



Family Child Care Home Provider Experience Survey

Please share your experiences with the Food Program. Also known as the Child and Adult Care Food Program, or CACFP, the Food Program reimburses child care providers for meals and snacks served to children under their care. Your answers to this survey will be used to improve the Food Program and help family child care providers participate in the program. Your answers will be kept private and will never be linked to your name in any report.

Please complete this survey, even if you are no longer participating in the Food Program or if you no longer operate a family child care home.

The survey will take 20 minutes to complete. Your answers will be automatically saved so that you can stop and come back at any time. You will get a \$40 gift card after completing the survey.

If you have any questions, please contact us toll-free at [study phone] or via email [study email].

Thank you for helping with this important survey!

This information is being collected to assist the Food and Nutrition Service in understanding the decrease in CACFP participation among family child care home providers. This is a voluntary collection and FNS will use the information to provide technical assistance and inform program improvements to support family child care home participation in CACFP. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 0.334 hours (20 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other



SECTION 1. ABOUT YOUR FAMILY CHILD CARE HOME

For all of the following questions, we refer to your home-based child care as a *family child care home*.

1. Do you currently operate a family child care home?

- Yes → **(GO TO Q4)**
- No

2. In what month and year did you stop operating your family child care home?

Your best guess is fine
_____ / _____ (enter month/year)

3. Which of the following are reasons you stopped operating your family child care home?

Select all that apply

- Not enough children enrolled
- Could not make enough money
- Disqualified from the Food Program (also known as the Child and Adult Care Food Program or CACFP)
- Changed to a different job or business
- Issues with sponsoring organization (e.g., went out of business or other)
- Could no longer provide child care due to illness or disability
- No longer wanted to do child care
- My personal circumstances changed (e.g. children are older now, I moved, I have other responsibilities)
- My home is no longer a suitable space for child care
- I had difficulty complying with child care regulations and requirements
- I had to close my business due to the COVID-19 pandemic
- Other reasons (specify) _____

The following questions are about your family child care home operations. If you do not offer child care at this time, please think back to the most recent time when you were operating your family child care home.

4. In what month and year did you first start your family child care home business?

Your best guess is fine

_____/____ (enter month/year)

5. Thinking about a usual week, how many days of the week is/was your family child care home usually open?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 or 7 days
- My home's schedule varies/varied from week to week

6. Thinking about a usual week, about how many children (including your own) do/did you care for in your family child care?

Your best guess is fine

Number of children: _____

7. What age children do/did you usually care for?

Select all that apply

- Under 1 year (birth to 11 months)
- 1 to 2 years (12 to 24 months)
- 3 to 5 years
- School-age children on school days
- School-age children when school is/was out
- Other (specify)_____

8. Which meals and snacks do/did you provide on a usual day? Include all meals you provide(d), whether or not they are/were claimed for reimbursement.

Select all that apply

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- Evening snack

9. How many paid or volunteer staff do/did you have in your family child care home business?

____ Number of full-time people

- ___ Number of part-time people
- ___ I **don't**/didn't have any paid staff or volunteers

10. What **is/was your family child care home's licensing or registration status?**

- Licensed or registered
- Not licensed or registered
- Don't know

SECTION 2. YOUR EXPERIENCE WITH THE FOOD PROGRAM, ALSO KNOWN AS THE CHILD AND ADULT CARE FOOD PROGRAM, OR CACFP.

The following questions ask about your experience with the Food Program, also known as the Child and Adult Care Food Program or CACFP. This program reimburses child care providers for meals and snacks they provide to children under their care.

11. As a family child care provider, have you ever participated in the Food Program?

- Yes
- No → **(GO TO Q30)**
- Don't know → **(GO TO Q30)**

12. How would you describe your enrollment process for the Food Program?

- Very easy
- Easy
- Difficult
- Very difficult
- Not sure

13. What are the main benefits of participating in the Food Program?

Select all that apply

- Reimburses me for meals and snacks provided to children in my care
- Provides me training and technical assistance on how to plan and prepare nutritious meals and snacks
- Allows me to feed children who may not have enough to eat at home
- Helps me provide types of food that children may not eat at home
- Parents have a positive view of the Food Program
- Allows me to offer child care at a lower cost than I could otherwise
- Provides me with nutrition education materials that I share with children and parents
- Other benefits (specify) _____

- There are no benefits

14. Have you ever used your participation in the Food Program as a selling point to parents?

- Yes
- No

15. Do parents in your community know about the Food Program before they enroll in your family child care?

- Yes
- No
- I am not sure

16. What do parents enrolled in your family child care home think about the Food Program?

Select all that apply

- Providers in the Food Program offer healthier food
- The Food Program helps providers offer high-quality childcare
- The Food Program meals and snacks are not well liked by children
- The Food Program reduces parents' stress because they know their children are being well fed
- Parents like not having to pack meals and snacks for their child (children)
- Parents don't know very much about the Food Program
- I am not sure what parents think about the Food Program
- Other (specify) _____

17. As a family child care provider, which of the following issues have you experienced while participating in the Food Program?

Select all that apply

- My family child care home does not always have enough children to make participation in the Food Program worthwhile
- Renewing my child care license or registration is challenging
- Meal and snack reimbursements do not cover my food costs
- Sending daily meal counts and child attendance to my sponsor is difficult
- Collecting annual child re-enrollment forms is difficult
- Collecting income eligibility forms from parents is difficult
- Meal reimbursements are often delayed
- The Food Program nutrition requirements are hard to follow (e.g. portion sizes, grain ounce equivalents)
- Unannounced monitoring visits are disruptive to my child care
- Difficulty attending in-person trainings
- Difficulty submitting meal counts and child attendance electronically
- My sponsor does not provide enough guidance and support
- Parents have negative views about the Food Program
- Children do not like the Food Program meals and snacks
- Program materials are not available in my primary language
- My sponsor does not have staff who speak my primary language
- The criteria for what counts as a Serious Deficiency is too harsh
- I do not qualify for the higher reimbursement rate
- Other (specify) _____

- I have not experienced any issues with the Food Program

18. In what month and year did your family child care home first enroll in the Food Program?

Your best guess is fine

_____/____ (enter month/year)

19. Are you currently enrolled in the Food Program as a family child care provider?

- Yes
- No **(GO TO Q21)**

20. Have you ever left the Food Program?

- Yes
- No **(GO TO Q26)**
- No, but I might leave **(GO TO Q26)**

21. In what month and year did you leave the Food Program?

Enter the most recent time you left. Your best guess is fine.

_____/ 20__ (enter month/year)

22. In what month and year did you re-enroll in Food Program?

Enter the most recent time you re-enrolled. Your best guess is fine.

_____ / 20__ (enter month/year)

- I have **never re-enrolled** in the Food Program as a family child care home provider

23. Have you ever re-enrolled in the Food Program, but as a child care center?

- Yes
- No **(GO TO Q25)**

24. Which of the following reasons best describe why you changed from a family child care home to a child care center?

Select one or more

- More families are interested in sending their children to centers instead of homes
- To expand my business and serve more children
- To take on more responsibility and learn new things
- I receive more support from my sponsor/state agency as a center
- The meal reimbursements are higher for centers than for homes
- I can charge higher child care fees as a center
- Other reason (specify) _____

25. Which of the following reasons best describe why you left the Food program?

Select one or more

- I closed my business because of challenges due to COVID
- I closed my business due to a change in personal circumstances (moving, illness, career change)
- I lost my license or registration to provide child care
- I was disqualified from the Food Program
- My sponsor no longer participated in the Food Program
- My family child care home did not have enough children to make participation worthwhile
- I no longer serve meals and snacks
- The Food Program nutrition requirements were too hard to follow (e.g. portion sizes, grain ounce equivalents).
- Meal and snack reimbursements did not cover enough food costs
- Sending daily meal counts and child attendance to my sponsor was difficult
- Collecting annual re-enrollment forms was difficult
- Collecting income eligibility forms from parents was difficult
- I had difficulty submitting meal counts and child attendance electronically
- Getting meal reimbursements was often delayed
- Unannounced monitoring visits were disruptive to my child care
- My sponsor did not provide enough guidance and support
- My sponsor did not have staff who spoke my primary language
- Parents have negative views about the Food Program

- I had difficulty attending in-person trainings
- Program materials were not available in my primary language
- The criteria for what counts as a Serious Deficiency was too harsh
- I did not qualify for the higher reimbursement rate
- Other reason (specify) _____

SECTION 3. RECOMMENDATIONS FOR HELPING FAMILY CHILD CARE PROVIDERS PARTICIPATE IN THE FOOD PROGRAM

26. Which of the following supports would make it easier for family child care providers to participate in the Food Program?

Select all that apply

- Help with the state licensing or registration process
- More support and guidance from my Food Program sponsor
- Simple checklists to make it easier to meet nutrition requirements
- Recipes and menus with foods from different cultures
- Getting reimbursements in a timely manner
- Training on submitting meal count and attendance records electronically
- Apps or other tools to help shop for foods that meet the Food Program nutrition requirements (e.g. amount of food to serve to meet the whole grain requirement)
- Help with accessing healthy foods at lower cost
- Offer remote trainings
- Opportunities to share information with and learn from other providers
- Help with marketing the Food Program to parents
- Having educational resources to share with parents
- Use monitoring visits to provide guidance and training to providers
- Program materials in languages other than English and Spanish (specify language: _____)
- Sponsor staff who speak languages other than English (specify language: _____)
- Other (specify) _____

27. Which of the following policy changes to the Food Program would help family child care providers like you?

Select all that apply

- Provide flexibility in the deadline for submission of daily meal counts and attendance records
- Increase the meal and snack reimbursement rates
- Increase the number of meals and snacks that providers can claim for reimbursement (e.g., up to three full meals)
- Provide funding for you or your staff to prepare and serve meals
- Provide funding to purchase kitchen equipment
- Reduce the lag time for reimbursements for newly enrolled providers
- Eliminate the requirement for annual child re-enrollment forms
- Replace some in-person monitoring with remote monitoring visits

- Address minor errors with training rather than a Serious Deficiency
- Other (specify) _____

28. What else would make it easier for family child care home providers to participate in the Food Program?



29. What is the best way for family child care providers to learn about the Food Program and how to participate?

Select all that apply

- Child care licensing agency
- Food Program sponsor organization
- Child care resource and referral agency
- Family child care providers who participate in the Food Program
- Other (specify) _____

SECTION 4. ABOUT YOU

30. Are you ...

- Hispanic or Latino/Latinx
- Not Hispanic or Latino/Latinx
- Prefer not to answer

31. Are you ...

Select all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (specify) _____
- Prefer not to answer

32. Which of the following languages do you use to speak with the members of your household?

Select all that apply

- English
- Spanish
- Other (specify) _____
- Other (specify) _____

33. When taking care of children in your family child care home, what languages do/did you speak with them?

Select all that apply

- English
- Spanish
- Other (specify) _____
- Other (specify) _____

Thank you for taking the time to complete this survey. We will send you a \$40 gift card. Please provide your address below so we know where to send the gift card.

NAME: _____

MAILING ADDRESS: _____
