

APPENDIX A1.3

HEAD START ONLY SPONSORS

Head Start Sponsor Survey Instrument

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

General Characteristics of Your Organization as a CACFP Sponsor

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

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

- Private nonprofit.....
- Public agency.....

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

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

3. In what year did your organization first become a CACFP sponsor for Head Start and Early Head Start centers?

____|____|____|____|

- Don't know.....

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

Number of Head Start and Early

Head Start centers.....|_|_|_|_|

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

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

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

Yes.....

No..... → **GO TO QUESTION 7**

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

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

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

|_|_| %

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

Part of a town or city.....

One or more towns or cities but not an entire county.....

An entire county.....

A group of counties.....

Entire state.....

Other.....

(Please specify) _____

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

|_|_|_| %

Don't know.....

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

Yes.....

No..... → **GO TO QUESTION 10**

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

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

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

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

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

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

Training and Technical Assistance Provided by Your State CACFP Agency

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

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

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

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

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

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

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

11c. How satisfied are you with this training?

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

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

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

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

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

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

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

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

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

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

Yes.....

No..... → **GO TO QUESTION 14**

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

Menu planning/sample menus.....

Food vendor contracts.....

Staff training.....

Budgeting.....

Computer support.....

Other.....

(Please specify)_____

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

Very satisfied.....

Satisfied.....

Neither satisfied nor dissatisfied...

Dissatisfied.....

Very dissatisfied.....

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

Yes.....

No..... → **GO TO QUESTION 15**

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

Menu planning/sample menus.....

Food vendor contracts.....

Staff training.....

Budgeting.....

Computer support.....

Training our CACFP sites.....

Networking with other sponsors in my state.....

Other.....

(Please specify)_____

Electronic Systems You Use for CACFP

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

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

Yes.....

No..... → **GO TO QUESTION 16**

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

Yes.....

No.....

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

Yes.....

No.....

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

Yes.....

No..... → **GO TO QUESTION 16**

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

Minute Menu.....

Nutrition Manager.....

Procure.....

Child Watch.....

ChildPlus.....

AccuTrack.....

Maggey Deluxe.....

Other.....

(Please specify)_____

Don't know.....

CACFP Staffing

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

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

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

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

Number of employees|_|_|_|

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

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

Yes.....

No..... → **GO TO QUESTION 18**

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

Number of staff.....|_|_|

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

Number of staff.....|_|_|

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

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

Less than 10%.....

10% - 25%.....

26% - 50%.....

51% - 75%.....

More than 75%.....

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

Less than 10%.....

10% - 25%.....

- 26% - 50%.....
- 51% - 75%.....
- More than 75%.....

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

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

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

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

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

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

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

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

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

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

- Web-based.....
- In-person group classes or workshops
- Self-study.....
- One-on-one.....
- Other.....

(Please specify) _____

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

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

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

- CACFP meal requirements.....
 - CACFP recordkeeping requirements.....
 - Preparing and filing monthly reimbursement claims.....
 - Head Start categorical eligibility guidelines
 - CACFP monitoring requirements.....
 - 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.

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

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

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

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

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

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

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

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

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

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

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

- Observed meal meets CACFP meal pattern requirements.....
- Appropriate type of milk served to children
- Drinking water available throughout the day
- Meals served match menu.....
- Meals and snacks served match food available
- Time of day meals and snacks served....
- Type of meal service (family style vs. plated)

Safe food handling practices observed...
Food allergies accommodated.....
Other.....
(Please specify)_____

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

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

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

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

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

- Yes.....
- No..... → **GO TO QUESTION 31**

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

- Yes.....
- No.....

Satisfaction with State CACFP Agency

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

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

Sponsors' Perceptions of the CACFP

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

- | | 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..... __ | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Yes.....
- No..... → **Thank you!**

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

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

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