

E3. Self-Administered Cost Questionnaire

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

Self-Administered Cost Questionnaire

This document should be completed by an administrator most familiar with food service/CACFP operations. Other agency personnel may need to assist in compiling information. [Please complete all pages before the SNACS-II visit to your site. / Please upload all pages to [SECURE TRANSFER SITE] by [DATE].]

Who completed this questionnaire?	
Name: _____	Title: _____
Phone: _____	Email: _____
Organization: _____	
Address: _____	
Name: _____	Title: _____
Phone: _____	Email: _____
Organization: _____	
Address: _____	

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

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Please provide information on all CACFP activities. Sponsors, please provide information for CACFP activities for your organization. Independent Centers, please provide information for the sampled center only. For purposes of this questionnaire the term “organization” refers to the Sponsor organization or the Independent Center.

PART 1- PROGRAM DESCRIPTION

INDEPENDENT CENTERS: Please go to Part 2: Program Meal/Snack Information on the next page.

SPONSORS: Please continue to question 1 below.

1. **SPONSORS ONLY: Now we are going to ask about the number of centers and/or programs that your organization sponsors broken down by age and type of center. Centers should be counted in each category for which they have children.**

School-age includes Kindergarten but not Pre-K.

	Affiliated child care centers <i>Select NA below if organization does not sponsor any affiliated centers</i> NA <input type="checkbox"/>	Unaffiliated child care centers <i>Select NA below if organization does not sponsor any unaffiliated centers</i> NA <input type="checkbox"/>
a. What is the total number of centers/programs sponsored?		
a1. How many are Head Start centers/programs?		
a2. How many are other child care centers/programs (not Head Start)?		
b. How many serve infants?		
c. How many serve toddlers? (12 mo. – 36 mo.)		
d. How many serve preschoolers? (36 mo. – Kindergarten entry)		
e. How many serve both younger children and school-age children? <i>School-age includes Kindergarten but not pre-K.</i>		
f. How many serve only school-age children? <i>School-age includes Kindergarten but not pre-K.</i>		
g. What is the total number of family child care homes sponsored?		
h. What is the total number of at-risk afterschool programs sponsored?		
i. What is the total number of outside-school-hours care centers sponsored?		

PART 2 – PROGRAM MEAL/SNACK INFORMATION

For the Federal Fiscal Year Oct. 1, 2021 – September 30, 2022 (FFY 2022), please provide counts of CACFP-eligible meals and snacks in the table below.

For centers or other sites that serve infants, toddlers, and/or preschoolers **but no school-age children**, put meal counts in Section A.

For centers or other sites that serve infants, toddlers, and/or preschoolers **and also serve school-age children**, put meal counts in Section B.

For centers or other sites that only serve school-age children, put meal counts in Section C and programs that serve school-age children only.

SPONSORS: provide data for all sponsored centers and programs.

INDEPENDENT CENTERS: provide data for the sampled child care center.

2. Meal Counts

	A. Centers or sites serving infants, toddlers, or preschoolers, but <u>no</u> school-age children)			B. Centers or sites serving infants, toddlers, and/or preschoolers, <u>and also</u> school-age children)			C. Centers or sites serving <u>only</u> school-age children		
	Total #:			Total #:			Total #:		
Meal or Snack Type	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free	# Paid	# Reduced price	# Free
Breakfast									
Lunch									
Supper									
Snack									

2a. If meal counts reported above are for any time period other than FFY 2022, please indicate the time period here:

PART 3 – SAMPLED CENTER/PROGRAM MEAL/SNACK INFORMATION

Please answer the following questions for the center/program listed on the cover of this booklet only.

3. How many days per year does this center/program serve children, while school is in session (i.e., school days)?

_____ DAYS WHILE SCHOOL IS IN SESSION

- 3a. Which CACFP meals are served by this center/program on school days?

CHECK ALL THAT APPLY

- 1 Breakfast
- 2 Morning Snack
- 3 Lunch
- 4 Afternoon Snack
- 5 Supper

4. How many days per year does this center/program serve children, when school is not in session (i.e., during school vacations or holidays)?

_____ DAYS WHILE SCHOOL IS NOT IN SESSION

- 4a. Which CACFP meals are served by this center/program on days when school is not in session?

CHECK ALL THAT APPLY

- 1 Breakfast
- 2 Morning Snack
- 3 Lunch
- 4 Afternoon Snack
- 5 Supper

5. We would like to know the number of children by age currently in your child care facility. We are looking for the average number of children in attendance per day for each age listed below. On an average day, how many children are at your facility in each of the following age categories?

[IF NECESSARY: If you cannot provide the average number of children in attendance per day for each age listed, we can also accept the number of children enrolled in your child care facility in each age category listed below.]

Age	Number of Children (RANGE: 0-999)
3a. Up to 3 months	
3b. 4-5 months	
3c. 6-7 months	
3d. 8-11 months	
3e. 1 year	
3f. 2 years	
3g. 3 years	
3h. 4 years	
3i. 5 years	
3j. 6 years	
3k. 7 years	
3l. 8 years	
3m. 9 years	
3n. 10 years	
3o. 11 years	
3p. 12 years	
3q. 13 years	
3r. 14 years	
3s. 15 years	
3t. 16 years	

Age	Number of Children (RANGE: 0-999)
3u. 17 years	
3v. 18 years	

PART 4 – MEAL AND SNACK COUNTS BOOKLET

This booklet contains two meal count forms: (1) Meal and Snack Counts Form (2) Infant Meal Counts Form.

The Meal and Snacks Counts Form should be used for children you serve age 1 and above.

The Infant Meal Counts Form should be used for infants you serve below 1 year of age.

The counts provided on these forms must be for the SAME week that the Menu Survey was completed for

The counts must be ONLY for the center/program listed on the cover of this booklet.

How to fill out the Meal and Snack Counts Form

Please provide the number of children served for each of the meals and snacks throughout the week indicated on the front cover.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- If you did not serve a meal or snack, please mark it with an X.
- The counts provided must be for the same week as the Menu Survey

Example of completed meal and snack counts form

In the example on the next page, the childcare facility does not serve dinner on Thursday, and the facility was closed on Friday.

EXAMPLE OF COMPLETED MEAL AND SNACK COUNTS FORM-MEALS ONLY

Number of Reimbursable Meals by Meal Type					
Target Week			Total Number of Reimbursable Meals	For Admin Use	
	Monday	Breakfast		26	
		Lunch		24	
		Dinner		23	
	Tuesday	Breakfast		25	
		Lunch		20	
		Dinner		26	
	Wednesday	Breakfast		21	
		Lunch		23	
		Dinner		26	
	Thursday	Breakfast		26	
		Lunch		24	
		Dinner		 	
	Friday	Breakfast		 	
		Lunch		 	
		Dinner		 	

If you have any questions at any time please call our toll-free number at [STUDY PHONE]. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study.

Meal and Snack Counts Form

Below, please provide the number of children served each meal and snack during the target week.

Number of Reimbursable Meals by Meal Type					
Target Week			Total Number of Reimbursable Meals	For Admin Use	
	Monday	Breakfast			
		Lunch			
		Dinner			
	Tuesday	Breakfast			
		Lunch			
		Dinner			
	Wednesday	Breakfast			
		Lunch			
		Dinner			
Thursday	Breakfast				
	Lunch				
	Dinner				
Friday	Breakfast				
	Lunch				
	Dinner				

Number of Reimbursable Snacks by Snack Type					
Target Week			Total Number of Reimbursable Snacks	For Admin Use	
	Monday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Tuesday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Wednesday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
Thursday	Morning Snack				
	Afternoon Snack				
	Evening Snack				
Friday	Morning Snack				
	Afternoon Snack				
	Evening Snack				

- Breakfast (8am to 9am)
- Lunch (12pm to 1pm)
- Dinner (5pm until the child is picked up)
- Morning Snack (9am to 11am)
- Afternoon Snack (1pm to 4pm)
- Evening Snack (6pm to 8pm)

How to fill out the Infant Meal Counts Form


The following instructions are only for child care providers participating in CACFP who prepare infant food, up to the age of 1.

Please provide the number of infants served on each day of the Target Week.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- The counts provided must be for the same week as the Menu Survey

Example of completed Infant Meal Counts Form

In this example, the childcare facility is closed on Friday.

Number of Infants Served Daily			
Target Day		Total Number of Infants Served	For Admin Use
	Monday	10	
	Tuesday	11	
	Wednesday	10	
	Thursday	11	
	Friday		

Infant Meal Counts Form

Please indicate the number of infants served in your childcare facility on each day of the target week.

Number of Infants Served Daily			
Target Day		Total Number of Infants Served	For Admin Use
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

If you have any questions at any time please call our toll-free number at [STUDY PHONE]. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study.

How to fill out the Meal and Snack Counts Supplement for Central and Production Kitchens

Please provide the **total** number of meals and snacks produced at your facility throughout the week indicated on the front cover.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- If you did not produce a meal or snack, please mark it with an X.
- The counts provided must be for the week indicated on the front cover.

Example of completed meal and snack counts form

In the example on the next page, the facility does not produce dinner on Thursday, and the facility was closed on Friday.

EXAMPLE OF COMPLETED MEAL AND SNACK COUNTS FORM-MEALS ONLY

Number of Reimbursable Meals by Meal Type					
Target Week			Total Number of Reimbursable Meals	For Admin Use	
	Monday	Breakfast		226	
		Lunch		224	
		Dinner		223	
	Tuesday	Breakfast		225	
		Lunch		220	
		Dinner		226	
	Wednesday	Breakfast		221	
		Lunch		223	
		Dinner		226	
	Thursday	Breakfast		226	
		Lunch		224	
		Dinner		 	
	Friday	Breakfast		 	
		Lunch		 	
		Dinner		 	

If you have any questions at any time please call our toll-free number at [STUDY PHONE]. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study.

Meal and Snack Counts Supplement for Central and Production Kitchens

Below, please provide the **total** number of meals and snacks produced at your facility during the target week.

Number of Reimbursable Meals by Meal Type					
Target Week			Total Number of Reimbursable Meals	For Admin Use	
	Monday	Breakfast			
		Lunch			
		Dinner			
	Tuesday	Breakfast			
		Lunch			
		Dinner			
	Wednesday <small>av</small>	Breakfast			
		Lunch			
		Dinner			
	Thursday	Breakfast			
		Lunch			
		Dinner			
	Friday	Breakfast			
		Lunch			
		Dinner			

Number of Reimbursable Snacks by Snack Type					
Target Week			Total Number of Reimbursable Snacks	For Admin Use	
	Monday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Tuesday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Wednesday <small>av</small>	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Thursday	Morning Snack			
		Afternoon Snack			
		Evening Snack			
	Friday	Morning Snack			
		Afternoon Snack			
		Evening Snack			

- **Breakfast** (start of care to 8am)
- **Lunch** (11am-1pm)
- **Supper** (4pm - 6pm)

Authority: This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

Purpose: The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

Routine Use: The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

Disclosure: Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at <https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p. 19078).