend specifically on CACFP food service activities.

In this interview, we want to capture those staff who perform tasks that support both CACFP food service as well as child care or other programs in your organization and who have not already been captured on the other staff cost interviews. It may not be easy to separate out the time spent on these activities in support of CACFP food service from time spent in support of other programs; this interview, therefore, will capture the total time spent performing these activities.

SCRIPT FOR SUPPORT FUNCTION COST GRID (WORK ACROSS THE ROWS)

GIVE THE RESPONDENT HANDOUT 4.

This handout has definitions for the activities, or support functions, that I am going to review with you to determine which should be included in this interview. As we go through the list, please refer to the definitions on the handout.

Think about the staff who handle [TASK] in support of CACFP food service and administration.

Q1: Can the time spent on this task in support of CACFP food service be reported separately, or is this time combined with time performing this activity for other programs?

- 1 ☐ CACFP time can be reported separately → Q2
- 2 ☐ Time is combined with support of other Programs → INCLUDE THIS TASK ON PROCESS GRID
- 3 ☐ Organization does not have anyone who does this task → CHECK TASK N/A AND GO TO NEXT TASK

Q2: I want to be sure we've already captured this time on a staffing cost interview. WORK WITH RESPONENT TO MAKE SURE TIME IS ON THE Center Food Service Cost Interview(s), Center Director Cost Interview(s) or the Sponsor CACFP Staff Cost Interview Module.

Support Function Cost Grid

TASK IN SUPPORT OF CACFP – FOOD SERVICE	TASK N/A	Q1: Can the time spent on this task in support of CACFP food service be reported separately, or is this time combined with time performing this activity for other programs?	Q2: WORK WITH RESPONENT TO MAKE SURE TIME IS ON THE Center Food Service Cost Interview(s), Center Director Cost Interview(s) or Sponsor CACFP Staff Cost Interview module
a. Accounting, budget, finance and payroll	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
b. Data processing operations and programming	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
c. Administration of personnel, benefits and human resources	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
d. Purchasing and contracting	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
e. General administration and policy	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
f. Custodial and janitorial	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
g. Building operations and maintenance	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
h. Equipment and vehicle operations and maintenance	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
i. Refuse disposal, pest control and other sanitation	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
j. Security	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv
k. Storage and transportation of goods	<input type="checkbox"/>	<input type="checkbox"/> CACFP time can be reported separately → Q2 <input type="checkbox"/> Time is combined with support of other Programs → INCLUDE ON GRID	<input type="checkbox"/> Center Food Service Cost Intv <input type="checkbox"/> Center Director Cost Intv <input type="checkbox"/> Sponsor CACFP Staff Intv

Process Grid for Other Support Staff - Instructions

GIVE RESPONDENT HANDOUT 5.

To estimate the time spent on tasks in support of CACFP and other programs that is not already captured on another staffing cost interview, I will ask you some questions about the staff that perform this task and for how long. The goal is to estimate the total number of hours spent in Fiscal Year 2022 on this task. That means all the time spent on the task, including time in support of CACFP and in support of other Programs.

The first task identified as a support task is [FIRST TASK WITH “TIME IS COMBINED WITH SUPPORT OF OTHER PROGRAMS” CHECKED IN Q1 IN THE SUPPORT FUNCTION COST GRID].

COMPLETE COLUMNS b-d FOR EACH TASK WITH “TIME IS COMBINED WITH SUPPORT OF OTHER PROGRAMS” CHECKED IN Q1 IN THE SUPPORT FUNCTION COST GRID. REPEAT c AND d FOR EACH TYPE OF EMPLOYEE IDENTIFIED IN b.

(b) What types of employees do this task?

(c) How many employees of this type do this task?

(d) How many hours per week did each person of this type spend on this task during Fiscal Year 2022?

NOTE: FOR TASKS IDENTIFIED ON THE SUPPORT FUNCTION COST GRID ON THE PREVIOUS PAGE - CAPTURE ALL TIME EMPLOYEES SPEND ON THE TASK IN SUPPORT OF ANY PROGRAM, NOT JUST CACFP FOOD SERVICE.

NOTE: INCLUDE CONTRACTED PEOPLE (SUCH AS TEMP EMPLOYEES) WHO ARE PAID FOR THEIR TIME.

DO NOT INCLUDE CONTRACTED SERVICES (SUCH AS PAYING \$115 PER MONTH FOR TRASH REMOVAL)

NOTE: The below Process Grid for Support Staff had rows for 18 applicable tasks. Only one page (three rows) is included in this version.

Process Grid for Support Staff					
(a)	(b)	(c)	(d)		
Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	What types of employees do this task (i.e., title, position, etc.)?	How many employees of this type do this task?	How many hours per week did each person of this type spend on this task during FY 2022? (if hours per week are not available, fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M		
			Hours per Week? <i>or other period if necessary</i>		Weeks per Year? <i>or other period if necessary</i>
1.			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
2.			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
3.			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M

Support Staff Roster Instructions

GIVE RESPONDENT HANDOUTS 6 AND 7. **Now I would like to get information about the salaries or wages and how much these staff worked.** IN COLUMN 1, WRITE THE FIRST JOB TITLE OR POSITION LISTED ON THE PROCESS GRID FOR SUPPORT STAFF.

For column 3, how many [TITLE/POSITION]s work on support functions for CACFP and other programs?

IF MORE THAN 1: I can combine 2 or more staff on one row if they share the same information in the rest of the columns of this roster.

- (2) The same organization.
- (4) The low salary or wage and the high salary or wage in columns 4a and 4b are reported with the same time unit. For example, \$15 per hour and \$20 per hour.
- (5) The total paid hours per week are the same.
- (6) The total paid weeks per year are the same.
- (7) Whether the employees are all regular staff who receive full fringe benefits or all other staff, such as contract and temporary staff, who do not receive full fringe benefits.

INTERVIEWER: USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF. ADJUST THE WORDING FOR COLUMNS 3 THROUGH 7 IF MORE THAN ONE PERSON IS IN A ROW.

For column 2, what organization does this person primarily work for —the center, the sponsor, or another organization?

For column 4a, what is this person's salary or wage? ASK FOR LOW AND HIGH AMOUNTS IF MORE THAN ONE PERSON IS IN THE ROW.

For column 5, what is this person's total paid hours per week?

For column 6, what is this person's total paid weeks per year?

For column 7, is this person regular staff? Regular staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

REPEAT THESE STEPS BY WRITING THE SECOND JOB TITLE OR POSITION LISTED UNTIL ALL ARE RECORDED ON THE SUPPORT STAFF ROSTER.

NOTE: The below Support Staff Roster had rows for 16 titles. Only one page (four rows) is included in this version.

Support Staff Roster								
(1)	(2)	(3)	(4a)	(4b)	(5)	(6)	(7)	
Title	Organization	Number of Staff	(Low) Salary/Wage	High Salary/Wage	Total Paid Hours/Week	Total Paid Weeks/Year	Regular (Full Benefits)	Other (Limited/No Benefits)
1.	<input type="checkbox"/> Center <input type="checkbox"/> Sponsor <input type="checkbox"/> Other organization	_____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Center <input type="checkbox"/> Sponsor <input type="checkbox"/> Other organization	_____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Center <input type="checkbox"/> Sponsor <input type="checkbox"/> Other organization	_____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Center <input type="checkbox"/> Sponsor <input type="checkbox"/> Other organization	_____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly _____			<input type="checkbox"/>	<input type="checkbox"/>

CHECK THE FOLLOWING INFORMATION FOR THE SUPPORT STAFF ROSTER.

- ☐ THERE IS AN ENTRY ON THE SUPPORT STAFF ROSTER FOR EACH TYPE OF EMPLOYEE IN THE PROCESS GRID FOR SUPPORT STAFF.
- ☐ EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE PROCESS GRID FOR SUPPORT STAFF.
NO EMPLOYEE IS LISTED ON BOTH THE SPONSOR STAFF WITH DIRECT CACFP ROLES ROSTER AND THE SUPPORT STAFF ROSTER.

END OF SUPPORT STAFF COST INTERVIEW SCRIPT.

That is the end of the Support Staff Cost Interview. We may contact you later if we have follow-up questions on what we have discussed so far.

My next questions are about food prices and USDA Foods.

(IF END) Thank you for taking the time to complete these interviews with me. Your participation is vital to the success of the study.

Food Price and USDA Foods Checklist

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

Additional Respondents

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

TO READ TO RESPONDENT (SPONSOR / CENTER DIRECTOR)

This study is interested in the cost of producing CACFP meals and snacks served at [SAMPLED CHILD CARE CENTER]. As part of this, we need to know what your organization paid for food items served – including foods served as-is, and foods used in recipes the food service staff prepares.

We are only interested in those foods available to be served during the target week, [DATES]. Some of these foods will come out of inventory, and some will be delivered that week. Foods delivered for the week may include milk, produce, baked goods, and other perishables. They may also include plated foods, staples, and frozen foods that were ordered to arrive that week.

SCREENER

We need to know how you pay for the foods served at [SAMPLED CHILD CARE CENTER]. To begin, I need to know whether or not you purchase foods on a fee-per-meal basis.

FPM1. Do you pay a food service management company or other vendor or caterer a fee per meal that includes the cost of food? [IF CLARIFICATION NEEDED: A fee per meal can also be described as a fixed price per meal or snack, whether it is prepared in individual portions or in bulk.]

- 1 ☐ YES – CONTINUE TO QUESTION FPM2
- 0 ☐ NO – GO TO INSTRUCTIONS FOR FOOD PRICE CHECKLIST, ON PAGE 34

FEE-PER-MEAL QUESTIONS

FPM2. Do you have a fee-per-meal rate for breakfast for Fiscal Year 2023?

- 1 ☐ YES – CONTINUE TO QUESTION FPM2a
- 0 ☐ NO – GO TO – GO TO QUESTION FPM3
- 2 ☐ DOES NOT SERVE BREAKFAST – GO TO QUESTION FPM3

FPM2a. What was your fee-per-meal rate for breakfast for Fiscal Year 2023?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.]

\$ _____

FPM2b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee- per-meal rate for <u>breakfast</u> ?	C. [IF YES IN COLUMN B] How much of the fee- per-meal for <u>breakfast</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		<input type="checkbox"/> Percentage (%) <input type="checkbox"/> Dollars (\$)
2. Personnel	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		
3. Fee/Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		

FPM3. Do you have a fee-per-meal rate for lunch for Fiscal Year 2023?

- 1 ☐ YES – CONTINUE TO QUESTION FPM3a
- 0 ☐ NO– GO TO QUESTION FPM4
- 2 ☐ DOES NOT SERVE LUNCH – GO TO QUESTION FPM4

FPM3a. What was your fee-per-meal rate for lunch for Fiscal Year 2023?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.]

\$ _____

FPM3b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee- per-meal rate for <u>lunch</u> ?	C. [IF YES IN COLUMN B] How much of the fee- per-meal for <u>lunch</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		<input type="checkbox"/> Percentage (%) <input type="checkbox"/> Dollars (\$)
2. Personnel	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		
3. Fee/Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		

FPM4. Do you have a fee-per-meal rate for supper for Fiscal Year 2023?

- 1 ☐ YES – CONTINUE TO QUESTION FPM4a
- 0 ☐ NO – GO TO QUESTION FPM5
- 2 ☐ DOES NOT SERVE SUPPER – GO TO QUESTION FPM5

FPM4a. What was your fee-per-meal rate for supper for Fiscal Year 2023?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.]

\$ _____

FPM4b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee- per-meal rate for <u>supper</u> ?	C. [IF YES IN COLUMN B] How much of the fee- per-meal for <u>supper</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		<input type="checkbox"/> Percentage (%) <input type="checkbox"/> Dollars (\$)
2. Personnel	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		
3. Fee/Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		

FPM5. Do you have a fee-per-meal rate for snacks for Fiscal Year 2023?

- 1 ☐ YES – CONTINUE TO QUESTION FPM5a
- 0 ☐ NO– GO TO QUESTION FPM6
- 2 ☐ DOES NOT SERVE SNACKS – GO TO QUESTION FPM6

FPM5a. What was your fee-per-meal rate for snacks for Fiscal Year 2023?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.]

\$ _____

FPM5b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee- per-meal rate for <u>snacks</u> ?	C. [IF YES IN COLUMN B] How much of the fee- per-meal for <u>snacks</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		<input type="checkbox"/> Percentage (%) <input type="checkbox"/> Dollars (\$)
2. Personnel	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		
3. Fee/Administration	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK		

FPM6. In addition to the meals purchased on a fee-per-meal basis, do you also purchase any other foods, such as milk, snacks, formula, or any other foods, that are not included in the fee-per-meal rates?

1 ☐ YES

0 ☐ NO

FPM7. For each vendor that provides your organization prepared foods on a fee-per-meal basis, I would like a copy of a contract or bid document showing how much was paid for each meal by meal type.

IF FPM6=0, RECORD NAME OF VENDOR THAT PROVIDES PRE-PLATED MEALS IN FOOD PRICE CHECKLIST AND COLLECT RELEVANT DOCUMENTATION OR ARRANGE A TIME TO COLLECT THEM.

IF FPM6=1, RECORD NAME OF VENDOR THAT PROVIDES PRE-PLATED MEALS IN FOOD PRICE CHECKLIST AND COLLECT RELEVANT DOCUMENTATION OR ARRANGE A TIME TO COLLECT THEM. THEN FOLLOW INSTRUCTIONS FOR FOOD PRICE CHECKLIST ON PAGE 34.

INSTRUCTIONS FOR FOOD PRICE CHECKLIST

REFER TO “HANDOUT A: INTERVIEWER INSTRUCTIONS FOR FOOD PRICE CHECKLIST” FOR ADDITIONAL INFORMATION.

GIVE “HANDOUT 8: LIST OF FOODS”:

Here is a list of the types of foods your organization may receive from suppliers. Let’s walk through these foods, and come up with a list of vendors that provide these foods using the checklist. Vendors may include stores such as Wal-Mart, Costco, or local grocery stores, in addition to commercial food distributors like Sysco and local milk and bread suppliers.

COMPLETE CHECKLIST:

BEGIN WITH THE CATEGORY “MAJOR FOOD SUPPLIERS.”

Do you have any vendors that provide canned goods or staples?

WALK RESPONDENT THROUGH LIST OF FOODS AND WRITE DOWN VENDOR NAMES. CHECK OFF ALL FOODS THAT EACH VENDOR PROVIDES. LIST ALL VENDORS USED BY THE ORGANIZATION IN THE LAST MONTH.

ASK FOR DOCUMENTATION: **For each vendor listed, I need to know what kinds of documents you have that will help us to calculate the unit price of foods. To do this we need to know the price of a unit as delivered (for example one case), the number of pieces per unit, and the size of a piece. These documents may include:**

Summary or Bid Lists (Including Fee-per-Meal)

Summary: a report with unit price information and size of purchased unit on all foods purchased for the year to date or other period from a vendor, including foods from multiple invoices. A summary with the quantity purchased and the dollar amount paid for each food provides the unit price information; one with only quantity or total amount paid is not sufficient. Many vendors have ordering systems that can generate summaries.

Bid lists or contracts: the organization may have bid lists or contracts specifying unit prices and size of purchased unit for foods when a formal bidding process is used to select vendors.

Fee-Per-Meal: For organizations purchasing prepared foods on a fee-per-meal basis, obtain the contract or bid document showing how much was paid for each meal by meal type.

Inventory

Inventory reports: an inventory report is a document with the quantity and value of foods on hand that were received from multiple vendors.

Invoices or Receipts

Invoices: provides information for foods purchased or delivered at a particular time. Multiple invoices may be needed to obtain price information for all foods from a particular vendor. We prefer summaries, bid lists, or inventory reports over invoices or receipts when possible. Invoices are acceptable so long as they provide us with the price per unit.

Receipts: may be provided for food purchased at local stores if other documentation is not available. Organizations that purchase food from retailers may only have checkout register receipts. Receipts must have the products listed and should have package size or unit price if possible. Multiple receipts may be needed to obtain price information for all foods for the five-week time period. We prefer summaries, bid lists, or inventory reports over receipts if available.

CHECK OFF DOCUMENTATION TYPE AVAILABLE FOR EACH VENDOR.

IF DOCUMENTATION IS NOT IMMEDIATELY AVAILABLE, COPY CHECKLIST FOR RESPONDENT:

May I make a copy of this list so that you can use it as a checklist to gather invoices and other documents for the vendors?

GIVE "HANDOUT 9: VENDOR DOCUMENTS":

Here is a handout that describes the information we'll need.

ARRANGE A TIME TO COLLECT THE DOCUMENTATION IF NOT IMMEDIATELY AVAILABLE.

REVIEW DOCUMENTATION

ONCE YOU RECEIVE THE DOCUMENTATION PERFORM THE FOLLOWING CHECKS:

- ☐ MAKE SURE THAT DOCUMENTATION IS PROVIDED FOR ALL VENDORS LISTED
- ☐ MAKE SURE THAT ALL FOODS IDENTIFIED ON THE CHECKLIST ARE ACCOUNTED FOR IN THE DOCUMENTATION
- ☐ MAKE SURE THAT THE DOCUMENTATION CONTAINS THE NAME OF THE VENDOR, PRODUCT NAME, PRICE, NUMBER OF PIECES PER UNIT, AND SIZE OF THE PIECE
- ☐ MAKE SURE THAT THE DOCUMENTATION CLEARLY IDENTIFIES ANY USDA FOODS

IF YOU DO NOT RECEIVE DOCUMENTATION FOR A VENDOR ON THE CHECKLIST, WRITE **NP** ("NO PRICES") BY THE VENDOR NAME.

IF A FOOD CATEGORY IS IDENTIFIED ON THE CHECKLIST AND THE RESPONDENT CAN'T PROVIDE DOCUMENTATION FOR THAT FOOD CATEGORY, WRITE **NP** IN THE CHECKBOX.

[illegible]

USDA FOODS

FOOD COST AND USDA FOODS WORKSHEET, NOTES PAGES

[illegible]

Fringe Benefits and CACFP Financial Statement

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

Additional Respondents

Name: _____	Title: _____
Phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____	Email: _____

Fringe Benefit Rate

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

I will now ask you about your organization's fringe benefit rate. The fringe benefit rate is the amount your organization paid in employee benefits and employer paid taxes as a percentage of payroll. Benefits and taxes include: the employer's share of payroll taxes such as FICA and unemployment taxes; the employer paid portion of health, dental, vision, life and other insurance; and employer contributions to retirement/pensions.

For example: If the organization pays \$1 million in payroll and \$300,000 in benefits and taxes, the fringe rate is 30%.

A. What was the fringe benefit rate for all employees in your organization during Fiscal Year 2022?

FRINGE BENEFIT RATE FOR ALL EMPLOYEES: _____%

→ IF RESPONDENT GAVE A FRINGE RATE, GO TO THE "END OF FRINGE BENEFIT RATE" SCRIPT.

→ IF RESPONDENT DOES NOT KNOW THE FRINGE RATE, CONTINUE:

That's fine. We can calculate the overall fringe rate if you can provide me with three figures. You may need to refer to your organization's expense statement for this.

- FOR ROW 1, **what are the total salaries and wages for all employees?**
- FOR ROW 2, **what are the total payroll taxes for all employees?**
- FOR ROW 3, **what is the total cost of employee benefits?**

Row Number	Description	Amount
1.	Total salaries and wages	\$ _____
2.	Total payroll taxes	\$ _____
3.	Total employee benefits	\$ _____

END OF FRINGE BENEFIT RATE SCRIPT.

Next, I am going to ask you about CACFP revenues.

CACFP Revenue Statement

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

At this time I want to review the CACFP revenues that your organization can identify.

[PROVIDE RESPONDENT WITH HANDOUT 10]

Handout 10 provides definitions of the CACFP revenue categories that we are interested in and can be used as a reference during the interview:

- **CACFP meal/snack reimbursement**
- **Child payments for food only**
- **Adult payments for food only**
- **Credit in lieu of USDA Food**
- **Value of USDA Food**
- **Other foodservice revenue**

This information may be in a report specifically for the CACFP or in a more general financial statement or report. If your organization tracks revenues separately for its programs, the information may be in a revenue report for child care operations.

In preparation for our visit with you today, we asked you to gather your Fiscal Year 2021 and Fiscal Year 2022 revenue statements in advance. Do you have that available to reference during the interview?

NOTE: THE GOAL IS TO GET THE MOST COMPLETE FY 2021 AND FY 2022 STATEMENTS AVAILABLE. WE DO NOT EXPECT ALL CATEGORIES TO BE COVERED.

[IF RESPONDENT HAS PRINTED STATEMENTS READY] – CONTINUE TO QUESTION 1

IF RESPONDENT DOES NOT HAVE THE STATEMENTS READY — Ok, we will need to obtain a printed copy of the Fiscal Year 2021 and Fiscal Year 2022 CACFP revenue statements before we begin the interview. May I have a copy of this statement? [WAIT FOR RESPONDENT TO RETRIEVE COPY OF REVENUE STATEMENT]

NOTE: YOU WILL ONLY USE THE FY 2022 STATEMENT FOR THIS INTERVIEW. YOU WILL SCAN AND UPLOAD BOTH FY 2021 AND FY 2022 REVENUE STATEMENTS AFTER THE INTERVIEW.

1. Thank you for providing your financial statement with information on CACFP revenues. Please confirm the period covered by this statement.

CHECK ONE BELOW:

- 1 ☐ Federal Fiscal Year 2022 data available (Oct 2021 to Sept 2022)
- 2 ☐ Data for other period provided

PERIOD COVERED BY REVENUE STATEMENT:

___/___/___ TO ___/___/___

- 3 ☐ **No CACFP revenue statement available** [INTERVIEWER: ASK RESPONDENT IF THEY HAVE ANY RECORD OF CACFP REVENUES FOR THE CATEGORIES IN Q2, AND IF SO, FILL IN AVAILABLE TOTALS ON CACFP REVENUE STATEMENT WORKSHEET]

2. Which of the following types of CACFP revenues can your organization identify on the financial statement?

	YES	NO	NOT APPLICABLE
A. CACFP meal/snack reimbursement	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
B. Child payments for food only	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
C. Adult payments for food only	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
D. Credit in lieu of USDA Food	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
E. Value of USDA Food	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>
F. Other CACFP/food service revenue	1 <input type="checkbox"/>	0 <input type="checkbox"/>	na <input type="checkbox"/>

- A. [INDEPENDENT CENTERS] CROSS OUT COLUMNS (d) AND (e) ON REVENUE STATEMENT WORKSHEET.

CACFP Revenue Statement Worksheet

COMPLETE THE GRID FOR EACH REVENUE CATEGORY IDENTIFIED IN QUESTION 2

REVENUE CATEGORIES You said that you can identify revenues for [REVENUE CATEGORY].	(a) What were the total CACFP revenues for [ITEM]?	(b) Does this include revenues related to CACFP meals and snacks provided in child care centers serving children below school age?	(c) Does this include revenues related to CACFP for meals and snacks provided in child care centers serving ONLY school age children?
A. CACFP meal/snack reimbursement	\$ <input type="checkbox"/> DK → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Child payments for food only	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Adult payments for food only	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Credit in lieu of USDA Food	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Value of USDA Food	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Other CACFP/food service revenue (SPECIFY). ONLY INCLUDE ADDITIONAL ITEMS SPECIFICALLY LISTED ON THE REVENUE STATEMENT.

F.	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
G.	\$ <input type="checkbox"/> DK → GO TO NEXT ROW <input type="checkbox"/> NA → GO TO NEXT ROW	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total CACFP Revenues	\$ <input type="checkbox"/> DK → GO TO Q3 <input type="checkbox"/> NA → GO TO Q3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INTERVIEWER:

IF MULTIPLE LINE ITEMS ON THE REVENUE STATEMENT CORRESPOND TO ONE CATEGORY IN THE WORKSHEET, ADD ALL THE LINE ITEMS AND RECORD THAT NUMBER IN THE WORKSHEET.

IF THE ORGANIZATION DOES NOT HAVE REVENUES IN A CATEGORY, CHECK "NA" IN COLUMN (a).

ONLY COMPLETE THE TOTAL CACFP REVENUES ROW IF RESPONDENT IS UNABLE TO PROVIDE REVENUES FOR EACH CATEGORY SEPARATELY. WORK WITH THE RESPONDENT TO TRY TO BREAK OUT ROWS.

IF ANY ITEMS ARE CHECKED "YES" IN COLUMN (b), GO TO PAGE 32.

SPONSORS ONLY		
(d) Does this include revenues for administration of family child care homes that your organization sponsors?	(e) What we would like to do is break out just the reimbursements for administering and overseeing CACFP operations in family child care homes that your organization sponsors. Can you give me that amount?	NOTES IF NO FOR (b) OR (c) EXPLAIN IN NOTES COLUMN. EXPLAIN ANY OTHER ODD SITUATIONS.
<input type="checkbox"/> YES → ASK (e) <input type="checkbox"/> No → GO TO NEXT ROW	\$ <input type="checkbox"/> DK	
[not applicable]		
[not applicable]		
[not applicable]		
[not applicable]		
<input type="checkbox"/> YES → ASK (e) <input type="checkbox"/> No → GO TO NEXT ROW	\$ <input type="checkbox"/> DK	
<input type="checkbox"/> YES → ASK (e) <input type="checkbox"/> No → GO TO NEXT ROW	\$ <input type="checkbox"/> DK	
<input type="checkbox"/> YES → ASK (e) <input type="checkbox"/> No → GO TO Q3	\$ <input type="checkbox"/> DK	

3. IF ANY ITEMS ARE CHECKED "YES" IN COLUMN (b), ASK:

Do any of the centers serving children below school age also operate outside-of-school hours or at-risk afterschool programs for school-age children?

☐ YES

☐ NO

IF 3=YES, ASK:

1. Is the price charged to families for CACFP meals and snacks included in tuition, or do families pay separately?

CHECK ONE BELOW:

- 1 ☐ Price of meals and snacks is included in tuition
- 2 ☐ Families pay for meals and snacks separately
- 3 ☐ Price of meals and snacks is not charged to families in tuition or separately

END OF REVENUE STATEMENT SCRIPT.

IF MORE THAN ONE PROVIDER LISTED ON INTERVIEW LABEL:

Given the fact that your organization sponsors multiple centers in our study, we may have to contact you again for additional documentation. We will do our best to cluster visits together, but in cases where visits are more than 28 days apart, we'll need to collect updated food pricing information. This can be done over the phone or via email - a study member will contact you if this step is necessary.

This concludes our review of your revenues. Those are all the questions I have. Thank you very much for participating in SNACS-II.

L.2. Center Director Cost Interview



OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

CENTER DIRECTOR COST INTERVIEW

PUT CENTER DIRECTOR COST LABEL #1 HERE

PUT CENTER DIRECTOR COST LABEL #2 HERE

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a mandatory collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.75 hours (45 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)

ABOUT THE STUDY. SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA. Participation in this study is mandatory, per Section 28 of the National School Lunch Act.

DATA COLLECTION ACTIVITY. The Center Director Cost Interview will gather time use and payroll data for child care center staff whose job responsibilities do not primarily include food service. It is expected to take approximately 45 minutes to complete.

PROTECTING PRIVACY. All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

QUESTIONS. If you have questions about the study please call us toll-free at [PHONE], email us at [EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the
Study of Nutrition and Activity in Child Care Settings II.**

1. How many weeks was your center/program in operation overall during fiscal year 2022, which is October 2021 to September 2022? Please *exclude* breaks of a week or longer.

[IF NECESSARY: Please answer only for the sampled center/program]

|_|_| WEEKS OR |_|_|_| DAYS

2. How many hours per day overall did a typical salaried staff person in your center work during fiscal year 2022? Please include any unpaid overtime worked on a regular basis.

“Salaried” refers to employees that are not paid on an hourly basis; they are sometimes referred to as exempt staff.

|_|_| HOURS/DAY

3. (GIVE RESPONDENT YELLOW HANDOUT 1). Please refer to Handout 1, the Food Service Activity and Task List for Center Staff. This handout identifies food service and CACFP-related activities that may be done by child care center staff. I will ask you to tell me which of these activities involve you or other staff of this center, excluding employees whose job responsibilities primarily include food service, such as cooks and kitchen assistants who serve meals. We collected information about these employees in the Center Food Service Cost Interview. We want to capture teachers and aides in this interview.

STAFF THAT SPEND >50% OF THEIR TIME ON FOOD SERVICE ACTIVITIES SHOULD HAVE BEEN CAPTURED ON THE CENTER FOOD SERVICE COST INTERVIEW.

I will refer to staff whose job responsibilities do not primarily include food service as “non-food service staff.” We’ll go into the details of what non-food service staff do as part of each of these activities later. For now, do any of the non-food service staff members in this child care center [ACTIVITY]? (CHECK ONE RESPONSE FOR EACH ACTIVITY AND ASK FOR EACH ROW

FOOD SERVICE ACTIVITY TABLE

	ACTIVITY	YES	NO	DON'T KNOW	REFUSED
A.	Set up/Make Breakfast	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
B.	Serve Breakfast	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
C.	Set up/Make Lunch	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
D.	Serve Lunch	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
E.	Set up/Make Snack	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
F.	Serve Snack	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
G.	Set up/Make Supper	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
H.	Serve Supper	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
I.	CACFP/Food Service Administration	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
J.	Other CACFP/Food Service Activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

FOR ALL ACTIVITIES CHECKED AS 'YES', CIRCLE THE ACTIVITY ON YOUR COPY OF HANDOUT 1.

4. IF "J" IN FOOD SERVICE ACTIVITY TABLE ABOVE =YES: **Are there other food service or CACFP activities that I have not listed in which non-food service staff of this child care center are involved? If so, please describe these activities.**

- a. _____
- b. _____
- c. _____
- d. _____

- ☐ CHECK BOX IF THERE ARE NO NON-FOOD SERVICE STAFF WHO HELP WITH FOOD SERVICE AT THIS CENTER AND ALL EMPLOYEES WHO PERFORM TASKS IN SUPPORT OF FOOD SERVICE ARE ALREADY CAPTURED ON THE CENTER FOOD SERVICE COST INTERVIEW. PROCEED TO THE NEXT INTERVIEW (SPONSOR COST INTERVIEW - SUPPORT STAFF COST INTERVIEW).

You have just identified food service or CACFP activities that non-food service staff in your child care center perform. I want to find out how much time these staff spend each year for each of these activities. The reference period for time estimates is the 2022 fiscal year—October 2021 to September 2022.

For each general activity that you identified, I will ask you questions about specific tasks that are related. (GIVE RESPONDENTS HANDOUTS 2 AND 3). Now, please refer to Handouts 2 and 3. These are the questions I will ask you about each lettered activity listed on Handout 1 (READ THROUGH QUESTIONS A-D AND 1-6 IN HANDOUT 2 AND DIRECT RESPONDENT TO REVIEW HANDOUT 3). Do you have any questions before we start?

INSTRUCTIONS TO THE INTERVIEWER FOR STAFFING AND TIME GRID

THE PURPOSE OF THIS GRID IS TO COLLECT INFORMATION ON HOW MUCH TIME NON-FOOD SERVICE STAFF SPEND ON CACFP/FOOD SERVICE ACTIVITIES.

IN COLUMN (a), LIST EACH LETTERED TASK (FROM HANDOUT 1) PERFORMED BY NON-FOOD SERVICE STAFF. IN COLUMN (b) ENTER THE TITLE/POSITION OF STAFF (ONE STAFF TITLE/POSITION PER LINE – E.G. TEACHER, TEACHER AIDE). IN COLUMN (c), ENTER THE # OF EMPLOYEES IN THIS TITLE/POSITION WHO ARE INVOLVED IN THIS ACTIVITY AND SPEND THE SAME HOURS PER WEEK AND WEEKS PER YEAR ON THE TASK. IN COLUMN (d), ENTER THE # OF HOURS EACH EMPLOYEE IN THIS TITLE/POSITION SPENDS ON THE ACTIVITY AND THE TIME PERIOD OVER WHICH THIS ACTIVITY TAKES PLACE.

SCRIPT FOR STAFFING AND TIME GRID

The first task for this activity is [FILL]. (READ FIRST TASK LISTED UNDER FIRST CIRCLED ACTIVITY ON HANDOUT 1. FOR EXAMPLE, TASK A1, PRODUCING FOODS FOR BREAKFAST. BEGIN FILLING OUT THE STAFFING AND TIME GRID ON PAGE 9. THEN GO TO TASK A2)

a. Is this task done by any non-food service center staff?

(IF YES, WRITE TASK NUMBER AND ABBREVIATED TASK DESCRIPTION IN COLUMN A. COMPLETE COLUMNS B – D FOR EACH TASK THAT STAFF PERFORM. WHEN THE RESPONDENT CAN ONLY PROVIDE TIME ESTIMATES FOR A SET OF COMBINED TASKS, WRITE THE TASK NUMBERS THAT ARE BEING COMBINED IN COLUMN A.)

b. What types of employees do this task? For example, what is their title or position?

c. How many employees of this type do this task?

(ONLY LIST MULTIPLE EMPLOYEES ON ONE LINE IF COLUMNS B AND D ARE ALL THE SAME.)

d. How many hours did each person of this type spend on this task during the October 2021 to September 2022 fiscal year? I can record the number of hours per day, week, month, or year.

For how many periods per year?

(PERIOD IN SECOND AND THIRD COLUMNS IN COLUMN D MUST MATCH. FOR EXAMPLE, HOURS PER DAY AND DAYS PER YEAR, HOURS PER WEEK AND WEEKS PER YEAR, HOURS PER MONTH AND MONTHS PER YEAR, OR HOURS PER OTHER PERIOD AND OTHER PERIODS PER YEAR. IF HOURS PER YEAR IS REPORTED IN THE SECOND COLUMN OF COLUMN D, LEAVE THE THIRD COLUMN BLANK.)

MISSING TASKS REVIEW SCRIPT

AFTER COMPLETING ALL TASKS FOR A GIVEN ACTIVITY, ASK:

Have I left out a task for this activity?

IF YES: **Please tell me what it is, and what type of staff does it.** ((MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED. IF IT HAS NOT BEEN PREVIOUSLY LISTED, WRITE THE TASK DESCRIPTION IN NEXT AVAILABLE ROW IN COLUMN A. IF POSSIBLE, ASSIGN ACTIVITY LETTER, AND THEN COMPLETE COLUMNS B-D.)

WHEN ALL STAFFING AND TIME GRIDS ARE COMPLETE, LOOK AT THE FOOD SERVICE ACTIVITY TABLE RESPONSES. MAKE SURE ALL ACTIVITIES ARE ALREADY COVERED IN THE STAFFING AND TIME GRID. IF NOT, WRITE IT IN AND COMPLETE COLUMNS B – D. DO THIS FOR EACH IDENTIFIED MISSING ACTIVITY IN THE FOOD SERVICE ACTIVITY TABLE.

INSTRUCTIONS TO INTERVIEWER: DESCRIBE THE IDENTIFIED MISSING TASKS AND ASSIGN A LETTER CORRESPONDING TO THE APPROPRIATE ACTIVITY FOR THE TASK (A-J) FROM HANDOUT 1 IN COLUMN (a) OF THE NEXT BLANK ROW IN THE STAFFING AND TIME GRID. IF YOU CANNOT ASSIGN THE TASK TO AN ACTIVITY, THEN DO NOT ASSIGN AN ACTIVITY LETTER. MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED. THEN, FILL IN THE STAFF TYPE, NUMBER OF STAFF, TIME PER PERIOD, AND PERIODS PER YEAR.

NOTE: The below Staffing and Time Grid repeated on 10 pages. Only one page (three rows) is included in this version.

Staffing and Time Grid					
(a)	(b)	(c)	(d)		
Is this task done by non-food service center staff? (List task code and abbreviated description)	What types of employees do this task (i.e., title, position, etc.)?	How many employees of this type do this task?	How many hours did each person of this type spend on this task during the 2022 fiscal year? (fill in hours and number of periods, and circle type of period) PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M		
			Hours per Week? or other period if necessary		Weeks per Year? or other period if necessary
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other
			_____ hrs per	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y Other: _____	For: _____ <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Other

Instructions for Center Staff Roster

I will now collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.

COPY ALL OF THE TITLE/POSITIONS LISTED IN COLUMN B OF THE STAFFING AND TIME GRID INTO THE CENTER STAFF ROSTER COLUMN (1). BE SURE TO COPY EACH TITLE/POSITION ONCE, AND LIST IT WITH THE EXACT TEXT AND PHRASING YOU USED IN THE STAFFING AND TIME GRID. USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF. IN THE END, WE NEED TO LINK THE HOURS LISTED ABOVE TO THE SALARY FOR THAT POSITION.

I listed these titles or positions in column 1, and I'm going to ask you for the information for the rest of the columns.

DIRECT RESPONDENT TO GRID B OF HANDOUT 3.

ASK THE RESPONDENT COLUMNS (2) THROUGH (6) FOR EACH ROW; ADJUST THE WORDING IF A ROW HAS MORE THAN ONE STAFF PERSON IN COLUMN (2):

- For column 2, how many [TITLE/POSITION]s work on food service activities?
- For columns 3a and 3b, what is the salary or wage of this person?
- For column 4, how many paid hours per week does this person work?
- For column 5, how many paid weeks per year does this person work?
- For column 6, is this person regular status or not? Regular status staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

(1)	(2)	(3a)		(3b)		(4)	(5)	(6)	
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/ Week	Total Paid Weeks/ Year	Regular (Full Benefits)	Other (Limited/ No Benefits)
1. Center Assistant Director	2	\$50,000 per		\$55,000 per		_40_hrs/wk	_48_wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____				

NOTE: The below Center Staff Roster had rows for 15 titles/positions. Only one page (five rows) is included in this version.

Center Staff Roster									
(1)	(2)	(3a)		(3b)		(4)	(5)	(6)	
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/ Week	Total Paid Weeks/ Year	Regular (Full Benefits)	Other (Limited/ No Benefits)
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	____ hrs/wk	____ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	____ hrs/wk	____ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	____ hrs/wk	____ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	____ hrs/wk	____ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	____ hrs/wk	____ wks/yr	<input type="checkbox"/>	<input type="checkbox"/>

CENTER STAFF ROSTER CHECKLIST

CHECK THE FOLLOWING INFORMATION FOR EACH ROSTER.

- ☐ THERE IS AN ENTRY ON THE ROSTER FOR EACH TYPE OF EMPLOYEE IN THE STAFFING AND TIME GRID.
- ☐ EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE STAFFING AND TIME GRID.
- ☐ NO EMPLOYEE IS LISTED ON BOTH THE CENTER STAFF ROSTER AND THE CENTER FOOD SERVICE STAFF ROSTER.

FOLLOW UP WITH SPONSOR STAFF FOR SALARY INFORMATION AS NEEDED.

END OF CENTER DIRECTOR COST INTERVIEW SCRIPT

That is the end of the interview. Thank you for your participation in SNACS-II.

L.3. Center Food Service Cost Interview



OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

CENTER FOOD SERVICE COST INTERVIEW

PUT CENTER FOOD SERVICE COST LABEL #1 HERE

PUT CENTER FOOD SERVICE COST LABEL #2 HERE

INTERVIEWER: CHECK BELOW IF INTERVIEW WAS COMPLETED WITH STAFF AT THE CENTER OR STAFF AT A CENTRAL OR PRODUCTION KITCHEN

- ☐ CENTER STAFF
- ☐ CENTRAL KITCHEN STAFF
- ☐ PRODUCTION KITCHEN STAFF

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a mandatory collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)

ABOUT THE STUDY. SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA. Participation in this study is mandatory, per Section 28 of the National School Lunch Act.

DATA COLLECTION ACTIVITY. The Center Food Service Cost Interview will gather time use and payroll data for staff whose primary role is food service. It is expected to take approximately 30 minutes to complete.

PROTECTING PRIVACY. All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

QUESTIONS. If you have questions about the study please call us toll-free at [PHONE], email us at [EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.

Instructions to Interviewers for Completing the Center Food Service Cost Interview

STEP 1: COMPLETE THE CENTER FOOD SERVICE STAFF GRID

INTRODUCTION: I want to find out how much time the people who work in this child care center spend on preparing meals and snacks; other food service activities such as serving meals or cleaning up from meals; and administering the CACFP. We will collect information about all staff involved in the food service for CACFP. For this form, we will include only the staff members who primarily help with food service—that is, preparing, serving, or cleaning up after meals. I will call these the “food service staff.” This does not include teachers or aides who regularly serve meals because we will ask about them in the Center Director Cost Interview.

We will collect information about food service staff by completing a “time ladder” that represents the staff’s daily schedules. It may help if you have access to the schedules or time cards for the food service staff.

Now, I’ll make a list of all food service staff working at this center. Please tell me if you employ the following staff who primarily help with food service.

- Does this center employ anyone as a/an [POSITION/TITLE]?
 - IF YES: How many people are employed as a/an [POSITION/TITLE]?
 - IF >1: Do they have the same food service job roles and responsibilities? That is, do staff in this role generally spend the same amount of time per day on the same specific food service tasks? This time may happen on a different schedule. Are some full-time and others part-time?

IF MULTIPLE STAFF HAVE THE SAME POSITION/TITLE BUT DIFFERENT ROLES, WRITE DOWN ANYTHING THE RESPONDENT SAYS ABOUT HOW THE ROLES DIFFER IN THE “NOTES” COLUMN, INCLUDING FULL- VS. PART-TIME.

INTERVIEWER: REPEAT QUESTIONS FOR ALL POSITIONS/TITLES IN THE FOOD SERVICE STAFF LIST GRID. AFTER YOU HAVE ASKED ABOUT ALL POSITIONS/TITLES, ASK:

- Does this center employ any other staff who primarily help with food service?

ONLY WRITE OTHER STAFF IN FOOD SERVICE STAFF LIST GRID IF THEY PERFORM FOOD SERVICE TASKS FOR 50% OR MORE OF THEIR TIME. STAFF THAT PERFORM FOOD SERVICE TASKS FOR LESS THAN 50% OF THEIR TIME SHOULD BE CAPTURED ON THE CENTER DIRECTOR COST INTERVIEW.

Food Service Staff List Grid

Position/Title	# of staff	If >1, same roles?		Notes
<input type="checkbox"/> Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Maintenance/Janitor		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Kitchen Mgr/Nutrition Director		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Assistant Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other1:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other2:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other3:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other4:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other5:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

- ☐ CHECK IF THERE ARE NO STAFF WHO PRIMARILY HELP WITH FOOD SERVICE AT THIS CENTER. END THE INTERVIEW AND PROCEED TO THE CENTER DIRECTOR COST INTERVIEW.

Center Hours

1. When does this center open (first employee arrives)? |__|__|:|__|__| ☐ AM / ☐ PM

2. When does this center close (last employee leaves)? |__|__|:|__|__| ☐ AM / ☐ PM

STEP 2: COMPLETE THE CENTER FOOD SERVICE TIME ALLOCATION GRID

GENERAL INSTRUCTIONS: THE TIME ALLOCATION GRIDS TOGETHER REPRESENT A SCHEDULE OF ALL FOOD SERVICE STAFF IN THE CENTER, I.E. AN ARRANGEMENT OF STAFF ACROSS TASKS OVER TIME FOR THE REFERENCE WEEK. YOU WILL COLLECT THIS INFORMATION FOR THE PRIOR WEEK (FIVE WORKING DAYS). THIS IS THE REFERENCE WEEK. IF MONDAY WAS A HOLIDAY THEN USE THE SCHEDULE FOR THE MOST RECENT MONDAY THAT WAS A WORKING DAY (SIMILARLY FOR ANY OTHER WEEKDAY THAT WAS A HOLIDAY).

EACH POSITION CHECKED IN THE FOOD SERVICE STAFF LIST GRID MUST HAVE A COMPLETED GRID (MAY SPAN 2 PAGES DEPENDING ON TIME THAT CENTER IS OPEN). IF ANSWER TO SIMILAR ROLES IS "YES," COMPLETE ONE GRID FOR THE POSITION AND RECORD NUMBER OF STAFF IN POSITION. IF ANSWER IS "NO," COMPLETE ONE GRID FOR EACH INDIVIDUAL STAFF PERSON IN THAT POSITION.

STEP-BY-STEP INSTRUCTIONS FOR COMPLETING EACH GRID:

1. HEADER.

Let's start with [FIRST CHECKED POSITION/INDIVIDUAL STAFF PERSON FROM FOOD SERVICE STAFF LIST GRID]. IF NUMBER OF PEOPLE IS MORE THAN ONE: Do all of the [TITLE/POSITION]s work the same schedule?

RECORD TITLE/POSITION AND NUMBER OF PEOPLE IN THAT TITLE/POSITION. ONLY STAFF WORKING THE SAME SCHEDULE CAN BE RECORDED ON THE SAME TIME ALLOCATION GRID. LIST STAFF INITIALS WITH THE TITLE/POSITION IF RECORDING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO NOT USE FULL NAMES OF STAFF.

I am going to give you a handout. (GIVE RESPONDENT GREEN HANDOUTS 1 AND 2.) This handout includes several different food service activities that you or the food service staff might do. These activities are (READ THROUGH THE BOLD ACTIVITIES AND POINT TO EACH ONE ON HANDOUT 2). We are going to use these activities to create the schedules for the food service staff. (SHOW EXAMPLE SCHEDULE ON HANDOUT 1).

2. SCHEDULE.

Now let's work through the [first] [POSITION/INDIVIDUAL]'s schedule on the [REFERENCE MONDAY].

- a) **When did the work day start, and which of the activities listed on the handout did this person start working on?**

RECORD THE ACTIVITY CODE FROM HANDOUT 2 IN THE CELL FOR THE START WORK TIME.

b) When did the [POSITION/INDIVIDUAL] finish this activity?

DRAW A VERTICAL ARROW THROUGH THE CELLS (GOING DOWN THE COLUMN) TO INDICATE THE DURATION OF TIME SPENT ON THAT ACTIVITY.

IF A WORKER DID MORE THAN 1 ACTIVITY DURING A TIME INTERVAL OF 30 MINUTES OR MORE, DETERMINE THE APPROXIMATE AMOUNT OF TIME SPENT ON THE TWO TASKS DURING THE TIME. ONLY RECORD 1 ACTIVITY IN EACH 15-MINUTE TIME INTERVAL. IF AN ACTIVITY TOOK LESS THAN 8 MINUTES OF THE TIME INTERVAL, DISREGARD IT.

c) Which of the activities did the [POSITION/INDIVIDUAL] do next, and when did the [POSITION/INDIVIDUAL] finish this?

ENTER THE CODE FOR THIS ACTIVITY IN THE CELL FOR THE ACTIVITY START TIME AND DRAW A VERTICAL ARROW DOWN TO THE TIME THIS ACTIVITY ENDED.

CONTINUE WITH THIS PROCESS UNTIL THE WHOLE WORK DAY IS MAPPED OUT. THEN FIND OUT ABOUT OTHER DAYS OF THE WEEK.

d) Was the schedule for this [POSITION/INDIVIDUAL] for [REFERENCE TUESDAY] the same as [REFERENCE MONDAY]?

IF SO, WRITE SAME AS MONDAY IN THE FIRST CELL FOR THAT DAY. IF NOT, REPEAT QUESTIONS A-C FOR TUESDAY. REPEAT THE PROCESS UNTIL YOU HAVE ACCOUNTED FOR ALL DAYS OF THE TARGET WEEK. IF STAFF WORK ON WEEKEND, USE EXTRA TIME ALLOCATION GRID DAYS FROM YOUR PACKET.

3. **ADDITIONAL POSITIONS/INDIVIDUALS.** REPEAT ALL STEPS FOR ALL OTHER POSITIONS/ INDIVIDUALS IDENTIFIED IN FOOD SERVICE STAFF LIST GRID USING ADDITIONAL CENTER FOOD SERVICE TIME ALLOCATION GRIDS. IF THERE ARE MORE THAN FIVE POSITIONS OR STAFF WITH DIFFERENT TIME SPENT ON FOOD SERVICE ACTIVITIES, USE EXTRA TIME ALLOCATION GRIDS FROM YOUR PACKET.

REVIEW

- IF THERE SEEMS TO BE AN ACTIVITY THAT IS INAPPROPRIATE FOR A TITLE/POSITION, VERIFY THAT YOU HAVE RECORDED THE TIME UNDER THE CORRECT ACTIVITY.
- MAKE CERTAIN THAT YOU HAVE ACCOUNTED FOR ALL OF THE TIME FOR EACH TITLE/POSITION FROM THE START OF THE DAY UNTIL THEY LEAVE. THERE SHOULD BE NO GAPS IN THE TIME LADDER. ASK FOR AN EXPLANATION FOR ANY GAP AND CORRECT THE GRID IF NEEDED. EVERY DAY SHOULD HAVE AN "OFF" CODE.

NOTE: The below Center Food Service Time Allocation Grid repeats five times. Only one grid is included in this version.

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> BP = Set up / Make Breakfast BS= Serve Breakfast LP = Set up / Make Lunch LS= Serve Lunch JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> SP=Set up/Make Snacks SS= Serve Snacks DP = Set up / Make Supper DS = Serve Supper A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> OC = Other CACFP/Food Service Activity NC= Non-CACFP Activity Break = Breaks / Non-Assignable Work OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
5:00 – 5:15 AM						
5:15 – 5:30						
5:30 – 5:45						
5:45 – 6:00						
6:00 – 6:15 AM						
6:15 – 6:30						
6:30 – 6:45						
6:45 – 7:00						
7:00 – 7:15 AM						
7:15 – 7:30						
7:30 – 7:45						
7:45 – 8:00						
8:00 – 8:15 AM						
8:15 – 8:30						
8:30 – 8:45						
8:45 – 9:00						
9:00 – 9:15 AM						
9:15 – 9:30						
9:30 – 9:45						
9:45 – 10:00						
10:00 – 10:15 AM						
10:15 – 10:30						
10:30 – 10:45						
10:45 – 11:00						
11:00 – 11:15 AM						
11:15 – 11:30						
11:30 – 11:45						

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday 		
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
11:45 – 12:00						
12:00 – 12:15 PM						
12:15 – 12:30						
12:30 – 12:45						
12:45 – 1:00						
1:00 – 1:15 PM						
1:15 – 1:30						
1:30 – 1:45						
1:45 – 2:00						
2:00 – 2:15 PM						
2:15 – 2:30						
2:30 – 2:45						
2:45 – 3:00						
3:00 – 3:15 PM						
3:15 – 3:30						
3:30 – 3:45						
3:45 – 4:00						
4:00 – 4:15 PM						
4:15 – 4:30						
4:30 – 4:45						
4:45 – 5:00						
5:00 – 5:15 PM						
5:15 – 5:30						
5:30 – 5:45						
5:45 – 6:00						
6:00 – 6:15 PM						
6:15 – 6:30						

Center Food Service Time Allocation Grid						
Title/Position: _____				Number of Staff: _____		
Activity Codes						
<div> <div> <ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch </div> <div> <ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Food Service Administration </div> <div> <ul style="list-style-type: none"> ▪ OC = Other CACFP/Food Service Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work ▪ OFF = End of Workday </div> </div>						
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	
6:30 – 6:45						
6:45 – 7:00						
7:00 – 7:15 PM						
7:15 – 7:30						
7:30 – 7:45						
7:45 – 8:00						
8:00 – 8:15 PM						
8:15 – 8:30						
8:30 – 8:45						
8:45 – 9:00						

STEP 3: FILL OUT THE CENTER FOOD SERVICE STAFF ROSTER

I will now collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.

COMPLETE THE CENTER FOOD SERVICE STAFF ROSTER COLUMNS (1) THROUGH (7) WITH THE RESPONDENT AFTER THE TIME ALLOCATION GRID IS COMPLETE.

1. COPY THE TITLE/POSITION AND NUMBER OF PEOPLE FROM EACH TIME ALLOCATION GRID TO THE CENTER FOOD SERVICE STAFF ROSTER.
2. GIVE RESPONDENTS HANDOUTS 3 AND 4. ASK THE RESPONDENT COLUMNS (3a) THROUGH (7) FOR EACH ROW; ADJUST THE WORDING IF A ROW HAS MORE THAN ONE STAFF PERSON IN COLUMN (2):
 - For columns 3a and 3b, what is the salary or wage of the [TITLE/POSITION]?
 - For column 4, how many paid hours per week does this person work?
 - For column 5, how many paid weeks per year does this person work?
 - For column 6, is this person regular status or not? Regular status staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.
 - For column 7, what percentage of this person's time is charged to CACFP as part of the costs reported or identified for this center?

FOLLOW UP WITH CENTER DIRECTOR OR SPONSOR FOR ANY MISSING INFORMATION.

NOTE: The below Center Food Service Staff Roster had rows for 16 titles/positions. Only one page (eight rows) is included in this version.

EXAMPLE:

(1)	(2)	(3a)		(3b)		(4)	(5)	(6)		(7)
Title/Position	Number of Staff	(Low) Salary/Wage		High Salary/Wage		Total Paid Hours/ Week	Total Paid Weeks/ Year	Status		% of Time Charged to CACFP
								Regular	Other	
1. Assistant Cook	2	\$ 15,000 per		\$ 18,000 per		30	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100
		<input type="checkbox"/> Hour	<input type="checkbox"/> Month	<input type="checkbox"/> Hour	<input type="checkbox"/> Month					
		<input type="checkbox"/> Week	<input checked="" type="checkbox"/> Year	<input type="checkbox"/> Week	<input checked="" type="checkbox"/> Year					
		<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Other:	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Other:					
		<input type="checkbox"/> Semi-monthly		<input type="checkbox"/> Semi-monthly						

Center Food Service Staff Roster

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Status		(7) % of Time Charged to CACFP
						Regular	Other	
1.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
2.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
3.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
4.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
5.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
6.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
7.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	
8.		\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly	\$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: <input type="checkbox"/> Semi-monthly			<input type="checkbox"/>	<input type="checkbox"/>	

CENTER FOOD SERVICE COST INTERVIEW CHECKLIST

CHECK THE FOLLOWING INFORMATION FOR EACH ROSTER.

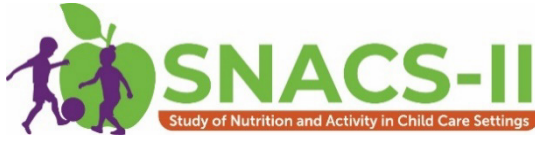
- ☐ THE TOTAL NUMBER OF STAFF IN THE FOOD SERVICE STAFF LIST GRID IS EQUAL TO THE TOTAL NUMBER OF STAFF IN THE CENTER FOOD SERVICE STAFF ROSTER AND TIME ALLOCATION GRID.
- ☐ THERE IS AN ENTRY ON THE ROSTER AND TIME ALLOCATION GRID FOR EACH TYPE OF EMPLOYEE IDENTIFIED IN THE FOOD SERVICE STAFF LIST GRID.
- ☐ THERE IS AN ENTRY ON THE ROSTER FOR EACH TYPE OF EMPLOYEE IN THE TIME ALLOCATION GRID.
- ☐ EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE TIME ALLOCATION GRID.

FOLLOW UP WITH SPONSOR STAFF FOR SALARY INFORMATION AS NEEDED.

END OF CENTER FOOD SERVICE COST INTERVIEW SCRIPT

That is the end of the interview. Thank you for your participation in SNACS-II.

L.4. Self-Administered Cost Questionnaire



OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

Self-Administered Cost Questionnaire

Put Self-Administered Cost Questionnaire Label Here

Who completed this questionnaire?

Name: _____ Title: _____

Phone: _____ Email: _____

Organization: _____

Address: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Organization: _____

Address: _____

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a mandatory collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.334 hours (20 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

About the Study. SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA. Participation in this study is mandatory per Section 28 of the National School Lunch Act.

Data Collection Activity. The Self-Administered Cost Questionnaire is intended to gather information on meal counts and revenues related to food service operations and the CACFP. It is expected to take respondents approximately 15 minutes to complete the form.

Protecting Privacy. All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

Questions. If you have questions about the study please call us toll-free at [PHONE], email us at [EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.

Authority: This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296), Section 305.

Purpose: The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

Routine Use: The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

Disclosure: Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p.19078).

This questionnaire should be completed by an administrator most familiar with food service/CACFP operations. Other agency personnel may need to assist in compiling information. A study team member will collect this questionnaire and relevant documents during your site visit.

Food Service Revenue Statements

*Please **include copies** of your organization's **CACFP revenue statements** for the Federal Fiscal Year Oct. 1, 2020 – September 30, 2021 (**FFY 2021**) and Federal Fiscal Year Oct. 1, 2021 – September 30, 2022 (**FFY 2022**) with your completed Self-Administered Cost Questionnaire.*

Child care centers should include CACFP revenues for the center; Sponsors should include all CACFP revenues for the organization.

- If your organization's CACFP revenue statement is for a time period other than FFY 2021, please indicate the time period here:

A field interviewer will review the FFY 2022 revenue statement with you during your site visit.

Please provide information on all CACFP activities. Sponsors, please provide information for CACFP activities for your organization. Independent Centers, please provide information for the sampled center only. For purposes of this questionnaire the term “organization” refers to the Sponsor organization or the Independent Center.

PART 1– PROGRAM DESCRIPTION

INDEPENDENT CENTERS: Please go to Part 2: Program Meal/Snack Information on next page
SPONSORS: Please continue to question 1 below.

1. **SPONSORS ONLY:** Now we are going to ask about the number of centers and/or programs that your organization sponsors broken down by age and type of center. Centers should be counted in each category for which they have children.

School-age includes Kindergarten but not Pre-K.

	Affiliated child care centers <i>Select NA below if organization does not sponsor any affiliated centers</i> NA <input type="checkbox"/>	Unaffiliated child care centers <i>Select NA below if organization does not sponsor any unaffiliated centers</i> NA <input type="checkbox"/>
a. What is the total number of centers/programs sponsored?		
a1. How many are Head Start centers/programs?		
a2. How many are other child care centers/programs (not Head Start)?		
b. How many serve infants?		
c. How many serve toddlers? (12 mo. – 36 mo.)		
d. How many serve preschoolers? (36 mo. – Kindergarten entry)		
e. How many serve both younger children and school-age children? <i>School-age includes Kindergarten but not pre-K.</i>		
f. How many serve only school-age children? <i>School-age includes Kindergarten but not pre-K.</i>		
g. What is the total number of family child care homes sponsored?		
h. What is the total number of at-risk afterschool programs sponsored?		
i. What is the total number of outside-school-hours care centers sponsored?		

PART 2 – PROGRAM MEAL/SNACK INFORMATION

For the next section, please provide counts of CACFP-eligible meals and snacks in the tables below. The first table is for **FFY 2021** and the second table on the next page is for **FFY 2022**.

For centers or other sites that serve infants, toddlers, or preschoolers **but no school-age children**, put meal counts in Section A.

For centers or other sites that serve infants, toddlers, or preschoolers **and also serve school-age children**, put meal counts in Section B.

For centers or other sites that serve **only serve school-age children**, put meal counts in Section C.

SPONSORS: provide data for all sponsored centers and programs

INDEPENDENT CENTERS: provide data for the sampled child care center

2a. Meal Counts

FEDERAL FISCAL YEAR 2021									
	A. Centers or sites serving infants, toddlers, or preschoolers, but <u>no</u> school- age children)			B. Centers or sites serving infants, toddlers, and/or preschoolers, and <u>also</u> school-age children)			C. Centers or sites serving <u>only</u> school-age children		
	Total # of centers/sites:			Total # of centers/sites:			Total # of centers/sites:		
Meal or Snack Type	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free
Breakfast									
Lunch									
Supper									
Snack									

2a1. If meal counts reported above are for any time period other than FFY 2021, please indicate the time period here:

For **FFY 2022**, please provide counts of CACFP-eligible meals and snacks in the table below.

For centers or other sites that serve infants, toddlers, and/or preschoolers **but no school-age children**, put meal counts in Section A.

For centers or other sites that serve infants, toddlers, and/or preschoolers **and also serve school-age children**, put meal counts in Section B.

For centers or other sites that only serve school-age children, put meal counts in Section C and programs that serve school-age children only.

SPONSORS: provide data for all sponsored centers and programs

INDEPENDENT CENTERS: provide data for the sampled child care center

2b. Meal Counts

FEDERAL FISCAL YEAR 2022									
	A. Centers or sites serving infants, toddlers, or preschoolers, but <u>no</u> school- age children)			B. Centers or sites serving infants, toddlers, and/or preschoolers, <u>and also</u> school-age children)			C. Centers or sites serving <u>only</u> school-age children		
	Total # of centers/sites:			Total # of centers/sites:			Total # of centers/sites:		
Meal or Snack Type	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free
Breakfast									
Lunch									
Supper									
Snack									

2b1. If meal counts reported above are for any time period other than FFY 2022, please indicate the time period here:

L.5. Meal and Snack Counts Booklet



OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

Meal and Snack Counts Form (Parts 3 & 4)

NOTE: Central kitchens received Part 4 only.

PUT SAQ COST MEAL AND SNACK COUNTS LABEL HERE

Who completed this questionnaire?

Name: _____ Title: _____

Phone: _____ Email: _____

Organization: _____

Address: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Organization: _____

Address: _____

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a mandatory collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.334 hours (20 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

PART 3 – SAMPLED CENTER/PROGRAM MEAL/SNACK INFORMATION

Please answer the following questions for CACFP meals and snacks only. Do not include meals or snacks claimed under NSLP, SBP, other programs, or unclaimed meals. Please answer the following questions only for the center/program listed on the cover of this instrument.

3. How many days per year does this center/program serve children, while school is in session (i.e., school days)?

_____ DAYS WHILE SCHOOL IS IN SESSION

- 3a. Which CACFP meals are served by this center/program on school days?

CHECK ALL THAT APPLY

- 1 ☐ Breakfast
- 2 ☐ Morning Snack
- 3 ☐ Lunch
- 4 ☐ Afternoon Snack
- 5 ☐ Supper

4. How many days per year does this center/program serve children, when school is not in session (i.e., during school vacations or holidays)?

_____ DAYS WHILE SCHOOL IS **NOT** IN SESSION

- 4a. Which CACFP meals are served by this center/program on days when school is not in session?

CHECK ALL THAT APPLY

- 1 ☐ Breakfast
- 2 ☐ Morning Snack
- 3 ☐ Lunch
- 4 ☐ Afternoon Snack
- 5 ☐ Supper

5. We would like to know the number of children by age currently in your child care facility. We are looking for the average number of children in attendance per day for each age listed below. On an average day, how many children are at your facility in each of the following age categories?

[IF NECESSARY:] If you cannot provide the average number of children in attendance per day for each age listed, we can also accept the number of children enrolled in your child care facility in each age category listed below.

Age	Number of Children (RANGE: 0-999)
Up to 3 months	
4-5 months	
6-7 months	
8-11 months	
1 year	
2 years	
3 years	
4 years	
5 years	
6 years	
7 years	
8 years	
9 years	
10 years	
11 years	
12 years	
13 years	
14 years	
15 years	
16 years	
17 years	
18 years	

PART 4 – MEAL AND SNACK COUNTS FORM

This section contains two meal count forms: (1) Meal and Snack Counts Form, and (2) Infant Meal Counts Form.

The Meal and Snacks Counts Form should be used for children you serve age 1 and above.

The Infant Meal Counts Form should be used for infants you serve below 1 year of age.

The counts provided on these forms must be for the SAME week that the Menu Survey was completed for.

The counts must be ONLY for the center/program listed on the cover of this instrument.

How to fill out the Meal and Snack Counts Form

Please provide the number of children served for each of the meals and snacks throughout the week indicated on the front cover.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- If you did not serve a meal or snack, please mark it with an X.
- The counts provided must be for the same week as the Menu Survey.

Example of completed meal and snack counts form

In the example on the next page, the childcare facility does not serve supper on Thursday, and the facility was closed on Friday.

EXAMPLE OF COMPLETED MEAL AND SNACK COUNTS FORM

Number of Reimbursable Meals by Meal Type				
Target Week			Total Number of Reimbursable Meals	For Admin Use
	Monday	Breakfast	26	
		Lunch	24	
		Supper	23	
	Tuesday	Breakfast	25	
		Lunch	20	
		Supper	26	
	Wednesday	Breakfast	21	
		Lunch	23	
		Supper	26	
	Thursday	Breakfast	26	
		Lunch	24	
		Supper	 	
	Friday	Breakfast	 	
		Lunch	 	
		Supper	 	

Number of Reimbursable Snacks by Snack Type				
Target Week			Total Number of Reimbursable Snacks	For Admin Use
	Monday	Morning Snack	25	
		Afternoon Snack	24	
	Tuesday	Morning Snack	23	
		Afternoon Snack	20	
	Wednesday	Morning Snack	19	
		Afternoon Snack	23	
	Thursday	Morning Snack	25	
		Afternoon Snack	25	
	Friday	Morning Snack	 	
		Afternoon Snack	 	

Meal and Snack Counts Form

Below, please provide the number of children served each meal and snack during the target week.

Number of Reimbursable Meals by Meal Type				
Target Week			Total Number of Reimbursable Meals	For Admin Use
	Monday	Breakfast		
		Lunch		
		Supper		
	Tuesday	Breakfast		
		Lunch		
		Supper		
	Wednesday	Breakfast		
		Lunch		
		Supper		
	Thursday	Breakfast		
		Lunch		
		Supper		
	Friday	Breakfast		
		Lunch		
		Supper		

Number of Reimbursable Snacks by Snack Type				
Target Week			Total Number of Reimbursable Snacks	For Admin Use
	Monday	Morning Snack		
		Afternoon Snack		
	Tuesday	Morning Snack		
		Afternoon Snack		
	Wednesday	Morning Snack		
		Afternoon Snack		
	Thursday	Morning Snack		
		Afternoon Snack		
	Friday	Morning Snack		
		Afternoon Snack		

How to fill out the Infant Meal Counts Form


The following instructions are only for child care providers participating in CACFP who prepare infant food, up to the age of 1.

Please provide the number of infants served on each day of the Target Week.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- The counts provided must be for the same week as the Menu Survey.

Example of completed Infant Meal Counts Form

In this example, the childcare facility is closed on Friday.

Number of Infants Served Daily			
Target Day		Total Number of Infants Served	For Admin Use
	Monday	10	
	Tuesday	11	
	Wednesday	10	
	Thursday	11	
	Friday		

Infant Meal Counts Form

Please indicate the number of infants served in your childcare facility **on each day of the target week.**

Number of Infants Served Daily			
Target Day		Total Number of Infants Served	For Admin Use
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

If you have any questions, please call our toll-free number at [PHONE]. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.