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Office of
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Evaluation

Early Childhood and Child Care Study

Profile of Participants in the CACFP: Final Report Volume I

July 1997



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Volume I Final Report

July 1997

Authors:

Frederic B. Glantz
David T. Rodda
Mary Jo Cutler
William Rhodes
Marian Wrobel

Submitted by:

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Project Director: Frederic B. Glantz

Submitted to:

Office of Analysis and Evaluation
USDA Food and Consumer Service
3101 Park Center Drive, Room 214
Alexandria, VA 22302

Project Officer: Jeffrey Wilde

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Frederic B. Glantz
Project Director
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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. However, most Head Start children (71%) do receive breakfast in care, reflecting the Head Start standard to serve breakfast to those children who did not receive breakfast at home.

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 CACFP 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 mostly 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 public or private social service agencies. An additional one-third (32%) of Head Start sponsors and about one-quarter (27%) of the child care center sponsors identify themselves as other nonprofit entities that include a variety of institutions such as community action agencies, child care and early childhood organizations, housing authorities, tribal councils, and hospitals.
- **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. Training is provided on a number of CACFP subject areas including nutrition and/or administrative topics.
- **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

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.

income at or below 130 percent of poverty are reimbursed at the “free” (highest) rate; meals and 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

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

Start centers are required by their grantor agency, the U.S. Department of Health and Human Services, to participate in the CACFP.

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

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.

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.

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.

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

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). 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.

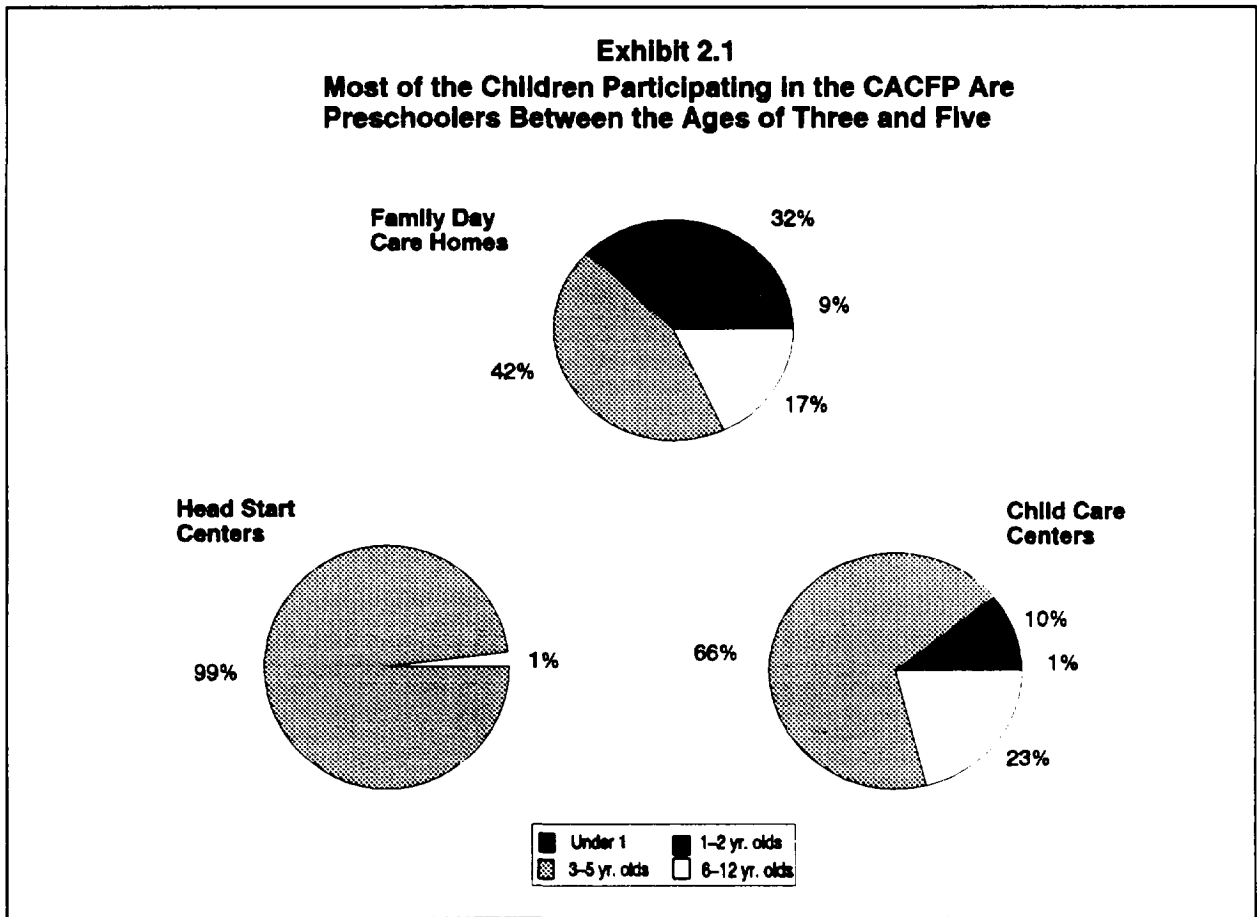
¹Frederic B. Glantz *et al.*, *Study of the Child Care Food Program: Final Report* (U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, 1988).

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.

Exhibit 2.2			
Ethnicity of Children ¹			
Race/Ethnicity	FDCHs	Head Start Centers	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.

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. Head Start Administrative data show a different racial/ethnic distribution. In particular, Head Start reports

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

a much higher percentage Hispanic (24%). This reflects the inclusion of Migrant Head Start centers in the program's administrative data that were not included in the present study.

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).

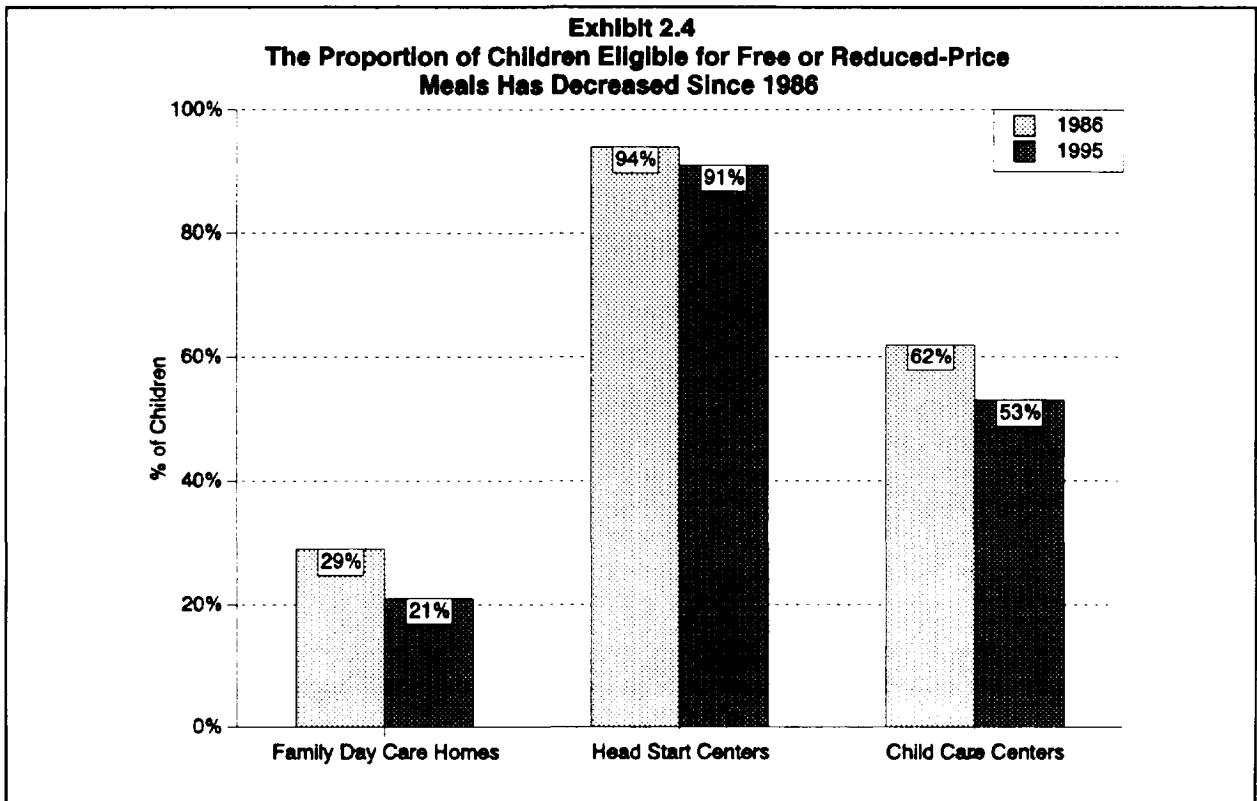


Exhibit 2.5
Head Start Families Are More Likely to Receive Federal Benefits

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. At the time of this study, legislation (P.L. 100-435) allowed reimbursement for an additional snack or meal served to children who were in center-based care eight or more hours per day. Subsequent legislation (P.L. 104-193) eliminated the fourth meal in centers, regardless of the length of time a child is in attendance. 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 2.6
Receipt of Food Stamps and WIC Benefits: 1986 and 1995

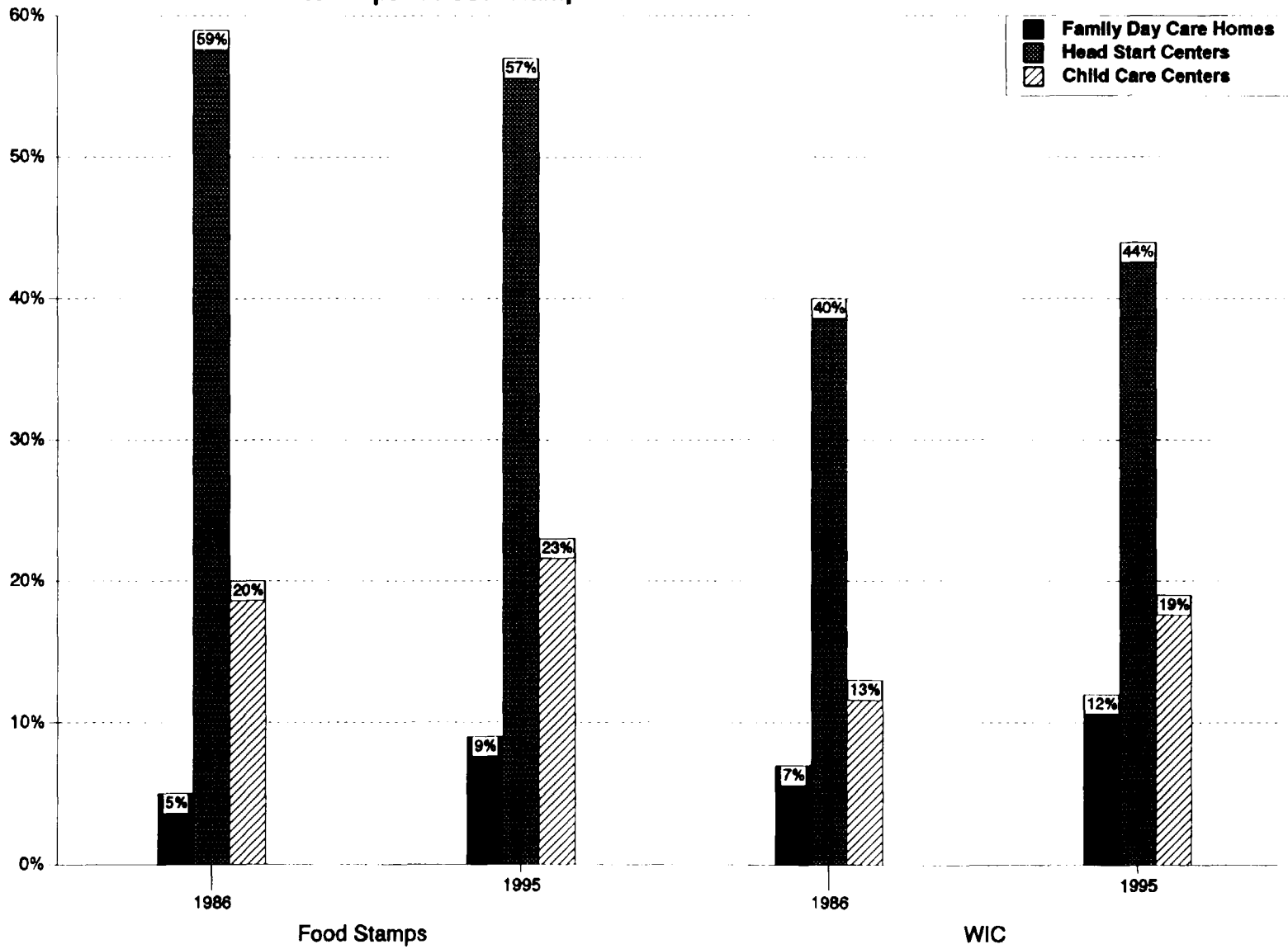


Exhibit 2.7
Receipt of AFDC Benefits and Housing Subsidies: 1986 and 1995

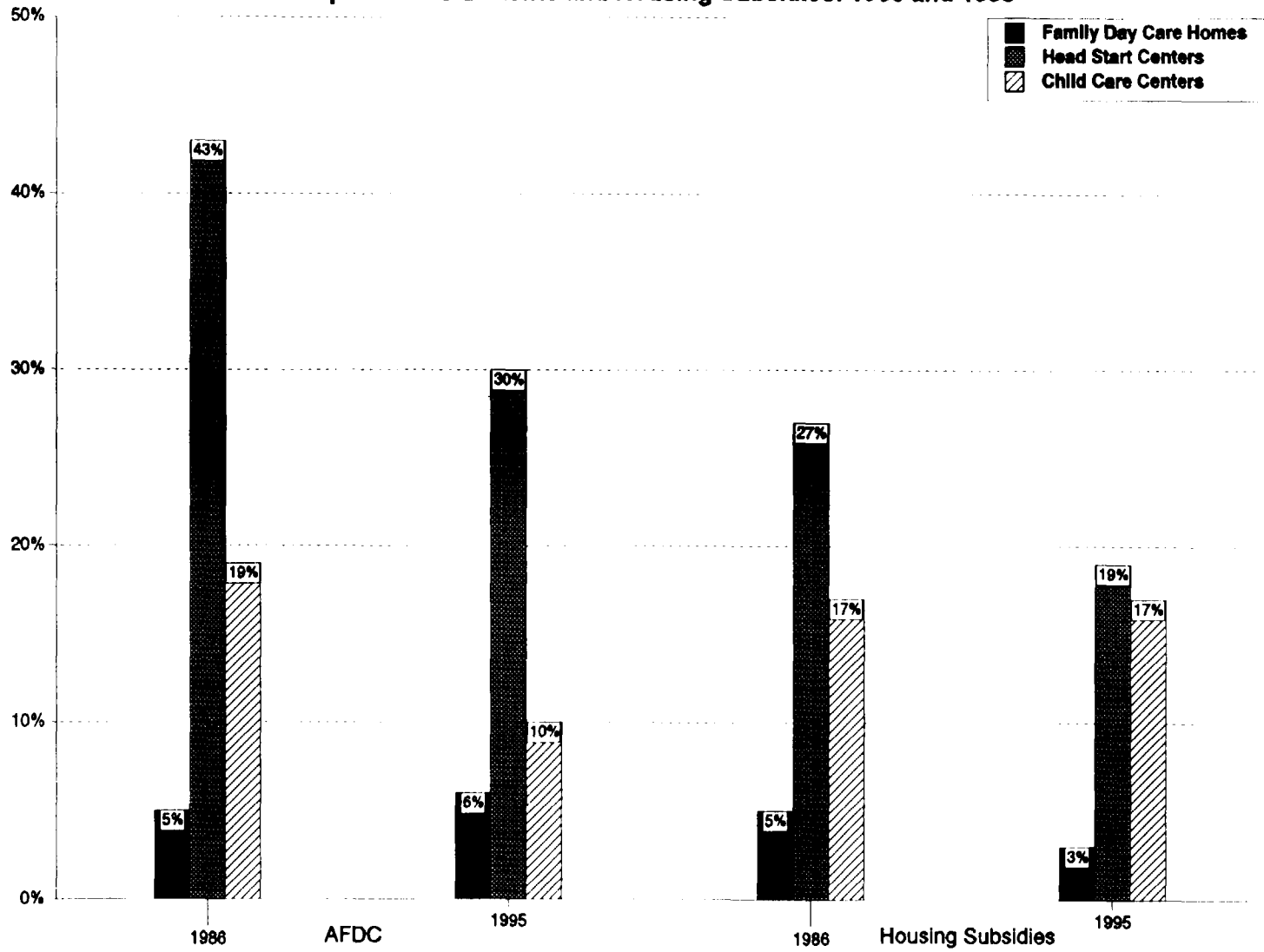


Exhibit 2.8			
Most Children Are in Care at Least Five Hours per Day¹			
Hours per Day in Care	FDCHs	Head Start Centers	Child Care Centers
Less than 5	21%	43%	27%
5 to 7	15%	44%	13%
8 or More	64%	13%	59%
Mean Hours per Day in Care	7.4	5.3	6.9

¹Detail may not sum due to rounding.

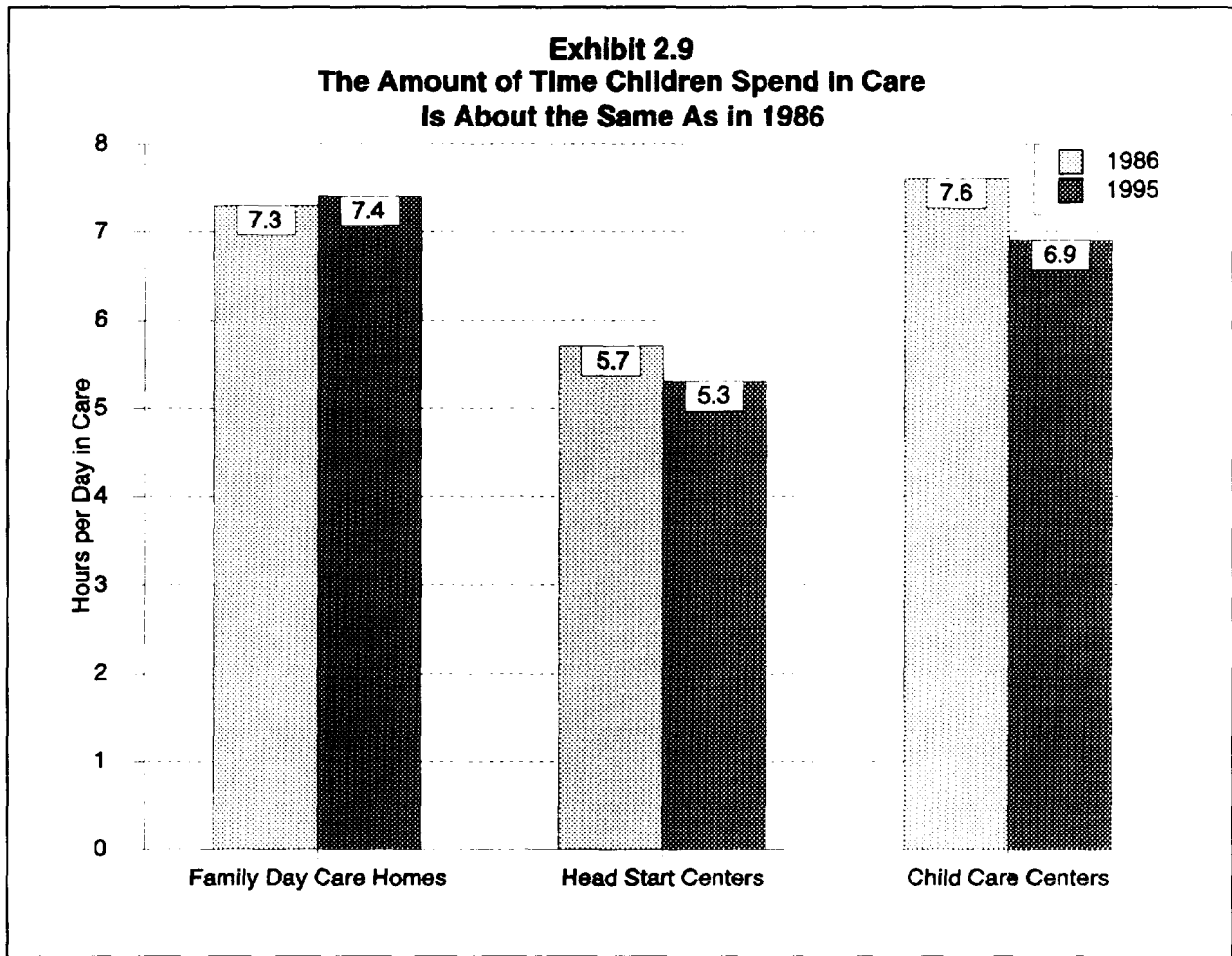
Children in homes and child care centers spend about the same amount of time in care each day. About 60 percent are in care eight or more hours each day. On average, children in homes and child care centers are in care about seven hours per day. As one would expect, given the part-day nature of the Head 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

	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).

During the period of time this study was conducted, centers participating in CACFP could claim reimbursement for an additional meal or snack served to children who were in care eight or more hours a day.⁹ However, centers did not take advantage of this provision of the regulations. Relatively few children who were in care eight or more hours per day received three meals and a snack or two meals and two snacks in care. Only 15 percent of the children in child care centers who were in care eight or more hours per day received the extra meal or snack, and 2 percent of such children in Head Start centers received the extra meal or snack.

⁹The 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.

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?

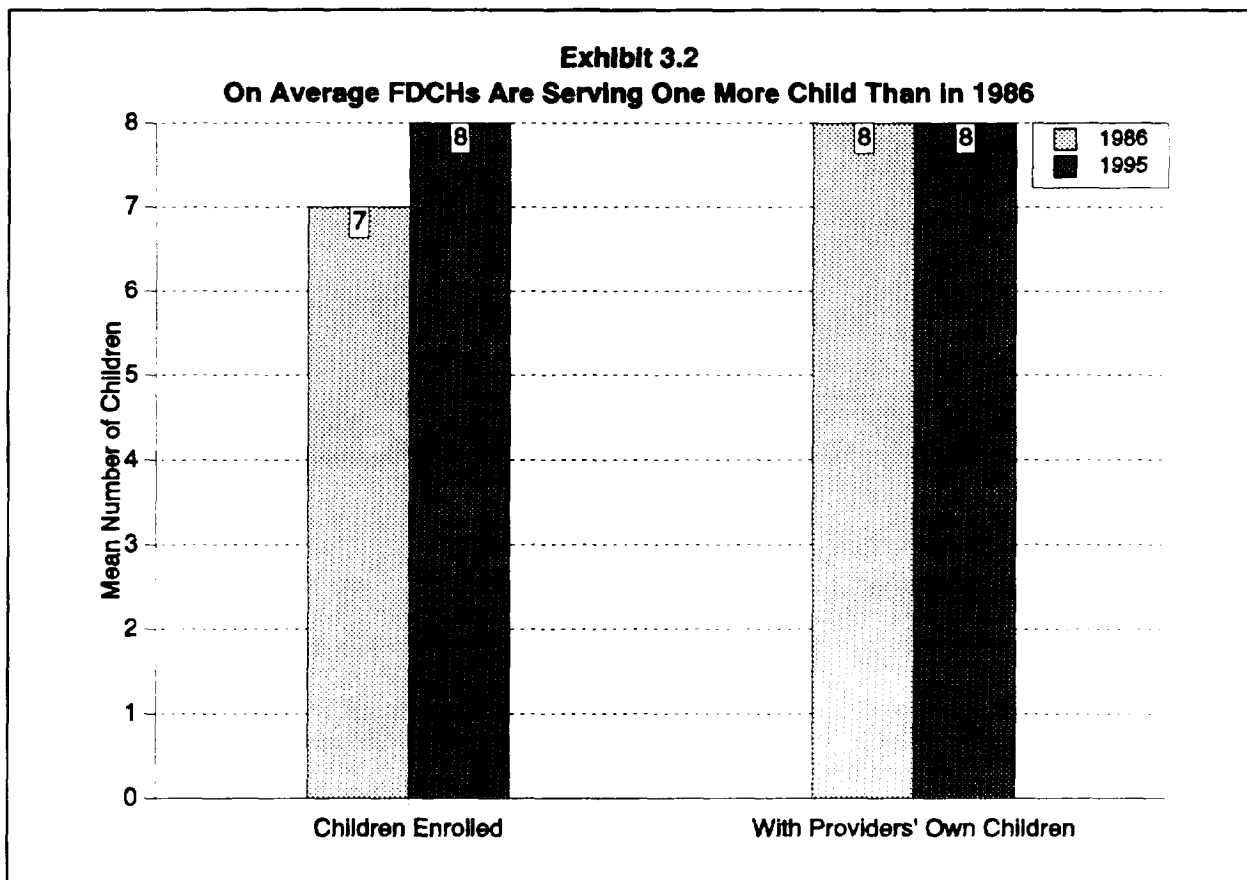
CHARACTERISTICS OF HOMES

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

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

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

11 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

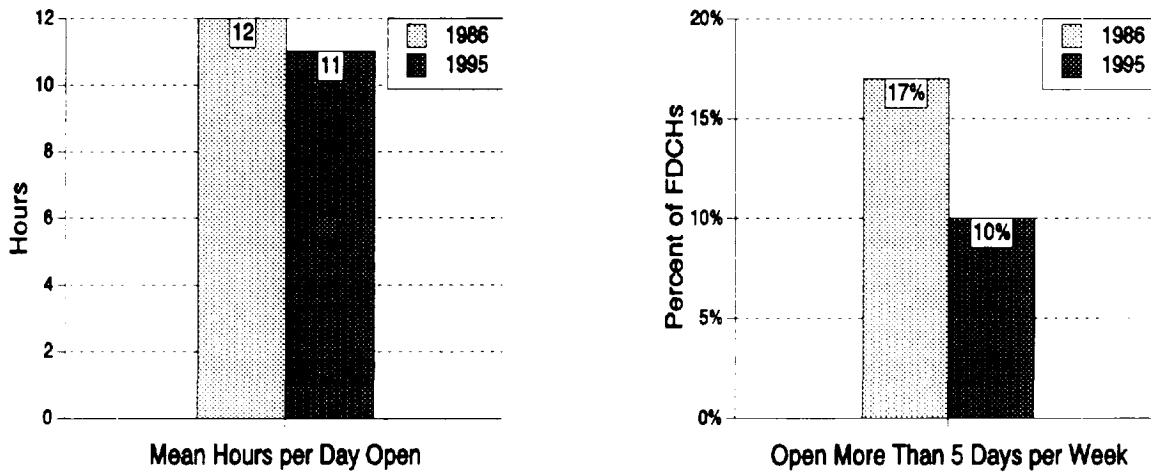
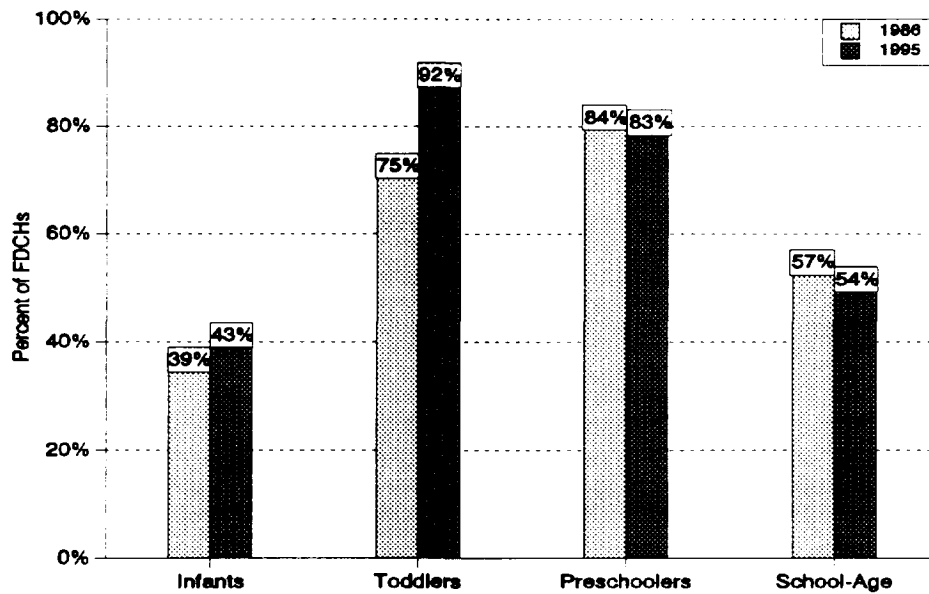


Exhibit 3.5

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				
	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

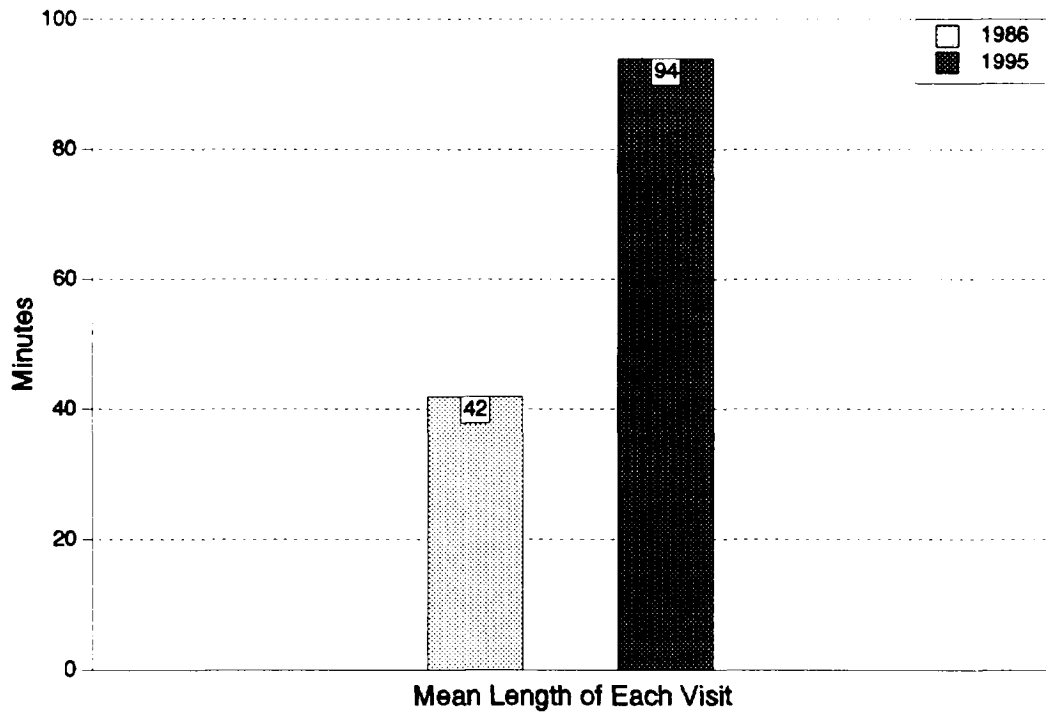
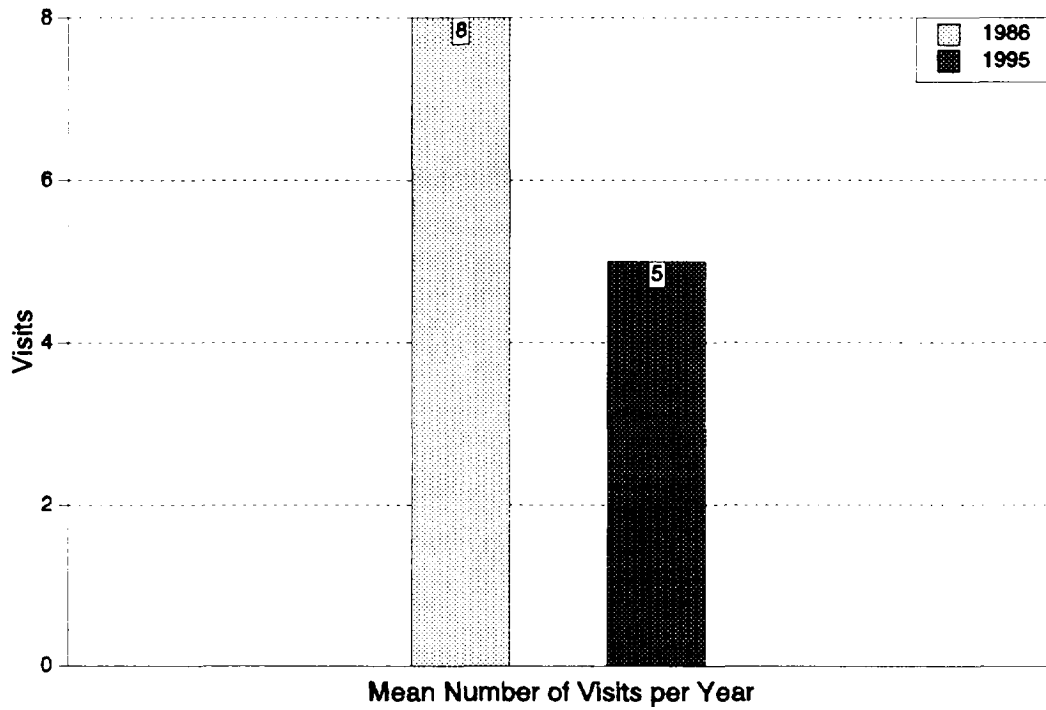
Exhibit 3.10	
Most FDCHs Are Monitored by Sponsors at Least Once per Year, and the Mean Number of Visits Is Five	
Characteristic	Mean
Proportion of FDCHs Receiving at Least One Visit per Year	98%
Among Visited FDCHs:	
Number of Visits per Year	5
Length of Typical Visit	94 minutes
Total Annual Visit Time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

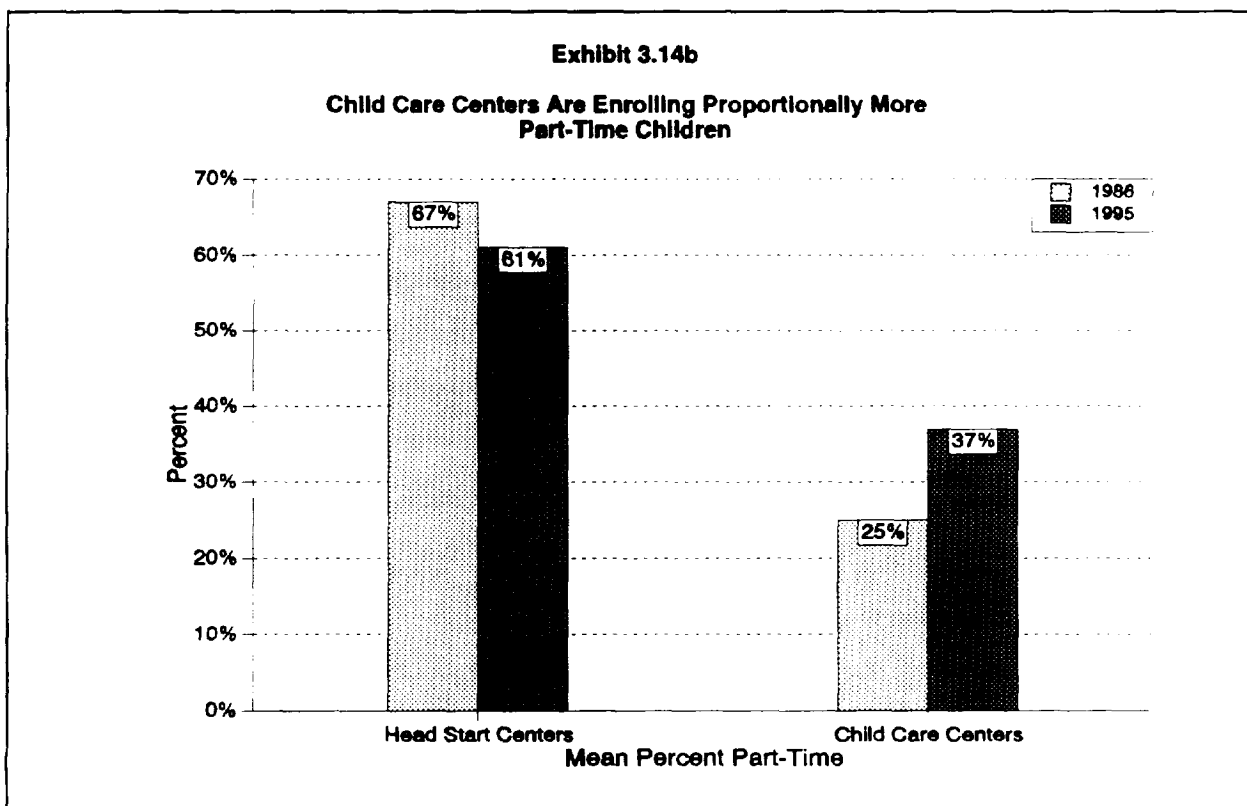
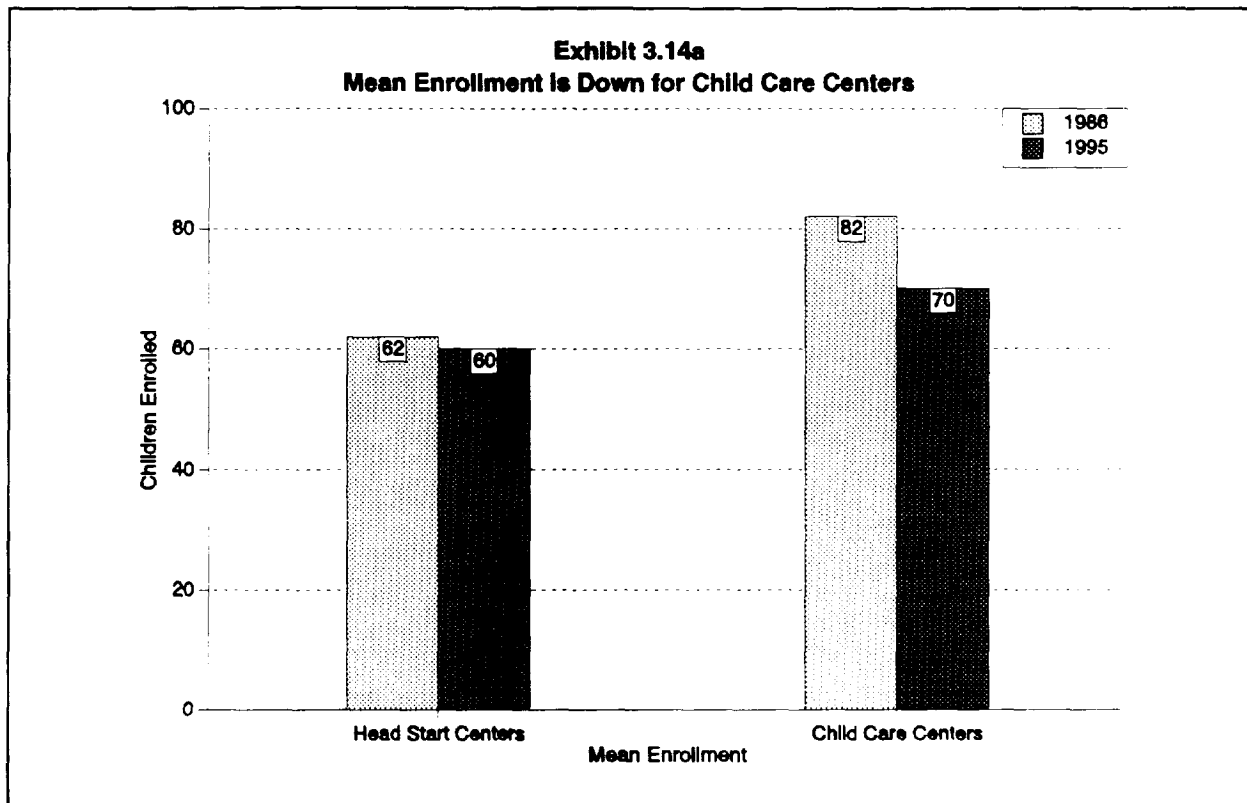
⁹The difference between sponsored and independent centers is legal rather than functional. As such, this distinction is rarely used in the discussion below.

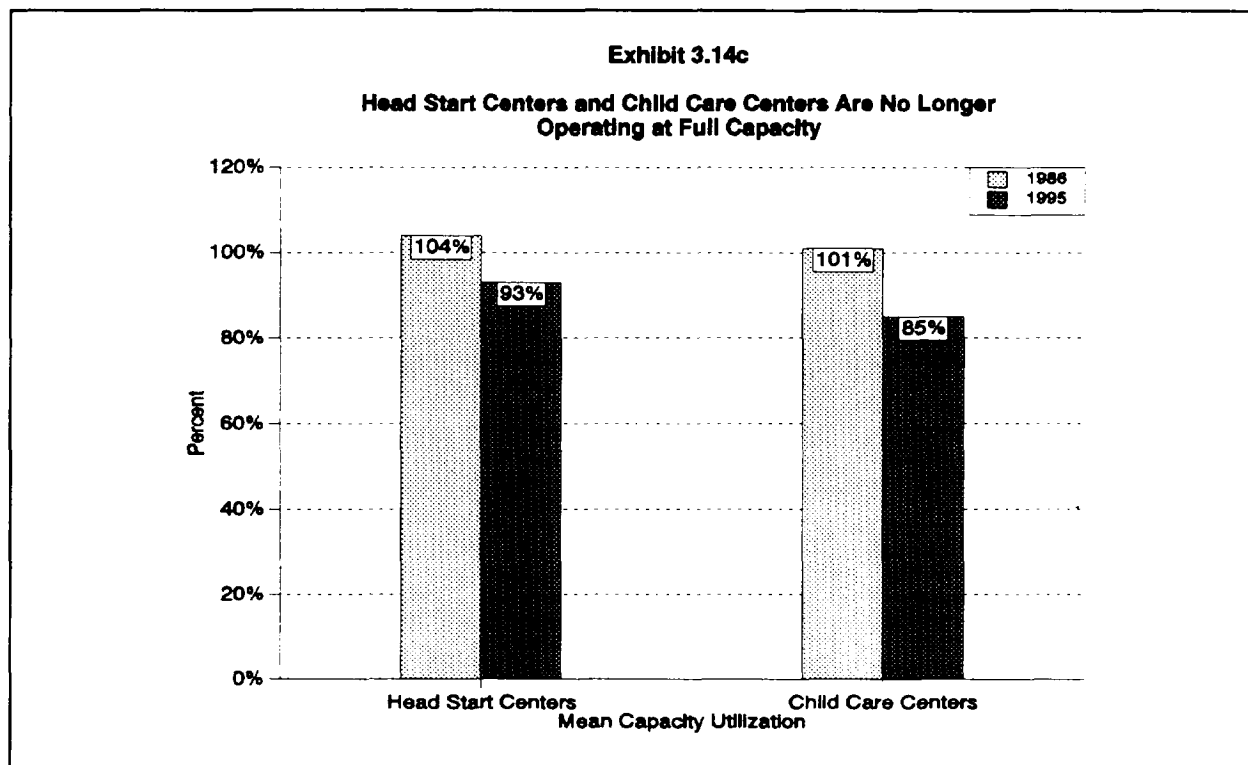
Exhibit 3.13			
Mean Attendance Is About the Same for Head Start and Child Care Centers			
	Mean		
	Head Start Centers	Child Care Centers	All Centers
Enrollment (Number of Children)	60	70	66
Attendance (Number of Children)	53	57	55
Absentee Rate	11%	18%	15%
Capacity Utilization	93%	85%	88%
Percent of Children Attending Part-Time	61%	37%	46%

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			
	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

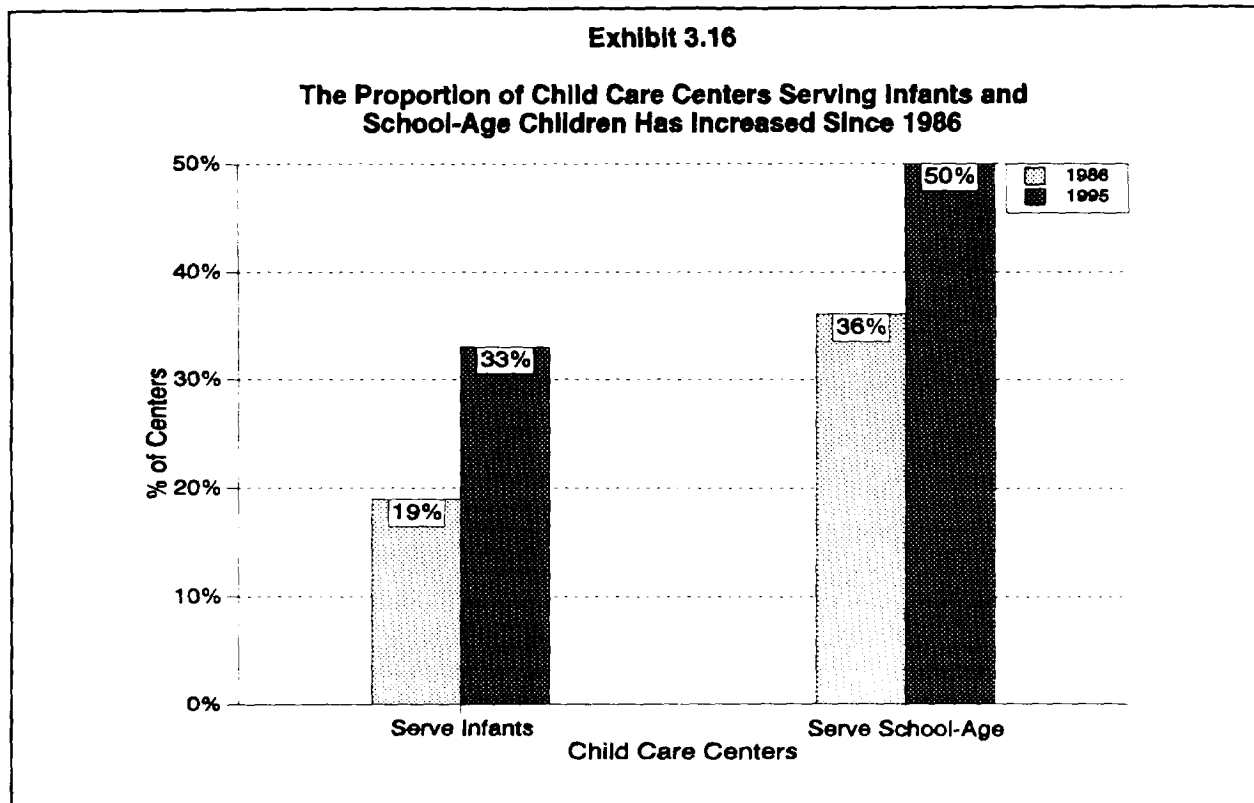


Exhibit 3.17

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			
	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.

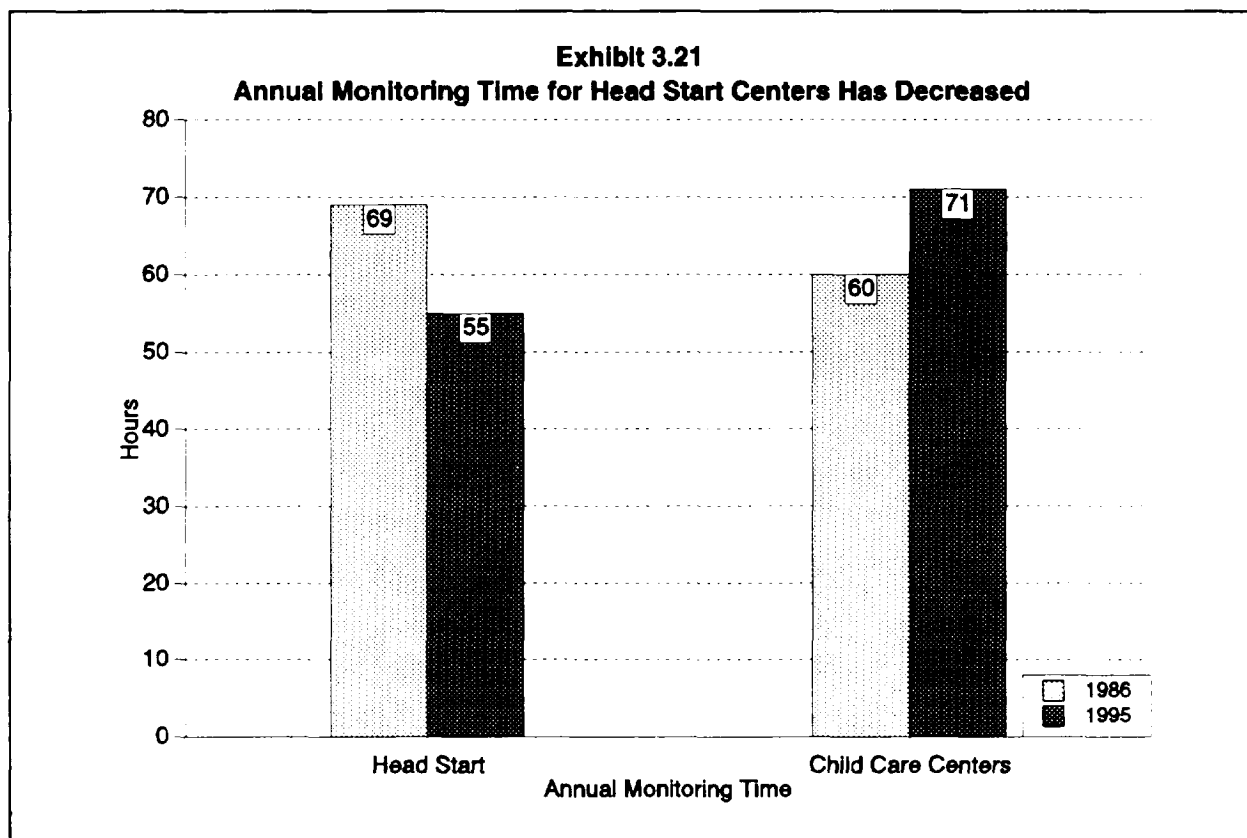
About 91 percent of sponsored centers received at least one monitoring visit from their sponsor in the year prior to the study (Exhibit 3.20). Eighty-seven percent of Head Start centers and 79 percent of child care centers received at least three visits, as required by CACFP regulations.

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			
	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%

The average Head Start center received 26 monitoring visits. The average visit lasted about two 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

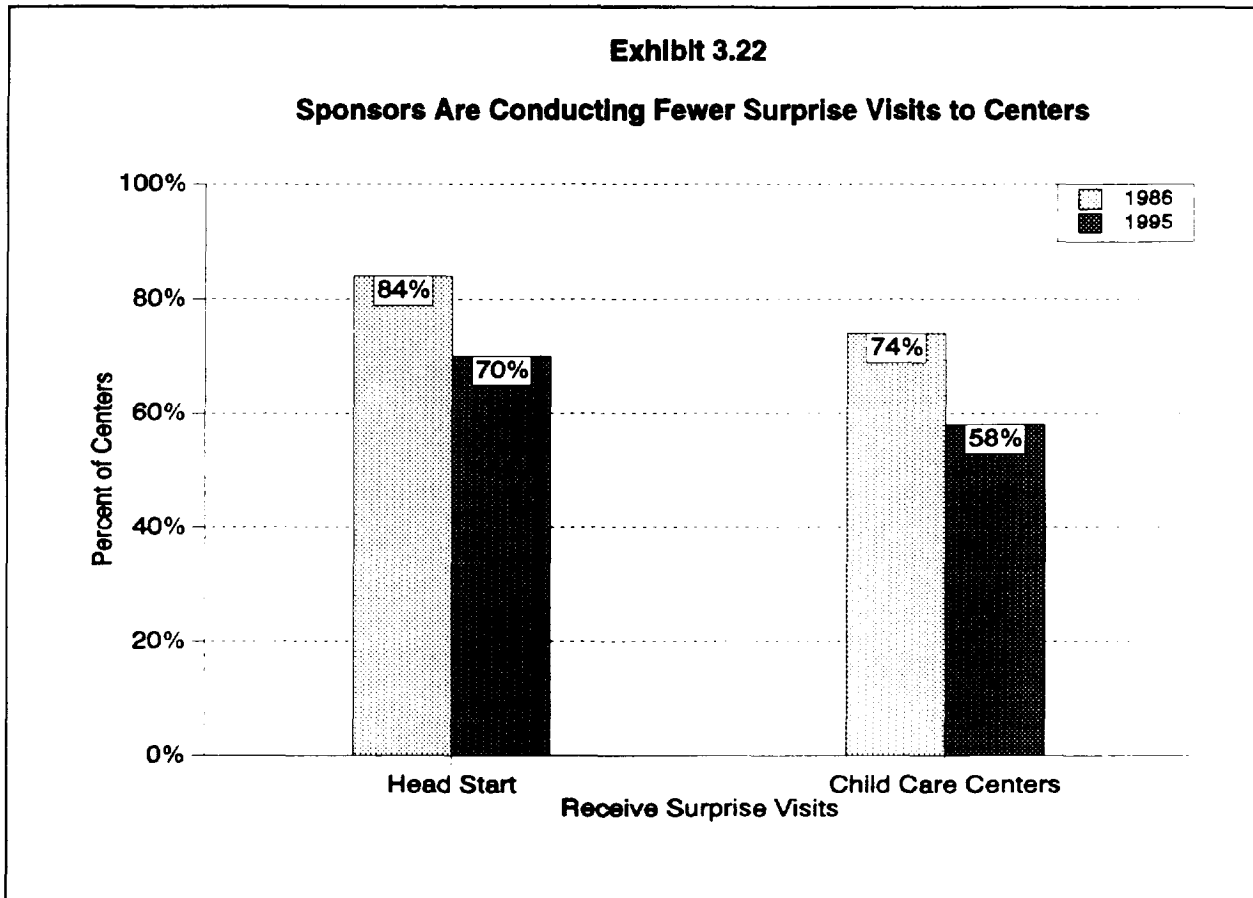


1986.¹⁴ Both Head Start and child care centers were less likely to receive surprise visits in 1995 than in 1986. The proportion of Head Start centers receiving surprise visits declined from 84 to 70 percent, and the proportion of child care centers receiving such visits decreased from 74 to 58 percent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

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

(68%), food production records (69%), food storage (68%), and family-style serving (63%). 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.