

APPENDIX A2.3

**FAMILY CHILD CARE HOMES**

## Family Day Care Home Survey Instrument

**IMPORTANT:**

- **When completing this questionnaire, please think of the family day care home at the address listed in the cover letter that came with the questionnaire packet.**
- **Base your answers on your experiences with this site only.**
- **We may ask some questions for which you don't have the answer. If that's the case, please contact your sponsoring organization, someone else in your organization, or other appropriate person to get the information. Thanks in advance for doing so!**

### Your Family Day Care Home's Initial Participation in CACFP

1. In what year did you 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 Family Day Care Home

3. Is your family day care home licensed?

Yes.....  → **GO TO QUESTION 4**

No.....

Don't know.....

3a. Why does your home not have a license? (*Check one box*)

I am license exempt.....  ]

Just don't have a license..... **GO TO QUESTION 5**

Don't know.....

4. How many total children is your family day care home licensed to serve?

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

5. Which of the following age groups does your family day care home serve? *(Check all that apply)*

0-12 months.....

1 and 2 years.....

3 through 5 years.....

Older than 5 years.....

6. Do you refer any children in your care to other community services they may need?

Yes.....

No.....

Don't know.....

} **GO TO QUESTION 7**

6a. 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 Family Day Care Home Schedule**

7. How many days of the week is your family day care home usually open?

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

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

Day of the Week	Start time (AM/PM)	End time (AM/PM)	My family day care home 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"/>

9. For all of Calendar Year 2014, how many weeks was your family day care home scheduled to be open?

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

<b>Child Enrollment at Your Family Day Care Home</b>
--

10. In total, how many children are currently enrolled at your family day care home?

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

- 10a. How many children are enrolled for less than 30 hours per week?

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

- 10b. How many children are enrolled for less than 5 days per week? If applicable, include children counted in Q10a, above.

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

10c. How many children are enrolled for one or more weekend days? If applicable, include children counted in Q10a and Q10b, above.

Family day care home does not  
operate on weekends.....  → **GO TO QUESTION 11**

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

**Average Daily Attendance at Your Family Day Care Home**

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

11. During the past four weeks, on a typical weekday how many enrolled children attended your family day care home (either full-time or part-time)?

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

12. During the past four weeks, on a typical weekend day how many enrolled children attended your family day care home (either full-time or part-time)?

My family day care home does not operate on weekends.....  → **GO TO QUESTION 13**

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

13. Think about a typical week during the past four weeks. How many enrolled children attended your family day care home for 5 or more days?

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

14. Think about a typical week during the past four weeks. How many enrolled children attended your family day care home for less than 5 days?

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

**Meal Service and Menus at Your Family Day Care Home**

15. Which of the following meals do you serve to the children in your care on weekdays? (*Check all that apply*)

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

16. Which of the following meals do you serve to the children in your care on weekends? (Check all that apply)

Family day care home does not operate on weekends.....

Breakfast.....

Morning snack.....

Lunch.....

Afternoon snack.....

Supper.....

Evening snack.....

17. Please provide the total number of each type of meal and snack you claimed for CACFP in October 2014?

Breakfast.....|\_|\_|\_|

Morning snack.....|\_|\_|\_|

Lunch.....|\_|\_|\_|

Afternoon snack.....|\_|\_|\_|

Supper.....|\_|\_|\_|

Evening snack.....|\_|\_|\_|

18. Please provide the total number of each type of meal and snack that were served to the children at your family day care home in October 2014, but were not claimed for CACFP?

Breakfast.....|\_|\_|\_|

Morning snack.....|\_|\_|\_|

Lunch.....|\_|\_|\_|

Afternoon snack.....|\_|\_|\_|

Supper.....|\_|\_|\_|

Evening snack.....|\_|\_|\_|

19. Are any of the children whose meals you claim for CACFP your own children?

Yes.....

No.....  → **GO TO QUESTION 20**



19a. For your own children whose meals you claim, please provide the number who fall into each age category below.

Number of Your Children

- 0 – 12 months.....|\_\_|
- 1 and 2 years.....|\_\_|
- 3 through 5 years.....|\_\_|
- Older than 5 years.....|\_\_|

20. Do you have any infants who receive breast milk while in your care? *(Check one box)*

I do not have any infants enrolled at my family day care home.....

Yes.....

No.....

21. What are the sources of the menus used in your family day care home? *(Check all that apply)*

Menus developed by me or my staff.....

CACFP sponsor's cycle menus.....

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 Q21, go to Q22. Otherwise, go to Q21a.**

21a. What is the primary source of the menus used in your child care site? *(Check one box)*

Menus developed by me or my staff

CACFP sponsor's cycle menus....

CACFP State Agency.....

A child care association.....

A commercial vendor.....

USDA federal CACFP website.....

Other website.....

Other.....

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



**Languages Spoken at Your Family Day Care Home**

22. Do any children currently enrolled at your family day care home speak a language other than English?

- Yes.....
  - No.....
  - Don't know.....
- } **GO TO QUESTION 23**

22a. What languages do you and your staff speak when talking with the children at your family day care home? (*Check all that apply*)

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

22b. What is the main language you and your staff speak when talking with the children at your family day care home? (*Check all that apply*)

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

**Children with Special Dietary Needs**

23. Do any children at your family day care home have special dietary needs?

- Yes.....
  - No.....
  - Don't know.....
- } **GO TO QUESTION 24**

23a. What do you do to accommodate these children's dietary needs? *(Check all that apply)*

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

<b>Internet Use and Submission of CACFP Claims</b>
--

24. Do you have on-site access to the Internet at your family day care home?

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

25. Do you usually submit your CACFP meal claim forms on paper, electronically, or in both formats?

- Submit only paper claims.....  → **GO TO QUESTION 26**
- Submit only electronic claims.....
- Submit both paper and electronic claims

25a. Who developed the system you use to electronically submit CACFP claims? *(Check one box)*

- Private source.....
  - State CACFP Agency.....
  - CACFP Sponsoring organization.
  - Don't know.....
- } **GO TO QUESTION 26**

25b. What is the name of the system you use for submitting CACFP claims electronically?

- Minute Menu.....
- Procare.....
- CACFP.Net.....
- Other.....
- (Please specify)\_\_\_\_\_
  
- Don't know.....

**How Child Care is Funded for Your Family Day Care Home**

26. How many children enrolled in your family day care home have some or all 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.....|\_\_|\_\_|

27. How many children enrolled in your family day care home have some or all their care paid for by their families, including those who pay co-payments?

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

None.....  → **GO TO QUESTION 28**

27a. What is the highest rate you charge families for one infant (less than one year old) to attend full-time?

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

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

27b. What is the highest rate you charge families for one child (age 1 year or older) to attend full-time?

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

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

27c. Do you offer any discounts to families that pay for their care?

Yes.....   
 No.....  → **GO TO QUESTION 28**

27d. On what basis do you offer these discounts?

- Family income.....
- More than one family member currently enrolled.....
- Another family member was previously enrolled.....
- Children of people that work at my family day care home or at the sponsoring agency
- Other.....
- (Please specify)\_\_\_\_\_

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

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

**Training and Assistance Provided by Your CACFP Sponsoring Organization**

In this section, we are interested in the training and other assistance that your CACFP sponsor provided to your family day care home during the past 12 months, as well as on what CACFP-related topics it would be helpful to receive more training or assistance..

29. During the past 12 months, did you and/or your staff receive any training from your CACFP sponsor on CACFP issues?

- Yes.....
- No.....  → **GO TO QUESTION 30**

29a. During the past 12 months, what was the most common format that your CACFP sponsor used to provide staff this training? (*Check one box*)

- Web-based.....
- In-person group classes or workshops
- Self-Study.....
- One-on-one.....
- Other.....
- (Please specify)\_\_\_\_\_

29b. During the past 12 months, on what topics have you and/or your staff received training from your CACFP sponsor? (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)\_\_\_\_\_

29c. How satisfied are you with the training you received from your CACFP sponsor?

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

30. During the past 12 months, have you received any technical assistance from your CACFP sponsor?

- Yes.....
- No.....  → **GO TO QUESTION 31**

30a. On what topics did you receive technical assistance from your CACFP sponsor? (Check all that apply)



- Menu planning/sample menus.....
  - Budgeting.....
  - Computer support.....
  - Other.....
- (Please specify)\_\_\_\_\_

30b. How satisfied are you with the technical assistance available from your CACFP sponsor?

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

31. 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 32**

31a. On what topics would you like to receive more training or assistance from your CACFP sponsor? *(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/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.....
- Sponsor monitoring visits.....
- Parent relations.....
- Recognizing abuse and neglect.....
- Other.....
- (Please specify)\_\_\_\_\_

**CACFP Monitoring Visits**

32. During the past 12 months, how many times did your CACFP sponsor conduct a monitoring visit at your family day care home?

Times during last 12 months....|\_\_|\_\_| → IF = 0, GO TO QUESTION 38

33. How many of these monitoring visits were announced before the visit?

Number of monitoring visits  
announced before the visit....|\_\_|\_\_|

Don't know.....

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

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

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

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

36. During the past 12 months, which of the following claiming and menu-related topics 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)\_\_\_\_\_

37. During the past 12 months, which of the following menu-related topics were reviewed and/or observed 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 the menu.....
- Time of day meals and snacks are served is appropriate.....
- Type of meal service (family style vs. plated)
- Safe food handling practices.....
- Food allergies are accommodated.....
- Other.....
- (Please specify)\_\_\_\_\_

<b>Your Satisfaction with the CACFP</b>
---

38. Please rate your level of satisfaction with your CACFP sponsoring organization 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>
	1	2	3	4	5	-8	-9
a. Availability of someone to help when needed.....	1	2	3	4	5	-8	-9
b. Turnaround time for payment of my claims.....	1	2	3	4	5	-8	-9
c. Review of my family day care home.....	1	2	3	4	5	-8	-9
d. CACFP sponsor's use of technology.....	1	2	3	4	5	-8	-9
e. Support of	1	2	3	4	5	-8	-9

my family  
day care  
home's use  
of  
technology  
for the  
CACFP.....

39. 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**

40. How does the money from CACFP reimbursements change the way your day care home 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)\_\_\_\_\_

41. 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.....|\_\_|



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

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

43. Did you ever consider leaving CACFP?

- Yes.....
  - No.....
  - Don't know.....
- } **GO TO QUESTION 44**

43a. What are the two main reasons you considered leaving CACFP? (Check 2 boxes)

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

**Suggestions for Improving CACFP**

44. Do you have any suggestions for improving the program support and oversight provided by your CACFP sponsoring organization?

- Yes.....
- No.....  → **GO TO QUESTION 45**

44a. Which of the following suggestions do you have for improving the program support and oversight provided by your CACFP sponsoring organization? (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) \_\_\_\_\_

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

- Yes.....
- No.....  → **Thank you!**

45a. 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. \_\_\_\_\_  
Rockville, MD 20850**