

Appendix F: Meal Cost Instruments

F.1 Pre-Visit Cost Telephone Interview

LOGO

OMB Control No: 0584-XXXX
OMB Approval Expiration Date: XX/XX/XXXX

Study of Nutrition and Activity in Child Care Settings (SNACS)

PRE-VISIT COST TELEPHONE INTERVIEW

Program/Respondent ID
Program/Person Name
Other Name/Contact Info

Interviewer ID #: |_|_|_|_|_|_|_|_|_|

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 15 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.

CATI programming instructions:

If the sampled child care center is **sponsor-affiliated** (i.e., part of the same organization as the sponsor), the primary respondent is the **sponsor** administrator most familiar with foodservice/CACFP operations (as identified in recruiting). The secondary contact for questions with missing/don't know response is the administrator most familiar with foodservice/CACFP operations at the child care **center** (as identified during recruiting).

If the sampled child care center is **sponsored but not affiliated with the sponsor**, the primary respondent is the administrator most familiar with foodservice/CACFP operations at the child care **center**. The secondary contact is the sponsor administrator most familiar with foodservice/CACFP operations.

If the sampled child care center is **independent**, the primary contact is the administrator most familiar with foodservice/CACFP operations at the child care **center**, and the secondary contact is any additional respondent identified during recruiting.

Hello, my name is [INTERVIEWER NAME] and I am calling about the Study of Nutrition and Activity in Child Care Settings. Abt Associates Inc. is conducting this study for the Food and Nutrition Service of the US Department of Agriculture. Thank you for agreeing to participate in this important study of the Child and Adult Care Feeding Program or CACFP.

Pre Interview Q. 1. We would like to confirm that you are the person most familiar with foodservice and CACFP operations [at your organization/at [SELECTED CENTER]].

YES. PROCEED TO 'ABOUT THE STUDY'

No. ASK PRE INTERVIEW Q 2

Pre Interview Q2. Please provide the name and contact information for the person most familiar with foodservice and CACFP operations [at your organization/at [SELECTED CENTER]].

Name _____

Title _____

Organization _____

e-mail _____

phone _____

Thank the respondent and tell them you will contact the individual named above to complete the interview.

About the Study. The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP) and some not participating in the CACFP (We refer to all these settings as providers). More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsoring organizations (which we call sponsors) and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

Data Collection Activity. The Pre-Visit Cost Telephone Interview will gather information that will help the study team plan for data collection. Information will be collected about the Center's meal planning and production, procurement of food and foodservice supplies, and administration of the CACFP. Center directors or child care sponsors will complete this telephone interview and it is expected to take approximately 15 minutes to complete.

Protecting Privacy. All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

Questions. If you have any questions about the study please call our toll-free study number at 1 (844) 808-4777 or email XXXX@abtassoc.com. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings.

Pre-Visit Cost Telephone Interview

I am going to ask some general questions about [your organization/the [SAMPLED CENTER]]. Then I will ask about the following topics:

- Meal Planning
- Procurement of food and supplies
- Storage and Transportation of food and supplies
- Meal and Snack Production
- Meal and Snack Service
- Administration of the CACFP
- Indirect Costs
- Contact Information

General

1 First, I have some questions about the organizations involved in administering the CACFP at [SAMPLED CHILD CARE CENTER]. Is the [SAMPLED CHILD CARE CENTER]...

- Sponsored and affiliated (part of the sponsor organization)? ASK 1B
- Sponsored and unaffiliated (not legally part of the sponsor organization)? ASK 1B AND 1C
- Independent (has its own agreement with the State to operate the CACFP) GO TO 1c?

1b. **SPONSORS ONLY:** How would you describe your sponsor organization? Is it a...

- Private non-profit organization
- Public school district
- Charter school organization
- Local government such as town, city, or county
- For-profit corporation

Other (describe: _____)

IF CENTER IS AFFILIATED, GO TO 2

1c. What type of organization is the [SAMPLED CHILD CARE CENTER]? Is it a...

- Private non-profit organization
- Public school or other part of a public school district
- Local government such as town, city, or county
- For-profit corporation
- Other (describe: _____)

2. **SPONSORS ONLY:** Now we are going to ask about the number of centers and/or programs that your organization sponsors broken down by age and type of center. Centers should be counted in each category for which they have children.

School-age includes Kindergarten but not Pre-K.

	Affiliated child care centers Not applicable <input type="checkbox"/>	Unaffiliated child care centers Not applicable <input type="checkbox"/>	Not Applicable
a. What is the total number of centers/programs sponsored?			
b. How many serve infants?			<input type="checkbox"/>
c. How many serve toddlers? (12 mo. – 36 mo.)			<input type="checkbox"/>
d. How many serve preschoolers? (36 mo. – Kindergarten entry)			<input type="checkbox"/>
e. How many serve younger children and school-age children?			<input type="checkbox"/>
f. How many serve only school-age children?			<input type="checkbox"/>
g. What is the total number of family child care homes sponsored?			<input type="checkbox"/>
h. What is the total number of at-risk afterschool programs sponsored?			<input type="checkbox"/>

Meal Planning

3. Who is primarily responsible for planning children’s meals and snacks for [SAMPLED CHILD CARE CENTER]?

Name _____

Title _____

Organization _____

e-mail _____

phone _____

3a. Is this person at the...

- Sponsor? [Gray out this option for administration with Independent Centers]
- Child care center?
- Foodservice management company/Vendor/Caterer/Other contractor?
- Other: _____

3b. Is there anyone else responsible for planning children's meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS RESPONSIBLE, THEN GO TO 4

Name _____

Title _____

Organization _____

e-mail _____

phone _____

Procurement

4. Who is primarily responsible for purchasing food for children's meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 3, THEN GO TO 5

Name _____

Title _____

Organization _____

e-mail _____

phone _____

4a.: Is this person at the...

Sponsor? [Gray out this option for administration with Independent Centers]

Child care center?

Foodservice management company/Vendor/Caterer/Other contractor?

Other: _____

5. Who is primarily responsible for purchasing supplies for children's meals and snacks, for example plates and cups, for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 3, THEN GO TO 6

Name _____

Title _____

Organization _____

e-mail _____

phone _____

5a. Is this person at the...

Sponsor? [Gray out this option for administration with Independent Centers]

Child care center?

Foodservice management company/Vendor/Caterer/Other contractor?

Other: _____

Storage and Transportation

6. How do food items for children’s meals and snacks arrive at [SAMPLED CHILD CARE CENTER]?
CHECK ALL THAT APPLY.

- Food is delivered by sponsor.
- Food is delivered by outside party (e.g. vendor, caterer).
- Child care center staff transport food.

Meal/Snack Production

7. Where are children’s meals and snacks for the [SAMPLED CHILD CARE CENTER] produced or prepared? CHECK ALL THAT APPLY.

- Sponsor kitchen
- On-site at sampled child care center
- Other child care center
- Caterer/vendor
- Other: _____

8. Who is primarily responsible for production, in other words preparing and assembling children’s meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 3

Name _____

Title _____

Organization _____

e-mail _____

phone _____

8a. Is this person at the....

- Sponsor? [Gray out this option for administration with Independent Centers]
- Child care center?
- Foodservice management company/Vendor/Caterer?
- Other: _____

8b. Is there anyone else responsible for production, in other words preparing and assembling children’s meals and snacks for [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS RESPONSIBLE

Name _____

Title _____

Organization _____

e-mail _____

phone _____

Meal/Snack Service

9. Is any party other than the [SAMPLED CHILD CARE CENTER] staff involved in serving meals and snacks to children at the sampled center?

- YES (GO TO 9a)
- NO (GO TO 10)

9a. Who?

Administration of CACFP

10. Who is primarily responsible for determining children's eligibility for free, reduced, or paid CACFP meals and snacks for the [SAMPLED CHILD CARE CENTER] (CHECK ALL THAT APPLY)?

- CHECK IF SAME PERSON LISTED IN 3, THEN GO TO 11

Name _____

Title _____

Organization _____

e-mail _____

phone _____

10a. **SPONSORS ONLY:** Is this person at the...

- Sponsor?
- Child care center?
- Other: _____

11. Who is primarily responsible for CACFP claims and reporting to the State Child Nutrition Agency for the [SAMPLED CHILD CARE CENTER]?

- CHECK IF SAME PERSON LISTED IN 3, GO TO 12

Name _____

Title _____

Organization _____

e-mail _____

phone _____

11a. **SPONSORS ONLY:** Is this person at the...

- Sponsor?
- Child care center?
- Other: _____

12. Who is responsible for maintaining records of CACFP food purchases and USDA foods received for the [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 3, GO TO 13

Name _____

Title _____

Organization _____

e-mail _____

phone _____

12a. **SPONSORS ONLY:** Is this person at the...

Sponsor?

Child care center?

Other: _____

Financial Accounting

13. Who is most knowledgeable about statements of expenses and revenues related to CACFP for the [SAMPLED CHILD CARE CENTER]?

CHECK IF SAME PERSON LISTED IN 3 or 10, THEN GO TO 13b

Name _____

Title _____

Organization _____

e-mail _____

phone _____

13a. **SPONSORS ONLY:** Is this person at the...

Sponsor?

Child care center?

Other: _____

13b. Is anyone else more knowledgeable about payroll and fringe benefits related to CACFP for the [SAMPLED CHILD CARE CENTER]?

CHECK IF NO ONE ELSE IS MORE KNOWLEDGEABLE

Name _____

Title _____

Organization _____

e-mail _____

phone _____

14. Is there anyone else we should talk to in order capture all the costs related to CACFP operations or administrations?

- YES (GO TO 14a)
- NO (GO TO END)

14a. Please list name, agency/contact information and describe their roles:

#1 Name: _____
Agency/contact information: _____
Role: _____

#2 Name: _____
Agency/contact information: _____
Role: _____

#3 Name: _____
Agency/contact information: _____
Role: _____

END SCRIPT: Thank you for taking the time to complete the Pre Visit Cost Telephone Interview. The next step will be for us to send you the Pre Visit Cost Form to complete and send back to us. This form asks about meal counts, enrollment, revenues and expenses related to foodservice operations and the CACFP. It should take about 30 minutes to complete. We will also send you a questionnaire about indirect costs that your organization may have. You may need help from other colleagues such as your chief financial officer to complete these forms.