F7. Provider Survey

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Study of Nutrition and Activity in Child Care Settings II
Provider Survey

XX/XX/2021

Provider Survey Instructions

About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, sponsors, and USDA understand how the Child and Adult Care Food Program (CACFP) operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of the CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. While participation in this study is voluntary, providers and sponsors are strongly encouraged to participate per Section 28 of the National School Lunch Act.

Protecting Privacy. Information gathered for SNACS-II is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents/guardians, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families.

About this Survey. 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) Background
2) Menu Planning
3) Food Purchasing
4) Food Preparation and Food Safety
5) Food/Beverage Serving Practices
6) Special Dietary Needs, Disabilities, and Impairments
7) Physical Activity
8) [DISPLAY IF PROGTYPE=1] Infant Feeding and Infant Physical Activity
9) 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 complete the section on that topic. If more than one person will be working on the survey, please close out of the web browser and forward the link to those people. **Only one person may be in the survey at a time.** Make sure that each person working on the survey enters their title, phone number, and email address when prompted.

A few more instructions before you begin:

- The preferred web browser for this survey is [FILL].
- If you need to exit this survey, you may return by visiting the same URL. If you need to go back to change an answer use the "BACK" button at the bottom of the screen. Do NOT use your browser's back button.
- If you want to change your answer to a question that allows multiple answers, please click on the check box you selected to unselect your response. If you want to change your answer to a question that allows only one answer, please click on the radio button next to the correct response.

Questions. If you have any questions about the study or this survey, please feel free to call our toll-free number at [PHONE] or email [EMAIL]. You may also visit [URL] and enter passcode [PASSCODE].

SECTION 1: BACKGROUND

The questions in this section ask about [SAMPLED CHILD CARE SITE], including the number and ages of children that are served. Please have the person most familiar with these topics about [SAMPLED CHILD CARE SITE] answer these questions.

Resp1. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

[PROGRAMMER: SOFT PROMPT ON NEXT SCREEN IF RESPONDENT DOES NOT ENTER ALL INFORMATION. "This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions." THEN DISPLAY RESPONDENT INFORMATION BOX AGAIN]

[PROGRAMMER: IF RESPONDENT EXITS SURVEY (ANYWHERE), UPON RE-ENTRY, CONFIRM IDENTITY OF RESPONDENT]

ID1.   Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

Select one only

❍   [FILL W/ RESP 1 NAME]...1

❍   [FILL W/ RESP 2 NAME, ETC]...2

❍   New person completing the survey..3

      NO RESPONSE..M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, START AT SECTION SELECTION BOX.]

M1.1. **Providers can operate one or more types of programs. Does your organization operate any of the following programs?**

Select one per row

	YES	NO
a. Afterschool program	1 ○	0 ○
b. CACFP outside-school-hours program	1 ○	0 ○
c. CACFP at-risk afterschool program [HOVER DEFINITION]	1 ○	0 ○

[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.

M1.2. **Does your [SAMPLED CHILD CARE SITE] participate in the School Breakfast Program (SBP) [HOVER DEFINITION]?**

○ Yes...1

○ No...0

[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 breakfasts to eligible children and receive cash subsidies from the USDA for each meal served that meets Federal requirements.

M1.2a **Are the breakfasts served to children in [SAMPLED CHILD CARE SITE] reimbursed through the SBP [HOVER DEFINITION] or the CACFP?**

○ SBP...1

○ CACFP...2

○ Don't know...dk

M1.3. **Does your [SAMPLED CHILD CARE SITE] participate in the National School Lunch Program (NSLP) [HOVER DEFINITION]?**

○ Yes...1

○ No..0

[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 lunches 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 for snacks served to children in afterschool educational or enrichment programs.

ASK IF M1.3=1

M1.3a **Are the lunches served to children in [SAMPLED CHILD CARE SITE] reimbursed through the NSLP [HOVER DEFINITION] or the CACFP?**

○ NSLP...1

○ CACFP..2

○ Don't know..dk

ASK IF PROGTYPE=2

M1.4. **Are the afterschool snacks served at [SAMPLED CHILD CARE SITE] funded through the CACFP or the NSLP [HOVER DEFINITION]?**

○ CACFP..1

○ NSLP...2

○ Don't know..dk

M1.5. **How long has [SAMPLED CHILD CARE SITE] been open for operation?**

Select one only

○ 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 or more years..5

   NO RESPONSE...M

ASK IF PROGTYPE=1

M1.6. **Does [SAMPLED CHILD CARE SITE] offer full-day child care for at least nine months out of the year?**

○ Yes...1

○ No..0

M1.7. **Does [SAMPLED CHILD CARE SITE] offer half-day child care for at least nine months out of the year?**

⦿ Yes..1

⦿ No..0

NO RESPONSE...M

M1.8. **Does [SAMPLED CHILD CARE SITE] serve children who are in kindergarten or older?**

⦿ Yes..1   [GO TO M1.8.a]

⦿ No..0   [GO TO M1.9]

M1.8.a. **Does [SAMPLED CHILD CARE SITE] offer before school care?**

⦿ Yes..1

⦿ No..0

M1.8.b. **Does [SAMPLED CHILD CARE SITE] offer before and after school care?**

⦿ Yes..1

⦿ No..0

M1.9. **As of September 30, 2022, what was [SAMPLED CHILD CARE SITE]'s total enrollment for children of each of the following age groups? Enter "0" if no children are enrolled in an age group.**

PROGRAMMER: ALLOW NUMERIC RESPONSE FROM 0 – 500]

DISPLAY IF PROGTYPE=1

	NUMBER OF CHILDREN
a. 0-5 months	
b. 6-11 months	
c. 12-17 months	
d. 18-23 months	
e. 24-35 months	
f. 3-5 years	
g. Older than 5 years	

DISPLAY IF PROGTYPE=2

	NUMBER OF CHILDREN
h. 5-12 years	
i. Older than 12 years	

[PROGRAMMER:

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

CREATE VARIABLE SCHOOLNUMBER SUMMING 5-12 YEARS AND OLDER THAN 12 YEARS

CREATE VARIABLE TODDLERPRESCHOOL SUMMING TODDLERNUMBER AND PRESCHOOL NUMBER]

M1.10. **Which of the following languages is the primary language spoken at home by the families enrolled at [SAMPLED CHILD CARE SITE]?**

Select all that apply

☐ English...1

☐ Spanish..2

☐ A Native American language..3

☐ Chinese, including Cantonese, Mandarin, and other Chinese languages............4

☐ Tagalog..5

☐ Vietnamese..6

☐ French...7

☐ Korean...8

☐ German..9

☐ Arabic..10

☐ An African language...11

☐ Language(s) other than those listed above (*specify*)...........................99

Specify [   ] (STRING (NUM))

    NO RESPONSE..M

M1.11. **What language or languages do the staff usually speak at [SAMPLED CHILD CARE SITE]?**

Select all that apply

☐ English...1

☐ Spanish..2

☐ A Native American language..3

☐ Chinese, including Cantonese, Mandarin, and other Chinese languages............4

☐ Tagalog..5

☐ Vietnamese..6

☐ French...7

☐ Korean...8

☐ German..9

☐ Arabic..10

☐ An African language...11

☐ Language(s) other than those listed above (*specify*)...........................99

Specify [   ] (STRING (NUM))

    NO RESPONSE..M

[PROGRAMMER: DISPLAY AFTER SECTION M1 IS COMPLETED.]

Navigation within the Survey

The sections in this survey are listed in the navigation table on the next screen. The table shows the status of each section: "Completed" or "Not completed." If you start a section but do not fully complete it, the status will show as "Not completed." If you return to a section that was started but not fully completed, you will need to click through the answers already entered to get to the question where you previously stopped. After you answer all the questions in a section, you will return to the navigation table. The section status will show as "Completed."

The "Action" column will allow you to complete or review each section. To start or return to a section, select "Click to complete" next to the section name. You do not need to complete the sections in order. If another person will complete a section, share the link to the survey with them.

Section	Status	Action
Background	(Completed by [RESPONDENT NAME])	
Menu Planning	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food Purchasing	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food Preparation and Food Safety	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food/Beverage Serving Practices	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Special Dietary Needs, Disabilities, and Impairments	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Physical Activity	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
[PROGTYPE=1 AND INFANTNUMBER>0: Infant Feeding and Infant Physical Activity]	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Barriers to CACFP Participation	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)

SECTION 2: MENU PLANNING

The questions in this section ask about menu planning and menu cycling at [SAMPLED CHILD CARE SITE].
Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

RESP2. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

Select one only

❍ Returning respondent [FILL W/ RESP 1 NAME]...1   [GO TO M2.1]

❍ Returning respondent [FILL W/ RESP 2 NAME], ETC..2   [GO TO M2.1]

❍ New person completing the survey...3   CONTINUE TO RESP2a

NO RESPONSE...M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M2.1.]

Resp2a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

NO RESPONSE...M

M2.1. Are the CACFP meals and snacks served analyzed for their nutritional content?

❍ Yes..1

❍ No..0

❍ Don't know...d

M2.2. Does [SAMPLED CHILD CARE SITE] use cycle menus, such as menus that repeat every week or month?

❍ Yes..1

❍ No..0

❍ Don't know...d

M2.3. **What is the frequency of the cycle?**

Select one only

❍ 1-week cycle (same menu repeated weekly)..1

❍ 2-week cycle (same menu repeated every two weeks)......................................2

❍ 3-week cycle (same menu repeated every three weeks)...................................3

❍ 4-week cycle (same menu repeated every four weeks)....................................4

❍ 5-week cycle (same menu repeated every five weeks).....................................5

❍ 6-week cycle (same menu repeated every six weeks).......................................6

❍ 7-week cycle (same menu repeated every seven weeks)..................................7

❍ 8-week cycle (same menu repeated every eight weeks)....................................8

❍ Longer than 8-week cycle..9

❍ Don't know...d

　 NO RESPONSE..M

M2.4. **What are the top three factors that are considered during menu planning?**

Select up to three

☐ Ease of preparing menu items..1

☐ Time needed to prepare menu items...2

☐ Access to foods/beverages..3

☐ Prices of foods/beverages...4

☐ Seasonality of produce (e.g., more fruit in summer)...5

☐ Availability of preparation equipment..6

☐ Cooking or food preparation skills of food preparer/cook.................................7

☐ Kitchen/food preparation space..8

☐ Food storage capacity (e.g., freezer space or pantry space).............................9

☐ Menu planning software...10

☐ Child preferences (including allergies)...11

☐ Parent/guardian preferences...12

☐ CACFP meal patterns...13

☐ Nutritional quality of food..14

☐ Other (SPECIFY)...99

Specify ⌞＿＿＿＿＿＿＿＿＿＿⌟　　　(STRING (NUM))

☐ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]..d

　 NO RESPONSE..M

M2.5. **Are you the person who plans menus for [SAMPLED CHILD CARE SITE]?**

❍ Yes...1

❍ No...0   [GO TO M2.9]

ASK M2.6 – M2.7 IF M2.5=1

M2.6. **How many years of menu planning experience do you have?**

Select one only

❍ Less than 2 years...1

❍ 2-5 years..2

❍ 6-10 years..3

❍ More than 10 years..4

❍ Don't know..d

NO RESPONSE...M

M2.7. **Do you have any of the following degrees or certifications?**

Select all that apply

☐ High school diploma or GED..1   [GO TO M2.9]

☐ Associate degree..2

☐ Baccalaureate degree...3

☐ Master's degree..4

☐ Doctoral degree..5

☐ Registered dietitian...6   [GO TO M2.9]

☐ Other (SPECIFY)...99   [GO TO M2.9]

Specify [_____]   (STRING (NUM))

☐ No degree or certification...7   [GO TO M2.9]

☐ Don't know..d   [GO TO M2.9]

NO RESPONSE...M

M2.8. **What was the area of study?**

Select all that apply

☐ Early childhood education...1

☐ Family child studies...2

☐ Child development..3

☐ Business administration...4

☐ Food service management...5

☐ Food and nutrition/dietetics...6

☐ Other (SPECIFY)..99

Specify [   ]   (STRING (NUM))

☐ Don't know..d

　NO RESPONSE...M

M2.9. **What are the top three challenges that [SAMPLED CHILD CARE SITE] faces in planning menus that <u>meet the updated CACFP meal patterns</u>?**

Select up to three

☐ Understanding the meal pattern requirements...1

☐ Limited access to foods that fit in the requirements..2

☐ Lack of staff time for menu planning...3

☐ Lack of staff training for menu planning...4

☐ Parental preferences..5

☐ Children's food allergies..6

☐ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION]...d

☐ Other (SPECIFY)..99

Specify [   ]   (STRING (NUM))

☐ No challenges planning menus that meet the updated CACFP meal patterns.....0

　NO RESPONSE...M

　[PROGRAMMER: DO NOT ALLOW M2.9=0 WITH ANY OTHER SELECTION.]

SECTION 3: FOOD PURCHASING

The questions in this section ask where and how often various types of food is purchased for [SAMPLED CHILD CARE SITE], and how the purchases are tracked. Please have the person most familiar with food purchasing at [SAMPLED CHILD CARE SITE] answer these questions.

RESP3. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

◯ Returning respondent [**FILL W/ RESP 1 NAME**]..1   [GO TO M3.1]

◯ Returning respondent [**FILL W/ RESP 2 NAME**], ETC.......................................2   [GO TO M3.1]

◯ New person completing the survey...3   CONTINUE TO RESP3a

NO RESPONSE...M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M3.1.]

Resp3a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

NO RESPONSE...M

M3.1. **Who purchases the foods and beverages for [SAMPLED CHILD CARE SITE]? If a person responsible has more than one role, please select their <u>main</u> role.**

Select all that apply

☐ [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]............1

☐ Center [IF PROGTYPE=1:or home child care] provider [HOVER DEFINITION]..2

☐ Director or site supervisor [HOVER DEFINITION]...3

☐ Cook or chef [HOVER DEFINITION]...4

☐ Dietitian/nutritionist [HOVER DEFINITION]...5

☐ Teacher..6

☐ Parent/guardian volunteer..7

☐ Independent food service company, vendor, caterer, or other contractor............8

☐ Other (SPECIFY)...99

Specify [_____] (STRING (NUM))

☐ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]...d

NO RESPONSE..M

HOVER DEFINITIONS

Sponsoring agency: Any public, private non-profit, or for-profit organization which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations in two or more sponsored facilities.

Center provider: Any single child care center, at-risk afterschool center, or outside-school-hours care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations.

Director or site supervisor/manager: The person responsible for running a child care program or a site.

Cook or chef: 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.

Dietitian/nutritionist: A person that specializes in food and nutrition.

[PROGRAMMER: SHOW M3.2. FOR EACH LOCATION SELECTED, SHOW M3.2a AND M3.2b. FILL LOCATION FROM M3.2.]

M3.2. The next few questions ask about how and where foods and beverages are purchased for [SAMPLED CHILD CARE SITE].

M3.2. From which of the following venues are foods and beverages purchased for CACFP meals and snacks?	**M3.2a.** Which of the following items are purchased at the [LOCATION]?	**M3.2b.** How often are any foods/beverages purchased from the [LOCATION]?
Select all that apply	**Select all that apply**	**Select one only**
Grocery store or supermarket..........1	Fruit..1	More than once per week........1
Wholesale store, such as Sam's Club or Costco or other store for bulk purchases................................2	Vegetables.................................2	Once per week........................2
Farmers market...............................3	Meat/meat alternate (e.g., chicken, beef, nuts, beans)................................3	Twice per month.....................3
Corner store, convenience store, bodega, mini-market, or mom-and-pop market...............................4	Pre-made meals (e.g., chili, lasagna, tacos)...4	Once per month......................4
Food buying cooperative (co-op) or community supported agriculture (CSA).............................5	Cereal..5	Less than once per month.......5
The State Agency...........................6	Grain/bread (e.g., rice, pasta, rolls)............6	
School district.................................7	Milk...7	
Independent food service company vendor, caterer, or other contractor...8	Dairy foods (e.g., cheese, yogurt)...............8	
Other SPECIFY 99	100% juice...................................9	
_____	Water...10	
	[DISPLAY IF PROGTYPE=1: Infant formula]....................................11	
	Other beverages......................................12	
	[DISPLY IF PROGTYPE=1: Jarred/packaged baby food].....................13	
	Packaged salty snacks (e.g., chips, crackers)...................................14	
	Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)..............................15	
	Condiments or spices...............................16	

M3.3. **Are any tools or resources from any of the following entities used to help in the selection and purchasing of healthier foods?**

Select all that apply

☐ Child care corporate office...1

☐ State health department..2

☐ USDA (including online resources or technical assistance from personnel)...…..3

☐ [DISPLAY IF SPONSOR=1] Sponsoring agency...4

☐ School food authority...5

☐ Resource & referral agency...6

☐ Internet/online resources *(specify)*...7

Specify [_____] (STRING (NUM))

☐ Other (SPECIFY)..99

Specify [_____] (STRING (NUM))

☐ None of the above..8

NO RESPONSE..M

M3.4. **What additional tools or resources would be helpful in the selection and purchasing of healthier foods for [SAMPLED CHILD CARE SITE]?**

Select all that apply

☐ Resources for family child care providers...1

☐ Resources for providers of before and after school care 2

☐ Greater availability of free printed resources...3

☐ Greater availability of online resources...4

☐ Resources provided as downloadable applications (apps)................................5

☐ Live and recorded training webinars...6

☐ Training slides and related resources..7

☐ Resources available in Spanish..8

☐ Resources available in Asian languages (for example, Vietnamese, Chinese, etc.)..9

☐ Resources available in languages other than English, Spanish, or Asian languages...10

☐ Parent/guardian communication tools (for example, newsletters or fact sheets)...11

☐ Standardized recipes...12

☐ Other (SPECIFY)..99

Specify [_____] (STRING (NUM))

☐ None of the above..13

☐ Don't know..d

M3.5. **What are the top three barriers to purchasing and serving healthier foods for [SAMPLED CHILD CARE SITE]?**

Select up to three

☐ Cost of healthier foods...1

☐ Time needed to prepare healthier meals and snacks..2

☐ Preference of children in program..3

☐ Parental preferences, including those related to culture......................................4

☐ Lack of knowledge about nutrition guidelines...5

☐ Limitations with kitchen space or equipment..6

☐ Lack of staff skills required to prepare nutritious meals and snacks....................7

☐ Lack of staff knowledge on how to read a Nutrition Facts label..........................8

☐ Access to nutritious food and beverage options...9

☐ Using processed and pre-prepared foods is more convenient...........................10

☐ Staff resistance because of personal food preferences.....................................11

☐ Other (SPECIFY)..99

Specify [   ] (STRING (NUM))

☐ No barriers to purchasing and serving healthier foods......................................13

NO RESPONSE...M

M3.6. **Who is responsible for compiling meal counts for claims for CACFP reimbursement? If a person responsible has more than one role, please select their <u>main</u> role.**

Select all that apply

☐ [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]............1

☐ Center [DISPLAY IF PROGTYPE=1: or Home Child care] Provider [HOVER DEFINITION]..2

☐ Director or site supervisor [HOVER DEFINITION]...3

☐ Cook or chef [HOVER DEFINITION]...4

☐ Dietitian/nutritionist [HOVER DEFINITION]...5

☐ Teacher...6

☐ Independent food service company, vendor, caterer, or other contractor............7

☐ Other (SPECIFY)..99

Specify [   ] (STRING (NUM))

☐ Don't know...d

NO RESPONSE...M

M3.7. **How are meal counts documented?**

Select all that apply

☐ Meal tracking software:...1

☐ Microsoft Excel or other spreadsheet...2

☑ Microsoft Access or other database..3

☐ Paper form..4

☐ Other (SPECIFY)...99

Specify [＿＿＿＿＿＿＿＿＿＿] (STRING (NUM))

NO RESPONSE..M

ASK ONLY IF M3.7=1

M3.7a. **What is the name of the meal tracking software?**

[＿＿＿＿＿＿＿＿＿＿] (FIELD DESCRIPTION)

(STRING (NUM))

☐ Don't know...d

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SECTION 4: FOOD PREPARATION AND FOOD SAFETY

The questions in this section ask about food preparation and food safety at [SAMPLED CHILD CARE SITE].
Please have the person most familiar with food preparation and food safety at [SAMPLED CHILD CARE SITE] answer these questions.

RESP4. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

◯ Returning respondent [FILL W/ RESP 1 NAME]...1   [GO TO M4.1]

◯ Returning respondent [FILL W/ RESP 2 NAME], ETC...2   [GO TO M4.1]

◯ New person completing the survey..3   [GO TO RESP4a]

NO RESPONSE..M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M4.1.]

Resp4a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name: (STRING (NUM))

Middle Initial: (STRING (NUM))

Last Name: (STRING (NUM))

Title: (STRING (NUM))

Email address: (STRING (NUM))

Telephone number: STRING (NUM))

NO RESPONSE...M

M4.1. **Which of the following is available in [SAMPLED CHILD CARE SITE]'s onsite food preparation area?**

Select all that apply

- ☐ Scale..1
- ☐ Microwave...2
- ☐ Oven...3
- ☐ Stove..4
- ☐ Hot plate or other alternative heating element....................................5
- ☐ Toaster oven/toaster...6
- ☐ Blender...7
- ☐ Dishwasher...8
- ☐ Sink..9
- ☐ Hot water source...10
- ☐ No onsite food preparation area available..11
- ☐ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]...d
- NO RESPONSE...M

M4.2. **Which of the following is available in [SAMPLED CHILD CARE SITE]'s onsite food storage area?**

Select all that apply

- ☐ Cabinets, pantry, or shelving for dry goods..1
- ☐ Reach-in refrigerator...2
- ☐ Reach-in freezer..3
- ☐ Walk-in refrigerator/cooler...5
- ☐ Walk-in freezer..6
- ☐ Fork lift or pallet jack...7
- ☐ No onsite food storage area...8
- ☐ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]. d
- NO RESPONSE...M

M4.3. **Does [SAMPLED CHILD CARE SITE] have any policies about food safety (e.g., preparing food safely, preventing choking)?**

◯ Yes, an informal policy [HOVER DEFINITION]..1

◯ Yes, a written policy [HOVER DEFINITION]...2

◯ Yes, both an informal policy [HOVER DEFINITION] and a written
policy [HOVER DEFINITION]...3

◯ No, there is no policy..4

◯ Don't know...d

   NO RESPONSE...M

HOVER DEFINITIONS

Informal policy**:** Can include any spoken guidelines about your program's operations or expectations for teachers, staff, children, or families.

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/guardian handbooks, staff manuals, and other documents.

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

◯ Yes..1

◯ No...0

◯ Don't know...d

M4.5. **Are staff required to be certified for food safety?**

◯ Yes..1

◯ No...0

◯ Don't know...d

M4.6. **Does [SAMPLED CHILD CARE SITE] have a plan in place to allow for a food product to be identified and removed from the kitchen during a recall?**

◯ Yes..1

◯ No...0

◯ Don't know...d

SECTION 5: FOOD/BEVERAGE SERVING PRACTICES

The questions in this section ask about the types of meals and snacks served, and the practices or policies about food eaten by children during the day at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with food/beverage serving practices at [SAMPLED CHILD CARE SITE] answer these questions.

RESP5. **Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."**

❍   Returning respondent [**FILL W/ RESP 1 NAME**]..1   [GO TO M5.1]

❍   Returning respondent [**FILL W/ RESP 2 NAME**], ETC..2   [GO TO M5.1]

❍   New person completing the survey...3   [GO TO RESP5a]

   NO RESPONSE..M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M5.1.]

Resp5a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name: (STRING (NUM))

Middle Initial: (STRING (NUM))

Last Name: (STRING (NUM))

Title: (STRING (NUM))

Email address: (STRING (NUM))

Telephone number: STRING (NUM))

   NO RESPONSE..M

[PROGRAMMER: For M5.1.a – M5.1.5.f, if "Not served at all" is checked, no other response may be checked for that meal or snack. If "Parents/guardians are allowed to send food from home" is checked, then "Parents/guardians are not allowed to send food from home" cannot be checked

SOFT PROMPT ON SCREEN if Respondent selects "Provides Food" and "Parents/guardians are required to send food from home." "You have selected 'Provides Food' and 'Parents/guardians are required to send food from home.' If this is correct, please continue to the next item, otherwise, please correct this item."]

M5.1.a.   What are the sources of food for breakfast at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home.....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home...............................4

☐ Breakfast is not served at all..5

M5.1.b.   What are the sources of food for morning snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home.....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home...............................4

☐ Morning snack is not served at all...5

M5.1.c.   What are the sources of food for lunch at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home.....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home...............................4

☐ Lunch is not served at all...5

M5.1.d.   What are the sources of food for afternoon snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home.....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home...............................4

☐ Afternoon snack is not served at all...5

M5.1.e. What are the sources of food for dinner/supper at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home..............................4

☐ Dinner/supper is not served at all...5

M5.1.f. What are the sources of food for evening snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food..1

☐ Parents/guardians are <u>allowed</u> to send food from home....................................2

☐ Parents/guardians are <u>required</u> to send food from home....................................3

☐ Parents/guardians are <u>not allowed</u> to send food from home..............................4

☐ Evening snack is not served at all...5

IF ALL M5.1.a – M5.1.f =4, SKIP TO M5.3

M5.2. Does [SAMPLED CHILD CARE SITE] have 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, an informal policy [HOVER DEFINITION]..1

○ Yes, a written policy [HOVER DEFINITION]..2

○ Yes, both an informal policy [HOVER DEFINITION] and a written
policy [HOVER DEFINITION]..3

○ No, there is no policy...4

○ Don't know...d

NO RESPONSE...M

M5.3. Does [SAMPLED CHILD CARE SITE] have 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, an informal policy [HOVER DEFINITION]..1

○ Yes, a written policy [HOVER DEFINITION]..2

○ Yes, both an informal policy [HOVER DEFINITION] and a written
policy [HOVER DEFINITION]..3

○ No, there is no policy...4

○ Don't know...d

NO RESPONSE...M

M5.4. **Does [SAMPLED CHILD CARE SITE] use the Offer-versus-Serve (OVS) option for supper?**

   ❍ Yes..1

   ❍ No...0

   ❍ Don't know...d

M5.5 **Does [SAMPLED CHILD CARE SITE] have a policy that describes what staff should do when children decline food that is served to them?**

   ❍ Yes, an informal policy [HOVER DEFINITION]..1

   ❍ Yes, a written policy [HOVER DEFINITION]...2

   ❍ Yes, both an informal policy [HOVER DEFINITION] and a written
      policy [HOVER DEFINITION]..3

   ❍ No, there is no policy..4

   ❍ Don't know...d

      NO RESPONSE...M

M5.6. **Does [SAMPLED CHILD CARE SITE] have a policy regarding additional or second servings of food or beverages for children?**

   ❍ Yes, an informal policy [HOVER DEFINITION]..1

   ❍ Yes, a written policy [HOVER DEFINITION]...2

   ❍ Yes, both an informal policy [HOVER DEFINITION] and a written
      policy [HOVER DEFINITION]..3

   ❍ No, there is no policy..4

   ❍ Don't know...d

      NO RESPONSE...M

M5.7. **For which of the following food/beverages are second servings allowed?**

Select all that apply

- ☐ Any food...1
- ☐ Fruit..2
- ☐ Vegetables...3
- ☐ Meat/meat alternate (e.g., chicken, beef, beans, nuts)........................4
- ☐ Mixed component foods (e.g., chili, lasagna, tacos)............................5
- ☐ Cereal..6
- ☐ Grain/bread (e.g., rice, pasta, rolls)...7
- ☐ Milk..8
- ☐ Dairy foods (e.g., cheese, yogurt)..9
- ☐ 100% juice...10
- ☐ Water...11
- ☐ Other beverages...12
- ☐ Salty snacks (e.g., chips, crackers)..13
- ☐ Sweet snacks/desserts (e.g., cookies, cakes)....................................14
- ☐ Second servings are not allowed..15
- ☐ Don't know..d
-     NO RESPONSE...M

M5.8. **After meal service, what happens to food that is brought to the classroom or eating area but not served to children—for example, food remaining in serving plates, bowls, or trays? This does not include food remaining on individual children's plates.**

Select all that apply

☐ Thrown in garbage...1

☐ Saved to be served again...2

☐ Given to staff...3

☐ Donated...4

☐ Given to parents/guardians..5

☐ Other (SPECIFY)..99

Specify [   ] (STRING (NUM))

    NO RESPONSE..M

M5.9. **We are interested in methods centers use to prevent or reduce food waste. Which of the following strategies does [SAMPLED CHILD CARE SITE] use to prevent or reduce food waste in CACFP meals and snacks?**

Select one per row

		YES	NO
a.	Serving more foods that are likely to be popular with children	1 ◯	0 ◯
b.	Serving pre-cut, ready-to-eat fruits or vegetables (e.g., apple slices, orange slices, or carrot sticks) so that children can take or request only the amount they want to eat	1 ◯	0 ◯
c.	Providing children with a selection of multiple food choices so that they can select what they eat	1 ◯	0 ◯
d.	Staff and teachers eating meals with children (modeling behavior)	1 ◯	0 ◯
e.	Scheduling physical activity time before meal time	1 ◯	0 ◯
f.	Encouraging children to keep food items not eaten for snacks	1 ◯	0 ◯
g.	Using sharing/trading tables	1 ◯	0 ◯
h.	Planning menus that allow repeated exposure to new foods	1 ◯	0 ◯
i.	Preparing foods that represent the cultures of families served	1 ◯	0 ◯
j.	Scheduling meals and snacks with enough time for children to eat	1 ◯	0 ◯
k.	Tailoring the number of meals and snacks prepared daily based on expected attendance	1 ◯	0 ◯
	[ASK IF M5.4=1] l. Using the Offer-versus-Serve option at supper	1 ◯	0 ◯
m.	Other (SPECIFY) [ ] (STRING (NUM))	1 ◯	0 ◯

[PROGRAMMER: SOFT PROMPT if M5.8 a-m=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

M5.10. Does [SAMPLED CHILD CARE SITE] follow best practices for nutrition from any of the following organizations?

Select all that apply

☐ USDA..1

☐ State Agency...2

☐ [DISPLAY IF SPONSOR=1] Sponsoring agency.................................3

☐ Caring for our Children...4

☐ CACFP Sponsor Association..5

☐ CACFP Provider Association..6

☐ Head Start Program...7

☐ National Afterschool Association...8

☐ Other (SPECIFY)..99

Specify ⌊_____⌋   (STRING (NUM))

☐ None of these...9

☐ Don't know...d

NO RESPONSE...M

SECTION 6: SPECIAL DIETARY NEEDS, DISABILITIES, AND IMPAIRMENTS

The questions in this section ask about policies and practices at [SAMPLED CHILD CARE SITE] for children who have special dietary needs, disabilities, or impairments. Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

RESP6. **Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."**

◯ Returning respondent [**FILL W/ RESP 1 NAME**]..1   [GO TO M6.1]

◯ Returning respondent [**FILL W/ RESP 2 NAME**], ETC..2   [GO TO M6.1]

◯ New person completing the survey..3   [GO TO RESP6a]

     NO RESPONSE..M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M6.1.]

Resp6a. **Please provide the name, title, phone number, and email address of the person completing this section.**

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

     NO RESPONSE..M

M6.1. **Does [SAMPLED CHILD CARE SITE] have a policy on managing special dietary needs, such as food allergies or diabetes?**

◯ Yes, an informal policy [HOVER DEFINITION]..1

◯ Yes, a written policy [HOVER DEFINITION]..2

◯ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]..3

◯ No, there is no policy..4

◯ Don't know...d

     NO RESPONSE..M

M6.2. **Does [SAMPLED CHILD CARE SITE] require children with special dietary needs to bring documentation from a medical provider?**

○ Yes..1

○ No...0

○ Don't know...d

NO RESPONSE...M

M6.3. **How does [SAMPLED CHILD CARE SITE] serve meals and snacks to children with food allergies or other special dietary needs?**

Select all that apply

☐ Children with an allergy are <u>required</u> to bring their food from home.....................1

☐ Children with an allergy are given meals/snacks at a different time.....................2

☐ Children with an allergy are given meals/snacks at another table/in another room..3

☐ Children with an allergy are <u>allowed</u> to bring their food from home.....................4

☐ The program provides alternative food/beverages to those children with an allergy...5

☐ Staff inspect the food of children with an allergy...6

☐ Consultation with registered dietitian to adapt menus..7

☐ Other (SPECIFY)...99

Specify [   ]   (STRING (NUM))

☐ Don't know...d

NO RESPONSE...M

M6.4. **Does [SAMPLED CHILD CARE SITE] have a policy on accommodating children with disabilities or impairments (e.g., ADHD, mobility disabilities, visual impairments, deaf and hard of hearing)? Please include all policies, not just those related to meals and snacks.**

○ Yes, an informal policy [HOVER DEFINITION]..1

○ Yes, a written policy [HOVER DEFINITION]..2

○ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]..3

○ No, there is no policy..4

○ Don't know...d

NO RESPONSE...M

M6.5. **What procedures does [SAMPLED CHILD CARE SITE] use to accommodate children with disabilities or impairments? Please include all procedures, not just those related to meals and snacks.**

Select all that apply

☐ Provide earlier start times for meals and snacks..1

☐ Modify toys and equipment..2

☐ Modify the child care environment (e.g., a quiet space for overactive children, an extra lamp for a child with vision impairments)................................3

☐ Teach all children how to find and be a playmate..4

☐ Communicate with pictures and signs..5

☐ Provide breaks from the group for individual children to help them self-regulate..6

☐ Other (SPECIFY)..99

Specify [   ]   (STRING (NUM))

☐ No procedures to accommodate children with disabilities and impairments........7

☐ Don't know..d

NO RESPONSE..M

SECTION 7: PHYSICAL ACTIVITY

The questions in this section ask about the different ways that children play indoors and outdoors at [SAMPLED CHILD CARE SITE]. 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 [SAMPLED CHILD CARE SITE] answer these questions.

RESP7. **Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."**

◯ Returning respondent [**FILL W/ RESP 1 NAME**]..1   [GO TO M7.1]

◯ Returning respondent [**FILL W/ RESP 2 NAME**], ETC.......................................2   [GO TO M7.1]

◯ New person completing the survey..3   [GO TO RESP7a]

       NO RESPONSE...M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M7.1.]

Resp7a. **Please provide the name, title, phone number, and email address of the person completing this section.**

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

       NO RESPONSE...M

> ASK IF PROGTYPE=1 AND TODDLERPRESCHOOL>0; OTHERWISE SKIP TO M7.2

M7.1. **Does [SAMPLED CHILD CARE SITE] take children (1-5 years of age) to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)?**

◯ Yes...1

◯ No..0

M7.2. How often does [SAMPLED CHILD CARE SITE] take children 1-5 years of age to an offsite facility or area for physical activities?

- ○ Multiple times per day (*Specify number of times per day*).....................................1
- ○ Once a day..2
- ○ Two or three times per week...3
- ○ Once a week..4
- ○ Once every two weeks...5
- ○ Once a month...6
- ○ Other (SPECIFY)..99

Specify [   ]   (STRING (NUM))

    NO RESPONSE..M

ASK IF PROGTYPE=2 AND M1.9.B=1 OR MISSING; OTHERWISE SKIP TO M7.5

M7.3. Does [SAMPLED CHILD CARE SITE] provide recreational or sports programming that includes time for physical activity for school-age children during their before and after school hours?

- ○ Yes...1
- ○ No...0

ASK IF M7.3 = 1; OTHERWISE, SKIP TO M7.4

M7.3.a. On how many days of the week is this programming provided?

- ○ 1 day...1
- ○ 2 days...2
- ○ 3 days...3
- ○ 4 days...4
- ○ 5 days...5
- ○ 6 days...6
- ○ 7 days...7

    NO RESPONSE..M

M7.4. Does [SAMPLED CHILD CARE SITE] take children 5-12 years of age to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)?

- ○ Yes...1
- ○ No...0

    NO RESPONSE..M

M7.4.b. **How often does [SAMPLED CHILD CARE SITE] take children 5-12 years of age to an offsite facility or area for physical activities?**

- ❍ Multiple times per day (*Specify number of times per day*)....................................1

Specify | | (STRING (NUM))

- ❍ Once a day..2
- ❍ Two or three times per week...3
- ❍ Once a week...4
- ❍ Once every two weeks...5
- ❍ Once a month...6
- ❍ Other (SPECIFY)..99

Specify | | (STRING (NUM))

    NO RESPONSE..M

M7.5. **Is active play ever restricted for children 1-5 years of age as a disciplinary action for misbehavior?**

- ❍ Yes..1
- ❍ No..0

M7.5b. **Is active play ever restricted for children 5-12 years of age as a disciplinary action for misbehavior?**

- ❍ Yes..1
- ❍ No..0

[PROGRAMMER: PROGRAM WITH M7.6 VISIBLE. FOR EACH RESPONSE SELECTED IN M7.6, DISPLAY M7.6.a.]

	M7.6. What makes it hard for children in [SAMPLED CHILD CARE SITE] to get physical activity? Select all that apply	M7.6.a. How much would you say this decreases the amount of time spent doing physical activity? Select one per row			
		NOT AT ALL	A LITTLE	A LOT	DON'T KNOW
a. Not enough outdoor play space	1 ○	1 ○	2 ○	3 ○	d ○
b. Not enough indoor play space	2 ○	1 ○	2 ○	3 ○	d ○
c. Not enough play equipment	3 ○	1 ○	2 ○	3 ○	d ○
d. No policy that requires physical activity	4 ○	1 ○	2 ○	3 ○	d ○
e. Concerned about liability (children getting hurt)	5 ○	1 ○	2 ○	3 ○	d ○
f. Safety is a concern in the neighborhood	6 ○	1 ○	2 ○	3 ○	d ○
g. Weather is often too hot to go outside	7 ○	1 ○	2 ○	3 ○	d ○
h. Weather is often too cold to go outside	8 ○	1 ○	2 ○	3 ○	d ○
i. Weather is often too rainy or snowy to go outside	9 ○	1 ○	2 ○	3 ○	d ○
j. Other frequent weather conditions (for example, thunderstorm warnings, air quality advisories) that prevent outside activity	10 ○	1 ○	2 ○	3 ○	d ○
k. Not enough time in the day for children to be physically active	11 ○	1 ○	2 ○	3 ○	d ○
l. Children are not interested in physical activity	12 ○	1 ○	2 ○	3 ○	d ○
m. Unsure how to get children to participate in physical activity	13 ○	1 ○	2 ○	3 ○	d ○
n. Unsure how much physical activity children should get each day	14 ○	1 ○	2 ○	3 ○	d ○
o. Not enough staff to supervise the children during physical activity	15 ○	1 ○	2 ○	3 ○	d ○
p. Staff do not have adequate training on how to encourage and support children in being physically active	16 ○	1 ○	2 ○	3 ○	d ○
q. Staff are not interested in participating in physical activity with the children	17 ○	1 ○	2 ○	3 ○	d ○
r. (SPECIFY)	18 ○	1 ○	2 ○	3 ○	d ○

[ ]

M7.6. What makes it hard for children in [SAMPLED CHILD CARE SITE] to get physical activity?	M7.6.a. How much would you say this decreases the amount of time spent doing physical activity?			
	Select one per row			
Select all that apply	NOT AT ALL	A LITTLE	A LOT	DON'T KNOW
s. It is not hard.	19 ⭕			

[PROGRAMMER: SOFT PROMPT if M7.6 a-s=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

M7.7. Does [SAMPLED CHILD CARE SITE] have a policy that describes the amount of time provided each day for indoor and/or outdoor physical activity?

   ⭕ Yes, an informal policy [HOVER DEFINITION]...1

   ⭕ Yes, a written policy [HOVER DEFINITION]...2

   ⭕ Yes, both an informal policy [HOVER DEFINITION] and a written
      policy [HOVER DEFINITION]...3

   ⭕ No, there is no policy...4

   ⭕ Don't know...d

      NO RESPONSE...M

M7.8. Does [SAMPLED CHILD CARE SITE] have a policy that describes the amount of time children are seated during activities?

   ⭕ Yes, an informal policy [HOVER DEFINITION]...1

   ⭕ Yes, a written policy [HOVER DEFINITION]...2

   ⭕ Yes, both an informal policy [HOVER DEFINITION] and a written
      policy [HOVER DEFINITION]...3

   ⭕ No, there is no policy...4

   ⭕ Don't know...d

      NO RESPONSE...M

M7.9. Does [SAMPLED CHILD CARE SITE] have a policy that describes withholding physical activity as discipline?

   ⭕ Yes, an informal policy [HOVER DEFINITION]...1

   ⭕ Yes, a written policy [HOVER DEFINITION]...2

   ⭕ Yes, both an informal policy [HOVER DEFINITION] and a written
      policy [HOVER DEFINITION]...3

   ⭕ No, there is no policy...4

   ⭕ Don't know...d

      NO RESPONSE...M

M7.10. **Does [SAMPLED CHILD CARE SITE] have a policy that prohibits any screen time for children below age two?**

❍ Yes, an informal policy [HOVER DEFINITION]..1

❍ Yes, a written policy [HOVER DEFINITION]...2

❍ No, there is no policy...3

❍ Don't know...d

   NO RESPONSE...M

M7.11. **Does [SAMPLED CHILD CARE SITE] have a policy that limits screen time [HOVER DEFINITION] for children older than age two?**

❍ Yes, an informal policy [HOVER DEFINITION]..1

❍ Yes, a written policy [HOVER DEFINITION]...2

❍ No, there is no policy...3

❍ Don't know...d

   NO RESPONSE...M

HOVER DEFINITION

Policy limiting screen time: The amount of time children can watch television, use a computer, smart phone, or other electronic device for watching shows or videos, playing games, accessing the Internet, or using social media (excluding for school work).

M7.12. **Does [SAMPLED CHILD CARE SITE] follow best practices for physical activity from any of the following organizations?**

Select all that apply

☐ USDA..1

☐ State Agency...2

☐ [DISPLAY IF SPONSOR=1] Sponsoring agency...3

☐ Caring for our Children..4

☐ CACFP Sponsor Association...5

☐ CACFP Provider Association...6

☐ Head Start Program..7

☐ National Afterschool Association...8

☐ Physical Activity Guidelines for Americans...9

☐ Other Federal Agency...10

☐ Other (SPECIFY)...99

Specify [   ] (STRING (NUM))

☐ Do not follow any best practices for physical activity...11

☐ Don't know..d

   NO RESPONSE...M

SECTION 8: INFANT FEEDING AND INFANT PHYSICAL ACTIVITY

The questions in this section ask about procedures for infant feedings and physical activity for <u>infants under the age of 1 year (less than 12 months old)</u> at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with infant feeding and physical activity at [SAMPLED CHILD CARE SITE] answer these questions.

RESP8.   Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

   ❍ Returning respondent [FILL W/ RESP 1 NAME]...1   [GO TO M8.1]

   ❍ Returning respondent [FILL W/ RESP 2 NAME], ETC..2   [GO TO M8.1]

   ❍ New person completing the survey...3   [GO TO RESP8a]

      NO RESPONSE..M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M8.1.]

Resp8a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name: [ ]	(STRING (NUM))
Middle Initial: [ ]	(STRING (NUM))
Last Name: [ ]	(STRING (NUM))
Title: [ ]	(STRING (NUM))
Email address: [ ]	(STRING (NUM))
Telephone number: [ ]	STRING (NUM))

     NO RESPONSE..M

M8.1. When feeding infants, how often do staff use responsive feeding techniques [HOVER DEFINITION]?

❍ Always..1

❍ Often..2

❍ Sometimes...3

❍ Rarely or never...4

❍ Don't know..d

NO RESPONSE...M

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.

M8.2. How do staff determine the end of infant feedings?

❍ Only by the amount of breast milk, formula, or food left........................1

❍ Mostly by the amount of milk, formula, or food left, but partly by infants showing they are full [HOVER DEFINITION]..2

❍ Mostly by infants showing they are full [HOVER DEFINITION], but partly by the amount of milk, formula, or food left..3

❍ Only by infants showing they are full [HOVER DEFINITION]..............................4

❍ Don't know..d

NO RESPONSE...M

HOVER DEFINITION

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

M8.3. Typically, at what age does [SAMPLED CHILD CARE SITE] introduce solid foods to infants?

❍ Younger than 4 months...1

❍ At least 4 months but younger than 6 months.......................................2

❍ At 6 months..3

❍ Older than 6 months...4

❍ Do not give infants solid foods...5

❍ Don't know..d

NO RESPONSE...M

M8.4. **Which type of solid food is <u>most often</u> introduced <u>first</u> to infants at [SAMPLED CHILD CARE SITE]?**

○ Infant cereals 1

○ Other grains, including crackers, bread, puffs, and ready-to-eat cereals 2

○ Meats, including beef, poultry, and fish..3

○ Meat alternates, including eggs, yogurt, cheese, and dry beans and peas 4

○ Fruits 5

○ Vegetables 6

○ Other (SPECIFY)..99

Specify [   ] (STRING (NUM))

M8.5. **Below are some challenges that staff may face related to feeding solid foods to infants. Have any of the following been a challenge for [SAMPLED CHILD CARE SITE]'s staff?**

		YES	NO	DON'T KNOW
a.	Determining when to introduce solid foods	1 ○	0 ○	d ○
b.	Talking to parents/guardians about introducing solid foods	1 ○	0 ○	d ○
c.	Getting parent/guardian permission to introduce solid foods	1 ○	0 ○	d ○
d.	Parents/guardians want their infant to start solid foods before we think they are ready	1 ○	0 ○	d ○
e.	Determining what types of solid foods to serve to infants	1 ○	0 ○	d ○
f.	Finding solid foods that meet the meal pattern requirements	1 ○	0 ○	d ○
g.	Finding solid foods that infants will eat	1 ○	0 ○	d ○
h.	Other (SPECIFY)	1 ○	0 ○	d ○

[   ]

[PROGRAMMER: SOFT PROMPT if M8.5 a-h=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

M8.6. **Are parents/guardians allowed to send solid foods from home for their infant?**

○ Yes..1 [GO TO M8.7]

○ No..0 [GO TO M8.8]

M8.7. **In your opinion, what are the reasons parents/guardians decided to send solid foods from home for their infant?**

Select all that apply

☐ Program does not provide all meals or snacks for infants 1

☐ Parent/guardian has preference to bring foods from home 2

☐ Infant has food allergies or special dietary needs..3

☐ Other (SPECIFY)...99

Specify [   ] (STRING (NUM))

M8.8. **Does [SAMPLED CHILD CARE SITE] allow mothers to breastfeed infants onsite?**

○ Yes...1 [GO TO M8.8.a]

○ No...0 [GO TO M8.9]

○ Don't know...d [GO TO M8.9]

M8.8.a. **Is there a private room or area at the site where mothers can breastfeed their infants?**

○ Yes...1

○ No...0

○ Don't know...d

M8.9. **Are mothers allowed to store their pumped breast milk at [SAMPLED CHILD CARE SITE] overnight?**

○ Yes ....1 [GO TO M8.9.a]

○ No, mothers must bring in new bottles every morning........................0 [GO TO M8.10]

○ Don't know...d [GO TO M8.10]

M8.9.a. **Where is the breast milk stored?**

Select all that apply

☐ Inside a refrigerator...1

☐ Inside a freezer..2

☐ Inside an insulated cooler..3

☐ On a counter or shelf (not in a refrigerator, freezer, or cooler) 4

M8.10. **How are breast milk and formula warmed?**

Select all that apply

☐ Under running warm tap water..1

☐ By placing in a container of water no warmer than 120 degrees F.......................2

☐ Electric bottle warmer...3

☐ In a microwave..4

☐ Other (SPECIFY)...99

Specify [   ]   (STRING (NUM))

☐ Don't warm breast milk or formula...5

☐ Don't know..d

NO RESPONSE...M

DISPLAY ONLY IF M1.6 = 1

M8.11. **How often does [SAMPLED CHILD CARE SITE] offer supervised tummy time [HOVER DEFINITION] to non-crawling infants in full-day care?**

❍ Never...1

❍ Some days but not every day..2

❍ 1 time per day...3

❍ 2 times per day...4

❍ 3 times per day...5

❍ 4 times per day or more..6

NO RESPONSE...M

HOVER DEFINITION

Tummy time is supervised time when an infant is awake and alert, lying on her/his belly.

DISPLAY ONLY IF M1.7 = 1

M8.12. **How often does [SAMPLED CHILD CARE SITE] offer supervised tummy time [HOVER DEFINITION] to non-crawling infants in half-day care?**

❍ Never...1

❍ Some days but not every day..2

❍ 1 time per day...3

❍ 2 times per day or more..4

NO RESPONSE...M

M8.13. **How many times per day are infants taken outside (when the weather is appropriate)?**

○ Never..1

○ Some days but not every day...2

○ 1 time per day...3

○ 2 times per day or more..4

NO RESPONSE..M

M8.14. **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..1

○ Daily, 1-2 hours per day..2

○ Daily, less than 1 hour per day..3

○ Daily, less than 30 minutes per day...4

○ A few times a week (but not every day)..5

○ A few times a month..6

○ Once a month..7

○ Never..8

NO RESPONSE..M

SECTION 9: BARRIERS TO CACFP PARTICIPATION

The questions in this section ask about challenges with CACFP participation at [SAMPLED CHILD CARE SITE] and what could help other providers participate in CACFP. Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

RESP9. **Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."**

   ❍ Returning respondent [**FILL W/ RESP 1 NAME**]..1   [GO TO M9.1]

   ❍ Returning respondent [**FILL W/ RESP 2 NAME**], ETC.......................................2   [GO M9.1]

   ❍ New person completing the survey...3   [GO TO RESP9a]

        NO RESPONSE...M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M9.1.]

Resp9a. **Please provide the name, title, phone number, and email address of the person completing this section.**

First Name:		(STRING (NUM))
Middle Initial:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		STRING (NUM))

       NO RESPONSE...M

M9.1. **Below are some difficulties which providers may face as participants in the CACFP. Which has been a major challenge, minor challenge, or not a challenge to [SAMPLED CHILD CARE SITE]'s participation in the CACFP?**

		MAJOR CHALLENGE	MINOR CHALLENGE	NOT A CHALLENGE
a.	Meal reimbursement is not enough to cover food expenses	₁ ○	₂ ○	₃ ○
b.	Not enough children are eligible for higher reimbursement	₁ ○	₂ ○	₃ ○
c.	Paperwork to receive meal reimbursement is difficult (including recordkeeping and meal claim submission)	₁ ○	₂ ○	₃ ○
d.	Paperwork for child enrollment is difficult	₁ ○	₂ ○	₃ ○
e.	Nutrition requirements are difficult	₁ ○	₂ ○	₃ ○
f.	Requirements for site eligibility are difficult	₁ ○	₂ ○	₃ ○
g.	Monitoring by the State or sponsor is time-consuming	₁ ○	₂ ○	₃ ○
h.	Lack of support from sponsor [DISPLAY IF Sponsor=1]	₁ ○	₂ ○	₃ ○
i.	Other (SPECIFY)	₁ ○	₂ ○	₃ ○

[PROGRAMMER: SOFT PROMPT if M9.1 a-i=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

M9.2. **In your opinion, what are the top three changes that might help child care centers, family child care homes, and before and after school programs that are not currently participating in the CACFP decide to participate?**

Select up to three

☐ Offer more nutrition training for child care program staff......................................1

☐ Require less monitoring..2

☐ Require less accountability...3

☐ Increase meal reimbursement rate..4

☐ Provide more support to complete paperwork..5

☐ Provide assistance with writing menus..6

☐ Offer electronic enrollment and paperwork options...7

☐ Other (SPECIFY)...99

Specify [_____] (STRING (NUM))

☐ Don't know...d

NO RESPONSE...M

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

Authority: This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296), Section 305.

Purpose: The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

Routine Use: The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

Disclosure: Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf (p. 19078).