

Appendix D: Nutrition and Wellness Data Collection Instruments

D.1a Provider Web Survey

LOGO

OMB Control No: 0584-XXXX
OMB Approval Expiration Date: XX/XX/XXXX

Study of Nutrition and Activity in Child Care Settings (SNACS)

Provider Web Survey

Child Care Center ID

Interviewer ID #: |_____|_____|_____|_____|_____|____|.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXX. The time required to complete this information collection is estimated to average 56 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

About the Study. The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP) and some not participating in the CACFP. More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

Data Collection Activity. The Provider Survey will gather information about foods served by the provider, types of foods served, wellness policies, menu planning practices, food purchasing practices, food service practices, and additional program characteristics. The Provider Survey is divided into eleven sections. The survey will take approximately 60 minutes to complete.

Protecting Privacy. All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for your general community location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report.

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Questions. If you have any questions about the study please call our toll-free study number at 1-844-808-4777 or email snacs@abtassoc.com. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings.

Online Provider Survey Instructions

Thank you for taking part in our important study. The purpose of this survey is to learn about food and physical activity practices at child care facilities. Each section in the survey deals with a specific topic:

- 1) Center Directors/Family Child Care Owner
- 2) Menu Planning
- 3) Food Purchasing
- 4) Food Preparation and Food Safety
- 5) Food/Beverage Serving Practices
- 6) Food Allergies and Food Intolerances
- 7) Water
- 8) Physical Activity
- 9) Infant Feeding and Infant Physical Activity Section
- 10) Nutrition and physical activity promotion/education practices
- 11) Barriers to CACFP participation

The survey can be accessed by more than one person at your program, and you can save portions of the survey to return to it later. After Section 1 is completed, the remaining sections do not have to be completed in order. Please have the person at your program most familiar with a given topic respond to the section on that topic. In order to complete this survey, please [click on the link provided] which will take you to the online survey and then enter your login information.

If you have any questions about the study or this survey, please feel free to call our toll-free number at 1-844-808-4777 or email snacs@abtassoc.com.

Online Survey of Providers

Section 1 Center Directors/Family Child Care Owner

The questions in this section ask about the number and ages of children you serve, and whether you participate in federal food programs. Please have the person most familiar with these topics at your program respond to this section.

M1.1. Does your program participate in CACFP* (Child and Adult Care Food Program), which provides reimbursement for foods served that meet specific meal pattern requirements?

- Yes
- No

[Hover definition] **The CACFP provides a variety of public or private nonprofit child care centers, Head Start programs, outside-school-hours care centers, and other licensed day care providers with cash reimbursement for eligible meals and snacks served to enrolled children. Snacks and meals must meet Federal guidelines.*

M1.2 . Does your child care site participate in the School Breakfast Program (SBP)*?

- Yes
- No

[Hover definition] **The School Breakfast Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced price lunches to eligible children, and receive cash subsidies from the USDA for each meal served that meets Federal requirements.*

M1.3 Does your child care site participate in the National School Lunch Program (NSLP)*?

- Yes
- No

[Hover definition] **The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced price breakfasts to eligible children, and receive cash subsidies from the USDA for each meal served that meets Federal requirements. School districts and schools may also receive cash subsidies or snacks served to children in afterschool educational or enrichment programs.*

M1.4. Which of the following describes your program? (Choose all that apply)

- Sponsored Child Care Center or other Preschool
- Independent Child Care Center or other Preschool
- Head Start
- State Run Preschool
- Family Day Care Home
- Afterschool program
- Other

M1.5 How would you describe the area in which your program is located – urban, suburban, small town, rural, or tribal community?

- Urban
- Suburban
- Small town
- Rural
- Tribal community

M1.6 How long has your child care program been open for operation?

- Less than 6 months
- 6 months up to 1 year
- 1 year up to 3 years
- 3 years up to 5 years
- 5 or more years

[ASK IF M1.4. NE 5]

M1.7a What is your job title or role? If your job title is not included on the list, please select the title that most closely matches your current role. (Please answer this question for the person who answered most of the questions in this survey.)

- Director or Site Supervisor/Manager [Hover definition]
- Assistant Director [Hover definition]
- Food Service Director or Manager/Cook [Hover definition]
- Teacher [Hover definition]
- Graduate Assistant [Hover definition]
- Teacher Aid or Volunteer [Hover definition]
- None of the above

[Hover Definitions]:

Director or Site Supervisor/Manager: The person responsible for running a childcare program or a site.

Assistant Director: The person who is second in command running a childcare program or site.

Food Service Director or Manager/Cook: The person responsible for the meal program at your child care or afterschool facility. Responsibilities can include menu planning and meal preparation, as well as

purchase and inventory of foods, food quality, nutrition, productivity standards, management of food service staff, food safety, and managing the food service budget.

Teacher: The person who works directly with children at your child care center or afterschool program, and also plans curriculum and activities, and has daily management/oversight of the classroom.

Graduate Assistant: A person completing their graduate degree in education who is gaining practical experience in the classroom through working with children or in a classroom at your site.

Teacher Aid or Volunteer: A person who helps the main teacher or staff person in the classroom, may work directly with children, set up activities, clean up, etc.

[ASK IF M1.4.=5; FAMILY DAY CARE]

M1.7b What is your job title or role? If your job title is not included on the list, please select the title that most closely matches your current role. (Please answer this question for the person who answered most of the questions in this survey.)

- Owner/Co-Owner/Operator
- Assistant
- Teacher
- Volunteer
- None of the above

M1.8. Does your program offer full-day child care for at least nine months out of the year?

- Yes
- No

M1.9. Does your program offer half-day child care for at least nine months out of the year?

- Yes
- No

M1.10. Do you serve children who are in kindergarten or older?

- Yes
- No

[ASK IF M1.10=1; OTHERWISE SKIP TO M1.11]

- M1.10.a. Do you offer before school care?
 - Yes
 - No
- M1.10.b. Do you offer afterschool care?
 - Yes
 - No

[ASK IF M1.10.b=1; OTHERWISE SKIP TO M1.11]

- M1.10.b.i. Do you participate in the CACFP Afterschool Meal Program?
 - Yes
 - No

M.1.10.b.ii. Do you participate in the CACFP **At-Risk** Afterschool Meal Program*?
 Yes
 No

[Hover definition] * *The at-risk afterschool meals component of the Child and Adult Care Food Program (CACFP) offers Federal funding (reimbursement) to afterschool programs that serve a meal or snack to children up to age 18 in low-income areas. Snacks and meals must meet Federal guidelines and may be served after school, on weekends, and during vacations.*

M1.11. What was your total enrollment as of September 30, 2015 for children of each of the following ages? (Choose all that apply)

[PROGRAMMING: ALLOW NUMERIC RESPONSE FROM 0 – 500; IF OPTION IS NOT SELECTED, PROGRAM AS 0]

0-5 months: number of children_____
 6-11 months: Number of children: _____
 12-17 months: Number of children: _____
 18-23 months: number of children: _____
 24-35 months: number of children_____
 3-5 years: number of children _____
 Older than 5 years: number of children_____

[PROGRAMMING NOTE:

CREATE VARIABLE INFANTNUMBER SUMMING RESPONSE FROM 0-5 MONTHS AND 6-11 MONTHS

CREATE VARIABLE TODDLERNUMBER SUMMING RESPONSE 12-17 MONTHS AND 18-23 MONTHS

CREATE VARIABLE PRESCHOOLNUMBER SUMMING 24-35 MONTHS AND 3-5 YEARS]

Section 2

Menu Planning

The questions in this section ask about menu planning and menu cycling. Please have the person most familiar with menu planning/menu cycling at your program help to respond to this section.

M2.1. Are the meals/snacks you serve analyzed for their nutritional content?

- Yes
- No
- Don't know

[ASK IF M2.1=1; OTHERWISE SKIP TO M2.5]

M2.2. Who is responsible for analyzing the nutritional content of menus? (Choose all that apply)

- Sponsoring agency
- Center or home child care provider [Hover definition]
- Director or Site Supervisor [Hover definition]
- Child care center corporate office [Hover definition]
- Cook or Chef [Hover definition]
- Dietitian/Nutritionist [Hover definition]
- Other (specify): _____
- Don't know

[Hover Definitions]:

Sponsoring agency: A public or non-profit organization that is responsible for the administration of CACFP in family day care homes, child care centers, or a combination of child care facilities. Sponsors must ensure compliance with Federal and State regulations, provide training and process claim forms for meal reimbursements.

Center or home child care provider: The person who supervises and takes care of the children on a daily basis

Director or Site Supervisor: The person responsible for running a childcare program or a site.

Child care Center corporate office: In a multisite or chain/franchise childcare program, the corporate office is headquarters for all sites. The corporate office is also responsible for the overall success of the business or corporation. May also be called headquarters, the main office, national office, or regional office.

Cook or Chef: The person who prepares meals and snacks for your program.

Dietitian/Nutritionist: A dietitian is a food and nutrition expert with a profession credential (R.D. or Registered Dietician). R.D.s may also be licensed by the state in which they operate. A nutritionist has typically completed an undergraduate or graduate degree in the field of nutrition, but does not have the R.D. credential.

M2.3. How often is the nutritional analysis of menus completed?

- 3 times or more per year
- Once or twice each year
- Once every other year
- Less than once every other year
- Don't know

M2.4. How are the menus analyzed for the nutritional content? (Choose all that apply)

- Software:
[PROGRAMMER NOTE: COLLAPSE UNLESS OPTION IS SELECTED]
 - Name of software: _____ Don't know
- Other (*specify*): _____
- Don't know

M2.5. Do you use cycle menus, such as menus that repeat every week or month?

- Yes
- No
- Don't know

[ASK IF M2.5=1; OTHERWISE SKIP TO M2.7]

M2.6. What is the frequency of the cycle?

- 1 week cycle (same menu repeated weekly)
- 2 week cycle (same menu repeated every two weeks)
- 3 week cycle (same menu repeated every three weeks)
- 4 week cycle (same menu repeated every four weeks)
- 5 week cycle (same menu repeated every five weeks)
- 6 week cycle (same menu repeated every six weeks)
- 7 week cycle (same menu repeated every seven weeks)
- 8 week cycle (same menu repeated every eight weeks)
- Longer than 8-week cycle
- Don't know

M2.7. When planning your menus, which of the following factors do you consider? (Choose all that apply)

- Access to sample menus or menus used in the past
- Ease of preparing menu items
- Time needed to prepare menu items
- Access to foods / beverages
- Prices of foods / beverages
- Seasonality of produce (e.g. more fruit in summer)
- Availability of preparation equipment
- Cooking or food preparation skills of food preparer / cook
- Kitchen/food preparation space
- Food storage capacity (e.g. freezer space or pantry space)
- Menu planning software
- Child preferences (including allergies)
- Parent preferences
- CACFP meal patterns
- Nutritional quality of food
- Other (please describe): _____

Don't know [Display only if respondent tries to skip question.]

M2.7a. Of the responses selected above, what are the top three factors you consider when planning your menu?

[PROGRAMMING NOTE: DISPLAY ALL OPTIONS FROM M2.7 AND ALLOW RESPONDENT TO RANK FROM 1 – 3.]

M2.8. Who plans the menus for your program? (Choose all that apply)

- Sponsoring agency
- Center or home child care provider [Hover definition]
- Director or Site Supervisor [Hover definition]

- Child care center corporate office [Hover definition]
- Cook or Chef [Hover definition]
- Dietitian/Nutritionist [Hover definition]
- Teacher
- Other (*specify*): _____
- Don't know

M2.9 Are you the person who plans menus for your program?

- Yes
- No

[ASK M2.10 – M2.12 IF M2.9=1]

M2.10. How many years of menu planning experience do you have?

- less than 2 years
- 2-5 years
- 6-10 years
- More than 10 years

M2.11. Do you have any of the following degrees or certifications? (Choose all that apply)

- High school diploma or GED
- Associate degree
- Baccalaureate degree
- Master's degree
- Doctoral degree
- Registered dietitian
- Other: _____
- No degree or certification

[ASK IF M2.11=2 – 5]

M2.12. What was the area of study? (Choose all that apply)

- Early childhood education
- Family child studies
- Child development
- Business administration
- Food service management
- Food and nutrition/dietetics
- Other: _____

Section 3

Food Purchasing

The questions in this section ask where and how often you purchase various types of food for your child care program, and how you keep track of food purchases. Please have the person most familiar with food purchasing at your program help to respond to this section.

M3.1. Who purchases the foods and beverages for your program? (Choose all that apply)

- Sponsoring agency
- Center or Home Child Care Provider [Hover definition]
- Director or Site Supervisor [Hover definition]
- Cook or Chef [Hover definition]
- Dietitian/Nutritionist [Hover definition]
- Teacher
- Parent Volunteer
- Other: _____
- Don't know [Display only if respondent tries to skip question.]

[PROGRAMMING NOTE: SHOW INITIAL QUESTION (WHERE DO YOU BUY FOOD/BEVERAGES...) IF OPTION IS SELECTED, SHOW SUBSEQUENT QUESTIONS]

M3.2. The next few questions ask about how and where you purchase food/beverages for your child care program. From which of the following venues do you purchase foods/beverages for your program?

For each venue where you buy food for your program, please select how the items are chosen, which type(s) and how often the items are purchased.

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Grocery store or Supermarket <input type="checkbox"/> Other: _____	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Wholesale store (Sam's Club; Costco) <input type="checkbox"/> Other: _____	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Farmers Market	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Corner store, convenience store, bodega, mini-market, mom-and-pop market <input type="checkbox"/> Other: _____	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Food buying Cooperative (Co-op) or Community Supported Agriculture (CSA)	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> USDA Foods (USDA Foods provides agricultural foods or cash (instead of agricultural foods) to sites participating in the CACFP, in addition to the per meal/snack reimbursement.)	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> School District 	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Vended Foods <input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

Where do you buy food/beverages for your program? (choose all that apply)	How do you order your foods/ beverages? (choose all that apply)	How does the food arrive at your site? (choose all that apply)	Which of the following types of items do you purchase at this location? (choose all that apply)	How often do you buy any foods/beverages from this source?
<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In a staff vehicle <input type="checkbox"/> Delivery service <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Meat/Meat alternate (e.g. chicken, beef, nuts, beans) <input type="checkbox"/> Pre-made meals (e.g. chili, lasagna, taco) <input type="checkbox"/> Cereal <input type="checkbox"/> Grain/Bread (e.g. rice, pasta, roll) <input type="checkbox"/> Milk <input type="checkbox"/> Dairy (e.g. cheese, yogurt) <input type="checkbox"/> 100% juice <input type="checkbox"/> Water <input type="checkbox"/> Infant formula <input type="checkbox"/> Other beverages <input type="checkbox"/> Jarred/packaged baby food <input type="checkbox"/> Packaged salty snack (e.g. chips, crackers) <input type="checkbox"/> Packaged sweet snack/ dessert (e.g. cookies, cakes, candy) <input type="checkbox"/> Condiments/spices	<input type="checkbox"/> More than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> Twice per month <input type="checkbox"/> Once per month <input type="checkbox"/> Less than once per month

M3.3. Who is responsible for tracking or documenting food/beverage purchases? (Choose all that apply)

- Sponsoring agency
- Center or home child care provider
- Director or Site Supervisor
- Child care corporate office
- Cook or Chef Dietitian/Nutritionist
- Teacher
- Other (*specify*): _____

Don't know

[PROGRAMMER NOTE: ONLY DISPLAY FOLLOW UP QUESTION IF OPTION IS SELECTED]

M3.4. How are food/beverage purchases tracked or documented? (Choose all that apply)

- Financial software/program:
 - Name of software/program: _____ Don't know
- Food purchasing software/program
 - Name of software/program: _____ Don't know
- Spreadsheet software (e.g. Microsoft Excel)
- Paper records
- Other (*specify*): _____

Don't know

M3.5. Do you use any tools or resources from any of the following entities to help you in your selection and purchasing of healthier foods? (Choose all that apply)

- Child care corporate office
- State health department
- USDA (including online resources or technical assistance from personnel)
- Sponsoring agency
- Resource & referral agency
- Internet/ online resources (*specify*) _____
- Other (*specify*): _____

None of the above

M3.6. What **additional** tools or resources would be helpful in the selection and purchasing of healthier foods for your program?

- Menu planning tools for child care programs
- Food Buying Guide calculator for child care programs
- Healthy standardized recipe resources for child care programs
- Reading food labels resources/calculator for child care programs
- Model nutrition and food purchasing policies for child care programs
- Other (specify) _____
- Don't know

M3.7. What are the barriers to purchasing and serving healthier foods for your program? (Choose all that apply)

- Cost of healthier foods
- Time needed to prepare healthier meals and snacks
- Preference of children in program
- Parental preferences, including those related to culture
- Lack of knowledge about nutrition guidelines
- Limitations with kitchen space and/or equipment
- Lack of staff knowledge/skills required to prepare nutritious meals and snacks
- Lack of staff knowledge on how to read a nutrition facts label
- Access to nutritious food and beverage options
- Convenience of using processed and pre-prepared foods
- Staff resistance because of personal food preferences
- Other: _____
- No barriers to purchasing and serving healthier foods
- Don't know

M3.7.a Of the responses selected above, what are the top three barriers to purchasing and serving healthier foods for your program?

[PROGRAMMING NOTE: DISPLAY ALL OPTIONS FROM M3.7 AND ALLOW RESPONDENT TO RANK FROM 1 – 3.]

M3.8. How well prepared do you feel at selecting healthier foods for your program?

- Very prepared
- Somewhat prepared
- Not too prepared
- Not at all prepared
- Don't know

M3.9. How would you rate your knowledge of nutrition?

- Very knowledgeable
- Somewhat knowledgeable
- Not too knowledgeable
- Not at all knowledgeable
- Don't know

[ASK M3.10 – M3.11 IF M1.1=1; OTHERWISE SKIP TO M4.1]

M3.10. Who is responsible for compiling meal counts for claims for CACFP reimbursement? (Choose all that apply)

- Sponsoring agency
- Center or Home Child care Provider
- Director or Site Supervisor
- Cook or Chef
- Dietitian/Nutritionist
- Teacher
- Other (*specify*): _____
- Don't know

M3.11. How are meal counts documented? (Choose all that apply)

- Meal tracking software:

[PROGRAMMER NOTE: COLLAPSE UNLESS OPTION IS SELECTED]

- Name of software: _____ Don't know
- Microsoft Excel or other spreadsheet
- Microsoft Access or other database
- Paper form
- Other (*specify*): _____

Section 4

Food Preparation and Food Safety

The questions in this section ask about food preparation and food safety. Please have the person most familiar with food preparation and food safety at your program help to respond to this section.

M4.1. How are the snacks and meals you serve prepared (cooked, heated, or plated)? (**Choose all that apply**)

- Prepared onsite, or at the same location where children are
- Prepared at an onsite central kitchen operated by child care center(s)
- Prepared at an offsite central kitchen operated by child care center(s)
- Prepared by school food service department for child care center
- Prepared by and purchased from independent food service company/vendor
- Other (specify): _____
- Don't know [Display only if respondent tries to skip question.]

[ASK IF M4.1=1; PREPARED ONSITE; OTHERWISE SKIP TO M4.3]

M4.2. Which of the following are available in **your on-site** food preparation area? (Choose all that apply)

- Refrigerator
- Freezer
- Cabinets, pantry, or shelving for dry goods
- Microwave
- Oven
- Stove
- Hot plate or other alternative heating element
- Toaster oven/ toaster
- Blender
- Dishwasher
- Sink
- Hot water source
- Don't know [Display only if respondent tries to skip question.]

M4.3. Do you have any policies about food safety (e.g., preparing food safely, preventing choking)?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M4.4. Are staff required to complete a food safety training course?

- Yes
- No
- Don't know

[ASK IF M4.4=1; OTHERWISE SKIP TO M4.5]

M4.4.a Are staff required to be certified for food safety?

- Yes
- No
- Don't know

M4.5. Do you have a plan in place to allow for a food product to be identified and removed from your kitchen during a recall?

- Yes
- No
- Don't know

M4.6. Who prepares snacks and meals for your program? (Choose all that apply)

- Sponsoring agency
- Center or Home Child care Provider [Hover definition]
- Director or Site Supervisor [Hover definition]
- Cook or Chef [Hover definition]
- Dietitian/Nutritionist [Hover definition]
- Teacher
- Other: _____
- Don't know

M4.7. Are you the person who prepares snacks and meals for your program?

- Yes
- No

[ASK M4.8 – M4.10 IF M4.7=1; OTHERWISE SKIP TO M5.1]

M4.8. How many years of food preparation experience do you have?

- 0-1 year
- 2-5 years
- 6-10 years
- More than 10 years

M4.9. Do you have any of the following degrees or certifications? (Choose all that apply)

- High school diploma or GED
- Associate degree
- Baccalaureate degree
- Master's degree
- Doctoral degree
- Registered dietitian
- Other: _____
- No degree or certification

[ASK IF M4.9=2-5, OTHERWISE SKIP TO M5.1]

M4.10. What was the area of study? (Choose all that apply)

- Early childhood education
- Family child studies
- Child development
- food and nutrition/dietetics
- Other: _____

Section 5

Food/Beverage Serving Practices

The questions in this section ask about the types of meals and snacks you serve, and about various practices or policies you have about food eaten by children during the day. Please have the person most familiar with food/beverage serving practices at your program respond to this section.

M5.1. For each of the following meal or snack times, please indicate whether you provide food, require food to be brought from home, and/or allow food to be brought from home. Check all that apply

[If “Not served at our site” is checked, no other response may be checked for that meal or snack. If “We allow parents to send food from home” is checked, then “We do not allow parents to send food from home” cannot be checked]

	We provide food	We allow parents to send food from home	We require parents to send food from home	We do not allow parents to send food from home	Not served at our site at all
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner/Supper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[IF M5.1=“Do not allow food from home” for all responses (except other) skip to M5.3]

M5.2. Is there a policy that describes the types of food/beverages that can be brought from home for meals and snacks? (This does not include food allergy or food safety policies)

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.3. Is there a policy that describes the types of food/beverages that can be brought from home for onsite celebrations that include children? (This does not include food allergy or food safety policies)

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.4 Do you have a policy in place that describes how staff should introduce new foods to children?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.5. Do you have a policy in place that describes what staff should do when children decline food that is served to them?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.6. Do you have a policy regarding additional or second servings of food or beverages for children?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.7. For which of the following food/beverages are second servings allowed? (Choose all that apply)

- Any food
- Fruit
- Vegetables
- Meat/Meat alternate (eg. chicken, beef, beans, nuts)
- Mixed foods (e.g. chili, lasagna, taco)
- Cereal
- Grain/Bread (e.g. rice, pasta, roll)
- Milk
- Dairy (e.g. cheese, yogurt)
- 100% juice
- Water
- Other beverages
- Salty snack (e.g. chips, crackers)
- Sweet snack/dessert (e.g. cookies, cakes)
- Second servings are not allowed
- Don't know

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]

M5.8 Do you have a policy on serving juice to children 1 – 5 years old?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]

M5.9 Do you have a policy on serving sugar sweetened beverages to children 1 – 5 years old?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M5.10. Does your program follow best practices for nutrition from any of the following organizations?

- USDA
- State Agency
- Sponsoring Agency
- Caring for our Children
- CACFP Sponsor Association
- CACFP Provider Association
- Other_____
- Do not follow any best practices for nutrition
- Don't know

Section 6

Food Allergies and Food Intolerances

The questions in this section ask about your practices or policies for children who have allergies or intolerances to specific foods or types of foods. Please have the person most familiar with these topics at your program respond to this section

M6.1. Do you have a policy on managing special dietary needs (e.g., food allergies, diabetes)?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M6.2. Do you require students with food allergies or special dietary needs to bring documentation from a medical provider?

- Yes
- No
- Don't know

M6.3. How does your program serve meals and snacks to children with food allergies? (Choose all that apply)

- Children with an allergy are **required to bring their food from home**
- Children with an allergy are given meals/snacks at a **different time**
- Children with an allergy are given meals/snacks at **another table/in another room**
- Children with an allergy are **allowed to bring their food from home**
- We provide **alternative food/beverages** to those children with an allergy
- Other (specify): _____

- Don't know

[ASK IF M6.3=5; PROVIDE ALTERNATIVE FOOD/BEVERAGES; OTHERWISE SKIP TO M7.1]

M6.4. Are the alternative foods/beverages your program provides to children with an allergy readily available at your usual shopping venues?

- Very available
- Somewhat available
- Not too available
- Not at all available
- Don't know

M6.5. Does the purchase of these alternative foods/beverages have an impact on food costs for your program?

- Yes, alternative foods are very expensive to purchase.
- Yes, somewhat of an impact, alternative foods are somewhat expensive to purchase.
- Yes, but not too much of an impact, alternative foods are not too expensive to purchase.
- No impact at all, alternative foods do not cost more than regular foods used in meals and snacks.
- Don't know

Section 7

Water

The questions in this section ask about water availability to children during the day. Please have the person most familiar with this topic at your program respond to this section

M7.1. Does your child care program have a policy on the availability and serving of water throughout the day?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M7.2. Do teachers encourage children to drink water throughout the day?

- Yes
- No
- Don't know

M7.3. Is water available to children when they are in outside play spaces? (Choose all that apply)

- Yes, available for self-serve
- Yes, given to children on request
- Yes, only during designated water breaks
- No, not available outside (skip to M7.5)

M7.4. How is drinking water made available to children outside? (Choose all that apply)

- Non-refrigerated drinking fountain/faucet
- Refrigerated drinking fountain/faucet
- Filtered drinking fountain/faucet
- Unfiltered drinking fountain/faucet
- Individual sized disposable (single use) water bottles
- Individual sized reusable water bottles
- Large water bottles coolers, dispensers (like in office buildings)
- Serving pitchers/large Thermos
- Other: _____

M7.5. Is water available to children when they are inside? (Choose all that apply)

- Yes, available for self-serve
- Yes, given to children on request
- Yes, only during designated water breaks
- No, not available inside

[ASK IF M7.5<4; OTHERWISE SKIP TO M7.7]

M7.6. How is drinking water made available to children inside (Choose all that apply)

- Non-refrigerated drinking fountain/faucet
- Refrigerated drinking fountain/faucet
- Filtered drinking fountain/faucet
- Unfiltered drinking fountain/faucet
- Individual sized disposable (single use) water bottles
- Individual sized reusable water bottles
- Large water bottles coolers, dispensers (like in office buildings)
- Serving pitchers/ large Thermos
- Other (write in): _____

M7.7. How often is drinking water served during meals or snacks?

- All of the time
- Most of the time
- Some of the time
- Rarely or never

M7.8. During meals or snacks, how is water served (for example, in pitchers, cups, or bottles for children to drink)? (choose all that apply)

- Provided at the table **with meals**
- Provided at the table **with snacks**
- Provided only **after** child finishes **milk or juice**
- Provided only **after** child finishes **meal or snack**
- Children allowed **only one serving**
- Children allowed to **self-serve** as much as want
- Provided only **upon request** by child
- Not provided at the table at meals or snacks

Section 8

Physical Activity

The questions in this section ask about the different ways that children play indoors and outdoors at your program. Please note that some of these questions ask about a specific age group of children. Please have the person most familiar with physical activity at your program respond to this section.

Please read each activity below and check ONE answer choice for each row (More than once a day, Once a day, A few times per week, A few times per month, A few times per year, Never (but available at site), Not available at site).

M8.1. How frequently do you use the following physical activity equipment or activities?

**This question applies to all children in your care between the ages of 1 and 5.
[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]**

Type of Physical Activity or Equipment	More than once a day	Once a day	A few times per week	A few times per month	A few times per year	Never (but available at site)	Not available at site
Organized group games or activities: dance, ball games, parachute games, running games, aiming games, sports play, jumping games, instruction games, balance games	<input type="checkbox"/>	<input type="checkbox"/>					
Free play	<input type="checkbox"/>	<input type="checkbox"/>					
Ball play and striking equipment (balls, bean bags, noodles, rackets)	<input type="checkbox"/>	<input type="checkbox"/>					
Floor play equipment (mats, portable tunnels, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Jumping play equipment (jump ropes, hula hoops, trampoline)	<input type="checkbox"/>	<input type="checkbox"/>					
Parachute	<input type="checkbox"/>	<input type="checkbox"/>					
Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Riding toys (tricycles, cars,	<input type="checkbox"/>	<input type="checkbox"/>					

Type of Physical Activity or Equipment	More than once a day	Once a day	A few times per week	A few times per month	A few times per year	Never (but available at site)	Not available at site
etc.)							
Rocking and twisting toys (rocking horse, sit-n-spin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Sand/water play toys (buckets, scoops, shovels)	<input type="checkbox"/>	<input type="checkbox"/>					
Twirling play equipment (ribbons, scarves, batons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Balancing surfaces (balance beams, boards, etc)							
Basketball hoop	<input type="checkbox"/>	<input type="checkbox"/>					
Climbing structures (jungle gyms, ladders, etc)	<input type="checkbox"/>	<input type="checkbox"/>					
Dramatic play structure (playhouse)	<input type="checkbox"/>	<input type="checkbox"/>					
Merry-go-round	<input type="checkbox"/>	<input type="checkbox"/>					
Pool	<input type="checkbox"/>	<input type="checkbox"/>					
Sand box	<input type="checkbox"/>	<input type="checkbox"/>					
See-saw	<input type="checkbox"/>	<input type="checkbox"/>					
Slides	<input type="checkbox"/>	<input type="checkbox"/>					
Swinging equipment (swings, rope, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Tricycle track	<input type="checkbox"/>	<input type="checkbox"/>					
Tunnels	<input type="checkbox"/>	<input type="checkbox"/>					
Other activities: _____	<input type="checkbox"/>	<input type="checkbox"/>					
Other equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>					

[ASK IF TODDLERNUMBER>0; OTHERWISE SKIP TO M8.3]

M.8.2. Thinking about your schedule, on a typical day this week how many sessions of physical activity are provided to young children (**between the ages of 12 and 23 months**) on average per day, about how many minutes does each session last, and is each session indoors or outdoors? [RANGE 0-60?] [CAN SELECT MULTIPLE OPTIONS, BUT CANNOT SELECT 2 IF 1 IS NOT SELECTED; ETC. IF "NOT OFFERED" IS SELECTED, CANNOT SELECT ANY OTHER OPTION]

Session 1: Minutes: _____ Indoors Outdoors
 Session 2: Minutes: _____ Indoors Outdoors

- Session 3: Minutes: _____ Indoors Outdoors
- Session 4: Minutes: _____ Indoors Outdoors
- Session 5: Minutes: _____ Indoors Outdoors
- Session 6: Minutes: _____ Indoors Outdoors
- Not offered

[ASK IF PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.4]

M8.3. Thinking about your schedule, on a typical day this week, how many sessions of physical activity are provided to children (**2-5 years of age**) per day, about how many minutes on average does each session last, and is each session indoors or outdoors? [RANGE 0-60?]

[CAN SELECT MULTIPLE OPTIONS, BUT CANNOT SELECT 2 IF 1 IS NOT SELECTED; ETC. IF "NOT OFFERED" IS SELECTED, CANNOT SELECT ANY OTHER OPTION]

- Session 1: Minutes: _____ Indoors Outdoors
- Session 2: Minutes: _____ Indoors Outdoors
- Session 3: Minutes: _____ Indoors Outdoors
- Session 4: Minutes: _____ Indoors Outdoors
- Session 5: Minutes: _____ Indoors Outdoors
- Session 6: Minutes: _____ Indoors Outdoors
- Not offered

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]

M8.4. Do you take children (**1 -5 years of age**) to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)

- Yes
- No

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0 AND M8.6=1; OTHERWISE SKIP TO M8.6]

M8.5 How often do you take children (**1 -5 years of age**) to an offsite facility or area for physical activities?

- Multiple times a day (*Specify number of times per day*) _____
- Once a day
- Two or three times per week
- Once a week
- Once every two weeks
- Once a month
- Other _____

M8.6. Which of the following describe the outdoor play space at your site? (Choose all that apply)

- Space for all activities, including jumping, running, and rolling
- Separate play areas for each age group
- Areas that allow play for individuals, pairs, small groups, and large groups
- Full access for children with special needs

- All of our play space is indoors; we do not have any outdoor play space
- Other (*Specify*) _____
- Don't know

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]

M8.7. How often is portable play equipment *offered to children (**1 - 5 years of age**) during free play time?

- At least a few items are always available
- Often
- Sometimes
- Rarely or never

[Hover definition] *Portable play equipment is any equipment that is not fixed in place, such as: balls, bean bags, rackets, floor mats, portable tunnels, jump ropes, trampoline, parachute, wagons, shopping carts, tricycles, rocking horses, sand and water play toys, ribbons and batons.

[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0]

M8.8. Is active play ever restricted for children (**1 - 5 years of age**) as a disciplinary action for misbehavior?

- Yes
- No

M8.9. What is the role of child care providers/teachers during children's physically active playtime?

- They supervise only, to ensure safety
- They supervise and verbally encourage physical activity
- They supervise, verbally encourage, and sometimes join in
- They supervise, verbally encourage, and often join in

M8.10. How often do child care providers incorporate physical activity into routines, transitions, and planned activities*?

- Each time they see an opportunity
- Often
- Sometimes
- Rarely or never

[Hover definition] * Physical activity during routines, transitions, and planned activities can include playing Simon Says or other movement games while children wait in line or transition between activities, or using movement during circle time or story time.

[ASK IF TODDLERNUMBER>0; OTHERWISE SKIP TO M8.12]

M8.11. Outside of meal and nap time, what is the longest that children (**12 - 23 months of age**) are asked to remain seated at any one time?

- 30 minutes or more

- 20-29 minutes
- 15-19 minutes
- Less than 15 minutes

[ASK IF PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.13]

M8.12. Outside of meal and nap time, what is the longest that children (**2 -5 years of age**) are asked to remain seated at any one time?

- 30 minutes or more
- 20-29 minutes
- 15-19 minutes
- Less than 15 minutes

[ASK IF TODDLERNUMBER>0; OTHERWISE SKIP TO M8.14]

M8.13. How often do young children between the ages of **12 - 23 months old** watch television (including educational programs, and videos)?

- Daily, 2 hours or more per day
- Daily, 1-2 hours per day
- Daily, less than 1 hour per day
- Daily, less than 30 minutes per day
- A few times a week (but not every day)
- A few times a month
- Once a month
- Never

[ASK IF PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.15]

M8.14. How often do children between the ages of **2-5 years old** watch television (including educational programs, and videos)?

- Daily, 2 hours or more per day
- Daily, 1-2 hours per day
- Daily, less than 1 hour per day
- Daily, less than 30 minutes per day
- A few times a week (but not every day)
- A few times a month
- Once a month
- Never

[ASK IF TODDLERNUMBER>0; OTHERWISE SKIP TO M8.16]

M8.15. How often do young children between the ages of **12 - 23 months old** use a computer, tablet, smart phone, or video game time (including educational games/programs and videos)?

- Daily, 2 hours or more per day
- Daily, 1-2 hours per day
- Daily, less than 1 hour per day
- Daily, less than 30 minutes per day
- A few times a week (but not every day)
- A few times a month
- Once a month
- Never

[ASK IF PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.17]

M8.16. How often do children between the ages of **2-5 years old** use a computer, tablet, smart phone, or video game time (including educational games/programs and videos)?

- Daily, 2 hours or more per day
- Daily, 1-2 hours per day
- Daily, less than 1 hour per day
- Daily, less than 30 minutes per day
- A few times a week (but not every day)
- A few times a month
- Once a month
- Never

M8.17. When children are watching television, using a computer, tablet, smart phone, or video game time, what is the primary purpose of this activity?

- Education
- Entertainment
- Both education and entertainment
- Don't know

[PROGRAMMER NOTE: PROGRAM WITH FIRST QUESTION VISIBLE (CHOOSE STATEMENTS THAT APPLY...) AND THEN 2ND TIER OF QUESTIONS ONLY VISIBLE ONCE A RESPONSE IS SELECTED]

M8.18. What makes it hard for children in your program to get physical activity? (choose all that apply)

Please choose statement(s) that apply to your child care program (Choose all that apply)	How much would you say this decreases the amount of time spent doing physical activity?
<input type="checkbox"/> We do not have enough outdoor play area	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> We do not have enough indoor play area	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> We do not have enough play equipment	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> We do not have a policy that requires physical activity	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know

<p>Please choose statement(s) that apply to your child care program (Choose all that apply)</p>	<p>How much would you say this decreases the amount of time spent doing physical activity?</p>
<p><input type="checkbox"/> We are concerned about liability (children getting hurt)</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> We live in a neighborhood where safety is a concern</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> Weather is too hot to go outside</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> Weather is too cold to go outside</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> Weather is too rainy or snowy to go outside</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> Other weather conditions (for example, thunderstorms or air quality advisory) prevent us from going outside</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> There is not enough time in the day for children to be physically active</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> Children are not interested in physical activity</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> I'm not sure how to get children to participate in physical activity</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>
<p><input type="checkbox"/> I'm not sure how much physical activity children should get each day</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>

Please choose statement(s) that apply to your child care program (Choose all that apply)	How much would you say this decreases the amount of time spent doing physical activity?
<input type="checkbox"/> There is not enough staff to supervise the children during physical activity	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> Staff are not interested in participating in physical activity with the children	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know
<input type="checkbox"/> It is not hard. [CAN BE SELECTED ONLY AS SINGLE PUNCH]	

M8.19. Below are some topics your site may or may not have policies or guidelines on.

Please read each topic below and indicate whether your site has a policy on these topics. Check ONE answer choice for each row (Written policy, Informal policy (spoken but not written), No policy, Don't know).

Topic	Yes, written policy*	Yes, informal policy**	No policy	Don't know
Policy on amount of time provided each day for indoor and/or outdoor physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on amount of time children are seated during activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on weather (temperature/air quality) for outdoor play time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on protective clothing or sunscreen application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on withholding physical activity as discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on amount of time children can watch television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy on amount of time children use computer, tablet, smart phone, or other devices with screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Hover definition] * A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.

[Hover definition] ** An informal policy can include any spoken guidelines about your program's operations or expectations for teachers, staff, children, or families.

8.20. Does your program follow best practices for physical activity from any of the following organizations? (Choose all that apply)

- USDA
- State Agency
- Sponsoring Agency
- Caring for our Children
- CACFP Sponsor Association
- CACFP Provider Association
- Other_____
- Do not follow any guidelines on best practices for nutrition
- Don't know

Section 9

[ASK IF INFANTNUMBER>0; OTHERWISE SKIP TO M10.1]

Infant Feeding and Infant Physical Activity Section

The questions in this section refer to infants under the age of 1 year (less than 12 months old). Please have the person most familiar with infant feeding and physical activity at your program respond to this section.

M9.1. Which of the following best describes the timing of infant feedings in your program?

- Feedings always take place at **fixed, scheduled times**
- Somewhat flexible** to infants showing they are hungry*, but feedings are mostly at fixed times
- Mostly flexible** to infants showing they are hungry*, but feedings are sometimes at fixed times
- Feedings **only** take place **when infants show they are hungry***
- Don't know

[Hover definition] *Infants can show they are hungry by rooting, sucking on fingers or fist, licking or smacking lips, fussing or crying, or making excited arm and leg movements

M9.2. When feeding infants, how often do staff use responsive feeding techniques?*:

- Always
- Often
- Sometimes
- Rarely or never
- Don't know

[Hover definition] *Responsive feeding techniques include making eye contact, speaking to infants, responding to infants' reactions during feedings, responding to hunger and fullness signals, and feeding only one infant at a time.

M9.3. How do staff determine the end of infant feedings?

- Only by the amount of breast milk, formula, or food left
- Mostly by the amount of milk, formula, or food left, but partly by infants showing they are full*
- Mostly by infants showing they are full*, but partly by the amount of milk, formula, or food left
- Only by infants showing they are full*
- Don't know

*Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

M9.4. Does your program provide 100% juice to infants?

- Yes
[DISPLAY ONLY IF M9.4=YES]
 - a. Starting at what age?
 - Younger than 6 months
 - Between 6 months and 12 months
 - Other (*specify*): _____
- No
- Don't know

M9.5. Are sugar sweetened beverages served to infants? (sugar sweetened beverages include soda, lemonade, or other juice drinks that are not 100% juice)

- Yes
- No
- Don't know

M9.6 Do you have a policy on serving juice to infants?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M9.7 Do you have a policy on serving sugar sweetened beverages to infants?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy
- Don't know

M9.8. At what age, on average, does your program introduce solid foods to infants with parent permission?

- Younger than 4 months
- At least 4 months but younger than 6 months
- At 6 months
- Older than 6 months
- Do not give infants solid foods
- Don't know

M9.9. Do staff feed infants breast milk while at the site?)

Yes

[DISPLAY ONLY IF M9.7=YES]

- M9.7.a. How many infants under 6 months are currently fed exclusively breast milk while at your site? _____
 Don't know
- M9.7.b. How many infants **under 6 months** are currently fed any breast milk in combination with formula or solid foods while at the site? _____
 Don't know
- M9.7.c. How many infants **between 6-12 months** are currently fed any breast milk while at the site? _____

No

Don't know

M9.10. Do you allow mothers to breastfeed infants on site?

- Yes
[DISPLAY ONLY IF M9.8=YES]
- M9.8.a. Do you have a private room or area at your site where mothers can breastfeed their infants?
 - Yes
 - No
- No (Skip to M9.9)
- Don't know

M9.11. Are mothers allowed to store their pumped breast milk at your site overnight?

- Yes [DISPLAY ONLY IF M9.11=YES]
- M9.11.a. Where is the breast milk stored? (Choose all that apply)
 - Refrigerator
 - Freezer
 - Shelf
 - Insulated cooler
- No, mothers must bring in new bottles every morning
- Don't know

M9.12. How are breast milk and formula warmed? (Choose all that apply)

- Under running warm tap water
- By placing in a container of water no warmer than 120 degrees F
- Electric bottle warmer
- In our microwave
- Other (*specify*): _____
- Don't warm breast milk or formula

Don't know

[Display only if M1.8 = 1]

M9.13.a. How often do you offer tummy time* to non-crawling infants in full day care?

- 1 time per day or less
- 2 times per day
- 3 times per day
- 4 times per day or more

[Display only if M1.9 = 1]

M9.13.b. How often do you offer tummy time* to non-crawling infants in half-day care?

- 3 times per week or less
- 4 times per week
- 1 time per day
- 2 times per day or more

[Hover definition] *Tummy time is supervised time when an infant is awake and alert, lying on her/his belly.

M9.14. How many times per day are infants taken outside (when the weather is appropriate)?

- More than 3 times per day
- 2-3 times per day
- Once per day
- Less than once per day

M9.15. Do infants spend time in any of the following when they are not sleeping?

- Cribs
- Playpens
- Car seats
- Bouncy seats
- Swings
- Stationary entertainers (for example, Exersaucers)
- None of the above

Don't know

M9.16. Do you have a policy or guideline about infants spending time in cribs when they are not sleeping?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy

Don't know

M9.17. Do you have a policy or guideline about the amount of time infants spend in seats, swings, or stationary entertainers (for example, ExerSaucers) at any one time?

- Yes, we have an informal policy (spoken but not written)
- Yes, we have a written policy
- No, we do not have a policy

- Don't know

M9.18. On average, how much time do infants spend in front of a television, computer, video game, tablet, smart phone or other screen (including educational programs and videos)?

- Daily, 2 hours or more per day
- Daily, 1-2 hours per day
- Daily, less than 1 hour per day
- Daily, less than 30 minutes per day
- A few times a week (but not every day)
- A few times a month
- Once a month
- Never

M9.19. Do you have a policy or guideline about the amount of time infants spend in front of a television, computer, video game, tablet, smart phone, or other screen (including educational programs and videos)?

- Yes, we have a written policy
- Yes, we have an informal policy (spoken but not written)
- No, we do not have a policy

- Don't know

Section 10: Nutrition and physical activity promotion/education practices

The questions in this section ask nutrition and physical activity promotion and education at your program. Please have the person most familiar with physical activity at your program respond to this section.

M10.1. Does your program's collection of materials that promote healthy eating include any of the following? (CHOOSE ALL THAT APPLY)

- Books about healthy eating habits
- MyPlate posters
- Pictures of fruits and vegetables
- Healthy play foods or food models
- Fruit or vegetable garden areas
- No materials promoting healthy eating at my program
- Don't know

M10.2. Do child care providers/teachers incorporate planned nutrition education* into their classroom routines?

- 1 time per week or more
- 2–3 times per month
- 1 time per month
- Rarely or never
- Don't know

[Hover definition] **Planned nutrition education can include circle time lessons, story time, stations during center time, cooking activities, and gardening activities.*

M10.3. Do child care providers/teachers talk with children informally about healthy eating?

- Each time they see an opportunity
- Often
- Sometimes
- Rarely or never
- Don't know

M10.4. How often are families offered education* on child nutrition?

- Every week or more
- Every month
- Several times a year
- Once or twice a year
- Never
- Don't know

[Hover definition] **Education can be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.*

[ASK IF M10.4<4]

M10.5 Does education for families on child nutrition include any of the following topics? (choose all that apply)

- Food and beverage recommendations for children
- Serving sizes for children
- Importance of variety in the child diet
- Creating healthy mealtime environments
- Using positive feeding practices
- Policies on child nutrition at my childcare program
- Recipes
- Cooking techniques/ how to cook healthy foods
- Shopping for healthy foods
- Other: _____
- Don't know

M10.6. How often do child care providers/teachers talk with children informally about the importance of physical activity?

- Each time they see an opportunity
- Often
- Sometimes
- Rarely or never
- Don't know

M10.7. Does your program's collection of materials that promote physical activity include any of the following? (CHOOSE ALL THAT APPLY)

- Books about physical activity
- Physical activity posters
- Pictures of physical activity
- No materials promoting physical activity at my program
- Don't know

M10.8. How often are families offered education on children's physical activity?

- 2 times per year or more
- 1 time per year
- Less than 1 time per year
- Never
- Don't know

[ASK IF M10.8<4; OTHERWISE SKIP TO M10.10]

M10.9. Does education for families on children's physical activity include any of the following topics? (choose all that apply)

- Recommended amounts of daily physical activity for young children
- Encouraging children's physical activity
- Limiting long periods of seated time for children
- Children's motor skill development

- Policies on physical activity at my childcare program
- Other: _____
- Don't know

M10.10. How is information about nutrition and physical activity for children communicated to parents?
(choose all that apply)

- No nutrition information provided
- No information on physical activity provided
- Fliers or handouts
- Newsletters/ Updates (including email)
- Conversations between staff and parents
- Menus
- Health fairs
- Parent workshops
- Posters, bulletin boards, displays
- Parent-teacher conference
- Family events
- Other (Please Specify): _____
- Don't know

Section 11 Barriers to CACFP participation

M11.1. Below are some difficulties which providers may face as participants in the CACFP. For each, please indicate whether this has been a major challenge, minor challenge, or not a challenge to your participation in the CACFP.

	Major challenge	Minor challenge	Not a challenge
Meal reimbursement is not enough to cover food expenses			
Not enough children in my program are eligible for higher reimbursement			
Paperwork to receive meal reimbursement is difficult (including recordkeeping and meal claim submission)			
Paperwork for child enrollment is difficult			
Nutrition requirements are difficult			
Requirements for site eligibility are difficult			
Monitoring by the state or sponsor is time consuming			
Lack of support from sponsor			
Other, specify			

M11.2. In your opinion, what changes might help child care centers and FDCHs who are not currently participating in the CACFP decide to participate? (choose all that apply)?

- Offer more nutrition training for child care program staff
- Require less monitoring
- Require less accountability
- Increase meal reimbursement rate
- Provide more support to complete paperwork
- Provide assistance with writing menus
- Offer electronic enrollment and paperwork options
- Other (specify: _____)

END. You have completed all the sections. Thank you for your time on this important survey.