

Appendix 3: Provider Survey

Nebraska Rural Area Eligibility Determination (NeRAED) Project

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Hello, and thank you for your participation in this research study about the State of Nebraska’s Child and Adult Care Food Program (CACFP), the program in which your sponsoring organization provides reimbursements to you each month for many of the meals and snacks you provide to children in your day care setting.

McFarland and Associates has been selected to study the impacts of a special program in the CACFP called the “Nebraska Rural Area Eligibility Determination Pilot”, which increases the number of rural areas in Nebraska where family day care providers are eligible for higher (tier I) reimbursement rates for meals and snacks served to participating children. An important part of the study is to better understand day care providers’ participation in the CACFP.

This is a research study and not an audit or review of your day care home, your CACFP sponsor or the CACFP itself. The only information that will be reported is grouped information combined from many different providers. All information that we collect will be confidential, and no individual names or other identifying information will be reported. Results from individual surveys will not be reported to your sponsor, the State of Nebraska, the Federal government, or anybody else.

Your answers to the questions below are very important to the success of the pilot and the study, and we ask your cooperation in answering the following questions. Your contribution to this study is very important and will allow us to learn more about the effectiveness of the pilot.

Thank you, again, for your participation.

1. In what month and year did you first start providing day care services in your home?
_____/_____

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(If you cannot remember the date, in what year did you start?) _____

2. After you started as a home day care provider, was there ever a time that you left this line of work to do something other than day care?

No. I have been providing day care regularly since I started. [Go to Question 3]

Yes.

Number of months I did something other than day care: ____

Number of years I did something other than day care: ____

3. Why did you become a day care provider? (Check all that apply.)

a. My own children were young and needed day care.

b. To ensure that my children received the type of day care I wanted for them.

c. To support my family.

d. To earn extra money.

e. To help out a friend or relative who needed day care for his or her kids.

f. Other (Please specify.) _____

4. What are your hours of operation? (Please use HH:MM format, like 7:30 a.m. If you have different hours throughout the week, please complete for your most common schedule.)

During the School Year:

Open: ____:____ a.m./p.m.

Close: ____:____ a.m./p.m.

Open 24 hours

During the Summer:

Open: ____:____ a.m./p.m.

Close: ____:____ a.m./p.m.

Open 24 hours

5. Are you a licensed or license-exempt provider? Licensed Exempt

6. With the type of license or exemption that you have, what is the maximum number of children you are allowed to care for at the same time? ____

7. Please check your education, training, or certification relevant to early childhood care: (Check all that apply.)

a. Child care certificate

b. Sponsor training

c. Nutrition classes

d. College courses

e. Associate or Bachelor's degree

f. Post-graduate degree

g. Other (Please specify.) _____

8. When did you start participating in the CACFP and working with your sponsor?
_____ (Provide month, year.)

9. After you initially started participating in the CACFP, was there ever a time that you did NOT participate in the CACFP even though you were still providing day care?

No. I have participated in the CACFP since I started with it. [Go to Question 10]

Yes. Number of months or years I did NOT participate in the CACFP. (Please indicate) months years

Why did you stop participating in the CACFP for a period of time? (Check all that apply.)

a. Too much paperwork.

b. Did not get along with my sponsor.

c. Wanted more flexibility in the foods and snacks I was serving to the children.

d. Too many errors in my monthly reimbursement amount.

e. Other (Please specify.) _____

10. What do you see as the main advantages of participating in the CACFP? (Indicate the 3 most important advantages with a 1, 2, and 3.)

a. Positive relations with sponsor agency

b. Positive relations with consultant

c. Useful feedback/evaluations

d. Ability to provide more food to my kids at meals and snacks

e. Ability to provide better food to my kids at meals and snacks

f. Informative newsletters and information

g. Sponsor and provider groups

h. Financial reimbursement

i. Help finding parents who need day care for their children

j. Training

k. Other (Please specify.) _____

11. What are the main disadvantages of participating in the CACFP? (Indicate the 3 most important disadvantages with a 1, 2, and 3.)

a. Challenging relations with sponsor agency

b. Challenging relations with consultant

c. Lack of communication with agency or consultant

d. Difficulty making contact with agency or consultant

e. Not enough feedback/constructive help

f. Too much feedback/criticism

g. Too much paperwork

h. Too many regulations and requirements

i. Other (Please specify.) _____

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12. Have you had any contact with the State of Nebraska’s CACFP office or staff in the past 2 years?

- No [Go to Question 13]
 Yes (Circle all that apply.)
- a. Site visits
 - b. Training
 - c. Advice
 - d. Informational phone calls or e-mails
 - e. Other (Please specify.) _____

13. How many children did you take care of in October of the past 3 years?

	# of boys	# of girls
October 2004		
October 2005		
October 2006		

14. How many children of each age range did you take care of during the following time frames?

	During the School Year				
	Infants Birth through 11 months	Toddlers 1 year through 2 years	3 years through 5 years	School-age children 6 years through 12 years	Teenagers 13 years and older
October 2004					
October 2005					
October 2006					

	During the Summer				
	Infants Birth through 11 months	Toddlers 1 year through 2 years	3 years through 5 years	School-age children 6 years through 12 years	Teenagers 13 years and older
2004					
2005					
2006					

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15. Do any special-needs, migrant, or bilingual children currently attend your day care home?
 No [Go to Question 16]
 Yes

If yes, insert number in each category. (If any children can fit into more than one category, please count those children in each box.)

# Special Needs	# Migrant	# Bilingual

16. I am currently caring for _____ (insert #) children.
 a. I would like to care for _____ children.
17. Are you currently operating at your full licensing capacity (caring for the maximum number of children)?
 Yes
 No
18. Did you have a waiting list of parents seeking day care for their infants or children at any time during the past 3 years?
 No [Go to Question 19]
 Yes
- a. At any time during the past year?
 No [Go to Question 19]
 Yes

If yes, do you have a waiting list now?
 No
 Yes – How many infants are waiting? _____
 How many children are waiting? _____

19. What do you think are the 3 most important reasons that families select your day care program? (Number 1, 2 and 3 for the most important reasons.)
- a. They don't want their children going to a large day care center.
 - b. Most of the parents are personal friends.
 - c. Most of my families live nearby.
 - d. Referrals from other families.
 - e. The safe, healthy environment I provide.
 - f. The activities I provide.
 - g. The meals I provide.
 - h. The hours I am open.
 - i. I provide transportation.
 - j. They like that I stress educational activities.
 - k. There are no other family day care providers nearby.
 - l. There are no day care centers nearby.
 - m. My costs are reasonable.
 - n. Other (Please specify.) _____

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20. What is the average distance the children attending your family day care home travel to get there?

- a. Less than 1 mile
- b. 1 – 5 miles
- c. 5 – 10 miles
- d. More than 10 miles
- e. Don't know

21. How far out of their normal commute do parents travel to bring their children to your family day care home?

- a. Less than 1 mile
- b. 1 – 5 miles
- c. 5 – 10 miles
- d. More than 10 miles
- e. Don't know

22. Do you provide transportation services for any of your kids?

- No [Go to Question 23]
- Yes, I: (Check all that apply.)
 - a. Pick up in the morning.
 - b. Drop off at school.
 - c. Pick up at school.
 - d. Drop off in the evening.
 - e. Other (Please specify.) _____

23. Please check your day care activities on a typical day, by time of day as indicated in the table below. (Check all that apply.)

Activity	Before Breakfast	After Breakfast	After Lunch	After Dinner	At Any Time
1 Greet and settle children in					
2 Song/prayer					
3 Snack					
4 Nap					
5 Quiet time					
6 Story telling					
7 Read to children					
8 Watch TV					
9 Games and toys					
10 Free play indoors					
11 Free play outdoors					
12 Other outdoor play					
13 Planned activity					
14 Other					

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24. Please check any special activities or events that you offered in the past 3 years.

Calendar Year	2004	2005	2006
Birthday Parties			
Christmas Celebration			
Easter Celebration			
Halloween Party			
Hanukah Celebration			
Thanksgiving Celebration			
Other			

25. Did you take any field trips in the past 3 years (for example: to the zoo, the library, the park)?

No Yes

If yes, about how many in:

2004

2005

2006

26. Which meals do you serve at this time of year? (Check all that apply.)

a. Breakfast

b. Morning Snack

c. Lunch

d. Afternoon Snack

e. Dinner

f. Other (Please specify.) _____

27. Please indicate whether you have made any of the operating changes noted below since the beginning of the pilot in October 2005. (Complete all that apply.)

a. No, my day care has not changed since October 2005. [Go to Question 28]

b. Mark here and go to Question 28 if you have been operating your day care for fewer than 3 months.

c. Yes, there are changes:

A. Food:

The amounts or types of food I served changed. How?

B. Activities:

I have added or stopped doing the following activities.

I started doing: _____

I stopped doing:

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C. Hours of Operation or Costs:

I changed my hours of operation.

From:

To:

I changed the number of staff.

Yes

No

If yes, I added staff

I decreased staff

D. Monitoring and Reporting Activities

Since October 2005, I spent about the same amount of time running my day care and doing paperwork:

Yes [Go to Question E]

No

If no, I spent

less time running my day care and doing paperwork.

more time running my day care and doing paperwork.

E. Please write in any other operating changes you have made since October 2005.

28. Do you know of day care providers who could not find a CACFP sponsor to work with them?

No [Go to Question 29]

Yes

If yes, in what town or county were they located _____
and when did this occur? _____

If you know, please indicate why they could not find a sponsor. _____

29. Are you aware of the new eligibility criteria for the CACFP pilot that were implemented in October 2005 and will end on October 1, 2007?

No [Go to Question 32]

If "yes, I am aware that the pilot increases the number of rural areas where providers can qualify for higher (tier I) reimbursements for meals and snacks," how did you learn about these new eligibility criteria for the CACFP pilot? (Please check all that apply)

a. From my sponsor

b. From the State

c. I wasn't aware of these new eligibility criteria. I was thinking of something else.

d. Other (Please specify.) _____

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30. What information did you receive? (Check all that apply.)
- a. The meal reimbursement levels would change.
 - b. There was a change in the status of the schools.
 - c. There was new information about menu requirements.
 - d. There were other changes in regulations.
 - e. There were other changes. (Please specify.) _____
31. How was this information provided? (Check all that apply.)
- a. Call from sponsor informing me about the pilot
 - b. Letter or e-mail from sponsor
 - c. Letter from State Department of Education
 - d. Sponsor newsletter
 - e. Local newspaper article
 - f. Provider group
 - g. Sponsor group
 - h. Other (Please specify.) _____
32. Do you know if you are in an area that qualifies for the higher or tier I rates?
- a. No, I don't know.
 - b. Yes, I know that I am.
 - c. Yes, I know that I am not.
33. Did you receive training about the CACFP pilot?
- No [Go to Question 34]
 - Yes
- If yes, what kind of training did you receive? _____
-
34. Do you have suggestions for better informing providers about the pilot?
- No [Go to Question 35]
 - Yes (Check all that apply.)
 - a. Send out mailings to inform all providers.
 - b. Telephone all providers.
 - c. Visit all providers.
 - d. Other (Please specify.) _____
35. In your opinion, what can the State do to increase the *number of family day care homes* participating in the CACFP in your area? (Circle all that apply.)
- a. Send out information to all potentially eligible households.
 - b. Advertise in local media.
 - c. Recruit via sponsors.
 - d. Recruit via schools/churches/community groups.
 - e. Nothing. There are enough family day care homes in my area already.
 - f. Other (Please specify.) _____

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36. In your opinion, what can **sponsors** do to increase the *number of family day care homes* participating in the CACFP in your area? (Circle all that apply.)

- a. Send out information to all potentially eligible households.
- b. Advertise in local media.
- c. Recruit via providers.
- d. Recruit via schools/churches/community groups.
- e. Increase the number of children that day care providers are allowed to care for.
- f. Other _____

37. After the pilot ends at the beginning of October 2007, reimbursements for some providers are likely to be reduced to their levels before the pilot. If your CACFP reimbursements are lowered beginning this fall, do you plan to continue offering day care services to children?

- a. Yes [Go to Question 38]
- b. Don't know [Go to Question 38]
- c. No

If no, why not? (Circle all that apply then skip to **Ending**.)

- a. Plan to retire.
- b. Going into other type of work.
- c. Participant children aging out.
- d. I no longer want to do the administrative work necessary.
- e. I cannot increase my rates without losing my parents.
- f. I would be losing money.
- g. Other (Please specify.) _____

38. If you do continue to provide day care, will you continue to participate in the CACFP as well?

- a. Yes
- b. Don't know
- c. No

If no or don't know, why? (Circle all that apply.)

- a. I no longer want to do the administrative work necessary.
- b. I cannot increase my rates without losing my parents.
- c. I would be losing money.
- d. Other (Please specify.) _____

Ending: *Thank you, again, for your time and consideration.*