

APPENDIX A

INSTRUMENTS

APPENDIX A1

MAIN STUDY SPONSOR INSTRUMENTS

APPENDIX A1.1

CHILD CARE CENTER ONLY SPONSORS

Child Care Center Sponsor Survey Instrument

General Characteristics of Your Organization as a CACFP Sponsor

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

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

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

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

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

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

|_|_|_|_|

Don't know.....

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

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

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

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

5a. How many of these sites were not-for-profit child care centers?

Nonprofit centers...|_|_|_|_|

5b. How many of these sites were for-profit (Title XX) child care centers?

For-profit centers...|_|_|_|_|

5c. How many of these sites were "outside of school hours" centers?

Number of centers. .|_|_|_|_|

5d. How many of these sites participated in the At-Risk CACFP?

Number of centers. .|_|_|_|_|

5e. How many of these sites were "emergency shelter" sites?

Number of centers. .|_|_|_|_|

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

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

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

Yes.....

No..... → **GO TO QUESTION 8**

7a. In October 2014, how much of these meal reimbursements did your organization retain to offset the cost of administering the CACFP for these centers?

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

7b. Approximately what percentage of your organization's total funding for administrative functions comes from money retained from CACFP meal reimbursements for child care centers?

|_|_|_| %

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

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

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

|_|_|_| %

Don't know.....

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

Yes.....

No..... → **GO TO QUESTION 11**

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

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

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

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

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

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

Training and Assistance Provided by Your State CACFP Agency

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

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

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

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

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

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

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

12c. How satisfied are you with this training?

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

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

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

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

- Web-based.....
- In-person group classes or workshops
- Self-study.....

One-on-one.....
Other.....
(Please specify)_____

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

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

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

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

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

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

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

- Menu planning/sample menus.....
- Food vendor contracts.....

- Staff training.....
- Recruitment and retention of child care centers.....
- Budgeting.....
- Computer support.....
- Other.....
- (Please specify)_____

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

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

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

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

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

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

Electronic Systems You Use for CACFP

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

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

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

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

Yes.....
No.....

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

Yes.....
No.....

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

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

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

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

CACFP Staffing

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

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

Total number of employees|_|_|_|_|

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

Number of employees|_|_|_|

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

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

Yes.....

No..... → **GO TO QUESTION 19**

18a. How many of these staff have left?

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

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

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

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

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

Less than 10%.....

10% - 25%.....

26% - 50%.....

51% - 75%.....

More than 75%.....

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

Less than 10%.....

10% - 25%.....

26% - 50%.....

51% - 75%.....

More than 75%.....

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

Less than 10%.....

10% - 25%.....

26% - 50%.....

51% - 75%.....

More than 75%.....

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

Yes.....

No..... → **GO TO QUESTION 23**

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

Yes.....

No.....

Don't know.....

Training Your Organization Provided for Child Care Centers

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

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

- Yes.....
 No..... → **GO TO QUESTION 24**

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

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

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

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

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

Number of times.....|_|_|

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

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

Monitoring Visits

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

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

Times per year.....|__|__|

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

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

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

Number of minutes.....|_|_|

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

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

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

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

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

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

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

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

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

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

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

- Yes.....
- No..... → **GO TO QUESTION 33**

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

- Yes.....

No.....

Satisfaction with State CACFP Agency

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

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

Sponsors' Perceptions of the CACFP

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

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

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

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

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

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

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

- Determining free/reduced and paid meal eligibility for children in child care centers.....
- Processing parent income eligibility applications.....
- Other.....
- (Please specify)_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- No burden at all.....
 - Very low burden.....
 - Low burden.....
 - Neither high nor low.....
 - High burden.....
 - Very high burden.....
- } GO TO QUESTION 42

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

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

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

- Yes.....
- No..... → GO TO QUESTION 43

42a. How does your organization collect this information?

- Questionnaires or other forms when centers leave the program.....
- Interviews with center directors when they leave the program.....
- Anecdotal information.....
- Studies or evaluations.....
- Other ways.....

(Please specify) _____

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

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

Don't know.....

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

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

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

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

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

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

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

Yes.....
No..... → **Thank you!**

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

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

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