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**Early Childhood
and Child Care
Study**

**Profile of Participants
in the CACFP:
Final Report
Volume I**

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Frederic B. Glantz
Project Director
Abt Associates Inc.

Executive Summary

This report presents findings from the Early Childhood and Child Care Study, a study carried out by Abt Associates Inc. of Cambridge, Massachusetts, under contract to the Food and Consumer Service (FCS) of the United States Department of Agriculture (USDA). The study describes the institutions and children that participate in the Child and Adult Care Food Program (CACFP). It also describes the nutrient content of meals and snacks offered under the program and the contribution of CACFP meals and snacks to the daily energy and nutrient needs of participating children. Information for the study was collected from nationally representative samples of sponsoring agencies, participating child care sites, and children. Data for the study were collected between January and June, 1995.

This is the first of two volumes of the final study report. This volume provides a descriptive profile of child care sites participating in the CACFP and the children receiving care in those sites. Volume II (a separate document) focuses on the nutrient content of meals and snacks offered by participating child care sites and the meals and snacks consumed by children receiving child care in those sites.

THE CHILD AND ADULT CARE FOOD PROGRAM

The Child and Adult Care Food Program (CACFP) is a Federal program that provides meals and snacks in child and adult day care facilities. The child care component of the CACFP provides Federal funds for meals and snacks served to children in nonresidential day care facilities. These include family and group day care homes (homes), Head Start centers, and some child care centers. In fiscal year 1995, the program served an average of 2.3 million children daily at a cost of \$1.5 billion. Forty-two percent of these children were served through homes; 58 percent through centers.

PRINCIPAL FINDINGS

CHARACTERISTICS OF CHILDREN AND THEIR FAMILIES

- **Most of the children participating in the CACFP are preschoolers between the ages of three and five.** Virtually all children (99%) in Head Start centers are preschoolers. However, preschoolers account for 42 percent of the children enrolled in homes and 66 percent in child care centers.
- **The racial/ethnic makeup of children in homes is quite different from that of centers.** Children in homes are mostly white with minorities accounting for only 17 percent of the children enrolled. Blacks, Hispanics, and other minorities are more heavily represented in Head Start centers, where they account for 63 percent of children enrolled, and child care centers, where they account for approximately 50 percent of the children enrolled.
- **Children in homes tend to come from households with higher incomes than children in centers.** The median family income of children in homes is \$40,484, compared with \$10,433 in Head Start centers and \$24,022 in child care centers. Seventy-eight percent of the children in homes are from families with incomes above 185 percent of the poverty threshold. By contrast, only 8 percent of children in Head Start centers and 47 percent of children in child care centers are from families with incomes above this threshold.
- **Most children are in care at least five hours per day.** On average, children in homes and child care centers are in care about seven hours per day. As one would expect, given the part-day nature of the Head Start program, Head Start children are in care fewer hours—an average of five hours per day.
- **The amount of time children spend in care is reflected in the types of meals and snacks received while in care.** Nearly all children in care eight or more hours per day receive lunch while in care. In homes and child care centers, children in care less than eight hours per day are much less likely to get lunch in care. However, children in Head Start centers get lunch in care regardless of the amount of time spent in care each day.

Most children in care eight or more hours per day also receive breakfast while in care. Part-day children are considerably less likely to receive breakfast while in care. While fewer part-day than full-day Head Start children receive breakfast while in care, a large proportion (71%) of part-day Head Start children get breakfast in care.

CHARACTERISTICS OF HOMES AND CENTERS

Family Day Care Homes

- **Homes enroll an average of eight children, including the providers' own children.** Adjusting for absenteeism, an average of seven enrolled children are in care on a daily basis.
- **The typical home provides care 11 hours per day, five days per week.**
- **Homes serve children of all ages.** Most homes serve toddlers and preschoolers, and about half serve school-age children (54%) and infants (43%).
- **Parent fees are a major source of funding for participating homes.** More than 90 percent of homes serve some children who are not receiving government subsidies, while less than half (44%) serve some children receiving child care subsidies. The average hourly fee to parents for full-time care is \$1.90.
- **The most commonly served meals in homes are breakfast (81%), lunch (88%), and afternoon snack (88%).** The most common meal combinations served in homes are breakfast, lunch, and afternoon snack (31%) and breakfast, morning snack, lunch, and afternoon snack (29%).
- **Family day care providers receive some training from sponsoring agencies in a broad range of nutrition topics either in formal training sessions or as part of monitoring visits.** Nearly all providers (90%) receive training in menu planning and the types and amounts of food to serve. About four out of five receive training on the nutrient content of foods (84%) and nutrition education for children (78%).

Providers also receive training from their sponsors on a broad range of administrative topics. Most often, providers receive training from their sponsors on CACF meal-counting procedures (86%) and food safety and sanitation (82%).

- **Monitoring visits are an important source of training.** Relatively few homes receive training only during formal training sessions. For most topics, providers receive training only during monitoring visits, or during both training sessions and monitoring visits. While much training is received as part of monitoring visits, 75 percent of home providers attended one or more formal training sessions in the year prior to the study.

- **Many home providers are relatively low-income women for whom child care is a major source of household income.** Child care income accounts for 43 percent of the median provider's household income. However, the CACFP accounts for a relatively small proportion (14%) of the average provider's child care income.

Nearly 40 percent of home providers have household incomes that are less than or equal to 185 percent of the poverty level. For these low-income providers, child care accounts for a more substantial portion (55%) of total household income.

Head Start and Child Care Centers

- **Head Start centers are on average somewhat smaller than child care centers.** The average Head Start center enrolls 60 children compared to an average of 70 for child care centers. However, after adjusting for absenteeism, Head Start centers and child care centers are about the same size. Average daily attendance is 53 for Head Start centers and 57 for child care centers.
- **Child care centers cater to parents' work schedules.** Child care centers are open an average of 10 hours per day, five days per week. Head Start centers are usually open fewer hours per day and fewer days per week than child care centers. The average Head Start center is open about eight hours a day. Nearly one third (31%) are open fewer than five days a week.
- **While Head Start programs serve only preschoolers, some Head Start centers serve toddlers in their day care or extended-day components.** Very few Head Start centers (2%) serve infants or school-age children. Child care centers serve children of all ages. Most child care centers serve preschoolers and toddlers, and half serve school-age children. One-third of child care centers serve infants.
- **Nearly three-quarters (71%) of child care centers serve both fee-paying and subsidized children.** Only 11 percent serve just fee-paying children, and only 18 percent serve just subsidized children. The average hourly fee for full-time unsubsidized care is \$1.98.
- **As in the case of homes, breakfast, lunch, and afternoon snack are the most common meals served in centers.** The most common meal combination is breakfast, lunch, and afternoon snack, present in 52 percent of Head Start centers and 40 percent of child care centers.

- **Food preparers/menu planners in centers often receive training on nutrition-related topics and/or topics related to the administration of the CACFP.** Nearly all Head Start center food preparers/menu planners (97%) and 82 percent of child care center food preparers/menu planners received some nutrition-related training during the last year. The most common topic was the type and amount of food to serve. Similarly, nearly all food preparers/menu planners in Head Start centers (97%) and child care centers (84%) received some training on administrative topics. The most common topic was CACFP meal-counting procedures.

CHARACTERISTICS OF SPONSORING AGENCIES

- **Family day care sponsors and center sponsors differ greatly in terms of the number of sites that operate under their aegis.** The median number of homes sponsored by FDCH sponsors is 54. By contrast, the median number of Head Start centers sponsored by Head Start sponsors is seven, and the median number of child care centers sponsored by child care center sponsors is only two. Sponsoring agencies, however, often sponsor more than one type of program.
- **There are many types of agencies that sponsor homes and centers for the CACFP.** Most often, however, the sponsoring institution is a public or private social service agency. More than half (55%) of FDCH sponsors, 43 percent of Head Start sponsors, and 33 percent of child care center sponsors are social service agencies.
- **CACFP administrative cost reimbursements are an important source of revenue for FDCH sponsors.** On average, FDCH sponsors derive 53 percent of their revenue from CACFP administrative cost reimbursements. Center sponsors do not receive separate reimbursements for their administrative costs.
- **Most sponsors provide in-service training to the homes and centers they sponsor.** Most (82%) FDCH sponsors provide such training to the homes they sponsor. Similarly, 81 percent of Head Start sponsors and 78 percent of child care center sponsors provide such training to food preparers/menu planners in the centers they sponsor. Center sponsors also provide in-service training to center staff and administrative staff.

- **Sponsoring agencies conduct more monitoring visits to homes and centers than called for in the CACFP regulations.** Sponsors are required to conduct at least three monitoring visits to each home and center annually. Family day care sponsors conduct an average of 10 visits each year to the homes they sponsor, with the average visit lasting about one hour. Head Start sponsors conduct an average of 11 visits per year to each of their centers, with each visit lasting about two hours. Child care center sponsors also conduct an average of 11 visits per year to each of their centers, with the average visit lasting about one hour.

Chapter One

Introduction

STUDY BACKGROUND

The Early Childhood and Child Care Study was carried out by Abt Associates Inc. of Cambridge, Massachusetts, under contract to the Food and Consumer Service (FCS) of the United States Department of Agriculture (USDA). It describes the institutions and children that participate in the Child and Adult Care Food Program (CACFP). The study also describes the nutrient content of meals offered under the program and assesses the contribution of CACFP meals and snacks to the daily energy and nutrient needs of participating children. Information was collected from nationally representative samples of sponsoring agencies, participating child care sites, and children. Data for the study were collected between January and June, 1995.

This is the first of two volumes of the final report for the Early Childhood and Child Care Study. It provides a descriptive profile of participating children and the child care sites that serve them. It also describes sponsoring agencies. Volume II (a separate document) presents the results of the nutrient analyses. It describes the nutrient content of meals and snacks offered by participating child care sites and meals and snacks consumed by children receiving care in those sites.

OVERVIEW OF THE CACFP

The CACFP is a Federal program that provides meals and snacks in child and adult day care facilities. The Early Childhood and Child Care Study focused on the child care component of the CACFP which provides Federal funds for meals and snacks served to children in non-residential day care facilities. Eligibility is limited to children age 12 and under; however, an exception is made for children of migrant workers and children with disabilities, who may participate through ages 15 and 18, respectively. Participating sites, which include family and group day care homes (homes), some child care centers, and all Head Start centers, may receive reimbursement for breakfasts, lunches, suppers, and snacks served to children in care. Reimbursement is limited to a maximum of two meals and one snack or one meal and two

snacks. During the period of time this study was conducted, centers could receive reimbursement for an additional meal or snack for children in care eight or more hours per day.¹ On an average day in 1995, 2.3 million children received CACFP meals and/or snacks.

ORGANIZATION AND STRUCTURE OF CHILD CARE SITES

The CACFP is administered in two fundamentally different child care settings: homes and child care centers (including Head Start centers). Homes are small. They usually consist of one provider caring for six to eight children in his or her own home.² The typical center, on the other hand, enrolls between 50 and 100 children. Homes are shorter lived than centers. In addition, homes tend to offer more hours of care and are more likely than centers to be open on weekends. Because of the differences between homes and centers, the CACFP applies different rules for reimbursement and administration, as well as different criteria for participation, to the two types of providers. These differences are described in the following sections.

Centers

Licensed centers, both public and private, are eligible to participate in the CACFP if they are nonprofit institutions. For-profit institutions are also eligible to participate if they receive compensation for child care under Title XX of the Social Security Act for at least 25 percent of the children enrolled or 25 percent of their licensed capacity, whichever is less. Centers may participate in the CACFP independently or under the aegis of a nonprofit agency that assumes administrative responsibility for the centers it sponsors (sponsored centers).

Centers receive three different categories of reimbursement for the meals and snacks they serve, depending on children's family income. Meals and snacks served to children from families with income at or below 130 percent of poverty are reimbursed at the "free" (highest) rate; meals and

¹The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) mandated several changes to CACFP regulations. These changes include a reduction in the number of meals that CACFP centers may claim for reimbursement to a maximum of two meals and one snack or one meal and two snacks, regardless of the length of time a child is in attendance.

²Some homes are larger and are called group day care homes.

snacks served to children from families with income between 130 percent and 185 percent of poverty are reimbursed at the "reduced-price" (somewhat lower) rate; and meals served to children from families with income above 185 percent of poverty are reimbursed at the "paid" (lowest) rate.³ The reimbursement rates in effect at the time of the study are presented in Exhibit 1.1.

Exhibit 1.1			
CACFP Reimbursement Rates for Child Care Centers			
July 1994–June 1995			
Eligibility Category	Breakfast	Lunch/Supper	Snack
Free	\$0.9750	\$1.7575	\$0.4825
Reduced-price	0.6750	1.3575	0.2400
Paid	0.1925	0.1700	0.0450

Differences Between Child Care Centers and Head Start Centers

Although child care centers and Head Start centers are equivalent with regard to CACFP eligibility and administration, the two types of centers differ in several other important characteristics. Child care centers typically operate year round, provide full-day care to working parents, and serve several different age groups. Head Start centers, on the other hand, typically follow school calendars and offer part-day programs for low-income preschool children. Moreover, Head Start programs do not provide child care per se. Rather, these programs are best viewed as preschool programs intended to promote social competence and improve the emotional and cognitive development of low-income children. While most Head Start centers provide only part-day programs of this nature, some centers may combine traditional part-day Head Start programs with full-day and/or before- and after-school child care programs. Head Start centers are required by their grantor agency, the U.S. Department of Health and Human Services, to participate in the CACFP.

³This nomenclature is adapted from the National School Lunch Program which uses a comparable three-level reimbursement structure.

Homes

To participate in the CACFP, homes must meet State licensing requirements, where these are imposed, or be approved by a Federal, State, or local agency. In addition, homes must be sponsored by an organization that assumes responsibility for ensuring compliance with Federal and State regulations and that acts as a conduit for meal reimbursements.

Organizations that sponsor homes for the CACFP are reimbursed separately for their administrative costs, based on the number of homes sponsored each month. During the time period that this study was conducted, family day care providers were reimbursed at a flat rate for each meal or snack served. No income eligibility criteria were applied to children receiving meals, however, such a criterion was applied to the provider's own children. Meals served to the provider's own children were reimbursable only if the provider's income did not exceed 185 percent of the poverty threshold.⁴ The reimbursement rates for homes that were in effect at the time of the study are shown in Exhibit 1.2. Exhibit 1.3 presents the administrative rates that were in effect at the time of the study.

STUDY OBJECTIVES

Program participation and costs have increased markedly since the last national study of the CACFP was conducted in 1986. The number of Federally subsidized meals and snacks served in the program has increased from 678 million in Fiscal Year (FY) 1986 to 1.5 billion in FY 1995. Most of this growth has occurred in the family day care component of the program.

⁴The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) changed the reimbursement structure for homes, effective July 1, 1997. A two-tiered structure was established with a higher level of reimbursement (tier I) for meals and snacks served to children enrolled in day care homes located in low-income areas, i.e., areas identified, through the use of census or elementary school data, as areas in which at least 50 percent of children come from households with income at or below 185 percent of the poverty threshold. Tier I rates are also paid for meals and snacks served by low-income providers, i.e., providers whose personal household income is at or below 185 percent of poverty. Homes that do not meet tier I area- or provider-eligibility criteria are classified as tier II homes and receive a lower (tier II) level of reimbursement. Tier II homes may elect to have their sponsor perform means tests to identify individual children whose household income is at or below 185 percent of poverty; meals and snacks served to these children would be reimbursable at tier I rates. Meals and snacks served to provider's own children continue to be reimbursable (at tier I rates) only if the provider's income is at or below 185 percent of poverty.

Exhibit 1.2	
CACFP Reimbursement Rates for Family Day Care Homes July 1994–June 1995	
Meal	Reimbursement Rate
Breakfast	\$0.8275
Lunch/Supper	1.5050
Snack	0.4475

Exhibit 1.3	
CACFP Administrative Cost Reimbursement Rates for FDCH Sponsors July 1994–June 1995	
Number of Homes	Monthly Reimbursement Rate
First 50 homes	\$69 per home
Next 150 homes	\$53 per home
Next 800 homes	\$41 per home
Each additional home	\$36 per home

During this same time period, the cost of the program has increased from \$689 million (FY 1986; in constant 1995 dollars)⁵ to \$1.5 billion (FY 1995), an increase of 117 percent. The dramatic increase in the size and cost of the program over the past decade dictates a need for updated information on program operations, providers, and participants.

The 1986 study of the CACFP did not include an in-depth assessment of the nutrient content of meals and snacks offered by CACFP providers or consumed by CACFP participants (children).

⁵The Consumer Price Index (CPI) was used to inflate 1986 costs to 1995 dollars. Program costs were \$496 million in 1986 dollars.

Nor did it include an assessment of food service practices used in implementing the CACFP. Indeed, these aspects of the CACFP have not been studied in depth since the early 1980s. Given the increased public health focus on the relationship between dietary intake and health status, there is an obvious need for updated information on the nutritional characteristics of CACFP meals and snacks. There is also a need for information on the level of nutrition knowledge possessed by the individuals responsible for preparing meals and snacks in the CACFP, as well as the practices used in planning, preparing, and serving CACFP meals and snacks. Such information can be useful in identifying and addressing technical assistance and training needs.

The Early Childhood and Child Care Study was designed to fill these information gaps. The study has the following specific objectives:

- to describe the characteristics of participating children and their families;
- to describe CACFP program characteristics;
- to describe the food and nutrient content of meals and snacks *offered* by CACFP providers (child care sites);
- to describe the nutrient content of meals and snacks *consumed* by CACFP participants (children) while in care;
- to assess the nutrition knowledge of individuals with primary responsibility for preparing CACFP meals and snacks (food preparers); and
- to assess the extent to which desirable food service practices are used in implementing the CACFP.

The first two objectives are addressed in this volume of the report; the four remaining objectives are addressed in Volume II.

ORGANIZATION OF THIS REPORT

The remainder of this volume is organized as follows:

- Chapter Two presents a profile of the characteristics of participating children;
- Chapter Three describes the characteristics of centers and homes; and
- Chapter Four describes the characteristics of sponsoring agencies.

These chapters present summary statistics abstracted from more detailed statistical tables presented in the appendices. While the analyses presented in this report focus on 1995, in selected cases, comparisons are made to highlight changes that have taken place since 1986.

This report also includes seven appendices:

- Appendix A, with detailed statistical tables on children and families;
- Appendix B, with detailed statistical tables on centers and FDCHs;
- Appendix C, with detailed statistical tables on sponsoring agencies;
- Appendix D, with a nontechnical summary of study design;
- Appendix E, with weighting methodology;
- Appendix F, with study implementation and response rates; and
- Appendix G, with reference tables for approximate confidence intervals.

Chapter Two

Characteristics of Children and Their Families

A major question for any Federal program is “Who is the program serving?” For the CACFP, this question was last addressed in 1986.¹ The program has grown substantially since that time: average daily participation in the program grew from 1.1 million children in 1986 to 2.3 million children in 1995. In 1995, 969,000 children participated in the program in homes and 1,342,000 children in centers.²

This chapter examines four characteristics of the children who participate in the program and the services they receive. The four characteristics examined are:

- **Demographic Characteristics.** What are the age distribution and racial/ethnic composition of the children served?
- **Household Characteristics.** What is the income distribution of households? What is the size of these households? What is the poverty status and income eligibility of children? What other Federal program benefits do participants and their families receive?
- **Amount of Time in Child Care.** How many hours per day are children in care?
- **Meals and Snacks Received by Children.** What types of meals and snacks are received by children while in care?

These characteristics are best understood in the context of the types of facilities in which children receive care. Throughout this report we distinguish among the three types of sites: homes, Head Start centers, and child care centers.

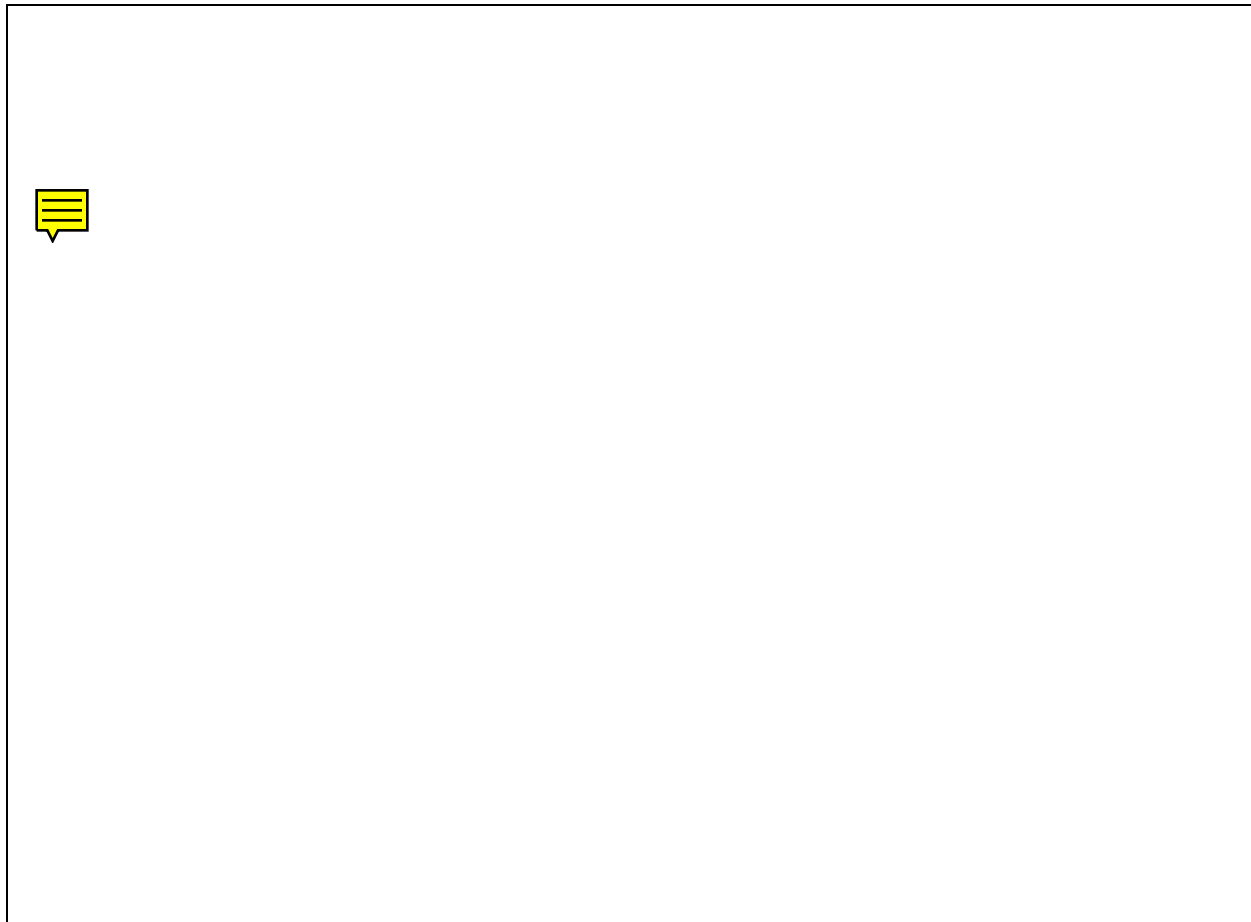
¹Frederic B. Glantz *et al.*, *Study of the Child Care Food Program: Final Report* (U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, 1988).

²Food and Consumer Service, U.S. Department of Agriculture, *National Data Bank*, April 1996.

DEMOGRAPHIC CHARACTERISTICS

Age

As expected, most of the children participating in the CACFP are preschoolers between the ages of three and five (Exhibit 2.1). Virtually all children in Head Start centers are preschoolers, which is not surprising given that the program is designed for preschoolers. Preschoolers account for 42 percent of the children enrolled in homes and 66 percent in child care centers.



Although there has been an increase in the proportion of child care centers serving infants (see Chapter Three), only 1 percent of the children enrolled in child care centers are younger than one year old. By contrast, 9 percent of the children enrolled in homes are infants. This represents an increase from 1986 when infants accounted for 3 percent of the children in homes.

There appears to have been a shift in the age distribution of children in child care centers. Preschoolers now account for a much higher proportion of the children enrolled in child care centers than in 1986 (66% versus 51%). This is consistent with the trend toward the increased use of child care centers and early childhood programs for three- to four-year-olds.³

Ethnicity

The race/ethnicity of children is presented in Exhibit 2.2. The racial/ethnic makeup of children in homes is quite different from that of centers. Children in homes are mostly white with minorities accounting for only 17 percent of the children enrolled. Blacks, Hispanics, and other minorities are more heavily represented in Head Start centers, where they account for 63 percent of children enrolled, and child care centers, where they account for approximately 50 percent of the children enrolled.

While minorities make up about the same proportion of enrollment in homes and child care centers as they did in 1986, they are a smaller proportion of Head Start enrollment. Minorities now account for 63 percent of Head Start children compared to 73 percent in 1986.

Exhibit 2.2			
Ethnicity of Children¹			
Race/Ethnicity	FDCHs	Head Start Centers²	Child Care Centers
White	83%	37%	50%
Black	8	44	30
Hispanic	6	11	5
Other	3	8	15

¹Detail may not sum due to rounding.

²Head Start administrative data show a different racial/ethnic distribution. In particular, Head Start reports a much higher percentage Hispanic (24%). This reflects the inclusion of Migrant Head Start centers in the program's administrative data. Migrant Head Start centers were not included in the present study.

³Barbara Willer *et al.*, *The Demand and Supply of Child Care in 1990* (National Association for the Education of Young Children, 1991).

HOUSEHOLD CHARACTERISTICS

CACFP benefits were originally targeted at children from low-income families receiving child care. The program’s reimbursement rates, patterned after those used in the National School Lunch Program, provided higher reimbursements for meals served to very low-income children. The focus expanded in the late 1970s with the elimination of the means test in participating homes (P.L. 95-627).

Income and Household Size

Children in homes tend to come from households with higher incomes than children in Head Start centers and child care centers (Exhibit 2.3). The median family income of children in homes is \$40,484, compared with \$10,433 in Head Start centers and \$24,022 in child care centers. The mean household size of children in homes and centers is four.

Exhibit 2.3				
Children in FDCHs Tend to Come from Households with Higher Incomes Than Children in Centers				
	FDCHs¹	Head Start Centers	Child Care Centers	All Centers
Median Household Income	\$40,484	\$10,433	\$24,022	\$18,412
Mean Household Size	4	4	4	4
Percent of Children in Households with Income: ²				
130% of Poverty or Less	11%	81%	39%	51%
131% to 185% of Poverty	10%	10%	14%	13%
Over 185% of Poverty	78%	8%	47%	36%

¹Detail may not sum due to rounding.

²Does not include providers’ own children.

The poverty threshold is a measure of need based on household size and is currently used to determine the income eligibility status of children in center-based care.⁴ Nearly two-thirds (64%) of the children in centers have incomes at or under 185 percent of the poverty threshold, the limit for free and reduced-price meals. Breaking this down by type of center, 91 percent of the children in Head Start centers qualify for free (81%) or reduced-price (10%) meals, and 53 percent of the children in child care centers qualify.⁵ If the means test had been applied in homes relatively few children in homes would qualify for free or reduced-price meals, as only 21 percent of the children in homes are from families with incomes at or below 185 percent of poverty.

In child care centers and family day care homes, the proportion of children eligible for free or reduced-price meals appears to have decreased since 1986 (Exhibit 2.4). In child care centers the proportion decreased from 62 percent to 53 percent. Similarly, had a means test been in effect in homes, the proportion of the children who would have qualified for free or reduced-price meals decreased from 29 percent to 21 percent. In Head Start centers, the proportion of children with household incomes at, or below, 185 percent of poverty remained about the same (94% versus 91%).

Participation in Other Federal Programs

The proportion of children whose families receive benefits in other selected programs targeted at low-income families is shown in Exhibit 2.5. As one would expect, given the much greater targeting of services to children served from very low-income families, a much higher proportion of Head Start families receive benefits from other Federal programs than do children

⁴The 1978 Child Nutrition Amendments (P.L. 95-627) eliminated the means test in FDCHs, effective May 1980. However, FDCH providers may only claim reimbursement for meals served to their own children in care if their income does not exceed 185 percent of poverty.

⁵Head Start requires that no more than 10 percent of families with children enrolled in Head Start can have incomes above the poverty level. Also note that estimates of the proportion of Head Start children eligible for free (81%) or reduced-price (10%) meals is comparable to that reported by Head Start center directors. Head Start center directors reported that, on average, 95% of the children enrolled were eligible for free or reduced-price meals (Exhibit 3.17).

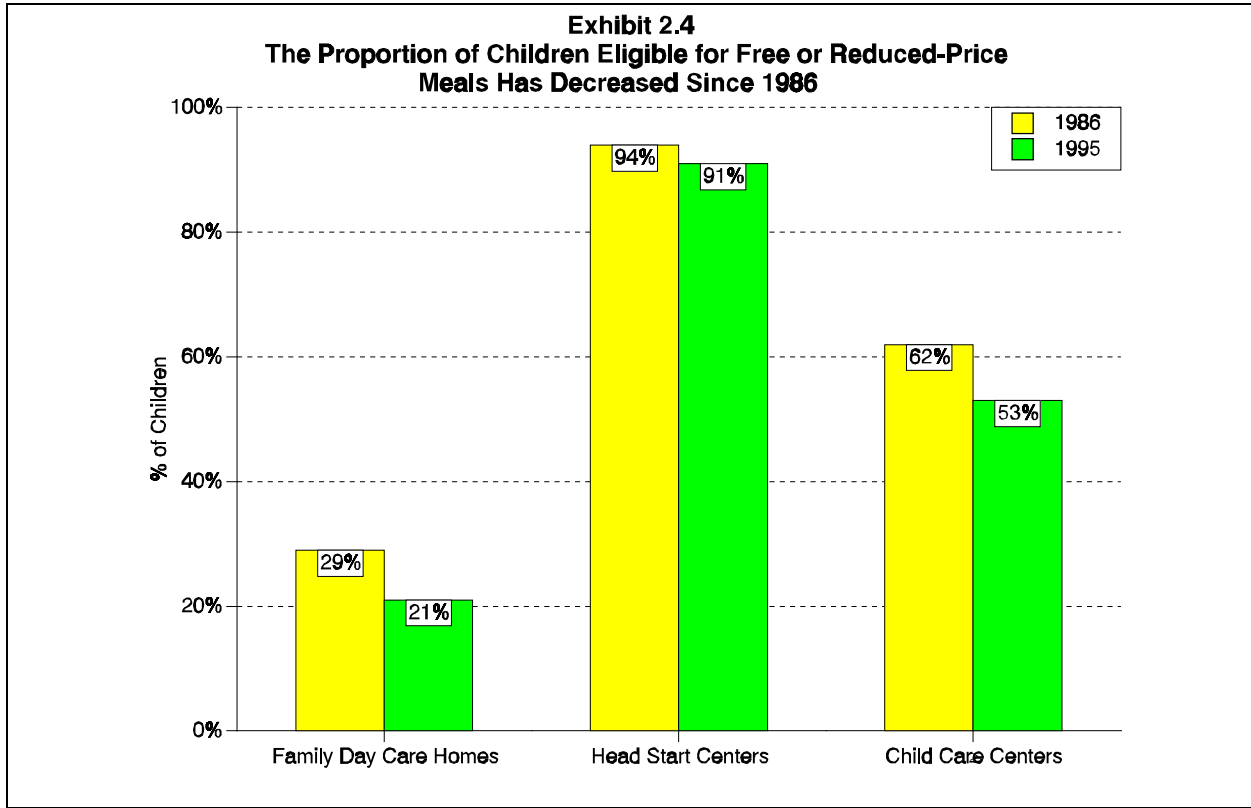


Exhibit 2.5
Head Start Families Are More Likely to Receive Federal Benefits

Program	FDCHs	Head Start Centers	Child Care Centers
Food Stamps	9%	57%	23%
WIC	12	44	19
AFDC	6	30	10
Housing Subsidies	3	19	17

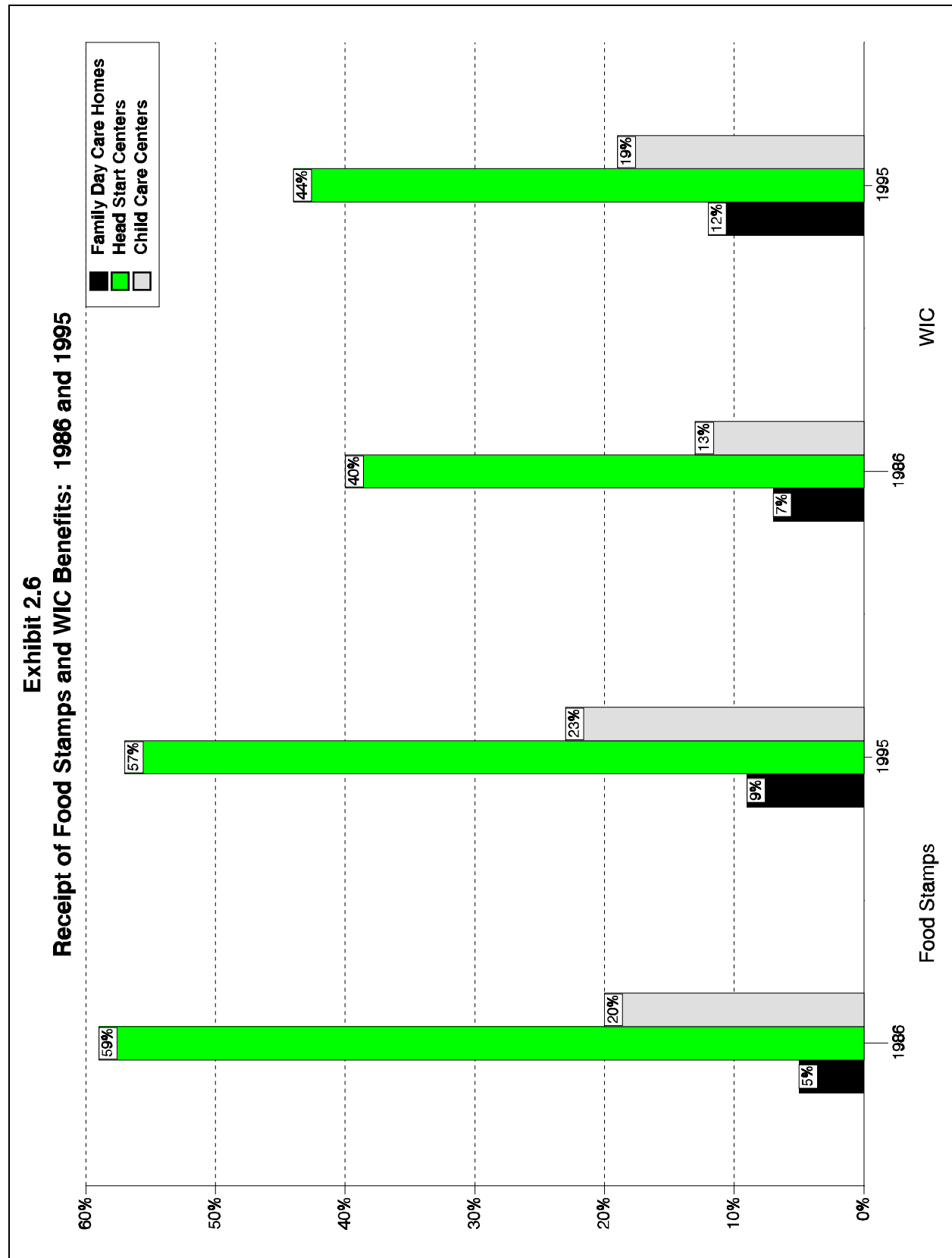
in homes and child care centers. Nearly 30 percent of Head Start families receive AFDC (Aid to Families with Dependent Children) benefits, 57 percent receive food stamps, 19 percent receive housing subsidies, and 44 percent participate in WIC.

Exhibits 2.6 and 2.7 compare the receipt of food stamps, WIC benefits, AFDC benefits, and housing subsidies by FDCHs, Head Start centers, and child care centers in 1986 with their receipt in 1995. Between 1986 and 1995, the percent of Head Start families receiving AFDC dropped from 43 to 30 percent. Similarly, the percent of child care center families receiving AFDC decreased from 19 to 10 percent. These reductions in average rates of AFDC receipt may be linked to increases in average incomes. In 1986, 78 percent of families with children in Head Start had incomes at or below the poverty level and 43 percent were getting AFDC. Similarly, in 1995, 67 percent of Head Start families had incomes at or below the poverty level and 30 percent were getting AFDC.⁶ The decrease in the proportion of Head Start families on AFDC appears to reflect the decrease in the proportion of Head Start families with incomes below the poverty level. As incomes of families with children in participating centers improve, the percent of those families receiving Federal government subsidies declines.

AMOUNT OF TIME SPENT IN CHILD CARE

The amount of time children spend in child care has important implications for the number and types of meals received and for the importance of the CACFP in meeting their daily nutritional needs. The more time children spend in care each day, the greater the share of their nutritional requirements that is provided by the child care facility. Legislation (P.L. 100-435) recognizes the importance of time spent in care by allowing reimbursement for an additional snack or meal served to children who are in center-based care eight or more hours per day. The amount of time children spend in care each day is described in Exhibit 2.8.

⁶Head Start administrative data show that 51% of Head Start families are receiving AFDC. The Head Start administrative data reflect families' status at the time of enrollment some 6 to 8 months before the Household Survey was conducted. Studies of welfare dynamics show that there is considerable movement on and off the welfare rolls. Pavetti (1993) found that 56% of welfare spells last no more than one year. It seems likely that many Head Start families receiving AFDC at the time of Head Start enrollment were no longer on welfare at the time of the Household Survey. [LaDonna Ann Pavetti, *The Dynamics of Welfare and Work: Exploring the Process by Which Women Work Their Way Off Welfare* (Ph.D. diss., Harvard University, Cambridge, Massachusetts, 1993)].



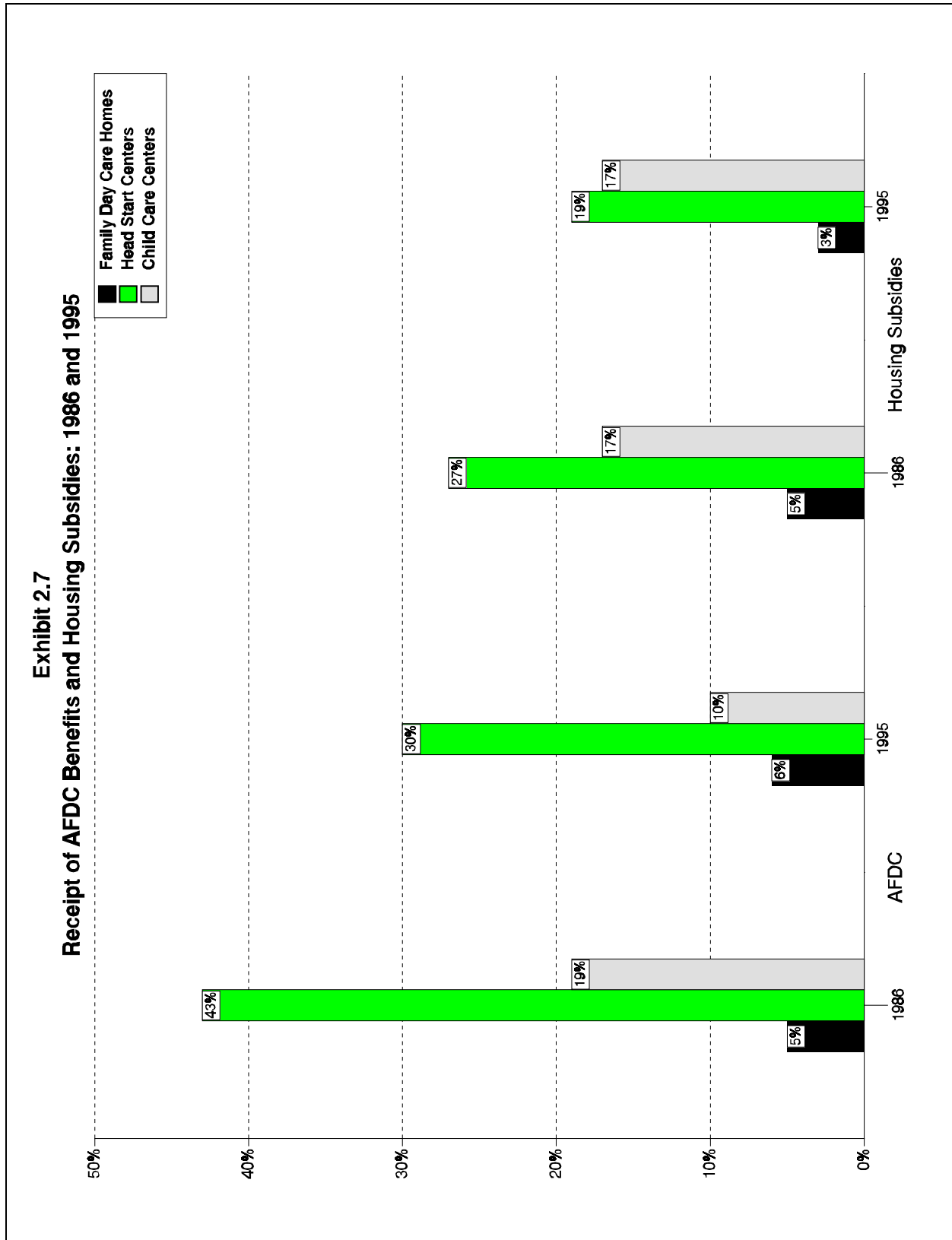


Exhibit 2.8			
Most Children Are in Care at Least Five Hours per Day¹			
Hours per Day in Care	FDCHs	Head Start Centers	Child Care Centers
Less than 5	21%	43%	27%
5 to 7	15%	44%	13%
8 or More	64%	13%	59%
Mean Hours per Day in Care	7.4	5.3	6.9

¹Detail may not sum due to rounding.

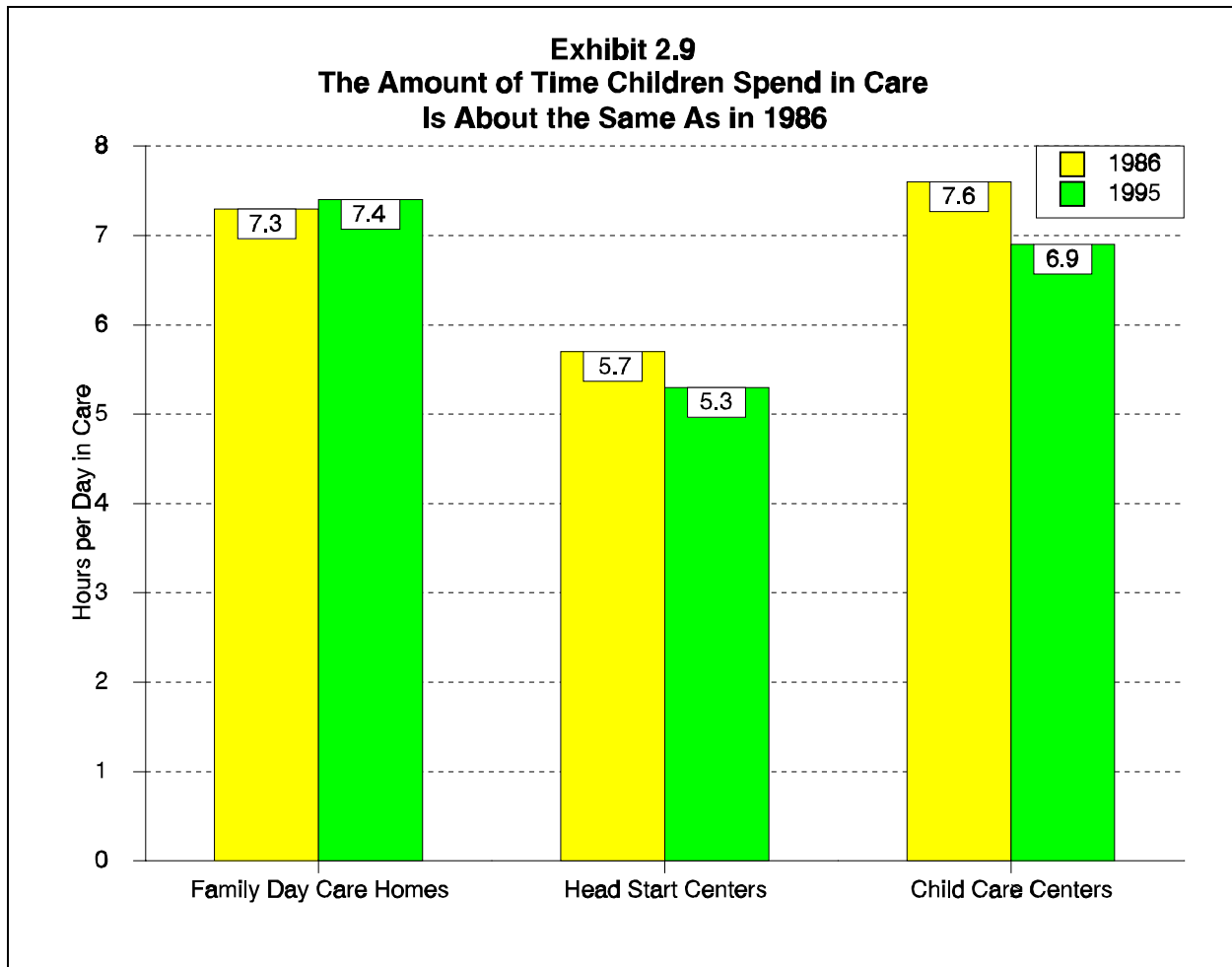
Children in homes and child care centers spend about the same amount of time in care each day. About 60 percent are in care eight or more hours each day. On average, children in homes and child care centers are in care about seven hours per day. As one would expect, given the part-day nature of the Head Start program, relatively few (13%) children in Head Start centers are in care eight or more hours per day. On average, Head Start children are in care about five hours per day.⁷ The amount of time children spend in care is about the same as it was in 1986 (Exhibit 2.9).

MEALS AND SNACKS RECEIVED BY CHILDREN⁸

The amount of time children spend in care is clearly reflected in the types of meals and snacks received while in care. Nearly all children in care eight or more hours per day receive lunch while in care (Exhibit 2.10). In homes and child care centers, children in care less than eight hours per day are much less likely to get lunch in care. Sixty percent of part-day children in homes and 48 percent of part-day children in child care centers get lunch in care. However,

⁷Time in care for Head Start children may include time spent in an “extended day” program that provides child care before/after the regular Head Start program.

⁸These figures differ slightly from those reported in Volume II. The figures reported here use the child as the unit of analysis, whereas the figures reported in Volume II use the child-day as the unit of analysis. The different unit of analysis reflects the focus of the analysis. In Volume I the focus is a description of children and their families, while in Volume II the focus is a description of children’s nutrient intake from CACFP meals and snacks on a typical day in care.



children in Head Start centers get lunch in care regardless of the amount of time spent in care each day.

Most children in care eight or more hours per day also receive breakfast while in care. About 80 percent of full-day children in homes, 69 percent of full-day children in child care centers, and nearly all full-day Head Start children get breakfast in care. Part-day children are considerably less likely to receive breakfast while in care. Only 38 percent of part-day children in homes and 20 percent of part-day children in child care centers receive breakfast in care. While fewer part-day than full-day Head Start children receive breakfast in care, a large proportion (71%) of part-day Head Start children get breakfast in care.

Exhibit 2.10

Most Children Receive Lunch and a Snack While in Care

Meal	FDCHs		Head Start Centers		Child Care Centers		All Centers	
	8 or More Hours	Less than 8 Hours	8 or More Hours	Less than 8 Hours	8 or More Hours	Less than 8 Hours	8 or More Hours	Less than 8 Hours
Breakfast	80%	38%	99%	71%	69%	20%	72%	44%
Lunch	100	60	100	98	95	48	95	71
Supper	1	1	0	0	0	7	0	4
Snacks	89	81	89	52	95	85	94	70
Morning Snack	36	25	2	12	33	25	30	19
Afternoon Snack	86	67	89	41	90	61	90	52
Evening Snack	0	2	4	1	0	6	1	4

For the most part, it appears that children in Head Start centers receive breakfast and lunch in care regardless of the amount of time spent in care. This reflects the emphasis that Head Start places on nutrition. The Head Start Performance Standards require that part-day children receive a hot meal that provides at least one-third of their daily nutritional needs. Full-day children must be provided with meals and snacks that provide one-half to two-thirds of their daily nutritional needs. In addition, the Performance Standards require Head Start centers to provide breakfast to children who have not received breakfast before they arrive in the morning.

Most children receive some snacks in care regardless of the amount of time in care. Although only 52 percent of part-day Head Start children get any snacks in care, this is simply a reflection of the fact that most part-day Head Start children receive breakfast and lunch in care. Very few children receive supper while in care regardless of the amount of time spent in care each day.

The principal combination of meals and snacks received by children in care eight or more hours per day is breakfast, lunch, and afternoon snack (Exhibit 2.11). This combination of meals is received by 46 percent of the full-day children in homes, 85 percent in Head Start centers, and 54 percent in child care centers. The principal combinations of meals received by part-day children are more varied, reflecting the time of day that part-day children are in care (Exhibit 2.12).

It is interesting to note that although centers participating in CACFP can claim reimbursement for an additional meal or snack served to children who are in care eight or more hours a day, centers do not appear to be taking advantage of this provision of the regulations. Relatively few children who are in care eight or more hours per day are receiving three meals and a snack or two meals and two snacks in care. Only 15 percent of the children in child care centers who are in care eight or more hours per day receive the extra meal or snack, and 2 percent of such children in Head Start centers receive the extra meal or snack.

Exhibit 2.11				
Children¹ in Care Eight or More Hours per Day Receive Breakfast, Lunch, and an Afternoon Snack²				
Combination of Meals Received	FDCHs	Head Start Centers	Child Care Centers	All Centers
Breakfast, Lunch, and Afternoon Snack	46%	85%	54%	56%
Breakfast, Morning Snack, Lunch, and Afternoon Snack	21	2	15	14
Morning Snack, Lunch, and Afternoon Snack	8	0	11	10
Breakfast and Lunch	10	7	3	3
Other	15	6	17	17

¹Excludes infants.

²Detail may not sum due to rounding.

Exhibit 2.12				
Meal Combinations Vary for Children¹ in Care Less Than Eight Hours per Day²				
Combination of Meals Received	FDCHs	Head Start Centers	Child Care Centers	All Centers
Afternoon Snack Only	28%	1%	40%	23%
Lunch and Afternoon Snack	11	17	13	15
Breakfast, Lunch, and Afternoon Snack	8	27	6	15
Breakfast and Lunch	4	38	8	21
Morning Snack and Lunch	9	7	10	9
Other	40	10	23	17

¹Excludes infants.

²Detail may not sum due to rounding.

Chapter Three

Characteristics of Homes and Centers

This chapter describes the characteristics of providers that participate in the CACFP. This profile of providers is based on the mail survey of providers conducted in Winter/Spring 1995. While the analysis focuses on 1995 provider characteristics, comparisons are also made to 1986 provider characteristics taken from the Study of the Child Care Food Program.¹ The study examines seven dimensions of homes and centers. The first four provide a snapshot of child care sites that participate in the CACFP. The next two describe sponsor functions from the perspective of the care provider. The last describes providers' perceptions of the CACFP. The seven dimensions are:

- **Program Size.** What is the average enrollment of providers? How does enrollment compare to licensed capacity? How does attendance compare to enrollment? What proportion of children are enrolled part-time?
- **Operating and Service Characteristics.** How many hours per day is care provided? How many days per week is care provided? How many years have providers been in operation? What proportions of providers serve infants, preschoolers, and school-aged children? What proportion of providers operate as public or private agencies? What proportion of providers are for-profit or non-profit agencies?
- **Funding Sources.** What are the average unsubsidized fees charged for full-time care? What proportion of children at centers and homes have their fees paid from government subsidies? Do providers charge separately for meals?
- **Meal Service and Menu Planning.** What meals and snacks are served by providers? Who plans the menus at homes and centers? Do providers use menu cycles? How long are menu cycles? How often do menu cycles change?
- **Nutrition Training.** What are the most common methods of providing training to providers? How many CACFP training sessions have been held in the last year? How long are the training sessions? Who conducts the training? What topics are covered in the training?

¹Frederic B. Glantz *et al.*, *Study of the Child Care Food Program: Final Report* (U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, 1988).

- **Monitoring by Sponsoring Agencies.** How often are sponsored centers and FDCHs monitored by their sponsors? How long do monitoring visits last? What topics are covered during monitoring visits? Do sponsors provide advance warning of monitoring visits?
- **Providers' Perceptions of the CACFP.** What are the providers' perceptions of the importance of the CACFP? What proportion of home providers' household income is derived from child care? What proportion of home providers' child care income is derived from CACFP meal reimbursements? Do home and center providers think that the program makes an important contribution to the nutritional well-being of children? What is the perceived burden of the program's administrative requirements? What is the perceived adequacy of CACFP reimbursements?

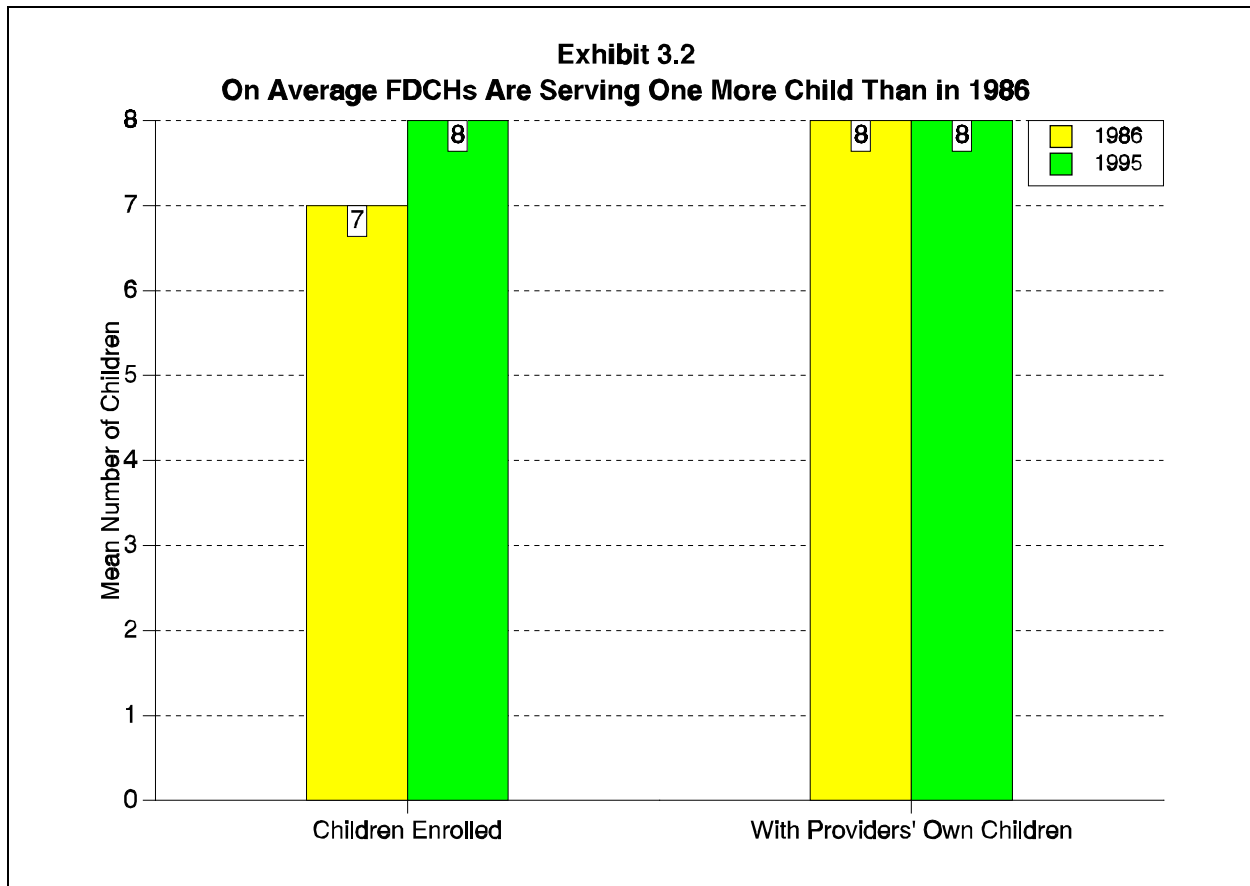
CHARACTERISTICS OF HOMES

Program Size

The number of children enrolled in a home ranges from one to more than twenty. In 1995, homes enrolled an average of eight children (Exhibit 3.1). This compares with an average

Exhibit 3.1	
Selected Measures of Program Size in FDCHs	
Characteristic	Mean
Enrollment	8 children
Attendance	7 children
Absentee Rate	13%
Capacity Utilization	87%
Percent of Children Attending Part-Time	33%

enrollment of seven children in 1986 (Exhibit 3.2). Some home providers also care for their own children during the day. When providers' own children are included, the average number of children in care in homes is eight, the same as 1986. The increase in the number of children



cared for is a continuation of a trend that began in the mid-1970s.² On average, enrollment in FDCHs is 87 percent of licensed (or approved) capacity.

On a typical day, an average of 13 percent of the children enrolled in homes are absent. Adjusting for absenteeism, an average of seven enrolled children are in care on a daily basis. Most participating homes (71%) have at least some children enrolled on a part-time basis (i.e., less than 30 hours per week). On average, 33 percent of the children enrolled in an FDCH attend part-time.

Operating and Service Characteristics

Homes tend to be open more hours than centers, offering flexibility for parents with infants or school-aged children or unusual working schedules. Providers are open an average of nearly 11

²Frederic B. Glantz, *Family Day Care: Myths and Realities* (Association for Public Policy and Management, Washington, D.C., October 1990).

hours per day (Exhibit 3.3). Almost 9 percent of homes are open more than 12 hours per day. While 88 percent of homes operate five days a week, 10 percent are open six or seven days a week.

Exhibit 3.3	
FDCHs Serve Children of All Ages	
Characteristic	Mean
Hours per Day Care Is Provided	11 hours
Percent of FDCHs Open More Than 5 Days per Week	10%
Years in Operation	7 years
Percent of FDCHs Serving:	
Infants (under age 1)	43%
Toddlers (1–3 years)	92%
Preschoolers (4–6 years)	83%
School-Aged Children (over 6 years old)	54%

Although homes are open for longer hours and are more likely than centers to be open more than five days a week, homes have cut back on their operating schedules since 1986 (Exhibit 3.4). The average home is open 11 hours per day compared with 12 hours per day in 1986. Similarly, only 10 percent of homes are open more than five days a week compared with 17 percent in 1986.

Homes serve children of all ages. Most homes serve toddlers and preschoolers, and about half serve school-age children (54%) and infants (43%). More homes are serving toddlers than in 1986 (Exhibit 3.5).

Exhibit 3.4

FDCHs Have Cut Back on Hours and Days of Operation

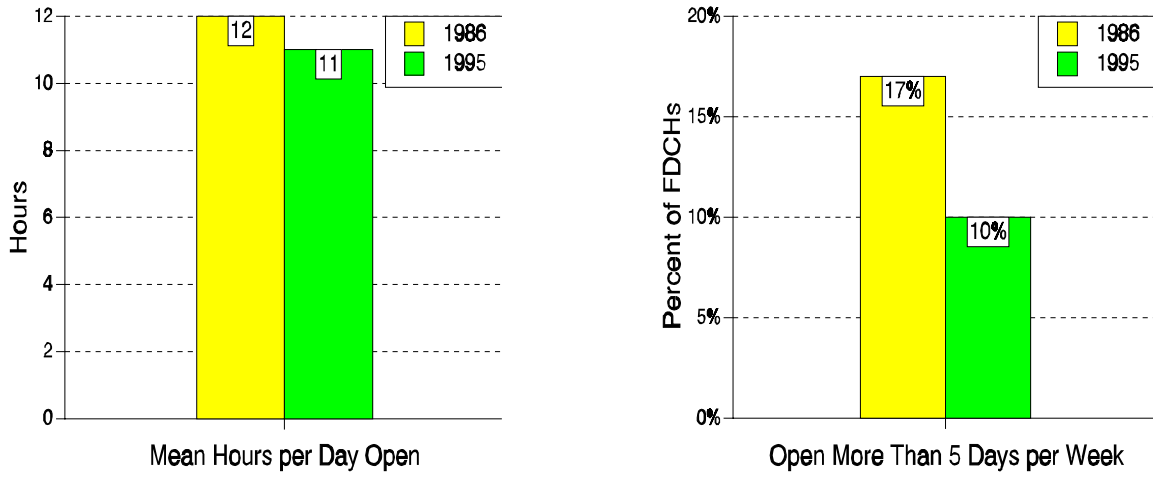
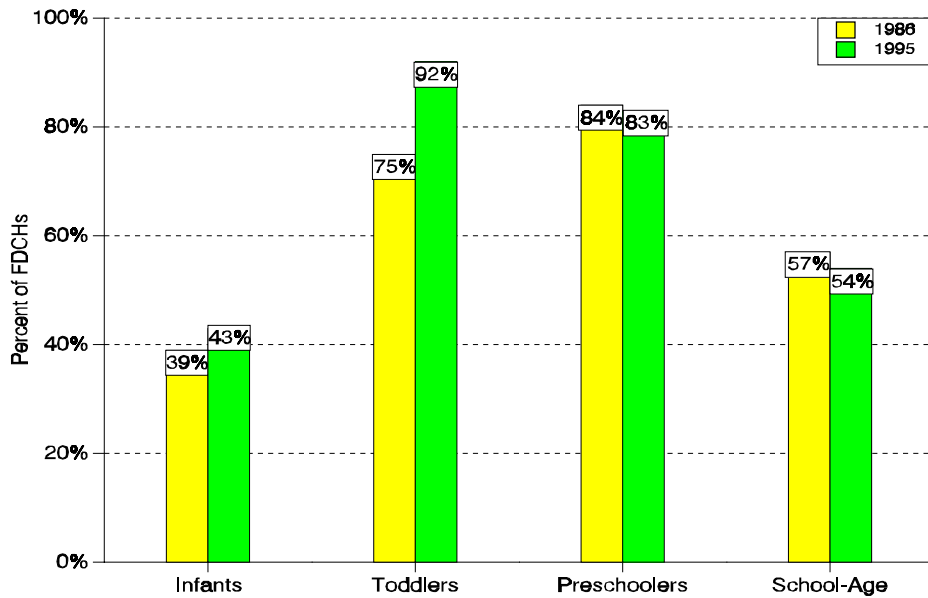


Exhibit 3.5

More FDCHs Are Serving Toddlers Than in 1986



Funding Sources

Parent fees are a major source of funding for participating homes (Exhibit 3.6). More than 90 percent of homes (91%) serve some children who are not receiving government subsidies, while less than half (44%) serve some children receiving child care subsidies. The average hourly fee to parents for full-time care was \$1.90. Less than one percent of homes charge separately for meals served to children.³

Exhibit 3.6	
Almost All FDCHs Serve at Least Some Fee-Paying Children	
Funding Sources:	
Percentage of FDCHs Serving Fee-Paying Children	91%
Mean Hourly Fee for Full-Time Care	\$1.90
Percentage of FDCHs Serving Subsidized Children	44%

Meal Service and Menu Planning

Summary statistics on meal service and menu planning in homes are presented in Exhibit 3.7.⁴ The most commonly served meals in homes are breakfast (81%), lunch (88%), and afternoon snack (86%). Half of homes serve a morning snack, and about one-quarter (28%) serve supper. Only 8 percent of homes serve an evening snack. The proportion of homes serving breakfast, morning snack, lunch, and afternoon snack has not changed appreciably since 1986. However, the proportion of homes serving supper has declined since 1986.⁵ This change is consistent with the decline in the proportion of homes open more than 12 hours per day.

³Program regulations do not permit FDCHs to charge separately for meals.

⁴The statistics reported here are based on information collected in the Provider Surveys and reflect the meals usually served by providers. These figures differ slightly from those reported in Volume II which are based on an analysis of menus offered by providers during a specific five-day period. As noted in Appendix F, some providers that completed the Provider Survey did not complete the Menu Survey.

⁵Data for evening snacks are unavailable for 1986.

Exhibit 3.7	
Selected Meal Service Characteristics in FDCHs	
Characteristic	Percentage of FDCHs
Type of Meal/Snack Served:	
Breakfast	81%
Morning Snack	50%
Lunch	88%
Afternoon Snack	86%
Supper	28%
Evening Snack	8%
Meals Prepared Off-Site	5%
Plans Own Menus	94%
Uses Menu Cycle	32%
Mean Length of Menu Cycle	3 weeks

Family day care providers typically plan their own meals and, similarly, most homes prepare their meals on site.

Cycle menus require that menus be prepared in advance and then repeated at specified intervals. The use of cycle menus indicates that meals are planned in advance and that foods are purchased to ensure that those menus are served. About one-third (32%) follow a menu cycle. The average length of the cycle is three weeks. Among homes using a menu cycle, 90 percent have revised the menu within the last year.

The most common meal combinations served in homes are breakfast, lunch, and afternoon snack (31%) and breakfast, morning snack, lunch, and afternoon snack (29%). The proportion of homes

choosing the latter combination has increased 10 percent since 1986 when only 19 percent of homes served this combination of meals (Exhibit 3.8).

Exhibit 3.8		
Most FDCHs Serve Breakfast, Lunch, and at Least One Snack		
Meal Combination	1986	1995
Breakfast, Morning Snack, Lunch, and Afternoon Snack	19%	29%
Breakfast, Lunch, and Afternoon Snack	25%	31%
Morning Snack, Lunch, and Afternoon Snack	5%	4%
Other	51%	36%

Nutrition Training

Sponsoring agencies are required to provide annual training to homes. This training may cover nutrition-related topics and/or topics related to the administration of the CACFP. Training may take place in formal training sessions,⁶ as part of monitoring visits conducted by the sponsors,⁷ or through newsletters or other self-study methods. Nearly all providers (99%) receive some training in nutrition and administrative topics in formal training sessions or during monitoring visits. The types of training received in formal training sessions and during monitoring visits are summarized in Exhibit 3.9.⁸

Nutrition Topics. Overall, providers receive some training from sponsoring agencies in a broad range of nutrition topics either in formal training sessions or as part of monitoring visits. The

⁶Formal training sessions for FDCH providers generally take the form of programs conducted by sponsors for groups of providers. Such sessions are frequently held evenings or weekends. Guest speakers might include persons from the state agency, the Cooperative Extension Service, the Dairy Council, or a consultant nutritionist.

⁷Sponsors often find monitoring visits a convenient time for providing one-on-one training.

⁸The previous study did not report comparable information on training received as part of monitoring visits.

Exhibit 3.9				
Topics Covered in Formal Training Sessions or Monitoring Visits of FDCHs				
Topic Covered	Percentage of FDCHs Receiving Training in:			
	Total	Training Sessions Only	Monitoring Visits Only	Both
Nutrition-Related Topics:				
Menu Planning	90%	9%	32%	49%
Types and Amounts of Food to Serve	90	8	29	53
Nutrient Content of Foods	84	17	22	45
<i>Dietary Guidelines for Americans</i>	51	20	13	18
Nutrition Education for Children	78	18	21	39
Nutrition Education for Food Preparers ¹	69	18	21	30
Meal Preparation Techniques ²	48	48	N/A	N/A
Administrative Topics:				
Meal Counts	86	4	47	35
Food Production Records	67	7	32	27
Food Safety/Sanitation	82	16	25	41
Food Purchasing	48	17	14	17
Food Storage	59	17	17	25
Family-Style Serving ²	23	23	N/A	N/A

¹Nutrition education for food preparers addresses the basic principles of nutrition science, while the *Dietary Guidelines for Americans* deals with a specific set of nutrition goals to improve health.

²This option not given for sponsor visits.

seven nutrition-related topics presented in Exhibit 3.9 reflect FCS' traditional interest in providing technical assistance in food service management issues and a growing interest in providing information on principles of healthy eating. Nearly all (90%) receive training in menu planning and the amounts and types of food to serve, and about four out of five receive training on the nutrient content of foods (84%) and nutrition education for children (78%). Two-thirds (69%) of providers receive training on nutrition education for food preparers, and about half receive training on the *Dietary Guidelines for Americans* (51%) and meal preparation techniques (48%). On average, providers receive some training in five of the seven nutrition topics examined.

Monitoring visits are an important source of training on nutrition-related topics. Relatively few homes receive nutrition-related training only during formal training sessions. For most topics, providers receive training only during monitoring visits, or during both training sessions and monitoring visits.

Administrative Topics. Providers receive training from their sponsors on a broad range of administrative topics. The six administrative topics listed in Exhibit 3.9 reflect FCS' technical assistance interests. Eighty-six percent of homes receive training from their sponsors on CACFP meal counting procedures. Most providers also receive training in food safety and sanitation (82%), maintaining food production records (67%), and food storage (59%). Less than half of homes receive training in food purchasing (48%) and family-style serving (23%). Overall, homes receive training in an average of four of the six administrative topics examined. As is the case for nutrition-related topics, training provided by sponsors during monitoring visits is an important source of training on administrative topics.

Formal Training Sessions. While much training is received as part of monitoring visits, 75 percent of home providers attended one or more formal training sessions in the year prior to the study. On average, these providers attended two sessions, each of which lasted about three hours. Most often, sponsors brought in a guest speaker (45%) or someone from the State administering agency (25%) to conduct the training. Training sessions were rarely conducted solely by sponsor staff (11%).

Monitoring by Sponsoring Agencies

CACFP regulations require sponsors to visit homes an average of at least three times per year to monitor their operations. Nearly all (98%) homes received at least one monitoring visit from their sponsor in the year preceding the study and 88 percent were visited at least three times as called for in the regulations (Exhibit 3.10). Among home providers that were visited by their

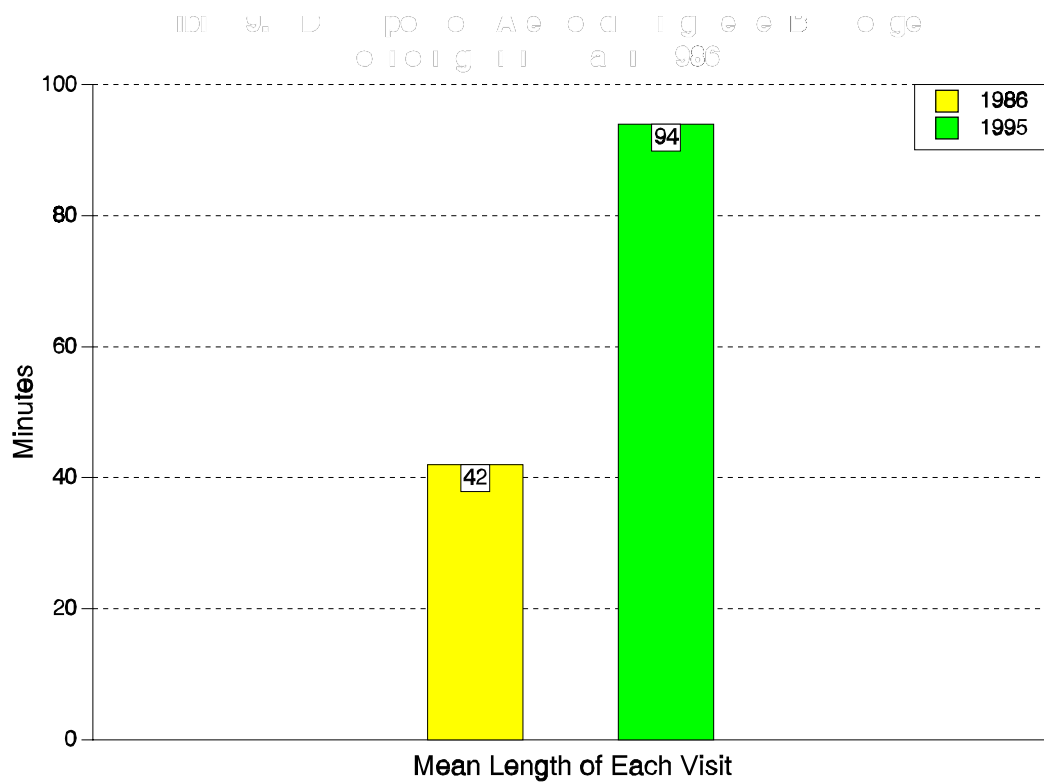
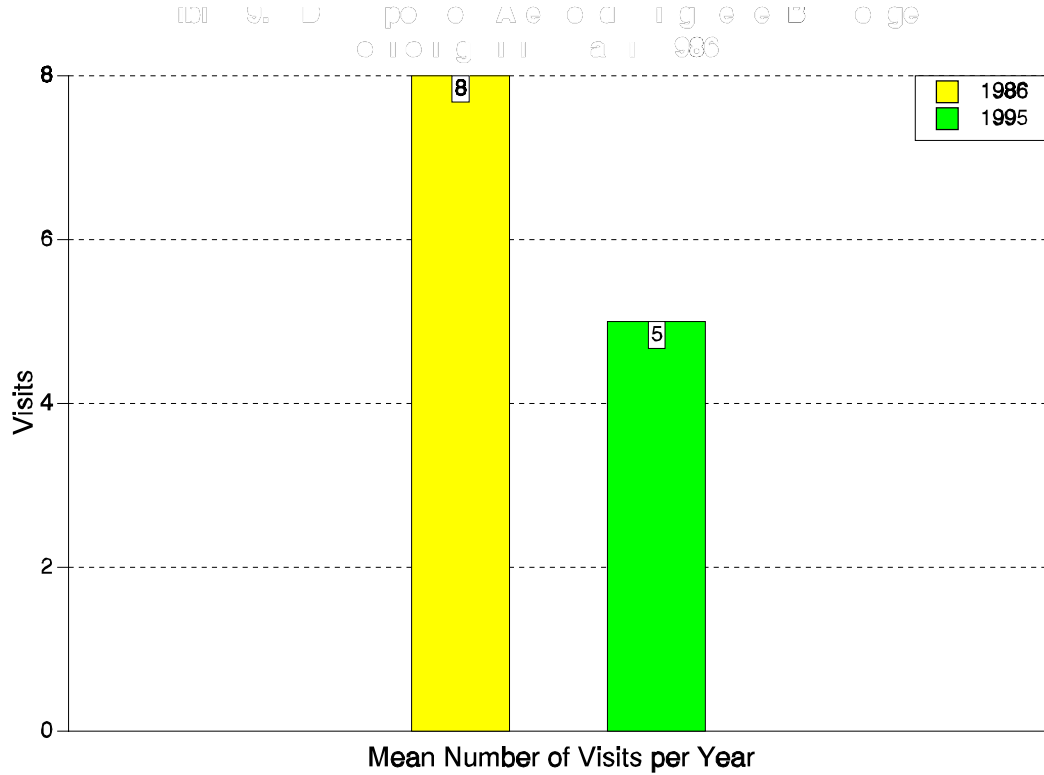
Exhibit 3.10	
Most FDCHs Are Monitored by Sponsors at Least Once per Year, and the Mean Number of Visits Is Five	
Characteristic	Mean
Proportion of FDCHs Receiving at Least One Visit per Year	98%
Among Visited FDCHs:	
Number of Visits per Year	5
Length of Typical Visit	94 minutes
Total Annual Visit Time	7 hours
Proportion Receiving Surprise Visits	52%

sponsor, the average provider was visited five times, with the average visit lasting 94 minutes. Considering both the number of visits and the length of each visit, sponsors spent an average of seven hours over the year with each home visited. About half of home providers reported receiving at least one surprise visit from their sponsor.

While the total annual amount of time that sponsors spend with each provider on monitoring visits has not changed since 1986, sponsors are conducting fewer visits and spending more time with the providers at each visit (Exhibit 3.11). The average number of monitoring visits

Exhibit 3.11

FDCH Sponsors Are Conducting Fewer But Longer Monitoring Visits Than in 1986



received by homes decreased from eight to five between 1986 and 1995. At the same time, the length of a typical visit increased from 42 to 94 minutes. This may reflect an effort by sponsors to improve the efficiency of the monitoring process by reducing travel and other costs associated with each visit. Sponsors are also conducting more surprise visits to homes. The proportion of homes receiving surprise visits increased from 41 to 52 percent.

Providers' Income

Many home providers are relatively low-income women for whom child care is a major source of household income. This section examines home providers' child care income, and the relative importance of CACFP reimbursements as a source of child care income.

Child care is an important source of income for home providers (Exhibit 3.12). Child care income accounted for 43 percent of the median provider's household income, with one out of five home providers deriving more than half of their household income from child care. For the average home, child care is now a more important source of household income than it was in 1986. In 1986, child care accounted for an average of 29 percent of home providers' household income. Many family day care providers are low-income women. Nearly 40 percent

Exhibit 3.12	
Child Care Is an Important Source of Income for FDCHs	
Providers' Income¹	
Mean Annual Household Income	\$32,526
Percent of Providers' Households with Income Less Than or Equal to 185% of Poverty	38%
Median Percent of Household Income from Child Care	43%
Median Percent of Child Care Income from CACFP	14%

¹Gross income.

have household incomes that are less than or equal to 185 percent of the poverty level. For these low-income providers, child care income accounts for a more substantial portion (55%) of total household income.

However, the CACFP accounts for a relatively small proportion (14%) of the average provider's child care income. Even for low-income providers, CACFP meal reimbursements still contribute a relatively small portion (12%) of child care income. More than three-quarters (79%) of homes derive less than 25 percent of their child care income from CACFP meal reimbursements. This represents a change from 1986 when CACFP reimbursements accounted for 25 percent of the average provider's child care income. This appears to be attributable to two factors:

- Child care fees have increased more than CACFP reimbursement rates since 1986. The mean hourly fee has increased by 65 percent (from \$1.15 to \$1.90), while the CACFP reimbursement rate for lunch has increased by 30 percent (from \$1.16 to \$1.51).
- Providers have increased the number of children they serve. On average, the number of children enrolled in FDCHs has increased by 21 percent (from 6.6 to 8.0 children).

Home Providers' Perception of the CACFP

The perception of the CACFP among home providers is quite positive. More than 84 percent of providers think the program is very important in meeting the nutritional needs of the children it serves. Providers do not find the program's administrative requirements to be burdensome. Average estimates of the burden imposed by the application/renewal process, monthly accounting requirements, and meal pattern requirements are all favorable, falling between one, "not at all burdensome" and two, "not very burdensome." Nearly 98 percent of providers believe the meal pattern requirements are appropriate and 94 percent consider the CACFP reimbursement rate to be satisfactory.

CHARACTERISTICS OF CENTERS

Centers (public or private) are eligible to participate in the CACFP if they are nonprofit institutions, or if they are for-profit centers that receive compensation for child care, under Title XIX or Title XX of the Social Security Act, for at least 25 percent of the children enrolled or

25 percent of licensed capacity, whichever is less. Only 11 percent of centers are for-profit centers. Unlike homes, centers can choose to have a sponsor or to be self-sponsored for the CACFP. Approximately 70 percent of centers in the CACFP are sponsored centers. The rest are independent child care centers.⁹

Because Head Start centers are fundamentally different from child care centers, we differentiate between the two types of centers when examining center characteristics. The goal of Head Start is to provide compensatory education for disadvantaged preschool children. In general, Head Start is a part-day program that follows the school year calendar. By contrast, child care centers accommodate work-day schedules. While some child care centers are part-day programs (e.g., after-school programs), in general child care centers are full-day programs that operate year-round. Approximately one-third (36%) of centers participating in the CACFP are Head Start centers.

Program Size

Statistics summarizing the size of centers are presented in Exhibit 3.13. Centers vary greatly in size, ranging from fewer than 20 to over 200 children. Head Start centers are on average

Exhibit 3.13

Mean Attendance Is About the Same for Head Start and Child Care Centers

Characteristic	Mean		
	Head Start Centers	Child Care Centers	All Centers
Enrollment (Number of Children)	60	70	66
Attendance (Number of Children)	53	57	55
Absentee Rate	11%	18%	15%
Capacity Utilization	93%	85%	88%
Percent of Children Attending Part-Time	61%	37%	46%

⁹The difference between sponsored and independent centers is legal rather than functional. As such, this distinction is rarely used in the discussion below.

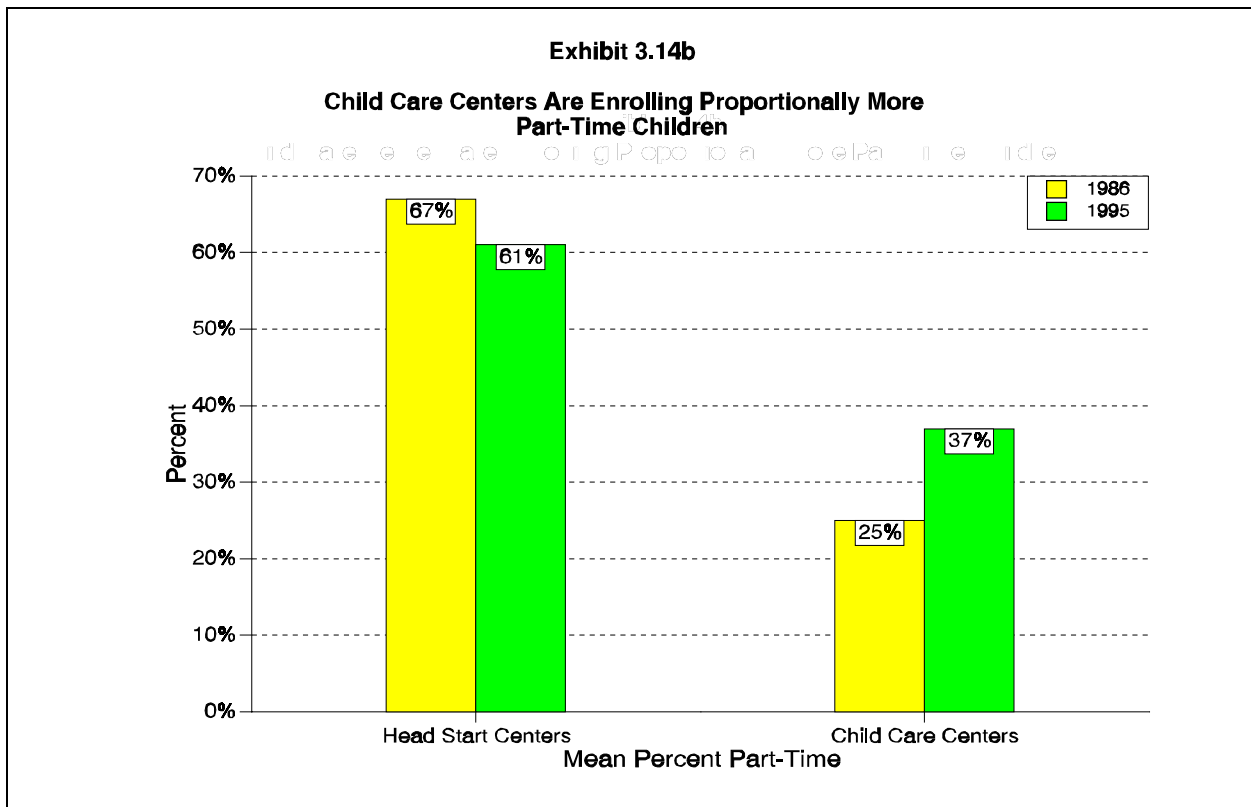
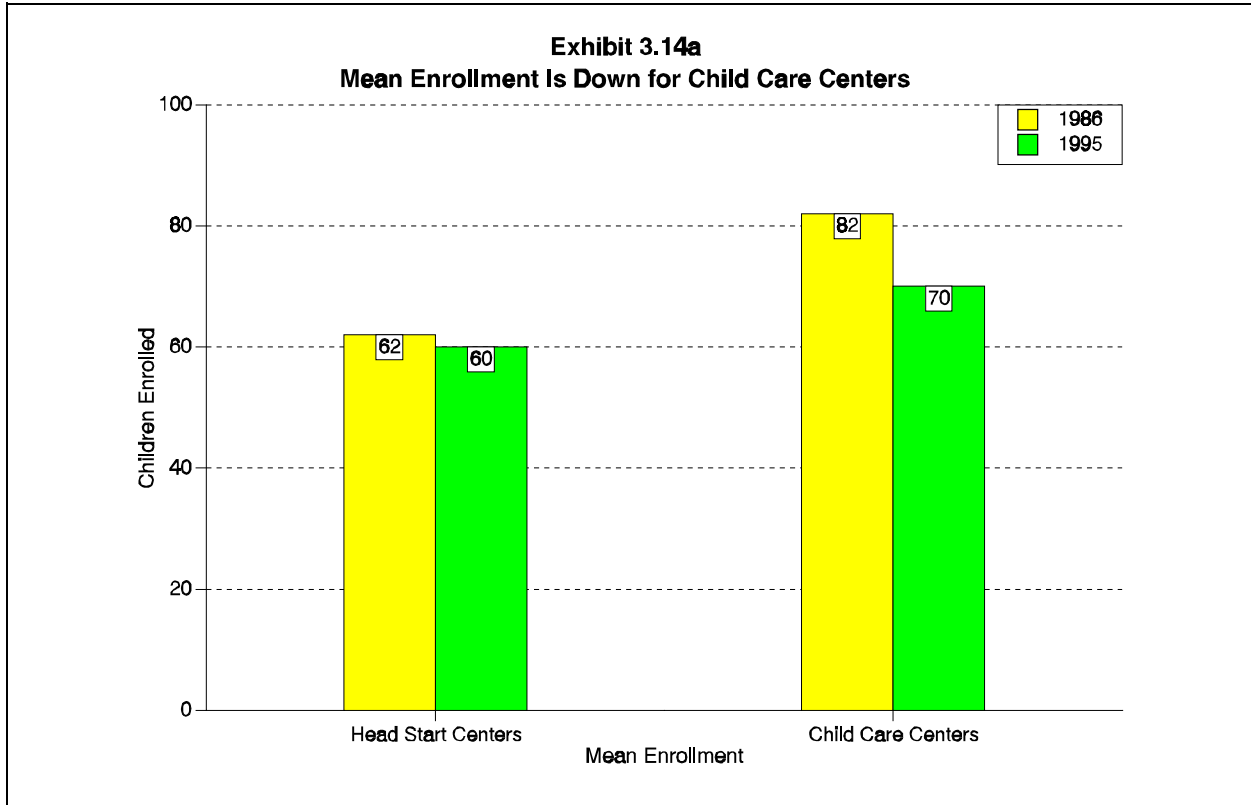
somewhat smaller than child care centers. The average Head Start center enrolls 60 children compared to an average of 70 for child care centers. However, the absentee rate is lower in Head Start centers (11%) than child care centers (18%). After adjusting for absenteeism, Head Start centers and child care centers are about the same size. Average daily attendance is 53 for Head Start centers and 57 for child care centers.

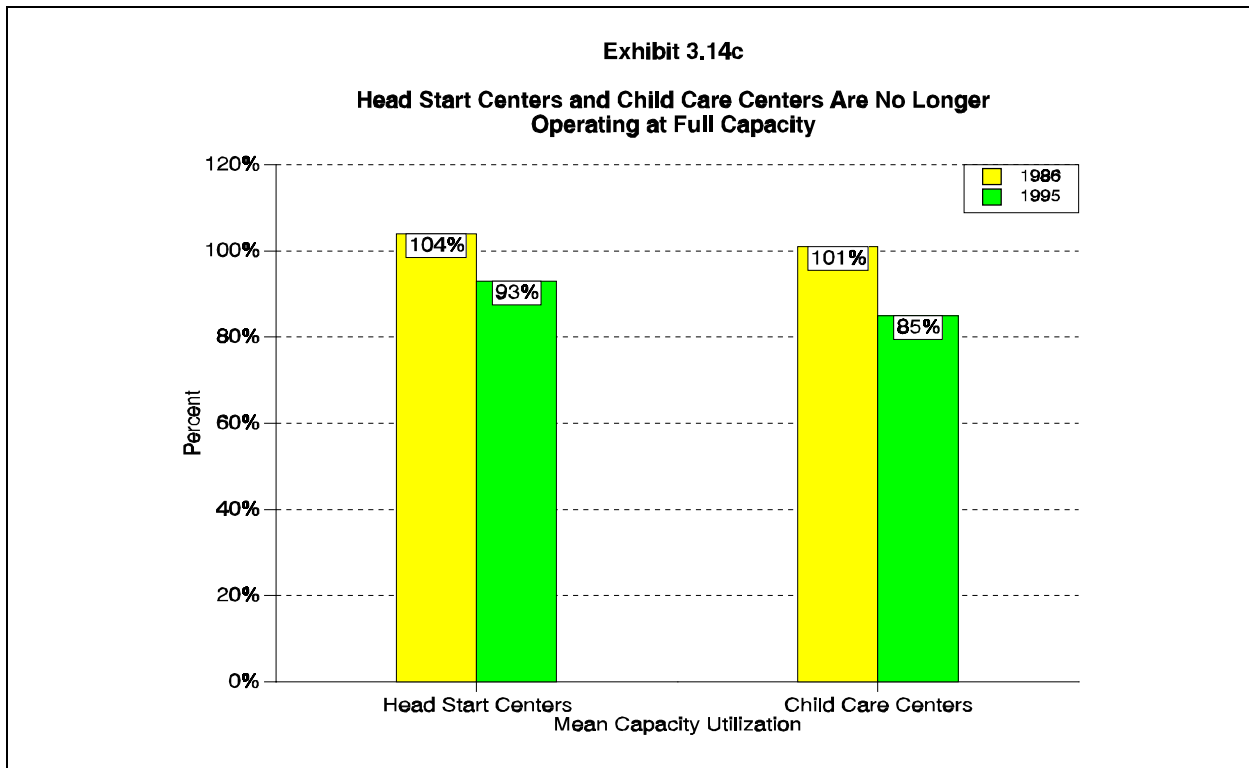
Centers participating in the CACFP operate at less than full capacity. On average, enrollment is 93 percent of licensed capacity in Head Start centers and 85 percent of capacity in child care centers.

As expected, most of the children enrolled in Head Start centers are part-time. On average, 61 percent of the children in Head Start centers are in care less than 30 hours per week. For the average child care center 37 percent of the children are enrolled part-time.

There have been several changes in the size of centers since 1986 (Exhibits 3.14a, 3.14b, and 3.14c):

- The size of child care centers has declined. Average enrollment in child care centers decreased from 82 to 70 children from 1986 to 1995. In contrast, average Head Start enrollment has remained about the same (62 children in 1986 versus 60 in 1995).
- The proportion of children enrolled on a part-time basis *increased* in child care centers, from an average of 25 percent in 1986 to an average of 37 percent in 1995. In Head Start centers the average proportion of children enrolled on a part-time basis *decreased* from 67 to 61 percent.
- Capacity utilization has declined in both Head Start centers and child care centers. In 1986, both Head Start centers and child care centers were operating at full capacity. Total capacity in Head Start centers and child care centers has expanded since 1986, and by 1995 centers were no longer operating at full capacity. Average enrollment in Head Start centers was 93 percent of licensed capacity, and only 85 percent of capacity in child care centers.





Operating and Service Characteristics

Child care centers cater to parents' work schedules (Exhibit 3.15). Child care centers are open an average of 10 hours per day. Most child care centers are open five days a week. Only 6 percent of child care centers are open less than five days a week, and only 3 percent are open six or seven days a week. Head Start centers are usually open fewer hours per day and fewer days per week than child care centers. The average Head Start center is open about eight hours a day. Nearly one third (31%) are open fewer than five days a week.

Centers tend to be older organizations than homes. On average, Head Start centers have been in operation for 14 years and child care centers 15 years. While the average number of years of operation has remained unchanged for Head Start centers, it has declined somewhat since 1986 (from 19 to 15 years) for child care centers. In 1995, 7 percent of child care centers had been in operation for fewer than three years compared to less than one percent in 1986.

Exhibit 3.15			
Selected Operating and Service Characteristics of Centers			
Characteristic	Mean		
	Head Start Centers	Child Care Centers	All Centers
Hours per Day Care Is Provided	8	10	9
Percent of Centers Open More Than 5 Days per Week	1%	3%	2%
Years in Operation	14	15	14
Percent of Centers Serving Children:			
Infants (under age 1)	2%	33%	22%
Toddlers (1–3 years)	59%	77%	71%
Preschoolers (4–6 years)	100%	92%	95%
School-Aged Children (over 6 years old)	2%	50%	33%

Head Start programs serve only preschoolers. Some Head Start centers, however, serve toddlers in their day care or extended-day components. A very small proportion of Head Start centers serves infants (2%) or school-age children (2%). Child care centers also primarily serve preschool children. The proportion of child care centers serving infants and school-age children has increased since 1986 (Exhibit 3.16). In 1986, only 19 percent of child care centers served infants and 36 percent served school-age children. By 1995 these proportions had increased to 33 percent and 50 percent, respectively.

Funding Sources

Summary statistics on funding sources of centers are presented in Exhibit 3.17. As expected, parent fees are not an important source of revenue for Head Start centers. Only 4 percent of



Exhibit 3.17

Summary Statistics on Funding Sources in Centers

Characteristic	Head Start Centers	Child Care Centers	All Centers
Proportion of Centers Serving:			
Only Fee-Paying Children	0%	11%	7%
Only Subsidized Children	96%	18%	46%
Both Fee-Paying and Subsidized Children	4%	71%	47%
Mean Hourly Fee for Unsubsidized Full-Time Care	\$2.22	\$1.98	\$1.98
Percentage of Centers That Charge Separately for Meals	2%	4%	3%
Mean Proportion of Enrollment Eligible for Free or Reduced-Price Meals	95%	65%	76%

Head Start centers serve any children whose fees are not subsidized. Since the Head Start program does not charge parents, fee-paying children are probably in an extended day program.

The picture differs at child care centers. Nearly three-quarters (71%) of these centers serve both fee-paying and subsidized children. Only 11 percent serve just fee-paying children, only 18 percent serve just subsidized children.

Fees have increased substantially since 1986. The average hourly fee for full-time unsubsidized care is \$1.98, compared to \$1.02 in 1986.¹⁰ Few centers (4%) charge separately for meals.

Meal Service and Menu Planning

Summary statistics on meal service and menu planning in participating centers are presented in Exhibit 3.18.¹¹ As is the case with homes, breakfast, lunch, and an afternoon snack are the most common meals. Of Head Start centers, 86 percent serve breakfast, 95 percent serve lunch, and 63 percent serve an afternoon snack. The corresponding percentages for child care centers are 75 percent, 78 percent, and 88 percent. In 1986, 83 percent of Head Start centers served breakfast, 100 percent served lunch, and 72 percent served afternoon snacks. For child care centers the corresponding percentages were 90 percent, 95 percent, and 93 percent.

The most common meal combination is breakfast, lunch, and an afternoon snack, present in 52 percent of Head Start centers and 40 percent of child care centers. While the combinations of meals served in Head Start centers are essentially unchanged from 1986, among child care centers there was an increase in the proportion of centers offering breakfast, morning snack, lunch, and afternoon snack (from 13% to 21%). This probably reflects the 1988 regulatory change that permits centers to be reimbursed for an additional meal or snack served to children in care eight or more hours per day (P.L. 100-435).

¹⁰The 1986 average hourly fee was \$1.42 in 1995 dollars. In constant dollars, average hourly fees increased by 39 percent.

¹¹The statistics reported here are based on information collected in the Provider Surveys and reflect the meals usually served by providers. These figures differ slightly from those reported in Volume II which are based on an analysis of menus offered by providers during a specific five-day period. As noted in Appendix F, some providers that completed the Provider Survey did not complete the Menu Survey.

Exhibit 3.18			
Selected Meal Service Characteristics in Centers			
Characteristic	Percentage of Centers		
	Head Start Centers	Child Care Centers	All Centers
Type of Meal/Snack Served:			
Breakfast	86%	75%	79%
Morning Snack	15%	37%	29%
Lunch	95%	78%	84%
Afternoon Snack	63%	88%	79%
Supper	1%	7%	5%
Evening Snack	2%	4%	3%
Meals Prepared Off-Site	45%	31%	36%
Menus Planned By:			
Sponsoring Agency	16%	10%	12%
Center Director	3%	13%	9%
Center Cook	8%	29%	21%
School District	11%	24%	19%
Dietitian/Nutritionist	45%	9%	23%
Other	17%	13%	16%
Use Menu Cycle	70%	68%	69%
Mean Length of Menu Cycle	5 weeks	4 weeks	4 weeks

Many centers have their meals prepared off-site. Almost half (45%) of Head Start centers, and almost one-third of child care centers (31%) serve meals prepared off-site.

Relatively few center directors or center cooks plan the meals served in their centers. Center directors or cooks plan the menus in only 11 percent of Head Start centers and 42 percent of child care centers. In Head Start centers menus are most often planned by a dietitian/nutritionist (45%), the sponsoring agency (16%), or the school district (11%). Child care centers, however, rarely use a dietitian/nutritionist to plan their menus (9%). Similarly, a sponsoring agency plans the menus for only 10 percent of child care centers. Nearly one-quarter (24%) of child care centers have their menus planned by a school district (which also prepares the meals served in the center).

Head Start centers and child care centers are far more likely to use a menu cycle than homes. About 70 percent of centers cycle their menus, compared to 32 percent of homes. Among centers using a menu cycle, the average length of the cycle is four weeks. Most centers (85%) that use menu cycles have changed it within the last year.

Nutrition Training

Food preparers/menu planners in centers often receive training on nutrition-related topics and/or topics related to the administration of the CACFP.¹² Sponsors are required to provide annual training to the centers they administer. This training may take place in formal training sessions, through home-study methods, or, for sponsored centers, as part of a monitoring visit. The types of training received in formal training sessions and during monitoring visits are summarized in Exhibit 3.19.

Nutrition Topics. The seven nutrition-related topics presented in Exhibit 3.19 reflects FCS' traditional interest in providing technical assistance in food service management issues and a growing interest in providing information on principles of healthy eating. Nearly all Head Start

¹²This includes "off-site" food preparers.

Exhibit 3.19
Topics Covered in Formal Training Sessions or Monitoring Visits of Centers

Topic Covered	Percent of Centers Receiving Training in:							
	Head Start Centers				Child Care Centers			
	Total	Traing. Only	Visits Only	Both	Total	Traing. Only	Visits Only	Both
Nutrition-Related Topics:								
Menu Planning	78%	32%	9%	37%	67%	38%	8%	20%
Types and Amounts of Food to Serve	89	22	12	56	71	39	8	25
Nutrient Content of Foods	71	30	11	31	56	34	7	16
<i>Dietary Guidelines for Americans</i>	52	31	6	15	35	23	3	8
Nutrition Education for Children	85	18	14	52	54	30	8	16
Nutrition Education for Food Preparers/ Menu Planners	69	28	6	35	47	28	5	15
Meal Preparation Techniques ¹	59	59	N/A	N/A	46	46	N/A	N/A
Administrative Topics:								
Meal Counts	86	16	16	54	70	31	15	24
Food Production Records	76	19	10	47	61	29	8	24
Food Safety/Sanitation	93	16	10	67	74	39	6	29
Food Purchasing	67	24	7	36	49	26	5	19
Food Storage	86	20	12	54	63	34	6	24
Family-Style Serving ¹	65	65	N/A	N/A	33	33	N/A	N/A
Filing CACFP Claims	32	13	8	11	38	22	8	7
Free/Reduced-Price Meal Applications	42	17	10	16	45	22	10	12

¹Centers were not asked if training in meal preparation techniques or family-style serving were provided during monitoring.

center food preparers/menu planners (97%) and 82 percent child care center food preparers/ menu planners received some training during the last year in at least one of these seven nutrition topics. However, food preparers/menu planners in sponsored child care centers were more likely to have received training in nutrition topics than those in independent centers (93% in sponsored centers versus 71% in independent centers).

Food preparers/menu planners in Head Start centers most frequently received training in the types and amounts of food to serve (89%), nutrition education for children (85%), and menu planning (78%). Between half and three-quarters received training on the nutrient content of foods, nutrition education for food preparers, meal preparation techniques, and the *Dietary Guidelines for Americans*. On average Head Start food preparers/menu planners received some training in five of the seven nutrition-related topics examined.

Food preparers/menu planners in child care centers most frequently received training in the types and amounts of food to serve (71%). Between half and two-thirds received training in menu planning, the nutrient content of foods, and nutrition education for children. Less than half of the food preparers/menu planners in child care centers received any training on the *Dietary Guidelines for Americans*, nutrition education for food preparers, or meal preparation techniques. On average, food preparers in child care centers received some training in four of the seven nutrition-related topics examined.

Administrative Topics. As in the case of nutrition-related topics, nearly all food preparers/menu planners in Head Start centers (97%) received training on administrative topics during the last year. Similarly, 84 percent of food preparers/menu planners in child care centers received some training on administrative topics. Again, such training was received more frequently in sponsored centers (99%) than in independent centers (69%). The eight administrative topics listed in Exhibit 3.19 reflect FCS' technical assistance interests.

In Head Start centers, the most frequently taught administrative topics were food safety/sanitation (93%), meal counting procedure (86%), food storage (86%), and maintaining food

production records (76%). About two-thirds received training on food purchasing (67%) and family-style serving (65%). Less than half received training on filing CACFP claims (32%) and processing free and reduced-price meal applications (42%). On average, food preparers in Head Start centers received some training in six of the eight administrative topics examined.

For child care centers, the most frequent administrative topics were also food safety/sanitation (74%) and meal counting procedures (70%). Other frequent topics included food storage (63%) and maintaining food production records (61%). Less than half received training on food purchasing (49%), processing free and reduced-price applications (45%), filing CACFP claims (38%), and family-style serving (33%). On average, food preparers in child care centers received training in four of the eight administrative topics examined.

Formal Training Sessions. Excluding training that sponsors provided as part of monitoring visits to centers, most food preparers in centers (80%) attended at least one formal training session. Food preparers in Head Start centers were more likely to attend formal training sessions (88%) than those in child care centers (76%). In Head Start centers, food preparers attended an average of four training sessions. In child care centers the average was three sessions. For both Head Start centers and child care centers, the average training session lasted four hours.

Monitoring by Sponsoring Agencies

Center sponsors are required to conduct at least three monitoring visits to each center annually. Some sponsors visit once a week or more,¹³ while others visit only once a year.

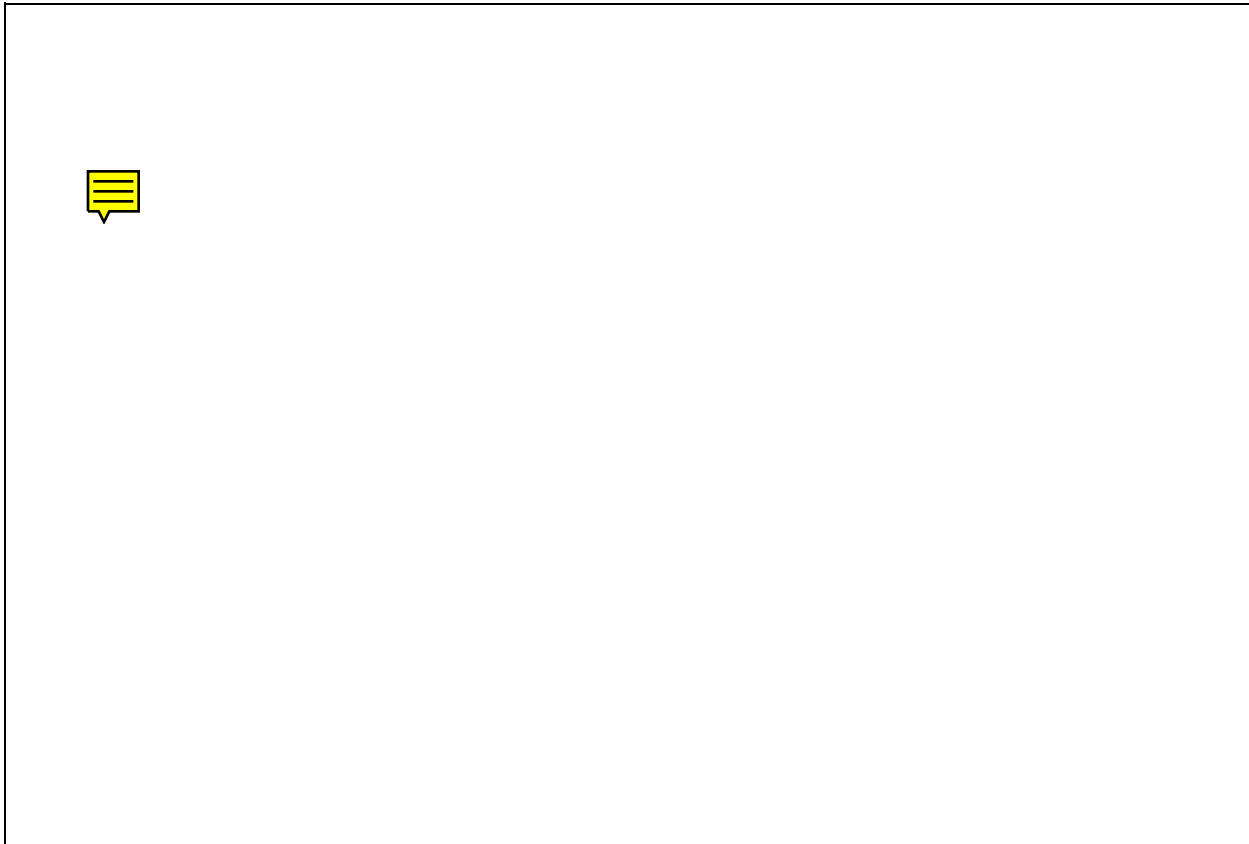
About 91 percent of sponsored centers received at least one monitoring visit from their sponsor in the year prior to the study (Exhibit 3.20). Eighty-seven percent of Head Start centers and 79 percent of child care centers received at least three visits, as required by CACFP regulations. The average Head Start center received 26 monitoring visits. The average visit lasted about two

¹³Nine percent of sponsored centers are visited more frequently than once a week. These centers tend to be co-located with their sponsor or located in very close proximity to the sponsor.

Exhibit 3.20			
Most Centers Are Monitored, and Their Mean Number of Visits Is 28			
Characteristic	Mean		
	Head Start Centers	Child Care Centers	All Centers
Proportion of Centers Receiving at Least One Visit per Year	94%	88%	91%
Among Visited Centers:			
Number of Visits per Year	26	31	28
Length of Typical Visit (Minutes)	148	125	136
Total Annual Visit Time (Hours)	55	71	63
Proportion Receiving Surprise Visits	70%	58%	64%

and a half hours (148 minutes). The average sponsored child care center received 31 visits. The average visit lasted about two hours (125 minutes). Combining the number of visits received and the length of each visit, sponsors spent an average of 55 hours over the year monitoring each Head Start center and 71 hours monitoring each child care center.

Both Head Start and child care center sponsors are clearly spending a considerable amount of time each year monitoring their centers. However, for Head Start centers the average amount of time spent with each center decreased from 69 to 55 hours since 1986 (Exhibit 3.21). The average length of a monitoring visit for child care centers increased from 60 to 71 hours since

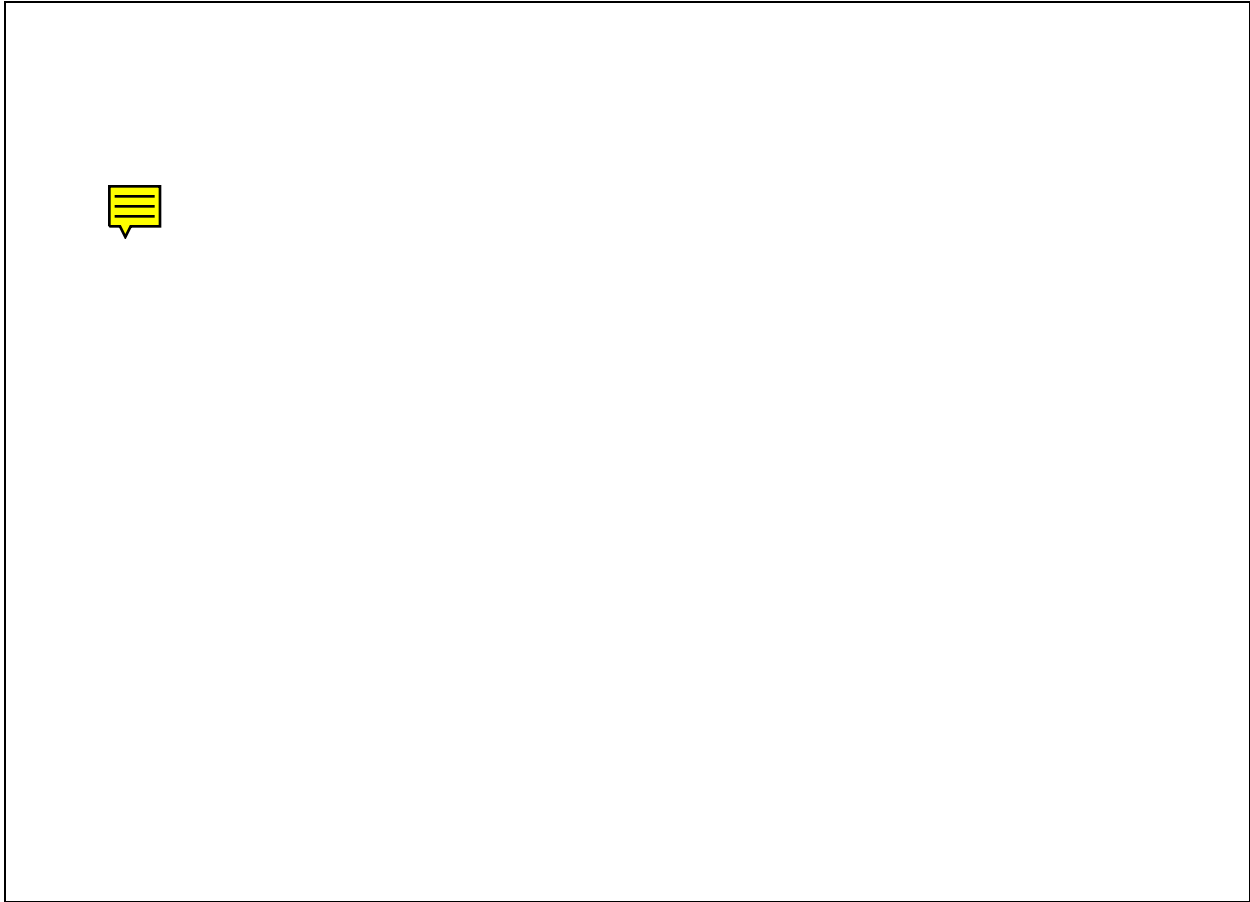


1986.¹⁴ Both Head Start and child care centers were less likely to receive surprise visits in 1995 than in 1986. The proportion of Head Start centers receiving surprise visits declined from 84 to 70 percent, and the proportion of child care centers receiving such visits decreased from 74 to 58 percent (Exhibit 3.22).

Head Start and Child Care Providers' Perception of the CACFP

Center directors have a positive perception of the CACFP. As with home providers, 98 percent of center directors believe that the program is important in meeting the nutritional needs of their participating children. As with homes, center directors do not find the CACFP's administrative requirements to be burdensome. Only a small proportion (9%) of center directors reported the

¹⁴Although total annual time spent monitoring each center has gone down, the average number of monitoring visits received by Head Start centers has remained about the same (an average of 23 visits in 1986 compared to 26 visits in 1995). The average number of visits received by child care centers has gone up from 21 in 1986 to 31 in 1995.



application/renewal process to be very burdensome. Similarly, 9 percent of center directors find monthly reporting requirements to be very burdensome, while only 3 percent find the meal pattern requirements to be very burdensome. Nearly 96 percent of center directors believe the meal pattern requirements are appropriate, and 90 percent consider the reimbursement rates to be satisfactory.¹⁵

¹⁵Note that about 20 percent of center directors did not answer the question on reimbursement rates. This may reflect the fact that for sponsored centers CACFP reimbursements are paid directly to the sponsor. Since for many sponsored centers the sponsor controls the center budget, center directors might not be aware of the amount of CACFP reimbursements received.

Chapter Four

Characteristics of Sponsoring Agencies

This chapter describes the characteristics of the agencies that sponsor homes and centers for the CACFP. This profile of sponsoring agencies is based on the mail survey of sponsors conducted in Winter/Spring 1995. Three dimensions of sponsoring agencies are examined in this chapter:

- **General Characteristics.** What is the number of sites sponsored? What types of child care programs are sponsored? What types of agencies sponsor child care sites for the CACFP? In what other USDA programs do these agencies participate? What proportion of their revenue do sponsors derive from CACFP reimbursements?
- **In-Service Training.** What proportion of FDCH sponsors provide in-service training to family day care providers? What proportion of center sponsors provide in-service training to center administrative staff, child care staff, and food preparers? What topics are covered in training?
- **Monitoring Visits.** What is the frequency of monitoring visits to homes and centers? How long does a typical monitoring visit last? What are the primary program areas reviewed by sponsors during monitoring visits?

The analysis presented below focuses on 1995 sponsor characteristics. The previous Study of the Child Care Food Program collected a limited amount of information on the characteristics of FDCH sponsors and did not collect any information from center sponsors.¹ As such, comparisons to 1986 sponsor characteristics are presented only for FDCH sponsors when comparable data are available.

GENERAL CHARACTERISTICS

Family day care sponsors and center sponsors differ greatly in terms of the number of sites that operate under their aegis. The median number of homes sponsored by FDCH sponsors is 54 (Exhibit 4.1). By contrast, the median number of Head Start centers sponsored by Head Start sponsors is seven, and the median number of child care centers sponsored by child care center

¹The 1986 study focused primarily on FDCH sponsors' administrative costs.

Exhibit 4.1			
Number and Types of Sites Sponsored			
	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors
Mean Number of Sites Sponsored	156 homes	9 centers	4 centers
Median Number of Sites Sponsored	54 homes	7 centers	2 centers
Percent That Sponsor Other Types of Programs	45%	59%	65%

sponsors is only two. The average size of FDCH sponsors is about the same as it was in 1986 when the median number of homes sponsored was 53.

Sponsoring agencies often sponsor more than one type of program. Forty-five percent of FDCH sponsors sponsor other child care or early childhood programs. Among the FDCH sponsors with other programs, 84 percent sponsor child care centers and 36 percent sponsor Head Start centers. Similarly, 59 percent of Head Start sponsors and 65 percent of child care center sponsors also sponsor other programs. Twenty-one percent of Head Start sponsors and 31 percent of child care center sponsors also sponsor homes. Nearly half (45%) of Head Start sponsors with other programs also sponsor child care centers, and one-third (33%) of child care center sponsors with other programs sponsor Head Start centers.

There are many types of agencies that sponsor homes and centers for the CACFP (Exhibit 4.2). Most often, however, the sponsoring institution is a public or private social service agency. More than half (55%) of FDCH sponsors are social service agencies. Similarly, 43 percent of Head Start sponsors and 33 percent of child care center sponsors are social service agencies. About one-quarter (24%) of FDCH sponsors identify themselves as other nonprofit entities.

Exhibit 4.2			
Types of Sponsoring Agencies			
Agency Type	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors
School district	10%	8%	10%
Public social service agency	18	18	9
Private social service agency	37	25	24
College or university	4	1	6
Charitable foundation	4	1	7
Religious organization	3	0	7
Child care chain (for-profit)	0	0	7
Other nonprofit entity	24	32	27
Other	2	14	2

For the most part, these are agencies whose only activity is CACFP sponsorship. In 1986, 28 percent of FDCH sponsors were agencies whose only activity was CACFP sponsorship.

Nearly one-third (32%) of Head Start sponsors and about one-quarter (27%) of child care center sponsors identify themselves as other nonprofit entities. However, for Head Start and child care center sponsors this category includes a variety of institutions such as community action agencies, child care and early childhood organizations, housing authorities, tribal councils, and hospitals.

FDCH sponsors receive a separate reimbursement for their administrative costs. These reimbursements are based on the number of homes sponsored each month. CACFP administrative cost reimbursements are an important source of revenue for FDCH sponsors (Exhibit 4.3). On average, FDCH sponsors derive 53 percent of their revenue from CACFP

Exhibit 4.3

FDCH Sponsors Derive Over Half Their Income from the CACFP

Proportion of Revenue from CACFP	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors
Less than 25%	30%	100%	92%
26% to 50%	15	0	8
51% to 75%	13	0	0
76% to 100%	42	0	0
Mean	53	13	15
Median	54	12	16

administrative cost reimbursements (this compares to an average of 39 percent in 1986). Forty-two percent of FDCH sponsors derive more than 75 percent of their revenue from CACFP administrative cost reimbursements. FDCH sponsors that derive a very large percentage of their revenue from CACFP administrative cost reimbursements tend to be single-purpose agencies for whom the CACFP is the mainstay of the organization.²

Center sponsors do not receive a separate reimbursement for their administrative costs. Rather, center sponsors receive the meal reimbursements generated by the meals and snacks served by the centers that they sponsor.³ On average, CACFP reimbursements account for a relatively small proportion of revenues received by center sponsors. The mean percentage of revenue

²Previous studies of the CACFP have distinguished between single-purpose and multi-purpose FDCH sponsors. The single-purpose sponsors tend to have little involvement with their FDCHs beyond that required by the CACFP regulations. Multi-purpose sponsors tend to provide an array of services to their FDCHs above and beyond those required for CACFP participation.

See Frederic B. Glantz *et al.*, *Study of the Child Care Food Program: Final Report* (U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, 1988).

³Note that center sponsors that also sponsor FDCHs receive a separate administrative cost reimbursement for the homes that they sponsor.

derived from CACFP reimbursements is 13 percent for Head Start center sponsors and 15 percent for child care center sponsors.

Sponsoring agencies often participate in other USDA programs (Exhibit 4.4). Most often, CACFP sponsoring agencies also participate in USDA's Nutrition Education and Training (NET) program. Sixty-one percent of FDCH sponsors and Head Start sponsors, and 58 percent of child care center sponsors participate in the NET program. Among FDCH sponsors, 15 percent participate in the Summer Food Service Program and 10 percent participate in the school nutrition programs (i.e., the National School Lunch Program and the School Breakfast Program) and 10 percent participate in the Expanded Food Nutrition Education Program (EFNEP). Only 7 percent of FDCH sponsors participate in the Food Donations Program. For Head Start sponsors, participation in other USDA programs includes the Food Donations Program (41%), EFNEP (22%), and the Summer Food Service Program (19%). About one-quarter of child care center sponsors participate in the Food Donations Program (25%) and the Summer Food Service Program (28%). Between 7 and 8 percent of child care center sponsors participate in both school nutrition programs and EFNEP.

Exhibit 4.4			
CACFP Sponsors' Participation in Other USDA Programs			
USDA Programs	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors
National School Lunch Program	10%	3%	8%
School Breakfast Program	10	4	7
Summer Food Service Program	15	19	28
Special Milk Program	0	1	0
Food Donations Program	7	41	25
Nutrition Education and Training	61	61	58
Expanded Food Nutrition Education Program	10	22	7
Other	9	8	7

IN-SERVICE TRAINING

Family Day Care Home Sponsors

Most (82%) FDCH sponsors provide in-service training to the homes they sponsor. Training may be provided on nutrition and/or administrative topics (Exhibit 4.5). Of those sponsors that provide in-service training to homes, nearly all cover menu planning (98%) and the types and

Exhibit 4.5

In-Service Training Provided by FDCH Sponsors

Percent of FDCH sponsors providing in-service training to FDCHs:	82%
Among sponsors providing training, percent providing training in:	
Nutrition-Related Topics	
Menu planning	98%
Types and amounts of food to serve	94
Nutrient content of foods	82
<i>Dietary Guidelines for Americans</i>	66
Nutrition education for children	76
Nutrition education for food preparers	71
Meal preparation techniques	71
Mean number of nutrition topics	6
Administrative Topics	
Meal counts	89%
Food production records	50
Food safety/sanitation	89
Food purchasing	59
Food storage	66
Family-style serving	66
Filing claims	72
Free and reduced-price meal applications	61
Mean number of administrative topics	6

amounts of food to serve (94%), and the nutrient content of foods (82%). Between two-thirds and three-quarters of FDCH sponsors provide training on the *Dietary Guidelines for Americans*, nutrition education for children, nutrition education for food preparers, and meal preparation techniques. On average, FDCH sponsors provide training in six of the seven nutrition-related topics examined.

Similarly, of FDCH sponsors that provide training, the vast majority (89%) provide training on meal counting procedures and food safety/sanitation. Between half and three-quarters of FDCH sponsors provide training on food production records, food purchasing, food storage, family-style serving, filing claims, and free and reduced-price meal applications. On average, FDCH sponsors that provide training to their homes cover six of the eight administrative topics examined.

Head Start and Child Care Center Sponsors

Both Head Start and child care center sponsors may provide in-service training to administrative staff, center staff, and food preparers/menu planners (Exhibit 4.6).

Head Start Sponsors. Nearly all (96%) Head Start sponsors provide training to the staff of their Head Start centers. Two-thirds (67%) provide training to their administrative staff, and 81 percent provide training to food preparers/menu planners/food purchasers. On average, Head Start sponsors provide training on four of the seven nutrition-related topics examined. Most often, Head Start sponsors provide training on the types and amounts of food to serve (83%). Between half and two-thirds of Head Start sponsors provide training on menu planning (66%), the nutrient content of foods (58%), nutrition education for children (58%), nutrition education for food preparers (61%), and meal preparation techniques (57%). Less than half (40%) provide training on the *Dietary Guidelines for Americans*.

On average, Head Start sponsors provide training on five of the eight administrative topics examined. The most frequently covered administrative topic is food safety/sanitation (84%). About two-thirds of Head Start sponsors that provide training cover meal counting procedures (68%), food production records (69%), food storage (68%), and family-style serving (63%).

Exhibit 4.6

In-Service Training Provided by Center Sponsors

	Head Start Sponsors	Child Care Sponsors	All Center Sponsors
Percentage of sponsors providing in-service training to:			
Administrative staff	67%	67%	67%
Center staff	96	77	83
Food preparers/menu planners/food purchasers	81	78	79
Among sponsors providing training, percentage providing training in:			
Nutrition Topics			
Menu planning	66%	63%	64%
Types and amounts of food to serve	83	78	79
Nutrient content of foods	58	46	50
<i>Dietary Guidelines for Americans</i>	40	33	35
Nutrition education for children	58	42	48
Nutrition education for food preparers	61	45	51
Meal preparation techniques	57	45	49
Mean number of nutrition topics	4	4	4
Administrative Topics			
Meal counts	68%	62%	64%
Food production records	69	59	62
Food safety/sanitation	84	80	81
Food purchasing	58	50	53
Food storage	68	51	57
Family-style serving	63	42	49
Filing claims	21	34	29
Free and reduced-price meal applications	38	42	40
Mean number of administrative topics	5	4	4

Fifty-eight percent provide training on food purchasing. Relatively few Head Start sponsors provide training in filing CACFP claims (21%) or free and reduced-price meal applications (38%).⁴

Child Care Center Sponsors. About three-quarters of child care center sponsors provide training to center staff (77%) and food preparers/menu planners (78%), and two-thirds (67%) provide training to administrative staff. Like Head Start sponsors, child care center sponsors provide training on fewer nutrition-related topics than FDCH sponsors. On average, child care center sponsors provide training on four of the seven nutrition-related topics examined. The most frequently covered nutrition-related topic is the type and amount of food to serve (78%). About two-thirds of child care center sponsors provide training on menu planning. Less than half provide training on the nutrient content of foods (46%), the *Dietary Guidelines for Americans* (33%), nutrition education for children (42%), nutrition education for food preparers (45%), and meal preparation techniques (45%).

On average, child care center sponsors provide training on four of the eight administrative topics examined. Like Head Start sponsors, child care center sponsors most frequently provide training on food safety/sanitation (80%). Between half and two-thirds provide training on meal counting procedures (62%), food production records (59%), food purchasing (50%), and food storage (51%). Less than half of child care center sponsors provide training on family-style serving (42%), filing CACFP claims (34%), and free and reduced-price meal applications (42%).

MONITORING VISITS

In Chapter Three, monitoring was examined from the providers' perspective. Here we examine monitoring from the sponsors' perspective. Providers may view all visits from the sponsoring agency as monitoring visits. However, from the sponsors' perspective not all visits are monitoring visits. Sponsors may visit homes and centers for purposes other than monitoring

⁴Eligibility determination and filing CACFP claims are often performed by the sponsor for Head Start centers.

program operations and records. As previously noted, sponsors are required to provide training to providers, and sometimes do this during site visits.

Family day care sponsors conduct an average of 10 monitoring visits each year to the homes they sponsor, with the average visit lasting about one hour (Exhibit 4.7). Considering both the

Exhibit 4.7			
Summary Statistics on Monitoring of Sites by Sponsoring Agencies			
	FDCH Sponsors	Head Start Sponsors¹	Child Care Sponsors¹
Mean number of times per year each site visited	10	11	11
Mean length of typical visit	54 minutes	102 minutes	74 minutes
Mean total annual visit time per site	14 hours	16 hours	11 hours

¹Excludes sponsors that are co-located with their centers.

frequency and duration of monitoring visits, the typical FDCH sponsor spends an average of about 14 hours per year monitoring each home sponsored. This is considerably more monitoring than the average of seven hours per year reported by homes (see Chapter 3, Exhibit 3.10). The difference reflects the unit of analysis. In this chapter the unit of analysis is the sponsor rather than the provider. The vast majority of homes that participate in the CACFP operate under the aegis of large sponsors. These large sponsors tend to be single-purpose sponsors that conduct no more than the three monitoring visits required by CACFP regulations. Small sponsors tend to be multi-purpose sponsors that conduct considerably more monitoring visits than required by the program.

Head Start sponsors conduct an average of 11 visits per year to each of their Head Start centers, with each visit lasting about two hours. Over the course of the year, Head Start sponsors spend an average of 16 hours monitoring each of their Head Start centers. Child care center sponsors also conduct an average of 11 visits per year to each of their centers, with the average visit lasting about one hour. On average, child care center sponsors spend about 11 hours each year monitoring each of their centers.⁵ The difference in the frequency and duration of monitoring visits as reported by sponsors and their centers (see Chapter Three, Exhibit 3.20) probably reflects the difference in perspectives noted above. Not all sponsor visits are monitoring visits although they are probably viewed as such by centers.

Sponsors review a variety of program areas during monitoring visits. The survey asked sponsors to identify the areas on which they spend the most time during monitoring visits. Family day care sponsors spend the most time reviewing the types and amounts of food to serve, meal counting procedures, and menu planning. The least amount of time was spent reviewing the *Dietary Guidelines for Americans*, free and reduced-price meal applications, and food storage.

Both Head Start and child care center sponsors spent the most time during monitoring visits reviewing meal counting procedures, food production records, and free and reduced-price meal applications. Head Start sponsors spend the least amount of time on nutrition education for food preparers, food storage, and the *Dietary Guidelines for Americans*. Child care center sponsors spend the least amount of time on nutrition education for children, nutrition education for food preparers, and the *Dietary Guidelines for Americans*.

⁵These figures exclude sponsors that are co-located with their centers.

Appendix A
Children Tables

Appendix A contains detailed statistical tables on the characteristics of children and their families. Highlights from these tables are reported in Chapter 2 of this report. Note that all results are weighted except the N's, which provide the unweighted sample size.

Exhibit A.1

AGE AND RACE/ETHNICITY OF CHILDREN

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Proportion of children that are:	N=246	N=391	N=320	N=711
Under Age 1	9%	0%	1%	1%
Age 1-2	32%	0%	10%	7%
Age 3-5	42%	99%	66%	75%
Age 6-12	17%	1%	23%	17%
Proportion of children that are:				
Hispanic/Latino	6%	11%	5%	7%
Black	8%	44%	30%	34%
White	83%	37%	50%	47%
Asian or Pacific Islander	1%	0%	1%	1%
Native American	0%	2%	0%	1%
Other	2%	5%	13%	11%

Source: Household Survey.

Exhibit A.2

CHILD CARE ARRANGEMENTS FOR CHILDREN

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Children of all ages	N=236	N=390	N=317	N=707
Hours/day in care:				
Less than 5	21%	43%	27%	32%
5 - 7	15%	44%	13%	22%
8 or more	64%	13%	59%	46%
Mean hours/day in care	7.4	5.3	6.9	6.4
Median	8.0	5.0	8.0	7.0
Mean age of children in care:	3.4	4.3	4.6	4.5

Source: Household Survey.

Exhibit A.2a

**CHILD CARE ARRANGEMENTS FOR CHILDREN
BY AGE OF CHILD**

	Family Day Care Homes	Centers		All Centers
		Head Start Centers	Child Care Centers	
Children under age 1	N=13	N=0	N=7	N=7
Hours/day in care:				
Less than 5	0%			
5 - 7	14%			
8 or more	86%			
Mean hours/day in care	8.5			
Median	9.0			
Children ages 1-2	N=78	N=0	N=53	N=53
Hours/day in care:				
Less than 5	3%		3%	3%
5 - 7	17%		17%	17%
8 or more	81%		80%	80%
Mean hours/day in care	8.5		8.1	8.1
Median	9.0		8.0	8.0
Children ages 3-5	N=108	N=386	N=227	N=613
Hours/day in care:				
Less than 5	14%	43%	10%	23%
5 - 7	17%	43%	16%	27%
8 or more	69%	13%	74%	50%
Mean hours/day in care	7.8	5.3	7.9	6.9
Median	8.0	5.0	8.0	8.0
Children ages 6-12	N=37	N=4	N=30	N=34
Hours/day in care:				
Less than 5	88%		89%	88%
5 - 7	9%		2%	4%
8 or more	3%		8%	8%
Mean hours/day in care	3.2		3.4	3.5
Median	3.0		3.0	3.0

Source: Household Survey.

Exhibit A.3

MEALS AND SNACKS RECEIVED BY ALL CHILDREN IN CARE

Family Day Care Homes	In Care	At Home	Neither
	N=230	N=230	N=230
Breakfast	63%	33%	3%
Lunch	84%	16%	0%
Supper	1%	95%	4%
Snacks	86%	90%	1%
Morning Snack	32%	N/A	N/A
Afternoon Snack	78%	N/A	N/A
Evening Snack	1%	N/A	N/A
Head Start Centers	In Care	At Home	Neither
	N=406	N=406	N=406
Breakfast	75%	21%	4%
Lunch	98%	1%	1%
Supper	0%	97%	3%
Snacks	57%	93%	3%
Morning Snack	10%	N/A	N/A
Afternoon Snack	47%	N/A	N/A
Evening Snack	1%	N/A	N/A
Child Care Centers	In Care	At Home	Neither
	N=313	N=313	N=313
Breakfast	49%	40%	12%
Lunch	75%	21%	4%
Supper	3%	97%	0%
Snacks	91%	90%	1%
Morning Snack	30%	N/A	N/A
Afternoon Snack	78%	N/A	N/A
Evening Snack	3%	N/A	N/A

Exhibit A.3
(continued)

All Centers	In Care	At Home	Neither
	N=719	N=719	N=719
Breakfast	56%	34%	9%
Lunch	81%	15%	3%
Supper	2%	97%	1%
Snacks	81%	91%	1%
Morning Snack	24%	N/A	N/A
Afternoon Snack	69%	N/A	N/A
Evening Snack	2%	N/A	N/A

Sources: Household Survey, On-Site Survey.

Exhibit A.3a

MEALS AND SNACKS RECEIVED BY CHILDREN AGES 1 TO 2

Family Day Care Homes	In Care	At Home	Neither
	N=81	N=81	N=81
Breakfast	72%	24%	3%
Lunch	98%	1%	1%
Supper	0%	96%	4%
Snacks	87%	97%	0%
Morning Snack	39%	N/A	N/A
Afternoon Snack	76%	N/A	N/A
Evening Snack	1%	N/A	N/A
Head Start Centers	In Care	At Home	Neither
	N=0	N=0	N=0
Breakfast	N/A	N/A	N/A
Lunch	N/A	N/A	N/A
Supper	N/A	N/A	N/A
Snacks	N/A	N/A	N/A
Morning Snack	N/A	N/A	N/A
Afternoon Snack	N/A	N/A	N/A
Evening Snack	N/A	N/A	N/A
Child Care Centers	In Care	At Home	Neither
	N=49	N=49	N=49
Breakfast	76%	11%	13%
Lunch	98%	2%	0%
Supper	0%	98%	2%
Snacks	95%	90%	0%
Morning Snack	16%	N/A	N/A
Afternoon Snack	95%	N/A	N/A
Evening Snack	N/A	N/A	N/A

Exhibit A.3a
(continued)

All Centers	In Care	At Home	Neither
	N=49	N=49	N=49
Breakfast	76%	11%	13%
Lunch	98%	2%	0%
Supper	0%	98%	2%
Snacks	95%	90%	0%
Morning Snack	16%	N/A	N/A
Afternoon Snack	95%	N/A	N/A
Evening Snack	N/A	N/A	N/A

Sources: Household Survey, On-Site Survey.

Exhibit A.3b

MEALS AND SNACKS RECEIVED BY CHILDREN AGES 3 TO 5

Family Day Care Homes	In Care	At Home	Neither
	N=110	N=110	N=110
Breakfast	65%	32%	3%
Lunch	96%	4%	0%
Supper	1%	95%	5%
Snacks	92%	91%	0%
Morning Snack	38%	N/A	N/A
Afternoon Snack	85%	N/A	N/A
Evening Snack	0%	N/A	N/A
Head Start Centers	In Care	At Home	Neither
	N=402	N=402	N=402
Breakfast	75%	21%	4%
Lunch	98%	1%	1%
Supper	0%	97%	3%
Snacks	57%	93%	3%
Morning Snack	11%	N/A	N/A
Afternoon Snack	47%	N/A	N/A
Evening Snack	1%	N/A	N/A
Child Care Centers	In Care	At Home	Neither
	N=235	N=235	N=235
Breakfast	58%	32%	10%
Lunch	91%	8%	1%
Supper	0%	99%	0%
Snacks	88%	95%	1%
Morning Snack	39%	N/A	N/A
Afternoon Snack	74%	N/A	N/A
Evening Snack	0%	N/A	N/A

Exhibit A.3b
(continued)

All Centers	In Care	At Home	Neither
	N=637	N=637	N=637
Breakfast	64%	28%	8%
Lunch	94%	5%	1%
Supper	0%	98%	1%
Snacks	77%	94%	2%
Morning Snack	28%	N/A	N/A
Afternoon Snack	64%	N/A	N/A
Evening Snack	1%	N/A	N/A

Sources: Household Survey, On-Site Survey.

Exhibit A.3c

MEALS AND SNACKS RECEIVED BY CHILDREN AGES 6 TO 12

Family Day Care Homes	In Care	At Home¹	Neither
	N=39	N=39	N=39
Breakfast	42%	54%	4%
Lunch	26%	74%	0%
Supper	4%	96%	0%
Snacks	70%	75%	4%
Morning Snack	1%	N/A	N/A
Afternoon Snack	68%	N/A	N/A
Evening Snack	2%	N/A	N/A
Head Start Centers	In Care	At Home¹	Neither
	N=4	N=4	N=4
Breakfast	N/A	N/A	N/A
Lunch	N/A	N/A	N/A
Supper	N/A	N/A	N/A
Snacks	N/A	N/A	N/A
Morning Snack	N/A	N/A	N/A
Afternoon Snack	N/A	N/A	N/A
Evening Snack	N/A	N/A	N/A
Child Care Centers	In Care	At Home¹	Neither
	N=29	N=29	N=29
Breakfast	3%	80%	16%
Lunch	9%	74%	17%
Supper	13%	87%	0%
Snacks	99%	72%	0%
Morning Snack	6%	N/A	N/A
Afternoon Snack	85%	N/A	N/A
Evening Snack	13%	N/A	N/A

Exhibit A.3c
(continued)

All Centers	In Care	At Home¹	Neither
	N=33	N=33	N=33
Breakfast	4%	80%	16%
Lunch	10%	73%	17%
Supper	13%	87%	0%
Snacks	98%	73%	0%
Morning Snack	6%	N/A	N/A
Afternoon Snack	84%	N/A	N/A
Evening Snack	13%	N/A	N/A

Sources: Household Survey, On-Site Survey.

¹Includes meals received in school.

Exhibit A.3d

MEALS AND SNACKS RECEIVED BY CHILDREN
IN CARE 8 OR MORE HOURS PER DAY

Family Day Care Homes	In Care	At Home	Neither
	N=152	N=152	N=152
Breakfast	80%	15%	4%
Lunch	100%	0%	0%
Supper	1%	95%	5%
Snacks	89%	91%	0%
Morning Snack	36%	N/A	N/A
Afternoon Snack	86%	N/A	N/A
Evening Snack	0%	N/A	N/A
Head Start Centers	In Care	At Home	Neither
	N=29	N=29	N=29
Breakfast	99%	1%	0%
Lunch	100%	0%	0%
Supper	0%	82%	18%
Snacks	89%	91%	0%
Morning Snack	2%	N/A	N/A
Afternoon Snack	89%	N/A	N/A
Evening Snack	4%	N/A	N/A
Child Care Centers	In Care	At Home	Neither
	N=212	N=212	N=212
Breakfast	69%	18%	12%
Lunch	95%	5%	0%
Supper	0%	99%	0%
Snacks	95%	93%	1%
Morning Snack	33%	N/A	N/A
Afternoon Snack	90%	N/A	N/A
Evening Snack	0%	N/A	N/A

Exhibit A.3d
(continued)

All Centers	In Care	At Home	Neither
	N=241	N=241	N=241
Breakfast	72%	17%	11%
Lunch	95%	5%	0%
Supper	0%	98%	2%
Snacks	94%	93%	1%
Morning Snack	30%	N/A	N/A
Afternoon Snack	90%	N/A	N/A
Evening Snack	1%	N/A	N/A

Sources: Household Survey, On-Site Survey.

Exhibit A.3e

MEALS AND SNACKS RECEIVED BY CHILDREN
IN CARE LESS THAN 8 HOURS PER DAY

Family Day Care Homes	In Care	At Home	Neither
	N=78	N=78	N=78
Breakfast	38%	60%	2%
Lunch	60%	39%	1%
Supper	1%	97%	2%
Snacks	81%	89%	2%
Morning Snack	25%	N/A	N/A
Afternoon Snack	67%	N/A	N/A
Evening Snack	2%	N/A	N/A
Head Start Centers	In Care	At Home	Neither
	N=377	N=377	N=377
Breakfast	71%	24%	4%
Lunch	98%	1%	1%
Supper	0%	99%	1%
Snacks	52%	93%	3%
Morning Snack	12%	N/A	N/A
Afternoon Snack	41%	N/A	N/A
Evening Snack	1%	N/A	N/A
Child Care Centers	In Care	At Home	Neither
	N=101	N=101	N=101
Breakfast	20%	69%	11%
Lunch	48%	42%	10%
Supper	7%	93%	0%
Snacks	85%	85%	0%
Morning Snack	25%	N/A	N/A
Afternoon Snack	61%	N/A	N/A
Evening Snack	6%	N/A	N/A

Exhibit A.3e
(continued)

All Centers	In Care	At Home	Neither
	N=478	N=478	N=478
Breakfast	44%	49%	8%
Lunch	71%	24%	6%
Supper	4%	96%	1%
Snacks	70%	89%	1%
Morning Snack	19%	N/A	N/A
Afternoon Snack	52%	N/A	N/A
Evening Snack	4%	N/A	N/A

Sources: Household Survey, On-Site Survey.

Exhibit A.4

PATTERNS OF MEALS AND SNACKS CONSUMED BY CHILDREN OF ALL AGES

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
	N=285	N=624	N=443	N=1067
Lunch only	5%	6%	3%	4%
Afternoon snack only	11%	0%	20%	15%
Breakfast only	2%	1%	1%	1%
Lunch and afternoon snack	8%	16%	11%	12%
Morning snack and lunch	4%	6%	3%	4%
Breakfast and lunch	8%	35%	6%	14%
Breakfast and afternoon snack	3%	0%	1%	1%
Breakfast, lunch, and afternoon snack	31%	30%	29%	30%
Breakfast, morning snack, and lunch	3%	2%	1%	2%
Morning snack, lunch and afternoon snack	8%	0%	8%	6%
Breakfast, morning snack, lunch, and afternoon snack	14%	1%	7%	5%
Other	3%	2%	10%	8%

Sources: Household Survey, On-Site Survey.

Exhibit A.4a

**COMBINATIONS OF MEALS AND SNACKS RECEIVED BY
CHILDREN AGES 1 TO 2**

	Family Day Care Homes	Child Care Centers
	N=97	N=81
Lunch only	4%	3%
Afternoon snack only	1%	1%
Lunch and afternoon snack	4%	14%
Morning snack and lunch	8%	0%
Breakfast and lunch	12%	6%
Breakfast and afternoon snack	0%	0%
Breakfast, lunch, and afternoon snack	38%	58%
Breakfast, morning snack, and lunch	2%	2%
Morning snack, lunch, and afternoon snack	9%	8%
Breakfast, morning snack, lunch, and afternoon snack	19%	9%
Other	2%	0%

Sources: Household Survey, On-Site Survey.

Note: Infants are excluded from this table because they do not eat regular meals. Head Start centers are excluded from this table because there was only one child in the 1- to 2-year age group in our on-site survey.

Exhibit A.4b

**COMBINATIONS OF MEALS AND SNACKS RECEIVED BY
CHILDREN AGES 3 TO 5**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
	N=134	N=619	N=317	N=936
Lunch only	3%	4%	3%	4%
Afternoon snack only	3%	0%	2%	2%
Breakfast only	0%	1%	1%	1%
Lunch and afternoon snack	14%	16%	13%	14%
Morning snack and lunch	2%	7%	10%	8%
Breakfast and lunch	5%	35%	7%	18%
Breakfast and afternoon snack	2%	0%	2%	1%
Breakfast, lunch, and afternoon snack	35%	32%	35%	34%
Breakfast, morning snack, and lunch	4%	2%	0%	1%
Morning snack, lunch, and afternoon snack	12%	0%	10%	6%
Breakfast, morning snack, lunch, and afternoon snack	17%	1%	11%	7%
Other	1%	1%	6%	4%

Sources: Household Survey, On-Site Survey.

Exhibit A.4c

COMBINATIONS OF MEALS AND SNACKS RECEIVED BY
CHILDREN AGES 6 TO 12

	Family Day Care Homes	Centers	
		Child Care Centers	All Centers
	N=54	N=44	N=48
Lunch only	7%	0%	0%
Afternoon snack only	44%	84%	83%
Breakfast only	9%	0%	0%
Lunch and afternoon snack	2%	1%	1%
Morning snack and lunch	0%	1%	1%
Breakfast and lunch	7%	1%	1%
Breakfast and afternoon snack	9%	1%	1%
Breakfast, lunch, and afternoon snack	11%	1%	1%
Morning snack, lunch, and afternoon snack	0%	4%	4%
Breakfast, morning snack, lunch, and afternoon snack	3%	0%	0%
Other	9%	8%	8%

Sources: Household Survey, On-Site Survey.

Note: Head Start centers were excluded from this exhibit because there were so few children of this age group.

The All Centers column incorporates the few Head Start children that were included.

Exhibit A.4d

COMBINATIONS OF MEALS AND SNACKS RECEIVED BY CHILDREN OF ALL AGES WHO ARE IN CARE 8 OR MORE HOURS PER DAY

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
	N=189	N=29	N=274	N=303
Lunch only	1%	0%	1%	1%
Afternoon snack only	0%	0%	2%	2%
Breakfast only	0%	0%	1%	1%
Lunch and afternoon snack	6%	1%	7%	6%
Morning snack and lunch	1%	0%	4%	3%
Breakfast and lunch	10%	7%	3%	3%
Breakfast and afternoon snack	1%	0%	2%	2%
Breakfast, lunch, and afternoon snack	46%	85%	54%	56%
Breakfast, morning snack, and lunch	3%	0%	0%	0%
Morning snack, lunch, and afternoon snack	8%	0%	11%	10%
Breakfast, morning snack, lunch, and afternoon snack	21%	2%	15%	14%
Other	3%	4%	2%	2%

Sources: Household Survey, On-Site Survey.

Exhibit A.4e

COMBINATIONS OF MEALS AND SNACKS RECEIVED BY CHILDREN OF ALL AGES WHO ARE IN CARE LESS THAN 8 HOURS PER DAY

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
	N=96	N=595	N=169	N=764
Lunch only	9%	5%	4%	5%
Afternoon snack only	28%	1%	40%	23%
Breakfast only	5%	2%	1%	1%
Lunch and afternoon snack	11%	17%	13%	15%
Morning snack and lunch	9%	7%	10%	9%
Breakfast and lunch	4%	38%	8%	21%
Breakfast and afternoon snack	5%	0%	0%	0%
Breakfast, lunch, and afternoon snack	8%	27%	6%	15%
Breakfast, morning snack, and lunch	2%	2%	1%	1%
Morning snack, lunch, and afternoon snack	10%	0%	6%	3%
Breakfast, morning snack, lunch, and afternoon snack	5%	1%	1%	1%
Other	4%	1%	10%	6%

Sources: Household Survey, On-Site Survey.

Exhibit A.5

INCOME, HOUSEHOLD SIZE, AND POVERTY STATUS
OF FAMILIES

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Proportion of participating families whose annual income is:	N=360	N=876	N=611	N=1487
\$15,000 or less	9%	68%	30%	41%
\$15,001-\$30,000	18%	25%	31%	29%
Over \$30,000	73%	7%	39%	30%
Mean Income	\$40,854	\$13,018	\$28,708	\$24,156
Median Income	\$40,484	\$10,433	\$24,022	\$18,412
Proportion of participating families for which household size is:	N=383	N=917	N=645	N=1562
2	7%	9%	11%	10%
3	36%	23%	30%	28%
4	36%	26%	33%	31%
5	16%	23%	17%	19%
6 or more	5%	18%	9%	11%
Mean Household Size	3.8	4.4	3.9	4.0
Median Household Size	4.0	4.0	4.0	4.0
Proportion of participating families whose income is:	N=360	N=874	N=610	N=1484
130% of poverty or less	11%	81%	39%	51%
131-185% of poverty	10%	10%	14%	13%
Over 185% of poverty	78%	8%	47%	36%
Mean Poverty Status	295%	85%	201%	168%
Median Poverty Status	286%	71%	180%	124%

Source: Household Survey and Nonresponse Survey.

Exhibit A.6

**PROPORTION OF CHILDREN IN FAMILIES THAT
RECEIVE BENEFITS FROM OTHER FEDERAL PROGRAMS**

	Family Day Care Homes	Head Start Centers	Centers	
			Child Care Centers	All Centers
Proportion of children whose families receive ¹ :	N=384	N=919	N=647	N=1566
Food Stamps	9%	57%	23%	33%
WIC benefits for:				
Any family member	12%	44%	19%	26%
Target child ²	92%	68%	74%	71%
Other family members only ²	8%	32%	26%	29%
Proportion of children whose families receive ³ :	N=246	N=391	N=320	N=711
AFDC	6%	30%	10%	16%
Housing subsidies	3%	19%	17%	18%
Other assistance	9%	25%	13%	16%

Source: Household Survey and Nonresponse Survey.

¹Participation in Food Stamps and WIC is based on responses to the Household Survey and the Nonresponse Survey (total N=1950).

²Percentage is relative to families who receive WIC benefits for any family member.

³Participation in AFDC, housing subsidies and other assistance is based on response to the Household Survey only (total N=957).

Appendix B
Provider Tables

Appendix B contains detailed statistical tables on the characteristics of the following three providers: family day care homes, Head Start centers, and child care centers. Highlights from these tables are reported in Chapter 3 of this report. Note that all results are weighted except the N's, which provide the unweighted sample size.

Exhibit B.1a

**PROGRAM SIZE: FAMILY DAY CARE HOMES
(Own Children Excluded)**

	Percent of Providers
Enrollment	N=532
3 or fewer children	10%
4 to 6	38%
7 to 9	23%
10 to 12	18%
13 or more	11%
Mean enrollment	8.0
By years of operation:	
1 to 2 years	7.4
3 to 5 years	7.1
6 to 10 years	8.2
Over 10 years	9.9
Median enrollment	7.0
Enrollment Less Than 30 Hours/Week	N=502
No children	29%
Less than 25%	13%
25% to 49%	27%
50% to 99%	25%
All children	5%
Mean percent of children part-time	33%
Mean enrollment as % of capacity	87%
Daily Attendance	N=501
3 or fewer	12%
4 to 6	48%
7 to 9	21%
10 to 12	15%
13 or more	3%
Mean number of children	6.6
Median number of children	6.0
Mean Absentee Rate	12.9%

Source: Family Day Care Home Survey.

Note: The providers' own children have been excluded from the measures of enrollment, attendance, and capacity.

Exhibit B.1b

**PROGRAM SIZE: FAMILY DAY CARE HOMES
(Own Children Included)**

	Percent of Providers
Enrollment	N=532
3 or fewer children	8%
4 to 6	37%
7 to 9	22%
10 to 12	22%
13 or more	12%
Mean enrollment	8.3
By years of operation:	
1 to 2 years	8.3
3 to 5 years	7.5
6 to 10 years	8.6
Over 10 years	10.0
Median enrollment	7.0
Enrollment Less Than 30 Hours/Week	N=502
No children	29%
Less than 25%	13%
25% to 49%	27%
50% to 99%	25%
All children	5%
Mean percent of children part-time	33%
Mean Enrollment As % of Capacity	87%
Daily Attendance	N=501
3 or fewer	9%
4 to 6	48%
7 to 9	23%
10 to 12	18%
13 or more	3%
Mean number of children	7.0
Median number of children	6.0
Mean Absentee Rate	12.9%

Source: Family Day Care Home Survey.

Note: The providers' own children have been included in the measures of enrollment, attendance, and capacity.

Exhibit B.2

PROGRAM SIZE: CENTERS

	Head Start Centers	Child Care Centers	All Centers
Enrollment	N=896	N=599	N=1495
25 or fewer	34%	12%	20%
26 to 50	28%	33%	31%
51 to 75	16%	22%	20%
76 to 100	7%	15%	12%
101 to 150	9%	13%	11%
151 to 200	4%	4%	4%
Over 200	3%	2%	3%
Mean enrollment	59.7	69.7	66.2
By years of operation:			
1 to 2 years	42.1	51.0	47.1
3 to 5 years	44.7	56.4	51.4
6 to 10 years	56.0	66.8	64.8
Over 10 years	64.7	81.0	75.2
Median enrollment	36.0	58.0	50.0
Enrollment Less Than 30 Hours/Week	N=820	N=565	N=1385
No children	32%	26%	28%
Less than 25%	4%	24%	17%
25% to 49%	2%	18%	13%
50% to 99%	6%	12%	10%
All children	56%	20%	33%
Mean % of Children Part-Time	61%	37%	46%

**Exhibit B.2
(continued)**

	Head Start Centers	Child Care Centers	All Centers
Mean Enrollment As % of Capacity	93%	85%	88%
Daily Attendance	N=785	N=572	N=1357
25 or fewer	38%	21%	27%
26 to 50	30%	34%	33%
51 to 75	14%	23%	20%
76 to 100	7%	11%	9%
101 to 150	6%	9%	8%
151 to 200	3%	1%	2%
Over 200	2%	1%	1%
Mean number of children	52.8	56.5	55.2
Median number of children	32.0	46.0	40.0
Mean Absentee Rate	11%	18%	15%

Sources: Sponsored Center Survey, Independent Center Survey.

Exhibit B.3

**OPERATING AND SERVICE CHARACTERISTICS OF
HOMES AND CENTERS**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Hours of Operation per Day	N=524	N=892	N=599	N=1491
Fewer than 4	0%	3%	5%	4%
4 to 8	4%	62%	18%	33%
9	9%	16%	3%	7%
10	23%	10%	13%	12%
11	38%	5%	29%	20%
12	17%	2%	29%	19%
13 or more	9%	2%	4%	3%
Mean number of hours	10.7	7.6	9.9	9.1
Median	10.7	8.0	11.0	10.0
Days of Operation per Week	N=510	N=871	N=583	N=1454
4 or fewer	2%	31%	6%	15%
5	88%	67%	91%	83%
6	4%	0%	1%	0%
7	6%	1%	2%	2%
Years of Operation	N=515	N=769	N=539	N=1308
1 to 2	13%	11%	7%	9%
3 to 5	36%	26%	19%	22%
6 or more	51%	63%	73%	70%
Mean years of operation	7.4	13.9	14.7	14.4
Median	6.0	12.0	10.0	11.0

**Exhibit B.3
(continued)**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Legal Status (Centers Only)		N=844	N=564	N=1408
Public agency		56%	39%	45%
Private agency		44%	61%	55%
		N=375	N=346	N=721
For profit		1%	15%	11%
Not for profit		99%	85%	89%
Serve Children	N=532	N=891	N=598	N=1489
Under age 1	43%	2%	33%	22%
1 to 3 years	92%	59%	77%	71%
4 to 6 years	83%	100%	92%	95%
Over 6 years old	54%	2%	50%	33%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

Exhibit B.4

ELIGIBILITY FOR FREE OR REDUCED-PRICE MEALS

	Centers		
	Head Start Centers	Child Care Centers	All Centers
Proportion of centers in which the percent of enrollment eligible for free or reduced meals is:	N=775	N=518	N=1293
Less than 25%	1%	18%	12%
25 to 49%	1%	14%	9%
50 to 74%	4%	17%	12%
75 to 90%	9%	13%	12%
Over 90%	86%	37%	55%
Mean	95%	65%	76%
Median	100%	75%	94%
Mean percent of enrollment eligible for free or reduced-price meals by years of operation:			
1 to 2 years	94%	64%	78%
3 to 5 years	96%	59%	75%
6 to 10 years	97%	58%	66%
Over 10 years	96%	70%	79%
Mean percent of enrollment eligible for free meals	91%	56%	69%
Mean percent of enrollment eligible for reduced price meals	4%	9%	7%
Percent of centers with vending machines available to children	0%	4%	3%

Sources: Sponsored Center Survey, Independent Center Survey.

Exhibit B.5

KEY CHARACTERISTICS OF CENTERS BY YEARS OF OPERATION

	Head Start Centers	Child Care Centers	All Centers
Centers in Operation 1 to 2 Years	N=83	N=41	N=124
Mean enrollment	42.1	51.0	47.1
Mean percent of capacity	94%	81%	87%
Mean percent part-time	64%	57%	60%
Mean hours of operation	6.7	8.7	7.8
Centers in Operation 3 to 5 Years	N=167	N=109	N=276
Mean enrollment	44.7	56.4	51.4
Mean percent of capacity	93%	83%	87%
Mean percent part-time	62%	47%	53%
Mean hours of operation	7.5	9.5	8.6
Centers in Operation 6 to 10 Years	N=89	N=127	N=216
Mean enrollment	56.8	66.8	64.9
Mean percent of capacity	94%	83%	85%
Mean percent part-time	61%	36%	41%
Mean hours of operation	7.5	10.1	9.6
Centers in Operation Over 10 Years	N=429	N=262	N=691
Mean enrollment	64.8	81.0	75.2
Mean percent of capacity	92%	86%	89%
Mean percent part-time	59%	30%	40%
Mean hours of operation	7.5	10.3	9.3

Sources: Sponsored Center Survey, Independent Center Survey.

Exhibit B.6

MEAL SERVICE CHARACTERISTICS OF HOMES AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
	N=532	N=896	N=599	N=1495
Proportion Serving:				
Breakfast	81%	86%	75%	79%
Morning snack	50%	15%	37%	29%
Lunch	88%	95%	78%	84%
Afternoon snack	86%	63%	88%	79%
Supper	28%	1%	7%	5%
Evening snack	8%	2%	4%	3%
Proportion Serving:				
Breakfast, lunch, and afternoon snack	31%	52%	40%	44%
Morning snack, lunch, and afternoon snack	4%	3%	6%	5%
Breakfast, morning snack, lunch, and afternoon snack	29%	6%	21%	16%
Breakfast and lunch	0%	26%	2%	11%
Breakfast, morning snack, lunch, afternoon snack, and supper	12%	0%	1%	0%
Snacks only	0%	0%	12%	8%
Other combinations	24%	12%	18%	16%

**Exhibit B.6
(continued)**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Proportion Serving ¹ :				
Family style	N/A	87%	59%	69%
Cafeteria style	N/A	13%	25%	21%
Restaurant style	N/A	9%	33%	25%
Proportion of FDCHs Where:				
Provider serves children	66%	N/A	N/A	N/A
Children serve themselves	1	N/A	N/A	N/A
Both	33	N/A	N/A	N/A
Proportion Serving Meals Prepared Off-Site:				
	5%	45%	31%	36%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹FDCHs were not asked about the style of meal service.

Exhibit B.7

MENU PLANNING IN HOMES AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Menu Planner:	N=517	N=853	N=542	N=1395
Sponsoring agency	4%	16%	10%	12%
Director/home care provider	94%	3%	13%	9%
Center cook	0%	8%	29%	21%
School district	0%	11%	24%	19%
Vendor/caterer	0%	3%	7%	6%
Dietitian/nutritionist	0%	45%	9%	23%
Teacher	0%	3%	4%	4%
Food service manager	0%	4%	2%	3%
Parents/food service committee	0%	2%	0%	1%
Nutrition coordinator	0%	5%	0%	2%
Other	2%	0%	0%	0%
Use Menu Cycle:	N=532	N=896	N=599	N=1495
(percent yes)	32%	70%	68%	69%
Length of Menu Cycle:	N=191	N=633	N=398	N=1031
One week	13%	1%	3%	2%
2 to 3 weeks	20%	3%	12%	9%
4 to 5 weeks	47%	47%	50%	49%
6 or more weeks	16%	33%	24%	27%
Other	4%	16%	10%	12%
Mean length (weeks)	3.4	4.6	4.1	4.3
Median	4.0	4.0	4.0	4.0

**Exhibit B.7
(continued)**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Last Major Change in Menu Cycle:	N=162	N=540	N=345	N=885
In last 6 months	69%	50%	58%	55%
6 months to 1 year ago	21%	31%	29%	30%
1 to 5 years ago	9%	16%	11%	13%
More than 5 years ago	1%	3%	3%	3%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

Exhibit B.8

CHARACTERISTICS OF FORMAL TRAINING IN HOMES AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Nutrition training (all providers):	N=532	N=896	N=599	N=1495
Any training in past year:	79%	88%	76%	80%
Number of formal training sessions in past year ¹ :	N=421	N=799	N=464	N=1263
0	5%	0%	3%	2%
1 to 2	65%	34%	49%	43%
3 to 4	21%	31%	30%	30%
5 or more	9%	34%	16%	23%
Mean	2.4	4.4	3.1	3.6
Median	2.0	3.5	2.0	3.0
Mean length of training sessions (in hours) ²	3.4	4.2	3.7	3.9
Median length of training sessions (in hours) ²	2.0	2.0	2.0	2.0
Percent of food preparers required to attend ³	84%	95%	90%	92%
Methods of training ³ :				
Group training	77%	96%	84%	88%
Individual training/orientation	31%	48%	44%	45%
Newsletter/written material for self-study	65%	38%	42%	41%
Videotapes for self-study	12%	16%	14%	15%
Other methods	7%	6%	2%	4%
Who conducted the training ³ :	N=421	N=799	N=464	N=1263
Sponsor staff ⁴	11%	73%	36%	50%
Center staff ⁵	0%	36%	48%	44%
State staff	25%	25%	40%	34%
Guest speaker	45%	51%	32%	39%
Other	3%	18%	13%	15%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹ If training=yes. Refused, Don't Know, Missing omitted from calculation.

² Refused, Don't Know, Missing omitted from calculation.

³ If training=yes. Refused, Don't Know, Missing treated as "no."

⁴ Independent centers not given this option and treated as "no."

⁵ Family day care homes not given this option.

Exhibit B.9

TOPICS COVERED IN FORMAL TRAINING SESSIONS IN FDCHs AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Nutrition Training Topics (any training=yes) ¹ :	N=421	N=799	N=464	N=1263
Nutrition Topics				
Menu planning	58%	69%	59%	62%
Types and amounts of food to serve	61%	78%	64%	69%
Nutrient content of foods	62%	60%	50%	53%
<i>Dietary Guidelines for Americans</i>	38%	46%	32%	37%
Nutrition education for children	57%	70%	46%	54%
Nutrition education for food preparers	48%	63%	43%	50%
Meal preparation techniques	48%	59%	46%	50%
Mean Number of Nutrition Topics	4.7	5.1	4.5	4.7
Administrative Topics ¹				
Meal counts	40%	70%	55%	60%
Food production records	34%	66%	53%	57%
Food safety/sanitation	57%	83%	68%	73%
Food purchasing	34%	60%	44%	50%
Food storage	42%	74%	57%	63%
Family-style serving	23%	65%	33%	44%
Filing claims ²	N/A	24%	30%	27%
Free and reduced price meal applications ²	N/A	33%	35%	34%

¹Refused, Don't Know, Missing treated as "no."

²Family day care homes not given the options of filing claims or free and reduced-price meal applications.

**Exhibit B.9
(continued)**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Mean number of administrative topics excluding claims and applications	2.9	4.8	4.1	4.3
Mean number of administrative topics including claims and applications ²	N/A	5.4	4.9	5.1
Mean number of nutrition and administrative topics ³	7.6	9.8	8.5	9.0

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

²Family day care homes not given the options of filing claims or free and reduced-price meal applications.

³Excludes filing claims, meal applications, and other topics.

Exhibit B.10a

CACFP MONITORING OF SPONSORED HOMES AND CENTERS

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Percent sponsored:	100%	98%	55%	70%
	N=532	N=883	N=313	N=1196
Same sponsor as in June 1994 (sponsored providers) ¹ :	91%	95%	90%	93%
Proportion of sites ever visited by sponsors (sponsored providers) ¹ :	98%	94%	88%	91%
Number of sponsor visits per year (visited providers):	N=518	N=827	N=273	N=1100
1	4%	6%	10%	8%
2	7%	7%	11%	9%
3	29%	19%	14%	16%
4 to 6	48%	10%	13%	11%
7 to 12	8%	22%	19%	21%
13 to 24	2%	9%	7%	8%
25 to 52	1%	19%	14%	17%
More than 52	0%	7%	12%	9%
Mean	5.3	25.6	30.6	28.1
Median	4.0	12.0	10.0	12.0
Average length of sponsor visits in minutes (visited providers):	N=502	N=784	N=266	N=1050
15 minutes or less	7%	2%	5%	3%
16 to 30	42%	13%	24%	19%
31 to 45	17%	5%	7%	6%
46 to 60	28%	24%	27%	25%
61 to 120	5%	26%	19%	23%
121 to 180 minutes	0%	12%	5%	8%
Over 180 minutes	0%	17%	13%	15%
Mean	94.5	147.7	124.7	136.3
Median	38.0	90.0	60.0	60.0

¹Refused, Don't Know, Missing treated as "no."

Exhibit B.10a
(continued)

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Yearly total length of sponsor visits in hours (visited providers):	N=502	N=784	N=266	N=1050
1 or less	15%	6%	7%	6%
1 to 2	34%	6%	12%	9%
2 to 3	21%	9%	10%	10%
3 to 5	15%	4%	10%	7%
5 to 10	7%	16%	15%	15%
10 to 20	4%	14%	12%	13%
20 to 50	2%	19%	12%	16%
Over 50	2%	27%	21%	24%
Mean	7.0	54.5	71.0	62.7
Median	2.2	17.5	8.0	12.0
	N=518	N=830	N=273	N=1103
Percent of providers sometimes receiving surprise visits (visited providers) ¹ :	52%	70%	58%	64%
Reasons for surprise visits (surprise visits=yes) ¹ :	N=274	N=579	N=166	N=745
Provide training for staff ²	N/A	44%	35%	40%
Check up on the provider	79%	86%	82%	84%
Respond to a family complaint	3%	18%	14%	16%
Respond to a complaint from the state	3%	9%	8%	9%
Sponsor doesn't like to follow a schedule	5%	14%	21%	17%
Unknown	14%	10%	15%	12%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹ Refused, Don't Know, Missing treated as "no."

² Family day care homes not given this option.

Exhibit B.10b

CACFP MONITORING OF SPONSORED HOME AND CENTER PROVIDERS WITH MORE THAN 52 VISITS PER YEAR EXCLUDED

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Percent sponsored:	100%	98%	53%	69%
	N=530	N=824	N=282	N=1106
Same sponsor as in June 1994 (sponsored providers) ¹ :	91%	95%	89%	92%
Proportion of sites ever visited by sponsors (sponsored providers) ¹ :	98%	93%	86%	90%
Number of sponsor visits per year (visited providers):	N=516	N=768	N=242	N=1010
1	4%	7%	11%	9%
2	7%	8%	13%	10%
3	29%	20%	16%	18%
4 to 6	48%	11%	14%	12%
7 to 12	8%	24%	22%	23%
13 to 24	2%	10%	8%	9%
25 to 52	1%	21%	16%	18%
Mean	5.1	16.9	13.7	15.4
Median	4.0	12.0	4.0	8.0
Average length of sponsor visits in hours (visited providers):	N=500	N=728	N=235	N=963
15 minutes or less	7%	2%	5%	3%
16 to 30	43%	13%	25%	19%
31 to 45	17%	5%	7%	6%
46 to 60	28%	24%	29%	27%
61 to 120	5%	26%	18%	22%
121 to 180	0%	12%	5%	9%
Over 180 minutes	0%	17%	12%	15%
Mean	94.5	150.2	120.9	136.1
Median	38.0	90.0	60.0	90.0

¹Refused, Don't Know, Missing treated as "no."

**Exhibit B.10b
(continued)**

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Yearly total length of sponsor visits in hours: (visited providers)	N=500	N=728	N=235	N=963
1 or less	15%	6%	8%	7%
1 to 2	34%	6%	14%	10%
2 to 3	21%	10%	12%	11%
3 to 5	15%	4%	11%	7%
5 to 10	7%	17%	17%	17%
10 to 20	4%	15%	14%	14%
20 to 50	2%	20%	14%	17%
Over 50	2%	22%	11%	17%
Mean	6.8	40.0	19.7	30.2
Median	2.2	12.0	6.0	9.0
	N=516	N=771	N=242	N=1013
Percent of providers sometimes receiving surprise visits (visited providers) ¹ :	52%	69%	58%	64%
Reasons for surprise visits (surprise visits=yes) ¹ :	N=274	N=529	N=147	N=676
Provide training for staff ²	N/A	43%	37%	41%
Check up on the provider	79%	85%	81%	83%
Respond to a family complaint	3%	18%	12%	15%
Respond to a complaint from the state	3%	8%	8%	8%
Sponsor doesn't like to follow a schedule	5%	14%	17%	15%
Unknown	14%	10%	14%	12%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹Refused, Don't Know, Missing treated as "no."

²Family day care homes not given this option.

Exhibit B.11

TOPICS OF A TYPICAL CACFP MONITORING VISIT BY SPONSORS

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Topics discussed (visited providers) ¹ :	N=518	N=830	N=273	N=1103
Nutrition Topics				
Menu planning	83%	50%	59%	54%
Types and amounts of food to serve	84%	73%	67%	70%
Nutrient content of foods	68%	45%	46%	45%
<i>Dietary Guidelines for Americans</i>	32%	23%	24%	23%
Nutrition education for children	62%	72%	50%	61%
Nutrition education for food preparers	52%	44%	40%	42%
Mean number of nutrition topics	3.8	3.1	2.9	3.0
Administrative Topics				
Meal counts	84%	77%	81%	79%
Food production records	61%	61%	65%	63%
Food safety/sanitation	68%	84%	72%	78%
Food purchasing	32%	47%	48%	48%
Food storage	43%	72%	61%	66%
Filing claims ²	N/A	20%	32%	26%
Free and reduced price meal applications ²	N/A	28%	46%	37%

¹Refused, Don't Know, Missing treated as "no."

²Family day care homes not given the options of filing claims or free and reduced-price meal applications.

**Exhibit B.11
(continued)**

	Centers			All Centers
	Family Day Care Homes	Head Start Centers	Child Care Centers	
Mean number of administrative topics excluding claims and applications	2.9	3.4	3.3	3.3
Mean number of administrative topics including claims and applications ²	N/A	3.9	4.1	4.0
Mean number of nutrition and administrative topics ³	6.7	6.5	6.1	6.3

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

²Family Day Care Homes not given the options of filing claims or free and reduced-price meal applications.

³Excludes “filing claims,” “meal applications,” and “other.”

Exhibit B.12a

**TOPICS COVERED IN FORMAL TRAINING SESSIONS OR MONITORING VISITS
OF FDCHs AND CENTERS**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Topics covered (all providers) ¹	N=532	N=896	N=599	N=1495
<u>NUTRITION TOPICS</u>				
Menu Planning	90%	78%	67%	71%
training sessions only	9%	32%	38%	36%
monitoring visits only	32%	9%	8%	9%
both training and visits	49%	37%	20%	26%
Types and Amounts of Food to Serve	90%	89%	71%	78%
training sessions only	8%	22%	39%	33%
monitoring visits only	29%	12%	8%	9%
both training and visits	53%	56%	25%	36%
Nutrient Content of Foods	84%	71%	56%	61%
training sessions only	17%	30%	34%	32%
monitoring visits only	22%	11%	7%	8%
both training and visits	45%	31%	16%	21%
<i>Dietary Guidelines for Americans</i>	51%	52%	35%	41%
training sessions only	20%	31%	23%	26%
monitoring visits only	13%	6%	3%	4%
both training and visits	18%	15%	8%	11%
Nutrition Education for Children	78%	85%	54%	65%
training sessions only	18%	18%	30%	26%
monitoring visits only	21%	14%	8%	10%
both training and visits	39%	52%	16%	29%

¹Refused, Don't Know, Missing treated as "no."

Exhibit B.12a
(continued)

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Nutrition Education for Food Preparers	69%	69%	47%	55%
training sessions only	18%	28%	28%	28%
monitoring visits only	21%	6%	5%	5%
both training and visits	30%	35%	15%	22%
Meal Preparation Techniques ²	48%	59%	46%	50%
training sessions only	48%	59%	46%	50%
monitoring visits only	N/A	N/A	N/A	N/A
both training and visits	N/A	N/A	N/A	N/A
<u>ADMINISTRATIVE TOPICS</u>				
Meal Counts	86%	86%	70%	76%
training sessions only	4%	16%	31%	26%
monitoring visits only	47%	16%	15%	16%
both training and visits	35%	54%	24%	35%
Food Production Records	67%	76%	61%	66%
training sessions only	7%	19%	29%	26%
monitoring visits only	32%	10%	8%	9%
both training and visits	27%	47%	24%	32%
Food Safety/Sanitation	82%	93%	74%	81%
training sessions only	16%	16%	39%	31%
monitoring visits only	25%	10%	6%	8%
both training and visits	41%	67%	29%	42%
Food Purchasing	48%	67%	49%	55%
training sessions only	17%	24%	26%	25%
monitoring visits only	14%	7%	5%	6%
both training and visits	17%	36%	19%	25%

²This option not given for sponsor visits.

Exhibit B.12a
(continued)

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Food Storage	59%	86%	63%	71%
training sessions only	17%	20%	34%	29%
monitoring visits only	17%	12%	6%	8%
both training and visits	25%	54%	24%	34%
Family-Style Serving ²	23%	65%	33%	44%
training sessions only	23%	65%	33%	44%
monitoring visits only	N/A	N/A	N/A	N/A
both training and visits	N/A	N/A	N/A	N/A
Filing Claims ³	N/A	32%	38%	36%
training sessions only	N/A	13%	22%	19%
monitoring visits only	N/A	8%	8%	8%
both training and visits	N/A	11%	7%	8%
Free and Reduced-Price Meal Applications ³	N/A	42%	45%	44%
training sessions only	N/A	17%	22%	20%
monitoring visits only	N/A	10%	10%	10%
both training and visits	N/A	16%	12%	14%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

²This option not given for sponsor visits.

³Family day care homes not given this option.

Exhibit B.12b

**TOPICS COVERED IN FORMAL TRAINING SESSIONS OR MONITORING VISITS:
SPONSORED AND INDEPENDENT CHILD CARE CENTERS**

	Sponsored Centers	Independent Centers	Sponsored plus Independent
Topics covered (all providers) ¹	N=273	N=326	N=599
<u>NUTRITION TOPICS</u>			
Menu Planning	77%	58%	67%
training sessions only	18%	58%	38%
monitoring visits only	17%	N/A	8%
both training and visits	42%	N/A	20%
Types and Amounts of Food to Serve	84%	60%	71%
training sessions only	17%	60%	39%
monitoring visits only	16%	N/A	8%
both training and visits	51%	N/A	25%
Nutrient Content of Foods	67%	46%	56%
training sessions only	21%	46%	34%
monitoring visits only	14%	N/A	7%
both training and visits	32%	N/A	16%
<i>Dietary Guidelines for Americans</i>	44%	27%	35%
training sessions only	20%	27%	23%
monitoring visits only	7%	N/A	3%
both training and visits	17%	N/A	8%
Nutrition Education for Children	66%	43%	54%
training sessions only	16%	43%	30%
monitoring visits only	17%	N/A	8%
both training and visits	33%	N/A	16%

¹Refused, Don't Know, Missing treated as "no."

Exhibit B.12b
(continued)

	Sponsored Centers	Independent Centers	Sponsored plus Independent
Nutrition Education for Food Preparers	61%	35%	47%
training sessions only	21%	35%	28%
monitoring visits only	10%	N/A	5%
both training and visits	30%	N/A	15%
Meal Preparation Techniques ²	54%	38%	46%
training sessions only	54%	38%	46%
monitoring visits only	N/A	N/A	N/A
both training and visits	N/A	N/A	N/A
<u>ADMINISTRATIVE TOPICS</u>			
Meal Counts	90%	51%	70%
training sessions only	10%	51%	31%
monitoring visits only	32%	N/A	15%
both training and visits	49%	N/A	24%
Food Production Records	74%	48%	61%
training sessions only	9%	48%	29%
monitoring visits only	16%	N/A	8%
both training and visits	48%	N/A	24%
Food Safety/Sanitation	87%	62%	74%
training sessions only	15%	62%	39%
monitoring visits only	13%	N/A	6%
both training and visits	59%	N/A	29%
Food Purchasing	62%	37%	49%
training sessions only	13%	37%	26%
monitoring visits only	10%	N/A	5%
both training and visits	38%	N/A	19%

²This option not given for sponsor visits.

Exhibit B.12b
(continued)

	Sponsored Centers	Independent Centers	Sponsored plus Independent
Food Storage	78%	49%	63%
training sessions only	17%	49%	34%
monitoring visits only	12%	N/A	6%
both training and visits	49%	N/A	24%
Family-Style Serving ²	41%	24%	33%
training sessions only	41%	24%	33%
monitoring visits only	N/A	N/A	N/A
both training and visits	N/A	N/A	N/A
Filing Claims	41%	35%	38%
training sessions only	9%	35%	22%
monitoring visits only	18%	N/A	8%
both training and visits	15%	N/A	7%
Free and Reduced-Price Meal Applications	55%	35%	45%
training sessions only	9%	35%	22%
monitoring visits only	21%	N/A	10%
both training and visits	26%	N/A	12%

Sources: Sponsored Center Survey, Independent Center Survey.

²This option not given for sponsor visits.

Exhibit B.12c

TOTAL NUMBER OF TOPICS COVERED IN FORMAL TRAINING SESSIONS AND SPONSOR OR MONITORING VISITS OF FDCHs AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
All Providers	N=532	N=896	N=599	N=1495
Number of Nutrition Topics				
0	1%	3%	18%	13%
1	3%	3%	6%	5%
2	6%	7%	8%	8%
3	10%	11%	14%	12%
4	13%	10%	11%	11%
5	17%	15%	10%	12%
6	25%	16%	14%	15%
7	26%	34%	20%	25%
Mean	5.1	5.0	3.8	4.2
Median	6.0	6.0	4.0	5.0
Number of Administrative Topics ¹				
0	1%	3%	16%	11%
1	9%	2%	5%	4%
2	17%	4%	6%	5%
3	19%	6%	10%	9%
4	18%	11%	10%	10%
5	22%	20%	13%	16%
6	14%	23%	12%	16%
7	N/A	17%	15%	16%
8	N/A	15%	12%	13%
Mean	3.7	5.5	4.3	4.7
Median	4.0	6.0	5.0	5.0

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹Family day care homes have a maximum of six topics; centers have a maximum of eight.

Exhibit B.12d

**TOTAL NUMBER OF TOPICS COVERED IN FORMAL TRAINING SESSIONS
OR MONITORING VISITS:
SPONSORED AND INDEPENDENT CHILD CARE CENTERS**

	Sponsored Centers	Independent Centers	Sponsored plus Independent
All Providers	N=273	N=326	N=599
Number of Nutrition Topics			
0	7%	29%	18%
1	6%	6%	6%
2	6%	11%	8%
3	17%	10%	14%
4	11%	10%	11%
5	12%	9%	10%
6	15%	12%	14%
7	27%	13%	20%
Mean	4.5	3.1	3.8
Median	5.0	3.0	4.0
Number of Administrative Topics			
0	1%	31%	16%
1	6%	4%	5%
2	5%	6%	6%
3	9%	11%	10%
4	11%	9%	10%
5	17%	10%	13%
6	19%	6%	12%
7	17%	14%	15%
8	15%	9%	12%
Mean	5.3	3.4	4.3
Median	6.0	3.0	5.0

Sources: Sponsored Center Survey, Independent Center Survey.

Exhibit B.13

FUNDING SOURCES FOR HOMES AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Providers with exclusively unsubsidized children	N=532 56%	N=896 0%	N=599 11%	N=1495 7%
Providers with exclusively subsidized children	9%	96%	18%	46%
Providers with both subsidized and unsubsidized children	35%	4%	71%	47%
Mean unsubsidized hourly fee for full time care (some children not subsidized=yes) ²	N=429 \$1.90	N=39 \$2.22	N=409 \$1.98	N=448 \$1.98
Providers that charge separately for meals (all providers) ^{1,3}	N=532 0%	N=896 2%	N=599 4%	N=1495 3%
Sources of government funding (some children subsidized=yes) ¹	N=175	N=896	N=449	N=1345
Federal ⁴	14%	100%	45%	69%
State	68%	26%	77%	55%
Other ⁵	13%	1%	7%	4%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

¹Refused, Don't Know, Missing treated as "no."

²Refused, Don't Know, Missing omitted from calculation.

³Meal charges are not presented because of small sample sizes.

⁴All Head Start centers receive federal subsidies.

⁵Primarily local government funding.

Exhibit B.14

**ROLE OF FAMILY DAY CARE BUSINESS RELATIVE TO HOUSEHOLD INCOME
FOR FAMILY PROVIDERS**

Family Day Care Homes	
Percent of Household Income That Comes from Family Day Care Business	N=356
Less than 25%	26%
25% to 50%	52%
51% to 75%	15%
76% to 100%	8%
Mean	55%
Median	43%
Percent of Family Day Care Income from Sponsor for Food Served	N=336
Less than 25%	79%
25% to 50%	17%
51% to 75%	1%
76% to 100%	3%
Mean	20%
Median	14%
Household Income	N=470
Mean	\$32,526
Median	\$30,905
Household Size	N=532
Mean	6.2
Median	4.0
Household Income as a Percent of Poverty Level	N=452
130% of poverty or less	25%
131% to 185% of poverty	13%
Over 185% of poverty	62%
Mean	228%
Median	224%

Source: Family Day Care Home Survey.

Exhibit B.15

**PARTICIPATION IN CACFP BY CENTERS
CLAIMS FOR FREE OR REDUCED-PRICE MEALS**

	Head Start Centers	Child Care Centers	All Centers
Mean Number of Serving Days Last Month	N=773 17	N=531 20	N=1304 19
Last Month's Percent of Free, Reduced-Price, and Full-Price Meals by Type of Meal			
Claimed: Percent Free			
Breakfast	N=659 92%	N=345 64%	N=1004 75%
	N=701	N=366	N=1067
Lunch	93%	64%	76%
	N=28	N=43	N=71
Supper	33%	67%	61%
	N=510	N=417	N=927
Snack	93%	61%	71%
Claimed: Percent Reduced			
Breakfast	N=643 5%	N=336 11%	N=979 8%
	N=684	N=356	N=1040
Lunch	5%	11%	8%
	N=28	N=42	N=70
Supper	45%	19%	24%
	N=496	N=408	N=904
Snack	4%	10%	9%

Exhibit B.15
(continued)

	Head Start Centers	Child Care Centers	All Centers
Claimed: Percent Full Price	N=642	N=332	N=974
Breakfast	4%	26%	17%
	N=683	N=353	N=1036
Lunch	2%	26%	16%
	N=28	N=40	N=68
Supper	22%	15%	16%
	N=497	N=402	N=899
Snack	3%	30%	22%

Sources: Sponsored Center Survey, Independent Center Survey.

Exhibit B.16

QUALITATIVE FEEDBACK ON CACFP BY HOMES AND CENTERS

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
How Important Is CACFP in Meeting the Nutritional Needs of Children?	N=496	N=824	N=561	N=1385
very important	84%	97%	89%	92%
somewhat important	14%	2%	8%	6%
not very important	1%	0%	3%	2%
not at all important	0%	0%	0%	0%
Level of Burden on Staff	N=485	N=762	N=542	N=1304
Application renewal process				
1 not at all burdensome	67%	37%	29%	32%
2 not very burdensome	22%	30%	29%	29%
3 somewhat burdensome	9%	24%	33%	30%
4 very burdensome	2%	9%	8%	9%
mean	1.4	2.1	2.2	2.2
median	1.0	2.0	2.0	2.0
Monthly accounting requirements				
1 not at all burdensome	44%	30%	24%	26%
2 not very burdensome	30%	34%	34%	34%
3 somewhat burdensome	23%	27%	33%	31%
4 very burdensome	3%	9%	9%	9%
mean	1.9	2.1	2.3	2.2
median	2.0	2.0	2.0	2.0

**Exhibit B.16
(continued)**

	Family Day Care Homes	Centers		
		Head Start Centers	Child Care Centers	All Centers
Meal pattern requirements				
1 not at all burdensome	52%	52%	42%	45%
2 not very burdensome	29%	35%	39%	37%
3 somewhat burdensome	17%	12%	16%	15%
4 very burdensome	3%	1%	3%	3%
mean	1.7	1.6	1.8	1.7
median	1.0	1.0	2.0	2.0
Are CACFP Meal Pattern Requirements Appropriate?				
	N=482	N=812	N=545	N=1357
percent yes	98%	98%	95%	96%
How Satisfactory Is the CACFP Reimbursement Rate?				
	N=492	N=701	N=501	N=1202
very satisfactory	53%	41%	44%	43%
somewhat satisfactory	41%	47%	47%	47%
not very satisfactory	5%	10%	8%	8%
not at all satisfactory	1%	2%	1%	2%

Sources: Family Day Care Home Survey, Sponsored Center Survey, Independent Center Survey.

Appendix C
Sponsor Tables

Appendix C contains detailed statistical tables on the characteristics of the three sponsor types: family day care homes, Head Start centers, and child care centers. Highlights from these tables are reported in Chapter 4 of this report. Note that all results are weighted except the N's, which provide the unweighted sample size.

Exhibit C.1a

**NUMBER AND TYPES OF FAMILY DAY CARE HOMES SPONSORED
BY CACFP SPONSORS**

	FDCH Sponsors
Number of Sites Sponsored:	N=146
1–20	13%
21–50	36%
51–100	15%
101–200	20%
201–500	9%
Over 500	6%
Mean	156
Median	54
Sponsor Any Other Program:	
No	55%
Yes	45%
Other Programs Sponsored:	N=46
Family day care homes	N/A
Head Start centers	36%
Child care centers	84%
Outside school-hours care	12%
Home-based Head Start	21%
Other	15%

Source: Survey of Child Care Sponsors.

Exhibit C.1b

**NUMBER AND TYPES OF CENTERS
SPONSORED BY CACFP SPONSORS**

	Head Start Sponsors	Child Care Sponsors	All Centers Sponsors
Number of Sites Sponsored:	N=283	N=105	N=388
1–2	12%	60%	34%
3–5	24%	26%	29%
6–10	35%	9%	16%
11–20	23%	4%	17%
21–40	5%	1%	4%
Over 40	1%	0%	1%
Mean	9.0	3.7	6.9
Median	7.0	2.0	4.0
Sponsor Any Other Program:			
No	41%	35%	44%
Yes	59%	65%	56% ¹
Other Programs Sponsored:	N=175	N=79	N=227 ¹
Family day care homes	21%	31%	31%
Head Start centers	N/A	33%	N/A
Child care centers	45%	N/A	N/A
Outside school hours care	22%	67%	59%
Home-based Head Start	60%	10%	29%
Other	18%	19%	21%

Source: Survey of Child Care Sponsors.

¹For the All Centers column, the other programs sponsored excludes Head Start centers and child care centers.

Exhibit C.2

CHARACTERISTICS OF SPONSORING AGENCIES

	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors	All Centers Sponsors
		N=278		
Description of Agency:	N=142		N=101	N=379
School district	10%	8%	10%	10%
Public social service agency	18%	18%	9%	12%
Private social service agency	37%	25%	24%	25%
College or university	4%	1%	6%	4%
Charitable foundation	4%	1%	7%	5%
Religious organization	3%	0%	7%	5%
Child care chain (for-profit)	0%	0%	7%	4%
Other nonprofit entity	24%	32%	27%	29%
Other	2%	14%	2%	6%
Participation in Other USDA Programs:	N=141	N=265	N=95	N=360
National School Lunch Program	10%	3%	8%	7%
School Breakfast Program	10%	4%	7%	6%
Summer Food Service Program	15%	19%	28%	25%
Special Milk Program	0%	1%	0%	0%
Food Donations Program	7%	41%	25%	30%
Nutrition Education and Training	61%	61%	58%	59%
Expanded Food Nutrition Education Program	10%	22%	7%	13%
Other	9%	8%	7%	8%
Proportion of Revenue from CACFP	N=144	N=279	N=104	N=383
Less than 25%	30%	100%	92%	95%
26% to 50%	15%	0%	8%	5%
51% to 75%	13%	0%	0%	0%
76% to 100%	42%	0%	0%	0%
Mean	53.2	12.7	14.9	14.2
Median	53.8	12.0	15.5	15.0

Source: Survey of Child Care Sponsors.

Exhibit C.3

FREQUENCY AND AVERAGE LENGTH OF MONITORING VISITS BY SPONSORS

	FDCH Sponsors	Head Start Sponsors ¹	Child Care Sponsors ¹	All Centers Sponsors
Number of Monitoring Visits per Year:	N=143	N=262	N=88	N=349
1	0%	5%	4%	4%
2	1%	6%	6%	6%
3	66%	41%	35%	37%
4–6	12%	8%	23%	18%
7–12	6%	24%	16%	19%
13–24	5%	7%	3%	5%
25–52	9%	9%	12%	11%
Over 52 visits	0%	0%	0%	0%
Mean	10.3	11.0	11.2	11.1
Median	3.0	3.0	4.0	4.0
Average Length of Monitoring Visit in Minutes:				
15 minutes or less	3%	1%	2%	2%
16 to 30	23%	11%	18%	15%
31 to 45	23%	6%	12%	10%
46 to 60	35%	35%	40%	38%
61 to 120	16%	26%	20%	22%
121 to 180	0%	10%	5%	7%
Over 180 minutes	0%	11%	4%	6%
Mean	54	102	74	84
Median	52	60	60	60

Source: Survey of Child Care Sponsors.

¹Excludes sponsors that visit centers more than 52 times per year. Such sponsors tend to be co-located with the centers.

**Exhibit C.3
(continued)**

	FDCH Sponsors	Head Start Sponsors¹	Child Care Sponsors¹	All Centers Sponsors
Yearly Total Length of Sponsor Visits in Hours:	N=142	N=261	N=88	N=349
1 or less	4%	4%	6%	5%
1–2	29%	6%	13%	10%
2–3	37%	20%	22%	21%
3–5	10%	7%	14%	12%
5–10	3%	19%	12%	15%
10–20	6%	20%	19%	19%
20–50	2%	17%	8%	11%
Over 50 hours	10%	7%	6%	6%
Mean	14.2	16.3	11.0	13.0
Median	3.0	7.5	4.0	6.0

Source: Survey of Child Care Sponsors.

¹Excludes sponsors that visit centers more than 52 times per year. Such sponsors tend to be co-located with the centers.

Exhibit C.4a

**PROGRAM AREAS RANKED BY CACFP MONITORS ACCORDING TO
TIME SPENT REVIEWING
SPONSORS OF FAMILY DAY CARE HOMES**

Program Areas	Average Score
	N=146
Types and amounts of food to serve	2.8
Meal counts	2.4
Menu planning	2.2
Food production records	1.8
Filing claims	1.2
Nutrition education for food preparers	0.8
Food purchasing	0.7
Nutrient content of foods	0.7
Food safety/sanitation	0.7
Nutrition education for children	0.6
<i>Dietary Guidelines for Americans</i>	0.4
Free and reduced-price meal applications	0.2
Other	0.2
Food storage	0.1

Note: Each sponsor ranked the top five program areas according to the amount of time they spent on those topics during their monitoring visits. The score gives 5 points to the topic with the most time and 1 point to the topic with the least time among the five listed. The score was then weighted, summed across sponsors, and finally divided by the number of sponsors of that mode.

Exhibit C.4b

**PROGRAM AREAS RANKED BY CACFP MONITORS ACCORDING TO
TIME SPENT REVIEWING
SPONSORS OF HEAD START CENTERS**

Program Areas	Average Score
	N=281
Meal counts	2.1
Food production records	2.0
Free and reduced-price meal applications	1.9
Menu planning	1.8
Food safety/sanitation	1.3
Types and amounts of food to serve	1.3
Filing claims	1.2
Food purchasing	1.0
Nutrition education for children	0.7
Nutrient content of foods	0.5
Nutrition education for food preparers	0.5
Food storage	0.3
<i>Dietary Guidelines for Americans</i>	0.1
Other	0.1

Note: Each sponsor ranked the top five program areas according to the amount of time they spent on those topics during their monitoring visits. The score gives 5 points to the topic with the most time and 1 point to the topic with the least time among the five listed. The score was then weighted, summed across sponsors, and finally divided by the number of sponsors of that mode.

Exhibit C.4c

**PROGRAM AREAS RANKED BY CACFP MONITORS ACCORDING TO
TIME SPENT REVIEWING
SPONSORS OF CHILD CARE CENTERS**

Program Areas	Average Score
	N=103
Meal counts	2.2
Food production records	1.8
Free and reduced-price meal applications	1.8
Types and amounts of food to serve	1.7
Menu planning	1.7
Food safety/sanitation	1.6
Filing claims	1.2
Nutrient content of foods	0.8
Food purchasing	0.8
Food storage	0.5
Nutrition education for children	0.3
Nutrition education for food preparers	0.3
Other	0.1
<i>Dietary Guidelines for Americans</i>	0.0

Note: Each sponsor ranked the top five program areas according to the amount of time they spent on those topics during their monitoring visits. The score gives 5 points to the topic with the most time and 1 point to the topic with the least time among the five listed. The score was then weighted, summed across sponsors, and finally divided by the number of sponsors of that mode.

Exhibit C.5

IN-SERVICE TRAINING PROVIDED BY CACFP SPONSORS

	FDCH Sponsors	Head Start Sponsors	Child Care Sponsors	All Centers Sponsors
Percent of sponsors providing in-service training to (all sponsors) ¹ :	N=147	N=284	N=105	N=389
Administrative staff	N/A	67%	67%	67%
Family day care providers	82%	N/A	N/A	N/A
Center staff	0%	96%	77%	83%
Food preparers/menu planners food purchasers	N/A	81%	78%	79%
In-service training topics (sponsors providing training):	N=143	N=281	N=102	N=383
Nutrition Topics				
Menu planning	98%	66%	63%	64%
Types and amounts of food to serve	94%	83%	78%	79%
Nutrient content of foods	82%	58%	46%	50%
<i>Dietary Guidelines for Americans</i>	66%	40%	33%	35%
Nutrition education for children	76%	58%	42%	48%
Nutrition education for food preparers	71%	61%	45%	51%
Meal preparation techniques	71%	57%	45%	49%
Mean number of nutrition topics	5.6	4.2	3.5	3.8
Administrative Topics				
Meal counting procedures	89%	68%	62%	64%
Food production records	50%	69%	59%	62%
Food safety/sanitation	89%	84%	80%	81%
Food purchasing	59%	58%	50%	53%
Food storage	66%	68%	51%	57%
Family-style serving	66%	63%	42%	49%
Filing CACFP claims	72%	21%	34%	29%
Free and reduced-price meal applications	61%	38%	42%	40%
Mean number of administrative topics	5.5	4.7	4.2	4.4

Source: Survey of Child Care Sponsors.
¹Refused, Don't Know, Missing treated as "no."

Appendix D

Study Design

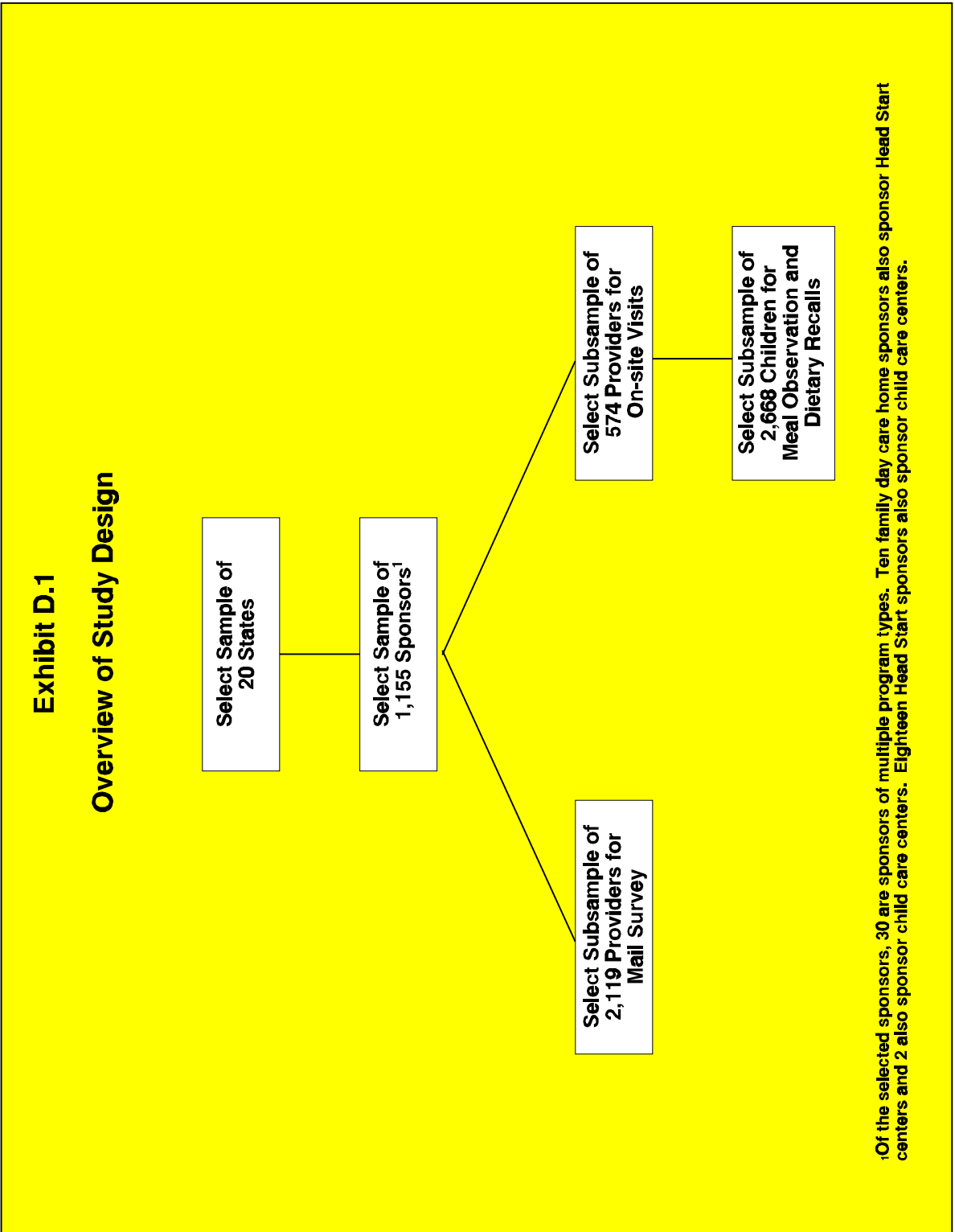
Appendix D presents a nontechnical summary of the study design for the Early Childhood and Child Care Study. A discussion of the procedures that were used to identify, select, and recruit study participants is presented in Appendix F, which also discusses survey implementation and response rates.

A multistage cluster sample design was used in this study to take advantage of the nested hierarchy of the populations of interest. The hierarchical structure is as follows: each State administers the CACFP through sponsors; sponsors¹ in turn administer the program through child care providers; child care providers, which may include family day care homes, child care centers, and Head Start centers, care for children; and finally, participating children are served CACFP-reimbursable meals and snacks by providers. Consequently, the sample was processed in four stages:

- Stage 1: Selection of States;
- Stage 2: Selection of sponsors;
- Stage 3: Selection of child care providers; and
- Stage 4: Selection of children and families.

An overview of the sample design structure for the Early Childhood and Child Care Study is shown in Exhibit D.1. Each stage of sample selection is discussed in the following sections.

¹For the purposes of this study, independent child care centers are considered sponsors.



STAGE 1: SELECTION OF STATES

The study was conducted in a nationally representative sample of 20 States. The sampling frame comprised the 48 contiguous States and the District of Columbia. Alaska and Hawaii were excluded because they account for a very small percentage of providers and participating children and the cost of collecting on-site data in these States was prohibitive.

The sample of States was selected with probability proportional to the number of CACFP meals served at homes and centers in each State. That is, States serving relatively large numbers of meals had a greater probability of being included in the sample than States serving relatively small numbers of meals. To avoid the increase in sampling variances that would result from leaving the inclusion of large States to chance, eight States with relatively large numbers of meals served were included in the sample with certainty. These large States had programs that were at least 2.5 times as large as the national average. Other States were grouped into 12 strata of approximately equal size according to region, the relative importance of homes versus centers, the relative importance of Head Start, and the ratio of reimbursements to meals served. One State was then selected from each stratum with probability proportional to the measure of size. This resulted in a sample that included States from each of the seven FCS regions (Exhibit D.2).

Exhibit D.2	
States Included in Study Sample by FCS Region	
FCS Region	States
Mid-Atlantic	Maryland
Midwest	Michigan, Minnesota, Ohio, Illinois , Indiana
Mountain Plains	Kansas , Iowa, Missouri
Northeast	Massachusetts, Maine, New York
Southeast	Georgia, Mississippi, Tennessee, North Carolina
Southwest	Texas , New Mexico
Western	California , Washington

Note: States in bold were included in the sample with certainty.

STAGE 2: SELECTION OF SPONSORS

A second-stage sample of sponsoring agencies was selected from the sample of 20 States. Sponsoring agencies were stratified by type of provider agency (homes, Head Start centers, and child care centers), and within each stratum, sponsors were selected with probability proportional to size (i.e., agencies that sponsor relatively large numbers of providers had greater probability of selection than sponsoring agencies with fewer providers).² As with States, the largest sponsors were selected with certainty in order to reduce the sampling variance.

An initial sample of 180 family day care sponsors, 419 Head Start center sponsors, and 596 child care center sponsors was drawn. Since State agencies do not distinguish between independent (i.e., self-sponsoring) child care centers (ICCCs) and sponsoring organizations that sponsor more than one center, the ICCCs were treated as sponsors for purposes of sampling at the sponsor level. The sample of 596 sponsors of child care centers included 431 ICCCs and 165 “true” sponsors. All of the sampled sponsors (including the ICCCs) were included in the Study of Sponsors and Providers.

STAGE 3: SELECTION OF CHILD CARE PROVIDERS

A third-stage sample of child care providers was selected from within each of the sampled sponsoring agencies. These providers were selected with probability proportional to size. That is, providers receiving relatively high monthly reimbursements for meals served in the CACFP had a greater probability of selection than providers receiving lower monthly meal reimbursements. A total sample of 872 homes, 1,063 Head Start centers, and 758 child care centers (including 376 ICCCs) was selected at this stage, and all were included in the Study of Sponsors and Providers.

²Practical considerations led to the use of the number of providers (within each stratum) as the measure of size. It was easier for States to provide counts of each type of provider for each sponsoring agency than other potential measures of size such as the number of meals or reimbursements by type of provider.

STAGE 4: SELECTION OF CHILDREN AND FAMILIES

The fourth and final stage of sampling involves the selection of children (and their families) to be included in the Study of Children and Families. The sample of children was selected from a subsample of the providers included in the third-stage sample. Geographic clustering was used in the selection of this subsample of providers in order to reduce data collection costs associated with site visits to observe children. To accomplish this, providers were aligned by ZIP code and then a sample of providers was selected using probability proportional to size. A total of 239 homes, 169 Head Start centers, and 166 child care centers was selected for the Study of Children and Families.

Family Day Care Homes

The selection of a sample of children from homes was straightforward. Because the number of children enrolled in homes is usually quite low, we attempted to include all children from the sample of homes. However, in cases where more than 10 children were enrolled in a home, we selected a random sample of 10 children for inclusion in the study.

Child Care Centers and Head Start Centers

Because child care centers and Head Start centers are much larger than homes, the process of sampling children in centers was somewhat more complicated. Most centers divide the children into age-specific groups (classes), with infants almost always cared for separately in child care centers. Consequently, the need to observe in-care food consumption made it impractical to select a random sample of children from across the centers as the sampled children might end up in different rooms during meal times. (Infants are almost always fed in a separate room.) To deal with this situation, an intermediate stage of sampling was used in centers—an “age-specific” group. If infants were cared for at a center, one infant was sampled and a sample of five children from one other age group were selected. If there were no infants, six children were selected from a single age group. The sample included a total of 576 children in homes, 1,188 children in Head Start centers, and 904 children in child care centers.

Appendix E

Weighting Methodology

Sampling for the Early Childhood and Child Care Study followed a multistage, multiphase design. Consequently, weights were developed for multiple sampling units, resulting in six distinct weights for data analysis. This appendix identifies the weights required for tabulating data and explains how those weights were developed.

The weights are named with the variable W and subscripts are used to denote the sample to which they apply. For example, W_{sponsor} is the weight that corresponds to the Sponsor Survey. We use Q to denote a sampling probability and add a subscript to denote where that probability applies. For example, Q_j denotes probability of selection for the j^{th} State, and Q_{ij} denotes the conditional probability of selection for the i^{th} sponsor in the j^{th} State, given that the j^{th} State was selected for the sample. These sampling probabilities were adjusted for nonresponse and other factors. The adjusted sampling probabilities are denoted by P with subscripts that match their Q counterparts. This and additional notation used in this appendix are summarized below.

- W W denotes a sampling weight. A subscript is added to indicate the survey to which that weight applies. For example, W_{sponsor} is the weight for the Sponsor Survey.
- Q Q denotes the conditional sampling probability. Subscripts indicate the sampling stage at which the probability applies. For example, $Q_{i/hj}$ denotes the conditional probability of selection for the i^{th} provider given that the sample was of the h^{th} provider type and was drawn from the j^{th} State.
- P P denotes the conditional sampling probability after applying an adjustment for nonrespondents and other special sampling issues. Subscripts conform to conventions established with Q .
- h Subscript that denotes the type of sponsor (family day care home sponsor, Head Start center sponsor, or child care center sponsor).
- i Subscript that denotes the i^{th} sponsor given the sponsor type (h) and State (j).
- j Subscript that denotes the j^{th} State.
- k Subscript that denotes the k^{th} program in the full provider sample given the State (j), sponsor type (h), and specific sponsor (i).

- m* Subscript that denotes the m^{th} program in the on-site provider sample given the State (j), sponsor type (h), sponsor (i), and selection into the full program sample (k). Programs selected for on-site observations were a subset of all programs in the full provider sample.
- c* Subscript that denotes the child selected for study given the State (j), sponsor type (h), sponsor (i), and selection into the on-site provider sample.

Preparing each of the weights described in this appendix required a development cycle. The first step was to assign a weight that was the inverse of the sampling probability: $1/Q$. The second step was to adjust the sampling probability for various special conditions. For example, Massachusetts was used for the pretest, and this required adjusting the sampling probability somewhat. The third step was to make nonresponse adjustments to these sampling probabilities. Generally, this was done by stratifying respondents and nonrespondents into reasonably homogenous cells and then inflating the inverse of the conditional sampling probabilities for respondents within each cell to account for missing observations from nonrespondents within that same cell. As a final step, when the resulting weight was unreasonably large, we truncated the inflation factor and used a proportional spreading procedure so that the weights yielded the number in the population. The resulting adjusted version of Q was P , and the final weight was based on P .

SPONSOR WEIGHTS

States were the primary sampling units. Eight States were selected with certainty and another twelve States were selected with probability proportional to size. Call the probability of selection Q_j . There were no nonrespondents among the States, so there was no need for nonresponse adjustments to Q_j ; hence $P_j=Q_j$.

Within States, sponsors were stratified by type of provider sponsored (FDCHs, child care centers, and Head Start centers), and sponsors were then selected with probability proportional to size. Call this conditional probability of selection $Q_{i|h,j}$, where h designates the type of sponsor and j designates the State. The sampling probability $Q_{i|h,j}$ has to be adjusted for nonrespondents. To

explain this adjustment, let $Q_{i/hj}$ represent the original, unadjusted conditional sampling probability. We stratified the sponsors by type of sponsor and then by State groups and number of providers to form cells. Let $\sum_R Q_{i/hj}$ represent the sum of the sampling probabilities for all respondents within a cell, let $\sum_N Q_{i/hj}$ represent the sum of the sampling probabilities for all nonrespondents within that same cell, and define $A_{i/hj} = \sum_R Q_{i/hj} / (\sum_R Q_{i/hj} + \sum_N Q_{i/hj})$. Then $P_{i/hj} = Q_{i/hj} A_{i/hj}$.

Each sampled sponsor was asked to complete a Sponsor Survey. Tabulation of data from the Sponsor Survey requires the weight $W_{\text{sponsor}} = 1/(P_{i/hj} P_j)$. When selecting the sponsor sample, independent child care centers (ICCCs) were treated as sponsors. This choice was necessitated because the State lists of sponsors did not distinguish between “true” sponsors and ICCCs, but in fact ICCCs are child care providers, not sponsors. For them, $W_{\text{sponsor}} = 0$, or equivalently, the ICCCs are excluded from any tabulations at the sponsor level. These ICCCs do enter the provider sample, where they are assigned appropriate weights for purposes of tabulation.

PROVIDER AND MENU WEIGHTS

From the sponsor sample, we next sampled child care providers (the full provider sample) and asked them to answer a Provider Survey. Tabulation of the Provider Survey requires the weight W_{provider} . Providers were also asked to complete a Menu Survey and a Food Preparer Interview. To adjust for differences in the nonresponse patterns for the Provider Survey, the Menu Survey, and the Food Preparer Interview, we developed one additional weight: W_{menu} . This weight is intended for use with both the Menu Survey and the Food Preparer Interview.

The provider and menu weights would be identical except that their response patterns differed somewhat and, consequently, so did the nonresponse-adjusted final weights. Given this similarity, we only discuss the provider weights. The provider sample was drawn from sample sponsors only. The conditional probability of selection for a provider was larger for small sponsors and smaller for large ones, assuring that providers from small sponsors would not be underrepresented in the sample. Let $Q_{k/hij}$ represent the conditional probability of selection for the k^{th} provider given the State, sponsor, and sponsor type. $P_{k/hij}$ reflects the adjustment for

nonrespondents. Except for ICCCs, nonresponse adjustments were done by stratifying the sample by type of sponsor, then by whether they were public or private (with or without a corporate affiliate in the latter case), by type of sponsoring organization (school district, public social service agency, etc.), by percentage of revenue from CACFP reimbursement, and by whether or not they planned menus. The stratification varied somewhat by type of provider. Because nonresponding ICCCs had no corresponding sponsor, the nonresponse adjustments for ICCCs were based exclusively on State groupings with no more than two States per group. Then $W_{\text{provider}} = 1/(P_{k|hij} P_{i|hj} P_j)$.

WEIGHTS FOR ON-SITE OBSERVATIONS

A subset of the full provider sample was selected for the on-site observations (the on-site provider sample). From that subset, we selected children and observed their meal consumption, interviewed their parents about their meal consumption while not in child care, and interviewed their parents to obtain household characteristics. Selection into the on-site provider group resulted in three additional surveys and three new weights. The weight W_{meals} is suitable for tabulating data about on-site meal consumption, the weight W_{recall} is used for tabulating data from the recall interviews, and the weight $W_{\text{household}}$ applies to household interviews.

While children in FDCHs are usually fed together, children in centers tend to be fed in small groups whose composition is homogenous with respect to age. To allow the observers at centers to watch the food consumption of the sampled children, we first chose a group of noninfant children and then selected six children from that group. (If the center served infants, we instead selected one infant and five children from the chosen non-infant group.) In FDCHs, we simply selected six non-infant children (if the number of eligible children was as many as six), or five non-infants and one infant (if any eligible infants were enrolled). Children ineligible to be sampled included infants who were exclusively breastfed, children who were not enrolled for both of the scheduled observation days, and siblings of sample members. The first two groups were deemed outside of scope. The siblings were represented by other children enrolled with the same provider, i.e., by increasing the child weights of the other children in the same group proportionally.

Let $P_{m/hijk}$ represent the adjusted probability that the m^{th} program was selected for on-site observation given that the k^{th} program of the i^{th} sponsor of sponsor type h in the j^{th} State was selected for the provider survey, and let $P_{c/hijkm}$ represent the adjusted probability that a child was selected given that a provider appeared in the on-site provider sample. Then the weight is $W = 1/(P_{c/hijkm} P_{m/hijk} P_{k/hij} P_{i/hj} P_j)$. As stated earlier, there are distinct versions of W for meal observations, recalls, and families.

Several nonresponse adjustments are required. The probability that a provider is selected into the sample, conditional on its sponsor's selection, is $Q_{m/hijk} Q_{k/hij}$. The nonresponse adjustment procedure is identical to that used earlier to adjust $Q_{k/hij}$. However here the respondents and nonrespondents are only those programs that were selected for the on-site sample, and the stratification was less complicated than for the nonresponse adjustment to the full provider sample because of the smaller number of on-site providers. The nonresponse adjustment corresponding to $Q_{c/hijkm}$ looks quite different from the nonresponse adjustment for other selection probabilities. Instead of stratifying the data into cells based on sponsor characteristics, we conducted all nonresponse adjustments within a provider. Call the intended sample size of non-infants N_I , and the observed sample size N_O . When N_O was less than N_I , we adjusted the preadjusted sampling probability $Q_{c/hijkm}$ to get $P_{c/hijkm} = Q_{c/hijkm} N_O/N_I$. (In one instance, none of the sampled children were present to be observed—that is, N_O was equal to zero. In this case, the provider was collapsed with a similar provider and the nonresponse adjustment was repeated.) A similar, but somewhat simpler procedure, was used for infant children.

The analysis of meals consumed in care is intended to describe *children in care on a typical day*—not all children enrolled in care. Hence, children who were selected into the sample but absent on one or both observation days were not nonrespondents for purposes of constructing the corresponding weights (W_{meals}), but rather outside of scope. Because no attempt was made to contact the parents of children who were absent on both days, however, these families were deemed nonrespondents in constructing the household weights ($W_{\text{household}}$).

Appendix F

Study Implementation

SUMMARY

Meeting the research objectives of the Early Childhood and Child Care Study required the use of a variety of data collection instruments, to obtain information from several categories of respondents, and the direct observation of children's meals. The study design incorporated two interrelated studies—a Study of Sponsors and Providers and a Study of Children and Families. Exhibit F.1 links the data collection strategy to each of the study objectives. This appendix provides a detailed description of survey instrumentation, study implementation (including the recruiting of study participants), and data collection activities. Finally, it shows the disposition of the study sample.

At the outset it is important to present an overview of the response rates for the various components of the study. While the response rates for the Study of Sponsors and Providers were good, the response rates for the Study of Children and Families were relatively low.

Sponsors and Providers

Sponsoring agencies were asked to complete a self-administered mail survey. Response rates for this survey ranged from 83 percent for family day care sponsors to 72 percent for Head Start sponsors and 71 percent for child care center sponsors.

Providers were asked to complete two self-administered mail surveys. In addition, an attempt was made to conduct a telephone interview with the individual with primary responsibility for food preparation (food preparer). Among family day care homes, 91 percent completed at least one of the three surveys. Similarly, 97 percent of Head Start centers and 92 percent of child care centers completed at least one of the three surveys. Response rates for each of the three surveys always exceeded 80 percent.

Exhibit F.1

Data Collection Strategy by Study Objective

Objective	Data Collection Strategy
Study of Sponsors and Providers	
Describe CACFP program characteristics.	<ul style="list-style-type: none">· Mail survey of sponsors.
Examine the nutrient content of meals offered in participating homes and centers.	<ul style="list-style-type: none">· Mail survey of providers.· Mail survey of providers to collect descriptions of meals offered for a five-day period.
Assess the nutrition knowledge and food service practices of providers.	<ul style="list-style-type: none">· Telephone/in-person interview of food preparers to assess nutrition knowledge and obtain information on menu planning, food purchasing, and food preparation practices.
Study of Children and Families	
Describe the characteristics of participating children and their families.	<ul style="list-style-type: none">· Telephone interview with parents to collect demographic information.
Determine the contribution of CACFP meals and snacks consumed to participating children's nutrient intake while in care and over 24 hours. ¹	<ul style="list-style-type: none">· On-site observation of meals and snacks consumed in child care.· Telephone interviews with parents regarding foods and beverages consumed while child was not in care.¹

¹As discussed below, response rates for the parent interviews conducted to obtain information on children's intake while not in care were unacceptably low, raising the issue of potential nonresponse bias. For this reason, data on children's out-of-care consumption, and therefore nutrient intake over 24 hours, have not been analyzed.

Children and Families

In this component of the study, a sample of children at participating child care sites was to be observed on two separate days during a target week. Parents were scheduled to be interviewed on the day following each observation to provide information on what the child ate when not in child care on the observation day (Dietary Recall Interview). During one of the interviews with parents, a Household Survey was to be administered to obtain information on household characteristics.

The Study of Children and Families proved to be problematic. The primary problem was reaching parents prior to the target week in order to gain their cooperation, obtain permission to observe their children, and schedule the post-observation interviews. Although we were able to contact and schedule observations for 80 percent of the sample of children in homes, we were only able to schedule observations for 58 percent of the sample of children in Head Start centers and 62 percent of the sample of children in child care centers. The difficulty in contacting parents during the recruiting phase effectively capped the overall response rates for the Study of Children and Families.

Absenteeism was also a serious problem in all three child care settings. Some children scheduled to be observed were not in care on one or both observation days. In homes, 91 percent of the children scheduled for observations were observed on one of the scheduled days; only 67 percent, however, were observed on both scheduled days. In Head Start centers the figures were 95 percent and 72 percent, respectively, and in child care centers, 90 percent and 73 percent, respectively. Overall response rates for the child observations (i.e., the proportion of eligible children that were observed at least once) were 72 percent for homes, 55 percent for Head Start centers, and 56 percent for child care centers. Note that since the analysis of meals consumed in care is intended to describe *children in care on a typical day*—not all children enrolled in care—children who were selected into the sample but absent on one or both observation days were not nonrespondents for purposes of constructing the corresponding weights (W_{meals}), but rather outside of scope.

Finally, there was a problem reaching parents to conduct the post-observation interviews. Nonresponse to the post-observation interviews further reduced overall response rates for the Dietary Recall Interviews to 58 percent for homes, 36 percent for Head Start centers, and 39 percent for child care centers. These response rates were deemed to be unacceptably low, so the information obtained in the Dietary Recall Interviews has not been used in this study.

INSTRUMENTATION

The study employed three self-administered surveys, three interviews, and an observation protocol. Each is briefly described below.

Sponsor Survey

The self-administered Sponsor Survey collected descriptive information on the characteristics of the sponsoring agency, such as agency type (e.g., government entity versus community agency), size, and structure; number and type of programs sponsored; and nutrition education and training programs offered to the staff.

Provider Survey

The Provider Survey had three versions: one for homes, another for sponsored centers, and a third for independent centers.¹ The surveys collected information on provider characteristics (i.e., the number and ages of children served); weeks, days, and hours of operation; meals provided (i.e., breakfast, lunch, or dinner; and morning, afternoon, and/or evening snacks); funding sources; and nutrition education. Center instruments included questions on the types of child care or early childhood programs offered. The Provider Survey was generally self-administered. However, in some cases, a field observer conducted the survey if the provider had been unable to complete it prior to the observation visit.

¹While family day care providers must be sponsored in order to participate in the CACFP, child care centers may participate either under the aegis of a sponsoring agency or as independent centers.

Menu Survey

The Menu Survey collected information on meals *offered* to children in care over a five-day period. This information included the name and description of all foods and beverages offered and the age groups to whom each item was offered. If recipes were readily available, providers were asked to include information on the ingredients used and the preparation techniques followed. The Menu Survey was self-administered. In some cases, providers in the on-site sample were assisted in completing the Menu Survey by field observers.

Food Preparer Interview

Information on the nutrition knowledge, food preparation, and purchasing practices of providers was collected through the Food Preparer Interview. The interview addressed issues such as the food preparer's knowledge of nutrition, including awareness of strategies for implementing the *Dietary Guidelines for Americans*; menu planning; food purchasing; and meal preparation. Most Food Preparer Interviews were conducted by telephone. However, food preparers in the on-site sample were interviewed in person during the site visit.

Meal Observation

To gather information on foods *consumed* by children in the child care setting, meal observations were conducted on two separate days during the target week (i.e., the week covered in the Menu Survey). Prior to meal service, field observers weighed representative samples of each food to be served. During meal time, observers estimated the amount of food each child received and the amount of food left over using visual estimation techniques.²

²Information on food intake of sampled infants was collected through a vehicle that combined elements of both the child observations and the Menu Survey. The person responsible for feeding the infant recorded the kind and amount of foods and beverages consumed. Detailed descriptions of foods (and ingredients) were gathered by the field observer.

Dietary Recall Interview

To gather information on children's food consumption outside of care, Dietary Recall Interviews were conducted with parents. Parents were asked to describe foods and beverages consumed by the child while not in child care, during the specific 24-hour period which included the child care meal observation.³ Interviews were conducted by telephone within two days of the observation day.

Household Interview

Information on characteristics of families of children participating in the CACFP was collected through the Household Interview. This instrument gathered data such as age of the child, race and ethnicity of the child and the family, family participation in other Federal assistance programs, and household size and income. The interview was conducted by telephone, usually in tandem with one of the Dietary Recall Interviews.

STUDY IMPLEMENTATION

The study was conducted in a nationally representative sample of 20 States. These States were selected with probability proportional to size, based on the size of the CACFP in each state in Fiscal Year 1994. Food and Consumer Service Regional Offices and State agencies were contacted in January 1994 to assemble the information needed to select the samples of sponsors and providers. Actual data collection activities began in January 1995 and continued through June 1995. This section describes the procedures used in recruiting sampled sponsors, providers, and households, as well as the administration of survey instruments.

Recruiting Study Participants

To construct the samples of sponsors and providers, the State agency responsible for the administration of the CACFP in each of the 20 sampled States was asked to furnish lists of agencies sponsoring each of the three types of CACFP providers: family day care, Head Start

³For children age 10 and older, the Dietary Recall Interview was conducted with the child rather than the parent.

centers, and child care centers. A sample of sponsors was selected from each of these lists.⁴ State agencies were then provided with the lists of selected sponsors in their State and requested to furnish a list of providers associated with each sponsor, including the dollar value of each provider's October 1993 claim for reimbursement. The claim information was requested as a measure of program size. Only 2 of the 20 States were able to furnish provider-level information. In the other 18 States, sponsors were contacted directly for provider data. Most sponsors were able to supply the information; however, some were not able to furnish it. Some sponsors did not maintain the information requested, others did not have it in an easily retrievable form.

The recruiting phase of the study required gaining the cooperation of sponsors, providers, and households. Recruiting activities for each are described in the following three sections.

Sponsors. Recruiting activities began with a series of sponsor contacts in the summer of 1994:

- A sponsor mailing including:
 - an individually signed letter on study stationery;
 - a brief overview of the study;
 - a toll-free telephone number for inquiries; and
 - a request for a list of sponsored providers in States where the administering agency was unable to furnish lists of providers.
- A telephone followup to:
 - ensure receipt of materials;
 - encourage sponsors to support the study;
 - respond to questions about the study; and
 - prompt sponsors to return provider lists.

⁴Independent child care centers were included on the lists of center sponsors, as State agencies do not distinguish between independent centers and sponsoring organizations.

Following receipt of the provider lists, a sample of providers was selected for the Study of Sponsors and Providers and a subsample of these providers was selected for the Study of Children and Families. Sponsors were notified of this selection and asked to help secure the cooperation of sampled providers. In particular, sponsors were asked to contact sampled providers *before* we contacted them.

Providers. Provider recruiting was conducted on a rolling basis. Each provider was assigned its own “target week” during which it was to complete the Menu Survey. Each provider had the following contacts:

- Approximately six weeks before the scheduled target week, a mailing with:
 - an overview of the study and a cover letter;
 - target-week information;
 - a Menu Survey; and
 - a Provider Survey.
- Two weeks after the mailing, a first followup telephone call to:
 - confirm receipt of materials;
 - ensure understanding of survey questions and requirements;
 - identify appropriate respondents for each survey instrument;
 - confirm the target week or, when necessary, negotiate a new target week; and
 - to assess the likelihood of the provider’s completing the survey without further prompting.
- One week prior to the target week, a second telephone call to:
 - reassess the provider’s willingness and ability to complete the Provider Survey and Menu Survey during the target week; and
 - to schedule an appointment to complete the Food Preparer Interview during the target week.

For the subsample of providers included in the Study of Children and Families, the recruiting phase was somewhat more complex. Providers were asked to furnish information about families and children and to allow observers to visit on two nonconsecutive days during the target week (Monday and Thursday or Tuesday and Friday). In addition to these activities, Head Start centers and child care centers were asked to supply the names and ages of each group of children at the center. This information was then used to select a sample of children for observation.

Households. Gaining parent cooperation was the final step in recruiting. Household recruiting included the following activities:

- Providers were asked to distribute a brochure explaining the study to parents in the selected group and, in the case of family day care, to all parents. The brochure included an implied consent form (i.e., parents were asked to return the form if they did *not* want their names and telephone numbers released).
- Providers were asked to forward parent names and telephone numbers.
- Parents were subsequently contacted by telephone and asked to participate in the study. It was explained to parents that participation included:
 - allowing their child to be observed at mealtime on two separate days;
 - recording foods consumed by the child while not in care on the two observation days;
 - completing two Dietary Recall Interviews, one following each observation day; and
 - completing the Household Interview.

Once parents of sampled children had agreed to participate in the study, the site was scheduled for on-site visits. The original data collection plan called for scheduling the target week, receiving names of parents, and scheduling interviews during the planned week. However, receiving the parent lists in time to schedule interviews prior to the target week proved to be problematic. Delays by the provider in returning the parent information often required changing the target week to a later date. Consequently, we altered our procedures so that the target weeks were not assigned until after the parent lists were received. This alternate plan provided more

time for scheduling parent interviews prior to the target week. Despite this, we were still unable to reach many parents prior to the target week.

Data Collection Activities

Data for the Study of Sponsors and Providers were collected by mail surveys, telephone interviews, and in-person interviews. Information for the Study of Children and Families was gathered through on-site visits and telephone interviews.

The Study of Sponsors and Providers. Sponsor Surveys were mailed to sampled sponsors in January 1995. In addition to the survey, the mailing included an introductory letter and study overview; information about the toll-free help number; and a business reply envelope for return of the survey. Sponsors whose surveys were not returned on schedule were contacted by telephone at biweekly intervals and asked to return the survey. A few surveys were ultimately conducted by telephone.

As indicated above, each provider in the sample was assigned a target week for completing the Menu Survey. The target weeks were spread out over a four-month period, January 1995 through May 1995. The Menu and Provider surveys were mailed to providers several weeks prior to the target week. A brochure, *Guidelines for Describing Foods*, accompanied the Menu Survey. This brochure detailed the information to be provided about each food offered. In the 1988 Study of the Child Care Food Program, illiteracy proved to be an obstacle to completion of survey instruments, particularly for the family day care provider population. For this study, a linguist reviewed and revised the Menu Survey and the Provider Survey to meet the needs of adults with low literacy skills.

To ensure completion of the surveys and to provide assistance as needed, a series of provider contacts were made. A target-week call was made during the target week to:

- prompt the provider to complete the Menu Survey;
- assist the provider, if necessary, in completing the Menu Survey;

- conduct the Food Preparer Interview; and
- to remind the provider to return the materials at the end of the week.

A post-target-week call was made to prompt providers who had not returned surveys.

Additional reminder telephone calls were made at biweekly intervals until all survey materials were received. When providers had misplaced business reply envelopes, they were instructed to return materials by Federal Express, charged to Abt Associates Inc. An incentive of \$25.00 for return of a completed Menu Survey was offered to nonresponding providers. This incentive was offered in recognition of the significant time commitment required for completion of the survey. As a gesture of good will, responding providers working under the same sponsor as the nonresponding providers were also sent incentive payments.

The Study of Children and Families. Each provider in this component of the study was visited by a field observer on two separate days during the target week, Monday and Thursday or Tuesday and Friday.⁵ During each of these visits, the field observer weighed reference portions of all foods offered and estimated the amounts of food taken and left over by sampled children. Children were observed for all meals and snacks they consumed. To facilitate observations, group size was limited to six children. To avoid reactive influences on food consumption, centers were asked to have sampled children sit together during meals and snack times for several days prior to the first observation.

While on-site, the field observer provided technical assistance as needed, to help the provider complete the Menu Survey. He/she also interviewed the food preparer and, if the Provider Survey had not been completed, interviewed the center director or FDCH provider.

⁵As in the Study of Sponsors and Providers, the subsample of providers included in this component were assigned a target week between January 1995 and June 1995. Providers were asked to complete the Menu Survey and the Provider Survey during the target week.

To gather information on food consumed while children were not in child care, two Dietary Recall Interviews were conducted with parents.⁶ The Household Interview was conducted in tandem with one of the Dietary Recall Interviews. Prior to the Dietary Recall Interviews, parents were sent a packet of materials to assist them in the interview. These materials included a log in which to record the child's food intake as well as a 2-dimensional food model chart to use in estimating amounts of food consumed.

The Dietary Recall Interviews were scheduled to be conducted the evening following the day of observation (e.g., on Tuesday evening for a Monday observation). Repeat attempts were made to conduct the Dietary Recall Interview with parents who were not available at the scheduled time. However, interviews were not attempted if two days had elapsed since the day of observation because of concern about deterioration in respondents' abilities to recall information.

A number of parents did not have access to telephones and were therefore unable to participate in the Dietary Recall Interview and the Household Interview. To address this situation, field observers visited providers and intercepted parents as they were dropping off or picking up their children. The parents were offered a \$10 incentive to call us at our toll-free number to complete the telephone interviews.

DISPOSITION OF THE STUDY SAMPLE

The Early Childhood and Child Care Study included numerous survey instruments that collected data from a variety of respondents. Providers were responsible for completing several different instruments, children in the Study of Children and Families were to be observed on two separate days, and two Dietary Recall Interviews were to be conducted with parents of observed children. Because there were multiple occasions for sample members to "complete" a study instrument or protocol, it is necessary to consider response rates separately for each instrument. Response rates for each of the various study instruments are described in the following sections.

⁶For children age 10 and older, the Dietary Recall Interviews were conducted with the child rather than the parent.

The discussion is framed in terms of the hierarchical nature of the sample (i.e., the sample of providers is nested within the sponsor sample, and the sample of children is nested within the provider sample) and the three types of providers (family day care homes, Head Start centers, and child care centers) included in the study.

It is important to point out that, at each level of the sampling frame (sponsors, providers, and children), some sampled units were found to be ineligible for inclusion in the study. Reasons for ineligibility included:

- **Sponsors:** Sampled sponsors were considered ineligible for the study if they no longer sponsored (or were incorrectly listed by the State as a sponsor of) the type of provider (homes, Head Start centers, or child care centers) for which they were selected or if they were no longer a CACFP sponsor.
- **Providers:** Sampled providers were considered ineligible for the study if they no longer participated (or were not currently participating) in the CACFP or were not in operation during the data collection period.
- **Children:** Sampled children were considered ineligible for the study if they did not regularly attend child care on both of the scheduled observation days (Monday and Thursday or Tuesday and Friday), had a sibling that was included in the sample,⁷ or were being breastfed.

Family Day Care Homes

Exhibit F.2 displays the disposition of each component of the family day care sample—sponsors, providers, and children.

⁷Only one child from each family was included in the study.

Exhibit F.2 ("Presentations" - KID-F2.WPG) goes here



Family Day Care Sponsors. A total of 180 FDCH sponsors⁸ was initially selected into the study sample. Of these, 2 were ineligible for the study, leaving a total of 178 eligible FDCH sponsors. Of the 178 eligible sponsors, 152 (85%) supplied provider lists and 26 (15%) did not. Of the 152 sponsors providing lists, 148 (97%) completed the Sponsor Survey, representing 83% of the total eligible sponsor sample.⁹

Family Day Care Providers. A sample of 872 family day care homes was selected from all of the homes sponsored by the 152 eligible FDCH sponsors that provided lists. This sample was then randomly divided into two subsamples: 633 homes were allocated to the mail survey subsample, and 239 homes were allocated to the on-site subsample. Of the initial sample, 177 homes in the mail survey subsample and 81 homes in the on-site subsample were found to be ineligible for the study. This left a total of 456 sampled homes eligible for the mail survey and 158 homes eligible for the on-site study.

Of the 158 sampled homes that were eligible for the on-site study, 52 refused to allow site visits but agreed to participate in the mail component. This increased the number of homes eligible for the mail survey from 456 to 508 and decreased the on-site sample from 158 to 106. While most of the eligible homes in each subsample completed all three survey instruments, some completed only one or two. The number completing each combination of instruments is shown in the Venn diagrams in Exhibit F.2. Response rates for each instrument are shown in Exhibit F.5.

Family Day Care Children. Each of the 106 eligible homes that agreed to participate in the on-site study provided lists of enrolled children. From these lists, an initial sample of 576 children was selected for observations and Dietary Recall Interviews; of these, 153 were found to be ineligible, leaving an eligible sample of 423 children. Of the eligible children, 337 were

⁸Of the 180 FDCH sponsors, 12 are also included in the samples of Head Start sponsors or child care center sponsors.

⁹All of the sponsors of multiple program types (FDCHs, Head Start centers, and child care centers) completed the Sponsor Survey. The survey returns of these sponsors are reported again under each appropriate program type.

scheduled for observations. Of those not scheduled, most (84%) were not scheduled because their parents could not be reached.

Absenteeism was a serious problem in all three child care settings. In the family day care setting, of the 337 children for whom observations were scheduled, only 226 (67%) were present for two observations. An additional 80 (24%) were present for one, but not both, observations. When children were not present for the observation, no attempt was made to conduct the Dietary Recall Interview with parents.

Frequently, parents were unavailable for the scheduled telephone interview and, despite repeated attempts, the Dietary Recall Interviews were not completed for some of the observed children. Exhibit F.2 shows the number of children observed once, twice, and not at all, and the number of Household Interviews completed. Response rates for each component are shown in Exhibit F.5.

Head Start Centers

Exhibit F.3 presents the disposition of the samples of sponsors, providers, and children for the Head Start center segment of the study sample.

Head Start Center Sponsors. An initial sample of 419 Head Start center sponsors was selected for participation in the study; of these, 1 was found to be ineligible, leaving a total eligible sample of 418 sponsors.¹⁰ Provider lists were received from 333 (80%) of the 418 sponsors. The Sponsor Survey was completed by 301 (90%) of these sponsors, representing 72 percent of the eligible sponsor sample.

¹⁰Of the 418 Head Start center sponsors, 28 are also included in the samples of FDCH or child care center sponsors.

Exhibit F.3 ("Presentations" - KID-F3.WPG) goes here



Head Start Center Providers. An initial sample of 1,063 Head Start centers was selected from among the eligible 333 sponsors who had provided lists. This initial sample was then randomly divided into the two subsamples: 894 centers were allocated to the mail survey subsample and 169 centers were allocated to the on-site subsample. Of the 894 centers in the mail survey subsample, 87 were found to be ineligible, leaving a total of 807 eligible centers for this component. Similarly, of the initial sample of 169 centers in the on-site study subsample, 12 were ineligible, leaving a total of 157 centers eligible for this component of the study.

As in the case of family day care homes and child care centers, some (12) Head Start centers refused to allow on-site visits but agreed to participate in the mail survey component of the study. This increased the number of Head Start centers eligible for the mail survey from 807 to 819 and reduced the number for the on-site study from 157 to 145. The Venn diagrams in Exhibit F.3 show the number of eligible providers in each study component that completed various combinations of the three survey instruments. Response rates for each instrument are shown in Exhibit F.5.

Head Start Center Children. An initial sample of 1,188 children was selected from among the 145 Head Start centers that agreed to participate in the on-site study. Of the initial sample of children, 58 were found to be ineligible, leaving a sample of 1,130 eligible children for this component of the study. Of the eligible sample of 1,130 children, 659 were scheduled for observations. Of those not scheduled, most (79%) were not scheduled because parents could not be reached.

Of the 659 children scheduled for observations, 476 (72%) were present and observed on the two scheduled nonconsecutive days. Another 149 (23%) were present on just one observation day. Exhibit F.3 shows the number of children observed once, twice, and not at all, and Household Interviews completed for these children. Response rates are shown in Exhibit F.5.

Child Care Centers

The disposition of the child care center study component is shown in Exhibit F.4.

Child Care Center Sponsors. A total of 596 sponsors of child care centers was initially sampled for participation in the study; of these 165¹¹ are sponsoring organizations and 431 operate as self-sponsored independent centers. Of the 165 sponsoring organizations, 144 (87%) supplied provider lists; independent centers were not asked to provide lists as they are self-sponsored, single units. Sponsor Surveys were completed by 117 (81%) of the sponsors that had provided lists, representing 71% of the sponsors; 2 sponsors were found to be ineligible.

Child Care Center Providers. From all of the child care centers sponsored by the 144 sponsors that supplied provider lists, a sample of 382 child care centers was initially selected for participation in the study. Because centers may operate as independent entities, we also selected a sample of 376 child care centers for whom there is no sponsor, yielding a total of 758 centers. This sample was then randomly divided into two subsamples; 592 centers were allocated to the mail survey component and 166 centers were allocated to the on-site component.

Of the 166 centers initially included in the on-site sample, 25 were found to be ineligible, leaving a total of 141 centers eligible for this component of the study. As with the FDCH and Head Start provider samples, a number of providers selected for the on-site component refused to allow site visits but agreed to participate in the mail component (20 centers). This increased the child care center mail sample from 538 centers to 558 centers and decreased the on-site sample from 141 centers to 121 centers. As shown in the Venn diagrams in Exhibit F.4, the majority of providers in both components completed all three survey instruments. Response rates for each instrument are shown in Exhibit F.5.

¹¹Of the 165 child care sponsors, 20 are also included in the samples of FDCH or Head Start center sponsors.

Exhibit F.4 ("Presentations" - KID-F4.WPG) goes here



Child Care Center Children. A sample of 904 children was initially selected from among the 121 child care centers that participated in the on-site study. Of these, 86 were found to be ineligible, leaving a sample of 818 eligible children. Observations were scheduled with 507 of the 818 eligible children. Among children not scheduled, most (83%) were not included because their parents could not be reached.

Of the 507 children scheduled for observation, two observations were conducted with 370 (73%) children; another 87 children (17%) were present for just one observation. Exhibit F.4 shows the number of children observed once, twice, and not at all, and Household Interviews completed for these children. Response rates are shown in Exhibit F.5.

FOLLOWUP SURVEY OF NONRESPONDERS

One of the principal goals of the Early Childhood and Child Care Study was to collect reliable income data for FCS' legislative initiatives that involve the CACFP. A key FCS initiative is implementing the CACFP provisions of the Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193). Household incomes of (a) providers who operate family day care homes and (b) families of CACFP children play pivotal roles in FCS' proposals to improve operations and hold down costs. While the response rates to the Provider Surveys were quite good (Exhibit F.5), ranging from 87 percent for FDCHs to 93 percent for Head Start centers, the response rates for the Household Survey were unacceptably low, ranging from 35 percent for Head Start centers to 58 percent for FDCHs. The primary reason for the low response rates for the Household Survey was the inability to reach parents by telephone during the recruitment phase of the study and within two days of the meal observations rather than parents' refusal to participate. Therefore, a Followup Survey of all nonresponders to the original Household Survey was conducted in an effort to raise response rates to a level sufficient for FCS to make critical budgetary estimates on welfare reform issues.

The Followup Survey focused narrowly on household income, household size, and participation in the WIC and food stamps programs. The Followup Survey was conducted between December

Exhibit F.5
Response Rates for Sponsors, Providers, and Children

	All Providers	Family Day Care Homes	Head Start Centers	Child Care Centers
Sponsors				
Provider Lists	83%	85%	80%	87%
Sponsor Survey				
All eligible sponsors	74	83	72	71
Sponsors supplying provider lists	90	97	90	81
Providers				
Provider Survey	90	87	93	88
Menu Survey	87	82	92	84
Food Preparer Interview	89	86	92	87
Children and Households				
Observations ¹	59	76	54	57
Household Interview	39	58	35	39
Dietary Recall Interviews				
At least 1 interview	41	58	36	39
Two interviews	19	30	15	19

¹Note that since the analysis of meals consumed in care is intended to describe *children in care on a typical day*—not all children enrolled in care—children who were selected into the sample but absent on one or both observation days were not nonrespondents for purposes of constructing the corresponding weights (W_{meals}), but rather outside of scope. The response rate for child observations is equal to:

$$\text{Number of Child-Days Observed} \div [(2 \times \text{Number of Eligible Children}) - \text{Child-Days Absent}]$$

1996 and April 1997 and collected retrospective data for the period corresponding to the original Household Survey (Spring 1995).

Data Collection Procedures

No sampling was employed in the Followup Survey. Rather, attempts were made to contact all nonresponders to the original Household Survey. An intensive effort was made to locate and contact the nonresponders. The data collection for the Followup Survey used a combination of telephone, mail, and in-person surveys. The procedures used to locate and contact the nonresponders are described below.

Locating Respondents. As indicated above, the primary reason for nonresponse to the original Household Survey was the inability to reach respondents by telephone. While we had addresses for nearly all nonresponders, we had telephone numbers for only 30 percent of nonresponders. Therefore, our initial efforts were directed towards obtaining current telephone numbers and addresses for the nonresponders. The entire sample file of nonresponders was sent through the National Change of Address Directory to obtain the most current known addresses. An *advance mailing*, describing the study and the purpose for conducting the Followup Survey, was sent to all nonresponders. This advance mailing asked respondents to fill out an information sheet giving their current telephone number and address and return it in an enclosed Business Reply Envelope. Respondents were also given the option of calling a toll-free 800 number to supply the necessary information.¹² A \$1 incentive was included in the advance mailing. The advance mailing also informed respondents that they would receive an additional \$5 after completing the survey.

Tracking Procedures. Several steps were taken to locate those nonresponders whose advance mailings were returned as undeliverable as well as to locate those households that did not return the mailing or call the toll-free number. The first step was *telematching* the nonresponder file against an electronic version of all telephone listings throughout the United States. The next

¹²An attempt was made to administer the survey over the telephone to those people calling in on the toll-free number.

sources were *Credit Bureau of Information* and *Trans Union* searches. Both of these sources allowed us to search for individuals who have applied for credit. These searches sometimes provided new telephone numbers, addresses, and social security numbers.

Telephone Survey. The field period for the telephone effort was approximately 10 weeks. Calls were made at diverse times in the evenings (between 5:00 p.m. and 9:00 p.m. respondent time) and on weekends (Saturday 11:00 a.m.–5:00 p.m., Sunday 2:00 p.m.–9:00 p.m.). Those cases that were consistently “no answer” in the evenings and on weekends were also attempted during daytime hours Monday through Friday. No set limit was made on the number of attempts made on each case; rather, all non-final cases were reviewed on a daily basis to determine the next step for reaching the household.

Mail Survey. All households for which we did not have a telephone number along with all households who could not be reached in the telephone survey were included in the mail survey. These cases were sent a letter explaining the study and the purpose of the Followup Survey along with self-administered questionnaire. As in the case of the advance mailing, respondents were given the option of calling a toll-free 800 number to provide the requested information. The letter also reminded respondents that they would receive \$5 if they returned the questionnaire or called the toll-free number to provide the information.

Field Component. All cases that could not be reached in the telephone survey and did not respond to the mail survey were assigned to field interviewers. Field interviewers attempted to locate prospective respondents and conduct in-person or telephone interviews. When necessary, field interviewers contacted child care providers that participated in the study to obtain locating information.

Response Rates

Exhibit F.6 summarizes the response rates for the Followup Survey. The response rates for the Followup Survey were sufficiently large to bring the overall response rates up to acceptable

levels. When combined with the responses from the original Household Survey, the Followup Survey brought the overall response rate up to 82 percent. The combined response rate ranged from a high of 90 percent for FDCHs to a low of 80 percent for child care centers.

Exhibit F.6				
Sample Size, Number of Completed Interviews, and Response Rates				
	All Providers	Mode of Care		
		FDCHs	Head Start Centers	Child Care Centers
Number of eligible households for original survey	2,371	423	1,130	818
Total number of household interviews originally completed ¹	1,181	284	495	402
Number of remaining nonresponders	1,190	139	635	416
Response rate for Followup Survey	65%	71%	66%	60%
Number of completed interviews in Followup Survey	770	98	420	252
New total number of completed interviews	1,951	382	915	654
New total response rate for survey	82%	90%	81%	80%

¹Includes 224 respondents to earlier nonresponse survey.

Appendix G

Reference Tables for Approximate Confidence Intervals

Appendix G provides reference tables for calculating the approximate confidence intervals for the estimates presented in this report. Assuming that the population is large, a 95 percent confidence interval for a population proportion P using a sample proportion p based on a simple random sample of n units from this population is given by

$$p \pm 1.96 \sqrt{\frac{p(1-p)}{n}} . \quad (1)$$

If the sample is selected using a multistage design, then the variance of the sample proportion is larger than the variance under simple random sampling. The variance under a multistage design is usually estimated by multiplying the variance under simple random sampling by a value known as the design effect (*deff*). The design effect is the ratio of the variance obtained from the complex survey sample to the variance of the estimate obtained from a simple random sample of the same size. Under a multistage design, the 95 percent confidence interval is given by

$$p \pm 1.96 \sqrt{deff} \sqrt{\frac{p(1-p)}{n}} . \quad (2)$$

The exhibits presented in this appendix provide approximate confidence intervals for population proportions for each of the provider types. Exhibits G.1a through G.1c provide confidence intervals for characteristics of children. Exhibits G.2a through G.2c provide confidence intervals for characteristics of homes and centers. Exhibits G.3a through G.3c provide confidence intervals for characteristics of sponsoring agencies (presented in Volume I). These intervals were obtained by first computing the variance under simple random sampling and then multiplying the variance by an average design effect for each of the provider types. The size of the confidence interval is presented for various sample sizes and estimated proportions. The value used as the square root of the average design effect for computing the confidence intervals is given at the bottom of each exhibit. The average design effect was computed in each instance as the average across

several variables of ratio of the variance under the design, estimated using SUDAAN, to the variance under simple random sampling, estimated using equation (1).

These tables can also be used to estimate the confidence intervals for sample sizes and proportions that do not exactly correspond to the values given in the exhibits. Use the column that approximates the estimated proportion and then use the row that most closely approximates the sample size upon which the sample estimate is based to determine the approximate size of the confidence interval for the population proportion that is being estimated. For example, if the estimated percentage of child care centers with a certain characteristic is 31 percent and this is based on a sample of 290 (see Exhibit G.2a), then the confidence interval for the population percentage is obtained by taking 31 ± 8.7 . Consequently, we have 95 percent confidence that the population proportion is contained in the interval 22.3 to 39.7 percent.

Exhibit G.1a

Confidence Intervals for Proportions Based on a Sample from Children in FDCHs

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±14.1	±18.8	±21.6	±23.1	±23.6
100	10.0	13.3	15.2	16.4	16.6
200	7.0	9.4	10.8	11.5	11.7
300	5.7	7.7	8.8	9.4	9.6
400	5.0	6.7	7.7	8.1	8.3
500	4.4	5.9	6.8	7.3	7.5
600	4.1	5.5	6.2	6.7	6.8

A value of **1.70** was used as the square root of the average design effect for the sample of FDCH children in computing the confidence intervals.

Exhibit G.1b

**Confidence Intervals for Proportions Based on a Sample from
Children in Head Start Centers**

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±16.4	±21.8	±25.0	±26.7	±27.3
100	11.6	15.4	17.7	18.9	19.3
200	8.2	10.9	12.5	13.3	13.6
300	6.7	8.9	10.2	10.9	11.1
400	5.8	7.7	8.8	9.4	9.6
500	5.2	6.9	7.9	8.4	8.6
600	4.7	6.3	7.2	7.7	7.9

A value of **1.97** was used as the square root of the average design effect for a sample of Head Start children in computing the confidence intervals.

Exhibit G.1c

**Confidence Intervals for Proportions Based on a Sample
from Children in Child Care Centers**

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±14.6	±19.5	±22.4	±23.9	±24.3
100	10.3	13.7	15.8	16.9	17.2
200	7.3	9.8	11.1	11.9	12.2
300	5.9	8.0	9.2	9.8	10.0
400	5.1	6.9	7.9	8.4	8.6
500	4.6	6.2	7.1	7.5	7.7
600	4.2	5.7	6.5	6.9	7.0

A value of **1.76** was used as the square root of the average design effect for a sample of children in child care centers in computing the confidence intervals.

Exhibit G.2a

Confidence Intervals for Proportions Based on
a Sample from FDCH Providers

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±13.9	±18.5	±21.2	±22.7	±23.2
100	9.8	13.1	15.0	16.1	16.4
150	8.0	10.7	12.3	13.1	13.4
200	6.9	9.3	10.6	11.4	11.6
250	6.2	8.3	9.5	10.2	10.4
300	5.7	7.6	8.7	9.3	9.5
400	4.9	6.6	7.5	8.0	8.2
500	4.4	5.9	6.7	7.2	7.3

A value of **1.67** was used as the square root of the average design effect for the sample of FDCH providers in computing the confidence intervals.

Exhibit G.2b

**Confidence Intervals for Proportions Based on a
Sample from Head Start Centers**

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±12.6	±16.8	±19.3	±20.6	±21.0
100	8.9	11.9	13.6	14.5	14.8
150	7.3	9.7	11.1	11.9	12.1
200	6.3	8.4	9.6	10.3	10.5
250	5.6	7.5	8.6	9.2	9.4
300	5.1	6.9	7.9	8.4	8.6
400	4.4	5.9	6.8	7.3	7.4
500	4.0	3.5	6.1	6.5	6.6
800	3.1	4.2	4.8	5.1	5.2

A value of **1.51** was used as the square root of the average design effect for a sample of Head Start centers in computing the confidence intervals.

Exhibit G.2c

Confidence Intervals for Proportions Based on a Sample
from Child Care Centers

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±10.5	±14.0	±16.1	±17.2	±17.5
100	7.4	9.9	11.4	12.1	12.4
150	6.1	8.1	9.3	9.9	10.1
200	5.2	7.0	8.0	8.6	8.8
250	4.7	6.3	7.2	7.7	7.8
300	4.3	5.7	6.6	7.0	7.1
400	3.7	4.9	5.7	6.1	6.2
500	3.3	4.4	5.1	5.4	5.5
600	3.0	4.0	4.6	4.9	5.0

A value of **1.26** was used as the square root of the average design effect for a sample of child care centers in computing the confidence intervals.

Exhibit G.3a

Confidence Intervals for Proportions Based on
a Sample from FDCH Sponsors

Sample Size	Percentage of Sample With Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±16.8	±22.4	±25.6	±27.4	±27.9
100	11.8	15.8	18.1	19.3	19.7
200	8.4	11.2	12.8	13.7	14.0
300	6.8	9.1	10.5	11.2	11.4
400	5.9	7.9	9.1	9.7	9.9
500	5.3	7.1	8.1	8.7	8.8
600	4.8	6.5	7.4	7.9	8.1

A value of **2.02** was used as the square root of the average design effect for the sample of FDCH sponsors in computing the confidence intervals.

Exhibit G.3b

**Confidence Intervals for Proportions Based on a
Sample from Head Start Sponsors**

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±12.4	±16.5	±18.9	±20.2	±20.6
100	8.7	11.7	13.4	14.3	14.6
200	6.2	8.3	9.5	10.1	10.3
300	5.0	6.7	7.7	8.3	8.4
400	4.4	5.8	6.7	7.1	7.3
500	3.9	5.2	6.0	6.4	6.5
600	3.6	4.7	5.5	5.8	6.0

A value of **1.49** was used as the square root of the average design effect for a sample of Head Start sponsors in computing the confidence intervals.

Exhibit G.3c

Confidence Intervals for Proportions Based on a Sample
from Child Care Center Sponsors

Sample Size	Percentage of Sample with Characteristic				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
50	±10.1	±13.4	±15.4	±16.4	±16.8
100	7.1	9.5	10.9	11.6	11.8
200	5.0	6.7	7.7	8.2	8.4
300	4.1	5.5	6.3	6.7	6.8
400	3.5	4.7	5.4	5.8	5.9
500	3.2	4.2	4.9	5.2	5.3
600	2.9	3.9	4.4	4.7	4.8

A value of **1.21** was used as the square root of the average design effect for a sample of child care center sponsors in computing the confidence intervals.