



OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

Erroneous Payments in Child Care Centers Study (EPICCS) Child Care Center Sponsor Survey

General Characteristics of Your Organization as a CACFP Sponsor

This section asks about your organization and your relationship with the Child and Adult Care Food Program (CACFP) as well as other programs.

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

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

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

Social service agency
Other

3. In what year did your organization first become a CACFP sponsor for child care centers?

Don't know	
	_

4. In <u>October 2014</u>, how many total sites (not including adult care CACFP sites) did your organization claim for CACFP?

Total sites.....





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 for the sponsoring organization director to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed,





5. How much did your organization receive for all CACFP reimbursable meals and snacks served in child care centers in <u>October 2014</u>? (*Include only USDA/CACFP reimbursements. Do <u>not</u> include any additional state reimbursements.)*

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6. Which of the following <u>best</u> describes the geographic area served by your CACFP sponsorship? *(Check one box)*

Part of a town or city	
One or more towns or cities, but not an e	ntire
county	
An entire county	
A group of counties	
Entire state	
Other	
(Please specify)	

7. Approximately what percentage of the child care centers that your organization sponsors are located in a tribal area?

|_____%

Don't know	
	_

8. In addition to the CACFP, does your organization manage or administer any other <u>USDA food</u> <u>and nutrition programs</u>?

Yes	
No	\rightarrow GO TO QUESTION 9

8a. Which of the following USDA programs does your organization manage or administer? *(Check all that apply)*

National School Lunch Program 🛛
School Breakfast Program 🛛
Summer Food Service Program 🛛
Special Milk Program 🛛
Fresh Fruits and Vegetables Program \Box
Special Supplemental Nutrition Program for
Women, Infants and Children (WIC) \Box
Commodity Supplemental Food Program
USDA Commodities Program 🗆
The Emergency Food Assistance Program





(TEFAP)]
Supplemental Nutrition Assistance Program	
(SNAP) Nutrition Education]
Other program D]
Please specify)	





Training and Assistance Provided by Your State CACFP Agency

In this section, we are interested in the training and technical assistance provided by your State CACFP Agency and on what CACFP-related topics it would be helpful to receive more training or assistance.

During the past 12 months, did your State CACFP Agency provide a mandatory annual training to 9. you or anyone else on your staff?

	Yes□ No□ → GO TO QUESTION 10
9a.	What was the format of this training? (<i>Check one box</i>)
	Web-based
9b.	What topics were covered in this training? (Check all that apply) CACFP meal requirements. CACFP administrative requirements. CACFP monitoring requirements. Child care center applications. Preparing and filing monthly reimbursement claims. Administrative reimbursement. claims. Administrative reimbursement. claims. Administrative reimbursement. For-profit center eligibility. Family/child income eligibility. Serious deficiencies. Maintaining confidentiality. USDA civil rights requirements. Food purchasing. Menu planning. Food safety/food service operations. Nutrition. Physical activity in child care. Obesity prevention. Best practices in child care. Staff wellness.





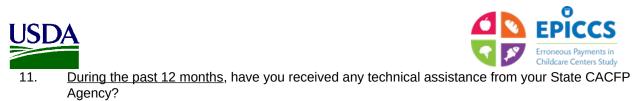
Parent relations I	
Recognizing abuse and neglect I	
OtherI	
(Please specify)	

10. <u>During the past 12 months</u>, has your State CACFP Agency provided you or your staff any additional training?

Yes	
No	\rightarrow GO TO QUESTION 11

10a. What topics were covered in this additional training? (*Check all that apply*)

CACFP meal requirements
CACFP administrative requirements
CACFP monitoring requirements
Child care center applications
Preparing and filing monthly reimbursement
claims 🗆
Administrative reimbursement
For-profit center eligibility
Family/child income eligibility
Serious deficiencies
Maintaining confidentiality
USDA civil rights requirements
Food purchasing 🛛
Menu planning 🛛
Food preparation \Box
Food safety/food service operations \Box
Nutrition
Physical activity in child care \Box
Obesity prevention
Best practices in child care \Box
Staff wellness
Parent relations
Recognizing abuse and neglect \Box
Other
(Please specify)



Yes					
No	$\Box \rightarrow$	GO	TO Q	UESTIC)N 12





11a. On what topics did you receive technical assistance from your State CACFP Agency? (Check all that apply)

Menu planning/sample menus 🛛
Food vendor contracts \Box
Staff training 🛛
Recruitment and retention of child care
centers
Budgeting
Computer support
Other
(Please specify)

Electronic Systems You Use for CACFP

This section asks about any electronic systems that you use to manage your CACFP claims.

12. Does your organization use an electronic system or systems to check CACFP reimbursement claims?

Yes	🗆	
No	□ →	GO TO QUESTION 13

12a. Are any of the electronic systems you use <u>commercial systems</u>?

Yes	🗆		
No	□ →	GO TO Q	DUESTION 13

12b. What are the names of the commercial electronic systems you use for CACFP? (*Check all that apply*)

Minute Menu	
Nutrition Manager 🛛	
Procare	
Child Watch	
ChildPlus	
AccuTrack 🛛	
Maggey Deluxe	
Other	
(Please specify)	

Don't know [
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CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. <u>Please do not include any of your organization's employees who work</u> <u>primarily on-site at the child care centers you sponsor.</u>

13. How many employees (counting part- and full-time staff equally) work in your organization?

Total number of employees [____ | ___ | ___ |

13a. How many of these employees work on the CACFP on a regular basis?

Number of employees

The next three questions ask about <u>staff time spent on CACFP</u>. For a typical month, please estimate the percentage of the total time spent by your staff on specific CACFP functions.

14. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on processing claims and reimbursements?

Less than 10%	
10% - 25%	
26% - 50%	
51% - 75%	
More than 75%	

15. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on monitoring and training?

Less than 10%
10% - 25%
26% - 50%
51% - 75%
More than 75% \Box

16. In a typical month, of the total time your staff spends on CACFP, approximately what percentage is spent on <u>outreach</u>?

Less than 10%.....





10% - 25%	
26% - 50%	
51% - 75%	
More than 75%	

Training Your Organization Provided for Child Care Centers

In this section, we're interested in the CACFP-related training your organization provided to child care center staff <u>during the past 12 months</u>. In your responses, <u>do not include any informal training you or</u> <u>your staff provided during monitoring visits or in response to individual requests for assistance</u>.

17. <u>During the past 12 months</u>, did your organization provide any CACFP-related training for any of the staff <u>at the child care centers you sponsor</u>?

Yes		
No	\rightarrow	GO TO QUESTION 18

17a. What types of child care center staff received your CACFP-related training? (Check all that apply)

Center administrators 🛛	
Classroom staff 🛛	
Food preparation staff \Box	
Nutritionists (including RDs and RDNs)	
Other	
(Please specify)	

17b. What was the <u>most common</u> format that your organization used to provide CACFP training for center staff? (*Check one box*)

Web-based	
In-person group classes or worksh	nops 🛛
Self-Study	
One-on-one	
Other	
(Please specify)	

17c. <u>Thinking about a typical child care center that you sponsor</u>, how many times during the past 12 months did your organization provide CACFP training for that center?

Number of times.....





17d. Which of the following topics were covered in your CACFP trainings for child care center staff? (*Check all that apply*)

Monitoring Visits

This section is about CACFP monitoring visits conducted by your organization.

18. For a typical child care center, <u>how many times per year</u> does your organization usually conduct CACFP monitoring visits?

Times per year.....|__|





19. Which of the following are the <u>two most important enrollment-related areas</u> reviewed during your organization's CACFP monitoring visits with <u>child care centers</u>? (*Check 2 boxes*)

Health and safety guidelines followed \Box
A current enrollment record exists for each
child present, including provider's own □
Children in attendance less than or equal to
licensed capacity
Food allergies documented
Other
(Please specify)

20. Which of the following are the <u>two most important claiming and menu-related areas</u> reviewed during your organization's CACFP monitoring visits with <u>child care centers</u>? (*Check 2 boxes*)

Existence and accuracy of daily attendance
records
Number of meals claimed compared to
licensed capacity 🛛
Meal counts and menus are recorded daily \Box
5-day reconciliation 🛛
Menu exists for each meal claimed, including infant meals□
Menu production records are completed with quantities
Infant menu complies with CACFP meal pattern requirements
Food receipts support menu
Other
(Please specify)

21. Which of the following are the <u>two most important meal-related areas</u> observed and reviewed during your organization's CACFP monitoring visits with <u>child care centers</u>? (*Check 2 boxes*)

Observed meal meets CACFP meal pattern	
requirements	
Appropriate type of milk served to children \Box	
Drinking water available throughout the day	
Meals served match the menu \Box	
Time of day meals and snacks served \Box	
Type of meal service (family style vs. plated)	



Safe food handling practices observed \Box
Food allergies accommodated
Other
(Please specify)







22. When your organization conducts monitoring visits with child care centers, what are the <u>three</u> most common deficiencies found that require corrective action? (*Check 3 boxes*)

Submission of false information on the application..... Submission of false claims for reimbursement Simultaneous participation under more than one sponsoring organization..... \Box Non-compliance with CACFP meal pattern \Box Failure to keep required records......□ Failure to fill out menu production records correctly..... Conduct or conditions that threaten the health or safety of a child (or children) in care. \Box Water not available to children on request Number of children present is more than child care center's licensed capacity......□ Other..... (Please specify)

Thank you for completing the questionnaire. Please return it in the enclosed postage-paid envelope to:

EPICCS Westat 1600 Research Blvd. Rm. ____ Rockville, MD 20850