

F.5 Center Foodservice Cost Interview



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

Study of Nutrition and Activity in Child Care Settings

CENTER FOODSERVICE COST INTERVIEW

Center Name: _____

Center ID #: _____

Center Director Name: _____

Respondent Name: _____

Respondent Title: _____

Respondent Phone: _____

Respondent email: _____

NOTE: This instrument should also be used for PRODUCTION KITCHENS operated by CACFP sponsors.

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 30 minutes per response (for the Center Foodservice Cost Interview and Meal and Snack Counts Booklet), 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 Foodservice Cost Interview will gather time use and payroll data for staff whose primary role is foodservice. It is expected to take approximately 30 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

Instructions to Interviewers for Completing the Center Foodservice Cost Interview

STEP 1: COMPLETE THE CENTER FOODSERVICE STAFF TIME ALLOCATION GRID

INTRODUCTION: I want to find out how much time the people who work in this child care center spend on preparing meals, other foodservice activities (serving meals, cleaning up from meals, etc.) and administering the CACFP. We will collect information about all staff involved in the foodservice/CACFP. For this form, we will include only the staff members who primarily help with foodservice (prepare or serve meals, or clean up after meals). I will call these the foodservice staff. This does not include teachers or aides who regularly serve meals, they will be captured on the Center Director Cost Interview. We will do this by completing a “time ladder” that represents the foodservice staff’s daily schedules. It may help if you have access to the schedules or time cards for the foodservice staff. In another part of this interview we will talk about non-foodservice staff working in this center who do tasks for the CACFP.

Now, I’ll make a list of all “foodservice” staff working at this center. Please tell me if you employ the following staff who primarily help with foodservice, and the number of people employed. If there are multiple people, do they have the same foodservice job roles and responsibilities? That is, do staff in this role generally spend the same amount of time per day on the same specific foodservice tasks? This time may happen on a different schedule.

PROBE FOR OTHER POSITIONS NOT LISTED IF THEY PERFORM FOODSERVICE TASKS >50% OF THEIR TIME. STAFF THAT PERFORM FOODSERVICE TASKS NOT LISTED HERE SHOULD BE CAPTURED ON THE CENTER DIRECTOR COST INTERVIEW

IF THERE ARE MULTIPLE STAFF WITH THE SAME POSITION/TITLE BUT DIFFERENT ROLES, CAPTURE ANYTHING THE RESPONDENT SAYS ABOUT HOW THE ROLES DIFFER IN THE “NOTES” COLUMN. ALSO CAPTURE IF SOME STAFF ARE FULL VS. PART TIME (DIFFERENT SCHEDULES).

Foodservice Staff List Grid

Position/Title	# of staff	If >1, same roles?		Notes
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Dishwasher		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Maintenance/Janitor		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Kitchen Mgr/Nutrition Director		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Assistant Cook		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other1:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other2:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other3:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other4:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other5:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Check if there are no staff who primarily help with foodservice at this Center. End the interview and proceed to the Center Director Cost Interview.

Center Hours

1. When does this center open (first employee arrives)? _____ AM/PM

2. When does this center close (last employee leaves)? _____ AM/PM

GENERAL INSTRUCTIONS: THE ALLOCATION GRIDS TOGETHER REPRESENT A SCHEDULE OF ALL FOODSERVICE STAFF IN THE CENTER, I.E. AN ARRANGEMENT OF STAFF ACROSS TASKS OVER TIME FOR THE REFERENCE WEEK. YOU WILL COLLECT THIS INFORMATION FOR THE PRIOR WEEK (FIVE WORKING DAYS). THIS IS THE REFERENCE WEEK. IF MONDAY WAS A HOLIDAY THEN USE THE SCHEDULE FOR THE MOST RECENT MONDAY THAT WAS A WORKING DAY (SIMILARLY FOR ANY OTHER WEEKDAY THAT WAS A HOLIDAY).

EACH POSITION CHECKED ABOVE MUST HAVE A COMPLETED GRID (MAY SPAN 2 PAGES DEPENDING ON TIME THAT CENTER IS OPEN). IF ANSWER TO SIMILAR ROLES IS "YES", COMPLETE ONE GRID FOR THE POSITION AND RECORD NUMBER OF STAFF IN POSITION. IF ANSWER IS "NO", COMPLETE ONE GRID FOR EACH INDIVIDUAL STAFF PERSON IN THAT POSITION.

STEP BY STEP INSTRUCTIONS FOR COMPLETING EACH GRID:

1. HEADER.

Let's start with [FIRST CHECKED POSITION/INDIVIDUAL STAFF PERSON FROM PAGE 1 LIST].

RECORD TITLE ON GRID; IF FILLING OUT FOR POSITION/TITLE, RECORD# OF PEOPLE IN THAT POSITION.

2. SCHEDULE.

Now let's work through [POSITION/INDIVIDUAL] schedule on the [REFERENCE MONDAY].

a) **When did the work day start, and which of the activities listed on the handout did this person start working on?**

SHOW THE RESPONDENT 'HANDOUT 1: LIST OF CENTER FOODSERVICE STAFF TASKS' AND RECORD THE ACTIVITY CODE IN THE CELL FOR THE START WORK TIME.

b) **When did the [POSITION/INDIVIDUAL] finish this activity?**

DRAW A VERTICAL ARROW THROUGH THE CELLS (GOING DOWN THE COLUMN) TO INDICATE THE DURATION OF TIME SPENT ON THAT ACTIVITY.

c) **Which of the activities did the [POSITION/INDIVIDUAL] do next, and when did the [POSITION/INDIVIDUAL] finish this?**

ENTER THE CODE FOR THIS ACTIVITY IN THE CELL FOR THE ACTIVITY START TIME AND DRAW A VERTICAL ARROW DOWN TO THE TIME THIS ACTIVITY ENDED.

CONTINUE WITH THIS PROCESS UNTIL THE WHOLE WORK DAY IS MAPPED OUT. THEN FIND OUT ABOUT OTHER DAYS OF THE WEEK.

d) **Was the schedule for this [POSITION/INDIVIDUAL] for [REFERENCE TUESDAY] the same as [REFERENCE MONDAY]?**

IF SO, WRITE SAME AS MONDAY. IF NOT, REPEAT a-c FOR TUESDAY. REPEAT THE PROCESS UNTIL YOU HAVE ACCOUNTED FOR ALL DAYS OF THE TARGET WEEK.

3. *ADDITIONAL POSITIONS/INDIVIDUALS. REPEAT ALL STEPS FOR OTHER POSITIONS/ INDIVIDUALS ON LIST. IF THERE ARE MORE THAN FIVE POSITIONS OR STAFF WITH DIFFERENT TIME SPENT ON FOODSERVICE ACTIVITIES, USE ADDITIONAL GRIDS.*

NOTE THAT IF A WORKER DID MORE THAN ONE ACTIVITY DURING A TIME INTERVAL OF 30 MINUTES OR MORE, DETERMINE THE APPROXIMATE AMOUNT OF TIME SPENT ON THE TWO TASKS DURING THE TIME. IF AN ACTIVITY TOOK LESS THAN 8 MINUTES OF THE TIME INTERVAL, DISREGARD IT.

REVIEW

- *IF THERE SEEMS TO BE AN ACTIVITY THAT IS INAPPROPRIATE FOR A TITLE/POSITION, VERIFY THAT YOU HAVE RECORDED THE TIME UNDER THE CORRECT ACTIVITY AND NOTE THIS ON THE GRID.*
- *MAKE CERTAIN THAT YOU HAVE ACCOUNTED FOR ALL OF THE TIME FOR EACH TITLE/POSITION FROM THE START OF THE DAY UNTIL THEY LEAVE. THERE SHOULD BE NO GAPS IN THE TIME LADDER. ASK FOR AN EXPLANATION FOR ANY GAP AND CORRECT THE GRID IF NEEDED.*

Center Foodservice Time Allocation Grid

Title/Position:	Number of Staff: _____				
Activity Codes					
<ul style="list-style-type: none"> ▪ BP = Set up / Make Breakfast ▪ BS= Serve Breakfast ▪ LP = Set up / Make Lunch ▪ LS= Serve Lunch ▪ JP = Set up/Make both Breakfast & Lunch 		<ul style="list-style-type: none"> ▪ SP=Set up/Make Snacks ▪ SS= Serve Snacks ▪ DP = Set up / Make Supper ▪ DS = Serve Supper ▪ A = CACFP /Foodservice Administration 		<ul style="list-style-type: none"> ▪ OC = Other CACFP/Foodservice Activity ▪ NC= Non-CACFP Activity ▪ Break = Breaks / Non-Assignable Work 	
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
5:00 – 5:15 AM					
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DO NOT FILL – FOR OFFICE USE ONLY [Reviewers: This will be completed for each title/position or individual that has a completed Time Allocation Grid]

Title/Position:

Number of People:

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BP = Set up / Make Breakfast					
BS = Serve Breakfast					
LP = Set up / Make Lunch					
LS = Serve Lunch					
JP = Set up/Make both Breakfast and Lunch					
SP =Set up/Make Snacks					
SS = Serve Snacks					
OP = Set up / Make Other Meals					
OS = Serve Other Meals					
EP = Nutrition Education/Promotion					
A = Foodservice Administration, etc.					
ON = Other Non-Production Activity					
Break = Breaks / Non-Assignable Work					

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Step 2: FILL OUT THE CENTER FOODSERVICE STAFF ROSTER

COMPLETE THE CENTER FOODSERVICE STAFF ROSTER COLUMNS (1) THROUGH (7) WITH THE RESPONDENT AFTER THE TIME ALLOCATION GRID IS COMPLETE.

1. COPY THE TITLE/POSITION AND NUMBER OF PEOPLE FROM EACH GRID TO THE CENTER FOODSERVICE STAFF ROSTER. NOTE: THE TITLE/POSITION, NUMBER OF PEOPLE AND ORDER MUST MATCH EXACTLY BETWEEN THE TIME ALLOCATION GRIDS AND THE ROSTER – AS THESE TWO NEED TO BE LINKED IN ANALYSIS.
2. ASK THE RESPONDENT COLUMNS (2) THROUGH (7). FOR COLUMN (7), YOU WILL ASK:

What percent of this person's time is charged to the CACFP as part of the costs reported or identified for this center? (RECORD THIS PERCENT IN THE LAST COLUMN OF THE ROSTER, COLUMN (7) REPORTED CACFP PERCENT)

REPEAT THIS PROCESS COMPLETING A NEW ROW ON THE ROSTER FOR EACH TITLE/POSITION FROM THE TIME ALLOCATION GRIDS.

FOLLOW-UP WITH CENTER DIRECTOR OR SPONSOR FOR SALARY AND STATUS INFORMATION AND PERCENT CHARGED TO CACFP AS NEEDED.

REVIEW

- MAKE CERTAIN THAT THE TOTAL NUMBER OF STAFF ON THE GRIDS IS EQUAL TO THE TOTAL NUMBER OF STAFF ON THE CENTER FOODSERVICE STAFF ROSTER.

Instructions for Center Foodservice 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. We also need to know what titles or positions are included in the CACFP costs that are reported for this child care center.

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 (see categories below), (4) the total paid hours per week and (5) total paid weeks per year worked, and (6) whether the employee is regular staff who receives full fringe benefits or other staff (includes contracted and temporary staff who do not receive full fringe benefits). **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.

EXAMPLE:

(1) Title/Position	(2) Number of Staff	(3) Salary/Wage		(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Status	
						Regular	Other
1. Assistant Cook	1	\$ 15,000	per	30	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Hour	<input type="checkbox"/> Month				
		<input type="checkbox"/> Week	<input checked="" type="checkbox"/> Year				
		<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Other:				
		<input type="checkbox"/> Semi-monthly					

If completing roster for a central kitchen operated by sponsor, put name of sponsor in space for "Center".

Center Foodservice Staff Roster

Center: _____

(1) Title/Position	(2) Number of Staff	(3) Salary/Wage		(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Status	
						Regular	Other
1.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>

(1) Title/Position	(2) Number of Staff	(3) Salary/Wage		(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Status	
						Regular	Other
9.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
13..	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	\$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly				<input type="checkbox"/>	<input type="checkbox"/>

HANDOUT 1: List of Center Foodservice Staff Tasks

Definitions of Activities for Center Foodservice Time Allocation Grids*

(BP) Set up/Make Breakfast

- Producing foods for breakfast
- Cleaning up production area after preparing and serving breakfast
- Any other work that involves direct production for breakfast.

(BS) Serve Breakfast

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

(LP) Set up/Make Lunch

- Producing foods for lunch
- Cleaning up production area after preparing and serving lunch
- Any other work that involves direct production for lunch.

(LS) Serve Lunch

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

(JP) Set up/Make both Breakfast and Lunch

- Producing foods for both breakfast and lunch (such as baking foods offered at breakfast and lunch)
- Cleaning up production area after preparing and serving both breakfast and lunch
- Any other work that involves direct production for both breakfast and lunch

(SP) Set up/Make Snacks

- Producing foods for snacks
- Cleaning production area after preparing and serving snacks
- Any other work that involves direct production for snacks

(SS) Serve Snacks

- Serving snacks
- Cleaning up serving area and classrooms after snacks

(DP) Set up/Make Supper

- Producing food for supper
- Cleaning up production area after preparing supper
- Any other work that involves direct production for other supper.

(DS) Serve Supper

- Serving supper
- Cleaning up serving area and classrooms after supper

Definitions of Activities for Center Foodservice Time Allocation Grids continued*

(A) CACFP/Foodservice Administration

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

(OC) Other CACFP/Foodservice Activity

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

(NC) Non-CACFP Activity

- Feeding infants on an individual schedule or otherwise not part of meals for infants*
- Determining eligibility for Head Start or other child care assistance
- Any other activity related to child care or child care program administration
- General administration of child care center
- Any activity related to programs other than CACFP (e.g., Title XX)
- Cleaning, maintenance, and security of facilities, vehicles and equipment not exclusively used for foodservice
- Storage and transportation not exclusively related to foodservice (e.g., general purpose supplies)

(Break) Breaks / Non-Assignable Work

- Breaks during a work day (between activities)
- Down-time due to problems with facilities or equipment
- Work that cannot be assigned to any other category on this form

* 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. Include time determining eligibility for Head Start or child care assistance as Non-CACFP Activity (#12).

LOGO

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

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

Meal and Snack Counts Booklet

Child Care Center ID

Target Week

Person completing booklet

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 30 minutes per response (for the Center Foodservice Cost Interview and Meal and Snack Counts Booklet), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This booklet contains two forms: (1) Meal and Snack Counts Form (2) Infant Meal Counts Form.

The Meal and Snacks Counts Form should be used for children you serve age 1 and above.

The Infant Meal Counts Form should be used for infants you serve below 1 year of age.

The counts provided on these forms must be for the SAME week that the Menu Survey was completed for

How to fill out the Meal and Snack Counts Form

Please provide the number of children served for each of the meals and snacks throughout the week indicated on the front cover.

- If you don't serve children in an age group listed, mark it with an X through that column.
- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- If you did not serve a meal or snack, please mark it with an X.
- The counts provided must be for the same week as the Menu Survey

Example of completed meal and snack counts form

In the example on the next page, the childcare facility does not provide care to 13-18 year olds, and the facility was closed on Friday.

EXAMPLE OF COMPLETED MEAL AND SNACK COUNTS FORM-MEALS ONLY

Number of Reimbursable Meals by Age Group						
		1-2yrs	3-5yrs	6-12yrs	13-18yrs	For Abt Use
		Tardot Week	Monday	Breakfast	9	
Lunch	9			12	3	
Dinner	6			7	10	
Tuesday	Breakfast		8	11	6	
	Lunch		5	13	2	
	Dinner		8	6	12	
Wednesday	Breakfast		6	10	5	
	Lunch		10	12	1	
	Dinner		7	7	12	
Thursday	Breakfast		9	10	7	
	Lunch		9	12	3	
	Dinner		6	7	10	
Friday	Breakfast					
	Lunch					
	Dinner					

If you have any questions at any time please call our toll-free number at 1-844-808-4777. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study.

Meal and Snack Counts Form

Below, please provide the number of children in your care within each age group, for the target week.

Number of Reimbursable Meals by Age Group							Number of Reimbursable Snacks by Age Group									
Target Week			1-2yrs	3-5yrs	6-12yrs	13-18yrs	For Abt Use			1-2yrs	3-5yrs	6-12yrs	13-18yrs	For Abt Use		
	Monday	Breakfast							Monday	Morning Snack						
		Lunch								Afternoon Snack						
		Dinner								Evening Snack						
	Tuesday	Breakfast							Tuesday	Morning Snack						
		Lunch								Afternoon Snack						
		Dinner								Evening Snack						
Wednesday	Breakfast							Wednesday	Morning Snack							
	Lunch								Afternoon Snack							
	Dinner								Evening Snack							
Thursday	Breakfast							Thursday	Morning Snack							
	Lunch								Afternoon Snack							
	Dinner								Evening Snack							
Friday	Breakfast							Friday	Morning Snack							
	Lunch								Afternoon Snack							
	Dinner								Evening Snack							

- Breakfast
- Lunch
- Supper

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How to fill out the Infant Meal Counts Form

The following instructions are only for child care providers participating in CACFP who prepare infant food, up to the age of 1.

Please provide the number of infants, by age in months, in your care on each day of the Target Week.

- If you don't serve children in an age group listed, mark it with an X through that column.
- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- The counts provided must be for the same week as the Menu Survey

Example of completed Infant Meal Counts Form

In this example, the childcare facility does not provide care to 0-3 month olds.

Number of Infants Served Daily					
Target Week		0-3 Months	4-7 months	8 -11 months	For Abt Use
	Monday		4	6	
	Tuesday		4	7	
	Wednesday		3	7	
	Thursday		4	6	
	Friday		2	5	

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Infant Meal Counts Form

Please indicate the number of infants within each age group listed below in your childcare facility **during the target week**.

Number of Infants Served Daily					
Target Day		0-3 months	4-7 months	8 -11 months	For Abt Use
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

If you have any questions at any time please call our toll-free number at 1-844-808-4777. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study.