























## VIII. BARRIERS & SUPPORTS *continued*

**4. Which of the following has been helpful to your center in promoting a healthy physical activity environment:**

- Support from staff
- Support from parents
- Quality of space for physical activity
- Quality of training for staff
- Successful policies on physical activity
- Adequate financial support for physical activity programs & equipment
- OTHER: \_\_\_\_\_

**5. Do you feel like allergy related restrictions on foods served at your center are a barrier to improving nutrition?**

- No \_\_\_\_\_
- Yes \_\_\_\_\_

**5a. Explain:** \_\_\_\_\_

## IX. FINANCIAL AND OTHER

SCRIPT: This is the last section. Thank you for your time and attention so far. We just have a few more questions left about the fee structure at your center.

**1. What do families pay for full time child care for a preschooler? If your center uses a sliding scale for families, please tell us the range of fees.**

\$\_\_\_\_\_ per [circle] week month

OR, if sliding scale: \$\_\_\_\_\_ to \$\_\_\_\_\_ per [circle] week month

NOTE: If the director gives you tuition per semester, just write it down and we can calculate a monthly rate later.

**2. What percentage of your families pay the full tuition?**

**3. Are you NAEYC accredited?**

- No
- Yes

**4. Do you have other accreditations?**

- No
- Yes

IF YES, please describe: \_\_\_\_\_

**5. Did you complete the Child Care Nutrition and Physical Activity Assessment Survey sent out by Yale University and the Connecticut State Department of Education?**

- No
- Yes, in collaboration with another staff member or administrator
- Yes, alone

**6. Is there anything else that you would like us to know about food, nutrition, health education, or physical activity at your center?**

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