

## **F19. Environmental Observation Form**

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OMB Number: 0584-xxxx  
Expiration Date: xx/xx/20xx

# Environmental Observation Form for SNACS-II

(Adapted from UNC's EPAO tool revised in 2019)

**Home/Center ID**

**Observed Classroom/Group ID for Centers**

*March 9, 2021*

Observer ID: |\_|\_|\_|\_|\_|

Site Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Date of observation: |\_|\_|\_|/|\_|\_|/|\_|\_|\_|\_|

**For all centers:**

Observation start time #1: |\_|\_|\_| : |\_|\_|\_| AM/PM

Observation stop time #1: |\_|\_|\_| : |\_|\_|\_| AM/PM

**For at-risk centers and outside-school-hours care centers only:**

Observation start time #2: |\_|\_|\_| : |\_|\_|\_| AM/PM

Observation stop time #2: |\_|\_|\_| : |\_|\_|\_| AM/PM

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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-xxxx. The time required to complete this information collection is estimated to average 8.0 hours (480 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

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## **A. ACTIVITIES FROM CHILD ARRIVAL TO BEFORE LUNCH**

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## SECTION A: ACTIVITIES FROM CHILD ARRIVAL TO BEFORE LUNCH

**Reminder:** Begin the observation at the time the first child arrives. Items referencing activities “before lunch” should include all activities from the time children start arriving until the start of lunch.

**A0.** Is the site serving any children before lunch on this day?

- 1  Yes  
0  No → SKIP TO SECTION B

### **OUTDOOR TIME**

**A1.** Did the children go outside any time before lunch today?

- 1  Yes → SKIP TO A2  
0  No

**A1a.** Why was there no outdoor time for the children before lunch today?

- 1  No outside time was scheduled before lunch  
2  It was too hot  
3  It was too cold  
4  It was raining/snowing  
5  It was too windy/wind chill  
6  The playground/equipment was too wet/muddy/snowy  
7  Poor air quality  
8  Other (specify) \_\_\_\_\_  
9  Unsure

**SKIP TO A7 AFTER MARKING ALL THAT APPLY.**

## Outdoor Play and Physical Activity Time:

**A2. While the children were outside before lunch, was any time provided for outdoor play or physical activity?** [Count all the periods outside when the children were physically active whether this was free play, group activity, or a provider/staff led, initiated or organized activity.]

- 1 Yes Record the start/stop time of each outdoor play and physical activity session and answer the questions that follow about each session.  
 0 No → **SKIP TO A6**

|  | Session 1:  | Session 2:  | Session 3:  |
|--|---|---|---|
| A2a. What time did each outdoor play and physical activity session <b>start</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| A2b. What time did each outdoor play and physical activity session <b>end</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| A2c. Did the provider/staff encourage children to participate in play or physical activity?  | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |
| A2d. Did this session include any provider/staff led, initiated or organized physical activities?<br><br><i>(Examples: structured active games, sports, music/dancing, exercises, running, brisk walking, or gross motor development activities)</i> | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |
| A2e. Did the provider/staff prompt children to drink water?  | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |

**IF ANSWER WAS NO TO A2D FOR ALL SESSIONS, SKIP TO A4.**



**A3. Which of the following types of activities did the provider/staff lead, initiate or organize?**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**A4. While outside before lunch, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes
- 0  No → **SKIP TO A5**

**A4a. How much portable play/physical activity equipment was available to the children during outdoor play and physical activity time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

*Very Limited:*

There was very little available, and many children could not use any at all

*Somewhat Limited*

The amount available was somewhat limited and children had to take turns because there was not enough available

*Not Limited*

There was enough available for all children to use at least one kind and not have to wait

- A5. Did you observe any child losing more than 5 minutes of outdoor play or physical activity time as a disciplinary action for misbehavior before lunch?
- 1  Yes
- 0  No

**Outdoor Seated Time:**

- A6. While the children were outside before lunch, were there any times when the children were asked to be seated and not physically active?

1  Yes Record the start/stop time of each session of outdoor seated time.

0  No → **SKIP TO A7**

|  | Session 1:                  | Session 2:                  | Session 3:                  |
|--|-----------------------------|-----------------------------|-----------------------------|
| A6a. When did each session of seated time <b>start</b> ?                                 | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       |
| A6b. When did each session of seated time <b>end</b> ?                                   | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       |
| <b>Answer only for outside-school-hours care centers:</b>                                | 1 <input type="radio"/> Yes | 1 <input type="radio"/> Yes | 1 <input type="radio"/> Yes |
| A6c. Was this time designated as time for children to engage in school work or homework? | 0 <input type="radio"/> No  | 0 <input type="radio"/> No  | 0 <input type="radio"/> No  |

## INDOOR TIME

### *Indoor Play and Physical Activity Time*

**A7.** While the children were inside before lunch, were there any designated active times for indoor play or physical activity? (Count all the indoor time when the children were physically active *whether or not this was free play, circle time, a group activity, or a provider/staff led/initiated activity.*)

- 1 Yes Record the start/stop time of each session of indoor physical activity and answer the questions that follow about each session.  
 0 No → **SKIP TO A11**

|   | Session 1:  | Session 2:  | Session 3:  | Session 4:  | Session 5:  | Session 6:  |
|---|---|---|---|---|---|---|
| A7a. What time did each indoor play or physically activity session <b>start</b> ?   | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| A7b. What time did each indoor play or physical activity session <b>end</b> ?   | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| A7c. Did the provider/staff encourage children to participate in play or physical activity?   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |
| A7d. Did this session include any provider/staff led, initiated or organized physical activities?<br><br><i>(Examples: structured active games, sports, music/ dancing, exercises, running, brisk walking, or gross motor development activities)</i> | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |
| A7e. Did you observe the provider/staff prompting children to drink water?  | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No |

**IF ANSWER WAS NO TO A7D FOR ALL SESSIONS, SKIP TO A9.**

**A8. Which of the following types of activities did the provider/staff lead, initiate or organize?**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**A9. During the indoor physically active time before lunch, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes
- 0  No → **SKIP TO A10**

**A9a. How much portable play equipment was available to the children during indoor play time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

| <i>Very Limited:</i>  | <i>Somewhat Limited</i>   | <i>Not Limited</i>  |
|---|---|---|
| There was very little available, and many children could not use any at all | The amount available was somewhat limited and children had to take turns because there was not enough available | There was enough available for all children to use at least one kind and not have to wait |

**A10. Did you observe any child losing more than 5 minutes of indoor play or physical activity time as a disciplinary action for misbehavior before lunch?**

- 1  Yes
- 0  No

## Screen Time:

**A11. Did the children have time as a group watching or using screens or screen devices before lunch?**  
*(Please include all times when a group (large or small) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.)*

- 1 Yes  
 0 No → **SKIP TO A12**

|   | Session 1:  | Session 2:  | Session 3:  |
|---|---|---|---|
| A11a. What time did each session <b>start</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| A11b. What time did each session <b>end</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| A11c. During each session, what type of screen was watched?                               | TV/DVD/VCR<br>Laptop/desktop<br>Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br>Smart board | TV/DVD/VCR<br>Laptop/desktop<br>Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br>Smart board | TV/DVD/VCR<br>Laptop/desktop<br>Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br>Smart board |
| A11d. Were the children physically active for the majority of the time the screen was on? | Yes<br>No   | Yes<br>No   | Yes<br>No   |
| A11e. Were they watching or engaging with educational programming?                        | Yes<br>No   | Yes<br>No   | Yes<br>No   |
| <b>Answer only for outside-school-hours care centers:</b>                                 | Yes<br>No   | Yes<br>No   | Yes<br>No   |
| A11f. Was this time designated as time for children to engage in school work or homework? | Yes<br>No   | Yes<br>No   | Yes<br>No   |



## **B: ACTIVITIES AFTER LUNCH AND BEFORE SUPPER**



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**SECTION B: ACTIVITIES AFTER LUNCH AND BEFORE SUPPER**

**B0. Is the site serving any children any time after lunch on this day?**

- 1  Yes
- 0  No → **SKIP TO SECTION D**

**OUTDOOR TIME**

**B1. Did the children go outside any time after lunch and before supper today?**

- 1  Yes → **SKIP TO B2**
- 0  No

**B1a. Why was there no outdoor time for the children before lunch today?**

- 1  No outside time was scheduled before lunch
- 2  It was too hot
- 3  It was too cold
- 4  It was raining/snowing
- 5  It was too windy/wind chill
- 6  The playground/equipment was too wet/muddy/snowy
- 7  Poor air quality
- 8  Other (specify) \_\_\_\_\_
- 9  Unsure

**SKIP TO B7 AFTER MARKING ALL THAT APPLY.**

### **Outdoor Play and Physical Activity Time:**

**B2. While the children were outside after lunch and before supper, was any time provided for outdoor play or physical activity? [Count all the periods outside when the children were physically active whether this was free play, group activity, or a provider/staff led, initiated or organized activity.]**

- 1  Yes Record the start/stop time of each outdoor play and physical activity session and answer the questions that follow about each session.
- 0  No → **SKIP TO B6**

|  | Session 1:  | Session 2:  | Session 3:  |
|--|---|---|---|
| B2a. What time did each outdoor play and physical activity session <b>start</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| B2b. What time did each outdoor play and physical activity session <b>end</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| B2c. Did the provider/staff encourage children to participate in play or physical activity?  | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| B2d. Did this session include any provider/staff led, initiated or organized physical activities?<br><i>(Examples: structured active games, sports, music/dancing, exercises, running, brisk walking, or gross motor development activities)</i> | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| B2e. Did the provider/staff prompt children to drink water?  | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |

**IF ANSWER WAS NO TO B2D FOR ALL SESSIONS, SKIP TO B4.**

**B3. Which of the following types of activities did the provider/staff lead, initiate or organize? (Mark all that apply)**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**B4. While outside after lunch and before supper, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes  
0  No → **SKIP TO B5**

**B4a. How much portable play/physical activity equipment was available to the children during outdoor play and physical activity time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

| <i>Very Limited:</i>  | <i>Somewhat Limited</i>   | <i>Not Limited</i>  |
|---|---|---|
| There was very little available, and many children could not use any at all | The amount available was somewhat limited and children had to take turns because there was not enough available | There was enough available for all children to use at least one kind and not have to wait |



- B5. Did you observe any child losing more than 5 minutes of outdoor play or physical activity time as a disciplinary action for misbehavior after lunch and before supper?**
- 1  Yes  
0  No

***Outdoor Seated Time:***

- B6. While the children were outside after lunch and before supper, were there any times when the children were asked to be seated and not physically active?**

- 1  Yes Record the start/stop time of each session of outdoor seated time.  
0  No → **SKIP TO B7**

|  | Session 1:  | Session 2:  | Session 3:  |
|--|---|---|---|
| B6a. When did each session of seated time <b>start</b> ?                                 | _ _ _  :  _ _ _ <br>AM/PM                                 | _ _ _  :  _ _ _ <br>AM/PM                                 | _ _ _  :  _ _ _ <br>AM/PM                                 |
| B6b. When did each session of seated time <b>end</b> ?                                   | _ _ _  :  _ _ _ <br>AM/PM                                 | _ _ _  :  _ _ _ <br>AM/PM                                 | _ _ _  :  _ _ _ <br>AM/PM                                 |
| <b>Answer only for at-risk centers and outside-school-hours care centers:</b>            | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| B6c. Was this time designated as time for children to engage in school work or homework? | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |

## INDOOR TIME

### *Indoor Play and Physical Activity Time*

**B7. While the children were inside after lunch and before supper, were there any designated active times for indoor play or physical activity? (Count all the indoor time when the children were physically active whether or not this was free play, circle time, a group activity, or a provider/staff led/initiated activity.)**

- 1  Yes Record the start/stop time of each session of indoor physical activity and answer the questions that follow about each session.  
 0  No → **SKIP TO B11**

|   | Session 1:  | Session 2:  | Session 3:  | Session 4:  | Session 5:  | Session 6:  |
|---|---|---|---|---|---|---|
| B7a. What time did each indoor play or physically activity session <b>start</b> ?   | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| B7b. What time did each indoor play or physical activity session <b>end</b> ?   | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| B7c. Did the provider/staff encourage children to participate in play or physical activity?   | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| B7d. Did this session include any provider/staff led, initiated or organized physical activities?<br><br><i>(Examples: structured active games, sports, music/ dancing, exercises, running, brisk walking, or gross motor development activities)</i> | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| B7e. Did you observe the provider/staff prompting children to drink water?  | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |

**IF ANSWER WAS NO TO B7D FOR ALL SESSIONS, SKIP TO B9.**

**B8. Which of the following types of activities did the provider/staff lead, initiate or organize?**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**B9. During the indoor physically active time after lunch and before supper, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes
- 0  No → **SKIP TO B10**

**B9a. How much portable play equipment was available to the children during indoor play time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

*Very Limited:*  
There was very little available, and many children could not use any at all

*Somewhat Limited*  
The amount available was somewhat limited and children had to take turns because there was not enough available

*Not Limited*  
There was enough available for all children to use at least one kind and not have to wait

**B10. Did you observe any child losing more than 5 minutes of indoor play or physical activity time as a disciplinary action for misbehavior after lunch and before supper?**

- 1  Yes
- 0  No



### Screen Time:

**B11. Did the children have time as a group watching or using screens or screen devices after lunch and before supper? (Please include all times when a group (large or small) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.)**

- 1 Yes  
 0 No → **SKIP TO B12**

|   | Session 1:  | Session 2:  | Session 3:  |
|---|---|---|---|
| B11a. What time did each session <b>start</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| B11b. What time did each session <b>end</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| B11c. During each session, what type of screen was watched?                               | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board |
| B11d. Were the children physically active for the majority of the time the screen was on? | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| B11e. Were they watching or engaging with educational programming?                        | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| <b>Answer only for at-risk centers and outside-school-hours care centers:</b>             | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| B11f. Was this time designated as time for children to engage in school work or homework? |   |   |   |



***Nap/Rest Time:***

**B13. Did the children have nap time on this day?**

- 1  Yes RECORD START AND STOP TIMES  
0  No → **SKIP TO SECTION C**

**B13a. What time did nap time start?**

|\_|\_| : |\_|\_| AM/PM

**B13b. What time did nap time end? (This is when the last child finished sleeping.)**

|\_|\_| : |\_|\_| AM/PM

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## **SECTION C: ACTIVITIES AFTER SUPPER**

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## SECTION C: ACTIVITIES AFTER SUPPER

**C0.** Is the site serving any children after supper on this day?

- 1  Yes  
0  No → SKIP TO SECTION D

### OUTDOOR TIME

**C1.** Did the children go outside any time after supper today?

- 1  Yes → SKIP TO C2  
0  No

**C1a.** Why was there no outdoor time for the children after supper today?

- 1  No outside time was scheduled before lunch  
2  It was too hot  
3  It was too cold  
4  It was raining/snowing  
5  It was too windy/wind chill  
6  The playground/equipment was too wet/muddy/snowy  
7  Poor air quality  
8  Other (SPECIFY) \_\_\_\_\_  
9  Unsure

**SKIP TO C7 AFTER MARKING ALL THAT APPLY.**

### Outdoor Play and Physical Activity Time:

**C2. While the children were outside after supper, was any time provided for outdoor play or physical activity? [Count all the periods outside when the children were physically active whether this was free play, group activity, or a provider/staff led, initiated or organized activity.]**

- 1  Yes Record the start/stop time of each outdoor play and physical activity session and answer the questions that follow about each session.
- 0  No → **SKIP TO C6**

|  | Session 1:  | Session 2:  | Session 3:  |
|--|---|---|---|
| C2a. What time did each outdoor play and physical activity session <b>start</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| C2b. What time did each outdoor play and physical activity session <b>end</b> ?  | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       | _ _ : _ _ <br>AM/PM                                       |
| C2c. Did the provider/staff encourage children to participate in play or physical activity?  | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| C2d. Did this session include any provider/staff led, initiated or organized physical activities?<br><i>(Examples: structured active games, sports, music/dancing, exercises, running, brisk walking, or gross motor development activities)</i> | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |
| C2e. Did the provider/staff prompt children to drink water?  | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No | 1 <input type="radio"/> Yes<br>0 <input type="radio"/> No |

**IF ANSWER WAS NO TO C2D FOR ALL SESSIONS, SKIP TO C4.**



**C3. Which of the following types of activities did the provider/staff lead, initiate or organize? (**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**C4. While outside after supper, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes
- 0  No → **SKIP TO C5**

**C4a. How much portable play/physical activity equipment was available to the children during outdoor play and physical activity time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

*Very Limited:*  
There was very little available, and many children could not use any at all

*Somewhat Limited*  
The amount available was somewhat limited and children had to take turns because there was not enough available

*Not Limited*  
There was enough available for all children to use at least one kind and not have to wait

- C5. Did you observe any child losing more than 5 minutes of outdoor play or physical activity time as a disciplinary action for misbehavior after supper?
- 1  Yes
- 0  No

**Outdoor Seated Time:**

- C6. While the children were outside after supper, were there any times when the children were asked to be seated and not physically active?

1  Yes Record the start/stop time of each session of outdoor seated time.

0  No → **SKIP TO C7**

|  | Session 1:                  | Session 2:                  | Session 3:                  |
|--|-----------------------------|-----------------------------|-----------------------------|
| C6a. When did each session of seated time start?   | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       |
| C6b. When did each session of seated time end?   | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       | _ _  :  _ _ <br>AM/PM       |
| <b>Answer only for at-risk centers and outside-school-hours care centers:</b>            | 1 <input type="radio"/> Yes | 1 <input type="radio"/> Yes | 1 <input type="radio"/> Yes |
| C6c. Was this time designated as time for children to engage in school work or homework? | 0 <input type="radio"/> No  | 0 <input type="radio"/> No  | 0 <input type="radio"/> No  |

## INDOOR TIME

### *Indoor Play and Physical Activity Time*

**C7.** While the children were inside after supper, were there any designated active times for indoor play or physical activity? (Count all the indoor time when the children were physically active whether or not this was free play, circle time, a group activity, or a provider/staff led/initiated activity.)

- Yes      Record the start/stop time of each session of indoor physical activity and answer the questions that follow about each session.  
 No → **SKIP TO C11**

|   | Session 1:  | Session 2:  | Session 3:  | Session 4:  | Session 5:  | Session 6:  |
|---|---|---|---|---|---|---|
| C7a. What time did each indoor play or physically activity session <b>start</b> ?   | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       |
| C7b. What time did each indoor play or physical activity session <b>end</b> ?   | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       | _ : _ <br>AM/PM                                       |
| C7c. Did the provider/staff encourage children to participate in play or physical activity?   | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| C7d. Did this session include any provider/staff led, initiated or organized physical activities?<br><br><i>(Examples: structured active games, sports, music/ dancing, exercises, running, brisk walking, or gross motor development activities)</i> | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| C7e. Did you observe the provider/staff prompting children to drink water?  | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |

**IF ANSWER WAS NO TO C7D FOR ALL SESSIONS, SKIP TO C9.**

**C8. Which of the following types of activities did the provider/staff lead, initiate or organize?**

**Mark all that apply**

- 1  Active singing/musical games (e.g., “head, shoulders, knees, and toes”)
- 2  Dancing
- 3  Games with balls (e.g., throwing or catching with another person)
- 4  Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
- 5  Parachute
- 6  Climbing activities
- 7  Balancing activities
- 8  Jumping games for young children (e.g., “jump like a kangaroo,” “hop like a bunny”)
- 9  Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
- 10  Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope)
- 11  Cross country running, jogging, or brisk walking
- 12  Track and field
- 13  Gymnastics
- 14  Yoga
- 15  Cheerleading
- 16  Martial arts
- 17  Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
- 18  Other (SPECIFY) \_\_\_\_\_

**C9. During the indoor physically active time after supper, was any portable play or physical activity equipment available for the children to use?**

- 1  Yes Record the start/stop time of each session of outdoor seated time.
- 0  No → **SKIP TO C10**

**C9a. How much portable play equipment was available to the children during indoor play time?**

- 0  None
- 1  Very limited
- 2  Somewhat limited
- 3  Not limited

**Equipment availability rating, for reference only:**

*Very Limited:*  
There was very little available, and many children could not use any at all

*Somewhat Limited*  
The amount available was somewhat limited and children had to take turns because there was not enough available

*Not Limited*  
There was enough available for all children to use at least one kind and not have to wait

**C10. Did you observe any child losing more than 5 minutes of indoor play or physical activity time as a disciplinary action for misbehavior after supper?**

- 1  Yes
- 0  No

### Screen Time:

**C11. Did the children have time as a group watching or using screens or screen devices after supper? (Please include all times when a group (large or small) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.)**

- 1 Yes  
 0 No → **SKIP TO C12**

|   | Session 1:  | Session 2:  | Session 3:  |
|---|---|---|---|
| C11a. What time did each session <b>start</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| C11b. What time did each session <b>end</b> ?   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   | _ _  :  _ _ <br>AM/PM   |
| C11c. During each session, what type of screen was watched?                               | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board | <input type="radio"/> 1 TV/DVD/VCR<br><input type="radio"/> 2 Laptop/desktop<br><input type="radio"/> 3 Tablet/iPad<br><input type="radio"/> 4 Videogame system or console<br><input type="radio"/> 5 Smart board |
| C11d. Were the children physically active for the majority of the time the screen was on? | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| C11e. Were they watching or engaging with educational programming?                        | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| <b>Answer only for at-risk centers and outside-school-hours care centers:</b>             | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   | <input type="radio"/> 1 Yes<br><input type="radio"/> 0 No   |
| C11f. Was this time designated as time for children to engage in school work or homework? |   |   |   |



**SECTION D: ENVIRONMENTAL SUPPORTS FOR WELLNESS: SPACE AND  
EQUIPMENT**

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## SECTION D: ENVIRONMENTAL SUPPORTS FOR WELLNESS: SPACE AND EQUIPMENT

### *Indoor Space:*

*Note: Please complete Questions D1 and D2 even if there was no indoor physical activity time observed on the observation day.*

**D1. When children are inside, where are they allowed to participate in gross motor physical activities such as running, jumping, hopping, tumbling, sports, aerobics, and indoor physically active games? (Mark all types of spaces that apply and rate each according to the room available.)**

NO SPACE INDOORS FOR GROSS MOTOR PHYSICAL ACTIVITY → GO TO D2

| TYPE OF INDOOR SPACE AVAILABLE FOR GROSS MOTOR ACTIVITIES    | RATE THE SPACE USING THE SCALE BELOW |
|--|--------------------------------------|
| a. Classroom   | __                                   |
| b. Separate room or gym (not cafeteria)                      | __                                   |
| c. Cafeteria   | __                                   |
| d. Shared indoor space with some other entity (e.g., school) | __                                   |
| e. Other (SPECIFY) _____                                     | __                                   |

#### Indoor space rating, for reference only:

|  |   |  |  |
|--|---|--|--|
| No space of this type is available<br><b>0</b> | Quiet play (room is small and not a lot of room for movement)<br><b>1</b> | Limited movement/some active plan (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)<br><b>2</b> | Adequate space for all gross motor activities including running activities<br><b>3</b> |
|--|---|--|--|

**D2. How is drinking water available for children while they are indoors?**

**Mark all that apply**

- 1  Faucet/tap
- 2  Drinking fountain
- 3  Pitcher
- 4  Water cooler
- 5  Individual bottles
- 6  Other (SPECIFY) \_\_\_\_\_
- 7  Water not available for children while indoors

## **Outdoor Space:**

*Note: Please complete Questions D3-D5 even if there was no outdoor play or physical activity time on the observation day.*

**D3. Is there any outdoor space at the center or home location where children are allowed to play and engage in physical activity?**

1  Yes

0  No → **GO TO D4**

**D3a. Which statement best describes the area outside the center or home location where children are allowed to play and engage in physical activity?**

1  No space for activities that involve running (one child or groups of children)

2  Space only for single child running/skipping/hopping

3  Space for small group running games or activities that involve less than half of the group or class

4  Space for running games or activities allowing more than half the class or group

5  Not able to be observed

**D4. Is there any outdoor space away from the center or home where the children regularly go to play and engage in physical activity?**

1  Yes

0  No

**D4. How is drinking water available for children while they are outdoors?**

**Mark all that apply**

1  Faucet/tap

2  Drinking fountain

3  Pitcher

4  Water cooler

5  Individual bottles

6  Other (SPECIFY) \_\_\_\_\_

7  Water not available for children while outdoors

**Play Equipment Available:**

**D5. Check off all types of fixed play and physical activity equipment that are available indoors and/or outdoors. (Please check equipment types that are observed even if not used.)**

IF THERE IS NO FIXED PLAY OR PHYSICAL ACTIVITY EQUIPMENT AT THE SITE, GO TO D7

| FIXED PLAY AND PHYSICAL ACTIVITY EQUIPMENT                         | AVAILABLE OUTDOORS         | AVAILABLE INDOORS          |
|--|----------------------------|----------------------------|
| a. Balancing surfaces (balance beams, boards, etc.)                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Baseball, softball, or kickball diamond                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Basketball hoop(s) or court                                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Climbing structures that cannot be moved (jungle gyms, ladders) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Gymnastics equipment  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Merry-go-round  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Play house  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Running track   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Sandbox (large enough for child to sit in)                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. See-saw   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Slide that cannot be moved                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l. Soccer field/goals  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m. Swimming pool   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| n. Swinging equipment (swings, ropes)                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| o. Volleyball net  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| p. Water play area (not including a water table)                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| q. Tricycle track or paved area                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| r. Tunnels (fixed, not movable)                                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| s. Other (SPECIFY) _____   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**D6. Check off all types of portable equipment for play and physical activity that are available for indoor or outdoor use by the children. (Please check equipment types that are observed even if not used.)**

| PORTABLE PLAY AND PHYSICAL ACTIVITY EQUIPMENT                            | AVAILABLE                  | NOT AVAILABLE              |
|--|----------------------------|----------------------------|
| a. Balls (large and small)   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Climbing structures (that can be moved by staff or children)          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Floor play equipment (tumbling mats, etc.)                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Jumping play equipment (jump ropes, hula hoops, mini trampolines)     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Parachute   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Push/pull toys (wagon, scooters, trucks, wheelbarrows, etc.)          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Riding toys (tricycles, cars, scooter boards)                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Rocking or twisting toys (rocking horse, sit and spin)                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Sand/water tables   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Sand/water play toys (shovels, scoops, buckets)                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Slides (that can be moved by staff or children)                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l. Twirling play equipment (ribbons, scarves, batons, etc.)              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m. Portable tunnels (can be moved by staff or children)                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| n. Balance toys (balance beams, river stones)                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| o. Small portable pool used for swimming, splashing, or other water play | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| p. Marker items (poly spots, cones)                                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| q. Other (SPECIFY) _____   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**Screens Available for Children's Use:**

**D7. For each screen type in the table below, mark whether it was observed at the center or home for use by the children; and provide the number that were observed of each type. (Do not include screen devices that the children brought with them to the site. Please write "0" if none are available.)**

| SCREEN TYPE   | HOW MANY AVAILABLE |
|---|--------------------|
| a. TV   | _ _                |
| b. DVD player/VCR   | _ _                |
| c. Laptop or desktop computer   | _ _                |
| d. iPad/Tablet  | _ _                |
| e. Video game console (e.g., Xbox, PlayStation, Nintendo, Game Boy, etc.) | _ _                |
| f. Smart board  | _ _                |
| g. Smartphone   | _ _                |
| h. Other screen (SPECIFY) _____   | _ _                |