

Providers' Experiences in the CACFP

Although tiering's most obvious effect on providers was the lower reimbursement level for Tier 2 providers, it also affected some of the program's administrative operations. In applying for CACFP participation, providers now have to supply the information necessary to determine their appropriate tier. Tier 2 providers, if they wish to be reimbursed at the higher rate for low-income children in their care, must distribute or have the sponsor distribute income eligibility forms to the children's parents or request that the sponsor use other available documentation to establish that children are eligible for meals reimbursed at Tier 1 rates. If income eligibility forms are used, parents must complete and send them to the sponsor in order for each child's eligibility to be determined. Because providers are not told which children have been found eligible, Tier 2 providers with some Tier 1 children claim reimbursements by supplying records of exactly which children were offered which meals and snacks during the month. And all of these procedures must be incorporated into CACFP training and monitoring.

This chapter reviews providers' perceptions of administrative aspects of their participation in the CACFP in 1999. It generally finds little clear difference between the Tier 1 and Tier 2 providers that appears related to tiering. Tier 1 providers report more attendance at group training sessions and more sponsor visits, but these differences do not reflect specific administrative requirements associated with tiering.

Provider Training

Program regulations require CACFP sponsoring agencies to train all providers before they begin receiving CACFP reimbursements, and at least annually thereafter. The training may be conducted in either group or individual sessions, the latter typically occurring during a sponsor visit to the provider's home.

Group Training

More than 80 percent of the 1999 providers reported attending group training sessions during the previous year, as shown in Exhibit 17. Nearly half of providers report attending more than a single training session, and 22 percent attended three or more. Tier 1 providers reported attending significantly more training classes, on average, than Tier 2 providers. Training sessions lasted a median of 2 hours, according to the providers. Nearly all of the providers who attended training said that their sponsors required them to attend at least one session.

Group training sessions cover a variety of topics in nutrition and administration. Among the nutrition-related topics, providers most commonly recalled being trained in menu planning, types and amounts of food to serve, and the nutrient content of foods (Exhibit 18). Tier 1 and Tier 2 providers reported essentially the same training topics. For two topics, menu planning and the types of food to serve, significantly more Tier 1 than Tier 2 providers reported the topic being discussed.

Among the administrative topics, food safety (85 percent) and menu records (73 percent) were at the top of the list. Both Tier 1 and Tier 2 providers reported being informed about changes in the meal reimbursement structure (68 percent).

Exhibit 17
Percent of 1999 Providers Attending Group Training Classes

Number of Classes	All	Tier 1	Tier 2	Difference Tier 2 - Tier 1
None	17.8	16.1	21.4	5.4
One class	34.0	29.5	43.9	14.4**
Two classes	25.9	28.6	20.2	-8.4*
Three or more classes	22.3	25.9	14.4	-11.5**
Mean classes attended	1.8	1.9	1.4	-0.5***
Unweighted sample	1,037	512	525	

Significance levels:

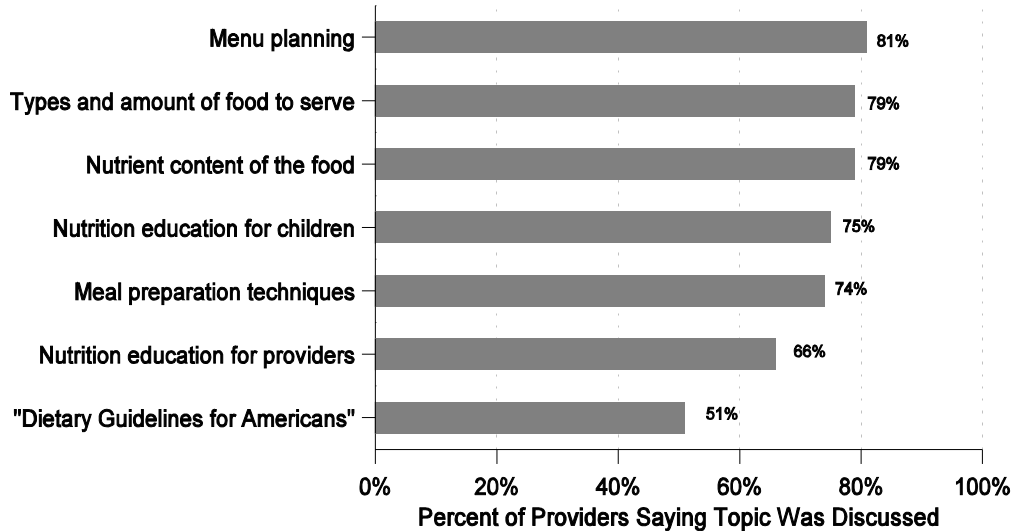
* = < .10

** = < .05

*** = < .01

Exhibit 18

Percent of Providers Reporting Selected Topics Discussed in Training



Individual Training

Apart from the group training, about one-third of the providers reported receiving one-on-one training. In addition, four out of five providers stated receiving newsletters or written materials for self-study, and one in five mentioned studying videotapes.

Monitoring by the Sponsoring Agency

CACFP homes are monitored by their sponsoring agency for compliance with the CACFP regulations. Regulations require sponsors to visit the CACFP homes at least three times per year, and many sponsors report making more than three visits (Bernstein and Hamilton, 2001).

In 1999 as in 1995, 9 out of 10 providers reported that their sponsor visited them at least the required minimum of three times, and most reported more than the minimum (Exhibit 19). A median of just over three sponsor visits was reported in both years. The similarity of the 1995 and 1999 responses contrasts somewhat with sponsors' survey responses indicating that they conducted more visits to providers in 1999 than before the implementation of tiering in 1997, although these measures are not fully comparable.²³

²³ The sponsor and provider measures refer to different time periods. Sponsors were reporting on changes they experienced from 1997 to 1999, while the provider responses are from separate surveys in 1995 and 1999. Also, sponsors who reported conducting four or more visits per year tended to be smaller (i.e., sponsor fewer providers), so one would expect the average provider to receive fewer visits than the average sponsor makes.

Exhibit 19
Monitoring Visits by the Sponsoring Organization

Number of Sponsor Visits	1995	1999	Difference 1999-95	1999		Difference Tier 2-Tier 1
				Tier 1	Tier 2	
Fewer than 3 visits	11.1%	8.4%	-2.7%	8.9%	7.5%	-1.4%
3 visits	29.4	33.2	3.8	29.5	40.8	11.3*
More than 3 visits	59.5	58.4	-1.1	61.6	51.7	-9.9
Median	3.2	3.2	0.0	3.3	3.0	-0.3
Unweighted sample	518	1,149		559	590	

Significance levels:

* = < .10

** = < .05

*** = < .01

In addition to monitoring compliance, sponsor visits provide a further opportunity for training. The survey therefore asked providers about topics discussed during these visits, using essentially the same list of topics as for group training.

Providers' reports of the topics covered in the visits follow a very similar pattern to that reported for group training. The two most commonly covered topics were menu planning and the types and amounts of food to serve, with over three-quarters of providers mentioning each topic. This pattern is essentially unchanged from 1995, as well. From the most widely addressed to the least, the relative ranking of the nutrition topics discussed during sponsor visits is the same in 1999 as in 1995, implying more continuity than change in the issues of greatest interest to sponsors and providers.

Providers' Perception of the CACFP Requirements

Child care providers have to perform various administrative tasks in order to receive CACFP reimbursement and comply with regulations. The survey asked about eight such responsibilities, asking providers in each case to rank the activity on a four-point scale from "not at all burdensome" to "very burdensome." Exhibit 20 shows the ranking of each activity in terms of the proportion of providers considering the activity "somewhat" or "very" burdensome.

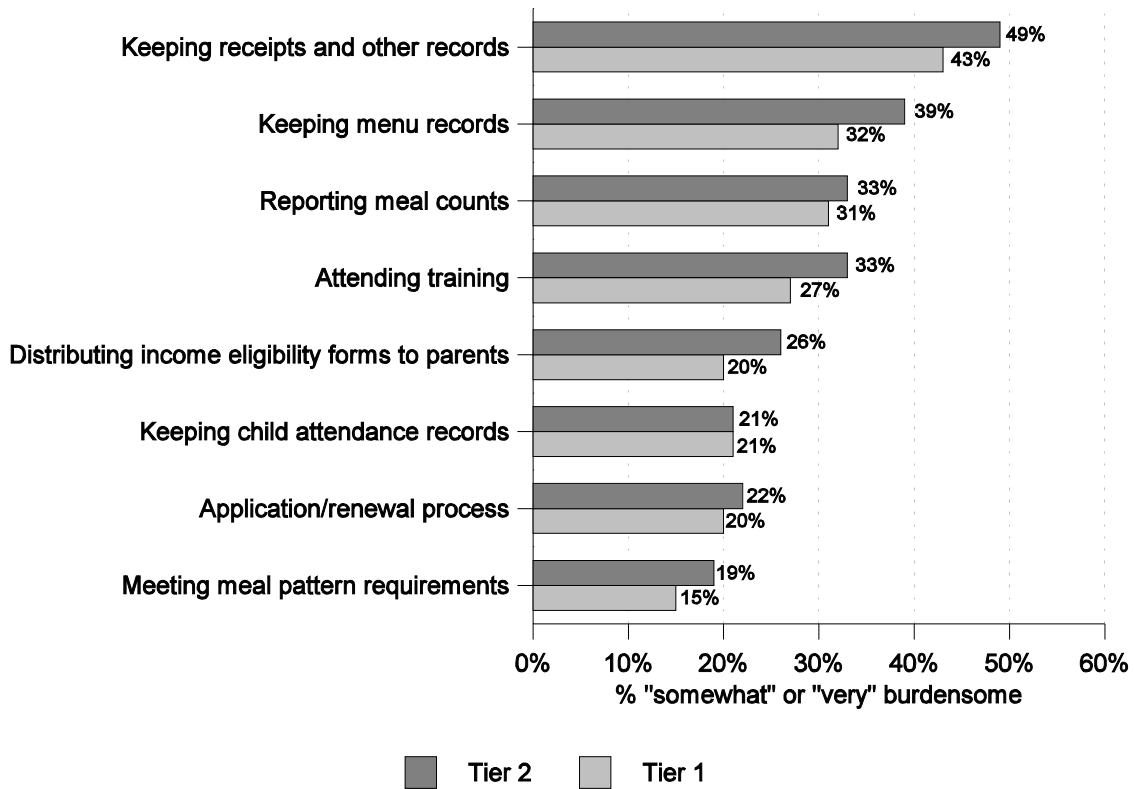
The activities perceived as most burdensome are those involving detailed record-keeping. Larger shares of Tier 2 than Tier 1 providers tend to view program requirements as somewhat or very burdensome, but the differences are not statistically significant. Tier 2 providers with some Tier 1 reimbursements might be expected to consider as burdensome the requirements for reporting meal

counts and distributing income eligibility forms to parents, but perceptions of these activities do not diverge from the overall pattern.²⁴

Comparisons between 1995 and 1999 are very limited because the 1995 survey included only two of the burden questions. The percentage finding meal requirements burdensome was not significantly different in 1999 than 1995 (16 percent and 20 percent, respectively), but significantly more providers found the application/renewal process burdensome in 1999 than 1995 (20 percent vs. 10 percent).

These responses correspond reasonably to the fact that the application and renewal process did become more complicated after tiering was introduced, while meal pattern requirements were unchanged. One cannot, however, draw any broader inferences about the change in burden as tiering was implemented.

Exhibit 20
Share of Providers Perceiving Various CACFP Activities as Burdensome



²⁴ Twenty percent of Tier 1 providers said that distributing income eligibility forms to parents is "somewhat" or "very" burdensome, a surprising response because Tier 1 providers do not distribute such forms. It is not known what these providers had in mind in responding to the question.