

## **F.4 Center Director Cost Interview**

LOGO

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

# Study of Nutrition and Activity in Child Care Settings

## CENTER DIRECTOR COST INTERVIEW

Center Name: \_\_\_\_\_

Center ID #: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_

Respondent Email: \_\_\_\_\_

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 45 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.

**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 of 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 Center Director Cost Interview will gather time use and payroll data for child care center staff whose job responsibilities do not primarily include foodservice. It is expected to take approximately 45 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 Cost in Child Care Settings.**

1. Please tell me how many weeks your center was in operation overall during fiscal year (FY) 2015 (October 2014-September 2015)? Please **exclude** breaks of a week or longer.  
\_\_\_\_\_ weeks or \_\_\_\_\_ days

1a. How many weeks (or days) did your center operate the CACFP in FY 2015?  
\_\_\_\_\_ weeks or \_\_\_\_\_ days

2. How many hours per day overall did a typical salaried staff person in your center work during fiscal year 2015? *“Salaried” refers to employees that are not paid on an hourly basis; they are sometimes referred to as exempt staff.*  
\_\_\_\_\_ hours/day

3. **Please refer to Handout 1: Foodservice Activity and Task List for Center Staff (GIVE A COPY OF HANDOUT 1 TO THE RESPONDENT).** This handout identifies foodservice and CACFP-related activities that may be done by child care center staff. I will ask you to tell me which of these activities involve you or other staff of this center, **excluding** employees whose job responsibilities primarily include foodservice (e.g. cooks and kitchen assistants who serve meals, etc.). We will collect information about these employees on the Center Foodservice Cost Interview. We want to capture teachers and aides on this interview.

STAFF THAT SPEND >50% OF THEIR TIME ON FOODSERVICE ACTIVITIES SHOULD HAVE BEEN CAPTURED ON THE CENTER FOODSERVICE COST INTERVIEW.

I will refer to staff whose job responsibilities **do not primarily** include foodservice as **“non-foodservice staff”**. We’ll go into the details of what non-foodservice staff do as part of each of these activities later. For now, just tell me whether the non-foodservice staff members in this child care center perform any activities that fall under the main categories on the list. (CHECK ONE RESPONSE FOR EACH ACTIVITY.)

**FOODSERVICE ACTIVITY TABLE**

	<b>ACTIVITY</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>DON'T KNOW</b>
A.	Set up/Make Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Serve Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Set up/Make Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Serve Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Set up/Make Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Serve Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Set up/Make Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Serve Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	CACFP/Foodservice Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Other CACFP/Foodservice Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*FOR ALL ACTIVITIES CHECKED AS 'YES', CIRCLE ON YOUR COPY OF THE "HANDOUT 1: FOODSERVICE ACTIVITY AND TASK LIST FOR CHILD CARE CENTER STAFF"*

4. Are there other foodservice or CACFP activities that I have not listed in which non-foodservice staff of this child care center are involved? If so, please describe these activities.
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

CHECK BOX IF THERE ARE NO NON-FOODSERVICE STAFF WHO HELP WITH FOODSERVICE AT THIS CENTER AND ALL EMPLOYEES WHO PERFORM TASKS IN SUPPORT OF FOODSERVICE ARE ALREADY CAPTURED ON THE CENTER FOODSERVICE COST INTERVIEW. PROCEED TO THE NEXT INTERVIEW (SPONSOR COST INTERVIEW - SUPPORT STAFF COST INTERVIEW)

You have just identified foodservice or CACFP activities that non-foodservice staff in your child care center perform. I want to find out how much time these staff spend each year for each of these activities. The reference period for time estimates is the 2015 fiscal year (October 2014 to September 2015).

For each general activity that you have identified, I will ask you questions about specific tasks that are related. Now, please refer to **Handout 2: Center Director Cost Interview Guide**. These are the questions I will be asking you about each lettered activity listed on Handout 1 (*READ THROUGH HANDOUT 2 WITH RESPONDENT*). Do you have any questions before we start?

**INSTRUCTIONS TO THE INTERVIEWER FOR STAFFING AND TIME GRID**

THE PURPOSE OF THIS GRID IS TO COLLECT INFORMATION ON HOW MUCH TIME NON-FOODSERVICE STAFF SPEND ON CACFP/FOODSERVICE ACTIVITIES.

IN COLUMN (a), LIST EACH LETTERED TASK (FROM HANDOUT 1) PERFORMED BY NON-FOODSERVICE STAFF. IN COLUMN (b) ENTER THE TITLE/POSITION OF STAFF (ONE STAFF TITLE/POSITION PER LINE – E.G. TEACHER, TEACHER AIDE). IN COLUMN (c), ENTER THE # OF EMPLOYEES IN THIS TITLE/POSITION WHO ARE INVOLVED IN THIS ACTIVITY. IN COLUMN (d), ENTER THE # OF HOURS EACH EMPLOYEE IN THIS TITLE/POSITION SPENDS ON THE ACTIVITY AND THE TIME PERIOD OVER WHICH THIS ACTIVITY TAKES PLACE.

**SCRIPT FOR STAFFING AND TIME GRID**

**The first task for this activity is** *(READ FIRST TASK LISTED UNDER FIRST CIRCLED ACTIVITY ON THE HANDOUT, I.E., TASK A1. PRODUCING FOODS FOR BREAKFAST, AND BEGIN FILLING OUT THE STAFFING AND TIME GRID ON PAGE 5.)*

- a. Is this task done by any non-foodservice center staff?**  
*(IF YES, WRITE TASK NUMBER AND ABBREVIATED TASK DESCRIPTION IN COLUMN A. COMPLETE COLUMNS (b) – (d) FOR EACH TASK THAT STAFF PERFORM. WHEN THE RESPONDENT CAN ONLY PROVIDE TIME ESTIMATES FOR A SET OF COMBINED TASKS, WRITE THE TASK NUMBERS THAT ARE BEING COMBINED IN COLUMN (a).)*
- b. What types of employees do this task (i.e., title, position, etc.)?**
- c. How many employees of this type do this task?**
- d. How many hours per week did each person of this type spend on this task during the October 2014 – September 2015 fiscal year? For how many weeks per year?**

*(PERIOD IN SECOND AND THIRD COLUMNS IN COLUMN (d) MUST MATCH, I.E., D-D, W-W, M-M)*

**Missing Tasks Review Script**

*AFTER COMPLETING ALL TASKS FOR A GIVEN ACTIVITY, ASK:*

**Have I left out a task for this activity?** *(MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED.)*

*(IF YES:) Please tell me what it is, and what type of staff does it. (WRITE TASK DESCRIPTION IN NEXT AVAILABLE ROW IN COLUMN (a). IF POSSIBLE, ASSIGN ACTIVITY LETTER, AND COMPLETE COLUMNS (b)-(d).)*

*WHEN ALL STAFFING AND TIME GRIDS ARE COMPLETE, LOOK AT QUESTION 2 RESPONSES. MAKE SURE THE ACTIVITY IS ALREADY COVERED IN THE STAFFING AND TIME GRID. IF NOT, WRITE IT IN AND COMPLETE COLUMNS (b) – (d). DO THIS FOR EACH IDENTIFIED MISSING ACTIVITY IN QUESTION 2.*

**INSTRUCTIONS TO INTERVIEWER:** DESCRIBE THE IDENTIFIED MISSING TASKS AND ASSIGN A LETTER CORRESPONDING TO THE APPROPRIATE ACTIVITY FOR THE TASK (A-J) FROM HANDOUT 1 IN THE NEXT BLANK SPACE IN THE STAFFING AND TIME GRID. IF YOU CANNOT ASSIGN THE TASK TO AN ACTIVITY, THEN DO NOT ASSIGN AN ACTIVITY LETTER. MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED. THEN, FILL IN THE STAFF TYPE, NUMBER OF STAFF, TIME PER PERIOD, AND PERIODS PER YEAR.

Staffing and Time Grid					
(a)  Is this task done by non- foodservice center staff?  <i>(List task code and abbreviated description)</i>	(b)  What types of employees do this task (i.e., title, position, etc.)?	(c)  How many employees of this type do this task ?	(d)  How many hours did each person of this type spend on this task during the 2015 calendar year? <i>(fill in hours and number of periods, and circle type of period)</i>  <b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b>		
			Hours per Week? <i>or other period if necessary</i>		Weeks per Year? <i>or other period if necessary</i>
			_____hrs per	D W M Y Other: _____	For: _____ D W M
			_____hrs per	D W M Y Other: _____	For: _____ D W M
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			_____hrs per	D W M Y Other: _____	For: _____ D W M
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			_____ hrs per	D W M Y Other: _____	For: _____ D W M
			_____ hrs per	D W M Y Other: _____	For: _____ D W M

**INSTRUCTIONS TO INTERVIEWER:** WHEN YOU HAVE COMPLETED THE STAFFING AND TIME GRID, COPY ALL OF THE TITLE/POSITIONS LISTED IN COLUMN (b) ONTO THE CENTER STAFF ROSTER COLUMN (1). BE SURE TO COPY EACH TITLE/POSITION ONCE, AND LIST IT WITH THE EXACT TEXT AND PHRASING YOU USED IN THE STAFFING AND TIME GRID. IN THE END, WE NEED TO LINK THE HOURS LISTED ABOVE TO THE SALARY FOR THAT POSITION.



**Instructions for Center Staff Roster**

The purpose of this roster is to collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.

For each position listed under column (1), please record (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week and (5) total paid weeks per year. In (6), indicate the total paid leave time benefit hours per year including the benefit for paid sick, vacation, and holiday time. **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.** If you are unable to estimate an average (midpoint) salary, please use the extra space to list each staff member individually.

(1)  <b>Title/Position</b>	(2)  <b>Number of Staff</b>	(3)  <b>Salary/Wage</b>	(4)  <b>Total Paid Hours/Week</b>	(5)  <b>Total Paid Weeks/Year</b>	(6)  <b>Total Paid Leave Time Hours/Year</b> (e.g., paid sick, vacation, and holiday time)
1. Center Director	1	\$50,000 per year	40 hrs/wk	48 wks/yr	160 hrs/yr

**Center Staff Roster**

(1) Title/Position	(2) Number of Staff	(3) Salary/Wage	(4) Total Paid Hours/Week	(5) Total Paid Weeks/Year	(6) Total Paid Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr

Center Staff Roster p.2						
(1)	(2)	(3)		(4)	(5)	(6)
Title/Position	Number of Staff	Salary/Wage		Total Paid Hours/Week	Total Paid Weeks/Year	Total Paid Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time)
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____		_____ hrs/ wk	_____ wks/ yr	_____ hrs/yr

## **CENTER STAFF ROSTER CHECKLIST**

CHECK THE FOLLOWING INFORMATION FOR EACH ROSTER.

- THERE IS AN ENTRY ON THE ROSTER FOR EACH TYPE OF EMPLOYEE IN THE STAFFING AND TIME GRID.
- EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE STAFFING AND TIME GRID.
- NO EMPLOYEE IS LISTED ON BOTH THE CENTER STAFF ROSTER AND THE CENTER FOODSERVICE STAFF ROSTER.

FOLLOW-UP WITH SPONSOR STAFF FOR SALARY INFORMATION AS NEEDED.

## **END OF CENTER DIRECTOR COST INTERVIEW SCRIPT**

That is the end of the interview. Thank you for your participation in the Study of Nutrition and Activity in Child Care Settings

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# HANDOUT 1: Foodservice Activity and Task List for Center Staff\*

**Activities and Tasks That May Involve Non-Foodservice Staff  
(Each Activity in bold has one or more Tasks listed below it.)**

**A. Set up/Make Breakfast**

- A1. Producing foods for breakfast.
- A2. Cleaning up production areas after preparing and serving breakfast.
- A3. Any other work that involves direct production for breakfast.

**B. Serve Breakfast**

- B1. Serving breakfast.
- B2. Cleaning up serving area and classrooms during/after breakfast.

**C. Set up/Make Lunch**

- C1. Producing foods for lunch.
- C2. Cleaning up production areas after preparing and serving lunch.
- C3. Any other work that involves direct production for lunch.

**D. Serve Lunch**

- D1. Serving lunch.
- D2. Cleaning up serving area and classrooms during/after lunch.

**E. Set up/Make Snack**

- E1. Making ready, preparing and serving foods for snacks.
- E2. Cleaning up production areas after preparing and serving snacks.

**F. Serve Snack**

- F1. Serving snack.
- F2. Cleaning up serving area and classrooms during/after snack.

**G. Set up/Make Supper**

- G1. Producing foods for supper.
- G2. Cleaning up production areas after preparing and serving supper.
- G3. Any other work that involves direct production for other supper.

**H. Serve Supper**

- H1. Serving supper.
- H2. Cleaning up serving area and classrooms during/after supper.

*(Continued on next page)*

**I. CACFP/Foodservice Administration**

11. Preparing, distributing and processing applications for free/reduced-price meals\*\*
12. Updating student status and records
13. Ordering and purchasing food and supplies
14. Planning, budgeting and management for foodservice program/CACFP
15. Menu planning and nutritional analysis
16. Record keeping, accounting and data processing for foodservice program/CACFP.
17. Activities to promote healthy eating and participation in CACFP meals (includes related communications, events, planning, and training)
18. Development and monitoring of center wellness policies

**J. Other CACFP/Foodservice Activities**

- J1. Cleaning, maintenance, and security of space and equipment used exclusively for foodservice
- J2. Receiving, storing and/or transporting food and supplies used exclusively for foodservice
- J3. Maintenance of vehicles and other equipment used exclusively in food storage and transportation.
- J4. Other activities exclusively related to CACFP/foodservice not covered elsewhere.

*\* For centers serving infants, preparing meals includes preparation of formula, solid foods, or juices that are allowed to be reimbursable under CACFP. For time spent serving meals, include serving meals to infants if this occurs in identifiable periods of 15 minutes or more. Feeding of infants on an individual schedule is part of child care and should not be counted as foodservice time.*

*\*\* Only include applications for CACFP.*

## HANDOUT 2: Center Director Cost Interview Guide

1. Is this task performed by non-foodservice center staff?
2. What types of employees do this task (i.e., title, position, etc.)?
3. How many employees of this type do this task?
4. How many hours per week does each person of this type spend on this task during the 2015 calendar year? For how many weeks per year?
  - If more than one person of this type does this task, please tell me how many hours per week each person of the type(s) spends on this task.
  - It is best if you can provide an estimate of hours per week, and number of weeks per year. Usually the number of weeks is the length of the school year, unless the task happens outside of the school year.

***If not per week, is this time per day, per month, or per year? For how many days or months?***

- Here are some other ways to estimate the time:
  - If a task is done each day, take the time per day and multiply by the average number of days per week to get an estimate of the number of hours per week the type of person spends on the task. Multiply that by the number of weeks the center is open during the year to get the annual estimate.
  - If a task is done on a monthly basis, please tell me the hours per month and the number of months per year.
  - If a task is done once per year or infrequently, you can tell me the number of hours each employee of this type spends per year.
- If a task is performed for different amounts of time at various points during the year, tell me how many hours each person spends on the task separately for each time period.
  - Example: An employee spends 30 hours per week processing CACFP applications in August and 5 hours per month for the other 11 months of the year. Tell me the time for the first month and then the time for the other 11 months.
- Period of time must always match (day-day, week-week, month-month). For example, 1 hours per day for 60 days; 5 hours per week for 10 weeks; 1 hours per month for 2 months.

***What we need to know is how much time each type of employee spends on each activity including all of the tasks that they do. It's OK to combine tasks that make up an activity when providing time estimates if that's easier.***