



**UNIVERSITY OF CALIFORNIA**  
Agriculture and Natural Resources

Nutrition Policy Institute



# Benefits and Challenges of CACFP Participation for Independent Child Care Centers and Sponsors

October 2022

**Prepared for:**

California Department of Social Services

**Prepared by:**

Nutrition Policy Institute  
CACFP Roundtable

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### **Acknowledgements**

The authors would like to thank Lindsey Beck, UC San Francisco Dietetic Intern, for help with qualitative data analysis; the CACFP sponsors and child care centers that participated in the focus groups and interviews; Toni Boucher, for help conducting the focus groups; Jessica Dailey-Keithline, Sean Hardin, Jennifer Hernandez, Jessie Rosales and Elizabeth Moreno, California Department of Social Services, for reviewing survey and focus group questions and/or advising on final report development.

### **Date**

October 27, 2022

### **Suggested citation**

Lee DL, Hecht C, Ritchie LD, Marshall S K-D, Homel Vitale E. Benefits and Challenges of CACFP Participation for Independent Child Care Centers and Sponsors: Research Report for the California Department of Social Services. Nutrition Policy Institute, University of California, Division of Agriculture and Natural Resources. CACFP Roundtable. 27 October 2022.

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## Executive Summary

For over 50 years, the Child and Adult Care Food Program (CACFP) has supported healthy growth and development of young children in child care settings in the United States. This federal nutrition program provides reimbursements for nutritious meals and snacks for eligible children at participating child care centers and family child care homes. In July 2021, administrative oversight of CACFP in California transitioned from the California Department of Education (CDE) to the California Department of Social Services (CDSS). To inform CDSS on challenges experienced during this administrative transition and potential improvements to accessing CACFP by independent child care centers, CACFP Roundtable collaborated with the University of California Nutrition Policy Institute (NPI). An independent child care center is a relatively small agency that operates a single physical child care site. Independent centers were selected, as they make up a substantial portion of CACFP sites and less is known about their experiences with CACFP.

In December 2021 through January 2022, NPI conducted focus groups and one-on-one interviews with 10 independent centers that contract directly with the state to operate the CACFP, six independent centers that operate the CACFP through a sponsoring organization, and five CACFP sponsors of independent child care centers. Participating centers and sponsors operated across all four CDSS CACFP administrative regions—Northern, Central, Los Angeles, and Southern. Participants were asked questions about CACFP participation barriers and support, the CACFP administrative transition, communication about the CACFP to parents, and inclusion of culturally appropriate foods.

### CACFP Participation Benefits & Challenges

Participants cited several key **benefits of participating in the CACFP** including reimbursement for food, supporting families and communities with low incomes, and having guidelines for healthy food.

Independent centers cited several **benefits to working with a sponsoring organization** to operate the CACFP including that their sponsor provides software for CACFP administration, supports oversight and administrative reviews, and helps answer questions and follow CACFP nutrition standards. Some CACFP sponsors also offer a foodservice option.

Independent centers without a sponsor who contract directly with the State cited **relying most on CDE/CDSS or CACFP Roundtable** for support with the CACFP, and less frequently on the National CACFP Sponsors Association or USDA Team Nutrition. Independent centers **chose not to work with a sponsoring organization** because they already had an existing system for managing the CACFP in place or found it easier to work directly with the State, or they were unaware of or unable to find a sponsor.

Participants cited several **challenges to participating in the CACFP and independent centers contracting directly with the State reported more challenges participating in the CACFP** than those with sponsors. Challenges included paperwork, administrative reviews, unclear communications (e.g., multiple emails), inadequate reimbursement levels, staffing issues, following nutrition standards, and needs for training. Eligibility determination, specifically updating enrollment forms, reporting race/ethnicity and getting parents to complete the enrollment and meal benefit forms, were also challenges. Technological barriers were an often cited challenge, and these were related to navigating the website, CNIPS being difficult to use or having outdated information and infrastructure, slow software (from the sponsoring organization), difficulty uploading forms, and low staff technological literacy. During the COVID-19 pandemic additional challenges were mentioned including staffing shortages, supply chain shortages and decreases in child enrollment.

Participants cited several **reasons independent centers would not participate in the CACFP or have left the program**, including staffing shortages, transition in center leadership, paperwork and eligibility documentation, and that the resources required for program participation outweigh the benefits.

### CACFP Administrative Transition

Participants cited several **challenges and concerns about the transition** of the CACFP from CDE to CDSS. These were related to not receiving communication about it, being unsure what changes to expect, and being concerned that CDSS is understaffed and will not be able to provide adequate support.

### Recommendations for Improvement

Participants had multiple suggestions for improving access to the CACFP for independent centers and better support. Improving communication was a key recommendation. Centers requested telephone support and having a chat box on the website, and more orientation support for centers that are new to the program. Sponsors requested support in preparation for administrative reviews, receiving only information that is specific to their program from the State, receiving consistent and more frequent contact from the State, having quarterly meetings for networking and resource sharing with other sponsors, having a CDSS CACFP dedicated website and updated listserv, and shorter CNIPS response times.

Additional recommendations for improvement include having online forms for providers and parents to complete and streamlined paperwork including for tracking child enrollment and eligibility determination. They also requested additional training and support on nutrition standards and administrative reviews, as well as continuation of the State food recall information, website improvements, and having access to outsourced food preparation options. Sponsors specifically recommended more supportive relationships from CDSS and analysts. Several recommendations were made that are outside of the control of CDSS related

to increasing the reimbursement, reevaluating portion sizes, and improving the independent software purchased by sponsors for their centers.

### Communication about CACFP to Families

Centers reported communicating about the CACFP to families primarily during enrollment and renewal, but also during other parent meetings. Communication about the CACFP occurs in a variety of ways from enrollment packets and parent handbooks to websites and Smartphone apps. The frequency varies from annually at some centers to multiple times throughout the year at others.

Participants made several **recommendations and requested resources on the CACFP to communicate to families**. A key request was to have informational brochures, particularly to encourage parents to complete enrollment and meal benefit forms. They also requested books and resources for children to take home. They recommended shareable videos about the CACFP, and having resources that are engaging, brief, eye-catching, accessible (e.g. locatable, readable), and in expanded languages.

### Culturally Appropriate Food

Most participants cited that the CACFP meal pattern is not a **barrier to serving culturally appropriate food** and that families rarely opt out of the meal program or leave the child care center due to issues with the food. For the few centers that did see the meal pattern as a barrier to meeting cultural food preferences, this was largely related to parent complaints about the required milk types. Child preferences, vegan, vegetarian, religious or medical diets were additional barriers. The need to keep menu cycles simple and not too time-consuming was another challenge to serving more cultural options.

Participants made several **recommendations to support serving culturally appropriate food**. Sample menus and simple recipes that are kid-friendly, including a recommendation to solicit recipes from families were key. Participants also requested expanded options for meat substitutes and a food substitution chart to help track cultural food preferences and child food restrictions. Several recommendations were made that are outside of the control of CDSS related to having less restrictive food guidelines and increasing the reimbursement.

### Summary of Findings

Findings in this report have also been published online in the journal *Nutrients* ([Lee et al. 2022a](#)). Findings are summarized in a research brief, which is also available online ([Lee et al. 2022b](#)).

Below is a summary of the challenges and recommendations reported by independent child care centers and sponsors.

**Table 1. CACFP Challenges Identified and Recommendations Proposed by Independent Centers and Sponsors**

Challenge	Recommendation
Orientation to CACFP	Orientation training More support from the State Peer networks for resource sharing CACFP Roundtable participation
Information on participating in CACFP through a sponsor	Role and benefits Access to sponsors Accessible contact information
Paperwork/tracking	Streamlined, less redundant and simplified reporting Improved CNIPS (faster response times, updated infrastructure and information) Faster sponsor software Online forms
Communications with families	Online enrollment/meal benefit forms [example PDF forms available in <b>appendix</b> ] Brochure and video on CACFP, including rationale for information requested Resources for children to take home Accessible, engaging resources in multiple languages Justification of milk type
Administrative reviews <sup>1</sup> (for centers and sponsors)	Consistency of CDSS staff CDSS staff knowledgeable about CACFP regulations More frequent contact Supportive rather than punitive
Consistent and accessible CACFP information and communications	Improved website dedicated to CACFP Easy-to-find forms Up-to-date information Improved search function Clear emails (audience, purpose) & updated listserv (so only receive relevant information) Telephone support Online chatbox Peer networks for resource sharing
Staffing issues at centers	Simplified processes (from paperwork to following nutrition standards) Increased reimbursements to account for staff time

<sup>1</sup> An **administrative review** is conducted every two to three years by CDSS to ensure that all CACFP-participating agencies are following program requirements. Administrative reviews may occur more often than every three years often by findings in audits or other issue with programmatic processes if deemed necessary by the state. The CDSS Office of Audit Services may perform an administrative review on behalf of the CDSS CACFP program branch for large and/or problematic high-risk reviews. These administrative reviews are conducted by individuals not necessarily familiar with CACFP; reviewers are provided a checklist of items to review relevant to CACFP program requirements, and reviewers change regularly. An **audit by the USDA Office of the Inspector general's office** occurs rarely and is triggered in the event of allegations of fraud or during an entire program review. This audit is a deeper dive into the CACFP-participating agency's operations.

Following nutrition standards	More training Simple recipes and sample menus, including culturally appropriate options Food substitution lists (e.g. to accommodate vegetarian, religious or medical dietary needs) Sources for foodservice (including sponsors)
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## Introduction

The [Child and Adult Care Food Program](#) (CACFP) is the largest federal nutrition program that contributes to the healthy growth and development of young children in child care settings in the United States. Since 1968, CACFP provides reimbursements for nutritious meals and snacks to eligible children at participating child care centers and family child care homes. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs and residing in emergency shelters.<sup>2</sup> To qualify for reimbursement, meals and snacks must follow nutrition standards. Every 3 years, CACFP-participating agencies undergo an administrative review to ensure that they are following CACFP requirements. Nationally, CACFP provided over 435 million meals in family child care homes and 1,533 million meals in childcare centers in 2019; these numbers dropped to 356 million and 1,436 million in 2021, respectively, during the COVID-19 pandemic. ([USDA 2022](#)).

California is committed to a comprehensive, high-quality, and affordable child care and development system that provides a whole-family approach to meet the needs of each child. To achieve this vision, child care and development programs administered by the California Department of Education (CDE)<sup>3</sup>, including CACFP, were transferred to the California Department of Social Services (CDSS), effective July 1, 2021, as mandated by the California Budget Act of Fiscal Year 2020-2021 ([CA Legislative Info 2022](#)). These services and programs join the child care and development and nutrition programs currently administered by CDSS—including the Stage One CalWORKs Child Care Program, the Emergency Child Care Bridge Program for Foster Children, Child Care Licensing, as well as CalFresh (also known as the Supplemental Nutrition Assistance Program or SNAP)—and additional nutrition programs (SNAP-Ed, The Emergency Food Assistance Program, California Food Assistance Program) ([CDSS 2021](#)).

The transition of CACFP to CDSS provides a unique opportunity to strengthen and improve state-level policies to increase impact and effectiveness and reduce complexities and barriers resulting in a more cohesive child care and early education system. A vital piece to inform this transition is stakeholder engagement and feedback. As part of the process of obtaining stakeholder feedback, CDSS has engaged several organizations that work within the child care and early education system, including the CACFP Roundtable and the University of California's Nutrition Policy Institute (NPI).

In 2021-2022, NPI conducted focus groups and one-on-one interviews with key stakeholders in California that manage the CACFP program related to independent child care centers, an agency that operates a center at a single physical site.<sup>4</sup> The purpose of the focus groups and interviews was to identify benefits and challenges experienced by independent centers—both

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<sup>2</sup> CACFP also provides reimbursements for meals served to adults over the age of 60 or living with a disability and enrolled in day care facilities. We do not discuss the adult component of CACFP in this report as this we focus only on CACFP operated in child care centers.

<sup>3</sup> See [CDSS 2021](#) for more information on programs that transitioned from CDE to CDSS.

<sup>4</sup> As opposed to affiliated centers which are typically larger organizations operating multiple child care sites. Independent centers can enter into a contract with CDSS to assume financial and administrative responsibility for CACFP operations. Alternatively, independent centers can operate CACFP through an intermediary, referred to as a sponsoring organization

those that administer CACFP directly with CDSS and those that operate through a sponsor—and by sponsors of independent centers in accessing CACFP and explore opportunities for improvement. Independent child care centers and sponsors were selected as the focus because relatively little is known about their experiences with CACFP.

Questions were also asked on culturally appropriate meals to elucidate how CDSS and CACFP can be more supportive of centers and sponsors in meeting culturally-specific needs of families. Ethnic and racial groups differ in how they identify and prepare food, the condiments they use, the timing and frequency of meals and how food is used in religious observations and celebrations. This is a topic of increased interest given the demographic trends of the U.S. population. According to projections by the U.S. Census Bureau, by 2060 individuals of Hispanic origin will grow from 19% to 29% of the total population, non-Hispanic Blacks will grow from 12% to 13%, non-Hispanic Asians will grow from 6% to 9%, and non-Hispanic Whites are predicted to decrease from 57% to 44% of the total population ([USDA ERS 2022](#)).

## Methods

### Sample Selection and Participant Recruitment

CDSS provided to NPI a dataset on all CACFP-participating agencies—including child care centers and sponsors of child care centers—as of August 2021. The dataset included several contacts for each agency including the authorized representative, program contact, and site contact.<sup>5</sup> From this dataset, NPI selected a geographically diverse sample of contacts from three different organization types to participate in stakeholder focus groups with the goal of recruiting ~10 participants, including at least one military or government organization, as well as at least one serving tribal communities, for center groups.

First, child care centers were excluded from the sample if operating at a public school, community college or other public higher education facility. Also excluded were Head Start centers, State Preschools and their sponsors. These centers were excluded because of access to resources—which may facilitate CACFP participation—not available to centers operating outside of these larger, institutional settings. Next, the sample was stratified into the following groups:

- **Focus Group 1 (FG1)** – Independent child care centers that contract directly with the state to operate the CACFP (n=341 including n=1 tribal and n=5 military or government)
- **Focus Group 2 (FG2)** – Independent child care centers that operate the CACFP through a sponsoring organization (FG2) (n=182, there were no tribal or military or federal government centers in this group)
- **Focus Group 3 (FG3)** – Sponsors of independent child care centers that operate the CACFP (n=10)

From this sample, the research team selected for initial recruitment: all 10 sponsors, 100 independent centers that operate the CACFP through a sponsoring organization, and 86 (including 1 tribal and 5 military or government) independent child care centers that contract directly with the state to operate the CACFP. The centers were selected to ensure geographic diversity. This was achieved by assigning USDA 2010 Rural-Urban Commuting Area (RUCA) codes matched to the center zip code. RUCA codes were then categorized into urban, suburban and rural classifications as described by [Hailu et al. 2016](#). Child care center sites were next assigned a random number, sorted in ascending order, and then filtered by RUCA code. Quota sampling methods were used to select the final centers for recruitment; the quotas were based on the proportion of centers' RUCA codes in the original CDSS database.

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<sup>5</sup> **Agency** is the general term for any organization that has a Child and Adult Care Food Program agreement with the Nutrition Services Division. This includes day care home sponsors, child care centers, and adult day care centers. **Authorized Rep** is the Agency's contact that is listed in the CDSS database of CACFP-participating agencies who is ultimately responsible for the CACFP contract and holds all liability; this person is often the CEO or the board. **Program Contact** is the Agency's CACFP administrative contact that is listed in the CDSS database of CACFP-participating agencies. **Site Contact** is the CACFP-participating child care site point of contact that is listed in the CDSS database of CACFP-participating agencies.

For FG1 and FG2, CACFP Roundtable sent recruitment information via email to the program contact listed in the CDSS database. For FG1, the program contact was often also the center site contact; when not the same person, the program contact was asked to forward recruitment materials to the center site contact. For FG2, the program contact was the sponsoring organization, who was asked to forward the information to the center site contact. For FG3, recruitment materials were sent via email to the authorized representative listed.

Study inclusion criteria required that participants: (1) be a sponsor of independent child care centers participating in the CACFP, or an independent child care center participating in the CACFP that operates through a sponsor, or an independent child care center participating in the CACFP that directly contracts with the state, (2) be the person who manages the CACFP, (3) be 18 years old or older, (4) have access to a computer, tablet or smartphone, and (5) be at a site that participated in the CACFP during the last 5 years. Centers and sponsors that received recruitment materials were instructed to contact NPI for enrollment into the focus groups.

After initial focus groups had been conducted, the sample was expanded and more direct recruitment methods were implemented to ensure representation from critical participants. NPI requested an additional CACFP database pull from CDSS in January 2022 and used convenience sampling methods to identify 16 centers participating in the CACFP from 1 up to 3 years to recruit. This was to ensure that FG1 was inclusive of centers more recently enrolled in the CACFP. Additionally, 21 centers from the original FG2 sample whose sponsors participated in FG3 and who had not yet received recruitment material or contacted NPI were identified. Additionally, one sponsor from the original sample who had not yet contacted NPI was identified for direct recruitment. These centers and sponsor were contacted by NPI researchers directly using the telephone number listed in the CDSS database.

Ultimately, 22 centers for FG1, 15 centers for FG2, 5 sponsors for FG3 were screened by NPI to be enrolled in the study; all were eligible and agreed to participate. One center that was not on the original recruitment list also made contact with NPI, but this center was not enrolled in the study. Many enrolled participants were unable to attend the scheduled focus groups or a one-on-one interview despite NPI researchers' best attempts to work with participants' availability. Final participants included 10 centers for FG1, 6 centers for FG1, and 5 sponsors for FG3. Table 1 summarizes samples sizes by focus group.

**Table 1. Focus Group Sample Sizes**

<b>CACFP group</b>	<b>Total in CDSS dataset</b>	<b>Sent recruitment information</b>	<b>Agreed to participate</b>	<b>Participated</b>
FG1 – Independent centers contracting directly with the state	342 (including 1 tribal and 5 military)	102 (including 1 tribal and 5 military)	22	10
FG2 – Independent centers contracting through a sponsoring organization	182 (0 tribal and 0 military)	100	15	6
FG3 – Sponsors of independent centers	10	10	5	5

## Data Collection and Analysis

### Focus Groups, Structured Interviews, and Survey

Enrolled focus group participants—one from each center or sponsoring organization—were emailed a link to complete a 23-item (FG1/FG2) or 15-item (FG3) online survey prior to participating in their scheduled focus group. The survey was developed by NPI and reviewed by CDSS and the CACFP Roundtable. The survey gathered characteristics about the focus group participant and their child care center or sponsoring organization. Participants also received the focus group questions in advance of their scheduled focus group, in addition to a glossary of terms commonly used in the CACFP program. They were instructed to review the questions, glossary of terms, and seek answers to questions they were unable to answer themselves from other center or sponsor organization staff prior to attending their focus group.

Each focus group session was led by an NPI researcher (CH) and a peer-facilitator with over 20 years of experience as a center director working with the CACFP program. Each focus group lasted approximately 60-75 minutes and was conducted online using the Zoom video conferencing platform. Participants unable to attend a scheduled focus group completed one-on-one structured interviews with the NPI researcher using the same questions posed in the focus group. All discussions were audio-recorded. Focus groups and interviews were conducted in December 2021 and January 2022.

All three groups (FG1, FG2 and FG3) were asked similar questions, adjusted according to their relationship with the CACFP. The first set of questions asked about CACFP participation barriers and support to inform how CDSS might be able to help. The second set of questions focused on the CACFP Administrative transition from CDE to CDSS, which began July 1. The third set of questions focused on communication about the CACFP, including to the families they serve. The fourth and final set of questions asked about serving culturally appropriate foods. The full list of questions posed to each focus group can be found in the *Focus Group / Interview Questions* section of the **Appendix** on page 49.

Each discussion was transcribed verbatim from audio recordings using Otter.AI, then reviewed and cleaned by an NPI researcher (DL) by removing vocal disfluencies—commonly known as filler words—and validating AI transcriptions against audio recordings. Participant survey and focus group responses were given a unique ID to maintain confidentiality. Participants received a \$100 gift card for participating. The study was reviewed by the University of California, Davis Institutional Review Board and deemed ‘not human subjects research’.

### Data Analysis

Survey responses were analyzed using descriptive statistics and a tabulated summary of survey responses was also created for each focus group (see *Detailed Participant Characteristics*). The grounded theory method of analyzing qualitative data (Foley 2015) informed transcript data coding. The first step was to develop an initial coding scheme; this is known as open coding. Two coders (LB,CH) reviewed the transcripts to create unique codes to summarize the main points of each participant’s response. For the second step, one coder (DL) reviewed the initial codes developed. Dissimilar codes were reconciled and incorporated into a refined coding scheme. The third step was axial coding. One coder (DL) reviewed and compared codes to draw connections between them. Key quotes from the transcripts were extracted to provide context for the selected codes. Codes were then summarized into categories or families of codes. This consolidation step was reviewed by the other coder (CH). The last step was final selective coding. One coder (DL) reviewed the axial codes to identify core categories and outline relationships between categories. This was then shared with the other coders and principal investigator (LR) for final revisions.

### Participant Characteristics

**Focus group 1.** A total of 11 individuals from 10 independent child care centers that contract directly with the state to operate the CACFP participated. 2 individuals participated in one focus group, 4 in a second focus group, 4 in a third focus group, and 1 in an individual interview. Participants were the center director or site supervisor (n=8) and/or the center owner (n=4) or other (n=1). All reported being female. A majority had a Bachelor’s degree or higher (n=6). Most were Black/African American (n=3), White (n=3), or Hispanic/Latinx (n=2); the remaining were American Indian/Alaskan Native (n=1), or Asian/Pacific Islander (n=1). The child care sites were either for-profit (n=4), non-profit (n=4), government or military (n=1) or tribal (n=1). Centers were licensed by CDSS to care for preschool-age children (n=10), infants or toddler (n=6) or school-age children (n=2). Most were serving urban areas (n=8). Sites were equally distributed across all CDSS CACFP regions<sup>6</sup>. Most were in operation for 10 years or more (n=7) and half participated in the CACFP for 10 years or more. Two had previously participated in the CACFP through a sponsoring organization. The director or site supervisor was most often responsible for completing the CACFP paperwork (n=8). Most centers provided breakfast (n=8), mid-morning snacks (n=6) and mid-afternoon snacks (n=10), with food preparation mostly

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<sup>6</sup> CACFP regions: Northern, Central, Los Angeles, Southern

happening at the child care center (n=9). When asked where they receive help with the CACFP<sup>7</sup>, CDSS or CDE (n=5) or CACFP Roundtable (n=4) were most often reported.

**Focus group 2.** A total of 7 individuals from 6 independent child care centers that operate the CACFP through a sponsoring organization participated. 6 individuals participated in one focus group and 1 in an individual interview. Participants were the center owner (n=4), center director or site supervisor (n=2) or other (n=1). All reported being female. Most had a Bachelor's degree or higher (n=5). Most were white (n=4) and the remainder were Hispanic/Latinx (n=1) or Black/African American (n=1). Centers were licensed by CDSS to care for preschool-age children (n=6), school-age children (n=4), or infants or toddlers (n=2). Most were serving urban areas (n=5), located in the Central (n=2), Southern (n=2), Northern (n=1) or Los Angeles (n=1) CDSS CACFP regions. Many were in operation for 10 or more years (n=4); the remainder had participated in the CACFP for 1 to <3 years (n=3), 3 to <5 years (n=2) or 5 to <10 years (n=1). Only one had previously participated in the CACFP directly contracting with the State. The director or site supervisor was most often responsible for completing the CACFP paperwork (n=4). All centers provided breakfast (n=6) and most provided lunch (n=4) and a mid-afternoon snack (n=5), with food preparation mostly happening at the child care center (n=4). No participants reported receiving support on the CACFP outside of their sponsoring organization. All centers in this focus group were sponsored by organizations in FG3.

**Focus group 3.** A total of 6 individuals from 5 organizations that sponsor independent child care centers that operate the CACFP participated. 4 individuals participated in 1 focus group, and 1 in an individual interview. 1 individual was erroneously scheduled to participate in a FG1 focus group, however, their focus group responses were analyzed alongside data collected from other FG3 participants. Participants were either the executive director (n=3) and/or other (n=4). All but one reported being female. Participants were Black/African American (n=2), Asian/Pacific Islander (n=1), Hispanic/Latinx (n=1), or White (n=1). Most had a Master's degree or higher (n=3). All organizations were non-profit (n=6). They served centers in the Northern (n=3), Los Angeles (n=2), Southern (n=2), and Central (n=1) CACFP regions. Organizations were in operation for between 5 to <10 years (n=3) or 10 years or more (n=2). They reported receiving support on the CACFP from CDSS or CDE (n=5) and CACFP Roundtable (n=4), USDA Team Nutrition (n=3), the National CACFP Forum (n=2), the National CACFP Sponsors Association (n=1), or the Institute of Child Nutrition (n=1). Two sponsors had centers in FG2.

See the section *Detailed Participant Characteristics* in the **Appendix** on page 35 for additional information.

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<sup>7</sup> Response options included: CACFP Roundtable, National CACFP Sponsors Association, National CACFP Forum, USDA Team Nutrition, Institute of Child Nutrition, CA Department of Social Services (CDSS) or CA Department of Education (CDE), Other (write in), and None of the above. Participants were able to select all that apply.

## Summary of Themes

### CACFP Participation Barriers and Support

What was evaluated?

Independent centers that participate in the CACFP by contracting directly with the state (FG1) and independent centers that operate the CACFP under a sponsoring organization (FG2) were asked why they participate in the CACFP and why they have chosen to participate directly with the state or through a sponsor. They were asked to describe their greatest challenges and technological barriers to participating, if they had ever discontinued participating, and what sort of technical assistance would make it easier for them to participate in the CACFP.

Sponsors of independent centers (FG3) were asked about barriers their centers experience in participating in the CACFP, centers' greatest technological barriers to participating, why some centers do not participate, what technical assistance would enable sponsors to better serve center providers, children and families more effectively.

### CACFP Benefits

Independent centers and sponsors of independent centers cited several benefits to participating in the CACFP. **Reimbursement for food** was the most often cited benefit of the CACFP by independent centers (FG1, n=8; FG2, n=5).

“Probably the main reason why we participate in the program is to subsidize the cost.” – FG1\_6

“I wanted to make sure to be able to continue to provide lunches for the children and not have to increase the parents' tuition to cover the cost of that.” – FG1\_9

**Supporting families and communities with low income** was cited by independent centers that contract directly with the state (FG1, n=5).

“The kids that typically attend here are low-income and on subsidy programs... it really helped the families.” – FG1\_8

**Guidelines on healthy food** was another CACFP benefit cited by independent centers (FG1, n=5; FG2, n=4). For one independent center that works with a sponsoring organization, that guidance was provided by a registered dietitian.

“We like the guidelines for food. It keeps healthy food in our center, as opposed to having parents bring whatever they want, which may not be nutritious” – FG1\_2 (Government/Military)



“I like the technical assistance. I like knowing that I'm serving the correct portions, the enhanced menu items, the different kinds of vegetables and whole grains.” – FG1\_1

“They [the sponsor] have a dietician that helps look over our menus just to validate the nutrition level and monitor all the food groups... and keeping us on track with the healthiest options that we can serve.” – FG2\_3

One center said that the CACFP facilitates their **introducing new foods** to children in their care (FG2, n=1). Two centers said they participated in the CACFP largely because the center **inherited the program** from previous center operators (FG1, n=2).

“We used to be a state preschool and the population and the kids that typically attend here are low-income and on subsidy programs. So it was something that the other school had that we wanted to keep going.” – FG1\_8

#### Benefits of working with a sponsor.

Independent centers that work with a sponsor to participate in the CACFP cited several benefits of the relationships. That sponsors **provide software for tracking and reporting** (FG2, n= 2), support **oversight and administrative reviews** (FG2, n=2), **help with questions** (FG2, n=2) and **help with nutrition standards** (FG2, n=2) were the benefits most often cited.

“[The sponsor] provides us with a system called Kid Care and that helps to keep track of all of the food that we've served... and see if there was anything that we might have missed, like expired enrollment forms are an easy one to miss. And another thing it really helps with is buying in the first place... they [the sponsor] also help with providing us with the food service guidelines, and they give us lots of handouts and just healthy meal ideas.” – FG2\_2

“They [the sponsor] help with a lot of information. I can call them. If I have questions, I'm able to get them on the phone. I get my answers, in a timely manner.” – FG2\_5

“They [the sponsor] give us ideas on what we can serve...they're always there if I need to reach out and have questions.” – FG2\_4

Additionally, one independent center cited that the largest benefit was that their sponsor **provided foodservice**, meaning the meals and snacks provided to children were prepared and delivered by the sponsoring organization (FG2, n=1).

Finally, one independent center that contracts directly with the state to operate the CACFP and that had previously worked with a sponsoring organization stated that one of their biggest challenges to participating in the CACFP was **not having a sponsor** and essentially serving as their own sponsor (FG1, n=1).

“One of my greatest challenges is being my own sponsor. It's because I've also done it the other way, I know how they both work, it is a lot more work [not participating in the CACFP through a sponsor].” – FG1\_9

#### Reasons centers do not work with a sponsor.

Independent centers that contract directly with the state cited several reasons for not working with a sponsoring organization. Many did not operate the CACFP through a sponsoring agency because they had an **existing system in place** (FG1, n=4). One said that it was **just as easy to be independent** (FG1, n=1).

“[Our director] did have a sponsoring agency. And then she figured out that she was still doing all the work and providing data to them. So then she just figured that she could just do it herself. So she became independent.” – FG1\_4

Other reasons were related to either **lack of understanding about sponsors** (FG1, n=3) or the center being **unable to find a sponsor** (FG1, n=2).

“I wasn't aware of the other sponsoring agencies out there... had I known that there was a sponsor, I probably would have preferred that over dealing directly with the state.” – FG1\_8

“I talked to two different sponsors. A lot of them are just serving family centers (family child care homes), not center based. So I wasn't able to find anybody who could help us. I just decided to learn it myself.” – FG1\_10

#### CACFP Program Challenges

Independent centers and sponsoring organizations that work with independent centers cited several challenges related to participating in the CACFP program. **Paperwork** was most often cited by independent sponsors that contract directly with the state and by sponsors of independent centers (FG1, n=6; FG3, n=3). However, this challenge was not cited by independent centers that work with a sponsoring organization.

“My challenge is the paperwork... getting it uploaded to the site... for me, it's just not very intuitive.” – FG1\_6

“We implement a lot of technological resources to reduce paperwork. But for those centers that are still running, with paper driven operations, it's paperwork. There's a lot of moving pieces, a lot of ways to mess up, and small technological, for small technical aspects of the program that can end up costing the center their reimbursements.” – FG3\_5

“I have no program [for streamlining the paperwork]. I have to do everything, write it out... I've been doing the claims and everything by hand.” – FG3\_6

**Communication challenges** were the second most often cited challenge by independent centers contracting directly with the state and by sponsors of independent centers (FG2, n=4; FG3, n=4). This challenge was not cited by independent centers that work with a sponsoring organization. These communication challenges were specific to information about the CACFP received by centers and sponsors from the administrative State agency.

“I would say the greatest technological barrier is information, transferring of information, receiving information, receiving two different answers for the same question from two different people [State analysts].” – FG3\_2

“I've been starting to get these emails where they [State agency] start sending you these things like notices, and I'll click into the links, but I still have trouble where to be guided on what to click on to read what they are telling me... I go to the link and I still am unable to locate where that information is.” – FG3\_6

**Technological challenges** were commonly cited across all three focus groups, and these technological challenges often dovetail with reported communications challenges.

Challenges related to **navigating the website** (FG1, n=5) were common for independent centers contracting directly with the state, and more specifically related to finding forms.

“...when I go to find a form. They're not alphabetical. They're listed by form number. And it's so frustrating to have to read all of those to find the one I want because it wastes so much time.” – FG1\_1

“I would like to be able to access any new policy or new procedures that we have more easily. I mean, I've searched for like an hour or so. And I didn't find anything today.” – FG1\_5

Independent centers working directly with the state and sponsors of independent centers use the Child Nutrition Information and Payment System (CNIPS), an online database used by the CACFP Branch to receive and maintain agency applications and to process claims for reimbursement. Most independent centers contracting directly with the state reported having **no issues with CNIPS** (FG1, n=6).

“We don't have any issues with that either. CNIPS is really easy to use. It has all the data.” – FG1\_10

However, one independent center contracting directly with the state and five sponsors of independent centers reported challenges related to **CNIPS being difficult to use, having outdated information and infrastructure** (FG1, n=1; FG3, n=5).

“I rarely go to that website [CNIPS]. Because it's hard. For me, the whole program is kind of difficult, because they send out things and they have you do these classes once a year, but they're not really helpful.” – FG1\_3

“That you could just keep the previous year's information [in CNIPS] and not have to go back... a lot of the stuff is a repeat.” – FG3\_3

“I think there's ways that for a sponsor, it [CNIPS] can be more streamlined. There's a lot of bottlenecks between submission to the state agency, and then the timeframe it takes for an analyst to get back to the sponsor... for timing purposes, it becomes a little difficult.” – FG3\_5

Sponsoring organizations may provide centers software to help them submit their CACFP-related paperwork. Centers working with a sponsoring organization cited **slow software** (FG2, n=5) as a technological challenge. However, one center still found the software more helpful than having to submit CACFP-related paperwork in written/paper form.

“The system [Kid Care software] is very, very slow. And so it's very time consuming.” – FG2\_4

“It's very slow...but there's a lot of [data] input that you have to put in for each child and it can take a long time to do that when the program [Kid Care by Minute Menu] is running very slow.” – FG2\_5

“I did it written as well. And Minute Menu is still easier. So even though there are some issues, Minute Menu is way easier.” – FG2\_6

Issues around **uploading forms to Dropbox** was a challenge cited by independent centers working with a sponsoring organization and by a sponsoring organizations (FG2, n=2; FG3, n=1), the sponsor specifically citing the issue around the cost of implementing this new technology as a barrier.<sup>8</sup> **Staff technology literacy** was a challenge cited by only one center contracting directly with the state.

“And we've had to create Dropboxes now. There's just a little bit more expense when you add the technological piece. So, sometimes building into your budget, I had to add more staff, if we were going to add the technology piece, and then the equipment piece and the cost. I mean, five Dropboxes, and then you add 40 Dropboxes, it does add a little bit.” – FG3\_1

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<sup>8</sup> During the COVID-19 pandemic, CACFP-participating agencies were asked to submit annual review forms (e.g. meal count forms, intake forms, enrollment forms) online via uploading into a DropBox managed by CDSS, however this has since shifted over to onlin submission via uploading to a Microsoft SharePoint site managed by CDSS.

“Our cook, she's not very technologically savvy, so I have to go and do it [uploading the CACFP paperwork] with her. And so are some of our other older and more established staff members.” – FG1\_2 (Government/Military)

**Inadequate reimbursement level** (FG1, n=4; FG2, n=1; FG3, n=2) and **staffing issues** (FG1, n=4; FG3, n=2) were another often cited challenge by independent centers contracting directly with the state and sponsors of independent centers. These two challenges were often cited as interlinked as the CACFP only provides reimbursement for food costs and not for staffing for meal preparation or administration of the program. These two challenges were not cited by independent centers that work with a sponsoring organization to operate the CACFP.

“We came about \$4,000 shy of being fully reimbursed for the food we served, much less any of the staff salaries or equipment or expenses” – FG1\_1

“It's sufficient [the reimbursement], but it doesn't cover everything. It doesn't cover the time for the work being done. Paperwork or the cook.” – FG1\_2 (Government/Military)

“I think it [the reimbursement level] should be a little higher, because food is very expensive... they're asking you to buy these products, certain products, but it's really hard to be able to have enough money to buy the better products...because it's expensive.” – FG1\_3

“I wish that we would be reimbursed for everybody. It would be nice because it's overall beneficial for all the kids and just because a child's income level is higher it doesn't mean they're eating a balanced meal at home at all, or exposed to different kinds of foods.” – FG2\_5

“We were short-staffed... we didn't have enough staff and found that the time that goes in to do the administrative work and counting correctly and training [is a barrier].” – FG1\_10

“The staffing has been just a nightmare... we're just not able to find staffing... my directors have literally ended up doing cooking and cleaning to maintain this program.” – FG1\_11

Within the theme of inadequate reimbursement levels, one independent center that works with a sponsoring organization cited the **sponsor fees** as a challenge to participating in the CACFP (FG2, n=1).

“In the family child care, they [sponsoring organization] didn't charge me. They didn't charge me at all. And I felt like they did more. And then now as a center, they charged me and they do less.” – FG2\_6

Complying with **nutrition standards** was a challenge cited by independent centers and sponsors of independent centers (FG 1, n=2; FG2, n=2; FG3, n=3).

“So I've looked at their [the CACFP] buying guides, their meal patterns...I still find them both to be very difficult when I go to the store to choose what they're saying that I can do, or, just finding foods. Especially now finding foods that fits into the categories that they want.” – FG1\_3

“One of the biggest challenges is the constant changing of what we can serve or what we can't serve.” – FG2\_2

“Some of the things that the kids like, is not something that they're able to prepare for the kids just because of the rules that they [the CACFP] have to follow... sometimes it doesn't give you all the flexibility that you like.” – FG2\_7

“The ability to have the centers that we serve understand the processes. We have such a hard time just getting across simple requirements, that CDE and now CDSS pass on to us that we must pass on to them. And it's a barrier because even though they want the food. We can't get the buy in from the centers.” – FG3\_2

**Administrative review** was a challenge cited by both independent centers working directly with the state and those working with a sponsoring organization to operate the CACFP (FG1, n=1; FG2, n=2).

“The very first review that I had after my first year was extremely intimidating, because I didn't ever have anyone come in because of the pandemic and show me anything. So we were trying to do this via email and whatnot.” – FG1\_9

“It's kind of hard on the monitoring [administrative review]... [the sponsor] only have a sampling of some of us who will be chosen for the monitoring [administrative review]. So we don't actually always see the State. But that's why they come out and do their checks, and kind of do their own version of it. So I only see it speaking for myself through the eyes of the sponsor” – FG2\_3

**Eligibility determination** was another challenge cited by both independent centers that contract directly with the state or work with a sponsoring organization to operate the CACFP. This challenge was mostly related to difficulty **reporting race/ethnicity** (FG1, n=3) which is an optional category on the CACFP meal benefit form completed by parents or **parents not completing meal benefit forms** largely due to their hesitancy to disclose their income (FG1, n=1; FG2, n=2).

“One of the challenges that came up on my last review was having to put a number for the nationality/race information. On the packet that you give to the parents, it states that portion is optional to fill out. My worker that I was working with, upon review, I

told her I don't have an exact number, because we have families that I don't feel comfortable assuming you know what they are. We have many Native Americans and honestly looking at them, I wouldn't be able to assume that. So I was really uncomfortable giving that information to them. And I explained that to her. I said, "Some of them opted out, they didn't fill in the information." And she basically told me to guess, and I don't think that's fair to put on us." – FG1\_9

"I was told that we weren't we were not supposed to discriminate, but then they're making us guess [race/ethnicity]. But I can't get at somebody's nationality or ethnicity based on what they look like. And that's discrimination in itself I thought so. Either they should just not ask us, not force us to guess on it. Definitely. Or just not asked at all." – FG1\_10

"A lot of parents don't want to complete the form [meal benefit form] because they don't want to put their income down." – FG2\_4

Two independent centers working with a sponsoring organization were curious ***why eligibility is dependent on family income*** (FG2, n=2). One independent center reported that they perceived the ***eligibility income threshold too low*** (FG1, n=1).

"...why does it go based on the parents income? Why are there different rates for each parent, if they're not coming out of pocket for it anyway?" – FG2\_1

"I think that threshold is just really low...when you think about living in California, that income is really, not supportive of what they're saying." – FG1\_3

***Training*** was a challenge cited only by independent centers working directly with the state (FG1, n=3). This challenge was not cited by independent centers that work with a sponsoring organization to operate the CACFP or by their sponsors.

"Understanding it to the level that we feel that we're confident and can do it right. So for me, that has been very hard to make sure that my cook knows what to do, my teachers know what to do, as well as myself, the administration part. Because of the pandemic, we've had very little contact with the State at all as to what to do. And this is our first time, so it's very tough." – FG1\_8

"Training is always an issue. Our teachers have the basic training and they don't think [nutrition] is as important as everything else." – FG1\_2 (Government/Military)

***Supply chain issues*** were a challenge cited only by independent centers contracting directly with the state and sponsors of independent centers (FG1, n=2; FG3, n=1). These issues were largely due to COVID-19 pandemic-related supply chain inconsistencies as these focus groups were conducted during the pandemic.

“We can't find certain items at the grocery store... we want to buy the whole grain pasta. They don't have it, or there's just certain things sometimes the store runs out of. So we go to grocery stores, we don't have Sysco deliver or anything like that... And sometimes they don't have the items on the shelves. So that is a challenge... Also, even paper products like plates and cups and spoons run out, too, not just food, but items that we need for the food program.” – FG1\_4

**Updating enrollment forms** due to changing child enrollment numbers was a challenge cited by only one independent center working directly with the state (FG1, n=1). Two centers contracting directly with the state said that **child enrollment decreased during COVID** (FG1, n=2).

“During COVID, we kind of stopped the food program, because we didn't have that many children.” – FG1\_2 (Government/Military)

“...during COVID, we've obviously received less money because we've had fewer children.” – FG1\_1

[Reasons why some independent centers do not participate in the CACFP or have left the program.](#)

When asked if they had ever discontinued participation in the CACFP, a majority of independent centers said no (FG1, n=8; FG2, n=3). However, one independent center working directly with the state said they were considering it due to **staffing shortages**. Another said they had previously discontinued due to a **transition in center leadership**.

Sponsors of independent centers cited the burden of **paperwork and eligibility documentation** (FG3, n=4) and that the **costs of program participation outweigh the benefits** (FG3, n=1) as reasons some independent centers would not participate in the CACFP or have left the program.

“It's the paperwork.... just having a center allow us to look at their enrollment records is a task... Because once we start asking for paperwork... for meal benefit forms to be completed, they want to opt out, or, "I don't want the service... we can't afford to be a center that won't comply”. But then that's why they pull back because we request too much information from them in their eyes. Or too much at one time, I guess I should say... or the parents don't want to complete the forms [meal benefit form, enrollment form]. They [parents] don't want you to have their information.” – FG3\_2

“And then also eligibility documentation, a lot of parents don't understand it, they don't want to fill it out. And they're less than forthcoming about the information on the eligibility documents... Reviews that have resulted in fiscal impact for those same technical issues that don't surface for... three years. And so if they're not staying abreast of what they're doing wrong, a review of three months of paperwork can turn into 12 months and go back three years. And so all of a sudden, now they owe money back to



the state agency, and they're looking at it like, 'Well, this was a lot of work, really, for nothing in the end, and it cost me money. So why continue to go forward with it?'" – FG3\_5

## CACFP Administrative Transition

### What was evaluated?

Independent centers that contract directly with the state (FG1), independent centers that operate the CACFP under a sponsoring organization (FG2), and sponsors of independent centers (FG3) were asked about what concerns they have about the administrative changes of the CACFP from CDE to CDSS and what changes they would like to see during this transition. Centers and sponsors (FG1, FG2, FG3) were also asked how CDSS could support centers to participate in the CACFP.

### Challenges and Concerns About the Transition

A common challenge cited by independent centers and sponsors was related to **communication about the transition** they had or had not received from CDE, CDSS or their sponsors (FG1, n=6; FG2, n=6; FG3, n=5).

"I was trying to get a hold of the person, because we got an email stating that, if we had questions that I should call this person. So I had a question, I was calling that person and he wasn't available... So that was a concern, because I never got through to anybody, I never got help" – FG1\_4

"[emails] still sending...to that first email I put on there...So if they can get that communication, to make sure that they check those emails and see if they've changed since the first time you enrolled, it would be good... They should every once in a while send us out the policies and procedures again... an update on what the new policies and procedures were." – FG1\_5

"I don't know the difference at all. I don't know if it's already happened, I haven't noticed any difference... we may have gotten some emails with literature, but we get so many emails, that I can't even keep up with them all. ...we get so many emails, half of them I don't even read. So I could be missing something. So if there is a change that we need to know about, about how something's done, or something we need to do differently, I think that they need to call us and speak with us. Because some of the emails don't even have to do with us that I get from CACFP. They could be with elderly care, or a ton of different things." – FG1\_9

"I wasn't even aware that CDSS had taken over...[communications are needed to] just keep us abreast of all the changing information." – FG2\_1

“...there is not clear communication. Like who's in charge of what and kind of where to address things...we need to make sure that they're being real clear who's in charge of which side of things between Department of Ed, and Social Services” – FG2\_3

“The best advice I could give them in a transition [is to be] a little bit more transparent in the process... I think the policies and procedures that I that I found that were inconsistently applied come to maybe a field service analyst not being familiar with the federal handbooks... There shouldn't be any variation between the states of the administration of a federal program, according to federal rules.” – FG3\_5

Within the theme of communication challenges and concerns, many independent centers that contract directly with the state to operate the CACFP cited they were **unsure what changes to expect** (FG1 n=5).

“We're wondering why the change... We had the lady that would come and do the reviews? We knew her. Is she still going to come? Will we still see the same people? So all the rules are going to remain the same, right? Are the rules going to remain the same?” – FG1\_4

“How that would affect us as to the requirements that the Department of Social Services are going to give us? If that's going to be more paperwork for us. What are the requirements? Is anything going to be added on to what we already have to do for the program? I also want to know if the change is going to benefit monetarily to the schools as far as how much they're paying for meals?” – FG1\_8

“I don't know what the differences are... And I don't know how it's going to be different. So I really don't know. I have no idea.” – FG1\_10

One independent center that contracts directly with the state stated their main concern was **CDSS being understaffed**, creating a situation where they might not be able to provide adequate support to agencies to continue operating the CACFP (FG1, n=1).

“When I think of CDSS I think you're so under-staffed to begin with... is this just adding more to their plate than they already can handle? Because... whenever I interact with my analysts, they always tell me how understaffed they are.” – FG1\_11

### Recommendations for Improvement

Focus group participants provided several recommendations for the state to better support independent centers and sponsors of independent centers to participate in the CACFP and to support them during the administrative transition of the CACFP from CDE to CDSS.

**Improved communications** was a cross-cutting theme for several recommendations. Specifically, center participations requested **telephone support (FG1, n=4; FG2, n=2)** or having a **chat box on the website (FG1, n=1)**

“One time I was calling for something... I thought it was our analyst number, and it said, ‘I’m not available if you need help call this person, this person’... I call those numbers and it said, ‘If this is an emergency and you need an answer right away, call this person.’ It kept giving me phone numbers. And I was like, ‘Wow!’... I think a chat option would be kind of nice.” – FG1\_4

“If there's an open helpline where somebody could just answer a phone call to answer a simple question that we have, when we're either filling out a paper for paperwork or whatnot, on the regulations and procedures, I think that would really help.” – FG1\_9

Specifically for sponsors, several requests were made for **support in preparation of the administrative review, providing program-specific information, consistency in communication, and more frequent contact (FG3, n=3)**.

“...it is the consistency in terms of interpretation... for example, administrative review... I think it would be very helpful that, yes we get the instrument that says, here's what the administrative review, here's all the documents, here's your evidence, and so on and so forth.” – FG3\_1

“It would be really helpful on our side if there was some cohesiveness as far as the answers [during administrative review] go, because they vary. It just depends on whatever that particular analyst says.” – FG3\_3

Sponsors also recommended having **quarterly meetings that allow for networking and shared resources (FG3, n=4)**, a **CDSS CACFP dedicated website and updated listserv (FG3, n=1)**, and a **shorter CNIPS response time (FG3, n=1)**.

“Maybe have quarterly meetings with all of us. Because we're all experiencing many similar things...So with the CACFP, that would be very helpful [for them to] regionalize. Even if we were all to get on a Zoom meeting together and, “You're region one, you're region two, you're region three,” and we all would have one liaison or analysts that we can go to for technical and training assistance... There are so many divisions and arms under CDSS. So if the CDSS CACFP had its own website... and update the listserv.” – FG3\_1

“I was fortunate enough to be on a coalition...it pulled a whole bunch of us together to say, ‘Who are we missing? How can we reach the people that aren't participating? And can we develop them into their own sponsors?’... I would love to see that for California, to know who else is out there. Or maybe we do Northern California and Southern California, we can split it up. But I think that's great, because if nothing else, know that

you're not alone... So anything where you can interact with the state and other organizations that are involved" – FG3\_4

Sponsors also expressed that they *appreciate being asked for input* (FG3, n=3) and stated that the focus groups were *helpful to talk as a community* (FG3, n=2), further supporting the request for group meetings with CDSS and sponsors of CACFP-participating centers.

"I've never experienced this level of engagement thus far. So I'm pleased with how the transition is going to CDSS and I'm optimistic about the future." – FG3\_5

"... even talking it out, and being able to hear [other sponsor's] responses, it lets me know that we're not alone. Because sometimes we feel like we're just this little guy in this big old circle of regulations. And we're doing our best to serve the best meals we can, the healthiest meals that we can, the healthiest snacks that we can. I mean, we do so much to try to make sure that we're doing everything. So I just appreciate this focus group." – FG3\_2

**Online forms** were suggested by members of all focus groups (FG1, n=3; FG2, n=1; FG3, n=1) and **less paperwork and streamlined services** was a common suggestion by independent centers that work with a sponsor and by sponsoring organizations (FG2, n=1; FG3, n=3). These themes were generally centered around tracking child enrollment and eligibility determination and parents completing the enrollment and meal benefit forms [example PDF forms available in **appendix**].

"The [form] that lists the children's names and their eligibility like free reduced [enrollment form], what have you, that would be great if that can be saved in the program somewhere... As of right now I go through, I type in everyone's name. And then the next month, if I add anyone I have to type a whole new one. It'd be nice if there was like an electronic way to have that in there that made it simpler to add and delete children, and then print that out for each month." – FG1\_9

"It would be great if the parents could fill out the income form [meal benefit form] online and submit it online because it'd be an automatic kind of thing... I could go on and on about streamlining services, getting rid of half the paperwork that exists... in the world of the Internet and being able to access things. There's got to be a way to set it up so that only the things that we need to see in terms of child enrollment and stuff would be visible to us." – FG3\_4

"...be able to continue streamlining services so that it's not new methods. There's so much that always changes and that were responsible for. So trying to keep it streamlined... just making it a little more user friendly.... making it quicker and a little easier for us, because we have a lot on our plate." – FG2\_3

“...with our CACFP, the child care enrollment... all the things that we have to look at, at the center, in order to sponsor them. Because they're now under CDSS. If that information is approved for CDSS, we shouldn't have to go back and double check and triple check... CDE would ask us to verify enrollment for each child [for CDSS child care licensing]. It seems like we have to do now two extra steps for the daycare center just to be sure that they qualify for CACFP when they already qualified for CACFP. But then we have to now do an extra step to go through their records, to see that we have everything we need. And I think if they're already under CDSS, I don't see why we should have to do the extra step.” – FG3\_2

Additional and improved **training** was a suggestion for improvement by independent centers that contract directly with the state and sponsors of independent centers (FG1, n=7; FG2, n=3; FG3, n=3). This was not a suggestion for improvement by centers that work with a sponsoring organization.

“In the beginning [when initially participating in the CACFP] more hands on training...” – FG1\_9

“If the state CDSS could maybe develop some kind of a video or webinar, a walk through orientation...” – FG3\_1

“Because my director had she not had experience at our previous school, I probably would have not kept moving forward with it [the CACFP]. Because it would seem so daunting. And there was just nobody to really... nobody could explain it to me. I feel like some of the trainings I took were not helpful in the administration of the program. It was like, "Great, I'm learning about portions and nutrition." But it didn't really break down a lot of the administrative stuff that I had to do.” – FG1\_11

“I do appreciate that they have a lot of stuff on YouTube for the CACFP and different little things that I have watched... but having some in-person training. There's nothing like it, than having somebody to actually converse with.” – FG1\_8

“If there was were common questions that a lot of people have that maybe they can do like a video on a step-by-step or go over that and then we're not having to read a huge book.” – FG2\_5

**Support on nutrition standards** was also commonly suggested by independent centers to continue and expand (FG1, n=9; FG2, n=1). This was largely requesting information on portion sizes, grocery shopping guides, sample menus, food recall information and in an online format.

“The recipes, all the emails, I read them all... We get a lot of information to be able to continue to be effective, and in a meal planning, and keeping the kids having different recipes, healthy ways to prepare the food. Everything you guys send is very, very helpful...everything's online, the Food Buying Guide, all those things that are online,

those resources are really very good. Because they're on our computers. It's not a big book anymore that we have to handle. Those resources are great." – FG1\_4

"Their [the state agency's] explanation...is difficult to translate from what they're saying to what you're actually reading in the grocery store... examples of menus. I feel like I have no understanding when I go into their website of how to make sure that they're getting the right amount..." – FG1\_3

"It would be extremely helpful to get a sample menu or a couple of different meal suggestions on not only what they're [the USDA] changing, but also a balance of the other components of a meal in terms of what they see as being a really healthy balance. And even some menu suggestions." – FG2\_3

Within the theme of nutrition standards support, several independent centers working directly with the state cited they would like to **continue receiving food recall information** as they had previously received from CDE (FG1, n=2).

Both centers that contract directly with the state and those that work with a sponsoring organization suggested **administrative review assistance** as a means for improving CACFP participation (FG1, n=2; FG2, n=1).

"I think the best technical assistance we get is during the audits [administrative reviews]... They provide us with really important information that every auditor [reviewer] has given different perspectives on different things and they've all enhanced how we were able to perform for the next audit [administrative review]." – FG1\_1

Two independent centers that contract directly with the state recommended having access to **outsourced cooking options** (FG1, n=2).

"I know that some places do the food delivery through a centralized kitchen... I would love to do that... it would be so much easier to just outsource it. And I don't know how to do that." – FG1\_1

One theme that was common only for sponsors of independent centers was the recommendation to have more **supportive relationships with CDSS and analysts** (FG3, n=4).

"...having some field visits, not so much of a compliance, regulatory, "I got you", but rather, "Wow, this is a great job, this is right, you're on the right track." And then providing links directly and resources for those centers." – FG3\_1

"It would be very helpful if information came to us not in the way of "Here's what you did wrong." But to prevent us from doing something the wrong way, or in a non-compliant way, because it's not intentional." – FG3\_2

“I really had a good relationship with several of them [analysts], and I felt like I could call and get a good answer, and I could get the support I needed... it’s the unknown right now of what it’s going to look like as we move forward... it’s just building up those relationships again... instead of getting my hand slapped. If it was just, ‘I just want to come and see you and see how you’re doing and see how I can help you.’ Rather than the ‘No, no, no.’... I think there’s also the whole image, like a marketing image. So people aren’t so frightened to participate [in the CACFP], that they will get their hand slapped. I think that more partnership with the Food Program, the USDA and the state of California wants us to feed children, and we all want children to be healthy, and developmentally capable, and all these other things, so that they can learn and grow and be healthy, and productive members of society.” – FG3\_4

“...leading with a softer approach and understanding. Not necessarily coming in and wielding a sword is the best option. The State agency probably needs to support the sponsors more because we have the ability to be more involved [with centers] than the state agency can.” – FG3\_5

**Improvements to the website** were also suggested by independent centers that contract directly with the state to operate the CACFP (FG1, n=2). This was not a recommendation cited by independent centers working with a sponsor, or sponsors of independent centers.

“The website could be better. It’s just not as user friendly as I’d like.” – FG1\_2  
(Government/Military)

Recommendations not within the realm of control by CDSS were also cited by independent centers and sponsors, specifically related to **increasing the reimbursement** (FG1, n=2), **improving the software used by sponsoring organizations** (e.g. Kid Care) (FG2, n=1), and **reevaluating the portion sizes** (FG2, n=1).

## Communication about the CACFP to Families

What was evaluated?

Independent centers (FG1 and FG2) were asked if they communicate about the CACFP to the families they serve. If yes, they were further asked what was communicated, and how and how often it was communicated. Centers were also asked what resources and materials would be helpful in communicating about their CACFP participation to families. The same questions were asked of sponsors of independent centers (FG3), but framed about how the centers they sponsor communicate about the CACFP and what resources sponsors think would be helpful for their centers.

## How Independent Centers Communicate about the CACFP

Communication about the CACFP to families mostly occurred during enrollment (FG1, n=9; FG2, n=7; FG3, n=1), renewal (FG 1, n=3; FG2, n=3; FG3, n=1), and during parent meetings (FG 1, n=1;

FG3, n=1). The frequency of communication happened throughout the year (FG2, n=1), annually (FG3, n=1), and/or monthly (FG3, n=1). Information was generally shared about the CACFP with families via an enrollment packet (FG1, n=5; FG2, n=1), parent handbook (FG1, n=4), newsletter (FG1, n=2), Smartphone app (FG1, n=1; FG2, n=2), website (FG1, n=1), bulletin board (FG2, n=1), or during a tour (FG2, n=1). The information shared was largely related to menus (FG1, n=6; FG2, n=3), the CACFP in general (FG1, n=2), food allergies (FG1, n=1; FG2, n=3), parent food preferences for their child (FG1, n=1), child food preferences (FG2, n=1), and recipe sharing (FG1, n=1).

“Part of enrollment is signing up for the food program, so there's a letter introducing it and, and explaining it, and then it's in our parent handbook, what it means and how it works...We actually post the menu on our website and then on the app...And then we do give more information for the infant parents about the next phase their child is going to go through and that kind of stuff.” – FG1\_1

“...throughout the year part is mainly checking in about... likes and dislikes of some food. I” – FG2\_7

“[We] have a structure for a parent Policy Committee, they have monthly meetings. So we actually require them to integrate that into their parent handbook...” – FG3\_1

“I think the only communication is really between the center and parents when they are asked to complete a meal benefit form. I don't think there's a lot of information. Now we do have a little flyer that we give out with the packet at the beginning of each fiscal year. But beyond that, I don't think there's any information gets transferred to the parents.” – FG3\_2

“[We communicate] only through the centers themselves, not directly [with the families]. At least annually... it all centers around eligibility, certification and recertification.” – FG3\_5

Recommendations and Requested Resources to Help Communicate about the CACFP

**Informational brochures** were a commonly requested resource by independent centers (FG1, n=5; FG2, n=4).

“If there was a tri-fold brochure that we can give to the parents to let them know about the program, how it works, how its funded and how it would benefit the families it served.” – FG2\_1

Centers felt this informational brochure would be helpful **to encourage parents to complete enrollment and meal benefit forms** (FG1, n=2; FG2, n=2).

“And also, the brochure would kind of validate what I'm telling them, or my directors are telling them, which are the answers to those questions. But instead of them having



to feel uncomfortable about sharing their salary, or wondering why they're going to help if they don't have a low enough income, having it stated in a professional way that backs up what it is." – FG2\_3

**Books and resources for children to take home** were a suggested resource for engaging families about the CACFP by independent centers that work with a sponsoring organization (**FG2, n=3**).

"A storybook for the children that would help talk about nutrition and the meals?...something where the families can get into the types of meals that we are serving." – FG2\_5

**Videos** were another suggested resource for engaging families about the CACFP by independent centers, many suggesting sharing this via social media (FG1, n=2; FG2, n=1).

"Maybe a video or Instagram that we can get. You know, everything is social media. So even if there was something on social media that we could put on our Instagram for the parents to read, so they can understand the nutritional value of the food that their children are eating?" – FG2\_7

Independent centers and sponsors of independent centers made several suggestions for ensuring resources will be well received by the families. These suggestions included having **more engaging, brief, eye-catching resources** (FG1, n=2; FG2, n=3; FG3, n=1), **improving the accessibility of materials (locatable, readable)** (FG3, n=2), and **expanding language options** to include languages other than English such as Spanish (FG 1, n=4), Chinese (Mandarin/Cantonese) (FG1, n=3; FG2, n=1), Russian (FG1, n=1; FG3, n=1), Korean (FG1, n=2), Burmese (FG1, n=1), Japanese (FG1, n=1), Thai (FG1, n=1), and Vietnamese (FG1, n=1).

"I think I only got one poster three years ago that says that we receive USDA funding... it's like a green, greyish poster and it's all in English. If a child will look at it, they would think nothing of it, or a parent. It fades into the background. Besides our handbook, that's not very friendly to read." – FG2\_6

"...there's some language barriers. There's some cultural barriers, too. So that's a whole other piece of how you effectively communicate this program. And I think there needs to be some, marketing pieces that everyone can use and provide... Most of us... provide much of the material and we're helping to get that information out. But stand-alone centers, they're going to basically focus on getting the meal benefit, and then sort of kind of explain what it's all about... I think that getting materials is just teaching people where to get it and is it in the language level and grade level that they can understand?" – FG3\_1

"They [parents] are not understanding why we're having to give [the children] the portions that we're giving them because I constantly hear that it's not enough. And then

I feel bad. I don't know how to explain that to them, especially certain cultural families.”  
– FG3\_6

Independent centers and sponsors of independent centers cited various forms of communication for **families' preferred communication methods** including email (FG1, n=6; FG2, n=1), Smartphone apps (FG1, n=1; FG2, n=5; FG3, n=1), electronic forms (enrollment and meal benefit forms) and handouts (FG 1, n=2), text (FG1, n=2; FG3, n=2), social media (FG2, n=1), newsletters (email or printed) (FG1, n=3; FG2, n=1), printed materials or flyers (FG1, n=1; FG3, n=2), online (FG3, n=2), video calls (FG3, n=1), and via telephone (FG3, n=1).

“We give them handouts all the time. And they're just like, "Okay", and then I find it floating around my parking lot... We are trying to go electronic for a lot of our program, we're on a new child care software. So if we could do some of this stuff electronically, that would be better, because it's just a big paper slaughter and just trying to get the paper back to us... is a pain.” – FG1\_11

“I think that if the form [meal benefit form] was electronic that they might be more willing to put their income in? Because they don't want us to see it for whatever reason. So that could be helpful.” – FG1\_9

## Culturally Appropriate Food

### What was evaluated?

Cultural food patterns are defined by what, when, how, and with whom foods are eaten. Ethnic and racial groups differ in how they identify foods and how they prepare them, the condiments they use, the timing and frequency of meals and how foods are used in religious observations and celebrations. To inform the needs of centers in offering culturally appropriate food that fits within the CACFP nutrition standards, independent centers (FG1 and FG2) were asked if they found it difficult to serve culturally appropriate foods and meals, if the meal pattern was a barrier to serving culturally appropriate foods, and how the CACFP program could be more supporting in helping centers serve culturally appropriate meals. These same questions were asked of sponsors of independent centers (FG3), reframed to relate to the centers they sponsor.

### Barriers to Serving Culturally Appropriate Food

Many participants across all focus groups cited that the CACFP **meal pattern was not a barrier** (FG1, n=7; FG2, n=7; FG3, n=3); however, three independent centers that contract directly with the state to operate the CACFP cited the **meal pattern is a barrier** (FG1, n=3) to serving culturally appropriate foods. Parent complaints about the meal pattern were also cited by independent centers and sponsors of independent centers, largely around **parent preferences around milk requirements** (FG1, n=3; FG2, n=1; FG3, n=1); many families request whole milk as well as alternatives to cow's milk, including plant-based milk options. Some cited families being concerned about offering soy milk due to parent perceptions around hormones.

“We haven't had anyone opt out [of the meal program]. I have had parents upset about the milk, not wanting to do... like they want to do almond milk, and I know we can get notes for that... if someone wants to do a different type of milk or whole milk, if they want their child to have whole milk and not 1% milk, that's been the only thing... The milk has been the biggest issue.” – FG1\_9

“Some families that are going against cow's milk and want to do like almond milk and I have informed them that almonds don't provide the same nutrition. But I would say that's not being sensitive to the new culture that's arising.” – FG2\_6

**Child receptivity** of culturally appropriate foods was a common barrier cited by independent centers and sponsors of independent centers (FG 1, n=5; FG2, n=2; FG3, n=1).

“So I'd say, preparing it and fixing it, no problem. But getting the children to eat it is a little bit more challenging.” – FG1\_7 (Tribal)

“Our goal is to get these kids to eat and just get anything in them... But with a lunch program, whenever we kind of stray from the really basic stuff that we know the kids will eat, we can't get them to try it... I find every time we try and get creative and add something different, it doesn't go over well.” – FG1\_11

**Restrictive diets, vegetarian, religious, or medical dietary preferences** was another common barrier cited by independent centers working directly with the state and sponsors of independent centers (FG1, n=1; FG3, n=6). Although focus group participants cited that few families opted out of the meal program due to the food, those that did cited medical issues, including food allergies that could not be accommodated, as the main reason.

“Sometimes, because some cultures don't always eat meat options. And so you have to kind of get those meat substitutes... so there's getting the protein equivalent. Sometimes it's difficult, but I think it usually surrounds the protein offering.” – FG3\_5

**Repetitive or complex and time-consuming menus or menu cycles (FG1, n=3; FG2, n=2)** was a commonly cited barrier by independent centers, largely because of the need to serve multiple cultures.

“It just takes time to not have the repetition of the same food, to try something new for our children.” – FG1\_7 (Tribal)

“I know our sponsor came out because we were making it so difficult. We were trying to create a five or six week cycle. And he's like, ‘No, you're doing too much. Do it for two or three weeks.’” – FG2\_1

## Facilitators and Requested Resources to Support Serving Culturally Appropriate Food

**Sample menus and simple recipes that are kid friendly** were both facilitators identified by participants that did not find it hard to offer culturally appropriate meals and resources requested by those experiencing barriers in offering culturally appropriate meals (FG 1, n=11; FG2, n=7; FG3, n=1). One sponsor requested cooking classes for training in culturally appropriate meal production (FG3, n=1). One independent center highlighted the need for these to increase resources to support increased child receptivity of culturally appropriate meals (FG1, n=1).

“I just don't think we've been given a lot of information on providing cultural foods.” – FG2\_4

“A book of recipes, but maybe by culture, like Mexican food, Chinese recipes, Mexican recipes, Middle Eastern recipes. Maybe that would be kind of helpful. We can introduce one new recipe a month or something like that.” – FG1\_4

“Because the food program says you must serve food from other cultures, but then they don't give you good examples of the foods, or even snacks, or even breakfast. It's really hard...why don't they just give us examples? Or you know, what brands to buy?” – FG1\_1

“And I would say also, not only just the ideas that maybe a menu, a recipe and time that it might take for that meal, so we can kind of understand what kind of time commitment that is.” – FG2\_3

“I would say to have some chef classes or something or like cooking courses of experimenting with different foods and having us try it.” – FG3\_6

A common theme cited by independent child care centers that contract directly with the state to operate the CACFP was to **solicit recipes ideas from families** they served, and to acknowledge the cultural holidays of the families or the cultures children are learning about through highlighting meals from these cultures family recipes (FG 1, n=4).

“I was thinking about asking the parents to give us a recipe of their child's favorite food. And we try one a month and see if they like some of them. And if they do, we add those to our menu.” – FG1\_5

“Once a month, the teachers will pick somebody and they'll send something home to the parent. "Okay, your child got picked this month, what can you tell us about what they're eating at home?". And then when we get that information back, then the cook will try to make it nutritionally balanced. So say the child likes the spaghetti, going back to the whole grain and making it like that. So, that seems to have worked, and encouraged the children, too” – FG1\_7 (Tribal)

**Expanded options for meat substitutes** was a desire cited by one participant in each of the three focus groups (FG1, n=1; FG2, n=1; FG3, n=1). This would be particularly helpful for centers serving families and cultural groups that prefer vegetarian or vegan diets, or families that restrict certain meat types for religious reasons.

“For instance, sometimes where you can use cheese as a substitute for meat, maybe have some other things that you can use a substitute for meat, also, that would be more culturally different than what they're used to.” – FG2\_7

One independent center contracting directly with the state to operate the CACFP recommended offering a **food substitution chart** to help track dietary and cultural food preferences and food restrictions of the children they served (FG 1, n=1).

“I have a cool chart that I made for everybody to be able to figure it out. I have the kids names and what they need on the front, and then how to do it on the back for the second page. So maybe you if guys can make something like that. So I don't have to do all the work.” – FG1\_1

**Less restrictive nutrition standards** were also cited by one participant in each of the three focus groups (FG1, n=1; FG2, n=1; FG3, n=1), with the caveat the most participants cited the meal pattern as not being a barrier to offering culturally appropriate meals. This is not within the realm of control of CDSS to change.

“...broadening the amount... [and] the types of foods that fit into the categories that the programs are able to serve... More variety in the things that they can drink would be great....the types of beverages. Types of juices, and what have you, that they can have. Because they provide milk, or they'll provide the lower fat milk for our infants. But sometimes the kids just get tired of it.” – FG2\_7

Of note, three sponsors of independent centers suggested **increasing the reimbursement** would facilitate centers in offering more culturally appropriate meals, largely due to offsetting the perceived increased cost of offering a variety of meals (FG3, n=3). This is not within the realm of control of CDSS to change.

“Having a greater group of resources to acquire and looking at the reimbursement level. Because right now it's a lot more expensive to do anything. So that would certainly help us to meet some of the cultural needs of different families. Because you're also allowing us to have more fresh products because a lot of our families are not used to frozen types of meals.” – FG3\_1

## Appendix. Detailed Participant Characteristics

<b>Participant Characteristic (n (%) unless otherwise specified)</b>	<b>Focus Group 1 - Independent child care centers that contract directly with the state to operate CACFP (n=10)</b>	<b>Focus Group 2 - Independent child care centers that operate CACFP through a sponsoring organization (n=6)</b>	<b>Focus Group 3 - Sponsors of Independent Child Care Centers that operate CACFP (n=5)</b>
<b>Job title</b>			
Center owner	4 (40)	4 (67)	--
Director or site supervisor	8 (80)	2 (33)	--
Executive director	--	--	3 (60)
Other	1 (10)	1 (17)	4 (80)
Sex female	10 (100)	6 (100)	4 (80)
<b>Race/ethnicity</b>			
American Indian/Alaskan Native	1 (10)	0 (0)	0 (0)
Asian/Pacific Islander	1 (10)	0 (0)	1 (20)
Black/African American	3 (30)	1 (17)	2 (40)
Hispanic/Latinx	2 (20)	1 (17)	1 (20)
White	3 (30)	4 (67)	1 (20)
Other	0 (0)	0 (0)	0 (0)
<b>Education</b>			
High school graduate	0 (0)	0 (0)	1 (20)
Some college or Associates degree	4 (40)	1 (17)	1 (20)
Bachelor's degree	3 (30)	5 (83)	0 (0)
Master's degree or higher	3 (30)	0 (0)	3 (60)
<b>Preferred Language</b>			
English	10 (100)	5 (83)	5 (100)
Spanish	0 (0)	0 (0)	0 (0)
Other	0 (0)	0 (0)	1 (20)
<b>Agency Type<sup>2</sup></b>			
For profit	4 (40)	--	0 (0)
Government/Military	1 (10)	--	0 (0)
Non-profit	4 (40)	--	5 (100)
Tribal	1 (10)	--	--
<b>Program Types<sup>2</sup></b>			
Infant/Toddler Center	6 (60)	2 (33)	--
Preschool Age Center	10 (100)	6 (100)	--
School Age Center	2 (20)	4 (67)	--

<b>Participant Characteristic (n (%) unless otherwise specified)</b>	<b>Focus Group 1 - Independent child care centers that contract directly with the state to operate CACFP (n=10)</b>	<b>Focus Group 2 - Independent child care centers that operate CACFP through a sponsoring organization (n=6)</b>	<b>Focus Group 3 - Sponsors of Independent Child Care Centers that operate CACFP (n=5)</b>
<b>Metropolitan areas served</b>			
Urban	8 (80)	5 (83)	--
Suburban	1 (10)	1 (17)	--
Rural	1 (10)	0 (0)	--
<b>CDSS CACFP Regions served</b>			
Northern	3 (30)	1 (17)	3 (60)
Central	3 (30)	2 (33)	1 (20)
Los Angeles	2 (20)	1 (17)	2 (40)
Southern	3 (30)	2 (33)	2 (40)
<b>Years in operation</b>			
1 to <3 years	1 (10)	1 (17)	0 (0)
3 to <5 years	1 (10)	1 (17)	0 (0)
5 to <10 years	1 (10)	0 (0)	3 (60)
10+ years	7 (70)	4 (67)	2 (40)
<b>Years of CACFP participation</b>			
1 to <3 years	3 (30)	3 (50)	--
3 to <5 years	0 (0)	2 (33)	--
5 to <10 years	2 (20)	1 (17)	--
10+ years	5 (50)	0 (0)	--
Ever participated in CACFP through sponsor	2 (20)	--	--
Ever participated in CACFP directly with State	--	1 (17)	--
No. staff in organization (Mean (SD))	14 (7)	14 (8)	82 (100)
No. staff in CACFP department (Mean (SD))	--	--	8 (3)
<b>Staff preferred language or Language organization supports for center directors (Mean % (SD))</b>			
English	80 (0.2)	79.5 (18.7)	5 (100)
Spanish	12 (0.2)	11 (9.6)	4 (80)
Chinese	3 (0.1)	2 (5.3)	0 (0)
Other	5 (0.1)	0 (0)	2 (40)
<b>No. children at center (Mean (SD))</b>			
0-5 months	1 (2)	1 (2)	--
6-11 months	3 (3)	1 (2)	--

<b>Participant Characteristic (n (%) unless otherwise specified)</b>	<b>Focus Group 1 - Independent child care centers that contract directly with the state to operate CACFP (n=10)</b>	<b>Focus Group 2 - Independent child care centers that operate CACFP through a sponsoring organization (n=6)</b>	<b>Focus Group 3 - Sponsors of Independent Child Care Centers that operate CACFP (n=5)</b>
12-23 months	8 (7)	7 (8)	--
24-35 months	11 (9)	21 (12)	--
3-5 years	34 (16)	51 (37)	--
6 years and older	5 (10)	8 (12)	--
<b>Child preferred language (Mean % (SD))</b>			
English	70 (23.0)	79 (24.6)	--
Spanish	21 (25.0)	17 (20.4)	--
Chinese	5 (8.7)	4 (10.2)	--
Other	4 (6.3)	0 (0)	--
% children qualify for subsidies	46 (29.0)	31 (15.4)	--
<b>Type of child care offered</b>			
Half day	0 (0)	0 (0)	--
Full day	4 (40)	1 (17)	--
Half- and Full day	6 (60)	5 (83)	--
<b>Responsible for menu planning</b>			
Director or site supervisor	6 (60)	5 (83)	--
Center teacher or teacher's aide	0 (0)	0 (0)	--
Cook or chef	4 (40)	1 (17)	--
Dietitian	0 (0)	1 (17)	--
Other	1 (10)	1 (17)	--
<b>Responsible for CACFP administrative paperwork</b>			
Director or site supervisor	8 (80)	4 (67)	--
Center teacher or teacher's aide	4 (40)	0 (0)	--
Cook or chef	3 (30)	0 (0)	--
Dietitian	0 (0)	0 (0)	--
Other	1 (10)	3 (50)	--
<b>Sponsor provides foodservice</b>			
Breakfast	0 (0)	1 (17)	3 (60)
<b>Provided by center</b>			
Breakfast	8 (80)	6 (100)	--
Lunch	10 (10)	4 (67)	--
Supper	0 (0)	1 (17)	--
Mid-morning snack	6 (60)	0 (0)	--
Mid-afternoon snack	10 (100)	5 (83)	--



<b>Participant Characteristic (n (%) unless otherwise specified)</b>	<b>Focus Group 1 - Independent child care centers that contract directly with the state to operate CACFP (n=10)</b>	<b>Focus Group 2 - Independent child care centers that operate CACFP through a sponsoring organization (n=6)</b>	<b>Focus Group 3 - Sponsors of Independent Child Care Centers that operate CACFP (n=5)</b>
Evening snack	1 (10)	0 (0)	--
Food preparation location (does not include food from parents)			
On site (at center)	9 (90)	4 (67)	--
Central kitchen operated by center(s)	1 (10)	1 (17)	--
School food service	0 (0)	0 (0)	--
Independent food service company	0 (0)	0 (0)	--
Other	0 (0)	1 (17)	--
Response when asked about where they receive support for CACFP			
CACFP Roundtable	4 (40)	0 (0)	4 (80)
National CACFP Sponsors Association	0 (0)	0 (0)	1 (20)
National CACFP Forum	1 (10)	0 (0)	2 (40)
USDA Team Nutrition	1 (10)	0 (0)	3 (60)
Institute of Child Nutrition	0 (0)	0 (0)	1 (20)
CA Department of Social Services (CDSS) or CA Department of Education (CDE)	5 (50)	0 (0)	5 (100)
Other	0 (0)	1 (17)	0 (0)
None of the above	3 (30)	5 (83)	0 (0)

Note: -- signifies not applicable

## Appendix. Survey Questions

### **Survey for Focus Group 1 – Independent Child Care Centers that Contract Directly with the State to Operate the CACFP and Focus Group 2 – Independent Child Care Centers that Operate the CACFP Through a Sponsoring Organization**

Thank you for agreeing to participate in the California Department of Social Services Child and Adult Care Food Program transition focus group. As a reminder, we provided you a letter of information over email detailing the goals of this research study. Here is a link to that letter.

Please complete this brief online survey before you participate in the online Zoom video conference focus group.

Please click the arrow, below, to begin the survey.

Please answer the following questions about your child care site.

1. What is the zip code of your organization?
2. Which counties does your organization serve? (choose all that apply)

Alameda (1)	Mendocino (23)
Alpine (2)	Merced (24)
Amador (3)	Modoc (25)
Butte (4)	Mono (26)
Calaveras (5)	Monterey (27)
Colusa (6)	Napa (28)
Contra Costa (7)	Nevada (29)
Del Norte (8)	Orange (30)
El Dorado (9)	Placer (31)
Fresno (10)	Plumas (32)
Glenn (11)	Riverside (33)
Humboldt (12)	Sacramento (34)
Imperial (13)	San Benito (35)
Inyo (14)	San Bernardino (36)
Kern (15)	San Diego (37)
Kings (16)	San Francisco (38)
Lake (17)	San Joaquin (39)
Lassen (18)	San Luis Obispo (40)
Los Angeles (19)	San Mateo (41)
Madera (20)	Santa Barbara (42)
Marin (21)	Santa Clara (43)
Mariposa (22)	Santa Cruz (44)

Shasta (45)	Tehama (52)
Sierra (46)	Trinity (53)
Siskiyou (47)	Tulare (54)
Solano (48)	Tuolumne (55)
Sonoma (49)	Ventura (56)
Stanislaus (50)	Yolo (57)
Sutter (51)	Yuba (58)

3. What is the total number of staff at your organization (counting yourself?)
4. How many of your staff (including yourself) prefer the following for their primary language? *Please be sure that the total % of all languages adds up to no more 100%.*
  - English (1)
  - Spanish (2)
  - Chinese (3)
  - Other (4)
  
  - 0% (none) (0)
  - Less than 25% (1)
  - 25-49% (2)
  - 50-74% (3)
  - 75-99% (5)
5. What is the total number of children at your center?
6. What is the total number of children at your center by age? (enter a '0' if none)
  - 0-5 months (1)
  - 6-11 months (2)
  - 12-23 months (3)
  - 24-35 months (4)
  - 3-5 years (5)
  - 6 years and older (6)
7. How many children cared for at your center prefer the following for their primary language? (enter a '0' if none). *Please be sure that the total % of all languages adds up to no more 100%.*
  - English (1)
  - Spanish (2)
  - Chinese (3)
  - Other (4)
  
  - 0% (none) (0)
  - Less than 25% (1)
  - 25-49% (2)

50-74% (3)  
75-99% (5)

8. How many children currently cared for at your center qualify for child care subsidies?

None (0)  
<25% (1)  
25-49% (2)  
50-74% (3)  
75-99% (4)  
100% (5)  
Don't know (6)

9. What type of child care does your site offer?

Full-day (1)  
Half-day (2)  
Both full- and half-day (3)

10. Who is responsible for menu planning? (choose all that apply)

Center teacher or teacher's aide (1)  
Director or Site Supervisor (2)  
Cook or chef (3)  
Dietitian (4)  
Other (write in) (5)

11. Who is responsible for CACFP administrative paperwork? (choose all that apply)

Center teacher or teacher's aide (1)  
Director or Site supervisor (2)  
Cook or chef (3)  
Dietitian (4)  
Other (write in) (5)

12. Which meals and snacks are provided? (choose one answer per line)

Breakfast (breakfast)  
Lunch (lunch)  
Supper (supper)  
Mid-morning snack (snack\_m)  
Mid-afternoon snack (snack\_a)  
Evening snack (snack\_e)

Not provided (0)  
Usually provided by center (1)  
Usually brought from home by parents (2)

13. How is food prepared at your center? (do not include food brought in by parents)

- Prepared on site (at center) (1)
- Prepared at central kitchen operated by center(s) (2)
- Prepared by school food service (3)
- Pre-prepared by and purchased from independent food service company (4)
- Other (write in) (5)

14. How long has your organization been open for operation?

- Less than 6 months (1)
- 6 months up to 1 year (2)
- 1 year up to 3 years (3)
- 3 years up to 5 years (4)
- 5 years up to 10 years (5)
- 10 or more years (6)

15. How long has your center participated in CACFP?

- Less than 6 months (1)
- 6 months up to 1 year (2)
- 1 year up to 3 years (3)
- 3 years up to 5 years (4)
- 5 years up to 10 years (5)
- 10 or more years (6)

16. Has your center ever participated in CACFP through a CACFP sponsoring organization? (e.g. not through a direct contract with the State)

- Yes (1)
- No (0)
- Unsure (2)

*Question only asked of participants of Focus Group 1 – Independent child care centers that contract directly with the state to operate CACFP.*

17. Has your center ever participated in CACFP directly with the State (e.g. not through a CACFP sponsoring organization)?

- Yes (1)
- No (0)
- Unsure (2)

*Question only asked of participants of Focus Group 2 – Independent child care centers that operate CACFP through a sponsoring organization.*

18. Do you get support on CACFP from any of the following? (choose all that apply)

- CACFP Roundtable (1)
- National CACFP Sponsors Association (NCA) (2)
- National CACFP Forum (3)
- USDA Team Nutrition (4)

- Institute of Child Nutrition (5)
- CA Department of Social Services (CDSS) or CA Department of Education (CDE) (6)
- Other (write in) (7)
- None of the above (8)

Please answer the following questions about yourself.

19. What is your job title? (choose all that apply)
  - Center owner (1)
  - Director or Site supervisor (2)
  - Executive director (3)
  - Teacher (4)
  - Other (write in) (5)
  
20. What is your sex?
  - Male (1)
  - Female (2)
  - Non-binary (3)
  - Prefer not to say (4)
  
21. Are you Hispanic or Latinx?
  - Yes (1)
  - No (0)
  
22. How would you describe yourself? (choose all that apply)
  - Asian/Pacific Islander (1)
  - Black or African American (2)
  - Native American or American Indian (3)
  - White (4)
  - Other (write in) (5)
  
23. What is the highest level of education you have completed?
  - Less than high school (1)
  - High school graduate (2)
  - Some college or Associate's degree (3)
  - Bachelor's degree (4)
  - Master's degree or higher (5)
  
24. What is your preferred language?
  - English (1)
  - Spanish (2)
  - Chinese (3)
  - Other (write in) (4)

### Survey for Focus Group 3 – Sponsors of Independent Child Care Centers that Operate the CACFP

Thank you for agreeing to participate in the California Department of Social Services Child and Adult Care Food Program transition focus group. As a reminder, we provided you a letter of information over email detailing the goals of this research study. Here is a link to that letter.

Please complete this brief online survey before you participate in the online Zoom video conference focus group.

Please click the arrow, below, to begin the survey.

1. Please answer the following questions about your sponsor organization.
2. What is the zip code of your organization?
3. Which counties does your organization serve? (choose all that apply)

Alameda (1)	Monterey (27)
Alpine (2)	Napa (28)
Amador (3)	Nevada (29)
Butte (4)	Orange (30)
Calaveras (5)	Placer (31)
Colusa (6)	Plumas (32)
Contra Costa (7)	Riverside (33)
Del Norte (8)	Sacramento (34)
El Dorado (9)	San Benito (35)
Fresno (10)	San Bernardino (36)
Glenn (11)	San Diego (37)
Humboldt (12)	San Francisco (38)
Imperial (13)	San Joaquin (39)
Inyo (14)	San Luis Obispo (40)
Kern (15)	San Mateo (41)
Kings (16)	Santa Barbara (42)
Lake (17)	Santa Clara (43)
Lassen (18)	Santa Cruz (44)
Los Angeles (19)	Shasta (45)
Madera (20)	Sierra (46)
Marin (21)	Siskiyou (47)
Mariposa (22)	Solano (48)
Mendocino (23)	Sonoma (49)
Merced (24)	Stanislaus (50)
Modoc (25)	Sutter (51)
Mono (26)	Tehama (52)

Trinity (53)  
Tulare (54)  
Tuolumne (55)

Ventura (56)  
Yolo (57)  
Yuba (58)

4. What is the total number of staff at your organization (counting yourself)?  
Within your entire organization: (4)  
Within your CACFP department (5)
  
5. What languages does your organization support for your center directors?  
English (1)  
Spanish (2)  
Chinese (3)  
Other (4)  
  
Yes (1)  
No (0)  
Don't Know (2)
  
6. How long has your organization been open for operation?  
Less than 6 months (1)  
6 months up to 1 year (2)  
1 year up to 3 years (3)  
3 years up to 5 years (4)  
5 years up to 10 years (5)  
10 or more years (6)
  
7. Please select the appropriate response for your organization.  
Private, for profit (1)  
Private, non-profit (2)  
Government (3)  
Other (write in) (4)
  
8. Do you operate any other child nutrition programs? (choose all that apply)  
At-risk / afterschool program (1)  
Summer Food Service Program (2)  
National School Lunch Program (3)  
School Breakfast Program (4)  
Other (write in) (5)
  
9. Do you get support on CACFP from any of the following? (choose all that apply)  
CACFP Roundtable (1)  
National CACFP Sponsors Association (NCA) (2)  
National CACFP Forum (3)  
USDA Team Nutrition (4)



- Institute of Child Nutrition (5)
- CA Department of Social Services (CDSS) or CA Department of Education (CDE) (6)
- Other (write in) (7)
- None of the above (8)

Please answer the following questions about yourself.

10. What is your job title? (choose all that apply)
  - Executive Director (1)
  - Monitor / Field Representative (2)
  - Office Support (3)
  - Supervisor (4)
  - Other (write in) (5)
  
11. What is your sex?
  - Male (1)
  - Female (2)
  - Non-binary (3)
  - Prefer not to say (4)
  
12. Are you Hispanic or Latinx?
  - Yes (1)
  - No (0)
  
13. How would you describe yourself? (choose all that apply)
  - Asian/Pacific Islander (1)
  - Black or African American (2)
  - Native American or American Indian (3)
  - White (4)
  - Other (write in) (5)
  
14. What is the highest level of education you have completed?
  - Less than high school (1)
  - High school graduate (2)
  - Some college or Associate's degree (3)
  - Bachelor's degree (4)
  - Master's degree or higher (5)
  
15. What is your preferred language?
  - English (1)
  - Spanish (2)
  - Chinese (3)
  - Other (write in) (4)

## Appendix. Focus Group Questions

### **Questions for Focus Group 1 – Independent Child Care Centers that Contract Directly with the State to Operate the CACFP**

#### **CACFP Participation Barriers and Support**

The first set of questions are about participation in CACFP and how the state might be able to help.

1. Why are you participating in CACFP?
  - a. Why do you not go through a sponsoring agency?
2. What are the greatest challenges to participating in CACFP?
3. What are the greatest technological barriers to participating in CACFP?
4. Has your center ever discontinued participating in CACFP?
5. What sort of state technical assistance would enable you to more easily participate in CACFP?

#### **CACFP Administrative Transition**

The next set of questions are about the transition of CACFP from the California Department of Education to the California Department of Social Services, which began July 1. Over the next 2-3 years, CDSS will be working to improve CACFP.

6. Under the new leadership of CDSS, what are your concerns and what changes would you like to see?
7. How can the state support your agency to participate in CACFP?

#### **Communication about CACFP**

The next set of questions are about how you communicate about the Child and Adult Care Food Program to the families you serve.

8. Do you communicate about CACFP to the families you serve?
  - a. What does this look like?
  - b. How and how often?

9. What resources and materials would be helpful in communicating about your CACFP participation to families?

### **Culturally Appropriate Food**

The next questions are about culturally appropriate foods.

Cultural food patterns are defined by what, when, how, and with whom foods are eaten. Ethnic and racial groups differ in how they identify foods and how they prepare them, the condiments they use, the timing and frequency of meals and how foods are used in religious observations and celebrations.

10. Do you find it difficult to serve culturally appropriate foods and meals?
11. Is the meal pattern a barrier for the centers you sponsor to serving culturally appropriate foods? If so, is this a barrier to participating in CACFP?
12. How can CACFP be more supportive in helping you serve culturally appropriate meals?

### **Questions for Focus Group 2 – Independent Child Care Centers that Operate the CACFP Through a Sponsoring Organization**

#### **CACFP Participation Barriers and Support**

The first set of questions are about participation in CACFP and how the state might be able to help.

1. Why are you participating in CACFP?
2. What are the greatest challenges to participating in CACFP?
3. What are the greatest technological barriers to participating in CACFP?
4. Has your center ever discontinued participating in CACFP?
5. What sort of sponsor technical assistance would enable you to more easily participate in CACFP?

#### **CACFP Administrative Transition**

The next set of questions are about the transition of CACFP from the California Department of Education to the California Department of Social Services, which began July 1. Over the next 2-3 years, CDSS will be working to improve CACFP.

6. Under the new leadership of CDSS, what are your concerns and what changes would you like to see?
7. How can the state support your agency to participate in CACFP?

### **Communication about CACFP**

The next set of questions are about how you communicate about the Child and Adult Care Food Program to the families you serve.

8. Do you communicate about CACFP to the families you serve?
  - a. What does this look like?
  - b. How and how often?
9. What resources and materials would be helpful in communicating about your CACFP participation to families?

### **Culturally Appropriate Food**

The next questions are about culturally appropriate foods.

Cultural food patterns are defined by what, when, how, and with whom foods are eaten. Ethnic and racial groups differ in how they identify foods and how they prepare them, the condiments they use, the timing and frequency of meals and how foods are used in religious observations and celebrations.

10. Do you find it difficult to serve culturally appropriate foods and meals?
11. Is the meal pattern a barrier for the centers you sponsor to serving culturally appropriate foods? If so, is this a barrier to participating in CACFP?
12. How can CACFP be more supportive in helping you serve culturally appropriate meals?

### **Questions for Focus Group 3 – Sponsors of Independent Child Care Centers that Operate the CACFP**

#### **CACFP Participation Barriers and Support**

The first set of questions are about participation in CACFP and how the state might be able to help.

1. What barriers do centers experience participating in CACFP?

2. What are the greatest technological barriers to participating in CACFP?
3. Why do some centers not participate in the CACFP program?
  - a. Why have centers that were previously on CACFP dropped off the program?
4. What sort of state technical assistance would enable you to more effectively serve center providers, children and families?
5. What does a supportive state agency look like?

### **CACFP Administrative Transition**

The next set of questions are about the transition of CACFP from the California Department of Education to the California Department of Social Services, which began July 1. Over the next 2-3 years, CDSS will be working to improve CACFP.

6. Under the new leadership of CDSS, what are your concerns and what changes would you like to see?
7. How can the state support the centers that you sponsor to participate in CACFP?

### **Communication about CACFP**

The next set of questions are about how centers that you sponsor communicate about the Child and Adult Care Food Program to the families they serve.

8. Do the centers you sponsor communicate about CACFP to the families you serve?
  - a. What does this look like?
  - b. How and how often?
9. What resources and materials would be helpful for your centers in communicating about their CACFP participation to families?

### **Culturally Appropriate Food**

The next questions are about culturally appropriate foods.

Cultural food patterns are defined by what, when, how, and with whom foods are eaten. Ethnic and racial groups differ in how they identify foods and how they prepare them, the condiments they use, the timing and frequency of meals and how foods are used in religious observations and celebrations.

10. Do the centers you sponsor find it difficult to serve culturally appropriate foods and meals?
11. Is the meal pattern a barrier for the centers you sponsor to serving culturally appropriate foods? If so, is this a barrier to participating in CACFP?
12. How can CACFP be more supportive in helping your centers serve culturally appropriate meals?

## Appendix. Glossary of Terms and Acronyms Commonly Used in the CACFP<sup>9</sup>

- **7 CFR, Part 226**—Title 7, *Code of Federal Regulations*—this is the part and/or section of federal regulations that includes regulations for the Child and Adult Care Food Program.
- **ADC Center**—adult day care center—a licensed adult day care center approved to provide nonresidential adult day care services to adults that are 60 years or older and/or functionally impaired.
- **Administrative Review\***—a review conducted every two to three years by CDSS to ensure that all CACFP-participating agencies are following program requirements. Administrative reviews may occur more often than every three years often by findings in audits or other issue with programmatic processes if deemed necessary by the state. The CDSS Office of Audit Services may perform an administrative review on behalf of the CDSS CACFP program branch for large and/or problematic high-risk reviews. These administrative reviews are conducted by individuals not necessarily familiar with CACFP; reviewers are provided a checklist of items to review relevant to CACFP program requirements, and reviewers change regularly. Administrative reviews are not audits. An **audit by the USDA Office of the Inspector general’s office** occurs rarely and is triggered in the event of allegations of fraud or during an entire program review. This audit is a deeper dive into the CACFP-participating agency’s operations.
- **Agency**—the general term for any organization that has a Child and Adult Care Food Program agreement with the Nutrition Services Division. This includes day care home sponsors, child care centers, and adult day care centers.
- **Analyst\***—a county CDSS specialist that provides onboarding support, technical assistance including conducting annual updates with the sites for their CACFP agreement, support for closures, and helps agencies identify potential sponsors. They are typically the initial point of contact for Agencies when engaging in CACFP.
- **Child Nutrition Consultant (CNC)\***—provide technical assistance to and oversee monitoring of to CACFP Program Operators, all levels of food service, executive directors of community programs, and establish liaisons with licensing departments and county and city officials to promote successful administrative reviews (ARs).
- **ARA Center**—at-risk afterschool center—a licensed or license-exempt center that administers the At-risk Afterschool Meals Component of the Child and Adult Care Food Program.
- **Authorized Representative\***—this is the Agency’s contact that is listed in the CDSS database of CACFP-participating agencies who is ultimately responsible for the CACFP contract and holds all liability; this person is often the CEO or the board.
- **CACFP**—Child and Adult Care Food Program; may also be referred to as the **program**.
- **CDE**—California Department of Education.

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<sup>9</sup> CACFP Manual Terms, Definitions, and Acronyms. California Department of Education. Accessed 8/5/21. Available online: <https://www.cde.ca.gov/ls/nu/cc/cacfpmanualterms.asp>. All other terms indicated with an asterisks (\*) were defined by CDSS in project team meetings and over email correspondence.

- **Center**—a child care center, school-age center, at-risk afterschool center, adult day care center, or emergency shelter.
- **CC Center**—a child care center, school-age center, at-risk afterschool center, or emergency shelter. This does not include day care homes.
- **CNIPS**—Child Nutrition Information and Payment System—the online database used by the Nutrition Services Division to receive and maintain agency applications and to process claims for reimbursement.
- **DCH**—day care home.
- **DCH Provider**—day care home provider—an approved day care home provider that participates in the Child and Adult Care Food Program under the auspices of a day care home sponsor.
- **DCH Sponsor**—day care home sponsor—an approved nonprofit or public agency that has a current, valid program agreement with the Nutrition Services Division to participate as a sponsor in the Child and Adult Care Food Program.
- **Enrollment Form\***—this form is required for families to fill out annually to enroll their child in the CACFP program; it is completed at enrollment into the child care center and annually after initial enrollment. The data collected in this form includes the child's name, date of birth, age, sex, date child was enrolled in the child care facility, if they have any food allergies, the days and times they receive care at the facility, what meals are normally eaten at the facility, and whether or not the child (if an infant) will use the formula offered by the facility, if they will provide formula or breastmilk for the infant. The form also collects the parent/guardian's name, address, home and work telephone numbers, and signature. This form is used to track allowable CACFP-reimbursement claims.
- **Independent Center**—an agency that operates a center at one single physical site. Independent centers enter into an agreement with the California Department of Education to assume financial and administrative responsibility for program operations.
- **Meal Benefit Form\***—this form is optional for families to fill out annually to enroll their child in the CACFP program; it collects the names and birthdates of all children enrolled in the child care center, whether the child is a foster child, categorical eligibility (if anyone in the family receives CalFresh, CalWORKS, or FDPIR), household income if categorical eligibility benefits are not received (names of all household members excluding children, the amount of income including earnings from work, pensions/retirement/social security, child support/alimony, and other monthly income (e.g. disability, interest dividends, military allowances, etc.) each person receives before taxes and how often it was received), total number of household members including children, signature of the adult household member, last four digits of the adult household members social security number if they have one, and racial/ethnic identify.
- **MB**—Management Bulletin—policy issued by the California Department of Education.
- **NSD**—Nutrition Services Division—the division within the California Department of Education that is responsible for administering the Child and Adult Care Food Program in California.
- **NSLP**—National School Lunch Program—the program that assists schools and other agencies to provide nutritious lunches to children at reasonable prices.



- **Program Contact\***—this is the Agency’s CACFP administrative contact that is listed in the CDSS database of CACFP-participating agencies.
- **SA Center**—school-age center—also known as outside-school-hours care center; a licensed or license-exempt center that provides organized nonresidential child care services to children during hours outside of school.
- **SBP**—School Breakfast Program—the program that assists schools and other agencies in providing nutritious breakfasts to children at reasonable prices.
- **SFA**—school food authority—the governing body that is responsible for the administration of one or more schools and has the legal authority to operate the National School Lunch Program **or** be otherwise approved to operate the National School Lunch Program, may also be a public center.
- **SNP**—School Nutrition Programs—within California, any of the following programs: the California Fresh Fruit and Vegetable Program, School Breakfast Program, National School Lunch Program, Seamless Summer Feeding Option, or Special Milk Program.
- **SOUC**—sponsors of unaffiliated centers—a sponsoring organization of one or more centers that are unaffiliated with the sponsor. Sponsors of unaffiliated centers enter into an agreement with the California Department of Education to assume financial and administrative responsibility for program operations.
- **Site Contact\***—this is the CACFP-participating child care site point of contact that is listed in the CDSS database of CACFP-participating agencies.
- **Sponsors**—sponsoring organizations that are entirely responsible for the administration of the food program for: (a) one or more day care homes; (b) **two or more** centers (see definition of centers); (c) a center that is a legally distinct entity from the sponsoring organization (see definition of sponsor of unaffiliated centers) or (d) any combination of the above.
- **USDA, FNS**—U.S. Department of Agriculture, Food and Nutrition Service—the federal oversight agency for the Child and Adult Care Food Program.