APPENDIX A1.2

FDCH ONLY SPONSORS

Family Day Care Home Sponsor Survey Instrument

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?

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

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

    Social service agency.............................. ☐
    Child care agency.................................... ☐
    Charitable organization............................ ☐
    Local education organization................... ☐
    School... ☐
    College or university................................ ☐
    Religious organization............................. ☐
    Tribal organization.................................. ☐
    U.S. Military... ☐
    Other... ☐
    (Please specify)_____

3. In what year did your organization first become a CACFP sponsor for family day care homes?

    |___|___|___|___|

4. <u>In October 2014</u>, how many family day care homes did your organization claim for CACFP?

    Number of family day care homes...........|___|___|___|___|

5. What was your sponsorship's total administrative reimbursements from CACFP for sponsoring family day care homes in <u>October 2014</u>? (*Include only USDA/CACFP reimbursements. Do <u>not</u> include any additional state reimbursements*.)

    $ |___|___|___| , |___|___|___|

6. Approximately what percentage of your organization's total funding for administrative functions comes from CACFP administrative reimbursements for sponsoring family day care homes?

|___|___|___| %

7.   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 entire
>   county.. ☐
> An entire county...................................... ☐
> A group of counties................................. ☐
> Entire state... ☐
> Other... ☐
> (Please specify)_____

7a.   Approximately what percentage of the family day care homes 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 and nutrition programs</u>?

> Yes.. ☐
> No.. ☐ → **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…. ☐
> 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)_____

9.   Does your organization administer or provide any services that are <u>not</u> funded by USDA?

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

9a. Which of the following types of <u>non-USDA</u> services does your organization administer or provide? *(Check all that apply)*

Child care locator/finder............................ ☐
Child care subsidies................................. ☐
Child care staff training and professional
    development.. ☐
Technical assistance/coaching/mentoring for
    quality improvement.............................. ☐
Outside school hours program................ ☐
Home visiting.. ☐
Parent support and education................. ☐
Nutrition and/or health education............ ☐
Early intervention services (Part C for children
    with or at-risk of developmental disabilities)   ☐
Community recreation program............... ☐
Adult day care program........................... ☐
Domestic violence shelter....................... ☐
Food pantry or soup kitchen.................... ☐
Other.. ☐
(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.

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

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

10a. 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)_____

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

CACFP meal requirements...................... ☐
CACFP administrative requirements....... ☐
CACFP monitoring requirements............ ☐
Provider applications............................. ☐
Preparing and filing monthly reimbursement
  claims... ☐
Administrative reimbursement................ ☐
Tiering rules for family day care homes. . ☐
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)_____

10c.   How satisfied are you with this training?

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

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

Yes.. ☐
No.. ☐ → **GO TO QUESTION 12**

11a.   What was the <u>most common</u> format of this additional training? (*Check one box*)

Web-based.................................... ☐
In-person group classes or workshops   ☐
Self-study..................................... ☐

One-on-one.................................. ☐
Other... ☐
(Please specify)_____

11b.   What topics were covered in this additional training? *(Check all that apply)*

CACFP meal requirements...................... ☐
CACFP administrative requirements....... ☐
CACFP monitoring requirements............ ☐
Provider applications.............................. ☐
Preparing and filing monthly reimbursement
   claims.. ☐
Administrative reimbursement................ ☐
Tiering rules for family day care homes. . ☐
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)_____

11c.   How satisfied are you with this additional training?

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

12.   <u>During the past 12 months</u>, have you received any technical assistance from your State CACFP Agency?

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

12a.   On what topics did you receive technical assistance from your State CACFP Agency? *(Check all that apply)*

Menu planning/sample menus...... ☐
Staff training................................. ☐
Recruitment and retention of family

day care homes.......................... ☐
Budgeting..................................... ☐
Computer support......................... ☐
Other.. ☐
(Please specify)_____

12b. How satisfied are you with the technical assistance available from your State CACFP Agency?

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

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

    Yes.. ☐
    No... ☐ → **GO TO QUESTION 14**

13a. On what topics would you like to receive more training or assistance? *(Check all that apply)*

    Menu planning/sample menus...... ☐
    Staff training.................................. ☐
    Recruitment and retention of family
      day care homes.......................... ☐
    Budgeting...................................... ☐
    Computer support.......................... ☐
    Training our CACFP sites............. ☐
    Networking with other sponsors in my
      state.. ☐
    Other.. ☐
    (Please specify)_____

Electronic Systems You Use for CACFP

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

14. Does your organization have an electronic system or systems to check CACFP reimbursement claims?

    Yes.. ☐
    No... ☐ → **GO TO QUESTION 15**

14a. Were any of the electronic systems you use for CACFP <u>developed in house</u>?

    Yes.. ☐
    No... ☐

14b.   Were any of the electronic systems you use for CACFP <u>developed by your State CACFP Agency</u>?

Yes.. ☐
No.. ☐

14c.   Are any of the electronic systems you use <u>commercial systems</u>?

       Yes.. ☐
       No... ☐ → **GO TO QUESTION 15**

14d.   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.................................... ☐

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 on-site at the family day care homes you sponsor.**

15.   How many <u>employees</u> (counting part- and full-time staff equally) work in your organization?

       Total number of employees|___|___|___|___|

15a.   How many of these employees work <u>on the CACFP on a regular basis</u>?

       Number of employees|___|___|___|

The following questions ask about <u>turnover</u> of the <u>staff who worked on the CACFP on a regular basis in 2014</u>.

16.   Have any of the staff who worked on the CACFP on a regular basis in 2014 left your organization?

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

16a.   How many of these staff have left?

       Number of staff..............|___|___|

16b.   How many of these staff have been replaced?

Number of staff..............|___|___|

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

17.   In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on <u>processing claims and reimbursements</u>?

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

18.   In a typical month, of the total time your staff spend on CACFP, approximately what percentage is spent on <u>monitoring and training</u>?

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

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

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

20.   Does your organization's CACFP employ anyone who has a degree or formal training in <u>nutrition</u>?

Yes... ☐
No.. ☐ → **GO TO QUESTION 21**

20a.   Are any of these individuals registered dietitians (R.D.) or registered dietitian nutritionists (RDN)?

Yes... ☐
No.. ☐

Don't know.................................... ☐

Training Your Organization's Staff on Tiering

21.   When your organization trains your staff on how to assign family day care homes a tiering level, on which topics do you provide training? *(Check all that apply)*

Informing new family day care homes about
   tiering.. ☐
Obtaining/using school boundary data.... ☐
Obtaining/using census tract data........... ☐
Reviewing provider income eligibility
   applications.. ☐
Reviewing provider eligibility for other means-
   tested programs.................................... ☐
Other topics... ☐
(Please specify)_____

We do not train staff on how to assign family
   day care homes a tiering level.............. ☐

Training Your Organization Provided for Family Day Care Homes

In this section, we are interested in the CACFP-related training your organization provided to family day care home providers 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**.

22.   During the past 12 months, did your organization provide any CACFP-related training for family day care home providers you sponsor?

Yes... ☐
No... ☐ → **GO TO QUESTION 23**

22a.   What was the most common format that your organization used to provide CACFP training for family day care home providers? *(Check one box)*

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

22b.   Thinking about a typical family day care home that you sponsor, how many times in the past 12 months did your organization provide CACFP training for that home?

Number of times.............|___|___|

22c. Which of the following topics were covered in your CACFP trainings for family day care home providers? *(Check all that apply)*

CACFP meal requirements...................... ☐
CACFP recordkeeping requirements…… ☐
Preparing and filing monthly reimbursement
   claims.. ☐
Tiering rules.. ☐
CACFP monitoring requirements............ ☐
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.. ☐
Sponsor monitoring visits........................ ☐
Parent relations...................................... ☐
Recognizing abuse and neglect............. ☐
Other... ☐
(Please specify)_____

Monitoring Visits

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

23. For a typical family day care home, <u>how many times per year</u> does your organization usually conduct CACFP monitoring visits?

Times per year..........................|___|___|

24. For a typical family day care home that is not a new CACFP site, how many of the visits each year are <u>announced before the visit</u>?

Number of monitoring visits
<u>announced before the visit</u>…..|___|___|

25. For a typical family day care home, <u>approximately how many minutes</u> is the average CACFP monitoring visit your organization conducts?

Number of minutes............|___|___|___|

26.   Which of the following are the two most important enrollment-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? *(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)_____

27.   Which of the following are the two most important claiming and menu-related areas reviewed during your organization's CACFP monitoring visits with family day care homes? *(Check 2 boxes)*

Existence and accuracy of daily attendance
  records.. ☐
Number of meals claimed compared to
  licensed capacity................................... ☐
Meal counts are menus 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)_____

28.   Which of the following are the two most important meal-related areas observed and reviewed during your organization's CACFP monitoring visits with family day care homes? *(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 menu...................... ☐
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)_____

29. Other than meeting CACFP monitoring requirements, what is the <u>main</u> reason that your organization conducts monitoring visits with family day care homes? *(Check one box)*

> Follow-up on corrective actions taken for deficiencies... ☐
> Ensure nutritious meals and snacks are being served.. ☐
> Combine training and technical assistance with monitoring...................................... ☐
> Check in to make certain that provider is pleased with the service provided by the sponsor... ☐
> CACFP provider requested a sponsor visit for help with some issue............................. ☐
> Other.. ☐
> (Please specify)_____

30. When your organization conducts monitoring visits with family day care homes, what are the <u>three most common deficiencies</u> 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.................☐
> Non-compliance with CACFP meal pattern ☐
> 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. ☐
> Water not available to children on request ☐
> Number of children present is more than provider's licensed capacity.................. ☐
> Provider not present...............................☐
> Other...☐
> (Please specify)_____

31. Do you serve any family day care homes where the provider or staff do not speak English?

> Yes.. ☐
> No... ☐ → **GO TO QUESTION 32**

    31a. Does your organization conduct any monitoring visits, reviews, or trainings in any languages other than English?

> Yes... ☐

No.. ☐

Satisfaction with State CACFP Agency

32. Please rate your level of satisfaction with your State CACFP Agency on the following factors:
(Circle one number for each factor)

Factor	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know	Not Applicable
a. Processing your organization's initial application	1	2	3	4	5	-8	-9
b. Processing and payment of claims	1	2	3	4	5	-8	-9
c. Review of your organization	1	2	3	4	5	-8	-9
d. Annual contract renewal process, including budget and management plan renewal	1	2	3	4	5	-8	-9
e. Use of technology	1	2	3	4	5	-8	-9
f. Support of your organization's use of technology for the CACFP	1	2	3	4	5	-8	-9
g. Support for recruiting new family day care homes	1	2	3	4	5	-8	-9

33.   The following is a list of possible benefits of the CACFP. Please rank the three benefits you consider to be the 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 family day care home
            providers 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 family day care homes to stay in
            business..|___|

          CACFP is an important part of the social safety
            net for children and families..................|___|

          CACFP helps family day care home recruitment |___|

34.   Overall, how would you rate your burden level to meet CACFP requirements? Think of burden as the amount of time and effort put into meeting the requirements.

          No burden at all....................................... ☐ ⎫
          Very low burden...................................... ☐ ⎪
          Low burden... ☐ ⎬ **GO TO QUESTION 41**
          Neither high nor low................................ ☐ ⎪
          High burden..☐ ⎪
          Very high burden..................................... ☐ ⎭

35.   How would you rate the level of burden for your organization for performing CACFP <u>enrollment</u> activities?

          No burden at all....................................... ☐ ⎫
          Very low burden...................................... ☐ ⎪
          Low burden... ☐ ⎬ **GO TO QUESTION 36**
          Neither high nor low................................ ☐ ⎪
          High burden..☐ ⎪
          Very high burden..................................... ☐ ⎭

35a.   Thinking about the CACFP <u>enrollment</u> activities performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

> Determining tiering status for family
>   day care homes........................... ☐
> Processing parent income eligibility
>   applications................................ ☐
> Processing new home applications   ☐
> Other.. ☐
> (Please specify)_____

36.   How would you rate the level of burden for your organization for performing CACFP <u>claiming</u> activities?

> No burden at all....................................... ☐
> Very low burden....................................... ☐
> Low burden.. ☐   **GO TO QUESTION 37**
> Neither high nor low................................ ☐
> High burden..☐
> Very high burden..................................... ☐

36a.   Thinking about the CACFP activities related to <u>claiming</u> performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

> Training providers on CACFP
>   recordkeeping requirements....... ☐
> Reviewing claims.......................... ☐
> Preparing and filing monthly
>   reimbursement claims............... ☐
> Awaiting payment from the state.. ☐
> Processing provider payments….. ☐
> Other.. ☐
> (Please specify)_____

37.   How would you rate the level of burden for your organization to comply with CACFP <u>menu requirements</u>?

> No burden at all....................................... ☐
> Very low burden....................................... ☐
> Low burden.. ☐   **GO TO QUESTION 38**
> Neither high nor low................................ ☐
> High burden... ☐
> Very high burden..................................... ☐

37a.   Thinking about the activities related to the CACFP <u>menu requirements</u> performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

Training providers on CACFP meal
    pattern requirements...................☐
Training providers on the allowable
    number of daily meals and snacks
    per child..................................... ☐
Reviewing provider menus........... ☐
Other.. ☐
(Please specify)_____

38.   How would you rate the level of burden for your organization for performing activities related to CACFP <u>monitoring</u>?

No burden at all....................................... ☐
Very low burden...................................... ☐
Low burden.. ☐   **GO TO QUESTION 39**
Neither high nor low................................ ☐
High burden... ☐
Very high burden..................................... ☐

38a.   Thinking about the activities related to the CACFP <u>monitoring</u> performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

Conducting required monitoring visits   ☐
Conducting 5-day reconciliations. ☐
Following up on serious deficiencies ☐
Other.. ☐
(Please specify)_____

39.   How would you rate the level of burden for your organization for performing CACFP <u>recordkeeping</u>?

No burden at all....................................... ☐
Very low burden...................................... ☐
Low burden.. ☐   **GO TO QUESTION 40**
Neither high nor low................................ ☐
High burden... ☐
Very high burden..................................... ☐

39a. Thinking about the activities related to CACFP <u>recordkeeping</u> performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

Completing annual budget and
   management plan renewal process   ☐
Utilizing automated systems......... ☐
Maintaining both paper and electronic
   records.. ☐
Inconsistent interpretation of federal
   CACFP rules.............................. ☐
Total CACFP paperwork.............. ☐
Other... ☐
(Please specify)_____

40. How would you rate the level of burden for your organization for performing <u>outreach to new CACFP sites</u>?

No burden at all.. ☐ ⎤
Very low burden....................................... ☐ ⎟
Low burden.. ☐ ⎬ **GO TO QUESTION 41**
Neither high nor low................................ ☐ ⎟
High burden... ☐ ⎦
Very high burden..................................... ☐

40a. Thinking about the CACFP <u>outreach</u> activities performed by your organization, which <u>one</u> do you find the <u>most burdensome</u>? *(Check one box)*

Identifying potential providers....... ☐
Conducting pre-approval visits..… ☐
Other... ☐
(Please specify)_____

41. Do you collect information from family day care home providers who have left <u>your</u> CACFP to determine the reasons why they left?

Yes.. ☐
No.. ☐ → **GO TO QUESTION 42**

41a. How does your organization collect this information?

Questionnaires or other forms when
   homes leave the program........... ☐
Interviews with family day care home
   providers when they leave the
   program..................................... ☐
Anecdotal information................... ☐
Studies or evaluations.................. ☐

Other ways.................................... ☐
(Please specify)_____

42. What do you think are the two most common reasons family day care homes leave the CACFP? *(Check 2 boxes)*

Paperwork burden too high...................... ☐
Not enough low-income children enrolled ☐
Difficult to comply with meal requirements ☐
Unannounced site monitoring visits......... ☐
Serious deficiency process...................... ☐
Meal reimbursement rates are too low.... ☐
Family day care home closed.................. ☐
Family day care home lost license.......... ☐
Other reason... ☐
(Please specify)_____

Don't know.. ☐

43. Other than program reimbursement levels, what do you think are the two greatest barriers to increasing CACFP participation among family day care homes? *(Check 2 boxes)*

Paperwork burden for parent applications ☐
Other paperwork burden related to CACFP ☐
Application process is too complicated… ☐
Takes too much time to apply and be approved ☐
Providers' reluctance to participate in
   government programs........................... ☐
Providers don't want people coming into their
   homes.. ☐
Other... ☐
(Please specify)_____

Eligible homes already participate........... ☐ ⎤
Don't know.. ☐ ⎦ **GO TO QUESTION 44**

43a. Do you have any suggestions for reducing or eliminating these barriers to CACFP participation?

Yes.. ☐
No.. ☐ → **GO TO QUESTION 44**

43b. What are your suggestions for reducing or eliminating these barriers to CACFP participation?

_____

_____

_____

44.   Based on your experience, do you think any <u>areas</u> of the CACFP need to be improved?

Yes... ☐
No.. ☐ → **Thank you!**

44a.   What suggestions do you have for improving CACFP?

_____

_____

_____

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. _____
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