



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

**Erroneous Payments in Child Care Centers Study (EPICCS)
 HEAD START SPONSOR SURVEY**

IMPORTANT: When completing this questionnaire, please consider BOTH Head Start AND Early Head Start centers that your organization sponsors in the Child and Adult Care Food Program (CACFP). If your organization sponsors only one type of program (i.e., EITHER Head Start OR Early Head Start), base your responses on the one type.

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 or public agency? (*Check one box*)

- Private not-for-profit.....
- Public agency.....

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

- Social service agency.....
- Head Start grantee, delegate agency, or administering agency.....
- Charitable organization.....
- Local education agency.....
- School.....
- College or university.....
- Religious organization.....
- Tribal organization.....
- U.S. Military.....
- Other.....
- (Please specify)_____

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, and complete and review the collection of information

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3. In what year did your organization first become a CACFP sponsor for Head Start and Early Head Start centers?

|_|_|_|_|

Don't know.....

4. In October 2014, how many total Head Start and Early Head Start centers did your organization claim for CACFP?

Number of Head Start and Early
Head Start centers.....|_|_|_|_|

5. How much did your organization receive for all CACFP reimbursable meals and snacks served in Head Start and Early Head Start centers in October 2014? (Include only USDA/CACFP reimbursements. Do not include any additional state reimbursements.)

\$ |_|_|_|_| , |_|_|_|_|

6. Which of the following best describes the geographic area served by your sponsorship? (Check one box)

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

7. Approximately what percentage of the Head Start and Early Head Start 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 USDA food and nutrition programs?

Yes.....

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No..... → GO TO QUESTION 9

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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....
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC).....
- Commodity Supplemental Food Program
- USDA Commodities Program.....
- The Emergency Food Assistance Program (TEFAP).....
- Supplemental Nutrition Assistance Program (SNAP) Nutrition Education.....
- Other program.....
- (Please specify)_____

Training and Assistance Provided by Your State CACFP Agency

In this section, we are interested in 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.

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

- Yes.....
- No..... → **GO TO QUESTION 10**

9a. What was the format of this training? (Check one box)

- Web-based.....
- In-person group classes or workshops
- Self-study.....
- One-on-one.....
- Other.....
- (Please specify)_____

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9b. What topics were covered in this training? (Check all that apply)

- CACFP meal requirements.....
- CACFP administrative requirements.....
- CACFP monitoring requirements.....
- Head Start categorical eligibility guidelines
- Preparing and filing monthly reimbursement claims.....
- Administrative reimbursement.....
- Serious deficiencies.....
- Maintaining confidentiality.....
- USDA civil rights requirements.....
- Food purchasing.....
- Menu planning.....
- Food preparation.....
- Food safety/food service operations.....
- Nutrition.....
- Physical activity in child care.....
- Obesity prevention.....
- Best practices in child care.....
- Staff wellness.....
- Parent relations.....
- Recognizing abuse and neglect.....
- Other.....
- (Please specify)_____

10. During the past 12 months, has your State CACFP Agency offered you or your staff any additional training?

- Yes.....
- No..... → **GO TO QUESTION 11**

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

- CACFP meal requirements.....
- CACFP administrative requirements.....
- CACFP monitoring requirements.....
- Head Start categorical eligibility guidelines
- Preparing and filing monthly reimbursement claims.....
- Administrative reimbursement.....
- Serious deficiencies.....
- Maintaining confidentiality.....
- USDA civil rights requirements.....
- Food purchasing.....
- Menu planning.....
- Food preparation.....
- Food safety/food service operations.....
- Nutrition.....
- Physical activity in child care.....
- Obesity prevention.....
- Best practices in child care.....
- Staff wellness.....
- Parent relations.....
- Recognizing abuse and neglect.....
- Other.....
- (Please specify)_____

11. During the past 12 months, have you received any technical assistance from your State CACFP Agency?

- Yes.....
- No..... → **GO TO QUESTION 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.....
- Staff training.....
- Budgeting.....
- Computer support.....
- Other.....

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(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 have 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 commercial systems?

- Yes.....
 No..... → **GO TO QUESTION 13**

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

- Minute Menu.....
 Nutrition Manager.....
 Procure.....
 Child Watch.....
 ChildPlus.....
 AccuTrack.....
 Maggey Deluxe.....
 Other.....
 (Please specify) _____
 Don't know.....

CACFP Staffing

This section asks about the total number of people employed by your organization and how many of those work on the CACFP. **Please do not include any of your organization's employees who work primarily on-site at the Head Start and Early Head Start centers you sponsor.**

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 two questions ask about staff time spent on CACFP. 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%.....

Training Your Organization Provided for Head Start and Early Head Start Centers

In this section, we are interested in the CACFP-related training your organization provided to Head Start and Early Head Start care center staff during the past 12 months. In your responses, **do not include any informal training you or your staff provided during monitoring visits or in response to individual requests for assistance.**

16. During the past 12 months, did your organization provide any CACFP-related training for any of the staff at the Head Start and Early Head Start centers you sponsor?

- Yes.....
- No..... → **GO TO QUESTION 17**

16a. What types of Head Start and Early Head Start center staff received your CACFP-related training? (*Check all that apply*)

- Center administrators.....
- Classroom staff.....

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- Food preparation staff.....
- Nutritionists (including RDs and RDNs)
- Other.....
- (Please specify)_____

16b. What was the most common format that your organization used to provide CACFP training for staff? (*Check one box*)

- Web-based.....
- In-person group classes or workshops
- Self-study.....
- One-on-one.....
- Other.....
- (Please specify)_____

16c. Thinking about a typical Head Start and Early Head Start center that you sponsor, how many times during the past 12 months did your organization provide CACFP training for that center?

Number of times.....|__|__|

16d. Which of the following topics were covered in your CACFP trainings for Head Start and Early Head Start center staff? (*Check all that apply*)

- CACFP meal requirements.....
- CACFP recordkeeping requirements.....
- Preparing and filing monthly reimbursement claims.....
- Head Start categorical eligibility guidelines
- CACFP monitoring requirements.....
- Defining serious deficiencies.....
- Maintaining privacy.....
- USDA civil rights requirements.....
- Appeals process for serious deficiencies
- Food purchasing.....
- Menu planning.....
- Food preparation.....
- Food safety/food service operations.....

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- Nutrition.....
- Physical activity in child care.....
- Obesity prevention.....
- Best practices in child care.....
- Staff wellness.....
- Parent relations.....
- Recognizing abuse and neglect.....
- Other.....
- (Please specify)_____



Monitoring Visits

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

17. For a typical Head Start or Early Head Start center, how many times per year does your organization usually conduct CACFP monitoring visits?

Times per year.....|__|__|

18. Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Child care license is current.....
- Health and safety guidelines followed.....
- 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)_____

19. Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (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
- 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)_____

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20. Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with Head Start and Early Head Start centers? (Check 2 boxes)

- Observed meal meets CACFP meal pattern requirements.....
 - Appropriate type of milk served to children
 - Drinking water available throughout the day
 - Meals served match the menu.....
 - Meals and snacks served match food available
 - Time of day meals and snacks served....
 - Type of meal service (family style vs. plated)
 - Safe food handling practices observed...
 - Food allergies accommodated.....
 - 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