APPENDIX A2.5

AT-RISK CENTERS

At-Risk Center Survey Instrument

IMPORTANT:

- When completing this questionnaire, please think ONLY of the site at the address listed in the cover letter that came with the questionnaire packet.
- Base your answers on your experiences with CACFP at this site only.
- 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!

General Background on Your Site

1. Is your organization private not-for-profit, for-profit, or is it a public agency, school, or school district? (*Check one box*)

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

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

Child care center□ Head Start center□
Public school
Private school
School food authority \Box
Housing authority facility/site \Box
Homeless center
Parks and recreation facility \Box
Multi-purpose community center \Box
YMCA or YWCA
Boys & Girls Club 🛛
Salvation Army site \Box
United Way organization \Box
Faith-based organization \Box
21st Century Community Learning Center
Police Athletic League 🛛
Food bank \Box
Tribal organization \Box
Other

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average less than 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

(Please specify)_____

3. Is the site where you provide At-Risk meals and/or snacks licensed as a child care center?

Yes	
No	

4. Do children attending the afterschool program at your site enroll or is attendance on a "drop in" basis?

All children must enroll
All children attend on a drop in basis \Box
Some children enroll and some attend on a
drop-in basis \Box

5. Which of the following age groups do you serve in your afterschool program?

0-12 months
1 and 2 years
3 through 5 years
6 through 9 years
10 through 12 years
13 through 18 years

6. What kinds of educational and enrichment programming does the afterschool component of your site offer to the children? (*Check all that apply*)

Recreation
Nutrition education on healthy eating \Box
Education on growing healthy foods \Box
Good citizenship
Anti-bullying
Arts education
Physical education
General academic assistance
Academic tutoring on specific subjects
Other
(Please specify)

History of Your Site's CACFP Participation and Experience at Initial Enrollment in At-Risk CACFP

7. In what year did your site <u>first</u> begin participating in any part of the CACFP?

|____|

Don't know.....

8. Have you ever claimed any <u>afterschool snacks in the At-Risk CACFP</u>?

		We currently claim At-Risk afterschool snacks □ We claimed At-Risk afterschool snacks in the past but not currently□ We have never claimed At-Risk afterschool snacks□ → GO TO QUESTION 9
	8a.	In what year did your site start claiming afterschool snacks in the At-Risk CACFP?
		Don't know
9.	Have y	ou ever claimed any afterschool meals in the At-Risk CACFP?
		We currently claim At-Risk afterschool meals \Box We claimed At-Risk afterschool meals in the past but not currently \Box We have never claimed At-Risk afterschool meals $\Box \rightarrow$ GO TO QUESTION 10
	9a.	In what year did your site start claiming afterschool meals in the At-Risk CACFP?
		Don't know

Please answer the remainder of the questions in this section thinking back to when you <u>first</u> applied to participate <u>in the At-Risk CACFP</u>.

10. How did you <u>first</u> find out about the At-Risk CACFP? (*Check one box*)

In a local newspaper \Box	
On the radio	
Posters, Flyers or brochures	
From an advocacy organization \Box	
From a friend	
Someone contacted me from the State agency	
Someone contacted me from a CACFP	
sponsoring organization \Box	
From the organization that administers my site	
Social media 🛛	
Other	
(Please specify)	
Don't know	

11. The following is a list of possible reasons why organizations might want to participate in the At-Risk CACFP. Please rank the three reasons 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 reason your organization participates. (*Rank 3*)

Rank
Allows us to provide food to children who are at risk of hunger
Supports afterschool enrichment programming.
Less paperwork requirements than non-At-Risk CACFP []
Area eligibility instead of individual eligibility
Does not require us to meet licensing requirements, just health and safety requirements
Higher reimbursement than non-At-Risk child care CACFP
Individual enrollment is not required
Can serve older children in At-Risk CACFP than in non-At-Risk child care CACFP
Teaches me and my staff to plan and prepare nutritious meals
Helps children develop healthy eating habits
Other

12. How difficult would you say it was for your site to apply and be determined eligible to claim At-Risk afterschool meals and snacks?

Very difficult Somewhat difficult		
Not difficult at all	$\Box \rightarrow$	GO TO QUESTION 13
Don't know		

12a. What factors posed barriers to your initial enrollment? (Check all that apply)

Area eligibility rules
State and local health and safety requirements
Program enrichment activities requirement 🛛
Documenting licensing/registration status \Box
Documenting funding and staffing \Box
Meal pattern requirements 🗖
Determining how to budget for meals \Box
Not enough cooking staff \Box
Limited food preparation space \Box
Limited food storage space \Box
No experience planning or preparing CACFP
meals 🛛
No experience with food service contracts
(vended meals) \Box
Other
(Please specify)

IMPORTANT NOTE: Please answer Question 13 if <u>prior to</u> claiming At-Risk CACFP meals your site <u>provided only afterschool snacks</u>. All other respondents should go to Question 14.

13. When you <u>began</u> participating in the At-Risk CACFP for afterschool meals, what were the three greatest challenges that you faced? *(Check 3 boxes)*

We experienced no challenges..... $\Box \rightarrow$ **GO TO QUESTION 14**

Don't know.....

Your Site's Schedule and At-Risk Afterschool Meal/Snack Service

14. <u>In October 2014</u>, to how many children did you serve CACFP At-Risk afterschool meals and/or snacks?

Total number of children served

15. <u>In October 2014</u>, what was the total number <u>of each type</u> of afterschool meal and snack that your site claimed in the At-Risk CACFP?

At-Risk breakfast.	
At-Risk lunch	
At-Risk supper	
At-Risk snack _	

16. <u>On weekdays when school is in session, which days and hours does your site usually operate after school care</u>? If it is usually closed on a particular day of the week for after school hours, please check "My site is usually closed after school on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site is usually closed after school 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	

17. <u>On the weekdays you operate when school is in session</u>, which of the following <u>afterschool meals and snacks</u> does your site usually claim in the At-Risk CACFP? (*Check all that apply*)

At-Risk lunch
At-Risk supper
At-Risk snack

18. <u>During the school year</u>, does your site provide services to children <u>on weekdays when school is</u> <u>not in session</u>, such as during school vacations and/or teacher training days?

Yes			
No	$\Box \rightarrow$	GO TO QUI	ESTION 19

18a. <u>During the school year, on weekdays when school is not in session</u>, what hours does your site provide services to children? (*Circle AM or PM*)

Start Time:	 	:	 	AM	or	ΡM
End Time:		:	 	AM	or F	١M

18b. <u>During the school year, on weekdays when school is not in session</u>, which of the following <u>afterschool meals and snacks</u> does your site usually claim in the At-Risk CACFP? (*Check all that apply*)

At-Risk breakfast	
At-Risk lunch	
At-Risk supper	
At-Risk snack	

19. During the school year, does your site provide services to children on weekend days?

Yes		
No	$\square \rightarrow$	GO TO QUESTION 20

19a. On weekends during the school year, which days and hours does your site provide services to children? If it is usually closed on Saturday or Sunday, please check "My site is usually closed on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site is usually closed on that day
Saturday	: AM/PM	: AM/PM	
Sunday	: AM/PM	: AM/PM	

19b. On weekends during the school year, which of the following <u>afterschool</u> <u>meals and snacks</u> does your site usually claim in the At-Risk CACFP? (*Check all that apply*)

At-Risk breakfast	
At-Risk lunch	
At-Risk supper	
At-Risk snack	

20. Are all, some, or none of your <u>At-Risk afterschool meals</u> 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 At-Risk meals are provided to us by another

organization "ready to serve"......□ Some At-Risk meals are provided to us "ready to serve" and some meals are prepared on site......□ No At-Risk meals are provided to us "ready to serve;" all At-Risk meals are prepared at our site......□ → GO TO QUESTION 21 20a. Where are most of the At-Risk afterschool 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 \square	
At a food bank or emergency kitchen	
At a homeless shelter 🛛	
At another community site 🛛	
Other	
(Please specify)	
Don't know	

21. Do the At-Risk afterschool meals you serve usually include only cold foods, only hot foods, or both hot and cold foods?

Only cold foods	
Only hot foods	
Both hot and cold foods	

Your Site's Participation in Non-At-Risk CACFP

The next few questions ask specifically about the meals and snacks your site may claim in the non-At-Risk child care part of CACFP.

IMPORTANT NOTE: 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!

22. Do you claim any <u>meals and/or snacks</u> in non-At-Risk <u>child care CACFP</u>?

Yes		
No	$\Box \rightarrow$	GO TO QUESTION 27

23. <u>On weekdays during the school year</u>, which of the following <u>meals and snacks</u> does your site usually claim in non-At-Risk child care CACFP? (*Check all that apply*)

We don't claim any non-At-Risk meals and	ł
snacks on weekdays E	ב

Breakfast]
Morning snack]
Lunch	

Afternoon snack D]
Supper E]
Evening Snack E]

24. <u>On weekends during the school year</u>, which of the following <u>meals and snacks</u> does your site usually claim in non-At-Risk child care CACFP? *(Check all that apply)*

We don't claim any non-At-Risk meals and snacks on weekends
Breakfast

25. For which of the following age groups does your organization claim meals and/or snacks in non-At-Risk child care CACFP? (*Check all that apply*)

0-12 months
1 and 2 years
3 through 5 years
6 through 9 years
10 through 12 years

26. Do you currently face any challenges participating in both the At-Risk and non-At-Risk child care CACFP?

Yes		
No	$\Box \rightarrow$	GO TO QUESTION 27

26a. What are the <u>two biggest challenges</u> your site faces participating in both the At-Risk and non-At-Risk child care CACFP? (*Check up to 2 boxes*)

Maintaining separate meal counts for both
parts of CACFP \Box
Maintaining two systems of eligibility \Box
Training staff on differences in recordkeeping
for both parts of CACFP \Box
Claiming under At-Risk and non-At-Risk parts
of CACFP during the school year and only
non-At-Risk child care CACFP during the
summer
Budgeting when some meals are paid at the

free rate and others at a mix of fre	e, reduced
and paid rates	🗆
Other	🗆
(Please specify)	

	Outreach		
27.	-	rour organization conduct any outreach efforts to promote participation in your afterschool snacks program? Yes	
		No $\Box \rightarrow GO TO QUESTION 28$	
	27a.	What kinds of outreach methods has your organization used? (Check all that apply)	
		Press releases	
28.		er organizations conduct outreach to promote participation in your afterschool snacks program?	
		Yes No Don't know	
	28a.	What other organizations conduct outreach for your afterschool meals/snacks program?	

My CACFP sponsor	
Advocacy organizations	
Local schools	
Religious organizations	
Food banks	
Local community organizations	
Other	
(Please specify)	

29. Which of the outreach methods do you think have been the most effective in bringing children into your afterschool meals/snacks program? *(Check all that apply)*

No outreach has been conducted for our afterschool meals/snacks program......□

Press releases	
Distributing flyers/brochures at local schools	
Distributing flyers/brochures at local libraries	
Distributing flyers/brochures at local stores \Box	
Outreach by advocacy organizations \Box	
Outreach by local schools \Box	
Outreach by religious organizations \Box	
Other organizations that serve families in our	
community 🛛	
Social media 🛛	
Other	
(Please specify)	

Non-CACFP Supports for Meals and Snacks

30. Currently, does this site receive any non-CACFP food, funding, or in-kind supports to purchase, prepare or serve the meals and/or snacks you serve after school, on weekends, or during school holidays?

Yes	🗆
No	$\Box \rightarrow$ GO TO QUESTION 31

30a. In what year did you <u>start</u> receiving this food, funding or in-kind supports to purchase, prepare or serve meals and snacks in your program?

1	 	 	

Don't know.....

30b. From which non-CACFP sources do you currently receive food, funding or in-kind supports for these purposes? (*Check all that apply*)

From emergency food assistance programs	
such as food banks, food pantries or soup	
kitchens 🗆	
From funding for housing or shelter services	
From Head Start or Early Head Start	
programming \Box	
From charitable organizations \Box	

From my organization's operating budget	
From fundraising efforts specifically for food	
donations \Box	
Fees charged to parents \Box	
Other	
(Please specify)	

Training and Support on At-Risk CACFP

In the following questions, we're interested in the training and other assistance that your CACFP sponsor and/or State CACFP agency provided to you on the At-Risk CACFP during the past 12 months, as well as on what topics it would be helpful to receive more training or assistance.

31. <u>During the past 12 months</u>, did you and/or your staff receive <u>training from your</u> <u>CACFP sponsor and/or State Agency on any topics specific to At-Risk CACFP</u>?

> Yes..... \Box No...... $\Box \rightarrow$ GO TO QUESTION 32

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

Web-based 🛛	
In-person group classes or workshops	
One-on-one	
Other	
(Please specify)	

31b. <u>During the past 12 months</u>, on which of the following At-Risk CACFPrelated topics have you and/or your staff received <u>training from your</u> <u>CACFP sponsor and/or State Agency</u>? (Check all that apply)

Requirements specific to At-Risk CACFP
CACFP meal requirements
CACFP recordkeeping requirements
Preparing and filing monthly reimbursement
claims 🗆
At-Risk area eligibility 🛛
Coordination of recordkeeping between your
non-At-Risk and At-Risk CACFP \Box
CACFP monitoring requirements
Health and safety standards \Box
Serious deficiencies
Maintaining confidentiality

USDA civil rights requirements
Food purchasing
Menu planning
Food preparation
Food safety/food service operations
Nutrition
Physical activity
Obesity prevention
Best practices in after school programs D
Staff wellness
Parent relations
Recognizing abuse and neglect
Other
(Please specify)

31c. How satisfied are you with the training your site received from your CACFP sponsor and/or State Agency on the At-Risk CACFP?

Very satisfied
Satisfied
Neither satisfied nor dissatisfied \Box
Dissatisfied
Very dissatisfied \Box

32. <u>During the past 12 months</u>, have you received any technical assistance regarding At-Risk CACFP from your CACFP sponsor and/or State CACFP Agency?

Yes		
No	\rightarrow	GO TO QUESTION 33

32a. On what topics did you receive technical assistance from your CACFP sponsor and/or State CACFP Agency? (Check all that apply)

Menu planning/sample menus 🛛
Food vendor contracts
Staff training
Budgeting
Computer support
Other
(Please specify)

32b. How satisfied are you with the technical assistance available from your CACFP sponsor specific to At-Risk CACFP?

Very satisfied	
Satisfied	
Neither satisfied nor dissatisfied \Box	
Dissatisfied	
Very dissatisfied \Box	

33. Has your CACFP sponsor or State agency provided you any <u>tools or materials</u> that have helped you to <u>meet the requirements of the At-Risk CACFP</u>?

Yes	🛛
No	$\Box \rightarrow \text{ GO TO QUESTION 34}$

33a. Please briefly describe these tools or materials.

Summer Programming

34. <u>During Summer 2014</u>, was your afterschool site open for any programming for children?

Yes..... No..... □ → GO TO OUESTION 38 During Summer 2014, on a typical day approximately how many children attended your site? 35. Number of children...... 36. Is your afterschool program site in an area with a 12- month school year? Yes..... No..... □ → GO TO OUESTION 37 During Summer 2014, did you claim any meals and/or snacks from the At-36a. **Risk CACFP?** Yes..... No..... 37. During Summer 2014, did you operate as a site for the Summer Food Service Program? Yes..... $\Box \rightarrow GO TO QUESTION 39$ No..... 37a. What are the two main factors that prevented you from being a Summer Food Service Program site? (Check up to 2 boxes) State agency approval..... Challenges in obtaining licensing or health and safety approval..... Staffing limitations..... Lack of transportation for the children..... \Box

Lack of sufficient programming space..... There are one or more Summer Food Service sites in the area...... Have never considered participating in the Summer Food Service Program....... The Summer Food Service Program and CACFP program operate out of two different agencies in my State......

		(Please specify)			
		Just not interested in participating □ → GO TO QUESTION 39 Don't know □			
38.	Would	you like to be a site for the Summer Food Service Program?			
		Yes□ No□ → GO TO QUESTION 39			
	What kind of information and/or help would you need to consider becoming a site for the Summer Food Service Program?				
Suggestions for Improving At-Risk CACFP					
39.	Do you need more training or tools to help you implement At-Risk CACFP?				
		Yes I No I Don't know I			
	39a.	On which of the following topics does your site need more training or tools to help you implement At-Risk CACFP?			
		How to plan menus/sample menus \Box			

How to plan menus/sample menus	
Food purchasing \Box	
Food storage \Box	
Preparing healthy, child-friendly meals	
Contracting for vended meals \Box	
Food service budgeting \Box	
Other	
(Please specify)	

40. Based on your experience, do you think any other areas of At-Risk CACFP need to be improved?

Yes		
No	$\Box \rightarrow$	Thank you!

40a. What suggestions do you have for improving At-Risk 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