

APPENDIX A1.2

**FDCH ONLY SPONSORS**

## Family Day Care Home Sponsor Survey Instrument

### General Characteristics of Your Organization as a CACFP Sponsor

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

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

Private not-for-profit.....   
Public agency.....

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

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

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

|\_|\_|\_|\_|

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

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

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

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

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

|\_|\_|\_| %

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

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

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

|\_|\_|\_| %

Don't know.....

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

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

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

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

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

Yes.....

No.....  → **GO TO QUESTION 10**

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

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

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

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

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

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

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

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

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

10c. How satisfied are you with this training?

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

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

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

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

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

One-on-one.....   
Other.....   
(Please specify)\_\_\_\_\_

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

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

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

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

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

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

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

- Menu planning/sample menus.....
- Staff training.....
- Recruitment and retention of family



- day care homes.....
- Budgeting.....
- Computer support.....
- Other.....
- (Please specify)\_\_\_\_\_

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

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

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

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

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

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

<b>Electronic Systems You Use for CACFP</b>
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This section asks about any electronic systems that you use to manage your CACFP claims.

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

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

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

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

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

Yes.....

No.....

14c. Are any of the electronic systems you use commercial systems?

Yes.....

No.....  → **GO TO QUESTION 15**

14d. What are the names of the commercial electronic systems you use for CACFP? (*Check all that apply*)

Minute Menu.....

Nutrition Manager.....

Procare.....

Child Watch.....

ChildPlus.....

AccuTrack.....

Maggey Deluxe.....

Other.....

(Please specify)\_\_\_\_\_

Don't know.....

**CACFP Staffing**

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

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

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

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

Number of employees|\_|\_|\_|

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

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

Yes.....

No.....  → **GO TO QUESTION 17**

16a. How many of these staff have left?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Training Your Organization's Staff on Tiering**

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

- Informing new family day care homes about tiering.....
  - Obtaining/using school boundary data....
  - Obtaining/using census tract data.....
  - Reviewing provider income eligibility applications.....
  - Reviewing provider eligibility for other means-tested programs.....
  - Other topics.....
- (Please specify)\_\_\_\_\_

We do not train staff on how to assign family day care homes a tiering level.....

**Training Your Organization Provided for Family Day Care Homes**

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

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

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

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

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

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

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



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

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

<b>Monitoring Visits</b>
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This section is about CACFP monitoring visits conducted by your organization.

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

Times per year.....|\_\_|\_\_|

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

Number of monitoring visits  
announced before the visit.....|\_\_|\_\_|

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



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

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

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

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

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

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

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



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

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

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

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

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

- Yes.....
- No.....  → **GO TO QUESTION 32**

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

- Yes.....

No.....

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

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

**Sponsors' Perceptions of the CACFP**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

- Identifying potential providers.....
- Conducting pre-approval visits.....
- Other.....
- (Please specify)\_\_\_\_\_

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

- Yes.....
- No.....  → GO TO QUESTION 42

41a. How does your organization collect this information?

- Questionnaires or other forms when homes leave the program.....
- Interviews with family day care home providers when they leave the program.....
- Anecdotal information.....
- Studies or evaluations.....

Other ways.....   
(Please specify)\_\_\_\_\_

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

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

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

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

- Eligible homes already participate.....
  - Don't know.....
- } **GO TO QUESTION 44**

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

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

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

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

Yes.....

NO.....  → **Thank you!**

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

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**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**