

# 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.**

<b>If <i>breakfast</i> was served last week, on how many days did you provide a serving of the following foods at breakfast:</b>	<b>None Served</b>	<b>1-2 days</b>	<b>3-4 days</b>	<b>5 days (every day)</b>	<b>Breakfast Not Served</b>
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"/>
<b>If <i>lunch</i> was served last week, on how many days did you provide a serving of the following foods at lunch:</b>	<b>None Served</b>	<b>1-2 days</b>	<b>3-4 days</b>	<b>5 days (every day)</b>	<b>Lunch Not Served</b>
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"/>
<b>If <i>snack</i> was served last week, on how many days did you provide a serving of the following foods at snack:</b>	<b>None Served</b>	<b>1-2 days</b>	<b>3-4 days</b>	<b>5 days (every day)</b>	<b>Snack Not Served</b>
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 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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