



Instructions:

- The questions in this survey are about nutrition and physical activity for children in your program who are ages **2-5 years**. Please read each question carefully and choose the response that best fits your program. It is important that you answer all questions. This survey should take about 25 minutes.
- Unless you are instructed to “select all that apply”, please choose one answer for all questions in this survey.
- This survey should be completed by the person responsible for running the program (for example, the **family home child care program Owner/Provider**).
- Some of the questions are about foods and beverages your program offers, so if your program uses a menu, you may find it helpful to have it on-hand as you take the survey.
- **Your responses to this survey are confidential. That means that only the research team at University of Washington will know who filled out which form.**
- When you are done, please put the completed survey in the postage-paid envelope to return it to us. Once we receive the completed survey, we will use the study ID number above to enter you into a drawing for a chance to win one of 100 \$10 gift cards.
- If you have questions or comments about this survey, please contact the survey coordinator, Bridget Igoe at 206-616-6527 or igoe@uw.edu

About your program

1. Does your program offer full-day or half-day programs to children ages 2-5?

- Full-day
 Half-day
 Both full-day and half-day

2. Is your program enrolled in Early Achievers (Washington’s voluntary Quality Rating and Improvement System)?

- Yes, we are currently enrolled
 No
 I don’t know

3. Is your program enrolled in the USDA Child and Adult Care Food Program (CACFP)?

- Yes, we are currently enrolled
 No, we are not currently enrolled, but we have been enrolled in the past
 No, we have never been enrolled
 I don’t know

4. Do you have children in your program whose care is paid (at least in part) by subsidy payments from the Department of Social and Health Services (DSHS) child care subsidy programs*?

**Washington’s DSHS child care subsidy programs are called Working Connections Child Care and Seasonal Child Care.*

- Yes, we currently have one or more children whose care is paid at least in part by a DSHS subsidy
 No, we currently do not accept DSHS subsidies
 We are willing to accept DSHS subsidies, but we currently do not have families who participate in them
 I don’t know

5. What is the total number of paid or volunteer child care providers or assistants in your program? (Please include yourself in your response)

6. On average, approximately how many children in your program are ages 0-23 months (0 up to 2 years)?

7. On average, approximately how many children in your program are ages 2-5 years?

8. On average, approximately how many children in your program are ages 6 years or older?

Meals and Snacks Provided to Children Ages 2-5

9. How are meals and snacks provided to children ages 2-5? (Please select one response per line)

| | My child care program usually provides | Children usually bring from home | Caterer usually provides | Not provided |
|---------------------|--|----------------------------------|--------------------------|--------------------------|
| Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mid-morning snack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mid-afternoon snack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dinner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After-dinner snack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Foods Offered to Children Ages 2-5

10. How often does your program offer fruit canned in syrup* (heavy or lite syrup)?

**Please do not include fruit canned in 100% juice or water in your response.*

- 3 times per week or more 2 times per week 1 time per week Less than 1-2 times per month Never

11. How often does your program offer fruit* that is fresh, frozen, or canned in 100% juice or water?

**For this survey, fruit does not include servings of fruit juice.*

- Never 3 times per week or less 4 times per week 1 time per day 2 times per day or more

12. How often does your program offer beans or legumes (such as pinto, black, kidney, lentils, split peas, garbanzo/chick peas, refried beans, etc.)?

- Never 3 times per month or less 1-2 times per week 3-4 times per week 1 time per day or more

13. How often does your program offer vegetables*?

- Never 2 times per week or less 3-4 times per week 1 time per day 2 times per day or more

14. How often does your program offer dark green, orange, red, or deep yellow vegetables*? Please do not include white potatoes or corn in your response.

**Dark green vegetables include broccoli, collards, kale, spinach, bok choy, Romaine lettuce, and cabbage*

**Red, orange or deep yellow vegetables include carrots, tomatoes (not ketchup), red bell pepper, squash, sweet potatoes, and pumpkin*

- Never 3 times per month or less 1-2 times per week 3-4 times per week 1 time per day or more

15. How often does your program offer vegetables* at snack time?

**For this survey, vegetables do not include any types of potato, corn, or beans (such as black beans, pinto beans, or lentils).*

- 5 snacks per week or more 3-4 snacks per week 2 snacks per week 1 snack per week or less Never

16. How often does your program offer any snack foods or crackers such as Wheat Thins, Ritz, Saltines, Goldfish, chips, or Chex mix?

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1-2 times per month Never

17. How often does your program offer foods that are 100% whole grain*?

**This includes whole grain breads, whole wheat or corn tortillas, whole grain pasta, Cheerios, oatmeal, brown rice, or quinoa. Please do not include sweetened cereal (such as Honey Nut Cheerios).*

- Never 1 time per week or less 2-4 times per week 1 time per day 2 times per day or more
-

18. How often does your program offer any sweetened cereal*?

**This includes generic or brand name cereals such as Golden Grahams, Honey Nut or Apple Cinnamon Cheerios, Cap'n Crunch, Cinnamon Toast Crunch, Lucky Charms, Frosted Flakes, Apple Jacks, Froot Loops, Honey Smacks, Cocoa Pebbles, Cookie Crisp, Trix, Pops, etc.*

- Daily 3-4 times per week 1-2 times per week Less than 1-2 times per month Never
-

19. How often does your program offer any sweetened baked goods* such as banana bread and other quick breads, muffins, cereal bars, granola bars, cinnamon rolls, donuts, cookies, cakes, cupcakes, brownies, or pop tarts?

**This includes ready-made or made from scratch items.*

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1-2 times per month Never
-

20. How often does your program offer any sweet treats such as candy, ice cream, frozen yogurt, popsicles, or gummy fruit snacks?

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1-2 times per month Never
-

21. How often does your program offer flavored yogurt*?

**This includes vanilla yogurt, strawberry yogurt, blueberry yogurt, and other fruit-flavored yogurts.*

- 3-4 times per week or more 1-2 times per week Less than 1-2 times per month We only offer PLAIN yogurt We do not offer ANY yogurt at all
-

22. How often does your program offer fried or pre-fried potatoes* such as french fries, Tater Tots, hash browns, or Jo Jo potatoes?

**This includes types that are sold frozen and then baked in the oven, or fried potatoes made from scratch.*

- 3 times per week or more 2 times per week 1 time per week Less than 1-2 times per month Never
-

23. How often does your program offer fried, pre-fried, or breaded meats* such as chicken nuggets, chicken strips, fish sticks, or corn dogs?

**This includes types that are sold frozen and then baked in the oven, or fried meats made from scratch.*

- 3 times per week or more 2 times per week 1 time per week Less than 1-2 times per month Never
-

24. How often does your program offer meats such as hot dogs, sausage, chorizo, bacon, pepperoni, salami, bologna, Spam, or lunchmeat?

- 3 times per week or more 2 times per week 1 time per week Less than 1-2 times per month Never
-

25. How often does your program offer packaged or ready-made* foods or meals? Please do not include food provided by a caterer or restaurant in your response.

**For this survey, packaged or ready-made foods or meals include:*

- Frozen dinners, Hamburger Helper, boxed macaroni and cheese and other noodle dishes, canned chili, Lunchables, etc.
- Frozen waffles, pancakes, french toast sticks
- Hot or cold foods from the deli or bakery counters such as sandwiches, ready-made pasta dishes, chicken baskets, muffins, pastries, etc.

- 3 times per week or more 2 times per week 1 time per week Less than 1-2 times per month Never

26. How often do you offer food that comes from a fast food or quick service restaurant*?

**Fast food or quick service restaurants might include McDonald's, Wendy's, Jack in the Box, Pizza Hut, Taco Time, Subway, Dairy Queen, etc.*

- 1 time per week or more 2-3 times per month 1 time per month 1-2 times per year Never

Beverages Offered to Children Ages 2-5

27. What type of milk is offered to children* ages 2 years or older? (Please select all that apply)

**This does not include children with milk allergies or intolerance.*

- Whole or regular Reduced fat or 2% Low-fat or 1% Fat-free or skim

28. How often does your program offer flavored milk*?

**Flavored milk is any type of milk (fat-free, 1%, 2%, or whole milk) that contains added flavoring, such as chocolate, strawberry or vanilla flavors. This includes milk that is purchased already flavored, or milk that you prepare such as by adding syrups or powders to plain white milk.*

- 1 time per day or more 3-4 times per week 1-2 times per week Less than 1-2 times per month Never

29. How is drinking water made available? (Please select one response that best fits your program)

- Only when children ask Only when children ask and during water breaks Indoors where it is visible and available for self-serve Indoors and outdoors where it is visible and available for self-serve

30. How often does your program offer 100% fruit juice? (Check for a "Go to" instruction after you answer this question)

- 2 times per day or more → GO TO #31 1 time per day → GO TO #31 3-4 times per week → GO TO #31 2 times per week or less → GO TO #31 Never → GO TO #32

31. When you serve 100% fruit juice to children ages 2-5, do you limit it to 4-6 ounces*?

**Four to six ounces is equal to 1/2 cup to 3/4 cup of juice.*

- Yes No I don't know

32. How often does your program offer sweet drinks that are not 100% juice*?

**This might include drinks such as Kool-Aid, Sunny Delight, Capri Sun that is not 100% juice, flavored waters, Tampico, lemonade, aguas frescas, sweet teas, sports drinks, soda, etc.*

- 1 time per week or more 2-3 times per month 1 time per month 1-2 times per year Never

Meal and Snack Time Environment

33. What best describes how meals and snacks are usually served to children ages 3-5?

- Provider portions out servings to children Children are allowed to serve some foods themselves, while other foods are pre-plated or served by the provider Children are allowed to choose and serve all foods themselves

34. Are children allowed to decide how much or how little food they will eat?

- Always Most of the time Some of time Rarely or never

35. How often is TV or video on during meal/snack times?

- Every meal/snack time Most meal/snack times Some meal/snack times Never

36. How often do you and/or your staff use food to encourage or reward desired behavior (such as giving a treat for potty training)?

- Never
 Rarely
 Some of the time
 Most of the time
 All the time

37. What best describes what you and/or your staff usually do during meal or snack time:

- Supervise, but do not sit at the table with the children
 Sit at the table with the children
 Sit at the table and talk with the children
 Sit at the table, talk with the children, and role model* eating healthy foods

**To role model eating healthy foods is when providers eat healthy foods in front of children and show how much they enjoy them. For example, a provider might say, "Mmm, these peas taste fresh...!"*

38. How often do you and/or your staff consume sweets, salty snacks, or sugary drinks in front of children?

- Rarely or never
 Some of the time
 Most of the time
 All the time

Your Views on Healthy Eating

39. In your opinion are any of the following major challenges to promoting healthy eating in your program?

Please limit your response to four (4) answers. If your program has no major challenges to promoting healthy eating select "NONE".

- | | | |
|--|---|---|
| <input type="checkbox"/> NONE—no major challenges | <input type="checkbox"/> Lack of control over foods that children bring from home | <input type="checkbox"/> Lack of skills or knowledge of how to choose healthy foods |
| <input type="checkbox"/> Limited access to stores or retailers that sell healthy foods | <input type="checkbox"/> Lack of nutrition learning materials for children | <input type="checkbox"/> Lack of skills or knowledge of how to cook healthy foods |
| <input type="checkbox"/> Food costs | <input type="checkbox"/> Lack of support from staff/assistants | <input type="checkbox"/> Limited space to prepare food |
| <input type="checkbox"/> Children won't eat healthy food | <input type="checkbox"/> Lack of time to prepare healthy foods | <input type="checkbox"/> Limited space to store food |
| <input type="checkbox"/> Lack of support from parents/guardians | | <input type="checkbox"/> Lack of kitchen equipment |

Other (please describe):

40. We are interested in your opinions about nutrition and healthy eating. Do you agree or disagree with the following statements? (Please select one response per line)

| | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Child care providers should play an active role in promoting healthy eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It doesn't matter if children eat healthy foods in child care because their lifelong habits are formed at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy weight and eating habits matter for children's learning and school readiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing healthy food and mealtime environments is just as important as my other child care responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child care providers should be a resource for families about nutrition for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am comfortable being a resource for families about nutrition for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Indoor and Outdoor Physical Activity

41. How often do children ages 2-5 play outside?

- 4 times per week or less 1 time per day 2 times per day 3 times per day or more

42. How much time is provided each day for children ages 2-5 to play outside?

- Less than 60 minutes 60-74 minutes 75-89 minutes 90 minutes or more

43. How much time is provided each day to children ages 3-5 for indoor and outdoor physical activity*?

**Physical activity is any movement that gets children "breathless" or breathing deeper and faster than during typical activities. Examples include walking, running, climbing, jumping, and dancing.*

- Less than 60 minutes 60-89 minutes 90-119 minutes 120 minutes or more

44. How much time is provided each day to children age 2 for indoor and outdoor physical activity? (If you have no 2 year olds in your care, do not mark any responses)

- Less than 60 minutes 60-74 minutes 75-89 minutes 90 minutes or more

45. How much time is provided each day for adult-led physical activity* for children ages 2-5? (Number of minutes refers to the total time over the course of a day)

**Activities that are adult-led might include children's games such as Simon Says, Mother May I, Get the Wiggles Out, dancing, stretching, or a simple walk through the neighborhood.*

- Less than 30 minutes 30-44 minutes 45-59 minutes 60 minutes or more

46. What do children ages 2-5 usually do if the weather is rainy, cold, snowy or hot?

- They stay inside for quiet time They stay inside for moderately active play such as playing with toys, floor games, or stretching They stay inside for vigorous play such as dancing, jumping, hopping, or running They go outside anyway with proper clothing and protection from the weather

47. Is nap time/rest time usually optional or required for children ages 2-5?

- Optional - Children who do not feel like napping or resting quietly are offered playtime which could be physically active indoors or outdoors Optional - Children who do not feel like napping or resting quietly are offered quiet time activities (such as reading books, coloring, puzzles, or quiet play with small toy). Required - No alternate activities are scheduled during this time.

Physical Activity Environment

48. What best describes the indoor space for active play?

- Not available Available for very limited movement (like walking) Available for some active play (like jumping, dancing, rolling, skipping, etc.) Available for all activities, including running

49. What types of activities does your program do outdoors? (Please select all that apply)

- Free play that is child-led and depends on what activities and games children decide to do Seasonal outdoor activities, such as gardening, collecting fallen leaves, water play, and playing in the snow Outdoor field trips to places around the community where children can enjoy outdoor activities including local parks, farms, community gardens, local botanical gardens, or nature or wildlife centers
- Active adult-led play, such as adult-led games and activities that get the children physically active Walking trips and activities that let children explore the outdoors beyond regular play space, including neighborhood tours, nature hikes, and scavenger hunts
- Planned lessons and activities, such as circle time, arts and crafts, and reading books

50. What best describes the amount of portable play equipment* that children can use both indoors and outdoors while at child care?

**This might include jump ropes, wagons, big dump trucks, hula hoops, balls, mats, tricycles and other riding toys, etc.*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Very limited - children must always wait to use items | <input type="checkbox"/> Limited - children often wait to use items | <input type="checkbox"/> Adequate - children sometimes wait to use items | <input type="checkbox"/> We have plenty - children never wait to use items |
|--|---|--|--|

51. What best describes what you and/or your staff members do during children's physically active playtime?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Supervise only (rarely or never play with children) | <input type="checkbox"/> Supervise and verbally encourage physical activity | <input type="checkbox"/> Supervise, verbally encourage physical activity, and sometimes join in | <input type="checkbox"/> Supervise, verbally encourage physical activity, and often join in |
|--|---|---|---|

52. Do you and/or your staff incorporate physical activity into learning activities and transitions*?

**This might include movement during circle time or story time, Simon Says, or other movement games while children wait in line.*

- | | | | |
|--|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> Each time they see an opportunity | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely or never |
|--|--------------------------------|------------------------------------|--|

Your Views on Physical Activity

53. In your opinion are any of the following major challenges to providing more physical activity to children at child care?

Please limit your response to four (4) answers. If your program has no major challenges to providing more physical activity select "NONE".

- | | | |
|---|---|--|
| <input type="checkbox"/> NONE - no major challenges | <input type="checkbox"/> Air pollution (smog) | <input type="checkbox"/> Not enough time |
| <input type="checkbox"/> Not enough outdoor play space | <input type="checkbox"/> Land pollution (pesticides or other chemicals) | <input type="checkbox"/> Children's interest or skill |
| <input type="checkbox"/> Not enough indoor play space | <input type="checkbox"/> Weather is too hot, cold, or wet to go outside | <input type="checkbox"/> Parents' interest or preference |
| <input type="checkbox"/> Limited play equipment | <input type="checkbox"/> Children lack appropriate or adequate clothing and shoes | <input type="checkbox"/> My personal health |
| <input type="checkbox"/> No outdoor covered space (to provide shade or shelter) | | <input type="checkbox"/> Lack of training on physical activity |
| <input type="checkbox"/> Unsafe neighborhood | | <input type="checkbox"/> Lack of policy on physical activity |
| | | <input type="checkbox"/> Liability concerns |

Other (please describe):

54. We are interested in your opinions about physical activity and outdoor play time. Do you agree or disagree with the following statements? (Please select one response per line)

| | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Children get enough physical activity outside of child care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It doesn't matter if children are physically active in child care because their lifelong habits are formed at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical activity matters for children's learning and school readiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning and leading physical activity is just as important as my other child care responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child care providers should be a resource for families about physical activity for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am comfortable being a resource for families about physical activity for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Screen Time

For this survey, "screen time" is any time that is spent in front of a screen, such as a TV, computer, or video game player. This includes programs, videos, or computer games that are educational.

55. Approximately how much screen time do children ages 2-5 get while at your program? (Check for a "Go to" instruction after you answer this question)

- None
→ GO TO #60
 Less than 1 hour a week
→ Go to #56
 Less than 30 minutes a day
→ Go to #56
 1-2 hours a day
→ Go to #56
 Over 2 hours a day
→ Go to #56

56. How often is the TV or video/DVD on where children can see it or hear it, even if they are not watching it?

- Rarely or never
 Sometimes
 Often
 Always

57. When TV or videos are shown, are they free from commercials and advertising?

- Always
 Often
 Sometimes
 Rarely or never
 Videos or TV are never shown

58. What types of programs are shown? (Please select all that apply)

- Educational
 Entertainment
 For physical activity use

Other (please describe):

59. How often is screen time used to encourage good or desired behavior?

- Rarely or never
 1-3 times per month
 1-4 times per week
 Every day

Your Views on Screen Time

60. In your opinion are any of the following major challenges to limiting screen time in your program?

Please limit your response to two (2) answers.

If your program has no major challenges to limiting screen time select "NONE".

- NONE - no major challenges
 TV, video or computer games help to ease transitions between activities
 Lack of parent support or concern for limiting screen time in child care
- TV, video or computer games help to entertain children while my staff or I tend to other things that need to be done (such as preparing meals or getting ready for parent pick-up)
 Children often request to watch TV/ video or use computer games
 Lack of staff support or concern for limiting screen time in child care

Other (please describe):

61. We are interested in your opinions about screen time in child care. Do you agree or disagree with the following statements? (Please select one response per line)

| | Strongly agree | Agree | Undecided | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Concerns about limiting screen time for children are exaggerated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Educational TV, programs, or computer games are an important part of how child care providers help children learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child care providers should be a resource for families about limiting screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am comfortable being a resource for families about screen time for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Information you provide to parents and guardians about appropriate nutrition, physical activity, or screen time for children

62. Do you offer parents or guardians educational information on any of the following topics listed below?

(Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> No - I generally do not offer educational information to parents/guardians on the topics listed here | <input type="checkbox"/> Ways to encourage children to be physically active (indoors and outdoors) |
| <input type="checkbox"/> Food and beverage recommendations for children | <input type="checkbox"/> Children's motor skills development |
| <input type="checkbox"/> Healthy feeding practices | <input type="checkbox"/> How much screen time children should be allowed |
| <input type="checkbox"/> Physical activity recommendations for children | <input type="checkbox"/> Why limiting screen time for children is important |

63. How is educational information about appropriate nutrition, physical activity, or screen time for children communicated to parents or guardians? (Please select all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> No information is provided | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Written policies in the parent handbook | <input type="checkbox"/> Posters, bulletin boards, displays |
| <input type="checkbox"/> Fliers or handouts | <input type="checkbox"/> Conversations with parents/guardians | <input type="checkbox"/> Daily observation reports | |
| <input type="checkbox"/> Other (please specify): <input style="width: 600px;" type="text"/> | | | |

Your training or continuing education

Please think about your training or continuing education within the past 3 years.

For each training topic listed below, indicate whether you have completed training on this topic, and whether or not it was eligible for STARS credit.

If you have not completed training on a topic, please indicate whether you would like to receive this training.

64. Your Training on Nutrition Topics (Please select one response per line)

| Nutrition Topics | No | No - I would like to receive this training | Yes - eligible for STARS credit | Yes - NOT eligible for STARS credit | I'm not sure |
|---|--------------------------|--|---------------------------------|-------------------------------------|--------------------------|
| Healthy foods and beverages recommended for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creating healthy mealtime environments (such as role modeling and socializing at meals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using positive feeding practices (such as family-style meals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How to communicate with families about child nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developing your own program policies on nutrition best practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

65. Your Training On Physical Activity Topics (Please select one response per line)

| Physical Activity Topics | No | No - I would like to receive this training | Yes - eligible for STARS credit | Yes - NOT eligible for STARS credit | I'm not sure |
|--|--------------------------|--|---------------------------------|-------------------------------------|--------------------------|
| Recommended amount of daily physical activity for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ways to encourage children's physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How to use outdoor play space for physical activity and learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How to communicate with families about physical activity for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developing your own program policies on physical activity best practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

66. Your Training on Screen Time Topics (Please select one response per line)

| Screen Time Topics | No | No - I would like to receive this training | Yes - eligible for STARS credit | Yes - NOT eligible for STARS credit | I'm not sure |
|--|--------------------------|--|---------------------------------|-------------------------------------|--------------------------|
| Importance of limiting screen time for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate use of screen time in child care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How to communicate with families about limiting screen time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Developing your own program policies on screen time best practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Program's Policies

67. Please think about your program's policies on nutrition, physical activity, and screen time. For each row below, please select what best describes the type of policy your program has (no policy, informal policy, or written* policy).

*For this survey, a written policy includes written guidelines or statements about your program's operations, practices, or expectations for staff or assistants, children, or families. Policies can be included in parent handbooks, parent contracts, parent welcome packets, staff manuals, and other documents.

| Do you have a policy on... | No policy | Informal policy (spoken but not written) | Written policy |
|--|--------------------------|--|--------------------------|
| ...nutrition standards that EXCEED current requirements (such as only serving whole grains, serving a fruit and vegetable at every snack, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...nutrition standards for food brought from home for meals and snacks? (Do not include food allergy or food safety policies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...nutrition standards for food brought from home for onsite celebrations including children? (Do not include food allergy or food safety policies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...types of food and beverages that staff members consume in front of children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...staff use of food as a reward for children's behavior (such as giving a treat when children are quiet)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...physical education and/or physical activity standards that EXCEED current requirements (such as requiring 90 minutes or more of daily physical activity)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...limits for screen time for children (including educational screen time)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Where you buy food for child care

68. Do you shop for food that is offered to children in child care? (Check for a "Go to" instruction after you answer this question)

- Yes → GO TO #69
 No - all children bring their own meals and snacks from home → GO TO #75
 No - I use a caterer → GO TO #75

69. How do you and/or your staff usually shop for food for your child care program? (Please select all that apply)

- In person at a store
 Online
 Over the phone

Other (please specify):

70. Where do you and/or your staff usually shop for food offered in your child care program?

(This list is in alphabetical order. Please select all that apply.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Albertsons | <input type="checkbox"/> Local food cooperative | <input type="checkbox"/> Red Apple | <input type="checkbox"/> Tidyman's |
| <input type="checkbox"/> ALDI | <input type="checkbox"/> Local fruit and vegetable stand | <input type="checkbox"/> Rosauers | <input type="checkbox"/> Trader Joes |
| <input type="checkbox"/> Cash & Carry | <input type="checkbox"/> Huckleberry's Natural Market | <input type="checkbox"/> Saar's Market Place | <input type="checkbox"/> Uwajimaya, Inc. |
| <input type="checkbox"/> Central Market | <input type="checkbox"/> Metropolitan Market | <input type="checkbox"/> Safeway | <input type="checkbox"/> Wal-mart |
| <input type="checkbox"/> Costco | <input type="checkbox"/> PCC | <input type="checkbox"/> Sam's Club | <input type="checkbox"/> Whole Foods Market |
| <input type="checkbox"/> Fred Meyers | <input type="checkbox"/> Petosa's | <input type="checkbox"/> Super 1 Foods | <input type="checkbox"/> WinCo |
| <input type="checkbox"/> Grocery Outlet | <input type="checkbox"/> QFC | <input type="checkbox"/> Supervalu | <input type="checkbox"/> Yoke's Fresh Market |
| <input type="checkbox"/> Haggen | | <input type="checkbox"/> Target | |
| <input type="checkbox"/> Local farmer's market | | <input type="checkbox"/> Thriftway | |

Other (please specify):

71. If you and/or your staff buy food at more than one place, is there a place where you buy most of the food for child care?

(If you select YES, please enter the name)

- No - there is not one place where I/we buy most of the food for child care
 I don't know
 Yes (please enter the name):

72. Thinking about the last month, how much did you spend on food for your child care program (approximately)?

(Please round your estimate to the nearest dollar)

73. How important are the following factors to you when buying food for child care? *(Please select one response per line)*

| | Not at all important | Somewhat important | Very important |
|---|--------------------------|--------------------------|--------------------------|
| Low prices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is locally grown or produced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is organic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can choose among a variety of food products and brands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can also buy non-food items from the same place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is fresh (not frozen, canned, dried, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is easy to store for long periods of time (shelf-stable, frozen, canned, dried, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is "ready-to-use" (baby carrots, pre-washed salad mix, chopped vegetables) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food is ready-made or "ready-to-eat" and requires little preparation, usually just heating and/or serving (such as frozen ready-made meals, deli meat, boxed macaroni and cheese, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child preferences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/guardian preferences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can do "one stop shopping" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity to home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

74. How interested would you be in any of the following? (Please select one response per line)

| | Not at all interested | Somewhat interested | Very interested | I'm not sure | I already have access to this |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Option to select and purchase food over the Internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Option to select and purchase food over the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to get all the food I need in one place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delivery as an option | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchasing more foods that are locally produced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchasing more organic foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre-made shopping lists designed to meet nutritional requirements for children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Option to buy food in bulk at lower cost | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About you (this is the last section)

75. What is your race? (Please select all that apply)

- African American or Black
 American Indian/Alaskan Native
 Asian
 Caucasian or White
 Native Hawaiian/Pacific Islander
 Other (please specify):

76. What is your ethnicity?

- Hispanic or Latino
 Non-Hispanic or Latino

77. What is your first language?

- English Vietnamese Somali Korean Amharic
 Spanish Russian Chinese Ukranian Punjabi
 Other (please specify):

78. What is the highest level of education you have completed?

- Less than high school Some college-level or advanced courses College graduate Graduate degree or higher
 Completed high school Associate degree Some graduate-level education

79. What is your role in the child care setting? (Please select all that apply)

- Child care provider Assistant or Helper Volunteer
 Other (please specify):

80. How many years have you been a child care provider? Include time as a family home provider and any other time working in child care. (Please enter a whole number. If you have been a child care provider for less than 1 year, enter 0)

81. In general, how would you describe your health?

- Excellent Very Good Good Fair Poor

82. Would you like to be added to our list of people who will receive a summary report* of the survey results in 2014?

*The report will also be available on the Center for Public Health Nutrition website (<http://depts.washington.edu/uwcpnh/>).

- Yes No, thanks

The End

You have reached the end of the survey. Please put your completed survey in the postage-paid envelope to return it to us. Once we receive the completed survey, we will use the study ID number on the front page to enter you into a drawing for a chance to win one of 100 \$10 gift cards.

Thank you!

Your input is very important.

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