E4. Sponsor-Center Cost Interview

This page has been left blank for double-sided copying.

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

SPONSOR/CENTER COST INTERVIEW

Sampled Center ID #: _____

Sampled Center Name: _____

Sponsor ID #: _____

Sponsor Name: _____

Name of Primary Contact: _____

Title of Primary Contact: _____

Phone: _____

Email: _____

This page has been left blank for double-sided copying.

INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)

About the Study. SNACS-II will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before-and-after-school programs across the country. This important study will help providers, sponsors, and USDA understand how CACFP operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica and its partner, Westat, are conducting SNACS-II for USDA. While participation in this study is voluntary, sponsors and providers are strongly encouraged to participate per Section 28 of the National School Lunch Act.

Data Collection Activity. The Sponsor Cost Interview will gather information about reported expenses, identify unreported expenses, confirm reported revenues, and identify vendors used for CACFP foods and collect price documentation. It is expected to take 65 minutes to complete (on average).

Protecting Privacy. All information gathered from child care sponsors, child care centers, family child care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

Questions. If you have questions about the study please call us toll-free at [STUDY PHONE], email us at [STUDY EMAIL] or visit [URL]. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings II.

This page has been left blank for double-sided copying.

Sponsor CACFP Staff Cost Interview

☐ **Completed by Sponsor Director/CEO/Program Director**

☐ **Completed by Sponsor Business Manager/Chief Financial Officer/Accountant**

☐ **Completed by Other (specify below)**

Additional Respondents

Name: _____   Title:_____

Phone: _____   Email:_____

Name: _____   Title:_____

Phone: _____   Email:_____

Sponsor Staff Overview

First, I would like to get an overview of the staff of your organization. I would like to know if your organization employs different types of staff. For these questions, <u>please include contractors or consultants with ongoing roles. Do not include any staff based in child care centers or schools.</u>

Does your sponsor organization employ [TYPE OF NON-CENTER STAFF]?

IF YES: Does this position have a direct role, a support role, or no role in the CACFP?

- **A <u>direct role</u> means that they spend time on tasks that are directly and specifically part of CACFP operations, including food service or CACFP administration.**
- **A <u>support role</u> means they do tasks that support CACFP and other programs.**
- **Examples of a direct role include meal production, submitting reimbursement claims, training staff, and purchasing food.**
- **Examples of a support role include administering payroll, managing staff who work CACFP and other programs, or maintaining classrooms and other facilities not just used for food service.**

CHECK THE APPROPRIATE RESPONSES FOR EACH TYPE OF STAFF AND ASK FOR ALL STAFF IN THE GRID. A RESPONSE IN COLUMN A SHOULD BE CHECKED FOR EACH TYPE OF SPONSOR-LEVEL STAFF. COLUMN B SHOULD BE COMPLETED FOR EACH STAFF TYPE WITH "YES" IN (A).

SPONSOR STAFF GRID	(A) Employed by SPONSOR (AGENCY/ORG)?		(B) Does this position have a direct CACFP role, a support role, or no role?		
Type of Non-Center Staff	**Yes**	**No**	**Direct**	**Support**	**None**
a. SPONSOR Director/CEO	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
b. Child care director (not CEO)	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
c. CACFP/Food service supervisor	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
d. Nutritionists or dietitians	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
e. Central kitchen staff*	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
f. Staff supervising multiple centers, such as regional managers	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
g. Finance staff (CFO, bookkeeper, fiscal support)	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
h. Other administrative staff, such as secretaries, receptionists, or department administrators	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
i. Maintenance staff	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
j. Warehouse staff	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
k. Drivers (include ALL drivers)	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐
l. Any other staff not listed above? (SPECIFY) _____	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐

* A central kitchen is a facility that produces foods and/or meals that are sent to child care centers or schools to be served there; central kitchens do not serve food on site.

Now we are going to create a staff roster that will help us to analyze the labor cost for your staff who have <u>direct roles</u> in CACFP. I will ask you to list the different job titles or positions of all such staff, listing regular and temporary staff separately. Later in the interview we will compile information on support staff who have <u>support roles</u> for CACFP, such as a payroll administrator for the entire agency.

ON STAFF ROSTER, LIST TITLES FOR ALL STAFF TYPES WITH "DIRECT" CHECKED ABOVE INCLUDING CONSULTANTS AND COMPLETE THE STAFF ROSTER WITH THE LEAD CONTACT. FOLLOW-UP AFTER THE INTERVIEW IF THE CONTACT DOES NOT PROVIDE SALARY INFORMATION (COLUMN 4).

Roster for Sponsor Staff with Direct CACFP Roles

GIVE RESPONDENT HANDOUTS 1 AND 2. **For column 2, how many [TITLE/POSITION]s have a direct CACFP role?**

IF MORE THAN 1: I can combine 2 or more staff on one row if they share the same information in the rest of the columns of this roster.

- **(3)** **The low salary or wage and the high salary or wage in columns 3a and 3b are reported with the same time unit. For example, $15 per hour and $20 per hour.**
- **(4)** **The total paid hours per week are the same.**
- **(5)** **The total paid weeks per year are the same.**
- **(6)** **Whether the employees are all regular staff who receive full fringe benefits or all other staff, such as contract and temporary staff, who do not receive full fringe benefits.**
- **(7)** **The total hours per week worked on CACFP are the same.**
- **(8)** **They spend the same percentage of time on various CACFP activities in columns 8 through 15.**

INTERVIEWER: USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO <u>NOT</u> USE FULL NAMES OF STAFF. ADJUST THE WORDING FOR COLUMNS 3A THROUGH 7 IF MORE THAN ONE PERSON IS IN A ROW.

For column 3a, what is this person's salary or wage? ASK FOR LOW AND HIGH AMOUNTS IF MORE THAN ONE PERSON IS IN THE ROW.

For column 4, what is this person's total paid hours per week?

For column 5, what is this person's total paid weeks per year?

For column 6, is this person regular staff? Regular staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

For column 7, how many hours per week, month, or year does this person work on CAFCP activities?

COLUMNS 1, 3, 4, 5, AND 6 CAN BE COMPLETED BY HUMAN RESOURCES/ACCOUNTING OFFICIAL.

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits)	(6) Other (Limited/ No Benefits)	(7) Total Work related to CACFP Hours / Period
1. CACFP supervisor	__1__	$_____25,000_____ per ☐ Hour ☐ Month ☐ Week ☒ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi- monthly _____	20	50	☐	☒	__20__ ☐ Week ☐ Month ☐ Year

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits)	(6) Other (Limited/ No Benefits)	(7) Total Work related to CACFP Hours / Week
1.		$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐	____ per ☐ Week ☐ Month Year
2.		$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
3.		$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year

Food Service and CACFP-Related Activities Time Allocation Grid for Sponsor Staff

Now I am going to give you Handout 3. This handout lists CACFP activities with examples for each. For example, breakfast production includes the time spent preparing and serving breakfast and cleaning up after breakfast. GIVE THE RESPONDENT HANDOUT 3.

For each position in the roster, please tell me the <u>percentage of time</u> spent on activities below in <u>Calendar Year 2022</u>. For each task we're looking for the percentage of the person's CACFP-related hours spent on this task, so that the total of all tasks equals 100% of their CACFP-related food service time.

NOTE: EACH ROW SHOULD ADD UP TO 100 PERCENT

	(8) Breakfast Production %	(9) Lunch Production %	(10) Breakfast and Lunch Production %	(11) Snack Production %	(12) Supper Production %	(13) FCCH Administration %	(14) CACFP/ Food Service Administration for CCCs %	(15) Other– CACFP/ Food Service for CCCs %	CACFP/ Food Service Total (Should =100%)
1.									= 100%
2.									= 100%
3.									= 100%

Roster for Sponsor Staff with Direct CACFP Roles

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Status Regular (Full Benefits)	(6) Status Other (Limited/ No Benefits)	(7) Total Work related to CACFP Hours / Week
4.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
5.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
6.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
7.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
8.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
9.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
10.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year
11.		$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____	$_____ per ☐ Hour ☐ Week ☐ Bi-weekly ☐ Semi-monthly ☐ Month ☐ Year ☐ Other: _____			☐	☐	____ per ☐ Week ☐ Month ☐ Year

Food Service and CACFP-related Activities Time Allocation Grid for Sponsor Staff

(8) Breakfast Production %	(9) Lunch Production %	(10) Breakfast and Lunch Production %	(11) Snack Production %	(12) Supper Production %	(13) FDCH Administration %	(14) CACFP/ Food Service Administration for CCCs %	(15) Other– CACFP/ Food Service for CCCs%	CACFP/ Food Service Total (Should =100%)
4.								= 100%
5.								= 100%
6.								= 100%
7.								= 100%
8.								= 100%
9.								= 100%
10.								= 100%
11.								= 100%

Handout 1: Sponsor Staff with Direct CACFP Roles Interview Guide

Please refer to Grid A in Handout 2 for questions 1-7.

1. **What are the different titles or positions for each type of staff you just told me have direct roles in CACFP?**

2. **How many employees under this title or position have a direct CACFP role?**

   - Two or more staff can be combined on one row if they share the same information in the rest of the columns on this roster (questions 3 – 7).

3. **What is this person's salary or wage?**

   - If multiple staff members are reported together, report the lowest and then the highest salaries for this position.
   - The salary can be reported per hour, week, every two weeks (biweekly), two times a month, per month, or per year

4. **What is this person's total paid hours per week?**

   - Total hours per week can only exceed 40 if *paid overtime* for a position is incurred on a *regular* basis. Intermittent or unpaid overtime should not be included, even if unpaid overtime is worked on a regular basis.
   - If an employee performs a one-time activity, record the hours as paid hours per week, 1 week per year.

5. **What is this person's total paid weeks per year?**

   - Paid time includes paid holidays, sick time, and vacation. Include only time paid with food service funds.

6. **Is this person regular staff?**

   - Regular staff receive full fringe benefits.
   - Other staff, such as contract or temporary staff, receive limited or no fringe benefits.

7. **How many hours per week, month, or year does this person work on CAFCP activities?**

Please refer to Grid B in Handout 2 for questions 8-15.

8-15. **For each position in the roster, please tell me the <u>percentage of time</u> spent on activities below in <u>Calendar Year 2022</u>. For each task we're looking for the percentage of the person's CACFP-related hours spent on this task, so that the total of all tasks equals 100% of their CACFP-related food service time. See Handout 3 for activity descriptions.**

Handout 2: Sponsor Staff Salary Grid (A) and Time Allocation Grid (B)

GRID A: SPONSOR STAFF WITH DIRECT CACFP ROLES SALARY GRID

(1) Title/Position	(2) Number of Staff	(3a) (Low) Salary/Wage	(3b) High Salary/Wage	(4) Total Paid Hours/ Week	(5) Total Paid Weeks/ Year	(6) Regular (Full Benefits)	(6) Other (Limited/ No Benefits)	(7) Total Work related to CACFP Hours / Period
1. CACFP supervisor	__1__	$_____25,000_____ per ☐ Hour ☐ Month ☐ Week ☒ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Semi- ☐ Other: monthly _____	20	50	☐	☒	__20__ ☐ Week ☐ Month ☐ Year

GRID B: FOOD SERVICE AND CACFP-RELATED ACTIVITES TIME ALLOCATION GRID

(8) Breakfast Production %	(9) Lunch Production %	(10) Breakfast and Lunch Production %	(11) Snack Production %	(12) Supper Production %	(13) FCCH Administration %	(14) CACFP/ Food Service Administration for CCCs %	(15) Other– CACFP/ Food Service for CCCs %	CACFP/ Food Service Total (Should =100%)
1.	0%	0%	0%	0%	0%	40%	60%	= 100%

Handout 3: CACFP/Food Service Activities

Activity List for Food Service and CACFP-related Activities Time Allocation Grid for Sponsor Staff (Numbers match columns on grid)

8. Breakfast Production
- Preparing, setting up, and serving food.
- Cleaning up after breakfast (kitchen and serving area).
- Any other work that involves direct production for breakfast.

9. Lunch Production
- Preparing, setting up, and serving food.
- Cleaning up after lunch (kitchen and serving area).
- Any other work that involves direct production for lunch.

10. Breakfast and Lunch Production
- Preparing, setting up, and serving food for both breakfast and lunch.
- Cleaning up after breakfast and lunch (if done at the same time).
- Any other work that involves direct production for both breakfast and lunch.

11. Snack Production
- Preparing, setting up, and serving foods for snacks.
- Cleaning up after snacks (kitchen and serving area).
- Any other work that involves direct production for snacks.

12. Supper Production
- Preparing, setting up, and serving foods for supper.
- Cleaning up after supper (kitchen and serving area).
- Any other work that involves direct production for supper.

13. Family Child Care Home (FCCH) Administration
- Processing applications for FCCH to participate in CACFP
- Training and monitoring FCCHs for CACFP requirements
- Tiering determinations for FCCHs
- Processing applications for free/reduced price meals* for children in FCCHs
- Processing FCCH meal claims;
- Other administration or oversight of FCCH participation in CACFP.

14. CACFP/Food Service Administration for Child Care Centers (CCCs)
- Ordering and purchasing food and supplies.
- Planning, budgeting and management for food service program.
- Menu planning and nutritional analysis.
- Nutrition education and promotion for providers, children or parents
- Record-keeping, accounting and data processing for food service program.
- Maintaining student payment accounts for meals.
- Preparing and distributing applications.*
- Obtaining and processing data for direct certification.
- Processing applications.*
- Updating student certification status and records.

15. Other CACFP/Food Service Activities for CCCs
- Cleaning and maintenance of buildings and other fixed assets used in food service (kitchens, warehouse space, and administrative space).
- Security, refuse, extermination and other services related to buildings and other fixed assets used in food service.
- Food service equipment maintenance.
- Receiving and storing food and supplies.
- Preparing and loading deliveries of food and supplies from a central storage point to production sites.
- Transporting food and supplies to production sites.
- Transporting prepared food from production kitchens to satellite kitchens.
- Maintenance of vehicles and other equipment used in storage and transportation.

* Only include applications for Free/Reduced Price Meals. Do not include time processing Head Start applications or other income eligibility applications for child care services.

- Any other CACFP/food service activities not listed under other categories.

This page has been left blank for double-sided copying.

* Only include applications for Free/Reduced Price Meals. Do not include time processing Head Start applications or other income eligibility applications for child care services.

Support Staff Cost Interview

☐ **Completed by Sponsor Director/CEO/Program Director**
☐ **Completed by Sponsor Business Manager/Chief Financial Officer/Accountant**
☐ **Completed by Center Director/CEO/Manager**
☐ **Completed by Center Business Manager/Chief Financial Officer/Accountant**
☐ **Completed by Other (specify below)**

Additional Respondents

Name: _____   Title:_____

Phone: _____   Email:_____

Name: _____   Title:_____

Phone: _____   Email:_____

SUPPORT STAFF COST INTERVIEW

THIS INTERVIEW SHOULD BE COMPLETED WITH THE SPONSOR CACFP/CHILD CARE DIRECTOR AND BUSINESS MANAGER, PREFERABLY TOGETHER. IT MAY REQUIRE FOLLOW-UP WITH OTHER ORGANIZATIONS WITH AN INTRODUCTION FROM THE SPONSOR.

INTRODUCTION. In this part of the interview, we will talk about the functions that support both CACFP and food service operations as well as other programs in [your organization's child care centers/child care centers your organization sponsors]. So far the staff cost interviews have captured estimates of how much time staff spend specifically on CACFP food service activities.

In this interview, we want to capture those staff who perform tasks that support both CACFP food service as well as child care or other programs in your organization and <u>who have not already been captured on the other staff cost interviews.</u> It may not be easy to separate out the time spent on these activities in support of CACFP food service from time spent in support of other programs; this interview, therefore, will capture the total time spent performing these activities.

SCRIPT FOR SUPPORT FUNCTION COST GRID (WORK ACROSS THE ROWS)

GIVE THE RESPONDENT HANDOUT 4.

This handout has definitions for the activities, or support functions, that I am going to review with you to determine which should be included in this interview. As we go through the list, please refer to the definitions on the handout.

Think about the staff who handle [TASK] in support of CACFP food service and administration.

Q1:   Can the time spent on this task in support of CACFP food service be reported separately, or is this time combined with time performing this activity for other programs?

    ₁ ☐   CACFP time can be reported separately ➜ Q2

    ₂ ☐   Time is combined with support of other Programs ➜ INCLUDE THIS TASK ON PROCESS GRID

    ₃ ☐   Organization does not have anyone who does this task ➜ CHECK TASK N/A AND GO TO NEXT TASK

Q2:   I want to be sure we've already captured this time on a staffing cost interview. WORK WITH RESPONENT TO MAKE SURE TIME IS ON THE Center Food Service Cost Interview(s), Center Director Cost Interview(s) or the Sponsor CACFP Staff Cost Interview Module.

SUPPORT FUNCTION COST GRID

TASK IN SUPPORT OF CACFP – FOOD SERVICE	TASK N/A	Q1: Can the time spent on this task in support of CACFP food service be reported separately, or is this time combined with time performing this activity for other programs?	Q2: WORK WITH RESPONENT TO MAKE SURE TIME IS ON THE Center Food Service Cost Interview(s), Center Director Cost Interview(s) or Sponsor CACFP Staff Cost Interview module
a. Accounting, budget, finance and payroll	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
b. Data processing operations and programming	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
c. Administration of personnel, benefits and human resources	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
d. Purchasing and contracting	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
e. General administration and policy	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
f. Custodial and janitorial	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
g. Building operations and maintenance	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
h. Equipment and vehicle operations and maintenance	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
i. Refuse disposal, pest control and other sanitation	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
j. Security	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK
k. Storage and transportation of goods	☐	☐ CACFP time can be reported separately ➔ Q2 ☐ Time is combined with support of other Programs ➔ INCLUDE ON GRID	☐ Center Food Service Cost Intv — GO TO ☐ Center Director Cost Intv — NEXT ☐ Sponsor CACFP Staff Intv — TASK

Process Grid for Other Support Staff - Instructions

GIVE RESPONDENT HANDOUT 5.

To estimate the time spent on tasks in support of CACFP and other programs that is not already captured on another staffing cost interview, I will ask you some questions about the staff that perform this task and for how long. The goal is to estimate the total number of hours spent in Fiscal Year 2022 on this task. That means all the time spent on the task, including time in support of CACFP <u>and</u> in support of other Programs.

The first task identified as a support task is [FIRST TASK WITH "TIME IS COMBINED WITH SUPPORT OF OTHER PROGRAMS" CHECKED IN Q1 IN THE SUPPORT FUNCTION COST GRID].

COMPLETE COLUMNS b-d FOR EACH TASK WITH "TIME IS COMBINED WITH SUPPORT OF OTHER PROGRAMS" CHECKED IN Q1 IN THE SUPPORT FUNCTION COST GRID. REPEAT c AND d FOR EACH TYPE OF EMPLOYEE IDENTIFIED IN b.

      (b) What types of employees do this task?

      (c) How many employees of this type do this task?

      (d) How many hours per week did each person of this type spend on this task during Fiscal Year 2022?

NOTE: FOR TASKS IDENTIFIED ON THE SUPPORT FUNCTION COST GRID ON THE PREVIOUS PAGE - CAPTURE ALL TIME EMPLOYEES SPEND ON THE TASK IN SUPPORT OF ANY PROGRAM, NOT JUST CACFP FOOD SERVICE.

NOTE: INCLUDE CONTRACTED PEOPLE (SUCH AS TEMP EMPLOYEES) WHO ARE PAID FOR THEIR TIME.

      DO NOT INCLUDE CONTRACTED SERVICES (SUCH AS PAYING $115 PER MONTH FOR TRASH REMOVAL)

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* ***PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M***	
			Hours per Week? *or other period if necessary*	**Weeks per Year?** *or other period if necessary*
1.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
2.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
3.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* *PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M*	
			Hours per Week? *or other period if necessary*	**Weeks per Year?** *or other period if necessary*
4.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
5.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
6.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* *PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M*	
			Hours per Week? *or other period if necessary*	**Weeks per Year?** *or other period if necessary*
7.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
8.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
9.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* *PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M*		
			Hours per Week? *or other period if necessary*		**Weeks per Year?** *or other period if necessary*
10.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
11.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
12.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* *PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M*	
			Hours per Week? *or other period if necessary*	**Weeks per Year?** *or other period if necessary*
13.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
14.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
15.			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M
			_____hrs per	D W M Y Other:_____	For:_____ D W M

Process Grid for Support Staff

(a) Describe applicable tasks (REFER TO SUPPORT FUNCTION COST GRID)	(b) What types of employees do this task (i.e., title, position, etc.)?	(c) How many employees of this type do this task?	(d) How many hours per week did each person of this type spend on this task during FY 2022? *(if hours per week are not available, fill in hours and number of periods, and circle type of period)* *PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M*	
			Hours per Week? *or other period if necessary*	**Weeks per Year?** *or other period if necessary*
16.			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
17.			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
18.			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M
			_____ hrs per	D　W　M　Y Other:_____	For:_____ D　W　M

Support Staff Roster Instructions

GIVE RESPONDENT HANDOUTS 6 AND 7. **Now I would like to get information about the salaries or wages and how much these staff worked.** IN COLUMN 1, WRITE THE FIRST JOB TITLE OR POSITION LISTED ON THE PROCESS GRID FOR SUPPORT STAFF.

For column 3, how many [TITLE/POSITION]s work on support functions for CACFP and other programs?

IF MORE THAN 1: I can combine 2 or more staff on one row if they share the same information in the rest of the columns of this roster.

- **(2) The same organization.**
- **(4) The low salary or wage and the high salary or wage in columns 4a and 4b are reported with the same time unit. For example, $15 per hour and $20 per hour.**
- **(5) The total paid hours per week are the same.**
- **(6) The total paid weeks per year are the same.**
- **(7) Whether the employees are all regular staff who receive full fringe benefits or all other staff, such as contract and temporary staff, who do not receive full fringe benefits.**

INTERVIEWER: USE STAFF INITIALS IN COLUMN 1 IF LISTING SEVERAL PEOPLE WITH THE SAME TITLE SEPARATELY, BUT DO <u>NOT</u> USE FULL NAMES OF STAFF. ADJUST THE WORDING FOR COLUMNS 3 THROUGH 7 IF MORE THAN ONE PERSON IS IN A ROW.

For column 2, what organization does this person primarily work for —the center, the sponsor, or another organization?

For column 4a, what is this person's salary or wage? ASK FOR LOW AND HIGH AMOUNTS IF MORE THAN ONE PERSON IS IN THE ROW.

For column 5, what is this person's total paid hours per week?

For column 6, what is this person's total paid weeks per year?

For column 7, is this person regular staff? Regular staff receive full fringe benefits. Other staff, such as contract and temporary staff, receive limited or no fringe benefits.

REPEAT THESE STEPS BY WRITING THE SECOND JOB TITLE OR POSITION LISTED UNTIL ALL ARE RECORDED ON THE SUPPORT STAFF ROSTER.

Support Staff Roster								
(1) **Title**	**(2)** **Organization**	**(3)** **Number of Staff**	**(4a)** **(Low) Salary/Wage**	**(4b)** **High Salary/Wage**	**(5)** **Total Paid Hours/ Week**	**(6)** **Total Paid Weeks/ Year**	**(7)** **Regular (Full Benefits)**	**Other (Limited/ No Benefits)**
1.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
2.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
3.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
4.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐

(1) Title	(2) Organization	(3) Number of Staff	(4a) (Low) Salary/Wage	(4b) High Salary/Wage	(5) Total Paid Hours/ Week	(6) Total Paid Weeks/ Year	(7) Regular (Full Benefits)	(7) Other (Limited/ No Benefits)
Support Staff Roster (Continued)								
5.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
6.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
7.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
8.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
9.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
10.	☐ Center ☐ Sponsor ☐ Other organization	_____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐

Support Staff Roster (Continued)								
(1) **Title**	**(2)** **Unit (check the appropriate unit)**	**(3)** **Number of Staff**	**(4a)** **(Low) Salary/Wage**	**(4b)** **High Salary/Wage**	**(5)** **Total Paid Hours/ Week**	**(6)** **Total Paid Weeks/ Year**	**(7)** **Regular (Full Benefits)**	**Other (Limited/ No Benefits)**
11.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
12.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
13.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
14.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
15.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐
16.	☐ Center ☐ Sponsor ☐ Other organization	———	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____			☐	☐

CHECK THE FOLLOWING INFORMATION FOR THE SUPPORT STAFF ROSTER.

- ☐ THERE IS AN ENTRY ON THE SUPPORT STAFF ROSTER FOR EACH TYPE OF EMPLOYEE IN THE PROCESS GRID FOR SUPPORT STAFF.

- ☐ EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE PROCESS GRID FOR SUPPORT STAFF. NO EMPLOYEE IS LISTED ON BOTH THE SPONSOR STAFF WITH DIRECT CACFP ROLES ROSTER AND THE SUPPORT STAFF ROSTER.

END OF SUPPORT STAFF COST INTERVIEW SCRIPT.

That is the end of the Support Staff Cost Interview. We may contact you later if we have follow-up questions on what we have discussed so far.

My next questions are about food prices and USDA Foods.

(IF END) **Thank you for taking the time to complete these interviews with me. Your participation is vital to the success of the study.**

Handout 4: Definitions for Support Functions

Programs are activities or services, such as instruction and food service, that have identifiable direct costs. These direct costs may be charged to grants or other special-purpose accounts, or to the organization's general fund.

The support functions are defined as follows:

a. "Accounting, budget, finance, and payroll" includes tasks to process payments to and from the organization, maintain financial records, manage cash, and produce financial reports.

b. "Data processing operations and programming" includes all support for mainframe, server, and client computers, and for communications networks (voice and data).

c. "Administration of personnel, benefits, and human resources" includes recruiting, hiring, enrollment/disenrollment in benefit plans, and other human resource (HR) administration functions. This does not include the costs of non-HR personnel or the cost of employee benefits (health/dental insurance, pension/retirement, tuition assistance etc.).

d. "Purchasing and contracting" includes solicitation and review of bids for purchases and contracts, preparation and negotiation of purchasing agreements and contracts, processing purchase requests and purchase orders, and managing contracts (other than processing of contractor invoices).

e. "General administration and policy" includes the chief executive officer (CEO), organization board, staff support to the CEO and the board, and other administrative activities not listed elsewhere.

f. "Custodial and janitorial" means routine cleaning, storage, setting up/rearranging furniture, and other work performed by staff or contractors whose primary work is routine cleaning, storage, and setting up/rearranging furniture.

g. "Building operations and maintenance" means services of this type not provided by custodial/janitorial staff, particularly more skilled services (such as heating/ventilation/air conditioning maintenance or repair).

h. "Equipment and vehicle operations and maintenance" includes management of motor pools, routine maintenance and repair of vehicles, and routine maintenance and report of equipment.

i. "Refuse disposal, pest control, other sanitation" refers to when these services are not performed as part of "custodial and janitorial" or "building operation and maintenance" services.

j. "Security" includes tasks to ensure the safety of students, personnel, and property.

k. "Storage and transportation of goods" refers to when these services are not performed as part of "custodial and janitorial" or "building operation and maintenance" services.

Handout 5: Process Grid for Support Staff Guide

To estimate the time spent on tasks in support of CACFP and other programs that is not already captured on another staffing cost interview, we will ask you some questions about the staff that perform this task and for how long. The goal is to estimate the total number of hours spent in Fiscal Year 2022 on this task. That means all the time spent on the task, including time in support of CACFP <u>and</u> in support of other Programs.

Please refer to below example grid for questions 1-3. These questions will be asked for each support function identified previously (see Handout 4).

1. **What types of employees do this task?**
   - Include contracted people, such as temporary employees, who are paid for their time.
   - Do not include contracted services (such as paying $115 per month for trash removal).

2. **How many employees of this type do this task?**

3. **How many hours per week did each person of this type spend on this task during Fiscal Year 2022?**
   - If hours per week are hard to estimate, I can also record hours per day, month, or year.
   - If this is a task that is done many times, tell me how long it takes to do the task once and then how often it's done. If it is a one-time or infrequent step, you can just tell me the time spent per year by this type of employee on the task.

EXAMPLE PROCESS GRID FOR SUPPORT STAFF:

Describe applicable tasks	(1) What types of employees do this activity (i.e., title, position, etc.)?	(2) How many employees of this type do this task?	(3) How many hours per week did each person of this type spend on this task during FY 2022?
			Record in hours per day/week/month/year for number of days/weeks/months
A. Accounting, budget, finance, and payroll	Staff accountant	|___|_1_|	_10__ hrs per (day/week/month/(year)/other) for __52__ (days/weeks/(months)/other)
		|___|___|	___ hrs per (day/week/month/year/other) for ____ (days/weeks/months/other)

Handout 6: Support Staff Interview Guide

We will ask the following questions about staff who perform any of the support functions identified on Handout 4.

Please refer to the grid in Handout 7 for questions 2-7:

2. **What organization does this person primarily work for —the center, the sponsor, or another organization?**

3. **How many employees with this title or position work on support functions for CACFP and other programs?**
   - I can combine 2 or more staff on one row if they share the same information in the rest of the columns of the roster.

4. **What is this person's salary or wage?**
   - If multiple staff members are reported together, report the lowest and then the highest salaries for this position.
   - The salary can be reported per hour, week, every two weeks (biweekly), two times a month, per month, or per year

5. **What is this person's total paid hours per week?**
   - Total hours per week can only exceed 40 if *paid overtime* for a position is incurred on a *regular* basis. Intermittent or unpaid overtime should not be included, even if unpaid overtime is worked on a regular basis.
   - If an employee performs a one-time activity, record the hours as paid hours per week, 1 week per year

6. **What is this person's total paid weeks per year?**
   - Paid time includes paid holidays, sick time, and vacation.

7. **Is this person regular staff?**
   - Regular staff receive full fringe benefits.
   - Other staff, such as temporary or contract staff, receive limited or no fringe benefits.

Handout 7: Support Staff Salary Grid

(1) Title	(2) Organization	(3) Number of Staff	(4a) (Low) Salary/Wage	(4b) High Salary/Wage	(5) Total Paid Hours/ Week	(6) Total Paid Weeks/ Year	(7) Regular (Full Benefits)	Other (Limited/ No Benefits)
1. Staff accountant	☐ Center X Sponsor ☐ Other organization	__1____	$___50,000_____ per ☐ Hour ☐ Month ☐ Week X Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	$_____ per ☐ Hour ☐ Month ☐ Week ☐ Year ☐ Bi-weekly ☐ Other: ☐ Semi-monthly _____	40	52	X	☐

Food Price and USDA Foods Checklist

☐ **Completed by Sponsor Director/CEO/Program Director**

☐ **Completed by Sponsor Business Manager/Chief Financial Officer/Accountant**

☐ **Completed by Center Director/CEO/Manager**

☐ **Completed by Center Business Manager/Chief Financial Officer/Accountant**

☐ **Completed by Other (specify below)**

Additional Respondents

Name: _____	Title:_____
Phone: _____	Email:_____
Name: _____	Title:_____
Phone: _____	Email:_____

TO READ TO RESPONDENT (SPONSOR / CENTER DIRECTOR)

This study is interested in the cost of producing CACFP meals and snacks served at [SAMPLED CHILD CARE CENTER]. As part of this, we need to know what your organization paid for food items served – including foods served as-is, and foods used in recipes the food service staff prepares.

We are only interested in those foods available to be served during the target week, [DATES]. Some of these foods will come out of inventory, and some will be delivered that week. Foods delivered for the week may include milk, produce, baked goods, and other perishables. They may also include plated foods, staples, and frozen foods that were ordered to arrive that week.

SCREENER

We need to know how you pay for the foods served at [SAMPLED CHILD CARE CENTER]. To begin, I need to know whether or not you purchase foods on a fee-per-meal basis.

FPM1. **Do you pay a food service management company or other vendor or caterer a fee per meal that includes the cost of food? [IF CLARIFICATION NEEDED: A fee per meal can also be described as a fixed price per meal or snack, whether it is prepared in individual portions or in bulk.]**

     1 ☐   YES – CONTINUE TO QUESTION FPM2

     0 ☐   NO – GO TO INSTRUCTIONS FOR FOOD PRICE CHECKLIST, ON PAGE XX

FEE-PER-MEAL QUESTIONS

FPM2. **Do you have a fee-per-meal rate for <u>breakfast</u> for Fiscal Year 2023?**

     1 ☐ ❏ YES – CONTINUE TO QUESTION FPM2a

     0 ☐ ❏ NO – GO TO – GO TO QUESTION FPM3

     2 ☐ ❏ DOES NOT SERVE BREAKFAST – GO TO QUESTION FPM3

FPM2a. **What was your fee-per-meal rate for <u>breakfast</u> for Fiscal Year 2023?**

[IF NECESSARY: **You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.**]

    $_____

FPM2b. **Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.**

A. CATEGORY	B. Is [CATEGORY] included in your fee-per-meal rate for <u>breakfast</u>?	C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>breakfast</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	❑ YES ❑ NO ❑ DK		❑ Percentage (%)
2. Personnel	❑ YES ❑ NO ❑ DK		❑ Dollars ($)
3. Fee/Administration	❑ YES ❑ NO ❑ DK		

FPM3. **Do you have a fee-per-meal rate for <u>lunch</u> for Fiscal Year 2023?**

    1 ❑   YES – CONTINUE TO QUESTION FPM3a

    0 ❑ NO– GO TO QUESTION FPM4

    2 ❑ DOES NOT SERVE LUNCH – GO TO QUESTION FPM4

FPM3a. **What was your fee-per-meal rate for <u>lunch</u> for Fiscal Year 2023?**

[IF NECESSARY: **You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.**]

$_____

FPM3b. **Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.**

A. CATEGORY	B. Is [CATEGORY] included in your fee-per-meal rate for <u>lunch</u>?	C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>lunch</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	❑ YES ❑ NO ❑ DK		❑Percentage (%)
2. Personnel	❑ YES ❑ NO ❑ DK		❑ Dollars ($)
3. Fee/Administration	❑ YES ❑ NO ❑ DK		

FPM4. Do you have a fee-per-meal rate for <u>supper</u> for Fiscal Year 2023?

    ₁ ☐ YES – CONTINUE TO QUESTION FPM4a

    ₀ ☐ NO – GO TO QUESTION FPM5

    ₂ ☐ DOES NOT SERVE SUPPER – GO TO QUESTION FPM5

FPM4a. What was your fee-per-meal rate for <u>supper</u> for Fiscal Year 2023?

[IF NECESSARY: **You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.**]

$_____

FPM4b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee-per-meal rate for <u>supper</u>?	C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>supper</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	☐ YES ☐ NO ☐ DK		☐ Percentage (%)
2. Personnel	☐ YES ☐ NO ☐ DK		☐ Dollars ($)
3. Fee/Administration	☐ YES ☐ NO ☐ DK		

FPM5. Do you have a fee-per-meal rate for <u>snacks</u> for Fiscal Year 2023?

    ₁ ☐ YES – CONTINUE TO QUESTION FPM5a

    ₀ ☐ NO– GO TO QUESTION FPM6

    ₂ ☐ DOES NOT SERVE SUPPER – GO TO QUESTION FPM6

FPM5a. What was your fee-per-meal rate for <u>snacks</u> for Fiscal Year 2023?

[IF NECESSARY: **You may need to review your contract with the meal provider or other financial documentation to determine the fee-per-meal.**]

$_____

FPM5b. Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

A. CATEGORY	B. Is [CATEGORY] included in your fee-per-meal rate for <u>snacks</u>?	C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>snacks</u> covers [CATEGORY]?	D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]
1. Food	❏ YES ❏ NO ❏ DK		❏ Percentage (%)
2. Personnel	❏ YES ❏ NO ❏ DK		❏ Dollars ($)
3. Fee/Administration	❏ YES ❏ NO ❏ DK		

FPM6. In addition to the meals purchased on a fee-per-meal basis, do you also purchase any other foods, such as milk, snacks, formula, or any other foods, that are not included in the fee-per-meal rates?

> 1 ☐ YES – GO TO INSTRUCTIONS FOR FOOD PRICE CHECKLIST
>
> 0 ☐ NO – CONTINUE TO QUESTION FPM7

FPM7. For each vendor that provides your organization prepared foods on a fee-per-meal basis, I would like a copy of a contract or bid document showing how much was paid for each meal by meal type.

[OBTAIN DOCUMENTS OR ARRANGE A TIME TO COLLECT THE DOCUMENTATION, IF AVAILABLE]

GO TO FOOD PRICE CHECKLIST

INSTRUCTIONS FOR FOOD PRICE CHECKLIST

REFER TO "HANDOUT A: INTERVIEWER INSTRUCTIONS FOR FOOD PRICE CHECKLIST" FOR ADDITIONAL INFORMATION.

GIVE "HANDOUT 8: LIST OF FOODS":

Here is a list of the types of foods your organization may receive from suppliers. Let's walk through these foods, and come up with a list of vendors that provide these foods using the checklist. Vendors may include stores such as Wal-Mart, Costco, or local grocery stores, in addition to commercial food distributors like Sysco and local milk and bread suppliers.

COMPLETE CHECKLIST:

BEGIN WITH THE CATEGORY "MAJOR FOOD SUPPLIERS."

Do you have any vendors that provide canned goods or staples?

WALK RESPONDENT THROUGH LIST OF FOODS AND WRITE DOWN VENDOR NAMES. CHECK OFF ALL FOODS THAT EACH VENDOR PROVIDES. LIST ALL VENDORS USED BY THE ORGANIZATION IN THE LAST MONTH.

ASK FOR DOCUMENTATION: **For each vendor listed, I need to know what kinds of documents you have that will help us to calculate the unit price of foods. To do this we need to know the price of a unit as delivered (for example one case), the number of pieces per unit, and the size of a piece. These documents may include:**

    Summary or Bid Lists (Including Fee-per-Meal)

        Summary: a report with <u>unit price information and size of purchased unit</u> on all foods purchased for the year to date or other period from a vendor, including foods from multiple invoices. A summary with the quantity purchased and the dollar amount paid for each food provides the unit price information; one with only quantity or total amount paid is not sufficient. Many vendors have ordering systems that can generate summaries.

        Bid lists or contracts: the organization may have bid lists or contracts specifying unit prices and size of purchased unit for foods when a formal bidding process is used to select vendors.

        Fee-Per-Meal: For organizations purchasing prepared foods on a fee-per-meal basis, obtain the contract or bid document showing how much was paid for each meal by meal type.

    Inventory

        Inventory reports: an inventory report is a document with the quantity and value of foods on hand that were received from multiple vendors.

Invoices or Receipts

Invoices: provides information for foods purchased or delivered at a particular time. Multiple invoices may be needed to obtain price information for all foods from a particular vendor. We prefer summaries, bid lists, or inventory reports over invoices or receipts when possible. Invoices are acceptable so long as they provide us with the price per unit.

Receipts: may be provided for food purchased at local stores if other documentation is not available. Organizations that purchase food from retailers may only have checkout register receipts. Receipts must have the products listed and should have package size or unit price if possible. Multiple receipts may be needed to obtain price information for all foods for the five-week time period. We prefer summaries, bid lists, or inventory reports over receipts if available.

CHECK OFF DOCUMENTATION TYPE AVAILABLE FOR EACH VENDOR.

COPY CHECKLIST FOR RESPONDENT:

May I make a copy of this list so that you can use it as a checklist to gather invoices and other documents for the vendors?

GIVE "HANDOUT 9: VENDOR DOCUMENTS":

Here is a handout that describes the information we'll need.

ARRANGE A TIME TO COLLECT THE DOCUMENTATION IF NOT IMMEDIATELY AVAILABLE.

REVIEW DOCUMENTATION

ONCE YOU RECEIVE THE DOCUMENTATION PERFORM THE FOLLOWING CHECKS:

- ☐ MAKE SURE THAT DOCUMENTATION IS PROVIDED FOR ALL VENDORS LISTED
- ☐ MAKE SURE THAT ALL FOODS IDENTIFIED ON THE CHECKLIST ARE ACCOUNTED FOR IN THE DOCUMENTATION
- ☐ MAKE SURE THAT THE DOCUMENTATION CONTAINS THE NAME OF THE VENDOR, PRODUCT NAME, PRICE, NUMBER OF PIECES PER UNIT, AND SIZE OF THE PIECE
- ☐ MAKE SURE THAT THE DOCUMENTATION CLEARLY IDENTIFIES ANY USDA FOODS

IF YOU DO NOT RECEIVE DOCUMENTATION FOR A VENDOR ON THE CHECKLIST, WRITE **NP** ("NO PRICES") BY THE VENDOR NAME.

IF A FOOD CATEGORY IS IDENTIFIED ON THE CHECKLIST AND THE RESPONDENT CAN'T PROVIDE DOCUMENTATION FOR THAT FOOD CATEGORY, WRITE **NP** IN THE CHECKBOX.

FOOD COST AND USDA FOODS CHECKLIST (p.1)

Include foods available to be served during the target week:
- *food in inventory, and*
- *food delivered that week*

Vendor Name	DOCUMENTATION TYPE			MAJOR FOOD SUPPLIERS						SPECIALTY FOOD SUPPLIERS											USDA FOODS		
	Summary or Bid Lists, including Fee-Per-Meal	Inventory	Invoices or Receipts	Pre-plated Meals/Caterers (fee-per-meal)	Canned Goods/Staples	Fresh Fruits/Vegetables	Frozen Fruits/Vegetables	Frozen Meats/Poultry/Seafood/Entrees	Refrigerated Products (not dairy/juice)	Bread, Rolls, English Muffins	Infant formula	Infant foods	Cookies, Chips, Crackers, Snack Cakes etc.	Entrees from Specialty Vendors	Ice Cream	Milk/Dairy/Cheese	Juice	Other Beverages	Tortillas	Other specialty foods or one-off items	"Brown box" commodities	State/local processing agreement products	National processing agreement products
				10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	28	29	30	31
check if food is not applicable																							

FOOD COST AND USDA FOODS CHECKLIST (p.2)

Include foods available to be served during the target week:
- *food in inventory, and*
- *food delivered that week*

Vendor Name	DOCUMENTATION TYPE			MAJOR FOOD SUPPLIERS						SPECIALTY FOOD SUPPLIERS											USDA FOODS		
	Summary or Bid Lists, including Fee-Per-Meal	Inventory	Invoices or Receipts	Pre-plated Meals/Caterers (fee-per-meal)	Canned Goods/Staples	Fresh Fruits/Vegetables	Frozen Fruits/Vegetables	Frozen Meats/Poultry/Seafood/Entrees	Refrigerated Products (not dairy/juice)	Bread, Rolls, English Muffins	Infant Formula	Infant Foods	Cookies, Chips, Crackers, Snack Cakes etc.	Entrees from Specialty Vendors	Ice Cream	Milk/Dairy/Cheese	Juice	Other Beverages	Tortillas	Other specialty foods or one-off items	"Brown box" commodities	State/local processing agreement products	National processing agreement products
				10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	28	29	30	31
check if food is not applicable																							

FOOD COST AND USDA FOODS WORKSHEET, NOTES PAGES

Vendor name	If documentation not complete, document issues here. (Include additional notes about USDA Foods.)

This page has been left blank for double-sided copying.

Handout A: Interviewer Instructions for Food Price Checklist *(for interviewer only)*

PART 1: GENERAL GUIDELINES FOR THE FIELD INTERVIEWER

As part of determining the total cost of producing CACFP meals in the sampled child care center, we need to know how much the Center or its Sponsor paid for food items served as purchased and for food ingredients used in recipes for foods that the sampled center prepares during the target week. Some of the items and ingredients will come out of inventory, and some will be delivered during that week. The latter category will particularly include milk, produce, baked goods, and other perishable items, but it may also include pre-plated foods, staples, frozen foods, etc. that had been ordered and arrive that week.

The Food Price and USDA Foods Checklist identifies the types of documentation on purchased products and USDA Foods that you will need to obtain. The checklist will capture all the food in inventory and what is acquired during the target week. Once complete, you will collect documentation of food costs (e.g. summaries or bid lists) for anything received during the target week and for four weeks prior to the target week (i.e., approximately one month).

PART 2: INSTRUCTIONS FOR FILLING OUT THE CHECKLIST AND OBTAIN DOCUMENTATION

1. Complete the checklist

    1a. Begin by asking whether the organization uses pre-plated meals or other prepared foods on a fee-per-meal basis and, if so, what vendors provide them. If the organization has a "fee-per-meal" vendor, then check off the column for pre-plated meals and collect documentation on how much they pay per meal. Complete the rest of the grid as described below as there may be additional vendors for other food items, especially beverages and snack items.

    1b. As you go down the checklist asking for vendor names for each food type, list the vendor in the column called "Vendor Name."

    1c. One vendor may provide a variety of foods. Mark off each type of food each vendor provides in the appropriate boxes.

    1d. Specialty Vendors: Note that an organization representative may overlook a small specialty vendor like a local farmer from whom they purchase fresh apples from time to time. Common specialty vendors that are easy to miss are for cookies, ice cream, snack cakes, and fresh tortillas. Premade or packaged into kit entrée items are also sometimes overlooked. These products are typically from local or national pizza shops (like Papa John's) and sandwich kits (like Subway).

    1e. For USDA Foods, identify the suppliers and the available documentation of the value of these foods. Some "brown box" USDA Foods might not have the unit value identified, but processed products containing USDA Foods should have unit price information. Processing agreements may be at the State or National level.

    Some respondents may have difficulties identifying processed products containing USDA Foods because deliveries may be combined with commercial purchases, and food service managers may only note these deliveries if they are part of the delivery slip. If the documentation does not clearly identify USDA Foods, ask for additional information about which USDA Foods were used during the target week and record that information on the Notes page.

    1f. For each vendor, determine the type of documentation of food costs that the organization has (see list below). The information on the type of documentation for a vendor can simply be noted once. We prefer to receive summaries, bid lists or inventory over invoices and receipts, provided they give us price per unit.

2. Give the checklist to the respondent and arrange a time to collect the documentation.

3. Once you receive that documentation, verify that it includes product name, unit size, brand, and either unit price or total cost and number of cases.

    3a. Each record of a reported price should be associated with a clear description of what the price applies to, for example a case (or multiple cases) containing 6 number 10 cans of tomatoes, or a 10-pound box of peaches.

    3b. It is essential that the information either provides the unit price or provides enough information to calculate the cost per unit as purchased, and also the information needed to convert the price paid into a cost per unit of the ingredient used in a particular recipe, either by weight or by volume. Ideally the organization's inventory system will provide unit costs for the items in inventory. If not, you will need to request the associated invoices.

For example: if an invoice lists that a box of cookies contains 100 cookies, and the box cost $100, we know that each cookie costs $1.

However, if an invoice lists that a box of cookies costs $100, but does not include how many cookies are in the box, we cannot tell how much each unit (cookie) costs. You would need to follow up with the respondent to find out how many units per box.

4.   Document any follow-up needed, such as documents to be obtained from vendors, and get necessary contact information.

Handout 8: List of Foods

Major Food Suppliers

Pre-plated Meals/Caterers (fee-per-meal)

Canned Goods/Staples

Fresh Fruits/Vegetables

Frozen Fruits/Vegetables

Frozen Meats/Poultry/Seafood/Entrees

Refrigerated Products (other than dairy/juice)

Specialty Food Suppliers

Bread, Rolls, English Muffins

Infant Formula

Infant Foods (e.g., infant cereal, baby food jars or pouches, pureed or mashed fruits/vegetables)

Cookies, Chips, Crackers, Snack Cakes, etc.

Ice Cream

Milk/Dairy/Cheese

Juice

Other Beverages

Tortillas

Other specialty foods or one-off items

USDA Foods

USDA Foods are surplus domestic agricultural products provided for free by the USDA. These might include cereal and bakery products; meats, poultry, and fish; dairy; processed fruits and vegetables; and fats and oils. Programs may either receive entire food items for free, or they can receive discounts on applicable food purchased.

"Brown box" commodities

Processed products containing USDA Foods – State/local processing agreements

Processed products containing USDA Foods - National processing agreements

Handout 9: Vendor Documents

For each vendor and food type we have listed in the Food Price and USDA Foods Checklist, we would like documentation to be able to calculate a <u>unit price</u> for each food item. We need documentation of food costs (e.g., summaries or price lists) for all foods delivered during the target week and the <u>four previous weeks</u> (i.e. approximately one month). For USDA Foods only, we need the previous three months of documentation.

To do this, we are asking for the following:

Summary or Bid Lists

Summary: a report with <u>unit price information and size of purchased unit</u> on all foods purchased.

Bid lists or contracts: contracts specifying unit prices and size of purchased unit for foods when a formal bidding process is used to select vendors.

Fee-Per-Meal: a type of contract or bid list showing how much was paid for each meal by meal type.

Inventory reports: a document with the quantity and value of foods on hand that were received from multiple vendors.

Invoices or Receipts

Invoices: information for food purchased or delivered at a particular time. Multiple invoices may be needed for a single vendor. Do not provide invoices if food price information is already given on another form of documentation. We prefer Summaries or Bid Lists over Invoices. **If providing invoices, we only need invoices for food for the sampled centers.**

Receipts: receipts must have the products listed and should have package size or unit price if possible. Multiple receipts may be needed to obtain price information for all foods for the five-week time period. We prefer summaries, bid lists, or inventory reports over receipts if available. Do not provide receipts if food price information is already given on another form of documentation. **If providing receipts, we only need receipts for the last shopping trip to each store that you buy from – if that food was available to serve during the target week.**

Documents should include:
- Vendor name
- Product name
- Brand
- Unit size
- Unit price or total cost and number of cases
  For example:
  - ➢ 2 cases of 6 #10 cans of Joe's Crushed Tomatoes
    Price per case = $10.00
  - ➢ 2 x 10-lb box of fresh peaches
    Total price for 2 boxes = $25.00

REMEMBER: THE GOAL IS TO PROVIDE ENOUGH INFORMATION TO CALCULATE PRICE PER UNIT. WE PREFER SUMMARIES, BID LISTS AND INVENTORY REPORTS OVER INVOICES AND RECEIPTS.

DO NOT PROVIDE MULTIPLE DOCUMENTATION FOR THE SAME FOOD ITEM. FOR EXAMPLE, WE ARE INTERESTED IN DOCUMENTATION SHOWING THE COST FOR A GALLON OF 1% MILK, AND NOT DOCUMENTATION FOR EVERY TIME 1% MILK WAS PURCHASED.

Fringe Benefits and CACFP Financial Statement

☐ **Completed by Sponsor Director/CEO/Program Director**

☐ **Completed by Sponsor Business Manager/Chief Financial Officer/Accountant**

☐ **Completed by Center Director/CEO/Manager**

☐ **Completed by Center Business Manager/Chief Financial Officer/Accountant**

☐ **Completed by Other (specify below)**

Additional Respondents

Name: _____   Title:_____

Phone: _____   Email:_____

Name: _____   Title:_____

Phone: _____   Email:_____

Fringe Benefit Rate

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

I will now ask you about your organization's fringe benefit rate. The fringe benefit rate is the amount your organization paid in employee benefits and employer paid taxes as a percentage of payroll. Benefits and taxes include: the employer's share of payroll taxes such as FICA and unemployment taxes; the employer paid portion of health, dental, vision, life and other insurance; and employer contributions to retirement/pensions.

For example: If the organization pays $1 million in payroll and $300,000 in benefits and taxes, the fringe rate is 30%.

A. What was the fringe benefit rate for all employees in your organization during Fiscal Year 2022?

FRINGE BENEFIT RATE FOR ALL EMPLOYEES: _____%

➔ IF RESPONDENT GAVE A FRINGE RATE, GO TO THE "END OF FRINGE BENEFIT RATE" SCRIPT.

➔ IF RESPONDENT DOES NOT KNOW THE FRINGE RATE, CONTINUE:

That's fine. We can calculate the overall fringe rate if you can provide me with three figures. You may need to refer to your organization's expense statement for this.
- **For row 1, what are the total salaries and wages for all employees?**
- **For row 2, what are the total payroll taxes for all employees?**
- **For row 3, what is the total cost of employee benefits?**

Row Number	Description	Amount
1.	Total salaries and wages	$_____
2.	Total payroll taxes	$_____
3.	Total employee benefits	$_____

END OF FRINGE BENEFIT RATE SCRIPT.

Next, I am going to ask you about CACFP revenues.

CACFP Revenue Statement

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

At this time I want to review the CACFP revenues that your organization can identify.

[PROVIDE RESPONDENT WITH HANDOUT 10]

Handout 10 provides definitions of the CACFP revenue categories that we are interested in and can be used as a reference during the interview:

- CACFP meal/snack reimbursement
- Child payments for food only
- Adult payments for food only
- Credit in lieu of USDA Food
- Value of USDA Food
- Other foodservice revenue

This information may be in a report specifically for the CACFP or in a more general financial statement or report. If your organization tracks revenues separately for its programs, the information may be in a revenue report for child care operations.

[IF REVENUE STATEMENT SUBMITTED IN ADVANCE: **In preparation for our visit with you today, you submitted your printed revenue statement in advance. Do you also have a copy available to reference during the interview?**]

[IF REVENUE STATEMENT NOT SUBMITTED IN ADVANCE: **Do you have a financial statement that shows all the CACFP revenues that your organization recognized for Fiscal Year 2022?**]

> NOTE: THE GOAL IS TO GET THE MOST COMPLETE STATEMENT AVAILABLE. WE DO NOT EXPECT ALL CATEGORIES TO BE COVERED.

[IF STATEMENT SUBMITTED IN ADVANCE OR RESPONDENT HAS PRINTED STATEMENT READY] – CONTINUE TO QUESTION 1

IF STATEMENT NOT SUBMITTED IN ADVANCE AND RESPONDENT DOES NOT HAVE THE STATEMENT READY — **Ok, we will need to obtain a printed copy of the CACFP revenue statement before we begin the interview. May I have a copy of this statement?** [WAIT FOR RESPONDENT TO RETRIEVE COPY OF REVENUE STATEMENT]

1.   **Thank you for providing your financial statement with information on CACFP revenues. Please confirm the period covered by this statement.**

CHECK ONE BELOW:

1   ☐   Federal Fiscal Year 2022 data available (Oct 2021 to Sept 2022)

2   ☐   Data for other period provided

PERIOD COVERED BY REVENUE STATEMENT:

___**/**_____**/**_____   TO   ____**/**_____**/**_____

3   ☐   **No CACFP revenue statement available** [INTERVIEWER: ASK RESPONDENT IF THEY HAVE ANY RECORD OF CACFP REVENUES FOR THE CATEGORIES IN Q2, AND IF SO, FILL IN AVAILABLE TOTALS ON CACFP REVENUE STATEMENT WORKSHEET]

2.   **Which of the following types of CACFP revenues can your organization identify on the financial statement?**

	YES	NO	NOT APPLICABLE
A. CACFP meal/snack reimbursement	1 ☐	0 ☐	na ☐
B. Child payments for food only	1 ☐	0 ☐	na ☐
C. Adult payments for food only	1 ☐	0 ☐	na ☐
D. Credit in lieu of USDA Food	1 ☐	0 ☐	na ☐
E. Value of USDA Food	1 ☐	0 ☐	na ☐
F. Other CACFP/food service revenue	1 ☐	0 ☐	na ☐

A.   [INDEPENDENT CENTERS] CROSS OUT COLUMNS (d) AND (e) ON REVENUE STATEMENT WORKSHEET.

CACFP REVENUE STATEMENT WORKSHEET

COMPLETE THE GRID FOR EACH REVENUE CATEGORY IDENTIFIED IN QUESTION 2

REVENUE CATEGORIES You said that you can identify revenues for [REVENUE CATEGORY].	(a) What was the total CACFP revenues for [ITEM]?	(b) Does this include revenues related to CACFP meals and snacks provided in child care centers serving children below school age?	(c) Does this include revenues related to CACFP for meals and snacks provided in child care centers serving ONLY school age children?	SPONSORS ONLY		NOTES IF NO FOR (b) OR (c) EXPLAIN IN NOTES COLUMN. EXPLAIN ANY OTHER ODD SITUATIONS.
				(d) Does this include revenues for administration of family child care homes that your organization sponsors?	(e) What we would like to do is break out just the reimbursements for administering and overseeing CACFP operations in family child care homes that your organization sponsors. Can you give me that amount?	
A. CACFP meal/snack reimbursement	$ ❑ DK ➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ➔ ASK (e) ❑ No ➔ GO TO NEXT ROW	$ ❑ DK	
B. Child payments for food only	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	[not applicable]		
C. Adult payments for food only	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	[not applicable]		
D. Credit in lieu of USDA Food	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	[not applicable]		
E. Value of USDA Food	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	[not applicable]		
Other CACFP/food service revenue (SPECIFY). ONLY INCLUDE ADDITIONAL ITEMS SPECIFICALLY LISTED ON THE REVENUE STATEMENT.						
F.	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ➔ ASK (e) ❑ No ➔ GO TO NEXT ROW	$ ❑ DK	
G.	$ ❑ DK ➔ GO TO NEXT ROW ❑ NA➔ GO TO NEXT ROW	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ➔ ASK (e) ❑ No ➔ GO TO NEXT ROW	$ ❑ DK	
Total CACFP Revenues	$ ❑ DK ➔ GO TO Q3 ❑ NA➔ GO TO Q3	❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ➔ ASK (e) ❑ No ➔ GO TO Q3	$ ❑ DK	

3. IF ANY ITEMS ARE CHECKED "YES" IN COLUMN (b), ASK:

Do any of the centers serving children below school age also operate outside-of-school hours or at-risk afterschool programs for school-age children?
❑ YES   ❑ NO

4. Is the price charged to families for CACFP meals and snacks included in tuition, or do families pay separately?

CHECK ONE BELOW:

    1 ☐ Price of meals and snacks is included in tuition

    2 ☐ Families pay for meals and snacks separately

    3 ☐ Price of meals and snacks is not charged to families in tuition or separately

END OF REVENUE STATEMENT SCRIPT. **This concludes our review of your revenues. Those are all the questions I have. Thank you very much for participating in SNACS-II.**

CACFP Revenue Statement

Handout 10: Definitions of Revenue Categories

A. CACFP meal/snack reimbursement

The reimbursement that the sponsor/center received from the State CACFP administering organization for meals served to eligible participants.

B. Child payments for food only

Payments received from households to support the cost of meals served to children. If there is no separate charge for meals, report $0.00 on this line.

C. Adult payments for food only

Payments received from staff or other adults to support the cost of meals.

D. Credit in lieu of USDA Food

The value of credit received in lieu of the center's entitlement for USDA Foods.

E. Value of USDA Food

The value of USDA Foods received, including USDA Foods delivered to the center or sponsor and USDA Foods received as part of processed products.

F. Other food service revenue

Any other income received to support the foodservice operations, such as:

- Tuition, fees or local, State or Federal grant amounts specifically designated for food service program expenses
- Sale(s) of food service equipment purchased with CACFP funds
- Allowable interest earned on advance funds
- Proceeds from parent/child or other dinners and the sale of materials developed using CACFP staff or resources
- Cash donations earmarked for the food service account
- Value of other donated food

This page has been left blank for double-sided copying.