

Appendix B

Provider Survey

The provider survey questionnaire is shown on the following pages. Some minor formatting adjustments were made to make it fit in this report.

Form Approved
OMB No. 0536-0045
Exp. Date: 9/30/2001

Family Child Care Homes Legislative Changes Study

FAMILY CHILD CARE HOME SURVEY

Abt's Toll Free Number 1-800-244-4135

[Attach ID Label]

Public reporting burden of this collection of information is estimated to average 30 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department Clearance Officer, OIRM, AG Box 7630, Washington, DC 20250.

How to Complete the Survey

This survey has four kinds of questions. Here is a SAMPLE of each kind.

SAMPLE 1

(CIRCLE ONE RESPONSE)

1. Is the number of children you care for now more, less, or about the same as the number you cared for in January, 1997?

More 1
Less 2
About the same 3

If you cared for 4 children in January of 1997 and now care for 3 children, you would circle "2".

SAMPLE 2

(CIRCLE MORE THAN ONE RESPONSE)

2. What kinds of training have you had? (Circle all that apply)

Workshops 1
One-on-one training 2
Videotapes 3

*If you attended a workshop **and** watched a videotape, you would circle "1" **and** "3".*

SAMPLE 3

(OTHER SPECIFY RESPONSE)

3. Thinking back to January of 1997, what were you trained in? (*Circle all that apply*)

- Meal counts 1
- Menu planning 2
- Food storage 3
- Other (*Specify*) 4

If you were trained in food safety, you would circle "4" and print "food safety" in the space under "Other".

SAMPLE 4

(FILL IN BLANK)

4. How many meals do you serve each day?

of meals

If you served three meals per day you would write "3" in the space provided.

Thank you for the time you will spend completing this questionnaire. If you have any questions on what a question or an instruction means, please call us toll free at 1-800-244-4135.

If you are no longer participating in the Child and Adult Care Food Program (CACFP) or are no longer operating a family child care home, please skip to question 33 on page 22.

Our first questions are about the children (including infants) who attend your family child care home.

- 1. How many children are you licensed, certified, approved or registered to serve in your family child care home?** *(Include full-time and part-time children)*

_____ 12-13/
of children

For questions 2 through 6, do not include your own children or any other children who are members of your household.

- 2. How many children (including infants) are currently enrolled in your family child care home?**

When answering questions 2-5, responses should include all children (including infants) who are actively enrolled in your child care home. This should include full-time and part-time children, children who only come in one or two days per week, children who only come in occasionally, and all other children who are on your current roster of children enrolled in your child care program.

_____ 14-15/
of children

- 3. How many of the enrolled children are:** *(If none, write "0")*

	Number of Children	
Under 1 year old (birth to 11 months)	_____	16-17/
1 to almost 2 years old (12 to 23 months)	_____	18-19/
2 to almost 3 years old (24 to 35 months)	_____	20-21/
3 to almost 6 years old (36 to 71 months)	_____	22-23/
6 years old or older	=====	24-25/
TOTAL ENROLLED <i>(This number should be the same as your answer to Question 2)</i>	_____	26-27/

4. How many of the enrolled children are in your care full-time (30 hours or more per week)?

of full-time children

28-29/

5. How many of the enrolled children are in care part-time (less than 30 hours per week)?

of part-time children

30-31/

6. What is your average daily attendance? (Include full-time and part-time children)

When answering this question, please consider the average number of children cared for during a typical day of operation.

of children

32-33/

7. How many of your own children, or any other children who are members of your own household, who are age 12 and under are usually at home during the hours when you have children in care? (If none, write in "0")

of children

34-35/

8. When do you take care of children (other than your own)?

Please fill in the times and circle A.M. or P.M. for each day of the week. Include all shifts. If you do not take care of children on a particular day, check (✓) the box next to "closed." Please do not leave any days blank.

Monday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 40/	to	____:____	P.M. 45/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							56/
			P.M. 50/			P.M. 55/	
Tuesday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 61/	to	____:____	P.M. 66/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							77/
			P.M. 71/			P.M. 76/	
Wednesday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 82/	to	____:____	P.M. 87/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							98/
			P.M. 92/			P.M. 97/	
Thursday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 103/	to	____:____	P.M. 108/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							119/
			P.M. 113/			P.M. 118/	
Friday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 124/	to	____:____	P.M. 129/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							140/
			P.M. 134/			P.M. 139/	
Saturday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 145/	to	____:____	P.M. 150/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							161/
			P.M. 155/			P.M. 160/	
Sunday	from	____:____	A.M.	to	____:____	A.M.	
and	from	____:____	P.M. 166/	to	____:____	P.M. 171/	
	from	____:____	A.M.	to	____:____	A.M.	<input type="checkbox"/> closed
							182/
			P.M. 176/			P.M. 181/	

9. Thinking back to January of 1997, two years ago, is the number of children you care for now more, fewer or the same?

- More 1 183/
- Fewer 2
- The same 3
- Not applicable, did not operate a child care home in January, 1997 4

The following questions are about the meals and snacks provided to enrolled children.

10. Which meals and snacks are you now serving? *(For each meal and snack listed below, please circle 1 if you serve the meal now or 2 if you do not)*

	Serve Now?		
	YES	NO	
	▼	▼	
Breakfast	1	2	184/
Morning snack	1	2	185/
Lunch	1	2	186/
Afternoon snack	1	2	187/
Supper/dinner	1	2	188/
Evening snack	1	2	189/

10.A Thinking back to January, 1997, two years ago, which meals and snacks were you serving then? (For each meal and snack listed below, please circle 1 if you served this meal in January, 1997 or 2 if you did not)

If you were not operating a child care home or did not serve any meals in January 1997, check (✓) the box and skip to question 11.

190

	Served in January 1997?		
	YES	NO	
	▼	▼	
Breakfast	1	2	191/
Morning snack	1	2	192/
Lunch	1	2	193/
Afternoon snack	1	2	194/
Supper/dinner	1	2	195/
Evening snack	1	2	196/

If there has been no change in the types of meals or snacks served since January, 1997 check (✓) the box and go to question 11.

197/

10.B What are the reasons for any changes in the types of meals or snacks you serve now compared to January, 1997? (Please circle one number in each row. If no change or not a reason for change in types of meals or snacks served, circle "3")

Changed types of meals/snacks because...

	More Now	Fewer/Less Now	No Change/ Didn't Affect Types of Meals/Snacks	
	▼	▼	▼	
Hours per day you have children in care	1	2	3	198/
Number of children in your care during meal hours	1	2	3	199/
Number of children in care only during snack hours (if any)	1	2	3	200/
Number of children who bring meals or snacks from home (if any)	1	2	3	201/
Cost of providing meals/snacks	1	2	3	202/
Other reasons? (Specify)				203/

204-205/

206-207/

11. Please answer this question only for those children who are in care when meals and snacks are served. Are there any infants or children in your care who are not served the meals and snacks you prepare?

Yes 1 ANSWER Q. 11.A
No 2 GO TO Q. 12 208/

11.A Why do you not serve one or more children meals or snacks?
(Please circle all that apply)

Parents want to send their own food 1 209/
I do not provide meals and snacks for all age groups 2 210/
Child or children require special meals 3 211/
Reimbursement rate is too low to cover costs of infant formula 4 212/
Other (Please specify) 5 213/
_____ 214-215/
_____ 216-217/

12. On an average day, how many children bring meals (including infant formula) or snacks from home? (Please write one answer on each line. If none, write in "0". Do not count special occasions such as birthdays or holidays)

_____ 218-219/
children who bring a meal
_____ 220-221/
children who bring a snack

13. Do any children to whom you serve meals or snacks also bring food (including infant formula) from home?

Yes 1 ANSWER Q. 13.A
No 2 GO TO Q. 14 222/

13.A How many of the children to whom you serve meals or snacks also bring food (including infant formula) from home?

_____ 223-224/
children

Now we ask some questions on meal reimbursements and food costs.

14. How satisfactory is the Child and Adult Care Food Program (CACFP) reimbursement rate?

- Very satisfactory 1 225/
- Somewhat satisfactory 2
- Not very satisfactory 3
- Not at all satisfactory 4
- Don't know 8

15. Do you get a higher reimbursement for meals or snacks served to any of the children?

- Yes 1 ANSWER Q. 15.A 226/
- No 2 GO TO Q. 16
- Don't know 3 GO TO Q. 16
- Not applicable, I have a tier 1 home 4 GO TO Q. 16

15.A For how many children do you get a higher reimbursement?

- Don't know 227-228/
of children

16. On average, about how much do you spend per week for food and beverages for the meals and snacks you serve to all the children in your care? (Remember to include infant formula)

- Less than \$20.00 1 229-230/
- \$20.00 up to \$39.99 2
- \$40.00 up to \$59.99 3
- \$60.00 up to \$79.99 4
- \$80.00 up to \$99.99 5
- \$100.00 up to \$119.99 6
- \$120.00 up to \$139.99 7
- \$140.00 up to \$159.99 8
- \$160.00 up to \$179.99 9
- \$180.00 up to \$199.99 10
- \$200.00 or more 11

17. Thinking back to the year before January, 1997, is the amount you spend on food for the children in your care more, less or about the same now as it was then?

- More now 1 ANSWER Q. 17.A 231/
- Less now 2 ANSWER Q. 17.A
- About the same as before January, 1997 3 GO TO Q. 18
- Not applicable, not serving meals before 1997 4 GO TO Q. 19

17.A Why did your spending on meals and snacks for children in your care change?
(Please circle one number in each row. If no change or not a reason for change in spending, circle "3")

Changed spending on meals/snacks because...

	More Now ▼	Fewer/ Less Now ▼	No Change/ Didn't Affect Spending on Meals/Snacks ▼	
Number of meals you serve	1	2	3	232/
Number of snacks you serve	1	2	3	233/
Number of children who bring meals or snacks from home (if any)	1	2	3	234/
Number of infants whose parents supply infant formula (if any)	1	2	3	239/
Cost of food	1	2	3	236/
Number of children in your care	1	2	3	237/
Number of older children in care (if any)	1	2	3	238/
Number of infants in care (if any)	1	2	3	235/
Amount of donated food you get (if any)	1	2	3	240/
Amount of reimbursement	1	2	3	241/
Other reasons? <i>(Please describe)</i>				242/
_____				243-244/
_____				245-246/

18. Compared to the year before January, 1997, has your food shopping changed in any of the following ways?

(Please circle one number in each row. If no change, circle "3")

	More Now ▼	Less Now ▼	No Change ▼	
Buying food items on sale	1	2	3	247/
Using coupons	1	2	3	248/
Buying store brands or generic brands	1	2	3	249/
Buying different forms of some foods (for example, frozen instead of fresh vegetables, canned fruit instead of fresh fruit, Kool Aid instead of fruit juice)	1	2	3	250/
Buying foods in larger quantities	1	2	3	251/
Shopping at a food warehouse	1	2	3	252/
Using a food co-op	1	2	3	253/
Buying convenience foods (for example, Lunchables or frozen meals, ready-made foods such as muffins or packaged cookies, prepared foods such as potato salad or fried chicken)	1	2	3	254/
Other <i>(Please describe)</i>				255/

_____				256-257/ 258-259/

The next questions are about your family child care home and your sponsor.

19. How many years have you run your own family child care home?

_____ 260-261/
of years

20. How long have you received CACFP reimbursements? (If less than 1 year, write "1")

_____ 262-263/
of years

21. Do you have the same CACFP sponsor you had on January 1, 1998?

- Yes 1 GO TO Q. 22 264/
No 2 ANSWER Q. 21.A

21A. Why did you change CACFP sponsors? (Circle all that apply)

- Was not satisfied with former sponsor's
services 1 265/
Liked services new sponsor offered 2 266/
Have returned to former sponsor 3 267/
Other (*Please specify*) 4 268/
_____ 269-270/
_____ 271-272/

22. In 1998, how many times did your sponsor visit your child care home?

If none, check the box and go to Question 23.

_____ 273-274/
times

22.A How many of these visits were unannounced?

_____ 275-276/
of visits

22.B How long did the visits usually last? (Please enter the number of hours and the number of minutes a typical visit lasted)

_____ AND _____
of hours # of minutes
277-278/ 279-280/

22.C Thinking back to the year before January, 1997, did your sponsor visit more often, less often or about the same as in 1998?

- More often before January, 1997 1 281/
Less often before January, 1997 2
The same before January, 1997 3
Not applicable, did not have a sponsor
before January, 1997 4

22.D Compared to the year before January, 1997, were sponsor visits to your child care home longer, shorter or the same as in 1998?

Longer before January, 1997	1	282/
Shorter before January, 1997	2	
The same before January, 1997	3	
Not applicable, did not have a sponsor before January, 1997	4	

22.E Now back to last year, in 1998, what did you usually talk about during the sponsor's visits? (Circle all that apply)

Meal counts	1	283/
Menu planning	2	284/
Menu records	3	285/
Food safety/sanitation	4	286/
Food purchasing	5	287/
Food storage	6	288/
Types and amounts of food to serve	7	289/
Nutrient content of foods	8	290/
"The Dietary Guidelines for Americans"	9	291/
Nutrition education for children	10	292/
Nutrition education for food preparers	11	293/
Distributing food program applications (income eligibility statements) to parents	12	294/
Other (<i>Please specify</i>)	13	295/
_____		296-297/
_____		298-299/

The following questions ask about the types and amount of Child and Adult Care Food Program (CACFP) training you have received during the past twelve months.

23. Did your sponsor conduct any CACFP group classes, meetings or workshops for family child care providers during 1998?

- Yes 1 ANSWER Q. 23 A-E 300/
No 2 GO TO Q. 23.E
Don't know 3 GO TO Q. 23.E

23.A During 1998, how many of these CACFP group training sessions did you attend?

_____ 301-302/
of training sessions
None GO TO Q. 23.E

23.B Were you required to attend one or more of these group CACFP training sessions?

- Yes 1 303/
No 2

23.C How long did the training sessions usually last? (Please enter the number of hours and the number of minutes the sessions you attended usually lasted)

_____ AND _____
of hours # of minutes
304-305/ 306-307/

23.D During these group training sessions, what were you trained in?
(Circle all that apply)

Meal counts	1	308/
Menu planning	2	309/
Menu records	3	310/
Food safety/sanitation	4	311/
Food purchasing	5	312/
Food storage	6	313/
Types and amounts of food to serve	7	314/
Nutrient content of foods	8	315/
"The Dietary Guidelines for Americans"	9	316/
Nutrition education for children	10	317/
Nutrition education for providers	11	318/
Meal preparation techniques	12	319/
Family-style serving	13	320/
Changes to meal reimbursements	14	321/
Other <i>(Please specify)</i>	15	322/

323-324/
 325-326/

23.E Did you receive any of these other kinds of CACFP training during 1998?
(Please circle one number in each row)

	YES	NO	
	▼	▼	
One-on-one training/orientation	1	2	327/
Newsletters/written material for self-study	1	2	328/
Videotapes for self-study	1	2	329/
Other <i>(Please Specify)</i>			330/

331-332/
 333-334/

24. Did you receive any other kinds of assistance (for example, help with licensing, paperwork, referrals of parents looking for child care) from your sponsor in 1998, not counting any CACFP training?

..... Yes	1	ANSWER Q. 24.A	
..... No	2	GO TO Q. 25	335/

24.A What kinds of assistance did you get from your sponsor? (Circle all that apply)

Referrals of parents looking for child care	1	336/
Help with tax forms	2	337/
Help with licensing	3	338/
Information on other training and resources for child care providers (for example, CPR courses)	4	339/
Other (Please explain)	5	340/
_____		341-342/
_____		343-344/

25. For each of the following activities associated with your participation in the CACFP, please indicate which best describes the level of burden each activity places on you. (When you estimate burden, please consider both the amount of work and the level of difficulty involved)

	Not at all Burdensome	Not Very Burdensome	Somewhat Burdensome	Very Burdensome	Not Applicable	
	▼	▼	▼	▼	▼	
Completing application/ renewal process	1	2	3	4	5	345/
Reporting meal counts	1	2	3	4	5	346/
Distributing food program applications (income eligibility statements) to parents	1	2	3	4	5	347/
Meeting meal pattern requirements	1	2	3	4	5	348/
Keeping menu records	1	2	3	4	5	349/
Attending required training	1	2	3	4	5	350/
Keeping child attendance records	1	2	3	4	5	351/
Keeping receipts and other business records	1	2	3	4	5	352/

Our final questions are about your sources of funding.

26. Does a government agency or other organization pay all or part of the fees for any of the children in your care?

- Yes 1 ANSWER Q. 26.A 353/
 No 2 GO TO Q. 27

26.A How many children’s fees are paid by a government agency or other organization?

_____ 354-355/
children

27. How much do you charge parents who pay full fee for a preschool child in care 30 hours or more per week? (Please choose your billing rate, and answer on one line)

- If hourly rate → \$ _____ per hour 356-359/
 If daily rate → \$ _____ per day 360-363/
 If weekly rate → \$ _____ per week 364-368/
 If monthly rate → \$ _____ per month 369-374/
 Not applicable 375/
 (No full fee children or no children in care 30 hours or more per week)

27.A How much do you charge parents who pay full fee for a preschool child in care less than 30 hours per week? (Please choose your billing rate, and answer on one line)

- If hourly rate → \$ _____ per hour 376-379/
 If daily rate → \$ _____ per day 380-383/
 If weekly rate → \$ _____ per week 384-388/
 If monthly rate → \$ _____ per month 389-394/
 Not applicable 395/
 (No full fee children or no children in care less than 30 hours per week)

28. Do you charge higher, lower, or the same fees as you did in January, 1997?

- Higher 1 **Why?** _____ 396/
- Lower 2 **Why?** _____ 397-398/
- The same 3 399-400/
- Not applicable, did not operate a child care home in January, 1997 4

29. How much of your household income would you estimate comes from your net

These last questions are for statistical purposes only. Please keep in mind that the information you provide will be kept confidential and will have no effect on your tier status. Your sponsor will not see your answers.

family child care business income? Net business income is all fees you receive for children in your care plus money you receive from your CACFP sponsor minus the costs of operating the business, such as money you spend on food for meals.

- Less than 25% 1 401/
- 25% to 49% 2
- 50% to 74% 3
- 75% to 100% 4

30. How much of your family child care total or gross business income would you estimate comes from the money you receive from your sponsor for food served? Total business income is all money received from child care fees and the CACFP before subtracting costs of operating the business.

- Less than 25% 1 402/
- 25% to 49% 2
- 50% to 74% 3
- 75% to 100% 4

31. What was your total household income for 1998? Household income includes your net child care business income plus money you and other household members receive from other jobs, welfare, pensions, alimony and child support payments, unemployment compensation, social security and cash withdrawn from savings, investments or trust accounts or received from friends and relatives.

\$5,000 or less per year	1	403-404/
\$5,001 to \$10,000 per year	2	
\$10,001 to \$15,000 per year	3	
\$15,001 to \$20,000 per year	4	
\$20,001 to \$25,000 per year	5	
\$25,001 to \$30,000 per year	6	
\$30,001 to \$35,000 per year	7	
\$35,001 to \$40,000 per year	8	
\$40,001 to \$45,000 per year	9	
\$45,001 to \$50,000 per year	10	
\$50,001 to \$55,000 per year	11	
\$55,001 to \$60,000 per year	12	
\$60,001 to \$65,000 per year	13	
\$65,001 to \$70,000 per year	14	
\$70,001 to \$75,000 per year	15	
\$75,001 to \$80,000 per year	16	
\$80,001 or more per year	17	

32. Including yourself, how many people live in your household?

_____ 405-406/
of people

GO TO PAGE 23 [this was the last page of the survey form, page 65 in this report]

Respondents who had dropped out of the CACFP by the time this questionnaire was sent to them were asked to skip Q. 1 to 32 and go to this page to complete the following questions.

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

- Yes 1 GO TO QUESTION 36
 No 2 ANSWER Q. 34-35 407/

34. When did you stop operating a family child care home?

_____/_____
 month year
 408-409/ 410-411/

35. Why did you stop operating a family child care home? (Circle all that apply)

- Could not make a profit 1 412/
 Changed to a different job or business 2 413/
 Could not find parents who wanted
 family child care 3 414/
 Could not afford lowering of CACFP
 reimbursements 4 415/
 Could not afford to meet licensing
 requirements 5 416/
 Got tired of caring for children 6 417/
 Change in household structure (for example,
 remarriage, divorce, own children now in school) 7 418/
 Other reasons? (Please describe briefly) 8 419/
 _____ 420-421/
 _____ 422-423/

36. When did you leave the CACFP?

_____/_____
 month year
 424-425/ 426-427/

GO TO PAGE 23 [this was the last page of the survey form, page 65 in this report]

Thank you for taking the time to answer the questions on this survey. Please return the completed questionnaire in the enclosed postage-paid envelope.

Please feel free to call if you have any questions about our study. Our toll free telephone number is 1-800-244-4135.

We will separate this page from your survey responses. Your name will **not** be connected with the answers you have given in the rest of this questionnaire.

Please enter your name, phone number, and the date on which you completed this survey. You may be contacted by staff from Abt Associates if we have any questions about your responses. If you would like to receive a copy of the results of this study, check (✓) the box and a report will be mailed to you.

Your Name _____ Today's Date / /
Month Day Year

Telephone No. () _____ - _____ Please send a copy of study results
Area Code Number