



### Instructions:

- The questions in this survey are about nutrition and physical activity for children in your Center who are **2-5 years old** in any program or classroom. Please read each question carefully and choose the response that best fits your Center. 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 Center (for example, the **Center Director or Administrator**).
- Some of the questions are about foods and beverages your Center offers, so you may find it helpful to have your Center’s **menu** 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 Center

### 1. Is your child care program a single-site program or a multi-site program?

(Check for a “Go to” instruction after you answer this question)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Single-site program<br>(Center is the only site or facility)<br>→ GO TO #3 | <input type="checkbox"/> Multi-site program<br>(Center is one of multiple sites or facilities)<br>→ GO TO #2 | <input type="checkbox"/> I don't know<br>→ GO TO #3 |
|---|--|---|

### 2. If your Center is part of a multi-site program, what is the name of the main organization?

### 3. Does your Center offer full-day or half-day programs to children ages 2-5?

- |                                   |                                   |   |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Full-day | <input type="checkbox"/> Half-day | <input type="checkbox"/> Both full-day and half-day |
|-----------------------------------|-----------------------------------|---|

### 4. What best describes your Center's profit status?

- |                                     |   |   |   |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Tribal             | <input type="checkbox"/> Head Start                   | <input type="checkbox"/> College or university affiliated |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Military sponsored | <input type="checkbox"/> Community college affiliated |   |

### 5. Is your Center enrolled in Early Achievers (Washington's voluntary Quality Rating and Improvement System)?

- |   |                             |                                       |
|---|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes, we are currently enrolled | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|---|-----------------------------|---------------------------------------|

### 6. Is your Center enrolled in the USDA Child and Adult Care Food Program (CACFP)?

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Yes, we are currently enrolled | <input type="checkbox"/> No, we are not currently enrolled, but we have been enrolled in the past | <input type="checkbox"/> No, we have never been enrolled | <input type="checkbox"/> I don't know |
|---|---|--|---------------------------------------|

**7. Do you have children in your Center 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

**8. What is the total number of paid child care providers at your Center? (Please *include yourself* in your response)**

**9. Does your Center have one or more staff members whose job is exclusively dedicated to foodservice-related tasks, such as ordering or shopping for food, preparing food, or cooking food?**

- Yes
  No
  I don't know

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

**11. On average, approximately how many children in your Center are ages 2-5 years?**

**12. On average, approximately how many children in your Center are ages 6 years or older?**

**Meals and Snacks Provided to Children Ages 2-5**

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

	Center usually provides	Children usually bring from home	Caterer usually provides	Not provided
<b>Breakfast</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mid-morning snack</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mid-afternoon snack</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dinner</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After-dinner snack</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Does your Center have an on-site kitchen facility that is used to provide food for child care?**

- Yes
  No
  I don't know

**Foods Offered to Children Ages 2-5**

**15. How often does your Center 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

**16. How often does your Center 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

**17. How often does your Center 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

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**18. How often does your Center offer vegetables\*?**

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

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

**19. How often does your Center 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
- 

**20. How often does your Center 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
- 

**21. How often does your Center 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
- 

**22. How often does your Center 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
- 

**23. How often does your Center 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
- 

**24. How often does your Center 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
- 

**25. How often does your Center 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
- 

**26. How often does your Center 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
- 

**27. How often does your Center 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

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**28. How often does your Center 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

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**29. How often does your Center 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

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**30 How often does your Center offer packaged or ready-made\* foods or meals? Please do not include food provided by a caterer 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.

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

### Beverages Offered to Children Ages 2-5

**31. What type of milk is offered to children\* ages 2 years and 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

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**32. How often does your Center 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 your Center prepares 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

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**33. How is drinking water made available? (Please select one response that best fits your Center)**

- 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

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

- 2 times per day or more  
→ GO TO #35       1 time per day  
→ GO TO #35       3-4 times per week  
→ GO TO #35       2 times per week or less  
→ GO TO #35       Never  
→ GO TO #36

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**35. When your Center serves 100% fruit juice to children ages 2-5, is it limited 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

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**36. How often does your Center 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

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Foodservice staff or caterers provide pre-plated food with set portions | <input type="checkbox"/> Child care providers portion out servings to children | <input type="checkbox"/> Children are allowed to serve some foods themselves, while other foods are pre-plated or served by staff | <input type="checkbox"/> Children are allowed to choose and serve all foods themselves |
|--|--|---|--|

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

- |                                 |   |                                       |  |
|---------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of time | <input type="checkbox"/> Rarely or never |
|---------------------------------|---|---------------------------------------|--|

39. How often do staff members use food to encourage or reward desired behavior (such as giving a treat for potty training)?

- |                                |                                 |   |   |                                       |
|--------------------------------|---------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> All the time |
|--------------------------------|---------------------------------|---|---|---------------------------------------|

40. What best describes what staff members usually do during meal or snack time:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Staff supervise, but do not sit at the table with the children | <input type="checkbox"/> Staff sit at the table with the children | <input type="checkbox"/> Staff sit at the table and talk with the children | <input type="checkbox"/> Staff sit at the table, talk with the children, and role model* eating healthy foods |
|---|---|--|---|

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

41. How often do staff members consume sweets, salty snacks, or sugary drinks in front of children?

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> All the time |
|--|---|---|---------------------------------------|

## Your Views on Healthy Eating

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> NONE—no major challenges                                 | <input type="checkbox"/> Lack of nutrition learning materials for children | <input type="checkbox"/> Lack of skills or knowledge of how to choose healthy foods |
| <input type="checkbox"/> Limited healthy food options from main food supplier     | <input type="checkbox"/> Lack of support from administration               | <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 members                | <input type="checkbox"/> Limited space to prepare food                              |
| <input type="checkbox"/> Children won't eat healthy food                          | <input type="checkbox"/> Lack of support from foodservice staff            | <input type="checkbox"/> Limited space to store food                                |
| <input type="checkbox"/> Lack of support from parents/guardians                   | <input type="checkbox"/> Lack of labor time to prepare healthy foods       | <input type="checkbox"/> Lack of kitchen equipment                                  |
| <input type="checkbox"/> Lack of control over foods that children bring from home |  |   |
| <input type="checkbox"/> Other (please describe):                                 | <input type="text"/>   |   |

43. 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 staff's 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"/>
Staff at my Center are 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

44. 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

45. 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

46. 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

47. 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. (Number of minutes refers to the total time over the course of a day)*

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

48. 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

49. 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 a small toy).       Required - No alternate activities are scheduled during this time.

## Physical Activity Environment

### 50. 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

### 51. What types of activities does your Center do outdoors? (Please select all that apply)

- Free play that is child-led and depends on what activities and games children decide to do
- Active adult-led play, such as adult-led games and activities that get the children physically active
- Planned lessons and activities, such as circle time, arts and crafts, and reading books
- Seasonal outdoor activities, such as gardening, collecting fallen leaves, water play, and playing in the snow
- Walking trips and activities that let children explore the outdoors beyond regular play space, including neighborhood tours, nature hikes, and scavenger hunts
- 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

### 52. 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.

- Very limited - children must always wait to use items
- Limited - children often wait to use items
- Adequate - children sometimes wait to use items
- We have plenty - children never wait to use items

### 53. What best describes what staff members do during children's physically active playtime?

- They supervise only (they rarely or never play with children)
- They supervise and verbally encourage physical activity
- They supervise, verbally encourage physical activity, and sometimes join in
- They supervise, verbally encourage physical activity, and often join in

### 54. Do staff members incorporate physical activity into classroom routines and transitions\*?

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

- Each time they see an opportunity
- Often
- Sometimes
- Rarely or never

## Your Views on Physical Activity

### 55. 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 Center has no major challenges to providing more physical activity select "NONE".

- NONE—no major challenges
- Not enough outdoor play space
- Not enough indoor play space
- Limited play equipment
- No outdoor covered space (to provide shade or shelter)
- Unsafe neighborhood
- Air pollution (smog)
- Land pollution (pesticides or other chemicals)
- Weather is too hot, cold, or wet to go outside
- Children lack appropriate or adequate clothing and shoes
- Not enough time
- Children's interest or skill
- Parents' interest or preference
- Staff knowledge about physical activity
- Staff health status
- Lack of staff training on physical activity
- Center lacks policy on physical activity
- Liability concerns

Other (Please describe):

56. 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 staff's 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"/>
Staff at my Center are 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.

57. Approximately how much screen time do children ages 2-5 get at your Center?

(Check for a "Go to" instruction after you answer this question)

- None → GO TO #61     
  Less than 1 hour a week → GO TO #58     
  Less than 30 minutes a day → GO TO #58     
  1-2 hours a day → GO TO #58     
  Over 2 hours a day → GO TO #58

58. 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

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

- Educational     
  Entertainment     
  For physical activity use

Other (Please describe):

60. 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

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

Please limit your response to two (2) answers.

If your Center 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 staff 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):



**62. 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"/>
Staff at my Center are 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 your Center provides to parents and guardians about appropriate nutrition, physical activity, or screen time for children**

**63. Does your Center offer parents or guardians educational information on any of the following topics listed below?**

*(Please select all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> No - We 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                        |

**64. 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"/> Family workshops or events         |
| <input type="checkbox"/> Fliers or handouts   | <input type="checkbox"/> Conversations between staff and parents/guardians | <input type="checkbox"/> Daily observation reports               | <input type="checkbox"/> Posters, bulletin boards, displays |
| <input type="checkbox"/> Other (please specify): <input style="width: 600px;" type="text"/> |  |  |   |

**Staff's training or continuing education**

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

For each training topic listed below, indicate whether one or more of your staff has completed training on this topic, and whether or not it was eligible for STARS credit.

If no staff have had training on a topic, please indicate whether you would like staff to receive this training.

**65. Staff's Training on Nutrition Topics *(Please select one response per line)***

Nutrition Topics	No	No, but I would like staff to receive training on this	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 Center's program policies on nutrition best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. Staff's Training on Physical Activity Topics (Please select one response per line)

Physical Activity Topics	No	No, but I would like staff to receive training on this	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 Center's program policies on physical activity best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Staff's Training On Screen Time Topics (Please select one response per line)

Screen Time Topics	No	No, but I would like staff to receive training on this	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 Center's program policies on screen time best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your Center's Policies**

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

\*For this survey, a written policy includes written guidelines or statements about your Center's operations, practices, or expectations for staff members, children, or families. Policies can be included in parent handbooks, parent contracts, parent welcome packets, staff manuals, your Center's Health Policy, 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 your Center buys or obtains food for child care**

**69. Does your Center purchase food to prepare for children in child care? (Check for a "Go to" instruction after you answer this question)**

- Yes → **GO TO #70**
 No → **GO TO #76**
 No - our Center uses a caterer → **GO TO #76**

**70. How does your Center usually purchase food for child care? (Please select all that apply)**

*\*Some examples of major nationwide foodservice distributors include Sysco, Food Services of America, and US Foods, but there are many state and local food distributors that operate in Washington.*

	In-person	Online	Over the phone
With a foodservice distributor (see examples above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a grocery store, market, or shop (any size or type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**71. Where does your Center usually purchase food for child care? (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           |  |
| <input type="checkbox"/> Other (please specify the name of the store or foodservice distributor): <input type="text"/> |  |  |  |

**72. If your Center purchases 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 we buy most of our food
  I don't know
  Yes (please enter name):

**73. Thinking about the last month, how much did your Center spend on food for your child care program (approximately)? (Please round your estimate to the nearest dollar)**

74. How important are the following factors to your Center when purchasing food? (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 Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75. How interested would your Center be in any of the following? (Please select one response per line)

	Not at all interested	Somewhat interested	Very interested	I'm not sure	We 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)**

76. 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):

77. What is your ethnicity?

- Hispanic or Latino     
  Non-Hispanic or Latino

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**78. What is your first language?**

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

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

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

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**80. What is your role in the Center? (Please select all that apply)**

- Owner       Director or Site Supervisor       Child care provider       Teacher       Volunteer  
 Other (please specify):

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**81. How many years have you been employed in child care? (Please enter a whole number)**

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

*\*The report will also be available on the Center for Public Health Nutrition website (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.

UNIVERSITY OF  
WASHINGTON  
**uwcpnh**



CENTER FOR PUBLIC  
HEALTH NUTRITION

306 Raitt Hall  
Box 353410  
Seattle, WA 98195