The purpose of this survey is to understand the challenges that early child care and education providers might face in improving nutrition and physical activity practices in child care. A mix of Head Start, Center- and Family-based providers are being asked to complete this survey either by paper, the Internet (preferred) or by phone. We ask that only one provider, director, or teacher most familiar with the program nutrition and physical activity practices complete the survey. For completing this survey by April 30, 2016, you will receive one $30 Visa gift card.

This data will help influence support and policies for child care settings. Please be honest in saying what you are already doing, so that we can establish where best to focus resources in order to make the children's lives better. Your answers are completely private. No identifying information, such as your license number, will be passed on and your personal answers will not be forwarded to licensors.

To begin the survey, please provide the Assigned ID (from envelope label) and either your Name and Address or the Child Care License Number. We will use your assigned ID number to track completed surveys. Your licensure number will not be tied to the information you provide. In order to ensure confidentiality of your survey responses, a secure server will be used to save your responses and results of this study will be grouped together in a final report.

Assigned ID (from envelope label): __________________________________________________________

Child Care License Number: __________________________

Provider First and Last Name: ________________________________________________________________

Program Name and Address: ________________________________________________________________

__________________________________________________________

__________________________________________________________

Provider Email: ____________________________________________________________
Dr. Susie Nanney from the University of Minnesota, Department of Family Medicine & Community Health, is asking licensed providers who care for children ages infant to 5 years to take part in a research study called “Healthy Start, Healthy State”. For some of you, this is a follow-up to a similar survey conducted in 2010, titled: “Supporting Healthy Food and Activity Environments in Minnesota Child Care Settings”. We are working with early child care and education providers across Minnesota. The reason for the study is to gather information to learn how to support providers to improve healthy eating and physical activity in child care settings serving children ages infant to 5 years.

If you decide to participate, you will be asked to complete one survey. This survey will ask about your current practices around healthy eating and physical activity and what changes, if any, you think should be made. The answers you provide are confidential. We will use your licensure number along with an assigned ID number to track completed surveys. Your licensure number will not be tied to the information you provide. In order to ensure confidentiality of your survey responses, a secure server at the University of Minnesota will be used to save your responses. Individual survey results will not be reported, results of this study will be grouped together in a final report.

The survey can be taken by paper, online, or over the phone. The survey should take less than 30 minutes to complete. The risks to you as a survey participant are small. One potential risk is that you may feel uncomfortable answering some questions. If you do not want to participate or answer specific questions, you do not have to do so.

There will be no penalty for not participating in the study. You may withdraw at any time without affecting relationships with your employer, other child care provider programs, or the University of Minnesota. For completing our survey you will receive a $30 Visa gift card. Also, by participating in the study you may help us learn how to improve healthy food and activity environments in child care settings, which may lead to reductions in childhood obesity.

If you have any questions or concerns regarding this study you may contact Dr. Susie Nanney at 612-626-6794. If you would like to talk to someone other than the researcher, you are encouraged to contact the Research Subjects’ Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; 612-625-1650.

By completing the attached survey, you are agreeing to participate in this research study. Do you accept?

☐ I accept

☐ I do not accept – Please stop here and return the form in the supplied envelope.
Which one of the following best describes your program? (Check one):

☐ Child care center
☐ Family child care home
☐ Head Start
☐ Other

Which meals/snacks are served? (Check all that apply):

☐ Breakfast
☐ Noon meal
☐ Evening meal
☐ Snacks
☐ I do not serve meals/snacks

What influences the foods you buy and serve to children in your program? (First, select five of your top influences from the following list in the boxes provided. Then, rank those five influences from 1 to 5, with 1 being the strongest influence, on the lines provided):

☐ Regulations ______  ☐ Nutritional value ______
☐ Family culture ______  ☐ Foods in season ______
☐ Price of foods ______  ☐ Locally-grown ______
☐ Foods available in my area ______  ☐ Brand name ______
☐ What the children will eat ______  ☐ Certified organic ______
☐ Parent preferences ______  ☐ Food I am familiar with ______
☐ Special nutritional needs ______  ☐ Other: ___________________ ______
This section will help us understand how difficult it would be for you to try the following nutrition practices.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult (1)</th>
<th>Somewhat difficult (2)</th>
<th>Not at all difficult (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve high fat foods less than once per week or not at all? Examples include: hot dogs, bologna, fish sticks, tater-tots, French fries, chips, cookies, cakes, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve only lean meat, nuts, beans, lentils, and tofu for protein sources?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve processed meats less than once per week or not at all? Examples include: hot dogs, bologna, lunch meats, pepperoni, salami, sausages, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve high sugar foods less than once per week or not at all? Examples include: cakes, cookies, muffins, sugary cereals, frozen treats, candy, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve low-sodium meals or snacks everyday?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve only whole grain foods? Examples include: 100% whole wheat bread, whole grain cereal such as Cheerios® or Raisin Bran, oatmeal, brown rice, whole grain pasta, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If you don’t serve only whole grains, how hard would it be to serve at least 1 whole grain item daily?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve at least one fruit and/or non-fried vegetable at every meal and snack?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve only unflavored milk and water (not juice or sugary drinks)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If you do serve juice, how hard would it be to serve only 100% fruit juice and limit to 4-6 ounces per day or less?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve unflavored whole milk to children one year (12 to 23 months) of age?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Serve only unflavored low-fat milk (1% or skim) to children two years of age and older?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If you do serve flavored milk to children two years of age and older, how hard would it be to serve only fat-free flavored milk?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Never serve sugar sweetened beverages (drinks with added sugar)? Examples include: regular soda pop, Hawaiian Punch, Kool-Aid, Sunny Delight, Gatorade, PowerAde, sweet tea, lemonade, juice drinks, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Make drinking water available to children throughout operation hours?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide drinking water in single service drinking cups or from drinking fountains that are accessible to children?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
This section will help us understand how difficult it would be for you to try the following nutrition related education and policy practices.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult 1</th>
<th>2</th>
<th>Somewhat difficult 3</th>
<th>4</th>
<th>Not at all difficult 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer healthy eating and nutrition education to children at least three times per year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Providers to attend healthy eating and nutrition training at least once per year, not counting food safety or CACFP compliance related training?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Write a policy for your program regarding current healthy nutrition practices?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Implement a policy for your program regarding current healthy nutrition practices?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Distribute a policy for your program regarding current healthy nutrition practices to parents?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Include healthy foods and non-food items at celebrations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Refrain from using food for reward or punishment? For example, giving extra food for good behavior or taking away a snack for doing something wrong.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

This section will help us understand how difficult it would be for you to try the following mealtime practices.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult 1</th>
<th>2</th>
<th>Somewhat difficult 3</th>
<th>4</th>
<th>Not at all difficult 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve family-style or combination* meals (e.g. children serve themselves part of the meal) as opposed to being served all meal components pre-plated?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have at least one adult sit at the table and eat the same meals and snacks as the children?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Model healthy eating behaviors during meal and snack times by eating healthy foods with the children and avoiding unhealthy foods (especially sweets, fast food, salty snacks, soda, and sugary drinks) when children are present?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Allow children to decide when they are full during meal and snack times? For example, not requiring children to clean their plate, eat one more bite of a vegetable, etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Combination Style: This type of meal service combines pre-plated and family style meal services. It can be used when food cannot be easily or safely passed from one child to another when using a family style meal service.
This next section refers to **challenges and barriers** you may face when applying nutrition practices.

Thinking about applying the nutrition practices described in this survey, please **select up to 5 barriers** for your program from the list below in the boxes provided. Then, **rank** those top barriers selected, with 1 being the biggest barrier, on the lines provided:

**Select:** (up to 5)  

- [ ] Cost of purchasing healthier foods
- [ ] Lack of availability of healthy foods in my area
- [ ] Lack of transportation / transportation costs when getting groceries
- [ ] Lack of equipment and/or space to adequately prepare healthful foods
- [ ] Limited space for food storage, such as refrigerator and cabinet space
- [ ] Lack of control over the types of meals and snacks that are provided to us
- [ ] Unsure of the differences between healthy and unhealthy foods
- [ ] Unsure how to prepare and serve healthier foods (e.g. fresh fruits and vegetables)
- [ ] Lack of time to prepare and serve healthy foods
- [ ] High costs associated with serving children with special diets
- [ ] Children would not respond well resulting in more food waste
- [ ] Parents would not support provider’s efforts
- [ ] Other caregivers/staff would not be supportive
- [ ] Other areas in our program have higher priority than nutrition at this time
- [ ] So many different recommendations that I do not know which to follow
- [ ] Unsure which foods can be reimbursed through CACFP
- [ ] Fresh foods spoil quicker
- [ ] Weekly schedule limits time to shop more than once per week
- [ ] Staff turnover/having to retain staff
- [ ] List other barrier(s): ____________________________________________

**Rank:** (only those selected)
This section will help us understand how difficult it would be for you to try the following Infant Nutrition practices.

Are you licensed to care for infants?

☐ Yes
☐ No (skip to page 9)

If ‘Yes,’ on a scale from 1 to 5, one being very difficult and five not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions</th>
<th>I already do this</th>
<th>Very difficult (1)</th>
<th>Somewhat Difficult (3)</th>
<th>Not at all difficult (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve only breast milk and/or infant formula (not solid foods) to infants until 6 months of age?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Never serve fruit juice to infants until 1 year of age (unless recommended by doctor)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Obtain written dietary instructions from the parent of the infant?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Offer breast milk or infant formula and nutritionally adequate solid foods in prescribed quantities at specified time intervals?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Post infant’s feeding schedule in the food preparation area?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Label and refrigerate each infant’s bottle?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Generate daily written reports to the parent about the infant’s food intake, elimination, sleeping patterns, and general behavior?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ensure that sanitary procedures and practices are used to prepare, handle, and store breast milk, formula, solid foods, and supplements?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Continued on next page.....
On a scale from 1 to 5, one being very difficult and five not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions</th>
<th>I already do this</th>
<th>Very difficult 1</th>
<th>2</th>
<th>Somewhat Difficult 3</th>
<th>4</th>
<th>Not at all difficult 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide flexible feeding schedules based upon individualized infant feeding plans?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Follow infant’s regular diet and feeding schedule?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wash bottles after use?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide a comfortable space, other than a bathroom, for mothers to breastfeed or express breastmilk?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Actively promote breastfeeding (e.g. talk to families about the benefits, share educational materials, show positive attitudes about breastfeeding)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Implement a policy for your program regarding support of breastfeeding?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

We know that you have your own beliefs about child development. For this next set of questions, there are no right or wrong answers. Your most honest response is most helpful.

How strongly do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know/unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>There have been so many advances in infant formulas that they are just as good for babies as breast milk.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is more convenient for me to use formula for infants than to accept pumped breast milk from mothers who are breastfeeding.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
This section will help us understand how willing you are to try the following practices to get healthy food for your program. On a scale of 1 to 5, 1 being "not at all willing" and 5 being "very willing", how willing are you to try the following:

<table>
<thead>
<tr>
<th>Options:</th>
<th>I already do this</th>
<th>Not at All Willing to Try</th>
<th>Somewhat Willing to Try</th>
<th>Very Willing to Try</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative joint purchasing with other food service providers (e.g. a site in which near-by providers can combine to make purchases together)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Networking with other providers (e.g. sharing cost-saving tips, planning carpools for grocery trips, announcing current deals/coupons)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CSA (Community Supported Agriculture)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mobile markets/pantries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Farmers markets</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Online purchasing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bulk purchasing (e.g. Sam’s Club, Costco)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Food bank or food shelf</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community garden</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Onsite garden</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Directly from a farmer or orchard</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Food delivery, catered, or vended services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Food programs at churches</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Summer Food Program</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other: ________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

What else do you wish existed that would help you serve healthy food?

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
This section will help us understand how difficult it would be for you to try the following physical activity practices. For this section, physical activity refers to gross motor (large muscle) activities such as jumping, running, throwing, etc.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult 1</th>
<th>Somewhat difficult 2</th>
<th>Not at all difficult 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide children with a minimum of 60 minutes of gross motor physical activity per day, consisting of both teacher-led and free play?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide opportunities for moderate to vigorous physical activity* for at least 60 minutes per day while children are in care for full-day programs and 30 minutes per day for half-day programs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide outdoor, gross motor physical activity at least two times per day?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide opportunities for gross motor physical activity for children with special needs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If providing opportunities for gross motor physical activity for children with special needs is difficult (if you checked 1, 2, or 3), how so? (Check all that apply):
- ☐ Physical limitations of the site
- ☐ Limited resources in the community
- ☐ Lack/ inadequate staff training
- ☐ Inadequate staffing ratios to accommodate the unique special needs of children
- ☐ Difficulties including kids with special needs in gross motor activities with other children
- ☐ I don’t know
- ☐ Other (please specify): ____________________________________________________________________________

We know that you have your own beliefs about child development. For this next question, there is no right or wrong answer. Your most honest response is most helpful.

How strongly do you agree with the following statement?

<table>
<thead>
<tr>
<th>It is important for children to have some screen time (i.e., watching tv, using an ipad) in order to learn language, social and other skills.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t know/unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
This section will help us understand how difficult it would be for you to try the following sedentary behavior and screen time practices.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult</th>
<th>Somewhat difficult</th>
<th>Not at all difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit children’s inactive time to no longer than 30 minutes except when sleeping or eating?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For preschoolers (aged 2 to 5), limit television, video, computer, and other digital media time to no more than 60 minutes per day for children in full-day programs - or - no more than 30 minutes per day for children in half-day programs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For children less than 2 years old, eliminate all screen time (including television, video, computer, and other digital media)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

This section will help us understand how difficult it would be for you to try the following physical activity related education and policy practices. For this section, physical activity refers to gross motor (large muscle) activities such as jumping, running, throwing, etc.

On a scale of 1 to 5, one being very difficult and five being not at all difficult, how hard would it be if your program tried to:

<table>
<thead>
<tr>
<th>Questions:</th>
<th>I already do this</th>
<th>Very difficult</th>
<th>Somewhat difficult</th>
<th>Not at all difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide educational lessons for the children with a focus on gross motor physical activity at least three times per year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provider attends gross motor physical activity training at least once per year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Write a policy for your program regarding current physical activity practices?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Implement a policy for your program regarding current physical activity practices?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Distribute a policy for your program regarding current physical activity practices to parents?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
This next section refers to challenges and barriers you may face when applying these physical activity practices. For this section, physical activity refers to gross motor (large muscle) activities such as jumping, running, throwing, etc.

Thinking about applying the gross motor physical activity practices described in this survey, please select up to 5 barriers for your program from the list below in the boxes provided. Then, rank those top barriers selected, with 1 being the biggest barrier, on the lines provided:

Select: (up to 5)  

- [ ] Cost of purchasing equipment for active play
- [ ] Weather
- [ ] Lack of equipment that could be used for safe, active play or gross motor activities
- [ ] Lack of knowledge, training, or experience for age-appropriate gross motor activities
- [ ] Lack of indoor space for gross motor physical activity
- [ ] Lack of outdoor space for gross motor physical activity
- [ ] Unsafe neighborhood for outdoor, active play or gross motor activities
- [ ] Lack of time in our schedule for gross motor physical activity
- [ ] Parents sending children to child care without appropriate clothing for gross motor activities
- [ ] Other areas in our program have higher priority than gross motor physical activity
- [ ] Children would not respond well
- [ ] Parents would not support provider’s efforts
- [ ] Other caregivers/staff would not be supportive
- [ ] Limitation of provider’s/staff’s physical abilities
- [ ] Staff turnover/having to retain staff
- [ ] List any other barrier(s): ____________________________

Rank: (only those selected)

[ ] [ ] [ ] [ ] [ ]
This next section is about your program’s training needs.

...Access to Training

Do you have Internet access at your program site or elsewhere?
☐ Yes
☐ No

If ‘Yes,’ how do you access Internet? (Check all that apply):
☐ Program site computer
☐ Home computer
☐ Public computer (e.g. Library)
☐ Mobile phone
☐ Tablet

Do you have reliable and consistent Internet access at your program site or elsewhere, to stream or download training?
☐ Yes
☐ No
☐ Have access, but choose not to stream or download trainings

...Participation in Training

Have you completed any child nutrition training in the past year that was not food safety or CACFP compliance related?
☐ Yes
☐ No

Have you completed any child care gross motor or physical activity training in the past year?
☐ Yes
☐ No
If you do participate in trainings, what is your motivation for participating? (Check all that apply):

☐ To stay updated with best practices  ☐ Network and meet other providers
☐ To grow and improve job performance as a professional  ☐ Help educate children and prepare for school
☐ Topic was interesting, new, or different  ☐ CACFP requirement
☐ Licensure or regulatory requirements  ☐ Parent AWARE
☐ To better meet children’s special needs  ☐ Accreditation requirement
☐ Passion for job/love of children

☐ Other: ____________________________________________

Which, if any, of the following topics would you consider important for future training? (Check all that apply):

☐ CACFP related training (e.g. paperwork, time management, meal pattern compliance)
☐ Creative menu planning with new recipes or products (e.g. planning a menu based on color, variety, and nutrients)
☐ Culinary skills (e.g. Cooking Matters)
☐ Increasing fruit/vegetable acceptance among children
☐ How to respond to children’s behavior/appearance through food (e.g. iron deficiency)
☐ How to implement family-style meals
☐ Nutrition education for various age groups
☐ Tips to improve communication with parents about children’s nutrition and physical activity
☐ How to engage parents and the community in wellness programs
☐ How to decrease plate waste
☐ Local food procurement (e.g. Farm to Child Care)
☐ Skills for effective food budgeting (e.g. forecasting a food budget)
☐ How to promote and support breastfeeding
☐ Using physical activity to enhance school readiness
☐ Incorporating outdoor physical activity in periods of bad weather
☐ How to lead structured group physical activity sessions
☐ How to encourage unstructured physical activity through free play
☐ Ideas for physical activity/games that are appropriate for various age groups
☐ Other: ____________________________________________
Would you be interested in any of the following methods to enhance your skills in parent engagement? (Check all that apply):

☐ Using templates for communication
☐ Role-playing
☐ Composing letters
☐ Conducting conferences
☐ Programming events for parents and children

☐ Using social media
☐ Talking to parents about concerns/challenges with their child
☐ How to enhance attendance for parent meetings/events
☐ Other: _______________________________________________________________

Please select barriers that prevent you from obtaining training. (Check all that apply):

☐ Unable to travel to the training location
☐ Scheduled trainings do not fit within my work schedule (outside of usual hours)
☐ Leaving my work site would leave the other staff short-handed
☐ Training has not been made available in the past
☐ Cost of the training
☐ Not interested in training topics
☐ Lack of internet or computer access
☐ Trainings are hard to find
☐ Unsure if the training qualifies for new license rules
☐ Other: _______________________________________________________________

What is your preference when it comes to receiving training? (Check all that apply):

☐ In-person training
☐ Live webinar (allows for Question and Answer with the host)
☐ Recorded webinar that I can view anytime
☐ Ongoing mentorship/coaching
☐ Ongoing peer-to-peer with other providers
☐ Self study (ie. Anytime Learning modules)
☐ Attending conferences with multiple trainings on one day (like a Saturday)
☐ No preference
☐ Other: ___________________________________________________________________
These next few questions are about your program. Your answers are not intended to measure compliance with state regulations, so please answer honestly.

Does your program follow Head Start performance standards?
☐ Yes
☐ No
☐ Not applicable

Does your program follow Early Head Start performance standards?
☐ Yes
☐ No
☐ Not applicable

Which of the following best describes the management of your program?
Choose one:
☐ For Profit
☐ Non-profit

Choose all that apply:
☐ Independent
☐ Franchise, please specify________________________________________________________
☐ Government (e.g. Community center), please specify______________________________
☐ Worksite, please specify________________________________________________________
☐ Faith-Based, please specify____________________________________________________
☐ Other: _____________________________________________________________________
Does your program participate in Parent AWARE?

☐ Yes
   If ‘Yes,’ What is your program’s Star Rating? _____________

☐ No
   If ‘No,’ Why not? ______________________________________

On a typical day, how many adults are on staff to care for children? _____________

On a typical day, how many children attending your program are in the following age groups?

   Infant _______

   Younger toddler _______

   Older toddler _______

   Preschoolers/Pre-Kindergarteners _______

   “Young Fives” _______

To the best of your knowledge, how many total children in your program would you say are overweight? (Please give your best guess): _____________

☐ I don’t know

On a typical day, how many children in your program are of the following racial and ethnic backgrounds? (Please give your best guess):

   Asian _______

   Black or African American _______

   Caucasian _______

   Hispanic or Latino(a) _______

   American Indian or Alaskan Native _______

   Native Hawaiian or other Pacific Islander _______

   Multi-ethnic _______

   Other (please specify) ______________________________

Does your program participate in Parent AWARE?

☐ Yes
   If ‘Yes,’ What is your program’s Star Rating? _____________

☐ No
   If ‘No,’ Why not? ______________________________________
To the best of your knowledge, what languages are spoken in the children’s homes? (Check all that apply):

| ☐ English | ☐ German |
| ☐ Spanish | ☐ Lao |
| ☐ Hmong | ☐ Vietnamese |
| ☐ Karen | ☐ Bassa |
| ☐ Nepali | ☐ Burmese |
| ☐ French | ☐ Chin |
| ☐ Capuano | ☐ Romanian |
| ☐ Amharic | ☐ Italian |
| ☐ Arabic | ☐ Ewe |
| ☐ Somali | ☐ Hocak |
| ☐ Khmer | ☐ Tagalog |
| ☐ Oromo | ☐ Other: ______________________ |
| ☐ American Sign Language | ☐ I do not know |
| ☐ Swedish | |

Please describe the tuition costs or fees for children enrolled full-time at your program. (If program costs change during summer, please consider only the rest of the year):

- Full-time tuition (Infants): $___________ (circle one) per week — per day — per hour — per month
- Full-time tuition (Toddlers): $___________ (circle one) per week — per day — per hour — per month
- Full-time tuition (Preschoolers): $___________ (circle one) per week — per day — per hour — per month
- Full-time tuition (School aged): $___________ (circle one) per week — per day — per hour — per month

☐ Tuition is not applicable to my program
What would you guess the average yearly income to be of the families whose children attend your program?
(Check the best estimated category):

☐ < $25,000
☐ $25,000 - $39,999
☐ $40,000 - $59,999
☐ $60,000 - $74,999
☐ >$75,000
☐ I do not know

What schools or districts do/will most of the children in your program attend?
(Please list the most common/top 5 below):

☐ I do not know

☐

☐

☐

☐

☐

☐

Do you have children in your program whose care is paid at least in part by child care assistance/scholarships?
(Check only one response):

☐ Yes, we currently have one or more children whose care is paid at least in part by a subsidy for low-income children.
☐ No, we currently do not accept subsidies.
☐ We are willing to accept subsidies, but we currently do not have families who participate in the program.
☐ I do not know

How often do you notice children in your program who do not appear to be getting enough food to eat at home?
(Check only one response):

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Very often/Always
☐ I do not know
Is food prepared on-site?

☐ Yes

☐ No

☐ Both Yes and No

If ‘Both,’ please explain: ________________________________

If ‘No,’ who prepares the meals and/or snacks? (Check all that apply):

☐ Grocery store or Deli

☐ Catering company

☐ A central child care center kitchen

☐ The local school district

☐ A restaurant

☐ Parents provide food for their children

☐ Other: ________________________________

If ‘Yes,’ where do you get the food that is prepared for child care meals and snacks? (Check all that apply):

<table>
<thead>
<tr>
<th>Supermarket/grocery store</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bulk food store (i.e. Sam’s Club, Costco)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food distributor (i.e. Sysco, Reinhart, Upper Lakes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food assistance program (i.e. Food shelf)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Convenience store/gas station</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>

Continued on next page.....
(Continued) If ‘Yes,’ where do you get the food that is prepared for child care meals and snacks? (Check all that apply):

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online/Delivery (i.e., Coburns, Amazon)</td>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Monthly</td>
</tr>
<tr>
<td>Farmer’s Market or directly from farmer (in season)</td>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Monthly</td>
</tr>
<tr>
<td>Onsite garden (in season)</td>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Monthly</td>
</tr>
<tr>
<td>Community garden (in season)</td>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Monthly</td>
</tr>
<tr>
<td>Other:</td>
<td>☐ Never Purchase/Get Foods Here</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Purchase/Get Monthly</td>
</tr>
</tbody>
</table>
Does your program participate in the Child and Adult Food Care Program (CACFP or “the food program”)?

☐ Yes
☐ No
☐ Previously did, but not anymore

If ‘Previously did, but not anymore,’ please describe reason/s for discontinuing CACFP participation. (Check all that apply):
☐ I am a for-profit center and no longer meet the 25% eligibility
☐ Paperwork too burdensome
☐ My sponsor closed/went out of business
☐ No food storage space
☐ No meal prep facilities
☐ Reimbursement is too low to cover cost of the program food
☐ I do not want to be limited in what I can serve the children
☐ I was disqualified because of non-compliance
☐ I do not want administrative center visits
☐ I do not want the 3x/year monitoring visits conducted for family child care homes
☐ I do not want to have to collect and save Child Nutrition Labels off packages in case CACFP shows up
☐ Children will not like the food
☐ Other: ___________________________________________________________________________

If ‘No,’ please describe reason/s for not participating. (Check all that apply):
☐ I am a for-profit center and no longer meet the 25% eligibility
☐ Paperwork too burdensome
☐ I don’t have the time or capability, but would consider with a sponsorship
☐ No food storage space
☐ No meal prep facilities
☐ Reimbursement is too low to cover cost of the program food
☐ I do not want to be limited in what I can serve the children
☐ I do not know enough about it/I do not understand how it works
☐ I do not want administrative center visits
☐ I do not want the 3x/year monitoring visits conducted for family child care homes
☐ I do not want to have to collect and save Child Nutrition Labels off packages in case CACFP shows up
☐ Children will not like the food
☐ Parents will not like it
☐ I have never heard of the CACFP program
☐ Other: ___________________________________________________________________________
We are interested in learning about families in your care that might/do participate in the WIC (Women, Infant, Children) Program.

How strongly do you agree with the following statement: WIC is a beneficial program for infants and children.

☐ Strongly agree
☐ Agree
☐ Indifferent
☐ Disagree
☐ Strongly disagree

To the best of your knowledge, how many children in your program participate in WIC?
(Please give your best guess): __________

☐ I don’t know

What do you think are the most important barriers to participating in WIC for your families? (Check all that apply):

☐ No nearby clinic
☐ WIC requirements seem difficult.
    Please specify:___________________________
☐ WIC benefits are limited
☐ WIC has limited food choices
☐ Families don’t qualify
☐ Transportation is an issue
☐ Parents are not aware of WIC
☐ WIC appointment times are difficult
☐ Negative stigma associated with WIC
☐ Other:_______________________________________
☐ I don’t know

Do you have a way to let parents know about nutrition programs (WIC, SNAP)?

☐ Yes. Please specify (Check all that apply):
  ☐ Bulletin board
  ☐ One-on-one parent meetings/conferences
  ☐ Parent education night
  ☐ Other:___________________________________________
☐ No

Would you be willing to reach out to parents to inform them about child nutrition programs (i.e., WIC, Reduced-price school meals)?

☐ Yes
☐ No
☐ Maybe

May we contact you with more information about parent outreach for nutrition programs?

☐ Yes
☐ No
Providers are regulated by a number of standards/regulations. Check all of the following regulations that apply to you or your program:

☐ CACFP
☐ Building code (Local Public Health)
☐ Food safety (Local Public Health)
☐ Regulations regarding infants (Local Public Health)
☐ Licensing
☐ Quality ratings
☐ Organization affiliation (ex. Head Start, YMCA, Bright Horizons)
☐ Accreditation
☐ Other grant requirements: please explain_____________________________________________________

Do you receive training/support for your program from local public health department? (i.e., SHIP Grants)

☐ Yes
☐ No
☐ I do not know

*These last few questions are about you.*

What is your age? __________

☐ I prefer not to answer

Are you ...

☐ Female
☐ Male
☐ I prefer not to answer

Do you consider yourself to be Hispanic or Latino(a)?

☐ Yes
☐ No
☐ I prefer not to answer

Continued on next page…..
Which of the following do you consider yourself?

☐ Asian
☐ Black or African American
☐ Caucasian
☐ American Indian or Alaskan Native
☐ Multi-ethnic
☐ Other: __________________________________________
☐ I prefer not to answer

What is the highest grade or year of school you have completed?

☐ Some high school
☐ High school graduate or GED
☐ Trade school
☐ Some college or Associate’s degree
☐ Bachelor’s degree
☐ Graduate or Professional degree
☐ Other: __________________________________________
☐ I prefer not to answer

How would you describe your general health?

☐ Excellent
☐ Good
☐ Fair
☐ Poor
☐ I prefer not to answer

How long have you been working in child care? (Specify 0 for less than one year): _______ years

Are you connected with other child care providers outside of your program?

☐ Yes
☐ No, and I would rather not be
☐ No, but I would like to be
You have completed the survey!

To recognize your contribution, you will be mailed a $30 Visa gift card.

To ensure delivery, provide the mailing address below where you would like us to send the gift card.

Name: ________________________________________

Address:  ________________________________________

........................................................................

City/town: _________________________________________

State: _________  Zip: ____________________________
Survey Mailing Instructions:

To submit your completed survey, please place the completed survey in the white folded envelope provided in your packet (sent in a yellow envelope).

The white folded envelope is marked with pre-paid postage and a return address. Submit your completed survey by placing the white envelope with the completed survey in any US postal service mail box.

Thank you for taking the time to complete this survey! Your feedback is extremely valuable.

You will receive a report of findings from the survey hen the project has ended. Please contact us at the following phone number with any questions: 612-626-4273.
University of Minnesota’s

*Healthy Start, Healthy State*

Child Care Provider Survey

Funding for this project is provided by the Center for Prevention at Blue Cross and Blue Shield of Minnesota.