### Food and Nutrition

1. Were any posters, pictures or displayed books about food present in the observation room *(NOTE: this does not include children’s or teacher’s artwork or curricular materials)*?
   - No
   - Yes

   1a. IF YES, what was depicted in the materials?
   - General nutrition concepts, no food displayed
   - USDA Food Pyramid
   - Fruits
   - Vegetables
   - Whole grains
   - Refined grains
   - Dairy: type:
   - Meat: type:
   - Cookies, candy, sugary beverages, “snack” foods, etc.

1b. IF YES, were any of the materials industry-funded?
   - No
   - Yes [industry: ____________________________________________________________________________________]

1c. IF YES, were any of the materials brand-specific?
   - No
   - Yes [brands: ______________________________________________________________________________________]

2. Were there any educational/curricular materials related to food located in the classroom?

<table>
<thead>
<tr>
<th>Item</th>
<th>Source? Circle Option.</th>
<th>0. No source</th>
<th>1. USDA</th>
<th>2. Dairy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretend stove/pots/pans</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Plastic food for play</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Whole grains</td>
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<td></td>
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<td>Dairy: type:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat: type:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cookies, candy, sugary beverages, “snack” foods, etc.; type:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen supplies for actual cooking</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Books/literacy projects about food</td>
<td>YES</td>
<td>NO</td>
<td>0 1 2 3 4 5: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Nutrition games (i.e. Food Bingo)</td>
<td>YES</td>
<td>NO</td>
<td>0 1 2 3 4 5: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Outdoor/indoor garden</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Curriculum (i.e. Captain 5 A Day)</td>
<td>YES</td>
<td>NO</td>
<td>0 1 2 3 4 5: ____________________________</td>
<td></td>
</tr>
<tr>
<td>CDs/Tapes/Videos on nutrition</td>
<td>YES</td>
<td>NO</td>
<td>0 1 2 3 4 5: ____________________________</td>
<td></td>
</tr>
<tr>
<td>USDA Pyramid/other governmental materials</td>
<td>YES</td>
<td>NO</td>
<td>0 1 2 3 4 5: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Food children had participated in cooking type of food:</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Children’s artwork depicting food type of food:</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>X</td>
</tr>
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2. Were there any educational/curricular materials related to food located in the classroom? continued

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<tr>
<td>Children’s work from a lesson plan about food type of food:</td>
<td>YES NO</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Other describe:</td>
<td>YES NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Menus are posted in an easily accessible place:
- [ ] No
- [x] Yes

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**PHYSICAL ACTIVITY INDOORS**

1. Is classroom/indoor space suitable for:
   - [x] Quiet play
   - [ ] Limited movement, such as walking, hopping, jumping, etc.
   - [ ] All activities

2. Approximate square footage of classroom _____________

3. Equipment/supplies for physical activity in classroom?
   - [ ] No
   - [x] Yes
   3a. If YES, type of equipment/supplies?
      - [ ] floor play (carpet squares or yoga mats)
      - [ ] balls
      - [ ] twirling equipment (batons, scarves)
      - [ ] climbing structures
      - [ ] riding toys
      - [ ] other

4. Were any posters, pictures, or books about physical activity displayed in the classroom?
   - [ ] No
   - [x] Yes
   4a. If YES, describe _______________________________________________________________________

5. Were any CDs/tapes/videos about physical activity in the classroom?
   - [ ] No
   - [x] Yes
   5a. If YES, describe _______________________________________________________________________

6. Physical activity curriculum (i.e. Captain 5 A Day?)
   - [ ] No
   - [x] Yes
   6a. If YES, describe _______________________________________________________________________

7. Children’s work from a lesson plan about physical activity/active play?
   - [ ] No
   - [x] Yes
   7a. If YES, describe _______________________________________________________________________
SEDENTARY TIME

1. Was there a TV in the room?
   - No
   - Yes

   1a. If YES, was TV viewing observed?
      - No
      - Yes

1aa. IF YES, how many minutes was the TV on? ______ minutes

1ab. IF YES, was it on during meal time?
   - No
   - Yes

2. Was there a VCR/DVD player in the room?
   - No
   - Yes

3. Was there a video game system in the room?
   - No
   - Yes

4. Was there a computer in the room for children’s use?
   - No
   - Yes

5. Were children observed playing video or computer games?
   - No
   - Yes

   5a. IF YES, how many children total were observed?
   ______________________________________________________________________________________

   5b. IF YES, how many total minutes was game playing observed? ______ minutes

VENDING MACHINES

1. Did the center have a vending machine?
   - No
   - Yes
   - Don’t know

1a. IF YES, where was the vending machine located?
   - In view of children and parents
   - Out of view from children and parents

1b. IF YES, did they contain:
   - Traditional items only (candy, soda, chips, cookies)
   - Healthy items only (water, granola, nuts, yogurt)
   - Mixture of traditional/healthy vending items