

## F9. Provider Survey Screenshots

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## Information



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

*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 0.835 hours (50 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 Broaddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address*

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## Instructions

### 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 PROGTYP=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].

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## Section 1

Section1Info

### 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.

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Resp1fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

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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."

- [FILL W/ RESP 1 NAME]
- [FILL W/ RESP 2 NAME, ETC]
- New person completing the survey

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M1\_1

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

	YES	NO
Afterschool program	<input type="radio"/>	<input type="radio"/>
CACFP outside-school-hours program	<input type="radio"/>	<input type="radio"/>
CACFP at-risk afterschool program [HOVER DEFINITION]	<input type="radio"/>	<input type="radio"/>

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M1\_2

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

- Yes
- No

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M1\_2a

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

- SBP
- CACFP
- Don't know

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M1\_3

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

- Yes
- No

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M1\_3a

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

- NSLP
- CACFP
- Don't know

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M1\_4

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

- CACFP
- NSLP
- Don't know

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M1\_5

How long has [SAMPLED CHILD CARE SITE] been open for operation?

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

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M1\_6

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

- Yes
- No

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M1\_7

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

- Yes
- No

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M1\_8

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

- Yes
- No

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M1\_8a

Does [SAMPLED CHILD CARE SITE] offer before school care?

- Yes
- No

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M1\_8b

Does [SAMPLED CHILD CARE SITE] offer before and after school care?

Yes

No

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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.

Number of Children

0-5 months

6-11 months

12-17 months

18-23 months

24-35 months

3-5 years

Older than 5 years

THESE NEXT 2 WILL ONLY SHOW IF PROGTYP=2

5-12 years

Older than 12 years

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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
- Spanish
- A Native American language
- Chinese, including Cantonese, Mandarin, and other Chinese languages
- Tagalog
- Vietnamese
- French
- Korean
- German
- Arabic
- An African language
- Language(s) other than those listed above (*Specify*)

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M1\_11

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

Select all that apply

- English
- Spanish
- A Native American language
- Chinese, including Cantonese, Mandarin, and other Chinese languages
- Tagalog
- Vietnamese
- French
- Korean
- German
- Arabic
- An African language
- Language(s) other than those listed above (*Specify*)

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## Navigation within the survey

### 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", "Not started", or "In Progress". If you start a section but do not fully complete it, the status will show as "In Progress". 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, click the button 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 Martha	REVIEW
Menu Planning	Completed by Martha	REVIEW
Food Purchasing	Not Started	START
Food Preparation and Food Safety	Not Started	START
Food/Beverage Serving Practices	In Progress by Martha	CONTINUE
Special Dietary Needs, Disabilities, and Impairments	Completed by Martha	REVIEW
Physical Activity	Completed by Terrance	REVIEW
Infant Feeding and Infant Physical Activity	Completed by Terrance	REVIEW
Barriers to CACFP Participation	In Progress by Terrance	CONTINUE

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## Section 2

Section2Info

### 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.

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RESP\_2

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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

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Q\_Resp2fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

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M2\_1

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

- Yes
- No
- Don't know

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M2\_2

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

- Yes
- No
- Don't know

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M2\_3

What is the frequency of the cycle?

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

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M2\_4

What are the top three factors that are considered during menu planning?

Select up to three

- Ease of preparing menu items
- Time needed to prepare menu items
- Access to foods/beverages
- Prices of foods/beverages
- Seasonality of produce (e.g., more fruit in summer)
- Availability of preparation equipment
- Cooking or food preparation skills of food preparer/cook
- Kitchen/food preparation space
- Food storage capacity (e.g., freezer space or pantry space)
- Menu planning software
- Child preferences (including allergies)
- Parent/guardian preferences
- CACFP meal patterns
- Nutritional quality of food
- Other (Specify)
- Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION]

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M2\_5

Are you the person who plans menus for [SAMPLED CHILD CARE SITE]?

- Yes
- No

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M2\_6

How many years of menu planning experience do you have?

- Less than 2 years
- 2-5 years
- 6-10 years
- More than 10 years
- Don't know

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M2\_7

Do you have any of the following degrees or certifications?

Select all that apply

- High school diploma or GED
- Associate degree
- Baccalaureate degree
- Master's degree
- Doctoral degree
- Registered dietitian
- Other (Specify)

- No degree or certification
- Don't know

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M2\_8

What was the area of study?

Select all that apply

- Early childhood education
- Family child studies
- Child development
- Business administration
- Food service management
- Food and nutrition/dietetics
- Other(Specify)

- Don't know

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M2\_9

What are the top three challenges that [SAMPLED CHILD CARE SITE] faces in planning menus that **meet the updated CACFP meal patterns?**

Select up to three

- Understanding the meal pattern requirements
- Limited access to foods that fit in the requirements
- Lack of staff time for menu planning
- Lack of staff training for menu planning
- Parental preferences
- Children's food allergies
- Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION]
- Other (Specify)

- No challenges planning menus that meet the updated CACFP meal patterns

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## Section 3

Section3Info

### 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.

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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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

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Resp3fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

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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 **main** role.

Select all that apply

- [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]
- Center [IF PROGTYPE=1:or home child care] provider [HOVER DEFINITION]
- Director or site supervisor [HOVER DEFINITION]
- Cook or chef [HOVER DEFINITION]
- Dietitian/nutritionist [HOVER DEFINITION]
- Teacher
- Parent/guardian volunteer
- Independent food service company, vendor, caterer, or other contractor
- Other (Specify)

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

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M3\_2

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

From which of the following venues are foods and beverages purchased for CACFP meals and snacks?

- Grocery store or supermarket
- Wholesale store, such as Sam's Club or Costco or other store for bulk purchases
- Farmers market
- Corner store, convenience store, bodega, mini-market, or mom-and-pop market
- Food buying cooperative (co-op) or community supported agriculture (CSA)
- The State Agency
- School district
- Independent food service company vendor, caterer, or other contractor
- Other (Specify)

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M3\_2a

Which of the following items are purchased at the grocery store or supermarket?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYP=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYP=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the grocery store or supermarket?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the wholesale store, such as Sam's Club or Costco or other store for bulk purchases?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the wholesale store, such as Sam's Club or Costco or other store for bulk purchases?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the farmers market?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/package baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the farmers market?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the corner store, convenience store, bodega, mini-market, or mom-and-pop market?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packageged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the corner store, convenience store, bodega, mini-market, or mom-and-pop market?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the food buying cooperative (co-op) or community supported agriculture (CSA)?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the food buying cooperative (co-op) or community supported agriculture (CSA)?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the the State Agency?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the the State Agency?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the school district?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the school district?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M32a

Which of the following items are purchased at the independent food service company vendor, caterer, or other contractor?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYPE=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYPE=1: Jarred/packaged baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the independent food service company vendor, caterer, or other contractor?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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M3\_2a

Which of the following items are purchased at the [OTHER]?

- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, nuts, beans)
- Pre-made meals (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- [DISPLAY IF PROGTYP=1: Infant formula]
- Other beverages
- [DISPLY IF PROGTYP=1: Jarred/package baby food]
- Packaged salty snacks (e.g., chips, crackers)
- Packaged sweet snacks/desserts (e.g., cookies, cakes, candy)
- Condiments or spices

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M3\_2b

How often are any foods/beverages purchased from the [OTHER]?

- More than once per week
- Once per week
- Twice per month
- Once per month
- Less than once per month

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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
- State health department
- USDA (including online resources or technical assistance from personnel)
- [DISPLAY IF SPONSOR=1] Sponsoring agency
- School food authority
- Resource & referral agency
- Internet/online resources (specify)

- Other (Specify)

- None of the above

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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
- Resources for providers of before and after school care
- Greater availability of free printed resources
- Greater availability of online resources
- Resources provided as downloadable applications (apps)
- Live and recorded training webinars
- Training slides and related resources
- Resources available in Spanish
- Resources available in Asian languages (for example, Vietnamese, Chinese, etc.)
- Resources available in languages other than English, Spanish, or Asian languages
- Parent/guardian communication tools (for example, newsletters or fact sheets)
- Standardized recipes
- Other (Specify)
- None of the above
- Don't know

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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
- Time needed to prepare healthier meals and snacks
- Preference of children in program
- Parental preferences, including those related to culture
- Lack of knowledge about nutrition guidelines
- Limitations with kitchen space or equipment
- Lack of staff skills required to prepare nutritious meals and snacks
- Lack of staff knowledge on how to read a Nutrition Facts label
- Access to nutritious food and beverage options
- Using processed and pre-prepared foods is more convenient
- Staff resistance because of personal food preferences
- Other (Specify)

- No barriers to purchasing and serving healthier foods

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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 **main** role.

Select all that apply

- [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]
- Center [DISPLAY IF PROGTYPE=1: or Home Child care] Provider [HOVER DEFINITION]
- Director or site supervisor [HOVER DEFINITION]
- Cook or chef [HOVER DEFINITION]
- Dietitian/nutritionist [HOVER DEFINITION]
- Teacher
- Independent food service company, vendor, caterer, or other contractor
- Other (Specify)

- Don't know

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M3\_7

How are meal counts documented?

Select all that apply

- Meal tracking software:
- Microsoft Excel or other spreadsheet
- Microsoft Access or other database
- Paper form
- Other (Specify)

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M3\_7a

What is the name of the meal tracking software?

Don't know

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## Section 4

Section4Info

### 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.

<< BACK

NEXT >>

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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

<< BACK

NEXT >>

Resp4fname

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

First name:

Middle Name:

Last Name:

Title:

Email address:

Telephone number:

M4\_1

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

Select all that apply

- Scale
- Microwave
- Oven
- Stove
- Hot plate or other alternative heating element
- Toaster oven/toaster
- Blender
- Dishwasher
- Sink
- Hot water source
- No onsite food preparation area available
- Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]

<< BACK

NEXT >>

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
- Reach-in refrigerator
- Reach-in freezer
- Walk-in refrigerator/cooler
- Walk-in freezer
- Fork lift or pallet jack
- No onsite food storage area
- Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]

<< BACK

NEXT >>

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

<< BACK

NEXT >>

M4\_4

Are staff required to complete a food safety training course?

- Yes
- No
- Don't know

<< BACK

NEXT >>



M4\_5

Are staff required to be certified for food safety?

- Yes
- No
- Don't know

<< BACK

NEXT >>

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
- No
- Don't know

<< BACK

NEXT >>

## Section 5

5Section5Info

### 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.

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NEXT >>

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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

<< BACK

NEXT >>

RESP5fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

M5\_1a

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

Select all that apply

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Breakfast is not served at all

<< BACK

NEXT >>

M5\_1b

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

Select all that apply

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Morning snack is not served at all

<< BACK

NEXT >>

M5\_1c

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

Select all that apply

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Lunch is not served at all

<< BACK

NEXT >>

M5\_1d

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

Select all that apply

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Afternoon snack is not served at all

<< BACK

NEXT >>

M5\_1e

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

*Select all that apply*

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Dinner/supper is not served at all

<< BACK

NEXT >>

M5\_1f

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

*Select all that apply*

- [SAMPLED CHILD CARE SITE] provides food
- Parents/guardians are allowed to send food from home
- Parents/guardians are required to send food from home
- Parents/guardians are not allowed to send food from home
- Evening snack is not served at all

<< BACK

NEXT >>

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

<< BACK

NEXT >>

Q:M5\_3

M5\_4

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

- Yes
- No
- Don't know

<< BACK

NEXT >>

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

<< BACK

NEXT >>



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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

<< BACK

NEXT >>

M5\_7

For which of the following food/beverages are second servings allowed?

Select all that apply

- Any food
- Fruit
- Vegetables
- Meat/meat alternate (e.g., chicken, beef, beans, nuts)
- Mixed component foods (e.g., chili, lasagna, tacos)
- Cereal
- Grain/bread (e.g., rice, pasta, rolls)
- Milk
- Dairy foods (e.g., cheese, yogurt)
- 100% juice
- Water
- Other beverages
- Salty snacks (e.g., chips, crackers)
- Sweet snacks/desserts (e.g., cookies, cakes)
- Second servings are not allowed
- Don't know

<< BACK

NEXT >>

5M\_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
- Saved to be served again
- Given to staff
- Donated
- Given to parents/guardians
- Other(Specify)

<< BACK

NEXT >>

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?

	Yes	No
Serving more foods that are likely to be popular with children	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
Providing children with a selection of multiple food choices so that they can select what they eat	<input type="radio"/>	<input type="radio"/>
Staff and teachers eating meals with children (modeling behavior)	<input type="radio"/>	<input type="radio"/>
Scheduling physical activity time before meal time	<input type="radio"/>	<input type="radio"/>
Encouraging children to keep food items not eaten for snacks	<input type="radio"/>	<input type="radio"/>
Using sharing/trading tables	<input type="radio"/>	<input type="radio"/>
Planning menus that allow repeated exposure to new foods	<input type="radio"/>	<input type="radio"/>
Preparing foods that represent the cultures of families served	<input type="radio"/>	<input type="radio"/>
Scheduling meals and snacks with enough time for children to eat	<input type="radio"/>	<input type="radio"/>
Tailoring the number of meals and snacks prepared daily based on expected attendance	<input type="radio"/>	<input type="radio"/>
Using the Offer-versus-Serve option at supper	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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NEXT >>

M5\_10

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

Select all that apply

- USDA
- State Agency
- [DISPLAY IF SPONSOR=1] Sponsoring agency
- Caring for our Children
- CACFP Sponsor Association
- CACFP Provider Association
- Head Start Program
- National Afterschool Association
- Other (Specify)

- None of these
- Don't know

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NEXT >>

## Section 6

### Section6Info

#### 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.

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NEXT >>

### 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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

<< BACK

NEXT >>

Resp6fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

<< BACK

NEXT >>

M6\_2

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

- Yes
- No
- Don't know

<< BACK

NEXT >>



### 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 required to bring their food from home
- Children with an allergy are given meals/snacks at a different time
- Children with an allergy are given meals/snacks at another table/in another room
- Children with an allergy are allowed to bring their food from home
- The program provides alternative food/beverages to those children with an allergy
- Staff inspect the food of children with an allergy
- Consultation with registered dietitian to adapt menus
- Other (Specify)
- Don't know

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### 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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

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
- Modify toys and equipment
- Modify the child care environment (e.g., a quiet space for overactive children, an extra lamp for a child with vision impairments)
- Teach all children how to find and be a playmate
- Communicate with pictures and signs
- Provide breaks from the group for individual children to help them self-regulate
- Other (Specify)
- No procedures to accommodate children with disabilities and impairme
- Don't know

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NEXT >>

# Section 7

Section7Info

## 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.

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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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

<< BACK      NEXT >>

RESP7fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

<< BACK

NEXT >>

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
- No

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NEXT >>

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

<< BACK

NEXT >>

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
- No

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NEXT >>

M7\_3a

On how many days of the week is this programming provided?

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

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NEXT >>

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
- No

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NEXT >>

M7\_4b

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

<< BACK

NEXT >>

M7\_5

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

Yes

No

<< BACK

NEXT >>

M7\_5b

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

Yes

No

<< BACK

NEXT >>



M7\_6

What makes it hard for children in [SAMPLED CHILD CARE SITE] to get physical activity?

- Not enough outdoor play space
- Not enough indoor play space
- Not enough play equipment
- No policy that requires physical activity
- Concerned about liability (children getting hurt)
- Safety is a concern in the neighborhood
- Weather is often too hot to go outside
- Weather is often too cold to go outside
- Weather is often too rainy or snowy to go outside
- Other frequent weather conditions (for example, thunderstorm warnings, air quality advisories) that prevent outside activity
- Not enough time in the day for children to be physically active
- Children are not interested in physical activity
- Unsure how to get children to participate in physical activity
- Unsure how much physical activity children should get each day
- Not enough staff to supervise the children during physical activity
- Staff do not have adequate training on how to encourage and support children in being physically active
- Staff are not interested in participating in physical activity with the children
- Other
- It is not hard

<< BACK

NEXT >>

M7\_6a

Not enough outdoor play space. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK      NEXT >>

M7\_6a

Not enough indoor play space. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK      NEXT >>

M7\_6a

Not enough play equipment. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK      NEXT >>

M7\_6a

No policy that requires physical activity. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Concerned about liability (children getting hurt). How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Safety is a concern in the neighborhood. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Weather is often too hot to go outside. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Weather is often too cold to go outside. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Weather is often too rainy or snowy to go outside. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

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NEXT >>

M7\_6a

Other frequent weather conditions (for example, thunderstorm warnings, air quality advisories) that prevent outside activity. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Not enough time in the day for children to be physically active. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Children are not interested in physical activity. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Unsure how to get children to participate in physical activity. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

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NEXT >>

M7\_6a

Unsure how much physical activity children should get each day. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

M7\_6a

Not enough staff to supervise the children during physical activity. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

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NEXT >>

M7\_6a

Staff do not have adequate training on how to encourage and support children in being physically active. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

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NEXT >>

M7\_6a

Staff are not interested in participating in physical activity with the children. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

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NEXT >>

M7\_6a [OTHER]

[OTHER]. How much would you say this decreases the amount of time spent doing physical activity?

- Not At All
- A Little
- A Lot
- Don't Know

<< BACK

NEXT >>

### 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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

### 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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>



### M7\_9

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

- Yes, an informal policy [HOVER DEFINITION]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

### 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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

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]
- Yes, a written policy [HOVER DEFINITION]
- Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION]
- No, there is no policy
- Don't know

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NEXT >>

M7\_12

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

Select all that apply

- USDA
- State Agency
- [DISPLAY IF SPONSOR=1] Sponsoring agency
- Caring for our Children
- CACFP Sponsor Association
- CACFP Provider Association
- Head Start Program
- National Afterschool Association
- Other (Specify)

- Do not follow any best practices for physical activity
- Don't know

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NEXT >>

## Section 8

Section8Info

### SECTION 8: INFANT FEEDING AND INFANT PHYSICAL ACTIVITY

**The questions in this section ask about procedures for infant feedings and physical activity for infants under the age of 1 year (less than 12 months old) 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.

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NEXT >>

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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

<< BACK

NEXT >>

Resp8fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

M8\_1

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

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

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NEXT >>

M8\_2

How do staff determine the end of infant feedings?

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

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NEXT >>

M8\_3

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

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

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NEXT >>

M8\_4

Which type of solid food is **most often** introduced **first** to infants at [SAMPLED CHILD CARE SITE]?

- Infant cereals
- Other grains, including crackers, bread, puffs, and ready-to-eat cereals
- Meats, including beef, poultry, and fish
- Meat alternates, including eggs, yogurt, cheese, and dry beans and peas
- Fruits
- Vegetables
- Other (Specify)

- Don't know

<< BACK

NEXT >>

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
Determining when to introduce solid foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to parents/guardians about introducing solid foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting parent/guardian permission to introduce solid foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/guardians want their infant to start solid foods before we think they are ready	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining what types of solid foods to serve to infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding solid foods that meet the meal pattern requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding solid foods that infants will eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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NEXT >>

M8\_6

Are parents/guardians allowed to send solid foods from home for their infant?

- Yes
- No

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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
- Parent/guardian has preference to bring foods from home
- Infant has food allergies or special dietary needs
- Other (Specify)

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M8\_8

Does [SAMPLED CHILD CARE SITE] allow mothers to breastfeed infants onsite?

- Yes
- No
- Don't know

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M8\_8a

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

- Yes
- No
- Don't know

<< BACK      NEXT >>



M8\_9

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

- Yes
- No
- Don't know

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M8\_9a

Where is the breast milk stored?

Select all that apply

- Inside a refrigerator
- Inside a freezer
- Inside an insulated cooler
- On a counter or shelf (not in a refrigerator, freezer, or cooler)

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M8\_10

How are breast milk and formula warmed?

Select all that apply

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

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M8\_11

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

- Never
- Some days but not every day
- 1 time per day
- 2 time per day
- 3 time per day
- 4 time per day or more

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M8\_12

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

- Never
- Some days but not every day
- 1 time per day
- 2 time per day or more

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M8\_13

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

- Never
- Some days but not every day
- 1 time per day
- 2 time per day or more

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

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## Section 9

Section9Info

### 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.

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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]
- Returning respondent [FILL W/ RESP 2 NAME], ETC
- New person completing the survey

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Resp9fname

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

First name:

Middle Initial:

Last name:

Title:

Email address:

Telephone number:

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
Meal reimbursement is not enough to cover food expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough children are eligible for higher reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork to receive meal reimbursement is difficult (including recordkeeping and meal claim submission)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork for child enrollment is difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition requirements are difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirements for site eligibility are difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring by the State or sponsor is time-consuming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of support from sponsor [DISPLAY IF Sponsor=1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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
- Require less monitoring
- Require less accountability
- Increase meal reimbursement rate
- Provide more support to complete paperwork
- Provide assistance with writing menus
- Offer electronic enrollment and paperwork options
- Other (Specify)
- Don't know

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## Complete

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 provisions of the Healthy, Hunger-Free Kids Act of 2010 (P. L. 111-296) and Section 28 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769i) as amended.

**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.

<https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf> (p.19078).