



# Child Care Nutrition and Physical Activity Assessment Survey

This survey should be completed by the person responsible for overseeing the child care program (e.g., center director or administrator), in consultation with food service personnel, as appropriate. **Please answer the survey honestly, responding to all statements as they apply to preschool and school-age children your child care program right now.** Check (X or ✓) one box for each statement, unless otherwise indicated.

## SECTION 1: NUTRITION

### 1. Foods Served at Meals and Snacks

Regarding your child care menu for **last week** (5 days), indicate how many times **a serving of each food** (based on the Child and Adult Care Food Program (CACFP) meal pattern) was provided. **Check “None Served” if the food was not served last week. Check “Not Served” if your center does not serve the meal.**

If <b>breakfast</b> was served last week, on how many days did you provide a serving of the following foods at breakfast:	None Served	1-2 days	3-4 days	5 days (every day)	Breakfast Not Served
a. Fruit canned in syrup, including applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other fruit including fresh fruit, fruit canned in water or juice, unsweetened applesauce, dried or frozen fruit (do not include fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Juice (100% fruit or vegetable or combination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>lunch</b> was served last week, on how many days did you provide a serving of the following foods at lunch:	None Served	1-2 days	3-4 days	5 days (every day)	Lunch Not Served
a. Fruit canned in syrup, including applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other fruit including fresh fruit, fruit canned in water or juice, unsweetened applesauce, dried or frozen fruit (do not include fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Canned vegetables (do not include potatoes/corn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fresh/frozen vegetables (do not include potatoes/corn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Juice (100% fruit or vegetable or combination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>snack</b> was served last week, on how many days did you provide a serving of the following foods at snack:	None Served	1-2 days	3-4 days	5 days (every day)	Snack Not Served
a. Fruit canned in syrup, including applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other fruit including fresh fruit, fruit canned in water or juice, unsweetened applesauce, dried or frozen fruit (do not include fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Canned vegetables (do not include potatoes/corn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fresh/frozen vegetables (do not include potatoes/corn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Grains (e.g., bread, cereal, pasta, rice, crackers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Meat or meat alternatives (e.g., cheese, peanut butter, yogurt, kidney beans, soy products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Juice (100% fruit or vegetable or combination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Characteristics of Foods Served (Last Week’s Menu)

Check one box for each item. Check “None Served” if the food was not served last week. Check “Never Served” if the food is never served in your center.

- a. What type of yogurt did you serve **most often** last week?  None Served  Nonfat or lowfat, unflavored  Nonfat or lowfat, flavored (e.g., vanilla, fruit)  Whole fat, unflavored  Whole fat, flavored (e.g., vanilla, fruit)  Never served
- b. What type of oils or fats were foods **most often** cooked in last week?  None Served  Vegetable oil (e.g., olive, canola or soybean)  Cooking spray (e.g., Pam)  Vegetable shortening (e.g., Crisco, margarine)  Animal fat (e.g., butter, lard)  Never served
- c. What is the **typical fat content** of the milk served last week?  None Served  Skim (nonfat)  1% Lowfat  2% Reduced Fat  Whole  Never served

## SECTION 1: NUTRITION *continued*

### 2. Characteristics of Foods Served (Last Week's Menu) *continued*

Check one box for each item. Check "None Served" if the food was not served last week. Check "Never Served" if the food is never served in your center.

- d. What type of butter or margarine did you serve **most often** last week?  None Served  Soft margarine  Stick margarine  
 Butter  Never served
- e. What type of salad dressing did you serve **most often** last week?  None Served  Nonfat  Lowfat  Regular  Never served
- f. What type of mayonnaise did you serve **most often** last week?  None Served  Nonfat  Lowfat  Regular  Never served
- g. What type of bread, rolls or muffins did you serve most often last week?  None Served  100% whole wheat or whole grain (only flour ingredient on label is whole wheat or other whole grain flour)  Labeled "made with whole grain" but not 100% whole grain (e.g., contains enriched flour and whole grain flour)  White, enriched, bleached or unbleached flour  Never served
- h. What type of rice or pasta did you serve most often last week?  None Served  Brown/whole grain  White/enriched  Never served
- i. What type of cereals did you serve most often last week?  None Served  Whole grain cereals, such as Cheerios, Total, Shredded Wheat, oatmeal  Refined cereals such as Fruit Loops, Lucky Charms, Corn Flakes, Apple Jacks  Never served
- j. What type of crackers did you serve most often last week?  None Served  Whole grains are first ingredient (e.g., Triscuits, 100% whole grain Wheat Thins, Wasa Crispbreads)  Whole grains are not first ingredient (e.g., graham, saltines, animal crackers, Ritz, Goldfish, regular Wheat Thins)  Never served
- k. What flavor milk did you serve most often last week?  None Served  Plain unflavored (white)  Chocolate or other flavored milk  
 Never served

**In the last week, on how many days did you serve the following foods at any meal or snack:**

	None Served	1-2 days	3-4 days	5 days (every day)	Never Served
a. Breaded meats (e.g., chicken nuggets, fish sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nonbreaded fish or poultry (e.g., baked fish, roasted chicken or turkey, deli chicken or turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular or processed beef or pork (e.g., sausage, bacon, hotdogs, regular ground beef or meatballs, bologna, salami, pepperoni)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lean beef or pork (e.g., deli roast beef or ham, lean ground beef, lean roast pork)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Veggie burgers, soy nuggets/burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Legumes and beans (e.g., kidney, garbanzo, navy, split pea, hummus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Peanut butter, other nut butters or nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eggs (by themselves or featured in a recipe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low fat cheese (e.g., shredded low fat mozzarella, low fat string cheese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Regular cheese (e.g., American cheese, cheddar, mozzarella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Candy, chocolate, ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Muffins, fruit breads, cakes, cupcakes, cookies, granola bars (purchased or made)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Healthier versions of muffins, fruit breads, cakes, cupcakes, cookies, granola bars, e.g., low fat, low sugar, high fiber (purchased or made)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Regular potato chips, corn chips, cheese puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Baked chips, pretzels, plain popcorn (no added fat), corn/whole grain tortilla chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. French fries, tator tots, hash browns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Fruit drinks, not 100% juice (e.g., 10% juice products, Kool-aid, lemonade, cranberry juice cocktail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Soda, regular or diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Sports drinks (e.g., Gatorade, Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Iced tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Eating Environment

Check one box for each statement.

- a. Cycle menus are:  Not used  1- to 2-week cycle  3-week or more  3-week or more with seasonal changes
- b. Do staff members sit with children to eat?  Never  Some staff members  Most staff members  All staff members
- c. Do staff members consume the same food and drinks as the children?  Never  Some staff members  Most staff members  All staff members
- d. Do staff members consume sweets, salty snacks or sugary drinks in front of the children?  Never  Some staff members  Most staff members  All staff members

## SECTION 1: NUTRITION *continued*

### 3. Eating Environment

Check one box for each statement.

- e. Do staff members use food to reward desired behavior (e.g., getting a treat for potty training)?  Never  Some staff members  Most staff members  All staff members
- f. Do staff members withhold food as a behavioral consequence (e.g., children who do not quiet down do not get a cookie)?  Never  Some staff members  Most staff members  All staff members
- g. Drinking water is:  Not freely available  Offered to children during designated water breaks  Given to children on request  Easily and visibly available for children to self-serve

### 4. Health Curriculum and Staff Training

Check one box for each statement.

- a. Structured and specific instruction about nutrition is incorporated into the curriculum (e.g., lesson plans, books and experiential activities about food knowledge or skills):  Never  1-5 times per year  At least 6 times per year  At least monthly  At least Weekly
- b. Teacher-led physical activity is incorporated into the curriculum:  Never  1-5 times per year  At least 6 times per year  At least monthly  At least Weekly
- c. Children are involved in cooking activities and hands-on sensory food experiences (e.g., tasting, smelling and touching food):  Never  1-5 times per year  At least 6 times per year  At least monthly  At least Weekly
- d. Parents are provided information on nutrition for young children:  Never  1-5 times per year  At least 6 times per year  At least monthly  At least Weekly
- e. Staff members receive nutrition training by qualified professionals (e.g., registered dietitian, nurse):  Never  1 time per year  2 times per year  3 times per year  4 times per year or more
- f. Staff members receive training on strategies for creating a positive environment that promotes the development of good eating habits:  Never  1 time per year  2 times per year  3 times per year  4 times per year or more
- g. Food service personnel receive appropriate training in planning, preparing and serving nutritious, safe and appealing meals and snacks that meet CACFP meal pattern components and serving sizes:  Never  1 time per year  2 times per year  3 times per year  4 times per year or more
- h. Staff members receive training by qualified professionals on strategies for promoting developmentally appropriate physical activity:  Never  1 time per year  2 times per year  3 times per year  4 times per year or more

### How is information about appropriate nutrition and physical activity for children communicated to parents?

Check all that apply.

- |  |  |  |
|--|--|--|
| a. <input type="checkbox"/> No nutrition information provided            | g. <input type="checkbox"/> Menus                                      | i. <input type="checkbox"/> Posters, bulletin boards, displays |
| b. <input type="checkbox"/> No information on physical activity provided | h. <input type="checkbox"/> Health fairs                               | m. <input type="checkbox"/> Parent-teacher conference          |
| c. <input type="checkbox"/> Fliers or handouts                           | i. <input type="checkbox"/> Parent workshops                           | n. <input type="checkbox"/> Family events                      |
| d. <input type="checkbox"/> Newsletters                                  | j. <input type="checkbox"/> Lists of recommended foods for children    | o. <input type="checkbox"/> Other (Please Specify): _____      |
| e. <input type="checkbox"/> Conversations between staff and parents      | k. <input type="checkbox"/> Lists of ideas for keeping children active |  |
| f. <input type="checkbox"/> Written policies, e.g., parent handbook      |  |  |

## SECTION 2: PHYSICAL ACTIVITY

Check one box for each statement.

- a. Active (free) play time is provided to all children (including indoor and outdoor):  Less than 15 minutes each day  15-30 minutes each day  31-45 minutes each day  46-60 minutes each day  More than 60 minutes each day
- b. Outdoor active play is provided for all children:  Never  1 time per week  2-4 times per week  1 time per day  2 or more times per day
- c. During play time staff members use strategies to encourage physical activity:  Never  Some staff members  Most staff members  All staff members
- d. Staff members restrict active play time for children who misbehave:  Never  Some staff members  Most staff members  All staff members
- e. At the center, television (including educational programs and videos) is viewed by each child *on average*:  Daily, 2 hours or more  Daily, less than 2 hours  Weekly, but not each day  Monthly, but not each week  Never
- f. At the center, computer or video games (including educational games) are used by each child *on average*:  Daily, 2 hours or more  Daily, less than 2 hours  Weekly, but not each day  Monthly, but not each week  Never
- g. When weather is not suitable to go outdoors, indoor active play space is:  Not available  Available for very limited movement (e.g., stretching, moving in place)  Available for some active play (e.g., jumping, dancing)  Available for all activities, including running

## SECTION 2: PHYSICAL ACTIVITY *continued*

### What type of physical activity strategies, space and equipment are used by your center?

Check all that apply:

- |  |  |   |
|--|--|---|
| a. <input type="checkbox"/> Organized games or activities  | e. <input type="checkbox"/> Small play equipment (e.g., balls, hoops, ropes, parachutes)         | h. <input type="checkbox"/> Offsite facilities (e.g., pool, park) |
| b. <input type="checkbox"/> Activities to build motor skills (e.g., tumbling, expressive movements, lifting) | f. <input type="checkbox"/> Gymnastics equipment (e.g., balance beam, trampoline, tumbling mats) | i. <input type="checkbox"/> Indoor climbing equipment             |
| c. <input type="checkbox"/> Displaying posters and books about physical activity                             | g. <input type="checkbox"/> Outdoor climbing equipment or playscape                              | j. <input type="checkbox"/> Indoor court for organized activities |
| d. <input type="checkbox"/> Incorporating physical activity into everyday teaching activities                |  | k. <input type="checkbox"/> Other (Please Specify): _____         |

## SECTION 3: NUTRITION AND PHYSICAL ACTIVITY POLICIES

Check one box for each question or statement.

- a. Is there a center policy addressing the accommodation of special dietary needs (e.g., food allergies, diabetes)?  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- b. Is there a center policy addressing food safety (e.g., safe food preparation, preventing choking)?  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- c. Is there a center policy requiring nutrition standards that exceed CACFP requirements (e.g., serving only whole grains, serving a fruit/vegetable at every snack)?  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- d. Is there a center policy setting nutrition standards for food brought from home for meals and snacks? (Do not include food allergy or food safety policies)  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- e. Is there a center policy setting nutrition standards for food brought from home for onsite celebrations including children? (Do not include food allergy or food safety policies)  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- f. Is there a center policy addressing the types of food and beverages that staff members consume in front of children?  No policy  Informal policy (spoken but not written)  Written policy (not included in staff handbook)  Written policy (included in staff handbook)
- g. Is there a center policy addressing staff use of food as reward for children's behavior (e.g., getting a treat when children are quiet)?  No policy  Informal policy (spoken but not written)  Written policy (not included in staff handbook)  Written policy (included in staff handbook)
- h. Is there a center policy addressing physical education and/or physical activity?  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- i. Is there a center policy addressing limits for children's time using computers (including educational games)?  No policy  Informal policy (spoken but not written)  Written policy (not included in parent handbook)  Written policy (included in parent handbook)
- j. The center provides children with consistent messages about healthy eating and being active.  Strongly Disagree  Disagree  Agree  Strongly Agree
- k. The center encourages family involvement to support and promote healthy eating and being active.  Strongly Disagree  Disagree  Agree  Strongly Agree
- l. Which best describes foods served to children at center celebrations? Party food examples: cake, cookies, chips. Healthy food examples: fruits, vegetables, lowfat dairy, whole grains.  No foods served at celebrations  Mostly party foods with some healthy foods  Mostly healthy foods with some party foods  All healthy foods
- m. How often does fundraising consist of selling foods such as candy, cookies, regular popcorn and pies?  Never or no fundraising conducted  Less than half of the time  At least half of the time  All of the time
- n. How often does fundraising consist of nonfood-related events (e.g., car wash) and selling nonfood items (e.g., wrapping paper) or healthy foods (e.g., fruit baskets)?  Never or no fundraising conducted  Less than half of the time  At least half of the time  All of the time

## SECTION 4. BARRIERS TO PROMOTING A HEALTHY CHILD CARE ENVIRONMENT

### Are any of the following barriers to promoting healthy eating and physical activity practices in your center?

Check all that apply:

- |   |  |   |
|---|--|---|
| a. <input type="checkbox"/> Lack of support from administration                                   | i. <input type="checkbox"/> Lack of staff training on physical education                                 | o. <input type="checkbox"/> Insufficient funds                                |
| b. <input type="checkbox"/> Lack of support from teachers   | j. <input type="checkbox"/> Limited opportunities for physical education                                 | p. <input type="checkbox"/> Lack of physical education resources              |
| c. <input type="checkbox"/> Lack of support from food service staff (e.g., curriculum, materials) | k. <input type="checkbox"/> Sales of unhealthy foods as fundraisers                                      | q. <input type="checkbox"/> Inadequate food preparation or storage facilities |
| d. <input type="checkbox"/> Lack of support from parents/families                                 | l. <input type="checkbox"/> Serving unhealthy foods to children at center parties or other social events | r. <input type="checkbox"/> Limitations of food service provider              |

## SECTION 4. BARRIERS TO PROMOTING A HEALTHY CHILD CARE ENVIRONMENT *continued*

Are any of the following barriers to promoting healthy eating and physical activity practices in your center?

Check all that apply:

- |   |   |   |
|---|---|---|
| e. <input type="checkbox"/> Lack of established policies on nutrition         | m. <input type="checkbox"/> Lack of training for food service staff                             | or food vendors   |
| f. <input type="checkbox"/> Lack of established policies on physical activity | n. <input type="checkbox"/> Lack of nutrition education resources (e.g., curriculum, materials) | s. <input type="checkbox"/> Other (Please Specify): _____ |
| g. <input type="checkbox"/> Lack of staff training on nutrition education     |   |   |
| h. <input type="checkbox"/> Limited time teaching nutrition                   |   |   |

**Thank you for completing this survey. Please return survey and center's nutrition/physical activity policies (if available) in the enclosed postage-paid envelope by February 14, 2008 to: Marlene Schwartz, Ph.D., Rudd Center for Food Policy and Obesity, Yale University, 309 Edwards Street, Box 208369, New Haven, CT 06520-8369, Fax: (203) 432-9674. Questions? Contact Susan Fiore (860) 807-2075, [susan.fiore@ct.gov](mailto:susan.fiore@ct.gov) or Marlene Schwartz, (203) 432-0662, [marlene.schwartz@yale.edu](mailto:marlene.schwartz@yale.edu).**

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