

APPENDIX A2.2

**INDEPENDENT CHILD CARE CENTERS**

## Independent Child Care Center Survey Instrument

**IMPORTANT:**

- **When completing this questionnaire, please think of the child care site at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with this site only.**

### Your Child Care Site's Initial Participation in CACFP

1. In what year did your child care site first begin participating in CACFP?

|\_|\_|\_|\_|

Don't know.....

2. Thinking back on when you first applied to participate in CACFP, how long did it take from the time you first applied until your participation was approved?

Less than 7 days.....

1 week to 4 weeks.....

1 to 2 months.....

Longer than 2 months.....

Don't know.....

### General Background on Your Child Care Site

3. Is the organization that administers your site private not-for-profit, for-profit, or is it a public agency, school, or school district? (*Check one box*)

Private, not-for-profit.....

Private for-profit.....

Public agency, school, or school district.

Don't know.....

4. Is your child care site licensed?

Yes.....  → **GO TO QUESTION 5**

No.....

Don't know.....

4a. Why does your child care site not have a license? (Check one box)

We are license exempt.....

Just don't have a license.....

Don't know.....

**GO TO QUESTION 6**

5. How many total children is your child care site licensed to serve?

Number of children.....|\_|\_|

6. Which of the following age groups does your child care site serve? (Check all that apply)

0-12 months.....

1 and 2 years.....

3 through 5 years.....

Older than 5 years.....

7. Do you and/or your staff refer any children in your care to other community services they may need?

Yes.....

No.....

Don't know.....

**GO TO QUESTION 8**

7a. Which of the following services do you make referrals to? (Check all that apply)

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC).....

Health programs that provide medical, dental, vision, hearing or speech screening.....

Therapeutic services such as speech therapy, occupational therapy or other services for children with special needs.....

Health insurance.....

Child welfare or family support services..

The Supplemental Nutrition Assistance Program or SNAP (previously referred to as the Food Stamp Program).....

Head Start/Early Head Start.....

Emergency food assistance programs (such as food pantries, food banks, and soup kitchens)

Housing or shelter services.....

Other.....   
(Please specify)\_\_\_\_\_

Don't know.....

**Your Child Care Site Schedule**

8. How many days of the week is your child care site usually open?

Number of days.....|\_|\_|

9. Does your site have split (a.m./p.m.) child care sessions?

Yes.....  → **GO TO QUESTION 9a**

No.....  → **GO TO QUESTION 10**

9a. Please fill out the table below for your site’s **morning session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide morning session child care on a particular day of the week, please check “My site usually does not provide A.M. child care on that day.”

Day of the Week	Start time (AM)	End time (AM/PM)	My site usually does not provide A.M. child care on that day
Monday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Tuesday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Wednesday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Thursday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Friday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Saturday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Sunday	_ _  :  _ _  AM	_ _  :  _ _  AM/PM	<input type="checkbox"/>

- 9b. Please fill out the table below for your site's **afternoon session** only. What hours does your site usually provide care for children each day of the week? If your site does not provide afternoon session child care on a particular day of the week, please check "My site usually does not provide P.M. child care on that day."

Day of the Week	Start time	End time	My site usually does not provide P.M. child care on that day
Monday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Tuesday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Wednesday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Thursday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Friday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Saturday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>
Sunday	_ _  :  _ _  PM	_ _  :  _ _  PM	<input type="checkbox"/>

### GO TO QUESTION 11

10. What hours does your site usually provide care for children each day of the week? If your site does not provide child care on a particular day of the week, please check "My site usually does not provide child care on that day."

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My site usually does not provide child care on that day
Monday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Tuesday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Wednesday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Thursday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Friday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Saturday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>
Sunday	_ _  :  _ _  AM/PM	_ _  :  _ _  AM/PM	<input type="checkbox"/>

11. For all of Calendar Year 2014, how many weeks was your child care site scheduled to be open?

Number of weeks.....|\_\_|\_\_|

**Enrollment at Your Child Care Site**

12. In total, how many children are currently enrolled at your child care site? If your site has split sessions, please combine the enrollment from all sessions.

Number of children.....|\_\_|\_\_|\_\_|

12a. How many children are enrolled for less than 30 hours per week?

Number of children. |\_\_|\_\_|\_\_|

12b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q12a, above.

Number of children. |\_\_|\_\_|\_\_|

12c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q12a and Q12b, above.

Child care site does not operate on weekends.....  → **GO TO QUESTION 13**

Number of children.....|\_\_|\_\_|

**Average Daily Attendance at Your Child Care Site**

In answering the following set of questions, please think about actual child attendance during the past four weeks.

13. During the past four weeks, on a typical weekday how many enrolled children attended your child care site?

Number of children.....|\_\_|\_\_|\_\_|

14. During the past four weeks, on a typical weekend day how many enrolled children attended your child care site?

Child care site does not operate on weekends  → **GO TO QUESTION 15**

Number of children.....|\_\_|\_\_|\_\_|

15. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for 5 or more days?

Number of children.....|\_\_|\_\_|\_\_|





16. Think about a typical week during the past four weeks. How many enrolled children attended your child care site for less than 5 days?

Number of children.....|\_|\_|\_|\_|

**Meal Service and Menus at Your Child Care Site**

Please answer the questions in this section about only the meals and menus at your child care site.

17. Which of the following meals does your child care site serve on weekdays? (Check all that apply)

- Breakfast.....
- Morning snack.....
- Lunch.....
- Afternoon snack.....
- Supper.....
- Evening snack.....

18. Which of the following meals does your child care site serve on weekends? (Check all that apply)

Child care site does not operate on weekends

- Breakfast.....
- Morning snack.....
- Lunch.....
- Afternoon snack.....
- Supper.....
- Evening snack.....

19. Please provide the total number of each type of meal and snack that were claimed for your child care site for CACFP in October 2014?

Breakfast.....|\_|\_|\_|\_|\_|\_|\_|  
Morning snack.....|\_|\_|\_|\_|\_|\_|\_|  
Lunch.....|\_|\_|\_|\_|\_|\_|\_|  
Afternoon snack...|\_|\_|\_|\_|\_|\_|\_|  
Supper.....|\_|\_|\_|\_|\_|\_|\_|  
Evening snack.....|\_|\_|\_|\_|\_|\_|\_|

20. Please provide the total number of each type of meal and snack that your child care site served to the children in October 2014, but were not claimed for CACFP.

Breakfast.....|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Morning snack.....|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Lunch.....|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Afternoon snack...|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Supper.....|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Evening snack.....|\_|\_|\_|\_|\_|\_|\_|\_|\_|

21. Does your child care site have any infants who receive breast milk while in your care? (*Check one box*)

We do not have any infants enrolled at our  
child care site.....   
Yes.....   
No.....

22. What are the sources of the menus used in your child care site? (*Check all that apply*)

Our own staff.....   
CACFP State Agency.....   
A child care association.....   
A commercial vendor.....   
USDA federal CACFP website.....   
Other website.....   
Other.....   
(Please specify)\_\_\_\_\_

**NOTE:**

**If you only checked one box in Q22, go to Q23. Otherwise, go to Q22a.**

22a. What is the primary source of the menus used in your child care site? (*Check one box*)

Our own staff.....   
CACFP State Agency.....   
A child care association.....   
A commercial vendor.....   
USDA federal CACFP website.....   
Other website.....   
Other.....   
(Please specify)\_\_\_\_\_



23. Are all, some, or none of the meals you serve prepared by another organization (e.g., a food bank, commercial food service vendor) and provided to your site as “ready to serve”? (By “ready to serve” we mean you can serve the meal as it was prepared for you with only minimal work such as heating it up or cutting it into portion sizes.)

- All meals are provided to us by another organization “ready to serve”.....
- Some meals are provided to us “ready to serve” and some meals are prepared on site...
- No meals are provided to us “ready to serve;” all meals are prepared at our site.....  → **GO TO QUESTION 24**

23a. Where are most of the meals you serve prepared? (Check one box)

- At a central kitchen of my organization
- A local school.....
- A commercial food service vendor
- A local restaurant or delicatessen with a catering permit.....
- At a food bank or emergency kitchen
- At a homeless shelter.....
- At another community site.....
- Other.....
- (Please specify)\_\_\_\_\_

**Languages Spoken at Your Child Care Site**

24. Do any children currently enrolled at your child care site speak a language other than English?

- Yes.....
- No.....
- Don't know.....  } **GO TO QUESTION 25**

24a. Does your site have at least one person on staff who can speak the same language that these children speak?

- Yes.....
- No.....

24b. What languages do you and your staff speak when talking with the children at your child care site? (Check all that apply)

- English.....
- Spanish.....
- Chinese.....
- French/Haitian Creole.....
- Tagalog.....
- Vietnamese.....
- Korean.....
- German.....
- Russian.....
- Miao/Hmong.....
- Arabic.....
- Japanese.....
- Other language.....
- (Please specify)\_\_\_\_\_

24c. What is the main language you and your staff speak when talking with the children at your child care site? (Check only one)?

- English.....
- Spanish.....
- Chinese.....
- French/Haitian Creole.....
- Tagalog.....
- Vietnamese.....
- Korean.....
- German.....
- Russian.....
- Miao/Hmong.....
- Arabic.....
- Japanese.....
- Other language.....
- (Please specify)\_\_\_\_\_

**Children with Special Dietary Needs**

25. Do any children enrolled at your child care site have special dietary needs?

- Yes.....
  - No.....
  - Don't know.....
- } GO TO QUESTION 26

25a. What policies does your child care program have to accommodate these children's dietary needs? (Check all that apply)

- We require them to bring in a note from their medical provider documenting their special dietary needs.....
- We provide food substitutions for foods they cannot eat.....
- We modify the daily meal pattern as needed
- We maintain a nut-free environment in our child care program.....
- We allow children with special dietary needs to bring food from home.....
- Other.....
- (Please specify)\_\_\_\_\_

**Staffing at Your Child Care Site**

As with the other sections of this survey, please answer the questions in this section only for your individual child care site. **This is the site located at the address on the cover letter that came with the questionnaire.**

26. How many employees, including you, work at your child care site? (Please count part-time and full-time staff equally.)

Total number of employees|\_|\_|\_|\_|

27. What is the usual number of children per adult at this site at 10:00 a.m. on weekdays, for groups of 3 to 5 year olds?

Number of children per adult...|\_|\_|\_|

28. Is the number of children per adult different during weekends or evenings that your child care program is in operation?

- This child care site is not open weekends or evenings.....
  - No, it is not different during weekends or evenings.....
  - Yes it is different during weekends or evenings
- } **GO TO QUESTION 29**

28a. What is the usual number of children per adult for groups of 3 to 5 year olds served during weekends or evenings at this site?

Number of children per adult|\_|\_|\_|





29. How many employees (counting part-time and full-time staff equally) at this child care site work on any of the following food service tasks: menu planning, food purchasing, food storage, food preparation, and/or food safety?

Number of employees.....|\_|\_|\_|

None.....  → **GO TO QUESTION 30**

29a. Among all the employees that work on any of these food service tasks, how many have received training in food service as part of the mandatory annual CACFP training?

Number of employees|\_|\_|\_|

29b. How many of these employees have received additional training in food service that was **not part of the mandatory annual CACFP training**?

Number of employees|\_|\_|\_|

**Internet Use at Your Child Care Site**

30. Does your child care site have on-site access to the Internet?

- Yes.....
- No.....
- Don't know.....

} **GO TO QUESTION 32**

31. Does your child care site usually submit CACFP meal claim forms on paper, electronically, or in both formats?

- Submit only paper claims.....  → **GO TO QUESTION 32**
- Submit only electronic claims.....
- Submit both paper and electronic claims

31a. Who developed the system your child care site uses to electronically submit CACFP claims? (*Check one box*)

- Private source.....
- State CACFP Agency.....
- Don't know.....

} **GO TO QUESTION 32**

31b. What is the name of the system your child care site uses for submitting CACFP claims electronically?

- Minute Menu.....
- Procare.....
- CACFP.Net.....
- Other.....
- (Please specify)\_\_\_\_\_

Don't know.....

**How Child Care is Funded for Your Site**

32. How many children enrolled at your child care site have some or all of their care paid for by state or local child care subsidies (e.g. in the form of vouchers for the child, or grants or contracts with your program)?

Number of children.....|\_|\_|\_|\_|

33. How many children enrolled in your child care site have some or all of their care paid for by their families, including those who pay co-payments?

Number of children.....|\_|\_|\_|\_|

None.....  → **GO TO QUESTION 34**

33a. What is the highest rate your program currently charges a family to enroll one infant (less than one year old) full-time?

\$ |\_|\_|\_| , |\_|\_|\_|\_|\_|. |\_|\_|\_|\_|\_| per..... → Hour

½ day.....   
Full day.....   
Week.....   
Month.....   
Year.....   
Other.....   
(Please specify)\_\_\_\_\_

33b. What is the highest rate your program currently charges a family to enroll one child (age 1 year or older) full-time?

\$ |\_|\_|\_| , |\_|\_|\_|\_|\_|. |\_|\_|\_|\_|\_| per..... → Hour

½ day.....   
Full day.....   
Week.....   
Month.....   
Year.....   
Other.....   
(Please specify)\_\_\_\_\_

33c. Does your child care site offer any discounts to families that pay for their care?

Yes.....

No.....  → **GO TO QUESTION 34**

33d. On what basis does your child care site offer these discounts?

- Family income.....
- More than one family member currently enrolled.....
- Another family member was previously enrolled.....
- Children of people that work at the child care site.....
- Other.....
- (Please specify)\_\_\_\_\_

34. Do you charge families for meals, separately from your basic child care fee?

- Yes.....
- No.....  → **GO TO QUESTION 35**

<b>Training and Assistance Provided by Your State CACFP Agency</b>
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In this section, we are interested in the training and other assistance provided to your child care site by your State CACFP Agency during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance.

35. 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 36**

35a. 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)\_\_\_\_\_

35b. 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.....
- For-profit center eligibility.....
- Family/child income eligibility.....
- Defining serious deficiencies.....
- Maintaining confidentiality.....
- USDA civil rights requirements.....
- Appeals process for serious deficiencies
- 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)\_\_\_\_\_

35c. How satisfied are you with this training?

- Very satisfied.....
- Satisfied.....
- Neither satisfied nor dissatisfied...
- Dissatisfied.....
- Very dissatisfied.....

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

- Yes.....
- No.....  → **GO TO QUESTION 37**

36a. What was the most common format of this additional training? (Check one box)

- Web-based.....
- In-person group classes or workshops

- Self-study.....
- One-on-one.....
- Other.....
- (Please specify)\_\_\_\_\_

36b. 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.....
- Defining serious deficiencies.....
- Maintaining confidentiality.....
- USDA civil rights requirements.....
- Appeals process for serious deficiencies
- 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)\_\_\_\_\_

36c. How satisfied are you with the additional training provided by your State CACFP Agency?

- Very satisfied.....
- Satisfied.....
- Neither satisfied nor dissatisfied...
- Dissatisfied.....
- Very dissatisfied.....

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

- Yes.....
- No.....  → **GO TO QUESTION 38**

37a. 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.....

(Please specify)\_\_\_\_\_



37b. How satisfied are you with the technical assistance available from your State CACFP Agency?

- Very satisfied.....
- Satisfied.....
- Neither satisfied nor dissatisfied...
- Dissatisfied.....
- Very dissatisfied.....

38. Are there any food, nutrition or CACFP-related topics on which you would like to receive more training or assistance?

- Yes.....
- No.....  → **GO TO QUESTION 39**

38a. On what topics would you like to receive more training or assistance? (*Check all that apply*)

- CACFP meal requirements.....
- CACFP recordkeeping requirements.....
- Preparing and filing monthly reimbursement claims.....
- Family/child income eligibility.....
- CACFP monitoring requirements.....
- Defining serious deficiencies.....
- Maintaining confidentiality.....
- USDA civil rights requirements.....
- Appeals process for serious deficiencies
- Food purchasing.....
- Food vendor contracts.....
- Menu planning/sample menus.....
- Food preparation.....
- Food safety/food service operations.....
- Budgeting.....
- Computer support.....
- Nutrition.....
- Physical activity in child care.....
- Obesity prevention.....
- Best practices in child care.....
- Staff wellness.....
- Staff training.....
- Parent relations.....
- Recognizing abuse and neglect.....
- Other.....
- (Please specify) \_\_\_\_\_



**Training Provided by Your Site to Your Staff**

In the following questions, we're interested in CACFP-related training that your site may have provided to your staff during the past 12 months (not training provided by your CACFP State Agency).

39. During the past 12 months, did your site offer any training to your staff on CACFP issues, such as meal patterns, nutrition, and eligibility for CACFP?

- Yes.....
  - No.....
  - Don't know.....
- } **GO TO QUESTION 40**

39a. During the past 12 months, how many training sessions were offered by your site to your staff on CACFP issues?

Number of training sessions on  
CACFP issues.....|\_|\_|

**CACFP Monitoring Visits**

40. During the past 12 months, how many times did your CACFP State Agency conduct a monitoring visit at your child care site?

Times during last 12 months...|\_|\_| → **IF = 0, GO TO QUESTION 45**

41. During the past 12 months, approximately how many minutes, on average, did a CACFP monitoring visit last?

Minutes per visit.....|\_|\_|

42. During the past 12 months, which of the following enrollment-related topics were reviewed during a CACFP monitoring visit at your site? (*Check all that apply*)

- Child care license is current.....
  - Health and safety guidelines are followed
  - A current enrollment record exists for each child.....
  - The number of children in attendance is less than or equal to the licensed capacity...
  - Food allergies are documented.....
  - Other.....
- (Please specify)\_\_\_\_\_



43. During the past 12 months, which of the following claiming and menu-related areas were reviewed during a CACFP monitoring visit? *(Check all that apply)*

- Existence and accuracy of daily attendance records.....
- Number of meals claimed compared to licensed capacity.....
- Recording of daily meal counts and menus
- 5-day reconciliation.....
- Menus for each meal claimed, including infant meals.....
- Completion of menu production records with quantities.....
- Compliance of infant menus with CACFP meal pattern requirements.....
- Food receipts support the menu.....
- Other.....
- (Please specify)\_\_\_\_\_

44. During the past 12 months, which of the following meal-related areas were observed and/or reviewed during a CACFP monitoring visit? *(Check all that apply)*

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

<b>Satisfaction with Your State CACFP Agency</b>
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45. Please rate your level of satisfaction with your State CACFP Agency on the following factors: *(Circle one number for each factor)*

<u>Factor</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neither Satisfied nor Dissatisfied</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>	<u>Not Applicable</u>
a. Processing your organization's initial application.....	1	2	3	4	5	-8	-9
b. Availability of someone to help when needed.....	1	2	3	4	5	-8	-9
c. Processing and payment of claims.....	1	2	3	4	5	-8	-9
d. Review of your organization.....	1	2	3	4	5	-8	-9
e. Annual contract renewal process, including budget and management plan renewal.....	1	2	3	4	5	-8	-9
f. Use of technology.....	1	2	3	4	5	-8	-9
g. Support of your organization's use of technology for the CACFP.....	1	2	3	4	5	-8	-9

46. How satisfied are you with the CACFP meal reimbursement levels?

Very satisfied.....

Satisfied.....

Neither satisfied nor dissatisfied.....

Dissatisfied.....

Very dissatisfied.....

Don't know.....

**Your Perceptions of the CACFP**

47. How does the money from CACFP reimbursements change the way your child care site provides services? *(Check all that apply)*

- We can care for more children.....
  - We can serve more snacks or meals to children we serve.....
  - We can serve higher quality meals.....
  - We can improve the non-food related parts of our program.....
  - We can lower the fees we charge for our program.....
  - Other.....
- (Please specify)\_\_\_\_\_

48. The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be most important, with “1” being the most important, “2” being the second most important, and “3” being the third most important. *(Rank 3)*

- |   | <u>Rank</u> |
|---|-------------|
| CACFP provides nutritious meals to children   | __          |
| CACFP teaches me and my staff to plan and prepare nutritious meals..... __            | __          |
| CACFP feeds children who would otherwise have limited access to nutritious food... __ | __          |
| CACFP helps children develop healthy eating habits..... __                            | __          |
| CACFP keeps down the cost of child care  __   | __          |
| CACFP helps parents learn the importance of healthy eating..... __                    | __          |
| CACFP helps child care programs stay in business..... __                              | __          |
| CACFP is an important part of the social safety net for children and families..... __ | __          |

49. Overall, how would you rate your child care site's level of burden to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.



- Very low burden.....
- Low burden.....
- Neither high nor low.....
- High burden.....
- Very high burden.....

50. Did you ever consider leaving the CACFP?

- Yes.....
  - No.....
  - Don't know.....
- } **GO TO QUESTION 51**

50a. What are the two main reasons you considered leaving the CACFP?  
(Check 2 boxes)

- Paperwork burden too high.....
  - Not enough low-income children enrolled in my program.....
  - Difficult to comply with meal requirements
  - Serious deficiency process.....
  - Not enough support from my State CACFP Agency.....
  - Meal reimbursement rates too low.....
  - Other.....
- (Please specify)\_\_\_\_\_

**Suggestions for Program Improvement**

51. Do you have any suggestions for improving the program support and oversight provided by your CACFP State agency?

- Yes.....
- No.....  → **GO TO QUESTION 52**

51a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP State agency? (Check all that apply)

- Offer better feedback during monitoring visits
- Provide more timely feedback on results of monitoring visits.....
- Provide clearer information about follow-up actions I need to take after a monitoring visit
- Provide clearer information about what constitutes a serious deficiency.....
- Provide clearer information about the appeals process for serious deficiency notices.....
- Provide better training on CACFP rules and responsibilities.....
- Process reimbursements for claims in a more timely fashion.....
- Focus monitoring visits on teaching not just

- enforcement.....
  - Make monitoring visits less invasive.....
  - Other.....
- (Please specify) \_\_\_\_\_

52. Based on your experience, do you think any other areas of the CACFP need to be improved?

Yes.....

No.....  → **Thank you!**

52a. What suggestions do you have for improving CACFP?

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

**CACFP Sponsor and Provider Study  
Westat  
1600 Research Blvd.  
Rm. \_\_\_\_\_  
Rockville, MD 20850**