APPENDIX A2.4

HEAD START

Head Start Center Survey Instrument

IMPORTANT:

- **When completing this questionnaire, please think of the Head Start and/or Early Head Start site at the address listed in the cover letter that came with the questionnaire packet. Base your answers on your experiences with <u>this site only</u>.**

- **Please consider BOTH Head Start AND Early Head Start classes when responding. If your site has only one type of program (i.e., EITHER Head Start OR Early Head Start), base your responses on the one type.**

- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

Your Head Start/Early Head Start Site's Initial Participation in CACFP

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1. In what year did your Head Start/Early Head Start site <u>first</u> begin participating in CACFP?

   |___|___|___|___|

   Don't know... ☐

2. Thinking back on when you <u>first</u> applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

   Less than 7 days..................................... ☐
   1 week to 4 weks.................................. ☐
   1 to 2 months... ☐
   Longer than 2 months............................. ☐

   Don't know... ☐

General Background on Your Head Start/Early Head Start Site

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3. Is the organization that administers your site a private not-for-profit organization or is it run by a public agency? *(Check one box)*

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

   Don't know... ☐

4.   How many <u>total</u> children is your Head Start/Early Head Start site licensed to serve?

Number of children.............|___|___|___|

5.   Which of the following age groups does your Head Start/Early Head Start site serve? *(Check all that apply)*

0-12 months.. ☐
1 and 2 years.. ☐
3 through 5 years.................................... ☐
Older than 5 years................................. ☐

6.   Do you and/ or your staff refer any children in your care to other community services they may need?

Yes... ☐
No... ☐ } **GO TO QUESTION 7**
Don't know.. ☐

6a.   Which of the following services do you make referrals to? *(Check all that apply)*

The Special Supplemental Nutrition Program for
  Women, Infants and Children (WIC)..… ☐
Health programs that provide medical, dental,
  vision, hearing or speech screening...... ☐
Therapeutic services such as speech therapy,
  occupational therapy or other services for
  children with special needs................... ☐
Health insurance..................................... ☐
Child welfare or family support services.. ☐
The Supplemental Nutrition Assistance Program
  or SNAP (previously referred to as the Food
  Stamp Program)................................... ☐
Head Start/Early Head Start................... ☐
Emergency food assistance programs (such as
  food pantries, food banks, and soup kitchens)   ☐
Housing or shelter services.................... ☐
Other.. ☐
(Please specify)_____

Don't know.. ☐

Your Head Start/Early Head Start Site Schedule

7.   How many <u>days of the week</u> is your Head Start/Early Head Start site <u>usually</u> open?

Number of days...............................|___|

8. Does your site have split (a.m./p.m.) Head Start/Early Head Start sessions?

Yes... □ → **GO TO QUESTION 8a**
No.. □ → **GO TO QUESTION 9**

8a. <u>Please fill out the table below for your site's **morning session** only</u>. What hours does your site usually provide care for children each day of the week? If your site does not provide morning session child care on a particular day of the week, please check "My site usually does not provide A.M. child care on that day."

Day of the Week	Start time (AM)	End time (AM/PM)	My site usually does not provide A.M. child care on that day
Monday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Tuesday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Wednesday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Thursday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Friday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Saturday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□
Sunday	|__|__| : |__|__| AM	|__|__| : |__|__| AM/PM	□

8b. <u>Please fill out the table below for your site's **afternoon session** only</u>. What hours does your site usually provide care for children each day of the week? If your site does not provide afternoon session child care on a particular day of the week, please check "My site usually does not provide P.M. child care on that day."

Day of the Week	Start time	End time	My site usually does not provide P.M. child care on that day
Monday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Tuesday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Wednesday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Thursday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Friday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Saturday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□
Sunday	|__|__| : |__|__| PM	|__|__| : |__|__| PM	□

GO TO QUESTION 10

9. What hours does your Head Start/Early Head Start site <u>usually</u> provide care for children each day of the week? If your site does not provide child care on a particular day of the week, please check "My site usually does not provide child care on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site usually does not provide child care on that day
Monday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Tuesday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Wednesday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Thursday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Friday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Saturday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐
Sunday	|___|___| : |___|___| AM/PM	|___|___| : |___|___| AM/PM	☐

10. For all of Calendar Year <u>2014</u>, how many <u>weeks</u> was your Head Start/Early Head Start site <u>scheduled</u> to be open?

Number of weeks......................\|___\|___\|

Enrollment at Your Head Start/Early Head Start Site

11. In total, how many children are currently <u>enrolled</u> at your Head Start/Early Head Start site? If your site has split sessions, please combine the enrollment from all sessions.

Number of children............\|___\|___\|___\|

11a. How many children are enrolled for <u>less than 30 hours per week</u>?

Number of children. \|___\|___\|___\|

11b. How many children are enrolled for <u>less than 5 days per week</u>? If applicable, include children counted in Q11a, above.

Number of children. \|___\|___\|___\|

11c.   How many children are enrolled for <u>one or more weekend days</u>? If applicable, include children counted in Q11a and Q11b, above.

Site does not operate on weekends ☐ → **GO TO QUESTION 12**

Number of children........|___|___|

Average Daily Attendance at Your Head Start/Early Head Start Site

In answering the following set of questions, please think about <u>actual child attendance</u> during the <u>past four weeks</u>.

12. During the past four weeks, on a typical <u>weekday</u> how many enrolled children <u>attended</u> your Head Start/Early Head Start site?

Number of children............|___|___|___|

13. During the past four weeks**,** on a typical <u>weekend day</u> how many enrolled children <u>attended</u> your Head Start/Early Head Start site?

Site does not operate on weekends........ ☐ → **GO TO QUESTION 14**

Number of children............|___|___|___|

14. Think about a typical <u>week</u> during the past four weeks. How many enrolled children <u>attended</u> your Head Start/Early Head Start site for <u>5 or more days</u>?

Number of children............|___|___|___|

15. Think about a typical <u>week</u> during the past four weeks. How many enrolled children <u>attended</u> your Head Start/Early Head Start site for <u>less than 5 days</u>?

Number of children............|___|___|___|

Meal Service and Menus at Your Head Start/Early Head Start Site

Please answer the questions in this section about only the meals and menus at your child care site.

16. Which of the following meals does your <u>Head Start/Early Head Start site</u> serve <u>on weekdays</u>? *(Check all that apply)*

Breakfast.. ☐
Morning snack.. ☐
Lunch... ☐
Afternoon snack..................................... ☐
Supper... ☐
Evening snack.. ☐

17. Which of the following meals does your <u>Head Start/Early Head Start site</u> serve <u>on weekends</u>?
(Check all that apply)

Site does not operate on weekends........ ☐

Breakfast.. ☐
Morning snack.. ☐
Lunch... ☐
Afternoon snack..................................... ☐
Supper.. ☐
Evening snack.. ☐

18. Please provide the <u>total number</u> of each <u>type</u> of meal and snack that were claimed for your Head Start/Early Head Start site <u>for CACFP in October 2014</u>.

Breakfast..............|___|___|___|___|___|___|

Morning snack.….|___|___|___|___|___|___|

Lunch...................|___|___|___|___|___|___|

Afternoon snack...|___|___|___|___|___|___|

Supper.................|___|___|___|___|___|___|

Evening snack.….|___|___|___|___|___|___|

19. Please provide the <u>total number</u> of each <u>type</u> of meal and snack your Head Start/Early Head Start site <u>served to the children in October 2014</u>, but were <u>not claimed for CACFP</u>.

Breakfast..............|___|___|___|___|___|___|

Morning snack.….|___|___|___|___|___|___|

Lunch...................|___|___|___|___|___|___|

Afternoon snack...|___|___|___|___|___|___|

Supper.................|___|___|___|___|___|___|

Evening snack.….|___|___|___|___|___|___|

20. Does your Head Start/Early Head Start site have any infants who receive breast milk while in your care? *(Check one box)*

We do not have any infants enrolled at our site   ☐

Yes... ☐
No... ☐

21. What are the sources of the menus used in your Head Start/Early Head Start site? (*Check all that apply*)

Head Start/Early Head Start staff............ ☐
CACFP sponsor's cycle menus.............. ☐
CACFP State Agency.............................. ☐
A child care association........................... ☐
A commercial vendor............................... ☐
USDA CACFP website............................. ☐
Office of Head Start website.................... ☐
Other website.. ☐
Other... ☐
(Please specify)_____

NOTE:

If you only checked one box in Q21, go to Q22. Otherwise, go to Q21a.

21a. What is the <u>primary source</u> of the menus used in your Head Start/Early Head Start site? *(Check one box)*

Head Start/Early Head Start staff. ☐
CACFP sponsor's cycle menus.… ☐
CACFP State Agency................... ☐
A child care association................ ☐
A commercial vendor.................... ☐
USDA CACFP website................. ☐
Office of Head Start website......... ☐
Other website.............................. ☐
Other.. ☐
(Please specify)_____

22. Are all, some, or none of the <u>meals</u> you serve prepared by another organization (e.g., a food bank, commercial food service vendor, or CACFP sponsor) and provided to your site as "ready to serve?" *(By "ready to serve" we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.)*

All meals are provided to us by another
  organization "ready to serve"................. ☐
Some meals are provided to us "ready to serve"
  and some meals are prepared on site… ☐
No meals are provided to us "ready to serve;"
  all meals are prepared at our site.......... ☐ → **GO TO QUESTION 23**

22a.　Where are most of the meals you serve prepared? (*Check one box*)

At a central kitchen of my organization
　　or my CACFP sponsor................ ☐
A local school that is not my sponsor　　☐
A commercial food service vendor　　☐
A local restaurant or delicatessen with
　　a catering permit......................... ☐
At a food bank or emergency kitchen　　☐
At a homeless shelter.................... ☐
At another community site............ ☐
Other... ☐
(Please specify)_____

Languages Spoken at Your Head Start/Early Head Start Site

23.　Do any children currently enrolled at your Head Start/Early Head Start site speak a language other than English?

Yes... ☐
No... ☐　⎱ **GO TO QUESTION 24**
Don't know.. ☐

23a.　Does your site have at least one person on staff who can speak the same language that these children speak?

Yes... ☐
No... ☐

23b.　What languages do you and your staff speak when talking with the children at your Head Start/Early Head Start site? (*Check all that apply*)

English.. ☐
Spanish... ☐
Chinese.. ☐
French/Haitian Creole................... ☐
Tagalog.. ☐
Vietnamese.................................... ☐
Korean... ☐
German.. ☐
Russian.. ☐
Miao/Hmong.................................. ☐
Arabic.. ☐
Japanese....................................... ☐
Other language............................. ☐
(Please specify)_____

23c. What is the <u>main language</u> you and your staff speak when talking with the children at your Head Start/Early Head Start site? (*Check one box*)

English... ☐
Spanish.. ☐
Chinese.. ☐
French/Haitian Creole.................... ☐
Tagalog.. ☐
Vietnamese.................................... ☐
Korean... ☐
German.. ☐
Russian.. ☐
Miao/Hmong.................................. ☐
Arabic.. ☐
Japanese....................................... ☐
Other language.............................. ☐
(Please specify)_____

Children with Special Dietary Needs

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24. Do any children enrolled at your Head Start/Early Head Start site have special dietary needs?

Yes.. ☐
No.. ☐ ⎫
Don't know... ☐ ⎭ **GO TO QUESTION 25**

24a. What policies does your child care site have to accommodate these children's dietary needs? *(Check all that apply)*

We require them to bring in a note from their medical provider documenting their special dietary needs... ☐
We provide food substitutions for foods they cannot eat... ☐
We modify the daily meal pattern as needed ☐
We maintain a nut-free environment in our child care program................................. ☐
We allow children with special dietary needs to bring food from home........................ ☐
Other... ☐
(Please specify)_____

Staffing at Your Head Start/Early Head Start Site

As with the other sections of this survey, please answer the questions in this section <u>only for your individual Head Start/Early Head Start site</u>. **This is the site located <u>at the address on the cover letter that came with the questionnaire.</u>**

25.   How many employees, including yourself, work at your Head Start/Early Head Start site? (Please count part-time and full-time staff equally.)

Total number of employees|___|___|___|

26.   What is the <u>usual number of children per adult</u> at this Head Start/Early Head Start site at 10:00 a.m. on <u>weekdays</u>, for groups of 3 to 5 year olds?

Number of children per adult.…|___|___|

27.   Is the number of children per adult different during <u>weekends or evenings</u> that your Head Start/Early Head Start site is in operation?

This Head Start/Early Head Start site is not
    open weekends or evenings.................. ☐   **GO TO QUESTION 28**
No, it is not different during weekends or
    evenings... ☐
Yes, it is different during weekends or evenings   ☐

27a.   What is the <u>usual number of children per adult</u> for groups of 3 to 5 year olds served during <u>weekends or evenings at this site</u>?

Number of children per adult|___|___|

28.   How many employees (counting part-time and full-time employees equally) at your Head Start/Early Head Start site work on any of the following <u>food service</u> tasks: menu planning, food purchasing, food storage, food preparation, and/or food safety?

Number of employees.…|___|___|___|→ **IF = 0, GO TO QUESTION 29**

28a.   Among all of the employees who work on any of these food service tasks, how many have received training in food service <u>as part of the mandatory annual CACFP training</u>?

Number of employees|___|___|___|

28b.   How many of these employees have received <u>additional training in food service</u>, that was **not** <u>part of the mandatory annual CACFP training</u>?

Number of employees|___|___|___|

29.   Does your Head Start/Early Head Start site have on-site access to the Internet?

Yes.. ☐
No.. ☐ ⎫ **GO TO QUESTION 31**
Don't know.. ☐ ⎭

30.   Does your Head Start/Early Head Start site usually submit CACFP meal claim forms on paper, electronically, or in both formats?

Submit only paper claims........................ ☐ → **GO TO QUESTION 31**
Submit only electronic claims.................. ☐
Submit both paper and electronic claims ☐

30a.   Who developed the system your Head Start/Early Head Start site uses to <u>electronically</u> submit CACFP claims? (*Check one box)*

Private source............................... ☐
State CACFP Agency................... ☐ ⎫ **GO TO QUESTION 31**
CACFP Sponsoring organization. ☐ ⎭

Don't know................................... ☐

30b.   What is the name of the system your Head Start/Early Head Start site uses for submitting CACFP claims electronically?

Minute Menu................................ ☐
Procare.. ☐
CACFP.Net.................................. ☐
Other.. ☐
(Please specify)_____

Don't know................................... ☐

Training and Assistance Provided by Your Sponsoring Organization

In this section, we are interested in the training and other assistance that your CACFP sponsoring organization provided to your Head Start/Early Head Start site <u>during the past 12 months,</u> as well as on what CACFP-related topics it would be helpful to receive more training or assistance.

31.   <u>During the past 12 months</u>, did you and/or staff receive any <u>training from your CACFP sponsor on CACFP issues</u>?

Yes.. ☐

No.. □ → **GO TO QUESTION 32**

31a.   During the past 12 months, what was the most common format that your CACFP sponsor used to provide this training? *(Check one box)*

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

31b.   During the past 12 months, on what topics have you and/or your staff received training from your CACFP sponsor? *(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)_____

31c.   How satisfied are you with the training your child care site received from your CACFP sponsor?

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

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

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

32a. On what topics did you receive technical assistance from your CACFP sponsor? *(Check all that apply)*

Menu planning/sample menus...... ☐
Food vendor contracts................. ☐
Staff training................................. ☐
Budgeting..................................... ☐
Computer support......................... ☐
Other topics................................. ☐
(Please specify)_____

32b. How satisfied are you with the technical assistance available from your CACFP sponsor?

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

33. 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 34**

33a. On what topics would you like to receive more training or assistance from your CACFP sponsor? *(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..................................... ☐
Food vendor contracts............................ ☐
Menu planning/sample menus................ ☐
Food preparation.................................... ☐
Food safety/food service operations....... ☐
Budgeting... ☐

Computer support.................................... ☐
Nutrition.. ☐
Physical activity in child care................... ☐
Obesity prevention.................................. ☐
Best practices in child care..................... ☐
Staff wellness... ☐
Staff training... ☐
Parent relations...................................... ☐
Recognizing abuse and neglect.............. ☐
Other... ☐
(Please specify)_____

Training Provided by Your Site to Your Staff

In the following questions, we're interested in the CACFP-related training that your <u>site</u> may have provided to <u>your Head Start/Early Head Start staff</u> during the past 12 months.

34.   During the past 12 months, did your Head Start/Early Head Start site provide <u>any training to your staff on CACFP issues</u>, such as meal patterns, and nutrition?

        Yes.. ☐
        No.. ☐ ⎫ **GO TO QUESTION 35**
        Don't know.. ☐ ⎭

      34a.   <u>During the past 12 months</u>, how many training sessions were provided by your Head Start/Early Head Start site to your staff on CACFP issues?

          Number of training sessions on
             CACFP issues........................|___|___|

CACFP Monitoring Visits
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35.   <u>During the past 12 months</u>, how many times did your CACFP sponsor conduct a monitoring visit at your Head Start/Early Head Start site?

          Times during last 12 months....|___|___| → **IF = 0, GO TO QUESTION 41**

36.   How many of these monitoring visits were <u>announced before the visit</u>?

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

        Don't know.. ☐

37. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit.........................|___|___|

38. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your Head Start/Early Head Start site? *(Check all that apply)*

Child care license is current.................... ☐
Health and safety guidelines followed..... ☐
A current enrollment record exists for each
   child present... ☐
The number of children in attendance is less
   than or equal to licensed capacity......... ☐
Food allergies are documented............... ☐
Other.. ☐
(Please specify)_____

39. During the past 12 months, which of the following claiming and menu-related topics were reviewed during the CACFP monitoring visits? *(Check all that apply)*

Existence and accuracy of daily attendance
   records.. ☐
Number of meals claimed compared to
   licensed capacity.................................. ☐
Recording of daily meal counts and menus ☐
5-day reconciliation................................. ☐
Menus for each mail claimed, including infant
   meals... ☐
Completion of menu production records with
   quantities... ☐
Compliance of infant menus with CACFP meal
   pattern requirements............................. ☐
Food receipts support the menu............. ☐
Other.. ☐
(Please specify)_____

40. During the past 12 months, which of the following meal-related topics were observed and/or reviewed during the CACFP monitoring visits? *(Check all that apply)*

Observed meal meets CACFP meal pattern
   requirements.. ☐
Appropriate type of milk is served to children   ☐
Drinking water is available throughout the day   ☐
Meals served match the menu................ ☐

Time of day meals and snacks are served is
  appropriate... ☐
Type of meal service (family style vs. plated)   ☐
Safe food handling practices observed… ☐
Food allergies are accommodated.......... ☐
Other.. ☐
(Please specify)_____

Your Satisfaction with Your CACFP Sponsor

41.　　Please rate your level of satisfaction with your CACFP sponsoring organization on the following factors: *(Circle one number for each factor)*

Factor	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know	Not Applicable
a. Availability of someone to help when needed	1	2	3	4	5	-8	-9
b. Turnaround time for payment of our claims	1	2	3	4	5	-8	-9
c. Review of the Head Start/ Early Head Start site	1	2	3	4	5	-8	-9
d. CACFP sponsor's use of technology	1	2	3	4	5	-8	-9
e. Support of the Head Start/ Early Head Start site's use of technology for the CACFP	1	2	3	4	5	-8	-9

Your Perceptions of the CACFP

42.　　How does the money from CACFP reimbursements change the way your site provides services? (*Check all that apply*)

We can care for more children................ ☐
We can serve more snacks or meals to

children we serve................................. ☐
We can serve higher quality meals......... ☐
We can improve the non-food parts of our
    program.. ☐
We can lower the fees we charge for our
    program.. ☐
Other... ☐
(Please specify)_____

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

<u>Rank</u>

CACFP provides nutritious meals to children		|___|

CACFP teaches me and my staff 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 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........|___|

44.	Overall, how would you rate your Head Start/Early Head Start's site's level of burden to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

Very low burden...................................... ☐
Low burden.. ☐ ⎫
Neither high nor low................................ ☐ ⎬ **GO TO QUESTION 45**
High burden... ☐ ⎭
Very high burden..................................... ☐

44a.	What aspects of the CACFP requirements are burdensome for your Head Start/Early Head Start site?

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Suggestions for Improving CACFP

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45.   Do you have any suggestions for improving the program support and oversight provided by your CACFP sponsoring organization?

        Yes.. ☐
        No... ☐ → **GO TO QUESTION 46**

45a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP sponsoring organization? (*Check all that apply*)

Offer better feedback during monitoring visits ☐
Provide more timely feedback on results of monitoring visits..................................... ☐
Provide clearer information about follow-up actions I need to take after a monitoring visit ☐
Provide clearer information about what constitutes a serious deficiency............. ☐
Provide clearer information about the appeals process for serious deficiency notices..... ☐
Provide better training on CACFP rules and responsibilities....................................... ☐
Process reimbursements for claims in a more timely fashion... ☐
Focus monitoring visits on teaching not just enforcement... ☐
Make monitoring visits less invasive....... ☐
Other.. ☐
(Please specify)_____

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

Yes.. ☐
No.. ☐ → **Thank you!**

46a. 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