**Baseline Let’s Move! Cities, Towns and Counties Participant Survey**

*This survey is being conducted by the U.S. Department of Health and Human Services. The information gathered from this survey will be used to identify and adequately assess who is participating in Let’s Move! Cities, Towns and Counties (LMCTC) and which activities and strategies they have agreed to implement. The information will also be used to track progress over time in achieving LMCTC goals and identifying geographic areas for outreach and technical assistance needs. Information collected through the survey will also assist in disseminating promising practices to ultimately increase the number and diversity of individuals, organizations, and groups that are addressing the LMCTC activities and strategies within communities. Promising practices may be publicly highlighted and celebrated in public forums, posted on the the Let’s Move! Website or annual reports. In addition, the organization information as well as the name of a contact person may be made available on the Let’s Move! Website for replication purposes.*

*If you have any questions about the study, please contact [RWJF Project Coordinator].*

*Your cooperation is very much appreciated.*

**Part I Demographic Information**

Contact for Goal Tracking Information:

Name

Title

Organization

Address1

Address 2

City/Town

State

Zip Code

Email Address

Telephone 1

Telephone 2

What type of municipality are you?

City, Town or County

Have you signed up to be a Let’s Move! City, Town or County previously?

* Yes
* No

In what HHS Region are you located? See this link for the HHS Regions: http://www.hhs.gov/about/regionmap.html

Region 1

Region 2

Region 3

Region 4

Region 5

Region 6

Region 7

Region 8

Region 9

Region 10

What is the official title of the Elected Official(s) leading effort?

Title 1

Title 2

Title 3

What is the primary elected official’s mailing address?

Address 1

Address2

City/Town

County

State

Zip

What is the primary elected official’s telephone number?

What is the primary elected official’s email address?

If there are additional points of contact that you would like to have receive information on Let's Move, please enter his/her information:

Name

Email Address

Phone Number

Address 1

Address2

City/Town

County

State

Zip

If you have appointed a Lets Move! Community Leader in your community and want this individual to receive the same updates and information as you, please include their name and contact information in the space provided.

Your City's Let's Move! Community Leader's Name:

Email Address

Phone Number

Address 1

Address2

City/Town

County

State

Zip

Will you establish a Let’s Move! Task Force or designate a staff member to participate in an existing Task Force or Work group?

* Yes
* No, if no why not?

**Part II Program Information:**

*This section will go through a series of questions to ascertain which activities and strategies you will implement through Let’s Move! Cities, Towns and Counties (LMCTC). To be a sustainable LMCTC, a community must reach all five goals. Through this survey and technical assistance, Let’s Move! has provided examples of activities that can assist a community in achieving each of the goals.*

**Pillar 1, Goal: Increase the number of child care programs incorporating best practices in nutrition, physical activity, and screen time.**

* Do you commit to the goal of raising the importance of and increasing the number of child care programs incorporating best practices in nutrition, physical activity, and screen time?
  + Yes
  + No, if no skip to Pillar 2
* Please indicate which activities you’re initiating (check all that apply):
  + Conduct a Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) programs.
  + Conduct a self assessment of child care programs
  + Assist child care programs with registering to participate in Let’s Move! Child Care
  + Register municipally-run child care programs to participate in Let’s Move! Child Care (http://healthykidshealthyfuture.org/welcome.html)
  + Determine if you have authority to set standards that exceed minimum licensing requirements in key areas around obesity prevention
  + If authority exists, propose standards in key areas around obesity prevention that exceed minimum licensing requirements
  + If authority exists, enact standards in key areas around obesity prevention that exceed minimum licensing requirements
  + Recognize child care programs that have successfully incorporated best practices in nutrition, physical activity, and screen time
  + Other please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pillar 2, Goal: Increase promotion of My Plate information prominently displayed in city and municipal venues where food is offered or sold.**

* Are you familiar with USDA’s My Plate?
  + Yes
  + No, if no go here for more information: <http://www.choosemyplate.gov/>
* Do you currently display My Plate in your city and municipal venues where food is offered or sold?
  + Yes, if yes approximately how many or what percentage of city and municipal venues display My Plate where food is offered or sold? In how many communities?
  + No, if no why not? (check all that apply)
    - Not familiar with my plate
    - Already have my pyramid displayed
    - No resources
    - Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_
* Do you commit to the goal of increasing the promotion of My Plate information prominently displayed in city and municipal venues where food is offered or sold?
  + Yes, if yes how many or what percentage of venues do you estimate you will promote My Plate within a year? And in how many communities?
  + No, if no why not?
    - Not familiar with my plate
    - Already have my pyramid displayed
    - No resources
    - Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_
* Are you a Community Partner with USDA for Choose My Plate?
  + Yes, if yes please give the best way to contact you
  + No, if no go here for more information: <http://www.choosemyplate.gov/partnering-program/community-partners.html>

**Pillar 3, Goal: Increase the number of schools and students participating in the school breakfast and lunch programs**

* Do you commit to the goal of increasing the number of schools and/or students participating in the school breakfast and lunch programs?
  + Yes
  + No, if no skip to Pillar 4
* How many schools are in your jurisdiction?
* How many of those schools are currently not participating in the school breakfast program?
* How many of those schools are currently not participating in the school lunch program?
* How many students are in your jurisdiction?
* How many of those students are currently participating in the school breakfast program?
* How many of those students are currently participating in the school lunch program? Please indicate which activities you will complete to support schools in increasing their participation in the school breakfast and lunch programs (check all that apply):
  + Publicly express strong support for these programs to school authorities.
  + Bring together community partners from the public and private sector to work on a strategy to increase participation.
  + Sharing the message of the importance of federally-funded school meals in addressing children’s nutritional needs with the media.
  + Requiring city health and human services staff to conduct community outreach to raise awareness about availability and eligibility for these programs. Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Within a year, how many schools do you estimate will have school breakfast programs? How many schools do you estimate will have school lunch programs? And in how many communities?
* Within a year, how many students do you estimate will participate in school breakfast programs? How many students do you estimate will participate in school lunch programs? And in how many communities?

**Pillar 4, Goal:** **Adopt healthy and sustainable food service guidelines for municipal spaces that serve food**

* Are you familiar with using food service guidelines to promote health and sustainability?
  + Yes
  + No, if no go here for more information and a sample template: <http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>
* Do you commit to the goal of implementing healthy and sustainable food service guidelines for municipal spaces that serve food?
  + Yes
  + No, if no skip to Goal 5
* Does your jurisdiction already have food service guidelines that work to align food service offering with the Dietary Guidelines for Americans?
  + Yes, if yes how many or what percentage of cafeterias and vending follow such food guidelines? How many communities are affected by those guidelines?
  + No, if no and want more information go here: http://health.gov/dietaryguidelines/2010.asp
* Please indicate which activities you will initiate to adopt healthy and sustainable food service guidelines (check all that apply):
  + Establish a food policy council
  + Participate in a food policy council
  + Review existing food service guidelines
  + Create or adapt model healthy and sustainable food service guidelines
  + Issue a written policy for public service venues/government agencies
    - Number or percentage of settings/facilities covered\_\_\_\_\_\_\_\_
  + Direct that food service guidelines be incorporated into contracting languages for bids for food service contracts.
  + Designate a local government official to lead a guidelines workgroup to strategically implement and evaluate healthy and sustainable food service guidelines across venues
  + Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pillar 5, Goal: Increase access to play in neighborhoods and schools by mapping local playspaces, completing a needs assessment, and developing and implementing at least three best practices.**

* Do you commit to the goal of increasing access to play in neighborhoods and communities by mapping local playspaces, completing a needs assessment, and developing and implementing at least three best practices?
  + Yes
  + No, if no skip to end
* Are you familiar with KaBOOM!’s Playful Cities program?
  + Yes,
  + No, if no go here: <http://kaboom.org/take_action/playful_city_usa>
* Will you apply to be a KaBOOM! Playful City 2012?
  + Yes
  + No, if no why?
    - Not familiar with KaBOOM!’s Playful Cities program
    - Already applied to be a KaBOOM!’s Playful City
    - No resources
    - Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_
* Will you apply to be a KaBOOM! Playful City 2013?
  + Yes
  + No, if not why?
    - Not familiar with KaBOOM!’s Playful Cities program
    - No resources
    - Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_
* Will you map the play spaces in your community?
  + Yes
  + No, if not why?
    - Not familiar with how to map play spaces
    - Play spaces are already adequately mapped
    - No resources
    - Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_
* Will you assess the need for play spaces in your community?
  + Yes
  + No, if no why?
    - Not familiar with how to conduct such a needs assessment
    - Recently conducted a need assess around need for play spaces
    - No resources
    - Other (please explain)
* Will you implement at least three best practices for increasing access to play?
  + Yes
  + No, if not why?
* Please indicate which best practices you will initiate:
  + Joint use agreements with schools
  + Recess policy in schools
  + Community builds and spruces with schools
  + Joint use agreements with neighborhoods
  + Community builds and spruces in neighborhoods
  + Housing development ordinance
  + Inclusive play spaces
  + Play Day
  + Summer activity programs
  + Traveling playgrounds
  + Mobile technology
  + Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation in this survey**