The purpose of this bi-state survey is to understand the challenges that early child care and education providers might face if improving nutrition and physical activity best-practices in childcare. A mix of Head Start, Center- and Family-based providers are being asked to complete this 30-minute 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. One $20 gift card to Target or Walmart is available for those who complete the survey by September 10.

Online Survey Link: https://www.surveymonkey.com/s/WiMnChildCareEnvironments

We will use your licensure number along with an assigned ID number to track survey response rates. 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.

Child Care License Number: ____________________________

Assigned ID (from envelope label): ________________
Provider Consent Form

Dr. Susie Nanney from the University of Minnesota, Department of Family Medicine & Community Health and Dr. Tara LaRowe from the University of Wisconsin-Madison, Department of Family Medicine, are asking licensed providers who care for children ages 2-5 years to take part in a research study called “Supporting Healthy Food and Activity Environments in Child Care Settings”. We are working with early child care and education providers across Minnesota and Wisconsin. The reason for the study is to gather information to determine how to best approach the issue of improving healthy eating and physical activity environments in child care settings serving children ages 2-5 years.

If you decide to participate, you will be asked to complete one survey. This survey will ask about your opinion of the current best practices around healthy eating and physical activity environments in child care settings 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 survey response rates. 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.

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 Universities of Minnesota or Wisconsin. For responding to our survey you will receive a $20 gift card to either Target or Walmart. 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 or Dr. Tara LaRowe at 608-262-6535. If you would like to talk to someone other than the researchers, you are encouraged to contact the Research Subjects’ Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; 612-625-1650 or the University of Wisconsin Hospital and Clinic Patient Relations Representative at 608-263-8009.

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 if completing by paper.
This first section will help us understand how difficult it would be for you to apply 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>Practice</th>
<th>I do this already</th>
<th>Very difficult</th>
<th>Somewhat difficult</th>
<th>Not at all difficult</th>
<th>I prefer not to answer</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, tator-tots, French fries, chips, cookies, cakes, etc.</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Serve low-sodium meals or snacks every day?</td>
<td></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>
<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>
<td></td>
</tr>
<tr>
<td>Serve only white, low-fat milk (1% or skim) to children two years of age and older?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serve only 100% fruit juice and limit to 4-6 ounces per day or less?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never serve sugar sweetened beverages? Examples include regular soda pop, chocolate milk, Hawaiian Punch, Tang, Kool-Aid, Sunny Delight, Gatorade, PowerAde, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children can access drinking water freely at other times besides meal and snack times?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers attend healthy eating and nutrition training at least once per year, not counting food safety (CACFP)?</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 for good behavior or taking away a snack for doing something wrong.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</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>
</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>
</tr>
<tr>
<td>Write and implement a policy for your program regarding healthy nutrition.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This next section asks about challenges and barriers you may face when applying these nutrition practices.

Thinking about the nutrition practices defined above, please choose what you feel would be the top five barriers for your program from the following list. Please check up to five barriers.

- Cost of purchasing healthier foods
- Healthy foods are not available in my area
- 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
- Lack of time to prepare and serve healthy foods
- Children would not respond well - If selected, please explain: ____________________________
- Parents would not support provider’s efforts - If selected, please explain: ________________
- Other caregivers/staff would not be supportive - If selected, please explain: ________________
- Other areas in our program have higher priority than nutrition at this time

List other barrier(s):
This section will help us understand how difficult it is or would be for you to apply the following **physical activity** practices. For this section, **physical activity** refers to **gross motor** 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>Practice</th>
<th>I do this already</th>
<th>Very difficult</th>
<th>Somewhat difficult</th>
<th>Not at all difficult</th>
<th>Not applicable</th>
<th>I prefer not to answer</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>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>Limit television, video, and computer time to no more than 60 minutes per day?</td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>Refrain from disciplining a child by taking away active play (gross motor activities)? For example, not allowing a child to go outside during play time because of misbehavior earlier in the day.</td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></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>
<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>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>Providers attend gross motor physical activity training at least once per year?</td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>Have at least one provider join children in gross motor physical activity each day?</td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<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>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<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>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
<tr>
<td>Write and implement a policy for your program regarding physical activity?</td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
<td></td>
<td>☒ ☒ ☒ ☒ ☒</td>
</tr>
</tbody>
</table>
This next section asks about challenges and barriers you may face when applying these physical activity practices. For this section, physical activity refers to gross motor activities such as jumping, running, throwing, etc.

Thinking about the gross motor physical activity practices defined above, please choose what you feel would be the top five barriers for your program from the following list. Please check up to five barriers.

- Cost of purchasing equipment for active play
- Weather
- Lack of equipment that could be utilized for safe, active play or gross motor activities.
- Lack of knowledge, training, or experience for age-appropriate, gross motor activities, both adult-led and free play
- 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
- Children would not respond well - If selected, please explain: ___________________________
- Parents would not support provider’s efforts - If selected, please explain: __________________
- Parents sending children to school without appropriate clothing for gross motor activities
- Other caregivers/staff would not be supportive - If selected, please explain: ________________
- Other areas in our program have higher priority than gross motor physical activity

List other barrier(s):
This next section is about your program’s training needs.

Please rate the need for training or resources on the following topics.

<table>
<thead>
<tr>
<th>Training Need</th>
<th>Not needed at all</th>
<th>Somewhat needed</th>
<th>Needed a lot</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost ways to serve healthy meals and snacks that children enjoy</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective ways to reward and discipline children without using food or withholding active play</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fun and easy nutrition education curricula for children</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fun and easy nutrition activities. For example, gardening, taste-testing, cooking, etc.</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fun and easy gross motor physical activity education curricula for children</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy eating role-modeling techniques providers and staff can use during meal and snack time</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross motor physical activity role-modeling techniques for providers and staff</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to effectively encourage, but not force children to eat</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-cost, creative ways to incorporate more free and active play or gross motor activities</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-cost, creative ways to incorporate more adult-led gross motor activities</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-cost, creative ways to incorporate gross motor physical activity for children with special needs</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-cost, creative, outdoor opportunities for gross motor physical activity</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-cost, creative, indoor opportunities for gross motor physical activity</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to effectively schedule and plan menus, activities, and events</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities and practices that are easy to implement and fit within the day</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ways to effectively engage parents about healthy eating and physical activity</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other training needs (if any):
We know providers are busy. This next section is about other ways of delivery and access to training on a variety of physical activity and nutrition topics.

How willing are you to try the following training methods or utilize materials from the following sources?

<table>
<thead>
<tr>
<th>Method</th>
<th>Not at all willing to try</th>
<th>Somewhat willing</th>
<th>Very willing to try</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet webinar</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CD-ROM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i-Pod (pod-cast) download</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provider chat room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Workshop at your program site</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>DVD’s</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Take-home materials (articles, books, printed materials, etc)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Off-site educational seminars/conferences</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Message boards</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Materials that are free</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Materials/sessions that can be completed on own time and at own pace</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

List any other methods or materials you would be willing to try:

Do you have computer access at your program site?
- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

Do you have Internet access at your program site?
- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

How comfortable are you using the computer?
- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Not at all comfortable
- ☐ I prefer not to answer

How comfortable are you using the Internet?
- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Not at all comfortable
- ☐ I prefer not to answer
This next section is about how you interact with parents of 2-5 year olds regarding their children’s eating habits and activity during the day.

In general, how do you typically communicate with parents about their 2-5 year old children? Please check all that apply.

- Talk at pick up
- Talk at drop off
- Journal
- White boards or other notes
- Conferences
- Email
- Newsletter
- Letter (snail mail)
- I rarely have the opportunity to communicate with parents
- Other (please specify) ____________________________
- I prefer not to answer

In general, how often do you usually communicate with parents regarding their 2-5 year old child’s nutrition and physical activity behaviors?

- Hourly
- Daily
- 4-5 times per week
- 2-3 times per week
- Several times per month
- Once a month
- Several times per year
- I rarely have an opportunity to communicate with parents about their children’s daily eating and activity
- I prefer not to answer

Do parents ask about what their 2-5 year old children ate during the day?

- Very often
- Often
- Sometimes
- Rarely
- Never
- I prefer not to answer

Do parents ask about how physically active their 2-5 year old children are each day?

- Very often
- Often
- Sometimes
- Rarely
- Never
- I prefer not to answer

How satisfied are you with the amount of communication between yourself and parents about their 2-5 year old child’s nutrition and physical activity behaviors?

- 1 = Not very happy
- 2
- 3 = Somewhat happy
- 4
- 5 = Very happy
- I prefer not to answer
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 much 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 / Not Sure</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most children at my program are overweight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most parents of children attending my program are overweight.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general, kids do grow out of their weight.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In most instances, I know how to tell whether a food or drink is healthy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken nuggets and fish sticks that require baking are healthy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I know how to select a whole grain food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children usually get sick from playing outdoors in the winter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general, children are naturally active.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
These next few questions are about your program, so we can gain better insight into its environment. Your answers are not intended to measure compliance with state regulations, so please answer honestly.

Which best describes your program?
- Child care center
- Family child care home
- Group child care home
- Head Start
- Other (please specify: ____________________)
- I don’t know
- I prefer not to answer

Which of the following best describes the management of your center?
Choose 1: Choose all that apply.
- For Profit
- Non-profit
- I prefer not to answer
- Independent
- Franchise
- Government
- Worksite
- Church
- Other (specify ____________________________)
- I prefer not to answer

On a typical day, how many adults are on staff to care for children? ______
- I prefer not to answer

On a typical day, how many 2-5 year old children are cared for in your program? ______
- I prefer not to answer

On a typical day, how many 2-5 year old children in your care 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) ________________________ ____
- I prefer not to answer
Supporting Healthy Food and Activity Environments in Child Care Settings

Are meals served to children at your child care program?
- Yes
- No
- I prefer not to answer

If yes, which meals are served? Please check all that apply.
- breakfast
- noon meal
- evening meal
- I prefer not to answer

Are snacks served to children at your child care program?
- Yes
- No
- I prefer not to answer

If yes, how many times per day are snacks served? ______
- I prefer not to answer

If snacks and/or meals are served, do you prepare weekly or monthly menus?
- Yes
- No
- I prefer not to answer

If yes, would you be willing to send us a copy of your menu in the pre-paid envelope or for us to contact you to obtain a copy of your menu?
- Yes, I will send a copy
- Yes, please contact me
- No
- I prefer not to answer

Are children allowed to bring food from home? Please check all that apply.
- Not at all
- Special occasions/holidays
- Special diets or medical reasons
- Religious beliefs
- Meals
- Snacks
- I prefer not to answer

If yes, are guidelines provided for parents and caregivers that specify what may or may not be brought? Please check all that apply.
- No guidelines are provided
- Yes, guidelines are provided for food brought from home for specific holidays or events
- Yes, guidelines are provided for food brought from home for special diets
- Yes, guidelines are provided for ________________________________
- I prefer not to answer
Is food prepared on-site?
- Yes
- No
- I prefer not to answer

If yes, where do you get the food that is prepared for child care meals and snacks? Please check all that apply.
- Supermarket/grocery store
- Bulk food store (e.g. Sam’s Club, Costco)
- Food distributor
- Food assistance program
- Farmer’s Market
- On-site garden
- Other (please specify) _____________________________
- I prefer not to answer

Who prepares the meals and/or snacks? Please check all that apply.
- Catering company
- A central child care center kitchen
- The local school district
- A restaurant
- On-site care providers and staff
- Parents provide food for their children
- Other (please specify) _____________________________
- I prefer not to answer

Does your program participate in the Child and Adult Food Care Program (CACFP or “the food program”)?
- Yes
- No
- I prefer not to answer

How often do you see a child who does not appear to be getting enough food to eat at home? Please check only one response.
- Never
- Rarely
- Sometimes
- Often
- Very often/Always
- I don’t know
- I prefer not to answer
Supporting Healthy Food and Activity Environments in Child Care Settings

Have you completed any child care related nutrition training in the past year that was not food safety or paperwork related?
- Yes
- No
- I prefer not to answer

If yes, please answer the following questions about that training. If more than one training was completed in the last year, please tell us about the most recent one:

What was the title/topic of the training?  
- I prefer not to answer

How long was the training (e.g. 2 hours and 30 minutes)?
- _____ hours and _____ minutes  
- I prefer not to answer

What was the quality of the training?
- Excellent
- Very good
- Satisfactory
- Poor
- Very poor
- I prefer not to answer

Have you completed any child care related gross motor physical activity training in the past year?
- Yes
- No
- I prefer not to answer

If yes, please answer the following questions about that training. If more than one training was completed in the last year, please tell us about the most recent one:

What was the title/topic of the training?  
- I prefer not to answer

How long was the training (e.g. 2 hours and 30 minutes)?
- _____ hours and _____ minutes  
- I prefer not to answer

What was the quality of the training?
- Excellent
- Very good
- Satisfactory
- Poor
- Very poor
- I prefer not to answer
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?
☐ Yes
☐ No
☐ I prefer not to answer

Which of the following do you consider yourself?
☐ 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) _____________________
☐ I prefer not to answer

What is the highest grade or year of school you have completed?
☐ 8th grade or less
☐ Some high school
☐ High school graduate or GED
☐ Trade school
☐ Some college or Associate's degree
☐ Bachelor's degree
☐ Graduate or Professional degree
☐ Other (please specify) _____________________
☐ I prefer not to answer

How long have you been working in child care? (Specify 0 for less than one year.)
_____ years  ☐ I prefer not to answer

How would you describe your weight?
☐ Very overweight
☐ Overweight
☐ Just about right
☐ Underweight
☐ I prefer not to answer

How easy or difficult was this survey to complete?
☐ Very easy
☐ Somewhat easy
☐ Neutral
☐ Somewhat difficult
☐ Very difficult
Thank you for completing this survey.
You will be mailed a $20 gift card to Target or Walmart.

Please indicate your gift card preference, as well as your name and address so that we may send it to you.

I would prefer to get a gift card to:
- Target
- Wal-Mart
- I don't want a gift card

Please let us know where to send the gift card:
- I prefer not to answer. I understand that this means that I will not receive a gift card.

Name: ______________________________________
Program Name: ______________________________________
Address: ______________________________________
Address 2: ______________________________________
City/Town: ______________________________________
State: _____
Zip: ________________
Email Address: ______________________________________
Phone Number: ______________________________________

Thank you for your time!

Please remember to send a copy of your menu (and this survey if you completed it by paper) in the supplied, stamped envelope.