Appendix I
Provider and Menu Data Collection Instruments

I.1. Provider Survey - English

OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II
Provider Survey

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0669. The time required to complete this information collection is estimated to average 0.8383 hours (50 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0669). Do not return the completed form to this address.

PROGRAMMER: PRELOADED VARIABLES ARE:

- SAMPLED CHILD CARE SITE = PROVIDER NAME
- PROGTYPE: 1=HEAD START CENTER, CHILD CARE CENTER, FAMILY DAY CARE HOME; 2=AT-RISK AFTERSCHOOL CENTER, OUTSIDE-SCHOOL-HOURS CARE CENTER
- ATRISK: 1=AT-RISK AFTERSCHOOL CENTER; 2=NOT AT-RISK AFTERSCHOOL CENTER (HEAD START CENTER, CHILD CARE CENTER, FAMILY DAY CARE HOME, OUTSIDE-SCHOOL-HOURS CARE CENTER)
- SPONSOR: 1=YES, 2=NO
- SPONQ: 1= CHILD CARE CENTER, AT-RISK AFTERSCHOOL CENTER, OUTSIDE-SCHOOL-HOURS CARE CENTER; 0=HEAD START CENTER, FAMILY DAY CARE HOME

UNIVERSAL PROGRAMMER NOTES:

RESPONDENTS CAN LEAVE AN ITEM BLANK (=M) UNLESS A HARD CHECK IS INDICATED.

UNIVERSAL SOFT CHECKS FOR ITEMS THAT INDICATE “NO RESPONSE” OR A HARD CHECK IS INDICATED

> UNIVERSAL SOFT CHECK IF NO RESPONSE (UNLESS A HARD CHECK IS NOTED): Please provide an answer to this question, or click the “Next” button to move to the next question.
>
> UNIVERSAL SOFT CHECK IF NO RESPONSE ON GRID QUESTIONS: One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.
>
> UNIVERSAL SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

Provider Survey Instructions

About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness practices in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, sponsors, and USDA understand how the Child and Adult Care Food Program (CACFP) operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of the CACFP and examine how key outcomes have changed since updates to the meal patterns went into effect to encourage healthier eating. Under the terms of Section 28 of the Richard B. Russell National School Lunch Act, institutions participating in CACFP are required to participate in this data collection.

Protecting Privacy. Information gathered for SNACS-II is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No staff, parents/guardians, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families.

About this Survey. The purpose of this survey is to learn about food and physical activity practices at child care facilities. Each section in the survey deals with a specific topic:

1) Background
2) Menu Planning
3) Food Purchasing
4) Food Preparation and Food Safety
5) Food/Beverage Serving Practices
6) Special Dietary Needs, Disabilities, and Impairments
7) Physical Activity
8) [DISPLAY IF PROGTYPE=1] Infant Feeding and Infant Physical Activity
9) Barriers to CACFP Participation

The survey can be accessed by more than one person at your program, and you can save portions of the survey to return to it later. After Section 1 is completed, the remaining sections do not have to be completed in order. Please have the person at your program most familiar with a given topic complete the section on that topic. If more than one person will be working on the survey, please close out of the web browser and forward the link to those people. **Only one person may be in the survey at a time.** Make sure that each person working on the survey enters their title, phone number, and email address when prompted.

A few more instructions before you begin:

- The preferred web browser for this survey is Chrome.
- If you need to exit this survey, you may return by visiting the same URL. If you need to go back to change an answer use the “BACK” button at the bottom of the screen. Do NOT use your browser’s back button.
- The definition of some terms can be seen using hover text. Mouse over these terms to see the definition [HOVER DEFINITION], as demonstrated here.
- If you want to change your answer to a question that allows multiple answers, please click on the check box you selected to unselect your response. If you want to change your answer to a question that allows only one answer, please click on the radio button next to the correct response.

Questions. If you have any questions about the study or this survey, please feel free to call our toll-free number at [PHONE] or email [EMAIL]. You may also visit [URL].

[HOVER DEFINITION] Definition: This is an example of when a definition of a term will be provided.

SECTION 1: BACKGROUND

The questions in this section ask about [SAMPLED CHILD CARE SITE], including the number and ages of children that are served. Please have the person most familiar with these topics about [SAMPLED CHILD CARE SITE] answer these questions.

ALL (UPON FIRST TIME TAKING SURVEY) RESP1==99 (UPON RE-ENTRY TO SURVEY)
PROGRAMMER: RESP1 IS CONSIDERED NO RESPONSE IF RESPONDENT DOES NOT ENTER INFORMATION IN EACH OF THE FIVE RESPONSE BOXES. ONCE RESPONSES HAVE BEEN ENTERED, GO TO M1.1
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR FIRST TIME THIS QUESTION IS PRESENTED HARD CHECK ON FIRST NAME; LAST NAME; AND [EMAIL ADDRESS OR PHONE NUMBER]
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp1a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING (NUM))
Last Name:		(STRING (NUM))
Title:		(STRING (NUM))
Email address:		(STRING (NUM))
Telephone number:		(STRING (NUM))

HARD CHECK FOR FIRST TIME THIS QUESTION IS PRESENTED: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide your first and last name as well as an email address or telephone number."**

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL (UPON RE-ENTRY TO SURVEY)

PROGRAMMER: IF RESPONDENT EXITS SURVEY (ANYWHERE), UPON RE-ENTRY, CONFIRM IDENTITY OF RESPONDENT WITH ID1

Resp1. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ [FILL W/ RESP1 NAME] ..... 1 [GO TO NAV1]
- ❍ [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO NAV1]
- ❍ New person completing the survey ..... 99 [GO TO RESP1]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

IF SPONQ=1 AND SPONSOR =1

M1.0. Sponsored centers can be either affiliated or unaffiliated. An affiliated center is owned, in whole or in part, by a CACFP sponsoring organization. An unaffiliated center is legally distinct from its sponsoring organization. Is [SAMPLED CHILD CARE SITE] affiliated or unaffiliated with its sponsor?

- ❍ Affiliated (part of the sponsor organization) 1
- ❍ Unaffiliated (not legally part of the sponsor organization) 2
- ❍ Don't know ..... d

NO RESPONSE ..... M

IF SPONQ=1 AND SPONSOR =1

M1.0a. What type of organization is [SAMPLED CHILD CARE SITE]'s sponsor?

- ❍ Private non-profit organization 1
- ❍ Public school district or local government such as town, city, or county 2
- ❍ Charter school organization 3
- ❍ For-profit corporation 4
- ❍ Other (SPECIFY) 5

Specify [ ] (STRING)

- ❍ Don't know ..... d

NO RESPONSE ..... M

IF PROGTYPE=1

M1.1. Providers can operate one or more types of programs. Does your organization operate any of the following programs?

	YES	NO
a. Afterschool program	1 ❍	0 ❍
b. CACFP outside-school-hours program	1 ❍	0 ❍
c. CACFP at-risk afterschool program [HOVER DEFINITION]	1 ❍	0 ❍

[HOVER DEFINITION] The at-risk afterschool meals component of the Child and Adult Care Food Program (CACFP) offers Federal funding (reimbursement) to afterschool programs that serve a meal or snack to children up to age 18 in low- income areas. Snacks and meals must meet Federal guidelines and may be served after school, on weekends, and during vacations.

IF PROGTYPE=1

M1.2. Does [SAMPLED CHILD CARE SITE] participate in the School Breakfast Program (SBP) [HOVER DEFINITION]?

❍ Yes 1

❍ No ..... 0 [GO TO M1.3]

NO RESPONSE ..... M [GO TO M1.3]

[HOVER DEFINITION] The School Breakfast Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced-price breakfasts to eligible children and receive cash subsidies from the USDA for each meal served that meets Federal requirements.

IF M1.2 = 1
PROGRAMMER: PLEASE USE HOVER DEFINITION FROM M1.2

M1.2a Are the breakfasts served to children in [SAMPLED CHILD CARE SITE] reimbursed through the SBP [HOVER DEFINITION] or the CACFP?

- ❍ SBP 1
- ❍ CACFP 2
- ❍ Don't know ..... dk

IF PROGTYPE = 1

M1.3. Does [SAMPLED CHILD CARE SITE] participate in the National School Lunch Program (NSLP) [HOVER DEFINITION]?

- ❍ Yes 1
- ❍ No ..... 0 [GO TO M1.6]

NO RESPONSE ..... M [GO TO M1.6]

[HOVER DEFINITION] The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced-price lunches to eligible children and receive cash subsidies from the USDA for each meal served that meets Federal requirements. School districts and schools may also receive cash subsidies for snacks served to children in afterschool educational or enrichment programs.

IF M1.3=1
PROGRAMMER: PLEASE USE HOVER DEFINITION FROM M1.3

M1.3a Are the lunches served to children in [SAMPLED CHILD CARE SITE] reimbursed through the NSLP [HOVER DEFINITION] or the CACFP?

- ❍ NSLP 1
- ❍ CACFP 2
- ❍ Don't know ..... dk

IF PROGTYPE=2
ALL RESPONSES GO TO M1.5
PROGRAMMER: PLEASE USE HOVER DEFINITION FROM M1.3

M1.4. Are the afterschool snacks served at [SAMPLED CHILD CARE SITE] funded through the CACFP or the NSLP [HOVER DEFINITION]?

- ❍ CACFP 1
- ❍ NSLP 2
- ❍ Don't know ..... dk

IF PROGTYPE=2

ALL RESPONSES GO TO M1.9

M1.5. How long has [SAMPLED CHILD CARE SITE] been open for operation?

- ❍ Less than 6 months 1
- ❍ 6 months up to 1 year 2
- ❍ 1 year up to 3 years 3
- ❍ 3 years up to 5 years 4
- ❍ 5 or more years 5

IF PROGTYPE=1

M1.6. Does [SAMPLED CHILD CARE SITE] offer full-day child care for at least nine months out of the year?

- ❍ Yes 1
- ❍ No 0

IF PROGTYPE=1

M1.7. Does [SAMPLED CHILD CARE SITE] offer half-day child care for at least nine months out of the year?

- ❍ Yes 1
- ❍ No 0

IF PROGTYPE=1

M1.8. Does [SAMPLED CHILD CARE SITE] serve children who are in kindergarten or older?

- ❍ Yes ..... 1 [GO TO M1.8.a]
- ❍ No ..... 0 [GO TO M1.9]

NO RESPONSE ..... M [GO TO M1.9]

IF M1.8=1

ALL RESPONSES GO TO M1.8.B

M1.8.a. Does [SAMPLED CHILD CARE SITE] offer before-school care?

- ❍ Yes 1
- ❍ No 0

IF M1.8=1
ALL RESPONSES GO TO M1.9

M1.8.b. Does [SAMPLED CHILD CARE SITE] offer before- and after-school care?

- ❍ Yes..... 1
- ❍ No 0

ALL
RANGE = 0-999
PROGRAMMER: DISPLAY ONLY ITEMS 1-G IF PROGTYPE = 1; DISPLAY ONLY ITEMS H-I IF PROGTYPE = 2

M1.9. As of September 30, 2022, what was [SAMPLED CHILD CARE SITE]'s total enrollment for children of each of the following age groups? Enter "0" if no children are enrolled in an age group.

	NUMBER OF CHILDREN
a. 0-5 months	
b. 6-11 months	
c. 12-17 months	
d. 18-23 months	
e. 24-35 months	
f. 3-5 years	
g. Older than 5 years	
h. 5-12 years	
i. Older than 12 years	

SOFT CHECK: One or more responses are missing. Please review your responses to this question. Enter "0" if no children are enrolled in an age group. Click the "Next" button to move to the next question.

[PROGRAMMER:

CREATE VARIABLE INFANTNUMBER SUMMING RESPONSE FROM ITEMS A AND B

CREATE VARIABLE TODDLERNUMBER SUMMING RESPONSE FROM ITEMS C AND D

CREATE VARIABLE PRESCHOOLNUMBER SUMMING RESPONSE FROM ITEMS E AND F

CREATE VARIABLE SCHOOLNUMBER SUMMING RESPONSE FROM H AND I

CREATE VARIABLE TODDLERPRESCHOOL SUMMING RESPONSE FROM ITEMS C, D, E, AND F]

ALL

M1.10. Which of the following languages is the primary language spoken at home by the families enrolled at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ English 1
- ☐ Spanish 2
- ☐ A Native American language 3
- ☐ Chinese, including Cantonese, Mandarin, and other Chinese languages 4
- ☐ Tagalog 5
- ☐ Vietnamese 6
- ☐ French 7
- ☐ Korean 8
- ☐ German 9
- ☐ Arabic 10
- ☐ An African language 11
- ☐ Language(s) other than those listed above (SPECIFY) 99

Specify ☐ (STRING)

ALL

M1.11. What language or languages do the staff usually speak at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ English 1
- ☐ Spanish 2
- ☐ A Native American language 3
- ☐ Chinese, including Cantonese, Mandarin, and other Chinese languages 4
- ☐ Tagalog 5
- ☐ Vietnamese 6
- ☐ French 7
- ☐ Korean 8
- ☐ German 9
- ☐ Arabic 10
- ☐ An African language 11
- ☐ Language(s) other than those listed above (SPECIFY) 99

Specify ☐ (STRING)

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END1. This is the end of section 1. Have you provided responses for all of the questions and are you ready to submit your responses to this section? Select "yes" if you would like to submit this section.

After you select "yes" you will not be able to change your answers.

❍ Yes, submit the responses for this section 1

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

SECTION A: NAVIGATION

ALL
PROGRAMMER: AFTER A SECTION IS COMPLETED, THE “COMPLETE” BUTTON SHOULD BE DISABLED SO THE RESPONDENT CANNOT GO BACK INTO THE SECTION

NAV1. **Navigation within the Survey**

The sections in this survey are listed in the navigation table below. The table shows the status of each section: “Completed,” “Not started,” or “Incomplete.” If you start a section but do not fully complete it, the status will show as “Incomplete.” If you return to a section that was started but not fully completed, you will need to click through the answers already entered to get to the question where you previously stopped. After you answer all the questions in a section, you will return to the navigation table. The section status will show as “Completed.”

The “Action” column will allow you to complete or review each section. To start or return to a section, click the button next to the section name. You do not need to complete the sections in order. If another person will complete a section, share the link to the survey with them.

Section	Status	Action
Background	(Completed by [RESPONDENT NAME])	
Menu Planning	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food Purchasing	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food Preparation and Food Safety	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Food/Beverage Serving Practices	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Special Dietary Needs, Disabilities, and Impairments	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Physical Activity	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
[PROGTYPE=1 AND INFANTNUMBER>0: Infant Feeding and Infant Physical Activity]	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)
Barriers to CACFP Participation	(Completed by [RESPONDENT NAME]/Not completed)	(Click to complete)

SECTION 2: MENU PLANNING

The questions in this section ask about menu planning and menu cycling at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP2. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP 1 NAME] ..... 1 [GO TO M2.1]
- ❍ Returning respondent [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO M2.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP2]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp2a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL

M2.1. Are the CACFP meals and snacks served analyzed for their nutritional content?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL

M2.2. Does [SAMPLED CHILD CARE SITE] use cycle menus, such as menus that repeat every week or month?

- ❍ Yes ..... 1 [GO TO M2.3]
- ❍ No ..... 0 [GO TO M2.4]
- ❍ Don't know ..... d [GO TO M2.4]

NO RESPONSE ..... M [GO TO M2.4]

IF M2.2=1

M2.3. What is the frequency of the cycle?

- ❍ 1-week cycle (same menu repeated weekly) 1
- ❍ 2-week cycle (same menu repeated every two weeks) 2
- ❍ 3-week cycle (same menu repeated every three weeks) 3
- ❍ 4-week cycle (same menu repeated every four weeks) 4
- ❍ 5-week cycle (same menu repeated every five weeks) 5
- ❍ 6-week cycle (same menu repeated every six weeks) 6
- ❍ 7-week cycle (same menu repeated every seven weeks) 7
- ❍ 8-week cycle (same menu repeated every eight weeks) 8
- ❍ Longer than 8-week cycle 9
- ❍ Don't know ..... d

ALL
PROGRAMMER: RESPONSE OPTION “DON’T KNOW” SHOULD NOT ORIGINALLY BE DISPLAYED TO RESPONDENT. IF RESPONDENT TRIES TO SKIP QUESTION, DISPLAY “DON’T KNOW”

M2.4. What are the top three factors that are considered during menu planning?

Select up to three

- ☐ Ease of preparing menu items 1
- ☐ Time needed to prepare menu items 2
- ☐ Access to foods/beverages 3
- ☐ Prices of foods/beverages 4
- ☐ Seasonality of produce (e.g., more fruit in summer) 5
- ☐ Availability of preparation equipment 6
- ☐ Cooking or food preparation skills of food preparer/cook 7
- ☐ Kitchen/food preparation space 8
- ☐ Food storage capacity (e.g., freezer space or pantry space) 9
- ☐ Menu planning software 10
- ☐ Child preferences (including allergies) 11
- ☐ Parent/guardian preferences 12
- ☐ CACFP meal patterns 13
- ☐ Nutritional quality of food 14
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ Don’t know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION]…d

NO RESPONSE ..... M

ALL

M2.5. Are you the person who plans menus for [SAMPLED CHILD CARE SITE]?

- ❍ Yes 1
- ❍ No ..... 0 [GO TO M2.9]

NO RESPONSE ..... M [GO TO M2.9]

IF M2.5=1

M2.6. How many years of menu planning experience do you have?

- ❍ Less than 2 years 1
- ❍ 2-5 years 2
- ❍ 6-10 years 3
- ❍ More than 10 years 4

IF M2.5=1

M2.7. Do you have any of the following degrees or certifications?

Select all that apply

- ☐ High school diploma or GED ..... 1 [GO TO M2.9]
- ☐ Associate degree 2
- ☐ Baccalaureate degree 3
- ☐ Master's degree 4
- ☐ Doctoral degree 5
- ☐ Registered dietitian ..... 6 [GO TO M2.9]
- ☐ Other (SPECIFY) ..... 99 [GO TO M2.9]

Specify [ ] (STRING)

- ❍ No degree or certification ..... 7 [GO TO M2.9]

NO RESPONSE ..... M [GO TO M2.9]

IF M2.7 = 2 OR 3 OR 4 OR 5

M2.8. What was the area of study?

Select all that apply

- ☐ Early childhood education 1
- ☐ Family child studies 2
- ☐ Child development 3
- ☐ Business administration 4
- ☐ Food service management 5
- ☐ Food and nutrition/dietetics 6
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

ALL

PROGRAMMER: RESPONSE OPTION "DON'T KNOW" SHOULD NOT ORIGINALLY BE DISPLAYED TO RESPONDENT. IF RESPONDENT TRIES TO SKIP QUESTION, DISPLAY "DON'T KNOW"

M2.9. What are the top three challenges that [SAMPLED CHILD CARE SITE] faces in planning menus that <u>meet the CACFP meal patterns</u>?

Select up to three

- ☐ Understanding the meal pattern requirements 1
- ☐ Limited access to foods that fit in the requirements 2
- ☐ Lack of staff time for menu planning 3
- ☐ Lack of staff training for menu planning 4
- ☐ Parental preferences 5
- ☐ Children's food allergies 6
- ❍ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION] ..... d
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ No challenges planning menus that meet the CACFP meal patterns 0

NO RESPONSE ..... M

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END2. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 3: FOOD PURCHASING

The questions in this section ask where and how often various types of food is purchased for [SAMPLED CHILD CARE SITE], and how the purchases are tracked. Please have the person most familiar with food purchasing at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP3. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP1 NAME] ..... 1 [GO TO M3.1]
- ❍ Returning respondent [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO M3.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP3]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp3a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL
PROGRAMMER: DISPLAY ITEM 1 ONLY IF SPONSOR=1; DISPLAY TEXT FILL IN ITEM 2 ONLY IF PROGTYPE=1. ALL OTHER ITEMS SHOULD BE DISPLAYED FOR ALL RESPONDENTS.
PROGRAMMER: RESPONSE OPTION "DON'T KNOW" SHOULD NOT ORIGINALLY BE DISPLAYED TO RESPONDENT. IF RESPONDENT TRIES TO SKIP QUESTION, DISPLAY "DON'T KNOW"

M3.1. Who purchases the foods and beverages for [SAMPLED CHILD CARE SITE]? If a person responsible has more than one role, please select their <u>main</u> role.

Select all that apply

- ☐ [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]..... 1
- ☐ Center [IF PROGTYPE=1:or home child care] provider [HOVER DEFINITION] . 2
- ☐ Director or site supervisor [HOVER DEFINITION] 3
- ☐ Cook or chef [HOVER DEFINITION] 4
- ☐ Dietitian/nutritionist [HOVER DEFINITION] 5
- ☐ Teacher 6
- ☐ Parent/guardian volunteer 7
- ☐ Independent food service company, vendor, caterer, or other contractor 8
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] ..... d

NO RESPONSE ..... M

[HOVER DEFINITIONS

Sponsoring agency: Any public, private non-profit, or for-profit organization which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations in two or more sponsored facilities.

Center provider: Any single child care center, at-risk afterschool center, or outside-school-hours care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations.

Director or site supervisor/manager: The person responsible for running a child care program or a site.

Cook or chef: The person responsible for the meal program at your child care or afterschool facility. Responsibilities can include menu planning and meal preparation, as well as purchase and inventory of foods, food quality, nutrition, productivity standards, management of food service staff, food safety, and managing the food service budget.

Dietitian/nutritionist: A person that specializes in food and nutrition.]

ALL
PROGRAMMER: SHOW M3.2. FOR EACH LOCATION SELECTED, SHOW M3.2a AND M3.2b. FILL LOCATION FROM M3.2

M3.2. The next few questions ask about how and where foods and beverages are purchased for [SAMPLED CHILD CARE SITE].

M3.2. From which of the following venues are foods and beverages purchased for CACFP meals and snacks?

Select all that apply

Grocery store or supermarket 1
Wholesale store, such as Sam's Club or Costco or other store for bulk purchases 2
Farmers market 3
Corner store, convenience store, bodega, mini-market, or mom-and-pop market.....4
Food buying cooperative (co-op) or community supported agriculture (CSA) 5
The State Agency.....6
School district 7
Independent food service company vendor, caterer, or other contractor 8
Other (SPECIFY)..... 99

M3.2a. Which of the following items are purchased at the [LOCATION]?

Select all that apply

Fruit 1
Vegetables 2
Meat/meat alternate (e.g., chicken, beef, nuts, beans).....3
Pre-made meals (e.g., chili, lasagna, tacos).....4
Cereal.....5
Grain/bread (e.g., rice, pasta, rolls) 6
Milk 7
Dairy foods (e.g., cheese, yogurt).....8
100% juice.....9
Water.....10
[DISPLAY IF PROGTYPE=1: Infant formula].....11
Other beverages 12
[DISPLY IF PROGTYPE=1: Jarred/packaged baby food].....13
Packaged salty snacks (e.g., chips, crackers).....14
Packaged sweet snacks/desserts (e.g., cookies, cakes, candy).....15
Condiments or spices.....16

M3.2b. How often are any foods/beverages purchased from the [LOCATION]?

More than once per week.....1
Once per week 2
Twice per month.....3
Once per month 4
Less than once per month.....5

ALL
PROGRAMMER: DISPLAY ITEM 4 ONLY IF SPONSOR = 1
PROGRAMMER OPTION 8 IS EXCLUSIVE

M3.3. Are any tools or resources from any of the following entities used to help in the selection and purchasing of healthier foods?

Select all that apply

- ☐ Child care corporate office 1
- ☐ State health department 2
- ☐ USDA (including online resources or technical assistance from personnel) 3
- ☐ [DISPLAY IF SPONSOR=1] Sponsoring agency 4
- ☐ School food authority 5
- ☐ Resource & referral agency 6
- ☐ Internet/online resources *(*SPECIFY*)* 7

Specify ☐ (STRING)

- ☐ Other (SPECIFY) 99

Specify ☐ (STRING)

- ❍ None of the above 8

ALL

M3.4. What additional tools or resources would be helpful in the selection and purchasing of healthier foods for [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ Resources for family child care providers 1
- ☐ Resources for providers of before and after school care 2
- ☐ Greater availability of free printed resources 3
- ☐ Greater availability of online resources 4
- ☐ Resources provided as downloadable applications (apps) 5
- ☐ Live and recorded training webinars 6
- ☐ Training slides and related resources 7
- ☐ Resources available in Spanish 8
- ☐ Resources available in languages other than English or Spanish (SPECIFY) 14

Specify [ ] (STRING)

- ☐ Parent/guardian communication tools (for example, newsletters or fact sheets) 11
- ☐ Standardized recipes 12
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ None of the above 13
- ❍ Don't know ..... d

IF M3.4=14 AND A LANGUAGE IS NOT SPECIFIED: **"Please specify the language(s) that would be helpful for other resources, or click the "Next" button to move to the next question."**

ALL

M3.5. What are the top three barriers to purchasing and serving healthier foods for [SAMPLED CHILD CARE SITE]?

Select up to three

- ☐ Cost of healthier foods 1
- ☐ Time needed to prepare healthier meals and snacks 2
- ☐ Preference of children in program 3
- ☐ Parental preferences, including those related to culture 4
- ☐ Lack of knowledge about nutrition guidelines 5
- ☐ Limitations with kitchen space or equipment 6
- ☐ Lack of staff skills required to prepare nutritious meals and snacks 7
- ☐ Lack of staff knowledge on how to read a Nutrition Facts label 8
- ☐ Access to nutritious food and beverage options 9
- ☐ Using processed and pre-prepared foods is more convenient 10
- ☐ Staff resistance because of personal food preferences 11
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ No barriers to purchasing and serving healthier foods 13

ALL
PROGRAMMER: DISPLAY ITEM 1 ONLY IF SPONSOR=1; DISPLAY TEXT FILL IN ITEM 2 ONLY IF PROGTYPE=1. ALL OTHER ITEMS SHOULD BE DISPLAYED FOR ALL RESPONDENTS.
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M3.1

M3.6. Who is responsible for compiling meal counts for claims for CACFP reimbursement? If a person responsible has more than one role, please select their <u>main</u> role.

Select all that apply

- ☐ [DISPLAY IF SPONSOR=1] Sponsoring agency [HOVER DEFINITION]..... 1
- ☐ Center [DISPLAY IF PROGTYPE=1: or home child care] provider [HOVER DEFINITION] 2
- ☐ Director or site supervisor [HOVER DEFINITION] 3
- ☐ Cook or chef [HOVER DEFINITION] 4
- ☐ Dietitian/nutritionist [HOVER DEFINITION] 5
- ☐ Teacher 6
- ☐ Independent food service company, vendor, caterer, or other contractor 7
- ☐ Other (SPECIFY) 99

Specify ☐ (STRING)

- ❍ Don't know ..... d

ALL
PROGRAMMER: GO TO NAV1 IF M3.7= 2 OR 3 OR 4 OR 99 OR M

M3.7. How are meal counts documented?

Select all that apply

- ☐ Meal tracking software 1
- ☐ Microsoft Excel or other spreadsheet 2
- ☐ Microsoft Access or other database 3
- ☐ Paper form 4
- ☐ Other (SPECIFY) 99

Specify ☐ (STRING)

NO RESPONSE ..... M

IF M3.7=1

M3.7a. What is the name of the meal tracking software?

☐

(STRING)

- ❍ Don't know ..... d

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END3. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 4: FOOD PREPARATION AND SAFETY

The questions in this section ask about food preparation and food safety at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with food preparation and food safety at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP4. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP1 NAME] ..... 1 [GO TO M4.1]
- ❍ Returning respondent [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO M4.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP4]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp4a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL
PROGRAMMER: RESPONSE OPTION “DON’T KNOW” SHOULD NOT ORIGINALLY BE DISPLAYED TO RESPONDENT. IF RESPONDENT TRIES TO SKIP QUESTION, DISPLAY “DON’T KNOW”

M4.1. Which of the following is available in [SAMPLED CHILD CARE SITE]’s onsite food preparation area?

Select all that apply

- ☐ Scale 1
- ☐ Microwave 2
- ☐ Oven 3
- ☐ Stove 4
- ☐ Hot plate or other alternative heating element 5
- ☐ Toaster oven/toaster 6
- ☐ Blender 7
- ☐ Dishwasher 8
- ☐ Sink 9
- ☐ Hot water source 10
- ❍ No onsite food preparation area available 11
- ❍ Don’t know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] ..... d

  NO RESPONSE ..... M

ALL
PROGRAMMER: RESPONSE OPTION “DON’T KNOW” SHOULD NOT ORIGINALLY BE DISPLAYED TO RESPONDENT. IF RESPONDENT TRIES TO SKIP QUESTION, DISPLAY “DON’T KNOW”

M4.2. Which of the following is available in [SAMPLED CHILD CARE SITE]’s onsite food storage area?

Select all that apply

- ☐ Cabinets, pantry, or shelving for dry goods 1
- ☐ Reach-in refrigerator 2
- ☐ Reach-in freezer 3
- ☐ Walk-in refrigerator/cooler 5
- ☐ Walk-in freezer 6
- ☐ Fork lift or pallet jack 7
- ❍ No onsite food storage area 8
- ❍ Don’t know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] d

  NO RESPONSE ..... M

ALL

M4.3. Does [SAMPLED CHILD CARE SITE] have any policies about food safety (e.g., preparing food safely, preventing choking)?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

[HOVER DEFINITIONS

Informal policy**:** Can include any spoken guidelines about your program's operations or expectations for teachers, staff, children, or families.

Written policy: Can include any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent/guardian handbooks, staff manuals, and other documents.]

ALL

M4.4. Are staff required to complete a food safety training course?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL

M4.5. Are staff required to be certified for food safety?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL

M4.6. Does [SAMPLED CHILD CARE SITE] have a plan in place to allow for a food product to be identified and removed from the kitchen during a recall?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END4. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 5: FOOD/BEVERAGE SERVING PRACTICES

The questions in this section ask about the types of meals and snacks served, and the practices or policies about food eaten by children during the day at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with food/beverage serving practices at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP5. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP1 NAME] ..... 1 [GO TO M5.1]
- ❍ Returning respondent [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO M5.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP5]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp5a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

[PROGRAMMER INSTRUCTIONS FOR M5.1.A—M5.1.F:

- If option 5 is checked, no other response may be checked.
- SOFT PROMPT ON SCREEN IF OPTIONS 1 AND 3 ARE CHECKED: “You selected “site provides food” and “Parents/guardians are required to send from home.” If this is correct, please continue to the next item, otherwise, please correct this item.”
- HARD PROMPT ON SCREEN IF OPTIONS 2 AND 4 ARE CHECKED: “You selected “Parents/guardians are allowed to send food from home” and “Parents/guardians are not allowed to send from home.” Please correct this item.”
- HARD PROMPT ON SCREEN IF OPTIONS 3 AND 4 ARE CHECKED: “You selected “Parents/guardians are required to send food from home” and “Parents/guardians are not allowed to send from home.” Please correct this item.”]

ALL

M5.1.a. What are the sources of food for breakfast at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food 1

☐ Parents/guardians are allowed to send food from home 2

☐ Parents/guardians are required to send food from home 3

☐ Parents/guardians are not allowed to send food from home 4

❍ Breakfast is not served at all 5

NO RESPONSE ..... M

ALL

M5.1.b. What are the sources of food for morning snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

☐ [SAMPLED CHILD CARE SITE] provides food 1

☐ Parents/guardians are allowed to send food from home 2

☐ Parents/guardians are required to send food from home 3

☐ Parents/guardians are not allowed to send food from home 4

❍ Morning snack is not served at all 5

NO RESPONSE ..... M

ALL

M5.1.c. What are the sources of food for lunch at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ [SAMPLED CHILD CARE SITE] provides food 1
- ☐ Parents/guardians are allowed to send food from home 2
- ☐ Parents/guardians are required to send food from home 3
- ☐ Parents/guardians are not allowed to send food from home 4
- ❍ Lunch is not served at all 5

NO RESPONSE ..... M

ALL

M5.1.d. What are the sources of food for afternoon snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ [SAMPLED CHILD CARE SITE] provides food 1
- ☐ Parents/guardians are allowed to send food from home 2
- ☐ Parents/guardians are required to send food from home 3
- ☐ Parents/guardians are not allowed to send food from home 4
- ❍ Afternoon snack is not served at all 5

NO RESPONSE ..... M

ALL

M5.1.e. What are the sources of food for dinner/supper at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ [SAMPLED CHILD CARE SITE] provides food 1
- ☐ Parents/guardians are allowed to send food from home 2
- ☐ Parents/guardians are required to send food from home 3
- ☐ Parents/guardians are not allowed to send food from home 4
- ❍ Dinner/supper is not served at all 5

NO RESPONSE ..... M

ALL

M5.1.f. What are the sources of food for evening snack at [SAMPLED CHILD CARE SITE]?

Select all that apply

- ☐ [SAMPLED CHILD CARE SITE] provides food 1
- ☐ Parents/guardians are allowed to send food from home 2
- ☐ Parents/guardians are required to send food from home 3
- ☐ Parents/guardians are not allowed to send food from home 4
- ❍ Evening snack is not served at all 5

NO RESPONSE ..... M

IF ALL M5.1.a – M5.1.f =4, SKIP TO M5.3

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M5.2. Does [SAMPLED CHILD CARE SITE] have a policy that describes the types of food/beverages that can be brought from home for meals and snacks? (This does not include food allergy or food safety policies.)

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M5.3. Does [SAMPLED CHILD CARE SITE] have a policy that describes the types of food/beverages that can be brought from home for onsite celebrations that include children? (This does not include food allergy or food safety policies.)

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ASK IF ATRISK=1 AND M5.1.E=1, 2, 3, OR 4.

M5.4. Does [SAMPLED CHILD CARE SITE] use the Offer-versus-Serve (OVS) option for supper?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M5.5 Does [SAMPLED CHILD CARE SITE] have a policy that describes what staff should do when children decline food that is served to them?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M5.6. Does [SAMPLED CHILD CARE SITE] have a policy regarding additional or second servings of food or beverages for children?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL

M5.7. For which of the following food/beverages are second servings allowed?

Select all that apply

- ☐ Any food 1
- ☐ Fruit 2
- ☐ Vegetables 3
- ☐ Meat/meat alternate (e.g., chicken, beef, beans, nuts) 4
- ☐ Mixed component foods (e.g., chili, lasagna, tacos) 5
- ☐ Cereal 6
- ☐ Grain/bread (e.g., rice, pasta, rolls) 7
- ☐ Milk 8
- ☐ Dairy foods (e.g., cheese, yogurt) 9
- ☐ 100% juice 10
- ☐ Water 11
- ☐ Other beverages 12
- ☐ Salty snacks (e.g., chips, crackers) 13
- ☐ Sweet snacks/desserts (e.g., cookies, cakes) 14
- ❍ Second servings are not allowed 15
- ❍ Don't know ..... d

ALL

M5.8. After meal service, what happens to food that is brought to the classroom or eating area but not served to children—for example, food remaining in serving plates, bowls, or trays? This does not include food remaining on individual children's plates.

Select all that apply

- ☐ Thrown in garbage 1
- ☐ Saved to be served again 2
- ☐ Given to staff 3
- ☐ Donated 4
- ☐ Given to parents/guardians 5
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

ALL
PROGRAMMER: DISPLAY ITEM L ONLY IF M5.4=1

M5.9. Which of the following strategies does [SAMPLED CHILD CARE SITE] use to <u>prevent or reduce food waste</u> in CACFP meals and snacks?

		YES	NO
a.	Serving more foods that are likely to be popular with children	1 ❍	0 ❍
b.	Serving pre-cut, ready-to-eat fruits or vegetables (e.g., apple slices, orange slices, or carrot sticks) so that children can take or request only the amount they want to eat	1 ❍	0 ❍
c.	Providing children with a selection of multiple food choices so that they can select what they eat	1 ❍	0 ❍
d.	Staff and teachers eating meals with children (modeling behavior)	1 ❍	0 ❍
e.	Scheduling physical activity time before meal time	1 ❍	0 ❍
f.	Encouraging children to keep food items not eaten for snacks	1 ❍	0 ❍
g.	Using sharing/trading tables	1 ❍	0 ❍
h.	Planning menus that allow repeated exposure to new foods	1 ❍	0 ❍
i.	Preparing foods that represent the cultures of families served	1 ❍	0 ❍
j.	Scheduling meals and snacks with enough time for children to eat	1 ❍	0 ❍
k.	Tailoring the number of meals and snacks prepared daily based on expected attendance	1 ❍	0 ❍
[ASK IF M5.4=1] l.	Using the Offer-versus-Serve option at supper	1 ❍	0 ❍
m.	Other (SPECIFY) ☐ (STRING)	1 ❍	0 ❍

[PROGRAMMER: SOFT PROMPT if M5.9 a-m=MISSING “Please review this question again and select an answer. To continue to the next question, click the “Next” button below.”]

ALL
PROGRAMMER: DISPLAY ITEM 3 ONLY IF SPONSOR = 1

M5.10. Does [SAMPLED CHILD CARE SITE] follow best practices for nutrition from any of the following organizations?

Select all that apply

- ☐ USDA 1
- ☐ State Agency 2
- ☐ [DISPLAY IF SPONSOR=1] Sponsoring agency 3
- ☐ Caring for our Children 4
- ☐ CACFP Sponsor Association 5
- ☐ CACFP Provider Association 6
- ☐ Head Start Program 7
- ☐ National Afterschool Association 8
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING (NUM))

- ❍ None of these 9
- ❍ Don't know ..... d

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END5. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 6: SPECIAL DIETARY NEEDS, DISABILITIES, AND IMPAIRMENTS

The questions in this section ask about policies and practices at [SAMPLED CHILD CARE SITE] for children who have special dietary needs, disabilities, or impairments. Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP6. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP 1 NAME] ..... 1 [GO TO M6.1]
- ❍ Returning respondent [FILL W/ RESP 2 NAME, ETC] ..... 2 [GO TO M6.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP6]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp6a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M6.1. Does [SAMPLED CHILD CARE SITE] have a policy on managing special dietary needs, such as food allergies or diabetes?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL

M6.2. Does [SAMPLED CHILD CARE SITE] require children with special dietary needs to bring documentation from a medical provider?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

ALL

M6.3. How does [SAMPLED CHILD CARE SITE] serve meals and snacks to children with food allergies or other special dietary needs?

Select all that apply

- ☐ Children with an allergy are <u>required</u> to bring their food from home 1
- ☐ Children with an allergy are given meals/snacks at a different time 2
- ☐ Children with an allergy are given meals/snacks at another table/in another room 3
- ☐ Children with an allergy are <u>allowed</u> to bring their food from home 4
- ☐ The program provides alternative food/beverages to those children with an allergy 5
- ☐ Staff inspect the food of children with an allergy 6
- ☐ Consultation with registered dietitian to adapt menus 7
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ Don't know ..... d

ALL

PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M6.4. Does [SAMPLED CHILD CARE SITE] have a policy on accommodating children with disabilities or impairments (e.g., ADHD, mobility disabilities, visual impairments, deaf and hard of hearing)? Please include all policies, not just those related to meals and snacks.

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL

M6.5. What procedures does [SAMPLED CHILD CARE SITE] use to accommodate children with disabilities or impairments? Please include all procedures, not just those related to meals and snacks.

Select all that apply

- ☐ Provide earlier start times for meals and snacks 1
- ☐ Modify toys and equipment 2
- ☐ Modify the child care environment (e.g., a quiet space for overactive children, an extra lamp for a child with vision impairments) 3
- ☐ Teach all children how to find and be a playmate 4
- ☐ Communicate with pictures and signs 5
- ☐ Provide breaks from the group for individual children to help them self-regulate 6
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ No procedures to accommodate children with disabilities and impairments 7
- ❍ Don't know ..... d

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END6. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 7: PHYSICAL ACTIVITY

The questions in this section ask about the different ways that children play indoors and outdoors at [SAMPLED CHILD CARE SITE]. Please note that some of these questions ask about a specific age group of children. Please have the person most familiar with physical activity at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP7. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP 1 NAME] ..... 1 [GO TO M7.1]
- ❍ Returning respondent [FILL W/ RESP 2 NAME, ETC] ..... 2 [GO TO M7.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP7]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp7a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

IF PROGTYPE=1 AND TODDLERPRESCHOOL>0; OTHERWISE SKIP TO M7.2

M7.1. Does [SAMPLED CHILD CARE SITE] take children (1-5 years of age) to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)?

- ❍ Yes ..... 1 GO TO M7.2
- ❍ No ..... 0 GO TO M7.4

NO RESPONSE ..... M

IF PROGTYPE=1 AND TODDLERPRESCHOOL>0 AND M7.1=1; OTHERWISE SKIP TO M7.3

M7.2. How often does [SAMPLED CHILD CARE SITE] take children 1-5 years of age to an offsite facility or area for physical activities?

- ❍ Multiple times per day (SPECIFY NUMBER OF TIMES PER DAY) 1

Specify ☐ (RANGE = 2-9)

- ❍ Once a day 2
- ❍ Two or three times per week 3
- ❍ Once a week 4
- ❍ Once every two weeks 5
- ❍ Once a month 6
- ❍ Other (SPECIFY) 99

Specify ☐ (STRING)

IF MULTIPLE TIMES PER DAY ANSWER IS SELECTED AND A NUMBER IS NOT SPECIFIED: **"Please specify the number of times per day in the box, or click the "Next" button to move to the next question."**

IF PROGTYPE=2 AND SCHOOLNUMBER ≥ 1 OR MISSING; OTHERWISE SKIP TO M7.5

M7.3. Does [SAMPLED CHILD CARE SITE] provide recreational or sports programming that includes time for physical activity for school-age children during their before and after school hours?

- ❍ Yes 1
- ❍ No ..... 0 GO TO M7.4

NO RESPONSE ..... M

ASK IF M7.3 = 1; OTHERWISE, SKIP TO M7.4

M7.3.a. On how many days of the week is this programming provided?

- ❍ 1 day 1
- ❍ 2 days 2
- ❍ 3 days 3
- ❍ 4 days 4
- ❍ 5 days 5
- ❍ 6 days 6
- ❍ 7 days 7

NO RESPONSE ..... M

IF M1.9G > 0 OR M1.9H > 0; OTHERWISE, SKIP TO M7.5

M7.4. Does [SAMPLED CHILD CARE SITE] take children 5-12 years of age to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)?

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

IF M1.9G > 0 OR M1.9H > 0 AND PROGTYPE=2 AND M7.4=1

M7.4.b. How often does [SAMPLED CHILD CARE SITE] take children 5-12 years of age to an offsite facility or area for physical activities?

- ❍ Multiple times per day (SPECIFY NUMBER OF TIMES PER DAY). 1

Specify [ ] (RANGE = 2-9)

- ❍ Once a day 2
- ❍ Two or three times per week 3
- ❍ Once a week 4
- ❍ Once every two weeks 5
- ❍ Once a month 6
- ❍ Other (SPECIFY) 99

Specify [ ] (STRING)

IF PROGTYPE=1 AND TODDLERPRESCHOOL>0

M7.5. Is active play ever restricted for children 1-5 years of age as a disciplinary action for misbehavior?

- ❍ Yes 1
- ❍ No 0

IF M1.9G > 0 OR M1.9H > 0 AND PROGTYPE=2; OTHERWISE SKIP TO M7.6

ALL RESPONSES GO TO M7.6

M7.5b. Is active play ever restricted for children 5-12 years of age as a disciplinary action for misbehavior?

- ❍ Yes 1
- ❍ No 0

ALL
PROGRAMMER: PROGRAM WITH ONLY M7.6 INITIALLY VISIBLE. FOR EACH RESPONSE SELECTED IN M7.6, DISPLAY M7.6A.
PROGRAMMER: IF ITEM S IS SELECTED, ALL OTHER RESPONSES SHOULD BE CLEARED

		M7.6. Below are some challenges to children getting physical activity while they are in child care. Which of the following has been a challenge for [SAMPLED CHILD CARE SITE]?	M7.6.a. How much would you say this decreases the amount of time spent doing physical activity?			
		Select all that apply	NOT AT ALL	A LITTLE	A LOT	DON'T KNOW
a.	Not enough outdoor play space	1 ❍	1 ❍	2 ❍	3 ❍	d ❍
b.	Not enough indoor play space	2 ❍	1 ❍	2 ❍	3 ❍	d ❍
c.	Not enough play equipment	3 ❍	1 ❍	2 ❍	3 ❍	d ❍
d.	No policy that requires physical activity	4 ❍	1 ❍	2 ❍	3 ❍	d ❍
e.	Concerned about liability (children getting hurt)	5 ❍	1 ❍	2 ❍	3 ❍	d ❍
f.	Safety is a concern in the neighborhood	6 ❍	1 ❍	2 ❍	3 ❍	d ❍
g.	Weather is often too hot to go outside	7 ❍	1 ❍	2 ❍	3 ❍	d ❍
h.	Weather is often too cold to go outside	8 ❍	1 ❍	2 ❍	3 ❍	d ❍
i.	Weather is often too rainy or snowy to go outside	9 ❍	1 ❍	2 ❍	3 ❍	d ❍
j.	Other frequent weather conditions (for example, thunderstorm warnings, air quality advisories) that prevent outside activity	10 ❍	1 ❍	2 ❍	3 ❍	d ❍
k.	Not enough time in the day for children to be physically active	11 ❍	1 ❍	2 ❍	3 ❍	d ❍
l.	Children are not interested in physical activity	12 ❍	1 ❍	2 ❍	3 ❍	d ❍
m.	Unsure how to get children to participate in physical activity	13 ❍	1 ❍	2 ❍	3 ❍	d ❍
n.	Unsure how much physical activity children should get each day	14 ❍	1 ❍	2 ❍	3 ❍	d ❍
o.	Not enough staff to supervise the children during physical activity	15 ❍	1 ❍	2 ❍	3 ❍	d ❍
p.	Staff do not have adequate training on how to encourage and support children in being physically active	16 ❍	1 ❍	2 ❍	3 ❍	d ❍
q.	Staff are not interested in participating in physical activity with the children	17 ❍	1 ❍	2 ❍	3 ❍	d ❍
r.	(SPECIFY) ☐	18 ❍	1 ❍	2 ❍	3 ❍	d ❍
s.	It is not hard.	19 ❍				

[PROGRAMMER: SOFT PROMPT if ANY M7.6 a-r=MISSING "Please review this question again and to ensure you have selected and provided responses to all that apply. To continue to the next question, click the "Next" button below."]

ALL
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M7.7. Does [SAMPLED CHILD CARE SITE] have a policy that describes the amount of time provided each day for indoor and/or outdoor physical activity?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M7.8. Does [SAMPLED CHILD CARE SITE] have a policy that describes the amount of time children are seated during activities?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

ALL
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M7.9. Does [SAMPLED CHILD CARE SITE] have a policy that describes withholding physical activity as discipline?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

IF PROGTYPE=1
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M7.10. Does [SAMPLED CHILD CARE SITE] have a policy that prohibits any screen time [HOVER DEFINITION] for children below age two?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

[HOVER DEFINITION

Policy limiting screen time: The amount of time children can watch television, use a computer, smart phone, or other electronic device for watching shows or videos, playing games, accessing the Internet, or using social media (excluding for school work).]

ALL
PROGRAMMER: PLEASE USE HOVER DEFINITIONS FROM M4.3

M7.11. Does [SAMPLED CHILD CARE SITE] have a policy that limits screen time [HOVER DEFINITION] for children older than age two?

- ❍ Yes, an informal policy [HOVER DEFINITION] 1
- ❍ Yes, a written policy [HOVER DEFINITION] 2
- ❍ Yes, both an informal policy [HOVER DEFINITION] and a written policy [HOVER DEFINITION] 3
- ❍ No, there is no policy 4
- ❍ Don't know ..... d

[HOVER DEFINITION

Policy limiting screen time: The amount of time children can watch television, use a computer, smart phone, or other electronic device for watching shows or videos, playing games, accessing the Internet, or using social media (excluding for school work).]

ALL
PROGRAMMER: DISPLAY ITEM 3 ONLY IF SPONSOR=1

M7.12. Does [SAMPLED CHILD CARE SITE] follow best practices for physical activity from any of the following organizations?

Select all that apply

- ☐ USDA 1
- ☐ State Agency 2
- ☐ [DISPLAY IF SPONSOR=1] Sponsoring agency 3
- ☐ Caring for our Children 4
- ☐ CACFP Sponsor Association 5
- ☐ CACFP Provider Association 6
- ☐ Head Start Program 7
- ☐ National Afterschool Association 8
- ☐ Physical Activity Guidelines for Americans 9
- ☐ Other Federal Agency 10
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ Do not follow any best practices for physical activity 11
- ❍ Don't know ..... d

ALL
PROGRAMMER: ALL RESPONSES GO TO NAV1

END7. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 8: INFANT FEEDING AND INFANT PHYSICAL ACTIVITY

PROGRAMMER: ONLY DISPLAY SECTION 8 IF PROGTYPE=1 AND INFANTNUMBER>0. FOR THE PURPOSES OF SECTION 8, "ALL" REFERS TO ALL RESPONDENTS WHO MEET THE CRITERIA FOR SECTION 8.

The questions in this section ask about procedures for infant feedings and physical activity for <u>infants under the age of 1 year (less than 12 months old)</u> at [SAMPLED CHILD CARE SITE]. Please have the person most familiar with infant feeding and physical activity at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP8. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP1 NAME] ..... 1 [GO TO M8.1]
- ❍ Returning respondent [FILL W/ RESP2a NAME, ETC] ..... 2 [GO TO M8.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP8]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL

PROGRAMMER THIS CAN LOOP UP TO 30 TIMES

PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp8a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL

M8.1. When feeding infants, how often do staff use responsive feeding techniques [HOVER DEFINITION]?

- ❍ Always 1
- ❍ Often 2
- ❍ Sometimes 3
- ❍ Rarely or never 4
- ❍ Don't know ..... d

[HOVER DEFINITION

Responsive feeding techniques include making eye contact, speaking to infants, responding to infants' reactions during feedings, responding to hunger and fullness signals, and feeding only one infant at a time.]

ALL

M8.2. How do staff determine the end of infant feedings?

- ❍ Only by the amount of breast milk, formula, or food left 1
- ❍ Mostly by the amount of milk, formula, or food left, but partly by infants showing they are full [HOVER DEFINITION] 2
- ❍ Mostly by infants showing they are full [HOVER DEFINITION], but partly by the amount of milk, formula, or food left 3
- ❍ Only by infants showing they are full [HOVER DEFINITION] 4
- ❍ Don't know ..... d

[HOVER DEFINITION

Infants may show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.]

ALL

M8.3. Typically, at what age does [SAMPLED CHILD CARE SITE] introduce solid foods to infants?

- ❍ Younger than 4 months 1
- ❍ At least 4 months but younger than 6 months 2
- ❍ At 6 months 3
- ❍ Older than 6 months 4
- ❍ Do not give infants solid foods 5
- ❍ Don't know ..... d

ALL

M8.4. Which type of solid food is <u>most often</u> introduced <u>first</u> to infants at [SAMPLED CHILD CARE SITE]?

- ❍ Infant cereals 1
- ❍ Other grains, including crackers, bread, puffs, and ready-to-eat cereals..... 2
- ❍ Meats, including beef, poultry, and fish 3
- ❍ Meat alternates, including eggs, yogurt, cheese, and dry beans and peas 4
- ❍ Fruits 5
- ❍ Vegetables 6
- ❍ Other (SPECIFY) 99

Specify [ ] (STRING)

ALL

M8.5. Below are some challenges that staff may face related to feeding solid foods to infants. Have any of the following been a challenge for [SAMPLED CHILD CARE SITE]'s staff?

		YES	NO	DON'T KNOW
a.	Determining when to introduce solid foods	1 ❍	0 ❍	d ❍
b.	Talking to parents/guardians about introducing solid foods	1 ❍	0 ❍	d ❍
c.	Getting parent/guardian permission to introduce solid foods	1 ❍	0 ❍	d ❍
d.	Parents/guardians want their infant to start solid foods before we think they are ready	1 ❍	0 ❍	d ❍
e.	Determining what types of solid foods to serve to infants	1 ❍	0 ❍	d ❍
f.	Finding solid foods that meet the meal pattern requirements	1 ❍	0 ❍	d ❍
g.	Finding solid foods that infants will eat	1 ❍	0 ❍	d ❍
h.	Other (SPECIFY) [ ]	1 ❍	0 ❍	d ❍

[PROGRAMMER: SOFT PROMPT if ANY M8.5 a-g=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

ALL

M8.6. Are parents/guardians allowed to send solid foods from home for their infant?

- ❍ Yes ..... 1 [GO TO M8.7]
- ❍ No ..... 0 [GO TO M8.8]

NO RESPONSE ..... M [GO TO M8.8]

IF M8.6=1

M8.7. In your opinion, what are the reasons parents/guardians decided to send solid foods from home for their infant?

Select all that apply

- ☐ Program does not provide all meals or snacks for infants 1
- ☐ Parent/guardian has preference to bring foods from home 2
- ☐ Infant has food allergies or special dietary needs 3
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

ALL

M8.8. Does [SAMPLED CHILD CARE SITE] allow mothers to breastfeed infants onsite?

- ❍ Yes ..... 1 [GO TO M8.8.a]
- ❍ No ..... 0 [GO TO M8.9]
- ❍ Don't know ..... d [GO TO M8.9]

NO RESPONSE ..... M [GO TO M8.9]

IF M8.8=1

M8.8.a. Is there a private room or area at the site where mothers can breastfeed their infants?

- ❍ Yes 1
- ❍ No 0
- ❍ Don't know ..... d

LL

M8.9. Are mothers allowed to store their pumped breast milk at [SAMPLED CHILD CARE SITE] overnight?

- ❍ Yes ..... 1 [GO TO M8.9.a]
- ❍ No, mothers must bring in new bottles every morning ..... 0 [GO TO M8.10]
- ❍ Don't know ..... d [GO TO M8.10]

NO RESPONSE ..... M [GO TO M8.10]

IF M8.9=1

M8.9.a. Where is the breast milk stored?

Select all that apply

- ☐ Inside a refrigerator 1
- ☐ Inside a freezer 2
- ☐ Inside an insulated cooler 3
- ☐ On a counter or shelf (not in a refrigerator, freezer, or cooler) 4

ALL

M8.10. How are breast milk and formula warmed?

Select all that apply

- ☐ Under running warm tap water 1
- ☐ By placing in a container of water no warmer than 120 degrees F 2
- ☐ Electric bottle warmer 3
- ☐ In a microwave 4
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING (NUM))

- ❍ Don't warm breast milk or formula 5
- ❍ Don't know ..... d

IF M1.6 = 1

M8.11. How often does [SAMPLED CHILD CARE SITE] offer supervised tummy time [HOVER DEFINITION] to non-crawling infants in full-day care?

- ❍ Never 1
- ❍ Some days but not every day 2
- ❍ 1 time per day 3
- ❍ 2 times per day 4
- ❍ 3 times per day 5
- ❍ 4 times per day or more 6

[HOVER DEFINITION Tummy time is supervised time when an infant is awake and alert, lying on her/his belly.]

IF M1.7 = 1

M8.12. How often does [SAMPLED CHILD CARE SITE] offer supervised tummy time [HOVER DEFINITION] to non-crawling infants in half-day care?

- ❍ Never 1
- ❍ Some days but not every day 2
- ❍ 1 time per day 3
- ❍ 2 times per day or more 4

ALL

M8.13. How many times per day are infants taken outside (when the weather is appropriate)?

- ❍ Never 1
- ❍ Some days but not every day 2
- ❍ 1 time per day 3
- ❍ 2 times per day or more 4

ALL

M8.14. On average, how much time do infants spend in front of a television, computer, video game, tablet, smart phone or other screen (including educational programs and videos)?

- ❍ Daily, 2 hours or more per day 1
- ❍ Daily, 1-2 hours per day 2
- ❍ Daily, less than 1 hour per day 3
- ❍ Daily, less than 30 minutes per day 4
- ❍ A few times a week (but not every day) 5
- ❍ A few times a month 6
- ❍ Once a month 7
- ❍ Never 8

ALL

PROGRAMMER: ALL RESPONSES GO TO NAV1

END8. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

SECTION 9: BARRIERS TO CACFP PARTICIPATION

The questions in this section ask about challenges with CACFP participation at [SAMPLED CHILD CARE SITE] and what could help other providers participate in CACFP. Please have the person most familiar with these topics at [SAMPLED CHILD CARE SITE] answer these questions.

ALL

RESP9. Are you returning to the survey or a new person? Please select your name from the list. If your name is not on the list, please select "new person completing the survey."

- ❍ Returning respondent [FILL W/ RESP 1 NAME] ..... 1 [GO TO M9.1]
- ❍ Returning respondent [FILL W/ RESP 2 NAME, ETC] ..... 2 [GO TO M9.1]
- ❍ New person completing the survey ..... 99 [CONTINUE TO RESP9]

HARD CHECK: **"This is a required question. Please provide an answer to this question to continue with the survey."**

ALL
PROGRAMMER THIS CAN LOOP UP TO 30 TIMES
PROGRAMMER: FOR LOOPS OF THIS QUESTION HARD CHECK ON FIRST NAME ONLY

Resp9a. Please provide the name, title, phone number, and email address of the person completing this section.

First Name:		(STRING 255)
Last Name:		(STRING 255)
Title:		(STRING 255)
Email address:		(STRING 255)
Telephone number:		(STRING 255)

SOFT CHECK FOR LOOPS: IF EMAIL DOES NOT CONTAIN "@" or ".": "**Please enter a valid email address."**

SOFT CHECK FOR LOOPS: IF PHONE NUMBER DOES NOT CONTAIN 10 DIGITS: **"Please enter a valid phone number."**

HARD CHECK FOR LOOPS: **"This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions. Please provide at least your first name."**

ALL

M9.1. Below are some challenges that providers may face as participants in the CACFP. Which has been a major challenge, minor challenge, or not a challenge to [SAMPLED CHILD CARE SITE]'s participation in the CACFP?

		MAJOR CHALLENGE	MINOR CHALLENGE	NOT A CHALLENGE
f.	Requirements for site eligibility are difficult	1 ❍	2 ❍	3 ❍
d.	Paperwork for child enrollment is difficult	1 ❍	2 ❍	3 ❍
e.	Nutrition requirements are difficult	1 ❍	2 ❍	3 ❍
c.	Paperwork to receive meal reimbursement is difficult (including recordkeeping and meal claim submission)	1 ❍	2 ❍	3 ❍
b.	Not enough children are eligible for higher reimbursement	1 ❍	2 ❍	3 ❍
g.	Monitoring by the State or sponsor is time-consuming	1 ❍	2 ❍	3 ❍
h.	Lack of support from sponsor [DISPLAY IF Sponsor=1]	1 ❍	2 ❍	3 ❍
a.	Meal reimbursement is not enough to cover food expenses	1 ❍	2 ❍	3 ❍
i.	Other (SPECIFY)	1 ❍	2 ❍	3 ❍

[PROGRAMMER: SOFT PROMPT if ANY M9.1 a-h=MISSING "Please review this question again and select an answer. To continue to the next question, click the "Next" button below."]

ALL

M9.2. In your opinion, what are the top three changes that might help child care centers, family child care homes, and before and after school programs that are not currently participating in the CACFP decide to participate?

Select up to three

- ☐ Offer more nutrition training for child care program staff 1
- ☐ Require less monitoring 2
- ☐ Increase meal reimbursement rate 4
- ☐ Provide more support to complete paperwork 5
- ☐ Provide assistance with writing menus 6
- ☐ Offer electronic enrollment and paperwork options 7
- ☐ Other (SPECIFY) 99

Specify [ ] (STRING)

- ❍ Don't know ..... d

ALL

PROGRAMMER: ALL RESPONSES GO TO NAV1 UNLESS ALL SECTIONS COMPLETED

END9. Are you ready to submit your responses to this section? Select "yes" if you would like to submit this section. Select "no" if you would like to come back to this section at a later time.

- ❍ Yes, submit the responses for this section 1
- ❍ No, I would like the opportunity to review this section later 0

HARD CHECK: Please indicate if you are ready to submit the responses for this section.

PROGRAMMER: IF = 0 INDICATE THE SECTION "INCOMPLETE" AT NAV1

END. You have completed all the sections. Thank you for your time on this important survey.

Authority: This information is being collected under the authority of the Healthy, Hunger-Free Kids Act of 2010 (P.L. 111-296), Section 305.

Purpose: The Food and Nutrition Service (FNS) is collecting this information to evaluate the nutritional quality of Child and Adult Care Food Program (CACFP) meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants.

Routine Use: The records in this system may be disclosed to private firms that have contracted with FNS to collect, aggregate, analyze, or otherwise refine records for the purpose of research and reporting to Congress and appropriate oversight agencies, and/or departmental and FNS officials.

Disclosure: Disclosing the information is voluntary, and there are no consequences to you as an individual participant in the CACFP for not providing the information.

The System of Records Notice for this information collection is USDA/FNS-8, FNS Studies and Reports, which can be located at https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1991-04-25.pdf (p.19078).

To exit the survey, please close this tab or your internet browser.

I.2. Provider Survey - Spanish

Número de OMB: 0584-0669
Fecha de vencimiento: 10/31/2024

Estudio de Nutrición y Actividad en Entornos de Cuidado Infantil II (SNACS-II por sus siglas en inglés) Encuesta de proveedor

El Servicio de Alimentos y Nutrición (FNS por sus siglas en inglés) está recolectando esta información para comprender la calidad nutricional de las comidas y meriendas del CACFP, el costo de producirlas, y el consumo dietético y nivel de actividad de los participantes de CACFP. Esta es una recolección voluntaria y el FNS usará la información para examinar las operaciones del CACFP. Esta recolección pide información personal identificable bajo la Ley de privacidad de 1974. Las respuestas se mantendrán privadas en la medida prevista por la ley y los reglamentos del FNS. De conformidad con la Ley de reducción del papeleo de 1995 (Paperwork Reduction Act), una agencia no puede realizar ni patrocinar, y una persona no está obligada a responder a, una recopilación de datos a menos que muestre un número de control válido de la Oficina de Administración y Presupuesto (OMB por sus siglas en inglés). El número de control válido de la OMB para esta recopilación de datos es 0584-0669. Se calcula que el tiempo necesario para completar esta recopilación de datos es un promedio de 0.835 horas (50 minutos) por respuesta, incluyendo el tiempo requerido para revisar las instrucciones, buscar fuentes de datos existentes, recolectar y mantener los datos necesarios, y completar y revisar la recopilación de datos. Envíe comentarios sobre esta estimación de carga o cualquier otro aspecto de esta recopilación de información, incluidas sugerencias para reducir esta carga, a: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0669). No devuelva el formulario completo a esta dirección.

PROGRAMMER NOTE: PRELOADED VARIABLES ARE:

- SAMPLED CHILD CARE SITE = PROVIDER NAME
- PROGTYPE: 1=HEAD START CENTER, CHILD CARE CENTER, FAMILY DAY CARE HOME; 2=AT-RISK AFTERSCHOOL CENTER, OUTSIDE-SCHOOL-HOURS CARE CENTER
- ECC: 1=HEAD START CENTER, CHILD CARE CENTER; FAMILY DAY CARE HOME, 0= AT-RISK AFTERSCHOOL CENTER, OUTSIDE-SCHOOL-HOURS CARE CENTER
- SPONSOR: 1=, 2=NO

Instrucciones de la Encuesta de proveedor

Acerca del estudio. El segundo Estudio de Nutrición y Actividad en Entornos de Cuidado Infantil (SNACS-II por sus siglas en inglés) examinará las políticas y actividades de nutrición y bienestar en centros de cuidado infantil, hogares familiares de cuidado infantil, y programas antes y después de la escuela en todo el país. Este importante estudio ayudará a proveedores, patrocinadores, y al USDA a comprender cómo funciona el Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP por sus siglas en inglés) para poder ayudar mejor a los niños a aprender y crecer. SNACS-II ofrecerá un panorama actualizado de CACFP y examinará cómo han cambiado los resultados clave desde que entraron en vigor requisitos actualizados del patrón de comidas para fomentar una alimentación más saludable. Aunque la participación en este estudio es voluntaria, se exhorta a proveedores y patrocinadores a participar según la Sección 28 de la Ley Nacional de Almuerzos Escolares Richard B. Russell.

Protección de privacidad. La información recopilada para SNACS-II es solamente para fines de estudio y se mantendrá privada en la medida permitida por la ley. Las respuestas se agruparán. Ningún programa, miembro del personal, padres ni niños serán identificados por su nombre. Formar parte del estudio no afectará beneficios CACFP para programas ni familias.

Acerca de esta Encuesta. El propósito de esta encuesta es aprender sobre prácticas de comida y actividad física en centros de cuidado infantil. Cada sección de la encuesta trata un tema específico:

1) Antecedentes
2) Planificación del menú
3) Compra de comidas
4) Preparación de comidas y seguridad alimentaria
5) Prácticas del servicio de comidas y bebidas
6) Necesidades dietéticas especiales, incapacidades, e impedimentos
7) Actividad física
8) [DISPLAY IF PROGTYPE=1] Alimentación infantil y actividad física infantil
9) Obstáculos a participación en CACFP

Más de una persona en su programa puede acceder a la encuesta, y puede guardar secciones de la encuesta para volver después. Una vez completada la Sección 1, no es necesario completar las secciones restantes en orden. Sírvase pedir a la persona con más conocimiento de un tema determinado que complete la sección sobre ese tema. Si más de una persona trabajará en la encuesta, por favor cierre el navegador de internet y reenvíe el enlace a esas personas. **Solamente una persona puede estar en la encuesta a la vez.** Asegúrese de que cada persona que trabaja en le encuesta ingresa su posición, número de teléfono y dirección de correo electrónico cuando se le pida.

Algunas instrucciones más antes de empezar:

- El navegador de internet preferido para esta encuesta es [FILL].
- Si necesita salir de esta encuesta, puede volver visitando el mismo URL. Si necesita volver para cambiar una respuesta, use el botón “ATRÁS” en la parte inferior de la pantalla. NO use el botón Atrás de su navegador.
- Si quiere cambiar su respuesta a una pregunta que permite respuestas múltiples, sírvase hacer clic en la casilla que seleccionó para desmarcar su respuesta. Si quiere cambiar su respuesta a una pregunta que permite una sola respuesta, sírvase hacer clic en el botón de selección al lado de la respuesta correcta.

Preguntas: Si tiene alguna pregunta sobre el estudio o esta encuesta, sírvase llamarnos sin cargo al [PHONE] o enviar un correo electrónico a [EMAIL]. También puede visitar [URL] e ingresar la contraseña [PASSCODE].

SECCIÓN 1: ANTECEDENTES

Las preguntas en esta sección son acerca de [SAMPLED CHILD CARE SITE], incluyendo el número y las edades de los niños a los que atiende. Sírvase pedir a la persona con más conocimiento de estos temas acerca de [SAMPLED CHILD CARE SITE] que responda estas preguntas.

Resp1. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

[PROGRAMMER: SOFT PROMPT ON NEXT SCREEN IF RESPONDENT DOES NOT ENTER ALL INFORMATION. "Esta encuesta es voluntaria pero es muy importante que tengamos su información de contacto porque nos gustaría poder contactarle con algunas preguntas de seguimiento." THEN DISPLAY RESPONDENT INFORMATION BOX AGAIN]

[PROGRAMMER: IF RESPONDENT EXITS SURVEY (ANYWHERE), UPON RE-ENTRY, CONFIRM IDENTITY OF RESPONDENT]

ID1. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

Seleccione solo una

- ❍ [FILL W/ RESP 1 NAME] 1
- ❍ [FILL W/ RESP 2 NAME, ETC] 2
- ❍ Nueva persona completando la encuesta 3

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, START AT SECTION SELECTION BOX.]

ASK IF ECC=1

M1.1. Los proveedores pueden operar uno o más tipos de programas. ¿Opera su organización alguno de los siguientes programas?

Seleccione una por renglón

		SÍ	NO
a.	Programa después de la escuela	1 ❍	0 ❍
b.	Programa CACFP fuera del horario escolar	1 ❍	0 ❍
c.	Programa CACFP para niños en situación de riesgo después de la escuela [HOVER DEFINITION]	1 ❍	0 ❍

[HOVER DEFINITION]. El componente de comidas para niños en situación de riesgo después de la escuela del Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP por sus siglas en inglés) ofrece financiamiento Federal (reembolso) a los programas después de la escuela que sirven una comida o merienda a niños de hasta 18 años en zonas de bajos ingresos. Las meriendas y comidas deben cumplir con pautas Federales y pueden ser servidas después de la escuela, los fines de semana y durante las vacaciones.

M1.2. ¿Participa su [SAMPLED CHILD CARE SITE] en el Programa de Desayunos Escolares (SBP por sus siglas en inglés) [HOVER DEFINITION]?

- ❍ Sí 1
- ❍ No 0

[HOVER DEFINITION] El Programa de Desayunos Escolares es un programa de comidas con asistencia federal que opera en escuelas públicas y privadas sin fines de lucro y centros de cuidado infantil residenciales. Los distritos escolares y las escuelas que participan ofrecen desayunos gratis o a precio reducido a niños elegibles y reciben subsidios en efectivo del USDA por cada comida servida que cumple con los requisitos Federales.

ASK IF M1.2 = 1

M1.2a ¿Son reembolsados los desayunos servidos a los niños en [SAMPLED CHILD CARE SITE] a través del SBP [HOVER DEFINITION] o el CACFP?

- ❍ SBP..... 1
- ❍ CACFP..... 2
- ❍ No sé ..... d

M1.3. ¿Participa su [SAMPLED CHILD CARE SITE] en el Programa Nacional de Almuerzos Escolares (NSLP por sus siglas en inglés) [HOVER DEFINITION]?

- ❍ Sí 1
- ❍ No 0

[HOVER DEFINITION] El Programa Nacional de Almuerzos Escolares es un programa de comidas con asistencia federal que opera en escuelas públicas y privadas sin fines de lucro y centros de cuidado infantil residenciales. Los distritos escolares y las escuelas que participan ofrecen almuerzos gratis o a precio reducido a niños elegibles y reciben subsidios en efectivo del USDA por cada comida servida que cumple con los requisitos Federales. Los distritos escolares y las escuelas también pueden recibir subsidios en efectivo por meriendas servidas a niños en programas educativos o de enriquecimiento después de la escuela.

ASK IF M1.3=1

M1.3a ¿Son reembolsados los almuerzos servidos a los niños en [SAMPLED CHILD CARE SITE] a través del NSLP [HOVER DEFINITION] o el CACFP?

- ❍ NSLP 1
- ❍ CACFP 2
- ❍ No sé ..... d

ASK IF PROGTYPE=2

M1.4. ¿Son financiadas las meriendas después de la escuela servidas en [SAMPLED CHILD CARE SITE] a través del CACFP o el NSLP [HOVER DEFINITION]?

- ❍ CACFP 1
- ❍ NSLP 2
- ❍ No sé ..... d

M1.5. ¿Por cuánto tiempo ha estado [SAMPLED CHILD CARE SITE] en funcionamiento?

Seleccione solo una

- ❍ Menos de 6 meses 1
- ❍ 6 meses a 1 año 2
- ❍ 1 año a 3 años 3
- ❍ 3 años a 5 años 4
- ❍ 5 o más años 5

NO RESPONSE ..... M

ASK IF PROGTYPE=1

M1.6. ¿Ofrece [SAMPLED CHILD CARE SITE] cuidado infantil de día completo durante por lo menos nueve meses del año?

- ❍ Sí 1
- ❍ No 0

NO RESPONSE ..... M

ASK IF PROGTYPE=1

M1.7. ¿Ofrece [SAMPLED CHILD CARE SITE] cuidado infantil de medio día durante por lo menos nueve meses del año?

- ❍ Sí 1
- ❍ No 0

NO RESPONSE ..... M

M1.8. ¿Atiende [SAMPLED CHILD CARE SITE] niños que están en kindergarten o son mayores?

- ❍ Sí ..... 1 [GO TO M1.8.a]
- ❍ No ..... 0 [GO TO M1.9]

ASK IF M1.8=1; OTHERWISE SKIP TO M1.9

M1.8.a. ¿Ofrece [SAMPLED CHILD CARE SITE] cuidado antes de la escuela?

- ❍ Sí 1
- ❍ No 0

ASK IF M1.8=1; OTHERWISE SKIP TO M1.9

M1.8.b. ¿Ofrece [SAMPLED CHILD CARE SITE] cuidado antes y después de la escuela?

- ❍ Sí 1
- ❍ No 0

M1.9. Al 30 de septiembre de 2022, ¿cuál fue la matrícula total de [SAMPLED CHILD CARE SITE] para niños en cada uno de los siguientes grupos de edad? Ingrese "0" si ningún niño está inscripto en un grupo de edad.

PROGRAMMER: ALLOW NUMERIC RESPONSE FROM 0 – 500]

DISPLAY IF PROGTYPE=1

	NÚMERO DE NIÑOS
a. 0 a 5 meses	
b. 6 a 11 meses	
c. 12 a 17 meses	
d. 18 a 23 meses	
e. 24 a 35 meses	
f. 3 a 5 años	
g. Mayor de 5 años	

DISPLAY IF PROGTYPE=2

	NÚMERO DE NIÑOS
h. 5 a 12 años	
i. Mayor de 12 años	

[PROGRAMMING NOTE:

CREATE VARIABLE INFANTNUMBER SUMMING RESPONSE FROM 0-5 MONTHS AND 6-11 MONTHS

CREATE VARIABLE TODDLERNUMBER SUMMING RESPONSE 12-17 MONTHS AND 18-23 MONTHS

CREATE VARIABLE PRESCHOOLNUMBER SUMMING 24-35 MONTHS AND 3-5 YEARS

CREATE VARIABLE SCHOOLNUMBER SUMMING 5-12 YEARS AND OLDER THAN 12 YEARS

CREATE VARIABLE TODDLERPRESCHOOL SUMMING TODDLERNUMBER AND PRESCHOOL NUMBER]

M1.10. ¿Cuál de los siguientes es el idioma principal hablado en casa por las familias inscriptas en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ Inglés 1
- ☐ Español 2
- ☐ Un idioma indio americano 3
- ☐ Chino, incluyendo cantonés, mandarín y otros idiomas chinos 4
- ☐ Tagalo 5
- ☐ Vietnamita 6
- ☐ Francés 7
- ☐ Coreano 8
- ☐ Alemán 9
- ☐ Árabe 10
- ☐ Un idioma africano 11
- ☐ Idioma(s) además de aquellos listados arriba *(especifique)* 99

Especifique ☐ (STRING (NUM))

NO RESPONSE ..... M

M1.11. ¿Qué idioma o idiomas suele hablar el personal en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ Inglés 1
- ☐ Español 2
- ☐ Un idioma indio americano 3
- ☐ Chino, incluyendo cantonés, mandarín y otros idiomas chinos 4
- ☐ Tagalo 5
- ☐ Vietnamita 6
- ☐ Francés 7
- ☐ Coreano 8
- ☐ Alemán 9
- ☐ Árabe 10
- ☐ Un idioma africano 11
- ☐ Idioma(s) además de aquellos listados arriba *(especifique)* 99

Especifique ☐ (STRING (NUM))

NO RESPONSE ..... M

[PROGRAMMING NOTE: DISPLAY AFTER SECTION M1 IS COMPLETED.]

Navegación dentro de la encuesta

Puede encontrar una lista de las secciones de esta encuesta en el cuadro de navegación en la pantalla a continuación. El cuadro muestra el estado de cada sección: "Completada" o "No completada". Si empieza una sección, pero no la completa totalmente, el estado aparecerá como "No completada". Si vuelve a una sección que fue iniciada pero no completada totalmente, tendrá que pasar por las respuestas que ya ingresó para llegar a la pregunta donde usted paró antes. Después de responder todas las preguntas de una sección, volverá al cuadro de navegación. El estado de la sección aparecerá como "Completada".

La columna "Acción" le permitirá completar o revisar cada sección. Para iniciar o volver a una sección, seleccione "Haga clic para completar" al lado del nombre de la sección. No necesita completar las secciones en orden. Si otra persona completará una sección, comparta el enlace de la encuesta con ella.

Sección	**Estado**	**Acción**
Antecedentes	(Completada por [RESPONDENT NAME])	
Planificación del menú	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Compra de comidas	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Preparación de comidas y seguridad alimentaria	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Prácticas del servicio de comidas y bebidas	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Necesidades dietéticas especiales, incapacidades e impedimentos	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Actividad física	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
[PROGTYPE=1 AND INFANTNUMBER>0: Alimentación infantil y actividad física infantil]	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)
Obstáculos a participación en CACFP	(Completada por [RESPONDENT NAME]/ No completada)	(Haga clic para completar)

SECCIÓN 2: PLANIFICACIÓN DEL MENÚ

Las preguntas en esta sección son acerca de la planificación del menú y los ciclos de menú en [SAMPLED CHILD CARE SITE]. Sírvase pedir a la persona con más conocimiento de estos temas en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP2. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

Seleccione solo una

- ❍ Volviendo a la encuesta [FILL W/ RESP 1 NAME] ..... 1 [GO TO M2.1]
- ❍ Volviendo a la encuesta [FILL W/ RESP 2 NAME], ETC ..... 2 [GO TO M2.1]
- ❍ Nueva persona completando la encuesta ..... 3 CONTINUE TO RESP2a

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M2.1.]

Resp2a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre: [ ] (STRING (NUM))

Inicial de segundo nombre: [ ] (STRING (NUM))

Apellido: [ ] (STRING (NUM))

Posición: [ ] (STRING (NUM))

Correo electrónico: [ ] (STRING (NUM))

Número de teléfono: [ ] STRING (NUM))

NO RESPONSE ..... M

M2.1. ¿Son analizadas las comidas y meriendas de CACFP por su contenido nutricional?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

M2.2. ¿Usa [SAMPLED CHILD CARE SITE] ciclos de menú, como menús que repiten cada semana o mes?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

ASK IF M2.2=1; OTHERWISE SKIP TO M2.4

M2.3. ¿Cuál es la frecuencia del ciclo?

Seleccione solo una

- ❍ Ciclo de 1 semana (mismo menú repetido semanalmente) 1
- ❍ Ciclo de 2 semanas (mismo menú repetido cada dos semanas) 2
- ❍ Ciclo de 3 semanas (mismo menú repetido cada tres semanas) 3
- ❍ Ciclo de 4 semanas (mismo menú repetido cada cuatro semanas) 4
- ❍ Ciclo de 5 semanas (mismo menú repetido cada cinco semanas) 5
- ❍ Ciclo de 6 semanas (mismo menú repetido cada seis semanas) 6
- ❍ Ciclo de 7 semanas (mismo menú repetido cada siete semanas) 7
- ❍ Ciclo de 8 semanas (mismo menú repetido cada ocho semanas) 8
- ❍ Ciclo de más de 8 semanas 9
- ❍ No sé ..... d

NO RESPONSE ..... M

M2.4. ¿Cuáles son los tres factores más importantes que se consideran durante la planificación del menú?

Seleccione hasta tres

- ☐ Facilidad de preparación de artículos del menú 1
- ☐ Tiempo necesario para preparar artículos del menú 2
- ☐ Acceso a comidas/bebidas 3
- ☐ Precios de comidas/bebidas 4
- ☐ Estacionalidad de productos agrícolas (p.ej. más frutas en verano) 5
- ☐ Disponibilidad de equipo de preparación 6
- ☐ Habilidades para cocinar o preparar comidas del preparador de comidas/cocinero 7
- ☐ Espacio de cocina/preparación de comidas 8
- ☐ Capacidad para almacenar comida (p.ej. espacio en congelador o espacio en despensa) 9
- ☐ Software de planificación de menú 10
- ☐ Preferencias de los niños (incluyendo alergias) 11
- ☐ Preferencias de padres/tutores 12
- ☐ Patrones de comidas de CACFP 13
- ☐ Calidad nutricional de la comida 14
- ☐ Otro (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ No sé [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION] .....d

NO RESPONSE ..... M

M2.5. ¿Es usted la persona que planifica los menús de [SAMPLED CHILD CARE SITE]?

- ❍ Sí 1
- ❍ No ..... 0 [GO TO M2.9]

ASK M2.6 – M2.7 IF M2.5=1

M2.6. ¿Cuántos años de experiencia en la planificación de menús tiene usted?

Seleccione solo una

- ❍ Menos de 2 años 1
- ❍ 2 a 5 años 2
- ❍ 6 a 10 años 3
- ❍ Más de 10 años 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M2.7. ¿Tiene alguno de los siguientes títulos o certificados?

Seleccione todas las que apliquen

- ☐ Diploma de escuela secundaria o GED ..... 1 [GO TO M2.9]
- ☐ Título de asociado 2
- ☐ Título de bachillerato 3
- ☐ Maestría 4
- ☐ Doctorado 5
- ☐ Dietista registrado ..... 6 [GO TO M2.9]
- ☐ Otro (ESPCIFIQUE) ..... 99 [GO TO M2.9]

Especifique [ ] (STRING (NUM))

- ☐ Ningún título ni certificado ..... 7 [GO TO M2.9]
- ☐ No sé ..... d [GO TO M2.9]

NO RESPONSE ..... M

ASK IF M2.7=2 THRU 5

M2.8. ¿Cuál fue el área de estudio?

Seleccione todas las que apliquen

- ☐ Educación de la primera infancia 1
- ☐ Estudios de familias y niños 2
- ☐ Desarrollo infantil 3
- ☐ Administración de empresas 4
- ☐ Gestión de servicios alimentarios 5
- ☐ Alimentación y nutrición/dietética 6
- ☐ Otra (ESPCIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ No sé ..... d

NO RESPONSE ..... M

M2.9. ¿Cuáles son los tres desafíos más importantes que enfrenta [SAMPLED CHILD CARE SITE] al planificar menús que cumplen con los patrones actualizados de comidas de CACFP?

Seleccione todas las que apliquen

- ☐ Comprender los requisitos del patrón de comidas 1
- ☐ Acceso limitado a comidas que cumplen con los requisitos 2
- ☐ Falta de tiempo del personal para planificación del menú 3
- ☐ Falta de capacitación del personal para planificación del menú 4
- ☐ Preferencias de padres 5
- ☐ Alergias alimentarias de niños 6
- ☐ No sé [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION] ..... d
- ☐ Otro (ESPCIFIQUE) 99

Especifique ☐ (STRING (NUM))

- ☐ Ningún desafío al planificar menús que cumplen con los requisitos actualizados del patrón de comidas de CACFP 0

NO RESPONSE ..... M

[PROGRAMMER: DO NOT ALLOW M2.9=0 WITH ANY OTHER SELECTION.]

SECCIÓN 3: COMPRA DE COMIDAS

Las preguntas en esta sección son acerca de dónde y con qué frecuencia se compran varios tipos de comidas para [SAMPLED CHILD CARE SITE], y cómo se hace seguimiento de las compras. Sírvase pedir a la persona con más conocimiento de la compra de comidas en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP3. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [**FILL W/ RESP 1 NAME**] ..... 1 [GO TO M3.1]
- ❍ Volviendo a la encuesta [**FILL W/ RESP 2 NAME**], ETC ..... 2 [GO TO M3.1]
- ❍ Nueva persona completando la encuesta ..... 3 CONTINUE TO RESP3a

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M3.1.]

Resp3a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

M3.1. ¿Quién compra las comidas y bebidas para [SAMPLED CHILD CARE SITE]? Si una persona responsable tiene más de un papel, sírvase seleccionar su papel <u>principal</u>.

Seleccione todas las que apliquen

- ☐ [DISPLAY IF SPONSOR=1] Agencia patrocinadora [HOVER DEFINITION] 1
- ☐ Proveedor de centro [IF PROGTYPE=1: u hogar de cuidado infantil] [HOVER DEFINITION] 2
- ☐ Director o supervisor del sitio [HOVER DEFINITION] 3
- ☐ Cocinero o chef [HOVER DEFINITION] 4
- ☐ Dietista/nutricionista [HOVER DEFINITION] 5
- ☐ Maestro 6
- ☐ Padre/madre/tutor voluntario 7
- ☐ Compañía independiente de servicio alimentario, vendedor, empresa de catering u otro contratista 8
- ☐ Otro (ESPCIFIQUE) 99

Especifique ☐ (STRING (NUM))

- ☐ No sé [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] ..... d

NO RESPONSE ..... M

HOVER DEFINITIONS

Agencia patrocinadora: Cualquier organización pública, privada sin fines de lucro, o lucrativa que firme un acuerdo con la agencia Estatal para asumir la responsabilidad administrativa y financiera final para las operaciones de CACFP en dos o más centros patrocinados.

Proveedor de centro: Cualquier centro individual de cuidado infantil, centro para niños en situación de riesgo después de la escuela o centro de cuidado fuera del horario escolar que firme un acuerdo con la agencia Estatal para asumir la responsabilidad administrativa y financiera final para las operaciones de CACFP.

Director o supervisor/gerente del sitio: La persona responsable de dirigir un programa o sitio de cuidado infantil.

Cocinero o chef: La persona responsable por el programa de comidas en su centro de cuidado infantil o centro después de la escuela. Las responsabilidades pueden incluir la planificación del menú y preparación de comidas, así como la compra e inventario de comidas, calidad alimentaria, nutrición, normas de productividad, gestión de personal del servicio alimentario, seguridad alimentaria y administrar el presupuesto del servicio alimentario.

Dietista/nutricionista: Una persona que se especializa en alimentación y nutrición.

[PROGRAMMING NOTE: SHOW M3.2. FOR EACH LOCATION SELECTED, SHOW M3.2a AND M3.2b. FILL LOCATION FROM M3.2.]

M3.2. Las próximas preguntas son acerca de cómo y dónde se compran comidas y bebidas para [SAMPLED CHILD CARE SITE].

M3.2. ¿En cuál de los siguientes lugares se compran alimentos y bebidas para comidas y meriendas de CACFP?

Seleccione todas las que apliquen

Tienda de comestibles o supermercado 1
Tienda mayorista, como Sam's Club o Costco u otra tienda para comprar al por mayor 2
Mercado de agricultores 3
Tienda de barrio, tienda de conveniencia, bodega, minimercado o mercado familiar 4
Cooperativa (co-op) de alimentación o agricultura apoyada por la comunidad (CSA por sus siglas en inglés) 5
La Agencia Estatal 6
Distrito escolar 7
Compañía independiente de servicio alimentario, vendedor, empresa de catering u otro contratista 8
Otro ESPECIFIQUE 99

[ ]
(STRING (NUM))

M3.2a. ¿Cuál de los siguientes artículos se compran en [LOCATION]?

Seleccione todas las que apliquen

Frutas 1
Verduras 2
Carne/Alternativa de carne (p.ej. pollo, carne de res, frutos secos, frijoles) 3
Comidas preparadas (p.ej. chili, lasaña, tacos) 4
Cereal 5
Granos/panes (p.ej. arroz, pasta, panecillos) 6
Leche 7
Productos lácteos (p.ej. queso, yogur) 8
100% jugo 9
Agua 10
[DISPLAY IF PROGTYPE=1: Fórmula infantil] 11
Otras bebidas 12
[DISPLY IF PROGTYPE=1: Comida para bebés envasada/empaquetada] 13
Refrigerios salados envasados (p.ej. papitas, galletas saladas) 14
Refrigerios dulces/sobremesas envasados (p.ej. galletas, pasteles, caramelos) 15
Condimentos o especias 16

M3.2b. ¿Con qué frecuencia se compran comidas/bebidas en [LOCATION]?

Seleccione solo una

Más de una vez por semana 1
Una vez por semana 2
Dos veces por semana 3
Una vez por mes 4
Menos de una vez por mes 5

M3.3. ¿Se usa alguna herramienta o recurso de alguna de las siguientes entidades para ayudar a seleccionar y comprar comidas más saludables?

Seleccione todas las que apliquen

- ☐ Oficina corporativa de cuidado infantil 1
- ☐ Departamento de salud del estado..... 2
- ☐ USDA (incluyendo recursos en línea o asistencia técnica del personal) 3
- ☐ [DISPLAY IF SPONSOR=1] Agencia patrocinadora..... 4
- ☐ Autoridad alimentaria de la escuela 5
- ☐ Agencia de recursos y referencias 6
- ☐ Recursos en Internet/en línea *(especifique)*..... 7

Especifique ☐ (STRING (NUM))

- ☐ Otro (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

- ☐ Ninguna de las anteriores..... 8

NO RESPONSE ..... M

M3.4. ¿Cuáles herramientas o recursos adicionales serían útiles para seleccionar y comprar comidas más saludables para [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ Recursos para proveedores de cuidado infantil familiar 1
- ☐ Recursos para proveedores de cuidado antes y después de la escuela..... 2
- ☐ Mayor disponibilidad de recursos impresos gratuitos 3
- ☐ Mayor disponibilidad de recursos en línea 4
- ☐ Recursos proporcionados como aplicaciones (apps) descargables 5
- ☐ Seminarios web en vivo y grabados..... 6
- ☐ Diapositivas de capacitación y recursos relacionados 7
- ☐ Recursos disponibles en español..... 8
- ☐ Recursos disponibles en idiomas asiáticos (por ejemplo, vietnamita, chino, etc.)..... 9
- ☐ Recursos disponibles en idiomas además de inglés, español o idiomas asiáticos..... 10
- ☐ Herramientas de comunicación para padres/tutores (por ejemplo, boletines u hojas informativas) 11
- ☐ Recetas estandarizadas 12
- ☐ Otro (ESPECIFIQUE)..... 99

Especifique ☐ (STRING (NUM))

- ☐ Ninguno de los anteriores..... 13
- ☐ No sé ..... d

NO RESPONSE ..... M

M3.5. ¿Cuáles son los tres obstáculos más importantes para comprar y servir comidas más saludables para [SAMPLED CHILD CARE SITE]?

Seleccione hasta tres

- ☐ Costo de comidas más saludables 1
- ☐ Tiempo necesario para preparar comidas y meriendas más saludables 2
- ☐ Preferencia de niños en el programa 3
- ☐ Preferencias de padres, incluyendo aquellas relacionadas con cultura 4
- ☐ Falta de conocimiento de pautas nutricionales 5
- ☐ Limitaciones con espacio en cocina o equipo 6
- ☐ Falta de habilidades del personal necesarias para preparar comidas y meriendas nutritivas 7
- ☐ Falta de conocimiento del personal sobre cómo leer una etiqueta de Información nutricional 8
- ☐ Acceso a opciones nutritivas de comida y bebida 9
- ☐ Es más conveniente usar comidas procesadas y preparadas 10
- ☐ Resistencia del personal debido a preferencias alimentarias a nivel personal 11
- ☐ Otro (ESPECIFIQUE) 12

Especifique [ ] (STRING (NUM))

- ☐ Ningún obstáculo para comprar y servir comidas más saludables 13

NO RESPONSE ..... M

M3.6. ¿Quién es responsable de recopilar conteos de comidas para solicitudes de reembolso de CACFP? Si una persona responsable tiene más de un papel, sírvase seleccionar su papel <u>principal</u>.

Seleccione todas las que apliquen

- ☐ [DISPLAY IF SPONSOR=1] Agencia patrocinadora [HOVER DEFINITION] 1
- ☐ Proveedor de centro [DISPLAY IF PROGTYPE=1: u hogar de cuidado infantil] [HOVER DEFINITION] 2
- ☐ Director o supervisor del sitio [HOVER DEFINITION] 3
- ☐ Cocinero o chef [HOVER DEFINITION] 4
- ☐ Dietista/nutricionista [HOVER DEFINITION] 5
- ☐ Maestro 6
- ☐ Compañía independiente de servicio alimentario, vendedor, empresa de catering u otro contratista 7
- ☐ Otro (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ No sé ..... d

NO RESPONSE ..... M

M3.7. ¿Cómo están documentados los conteos de comidas?

Seleccione todas las que apliquen

- ☐ Software de seguimiento de comidas: 1
- ☐ Microsoft Excel u otra hoja de cálculo 2
- ☐ Microsoft Access u otra base de datos 3
- ☐ Formulario en papel 4
- ☐ Otro (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

NO RESPONSE ..... M

ASK ONLY IF M3.7=1

M3.7a. ¿Cuál es el nombre del software de seguimiento de comidas?

[ ] (FIELD DESCRIPTION)

(STRING (NUM))

- ☐ No sé ..... d

SECCIÓN 4: PREPARACIÓN DE COMIDAS Y SEGURIDAD ALIMENTARIA

Las preguntas en esta sección son acerca de la preparación de comidas y seguridad alimentaria en [SAMPLED CHILD CARE SITE]. Sírvase pedir a la persona con más conocimiento de la preparación de comidas y seguridad alimentaria en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP4. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [FILL W/ RESP 1 NAME] ..... 1 [GO TO M4.1]
- ❍ Volviendo a la encuesta [FILL W/ RESP 2 NAME], ETC ..... 2 [GO TO M4.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP4a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M4.1.]

Resp4a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

M4.1. ¿Cuál de los siguientes está disponible en el área de preparación de comidas en el sitio de [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ Balanza 1
- ☐ Microondas 2
- ☐ Horno 3
- ☐ Estufa 4
- ☐ Hornillo u otro elemento calentador alternativo 5
- ☐ Horno eléctrico/tostador 6
- ☐ Licuadora 7
- ☐ Lavaplatos 8
- ☐ Fregadero 9
- ☐ Fuente de agua caliente 10
- ☐ Sin área de preparación de comidas disponible en el sitio 11
- ☐ No sé [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] ..... d

  NO RESPONSE ..... M

M4.2. ¿Cuál de los siguientes está disponible en el área de almacenamiento de comidas en el sitio de [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ Alacenas, despensa, o estantería para productos secos 1
- ☐ Refrigerador de acceso directo 2
- ☐ Congelador de acceso directo 3
- ☐ Cámara refrigeradora/ nevera 5
- ☐ Cámara frigorífica 6
- ☐ Montacargas o patín hidráulico 7
- ☐ Sin área de almacenamiento de comidas en el sitio 8
- ☐ No sé [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.] ..... d

  NO RESPONSE ..... M

M4.3. ¿Tiene [SAMPLED CHILD CARE SITE] alguna política sobre la seguridad alimentaria (p.ej. preparar comidas de manera segura, prevenir asfixia)?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

HOVER DEFINITIONS

Política informal: Puede incluir cualquier pauta oral sobre las operaciones de su programa o expectativas para maestros, personal, niños o familias.

Política escrita: Puede incluir cualquier pauta escrita sobre las operaciones de su programa o expectativas para maestros, personal, niños o familias. Las políticas pueden ser incluidas en guías para padres/tutores, manuales del personal y otros documentos.

M4.4. ¿Se requiere que el personal complete un curso de capacitación en seguridad alimentaria?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

M4.5. ¿Se requiere que el personal esté certificado para la seguridad alimentaria?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

M4.6. ¿Tiene [SAMPLED CHILD CARE SITE] un plan establecido para permitir identificar y quitar un producto alimentario de la cocina durante una retirada?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

SECCIÓN 5: PRÁCTICAS DEL SERVICIO DE COMIDAS Y BEBIDAS

Las preguntas en esta sección son acerca de los tipos de comidas y meriendas servidas, y las prácticas o políticas sobre los alimentos consumidos por los niños durante el día en [SAMPLED CHILD CARE SITE]. Sírvase pedir a la persona con más conocimiento de las prácticas del servicio de comidas y bebidas en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP5. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [**FILL W/ RESP 1 NAME**]..... 1 [GO TO M5.1]
- ❍ Volviendo a la encuesta [**FILL W/ RESP 2 NAME**], ETC..... 2 [GO TO M5.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP5a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M5.1.]

Resp5a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

[PROGRAMMER: For M5.1.a – M5.1.5.f, if “Not served at all” “No se sirve” is checked, no other response may be checked for that meal or snack. If “Parents/guardians are allowed to send food from home” “Se permite a padres/tutores enviar comida de casa” is checked, then “Parents/guardians are not allowed to send food from home” “No se permite a padres/tutores enviar comida de casa” cannot be checked

SOFT PROMPT ON SCREEN if Respondent selects “Provides Food Proporciona comida” and “Parents/guardians are required to send food from home.” “Se requiere a padres/tutores enviar comida de casa.” “You have selected ‘Provides Food’ and ‘Parents/guardians are required to send food from home.’ If this is correct, please continue to the next item, otherwise, please correct this item." “Ha seleccionado ‘Proporciona comida’ y ‘Se requiere a padres/tutores enviar comida de casa’. Si eso es correcto, por favor continúe a la siguiente pregunta; de no ser así, por favor corrija esta respuesta.”]

M5.1.a. ¿Cuáles son las fuentes de comida para el desayuno en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve desayuno 5

M5.1.b. ¿Cuáles son las fuentes de comida para la merienda de la mañana en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve merienda de la mañana 5

M5.1.c. ¿Cuáles son las fuentes de comida para el almuerzo en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve almuerzo 5

M5.1.d. ¿Cuáles son las fuentes de comida para la merienda de la tarde en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve merienda de la tarde 5

M5.1.e. ¿Cuáles son las fuentes de comida para la cena en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve cena 5

M5.1.f. ¿Cuáles son las fuentes de comida para la merienda de la noche en [SAMPLED CHILD CARE SITE]?

Seleccione todas las que apliquen

- ☐ [SAMPLED CHILD CARE SITE] proporciona comida 1
- ☐ Se permite a padres/tutores enviar comida de casa 2
- ☐ Se requiere a padres/tutores enviar comida de casa 3
- ☐ No se permite a padres/tutores enviar comida de casa 4
- ☐ No se sirve merienda de la noche 5

IF ALL M5.1.a – M5.1.f =4, SKIP TO M5.3

M5.2. ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa los tipos de alimentos y bebidas que se pueden traer de casa para comidas y meriendas? (Esto no incluye políticas de alergias alimentarias ni de seguridad alimentaria.)

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M5.3. ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa los tipos de alimentos y bebidas que se pueden traer de casa para celebraciones en el sitio que incluyen niños? (Esto no incluye políticas de alergias alimentarias ni de seguridad alimentaria.)

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

ASK IF PROGTYPE =2 AND M5.1.E=1, 2, 3, OR 4.

M5.4. ¿Usa [SAMPLED CHILD CARE SITE] la opción Ofrecer Versus Servir (OVS por sus siglas en inglés) para la cena?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

M5.5 ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa lo que el personal debe hacer cuando los niños rechazan comida que se les sirve?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M5.6. ¿Tiene [SAMPLED CHILD CARE SITE] una política sobre porciones adicionales o segundas porciones de comidas o bebidas?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M5.7. ¿Para cuál de las siguientes comidas y bebidas son permitidas segundas porciones?

Seleccione todas las que apliquen

- ☐ Cualquier comida 1
- ☐ Frutas 2
- ☐ Verduras 3
- ☐ Carne/Alternativa de carne (p.ej. pollo, carne de res, frutos secos, frijoles) 4
- ☐ Comidas de componentes mixtos (p.ej. chili, lasaña, tacos) 5
- ☐ Cereal 6
- ☐ Granos/panes (p.ej. arroz, pasta, panecillos) 7
- ☐ Leche 8
- ☐ Productos lácteos (p.ej. queso, yogur) 9
- ☐ 100% jugo 10
- ☐ Agua 11
- ☐ Otras bebidas 12
- ☐ Refrigerios salados (p.ej. papitas, galletas saladas) 13
- ☐ Refrigerios dulces/sobremesas (p.ej. galletas, pasteles) 14
- ☐ No son permitidas las segundas porciones 15
- ☐ No sé ..... d

NO RESPONSE ..... M

M5.8. Después del servicio alimentario, ¿qué ocurre con la comida que se lleva al aula o área para comer pero que no se sirve a los niños–por ejemplo, sobras de comida en las fuentes, boles o bandejas? Esto no incluye comida que sobra en los platos de niños individuales.

Seleccione todas las que apliquen

- ☐ Tirada a la basura 1
- ☐ Guardada para servir de nuevo 2
- ☐ Dada al personal 3
- ☐ Donada 4
- ☐ Dada a padres/tutores 5
- ☐ Otro (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

NO RESPONSE ..... M

M5.9. Nos interesan métodos que los centros usan para prevenir o reducir el desperdicio de alimentos. ¿Cuál de las siguientes estrategias usa [SAMPLED CHILD CARE SITE] para <u>prevenir o reducir el desperdicio de alimentos</u> en comidas y meriendas de CACFP?

Seleccione una por renglón

	SÍ	NO
a. Servir más comidas que tienen probabilidad de ser populares con los niños	1 ❍	0 ❍
b. Servir frutas o verduras precortadas y listas para comer (p.ej. trozos de manzana, trozos de naranja o palitos de zanahoria) para que los niños puedan tomar o pedir solamente la cantidad que quieren comer	1 ❍	0 ❍
c. Dar una selección de varias opciones de comida a los niños para que puedan elegir lo que comen	1 ❍	0 ❍
d. El personal y maestros comen comidas con los niños (modelan comportamiento)	1 ❍	0 ❍
e. Programar tiempo para actividad física antes de los horarios de comida	1 ❍	0 ❍
f. Alentar a los niños a guardar artículos de comida no comidos para merienda	1 ❍	0 ❍
g. Usar mesas para compartir/intercambiar	1 ❍	0 ❍
h. Planificar menús que permiten exposición repetida a comidas nuevas	1 ❍	0 ❍
i. Preparar comidas que representan las culturas de las familias participantes	1 ❍	0 ❍
j. Programas comidas y meriendas con tiempo suficiente para que los niños coman	1 ❍	0 ❍
k. Modificar el número de comidas y meriendas preparadas diariamente basado en la asistencia esperada	1 ❍	0 ❍
[ASK IF M5.4=1] l. Usar la opción Ofrecer Versus Servir en la cena	1 ❍	0 ❍
m. Otra (ESPECIFIQUE) _____ (STRING (NUM))	1 ❍	0 ❍

[PROGRAMMER: SOFT PROMPT if M5.8 a-m=MISSING “Please review this question again and select an answer. To continue to the next question, click the “Next” button below.” “Sírvase revisar esta pregunta nuevamente y seleccionar una respuesta. Para continuar a la siguiente pregunta, haga clic en el botón “Siguiente” a continuación.”]

M5.10. ¿Sigue [SAMPLED CHILD CARE SITE] las mejores prácticas de nutrición de alguna de las siguientes organizaciones?

Seleccione todas las que apliquen

- ☐ USDA 1
- ☐ Agencia Estatal 2
- ☐ [DISPLAY IF SPONSOR=1] Agencia patrocinadora 3
- ☐ Caring for our Children 4
- ☐ Asociación Patrocinadora de CACFP 5
- ☐ Asociación de Proveedores de CACFP 6
- ☐ Programa de Head Start 7
- ☐ National Afterschool Association 8
- ☐ Otra (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ Ninguna de estas 9
- ☐ No sé ..... d

NO RESPONSE ..... M

SECCIÓN 6: NECESIDADES DIETÉTICAS ESPECIALES, INCAPACIDADES E IMPEDIMENTOS

Las preguntas en esta sección son acerca de las políticas y prácticas en [SAMPLED CHILD CARE SITE] para niños con necesidades dietéticas especiales, incapacidades o impedimentos. Sírvase pedir a la persona con más conocimiento de estos temas en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP6. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [**FILL W/ RESP 1 NAME**] ..... 1 [GO TO M6.1]
- ❍ Volviendo a la encuesta [**FILL W/ RESP 2 NAME**], ETC ..... 2 [GO TO M6.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP6a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M6.1.]

Resp6a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

M6.1. ¿Tiene [SAMPLED CHILD CARE SITE] una política para manejar necesidades dietéticas especiales, como alergias alimentarias o diabetes?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M6.2. ¿Requiere [SAMPLED CHILD CARE SITE] que los niños con necesidades dietéticas especiales lleven documentación de un proveedor médico?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

NO RESPONSE ..... M

M6.3. ¿Cómo sirve [SAMPLED CHILD CARE SITE] comidas y meriendas a niños con alergias alimentarias u otras necesidades dietéticas especiales?

Seleccione todas las que apliquen

- ☐ Los niños con una alergia deben traer su comida de casa 1
- ☐ Los niños con una alergia reciben comidas/meriendas en otro horario 2
- ☐ Los niños con una alergia reciben comidas/meriendas en otra mesa/en otro cuarto 3
- ☐ Los niños con una alergia pueden traer su comida de casa 4
- ☐ El programa proporciona comida y bebidas alternativas a los niños con una alergia 5
- ☐ El personal examina la comida de niños con una alergia 6
- ☐ Consulta con dietista registrado para modificar menús 7
- ☐ Otro (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ No sé ..... d

NO RESPONSE ..... M

M6.4. ¿Tiene [SAMPLED CHILD CARE SITE] una política para acomodar a niños con incapacidades o impedimentos (p.ej. TDAH, incapacidades de movilidad, impedimentos visuales, sordos y con dificultades de audición)? Por favor incluya todas las políticas, no solamente aquellas relacionadas con comidas y meriendas.

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M6.5. ¿Qué procedimientos usa [SAMPLED CHILD CARE SITE] para acomodar a niños con incapacidades o impedimentos? Por favor incluya todos los procedimientos, no solamente aquellos relacionados con comidas y meriendas.

Seleccione todas las que apliquen

- ☐ Ofrecer horas de inicio más tempranas para comidas y meriendas 1
- ☐ Modificar juguetes y equipo 2
- ☐ Modificar el entorno de cuidado infantil (p.ej. un espacio tranquilo para niños hiperactivos, una lámpara adicional para un niño con impedimentos visuales) 3
- ☐ Enseñar a todos los niños a encontrar y ser un compañero de juego 4
- ☐ Comunicarse con fotos y letreros 5
- ☐ Ofrecer descansos del grupo a niños individuales para ayudarles con la autorregulación 6
- ☐ Otro (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

- ☐ Ningún procedimiento para acomodar a niños con incapacidades e impedimentos 7
- ☐ No sé ..... d

NO RESPONSE ..... M

SECCIÓN 7: ACTIVIDAD FÍSICA

Las preguntas en esta sección son acerca de distintas maneras en que los niños juegan adentro y al aire libre en [SAMPLED CHILD CARE SITE]. Tenga en cuenta que algunas de estas preguntas son acerca de niños de un grupo de edad específico. Sírvase pedir a la persona con más conocimiento de actividad física en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP7. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [**FILL W/ RESP 1 NAME**]..... 1 [GO TO M7.1]
- ❍ Volviendo a la encuesta [**FILL W/ RESP 2 NAME**], ETC..... 2 [GO TO M7.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP7a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M7.1.]

Resp7a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

ASK IF PROGTYPE=1 AND TODDLERPRESCHOOL>0; OTHERWISE SKIP TO M7.2

M7.1. ¿Lleva [SAMPLED CHILD CARE SITE] niños (1 a 5 años de edad) a alguna instalación o área fuera del sitio para actividades físicas (p.ej. parque, piscina, área de juegos, gimnasio)?

- ❍ Sí 1
- ❍ No 0

ASK IF PROGTYPE=1 AND TODDLERPRESCHOOL>0 AND M7.1=1; OTHERWISE SKIP TO M7.3

M7.2. ¿Con qué frecuencia lleva [SAMPLED CHILD CARE SITE] niños de 1 a 5 años de edad a una instalación o área fuera del sitio para actividades físicas?

- ❍ Varias veces por día (*Especifique número de veces por día*)..... 1
- ❍ Una vez por día 2
- ❍ Dos o tres veces por semana..... 3
- ❍ Una vez por semana 4
- ❍ Una vez cada dos semanas 5
- ❍ Una vez por mes..... 6
- ❍ Otro (ESPECIFIQUE)..... 99

Especifique [ ] (STRING (NUM))

NO RESPONSE ..... M

ASK IF PROGTYPE=2 AND M1.9.B=1 OR MISSING; OTHERWISE SKIP TO M7.5

M7.3. ¿Ofrece [SAMPLED CHILD CARE SITE] programación recreativa o deportiva que incluye tiempo para actividad física para niños de edad escolar durante sus horarios antes y después de la escuela?

- ❍ Sí 1
- ❍ No 0

ASK IF M7.3 = 1; OTHERWISE, SKIP TO M7.4

M7.3.a. ¿Cuántos días de la semana se ofrece esta programación?

- ❍ 1 día..... 1
- ❍ 2 días 2
- ❍ 3 días 3
- ❍ 4 días 4
- ❍ 5 días 5
- ❍ 6 días 6
- ❍ 7 días 7

NO RESPONSE ..... M

M7.4. ¿Lleva [SAMPLED CHILD CARE SITE] niños de 5 a 12 años de edad a alguna instalación o área fuera del sitio para actividades físicas (p.ej. parque, piscina, área de juegos, gimnasio)?

- ❍ Sí 1
- ❍ No 0

NO RESPONSE ..... M

ASK IF PROGTYPE=2 AND M7.4=1

M7.4.b. ¿Con qué frecuencia lleva [SAMPLED CHILD CARE SITE] niños de 5 a 12 años de edad a una instalación o área fuera del sitio para actividades físicas?

❍ Varias veces por día *(Especifique número de veces por día)*..... 1

Especifique ☐ (STRING (NUM))

❍ Una vez por día 2

❍ Dos o tres veces por semana..... 3

❍ Una vez por semana 4

❍ Una vez cada dos semanas 5

❍ Una vez por mes..... 6

❍ Otro (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

NO RESPONSE ..... M

ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMER>0

M7.5. ¿En algún momento se limita el juego activo para niños de 1 a 5 años de edad como una medida disciplinaria por mal comportamiento?

❍ Sí 1

❍ No 0

ASK IF PROGTYPE=2; OTHERWISE SKIP TO M7.6

M7.5b. ¿En algún momento se limita el juego activo para niños de 5 a 12 años de edad como una medida disciplinaria por mal comportamiento?

❍ Sí 1

❍ No 0

[PROGRAMMER NOTE: PROGRAM WITH M7.6 VISIBLE. FOR EACH RESPONSE SELECTED IN M7.6, DISPLAY M7.6.a.]

		M7.6. ¿Qué dificulta a los niños en [SAMPLED CHILD CARE SITE] hacer actividad física?	M7.6.a. ¿Cuánto tiempo diría que esto reduce la cantidad de tiempo que pasan haciendo actividad física?			
			Seleccione una por renglón			
		Seleccione todas las que apliquen	PARA NADA	UN POCO	MUCHO	NO SÉ
a.	No hay suficiente espacio para jugar al aire libre	1 ❍	1 ❍	2 ❍	3 ❍	d ❍
b.	No hay suficiente espacio para jugar adentro	2 ❍	1 ❍	2 ❍	3 ❍	d ❍
c.	No hay suficiente equipo de juegos	3 ❍	1 ❍	2 ❍	3 ❍	d ❍
d.	Ninguna política que requiere actividad física	4 ❍	1 ❍	2 ❍	3 ❍	d ❍
e.	Preocupaciones sobre responsabilidad (que niños se lastimen)	5 ❍	1 ❍	2 ❍	3 ❍	d ❍
f.	Seguridad es una preocupación en el barrio	6 ❍	1 ❍	2 ❍	3 ❍	d ❍
g.	Suele hacer demasiado calor para salir afuera	7 ❍	1 ❍	2 ❍	3 ❍	d ❍
h.	Suele hacer demasiado frío para salir afuera	8 ❍	1 ❍	2 ❍	3 ❍	d ❍
i.	Suele llover o nevar demasiado para salir afuera	9 ❍	1 ❍	2 ❍	3 ❍	d ❍
j.	Otras condiciones climáticas frecuentes (por ejemplo, avisos de tormenta, avisos sobre calidad del aire) que previenen actividad al aire libre	10 ❍	1 ❍	2 ❍	3 ❍	d ❍
k.	No hay suficiente tiempo en el día para que los niños estén activos físicamente	11 ❍	1 ❍	2 ❍	3 ❍	d ❍
l.	Los niños no están interesados en actividad física	12 ❍	1 ❍	2 ❍	3 ❍	d ❍
m.	No está seguro(a) de cómo conseguir que los niños participen en actividad física	13 ❍	1 ❍	2 ❍	3 ❍	d ❍
n.	No está seguro(a) de cuánta actividad física niños deberían hacer cada día	14 ❍	1 ❍	2 ❍	3 ❍	d ❍
o.	No hay personal suficiente para supervisar a los niños durante actividad física	15 ❍	1 ❍	2 ❍	3 ❍	d ❍
p.	El personal no tiene capacitación suficiente sobre cómo alentar y apoyar a los niños para que estén activos físicamente	16 ❍	1 ❍	2 ❍	3 ❍	d ❍
q.	El personal no está interesado en participar en actividad física con los niños	17 ❍	1 ❍	2 ❍	3 ❍	d ❍
r.	(ESPECIFIQUE)	18 ❍	1 ❍	2 ❍	3 ❍	d ❍
s.	No es difícil.	19 ❍				

[PROGRAMMER NOTE: SOFT PROMPT if M7.6 a-s=MISSING “Sírvase revisar esta pregunta nuevamente y seleccionar una respuesta. Para continuar a la siguiente pregunta, haga clic en el botón “Siguiente” a continuación.”]

M7.7. ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa la cantidad de tiempo proporcionada cada día para actividad física adentro y/o al aire libre?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M7.8. ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa la cantidad de tiempo que los niños se sientan durante las actividades?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M7.9. ¿Tiene [SAMPLED CHILD CARE SITE] una política que describa retener actividad física como castigo?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ Sí, tanto una política informal [HOVER DEFINITION] como una política escrita [HOVER DEFINITION] 3
- ❍ No, no hay ninguna política 4
- ❍ No sé ..... d

NO RESPONSE ..... M

M7.10. ¿Tiene [SAMPLED CHILD CARE SITE] una política que prohíba cualquier tiempo frente a la pantalla para niños menores de 2 años de edad?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ No, no hay ninguna política 3
- ❍ No sé ..... d

NO RESPONSE ..... M

M7.11. ¿Tiene [SAMPLED CHILD CARE SITE] una política que limite el tiempo frente a la pantalla [HOVER DEFINITION] para niños mayores de 2 años de edad?

- ❍ Sí, una política informal [HOVER DEFINITION] 1
- ❍ Sí, una política escrita [HOVER DEFINITION] 2
- ❍ No, no hay ninguna política 3
- ❍ No sé ..... d

NO RESPONSE ..... M

HOVER DEFINITION

Política limitando el tiempo frente a la pantalla: La cantidad de tiempo que niños pueden ver televisión, usar una computadora, teléfono inteligente u otro dispositivo electrónico para ver programas o videos, acceder a Internet o usar redes sociales (excluyendo para tarea escolar).

M7.12. ¿Sigue [SAMPLED CHILD CARE SITE] las mejores prácticas de actividad física de alguna de las siguientes organizaciones?

Seleccione todas las que apliquen

- ☐ USDA 1
- ☐ Agencia Estatal 2
- ☐ [DISPLAY IF SPONSOR=1] Agencia patrocinadora 3
- ☐ Caring for our Children 4
- ☐ Asociación Patrocinadora de CACFP 5
- ☐ Asociación de Proveedores de CACFP 6
- ☐ Programa de Head Start 7
- ☐ National Afterschool Association 8
- ☐ Pautas de Actividad Física para estadounidenses 9
- ☐ Otra Agencia Federal 10
- ☐ Otra (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

- ☐ No seguimos ninguna mejor práctica de actividad física 11
- ☐ No sé ..... d

NO RESPONSE ..... M

[ASK IF PROGTYPE=1 AND INFANTNUMBER>0; OTHERWISE SKIP TO RESP9]

SECCIÓN 8: ALIMENTACIÓN INFANTIL Y ACTIVIDAD FÍSICA INFANTIL

Las preguntas en esta sección son acerca de procedimientos de alimentación infantil y actividad física para <u>bebés menores de 1 año (menos de 12 meses)</u> en [SAMPLED CHILD CARE SITE]. Sírvase pedir a la persona con más conocimiento de alimentación infantil y actividad física en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP8. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [FILL W/ RESP 1 NAME] ..... 1 [GO TO M8.1]
- ❍ Volviendo a la encuesta [FILL W/ RESP 2 NAME], ETC ..... 2 [GO TO M8.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP8a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M8.1.]

Resp8a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre: _____ (STRING (NUM))

Inicial de segundo nombre: _____ (STRING (NUM))

Apellido: _____ (STRING (NUM))

Posición: _____ (STRING (NUM))

Correo electrónico: _____ (STRING (NUM))

Número de teléfono: _____ STRING (NUM))

NO RESPONSE ..... M

M8.1. Cuando alimenta a los bebés, ¿con qué frecuencia utiliza el personal técnicas de alimentación receptiva [HOVER DEFINITION]?

- ❍ Siempre 1
- ❍ Frecuentemente..... 2
- ❍ A veces 3
- ❍ Rara vez o nunca..... 4
- ❍ No sé ..... d

NO RESPONSE ..... M

HOVER DEFINITION

Las técnicas de alimentación receptiva incluyen hacer contacto visual, hablar con los bebés, responder a las reacciones de los bebés durante la alimentación, responder a las señales de hambre y satisfacción, y alimentar solo a un bebé por vez.

M8.2. ¿Cómo determina el personal el final de la alimentación infantil?

- ❍ Solamente por la cantidad de leche materna, fórmula, o comida dejada 1
- ❍ Principalmente por la cantidad de leche, fórmula, o comida dejada, pero parcialmente por los bebés mostrando que están llenos [HOVER DEFINITION] 2
- ❍ Principalmente por los bebés mostrando que están llenos [HOVER DEFINITION], pero parcialmente por la cantidad de leche, fórmula, o comida dejada 3
- ❍ Solamente por los bebés mostrando que están llenos [HOVER DEFINITION]... 4
- ❍ No sé ..... d

NO RESPONSE ..... M

HOVER DEFINITION

Los bebés pueden mostrar que están llenos disminuyendo el ritmo en que comen, alejándose, volviéndose quisquillosos y escupiendo o rechazando más comida.

M8.3. Por lo general, ¿a qué edad presenta [SAMPLED CHILD CARE SITE] comidas sólidas a los bebés?

- ❍ Menores de 4 meses 1
- ❍ Por lo menos a los 4 meses, pero antes de los 6 meses..... 2
- ❍ A los 6 meses 3
- ❍ Mayores de 6 meses 4
- ❍ No damos comidas sólidas a los bebés 5
- ❍ No sé ..... d

NO RESPONSE ..... M

M8.4. ¿Qué tipo de comida sólida se introduce <u>más a menudo</u> <u>primero</u> a los bebés en [SAMPLED CHILD CARE SITE]?

- ❍ Cereales infantiles 1
- ❍ Otros granos, incluyendo galletas saladas, panes, soplados, y cereales listos para consumir 2
- ❍ Carnes, incluyendo de res, aves de corral, y pescado 3
- ❍ Alternativas de carne, incluyendo huevos, yogur, queso, y frijoles secos y arvejas 4
- ❍ Frutas 5
- ❍ Verduras 6
- ❍ Otras (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

M8.5. A continuación hay algunos desafíos que el personal puede enfrentar en relación a dar comidas sólidas a los bebés. ¿Ha sido alguna de las siguientes acciones un desafío para el personal de [SAMPLED CHILD CARE SITE]?

		SÍ	NO	NO SÉ
a.	Determinar cuándo introducir comidas sólidas	1 ❍	0 ❍	d ❍
b.	Hablar con padres/tutores acerca de introducir comidas sólidas	1 ❍	0 ❍	d ❍
c.	Obtener permiso de padres/tutores para introducir comidas sólidas	1 ❍	0 ❍	d ❍
d.	Padres/tutores quieren que su bebé empiece con comidas sólidas antes de que nosotros consideremos que está listo	1 ❍	0 ❍	d ❍
e.	Determinar qué tipo de comidas sólidas a servir a los bebés	1 ❍	0 ❍	d ❍
f.	Encontrar comidas sólidas que cumplen con los requisitos del patrón de comidas	1 ❍	0 ❍	d ❍
g.	Encontrar comidas sólidas que los bebés comerán	1 ❍	0 ❍	d ❍
h.	Otra (ESPECIFIQUE) [ ]	1 ❍	0 ❍	d ❍

[PROGRAMMER: SOFT PROMPT if M8.5 a-h=MISSING “Sírvase revisar esta pregunta nuevamente y seleccionar una respuesta. Para continuar a la siguiente pregunta, haga clic en el botón “Siguiente” a continuación.”]

M8.6. ¿Se permite a padres/tutores enviar comidas sólidas de casa para su bebé?

- ❍ Sí ..... 1 [GO TO M8.7]
- ❍ No ..... 0 [GO TO M8.8]

M8.7. En su opinión, ¿cuáles son las razones por las que padres/tutores decidieron enviar comidas sólidas de casa para su bebé?

Seleccione todas las que apliquen

- ☐ Programa no proporciona todas las comidas o meriendas para bebés 1
- ☐ Padre/madre/tutor tiene preferencia por traer comidas de casa 2
- ☐ Bebé tiene alergias a comidas o necesidades dietéticas especiales 3
- ☐ Otra (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

M8.8. ¿Permite [SAMPLED CHILD CARE SITE] que las madres amamanten a los bebés en el lugar?

- ❍ Sí ..... 1 [GO TO M8.8.a]
- ❍ No ..... 0 [GO TO M8.9]
- ❍ No sé ..... d [GO TO M8.9]

M8.8.a. ¿Hay un cuarto o área privada en el lugar donde las madres pueden amamantar a sus bebés?

- ❍ Sí 1
- ❍ No 0
- ❍ No sé ..... d

M8.9. ¿Se permite que las madres almacenen durante la noche en [SAMPLED CHILD CARE SITE] la leche materna que sacaron?

- ❍ Sí ..... 1 [GO TO M8.9.a]
- ❍ No, las madres deben traer nuevos biberones cada mañana ..... 0 [GO TO M8.10]
- ❍ No sé ..... d [GO TO M8.10]

M8.9.a. ¿Dónde se almacena la leche materna?

Seleccione todas las que apliquen

- ☐ En un refrigerador 1
- ☐ En un congelador 2
- ☐ En una nevera aislada 3
- ☐ Sobre un mostrador o estante (no en un refrigerador, congelador, o nevera) 4

M8.10. ¿Cómo se calientan la leche materna y fórmula?

Seleccione todas las que apliquen

- ☐ Haciendo correr agua caliente del grifo 1
- ☐ Poniéndolas en un recipiente con agua caliente a no más de 120 grados F 2
- ☐ Calentador eléctrico de biberones 3
- ☐ En un microondas 4
- ☐ Otra (ESPECIFIQUE) 99

Especifique [ ] (STRING (NUM))

- ☐ No calentamos leche materna ni fórmula 5
- ☐ No sé ..... d

NO RESPONSE ..... M

DISPLAY ONLY IF M1.6 = 1

M8.11. ¿Con qué frecuencia ofrece [SAMPLED CHILD CARE SITE] tiempo supervisado boca abajo [HOVER DEFINITION] a bebés que no gatean durante cuidado de día completo?

- ❍ Nunca 1
- ❍ Algunos días pero no todos los días 2
- ❍ 1 vez por día 3
- ❍ 2 veces por día 4
- ❍ 3 veces por día 5
- ❍ 4 o más veces por día 6

NO RESPONSE ..... M

HOVER DEFINITION

Tiempo boca abajo es tiempo supervisado cuando un bebé está despierto y alerta, acostado sobre su barriga.

DISPLAY ONLY IF M1.7 = 1

M8.12. ¿Con qué frecuencia ofrece [SAMPLED CHILD CARE SITE] tiempo supervisado boca abajo [HOVER DEFINITION] a bebés que no gatean durante cuidado de medio día?

- ❍ Nunca 1
- ❍ Algunos días pero no todos los días 2
- ❍ 1 vez por día 3
- ❍ 2 o más veces por día 4

NO RESPONSE ..... M

M8.13. ¿Cuántas veces al día son llevados afuera los bebés (cuando el clima lo permite)?

- ❍ Nunca 1
- ❍ Algunos días pero no todos los días 2
- ❍ 1 vez por día 3
- ❍ 2 o más veces por día 4

NO RESPONSE ..... M

M8.14. En promedio, ¿cuánto tiempo pasan los bebés frente a un televisor, computadora, videojuego, tableta, teléfono inteligente u otra pantalla (incluyendo programas y videos educacionales)?

- ❍ Diariamente, 2 o más horas por día 1
- ❍ Diariamente, 1-2 horas por día 2
- ❍ Diariamente, menos de 1 hora por día 3
- ❍ Diariamente, menos de 30 minutos por día 4
- ❍ Algunas veces a la semana (pero no todos los días) 5
- ❍ Algunas veces al mes 6
- ❍ Una vez por mes 7
- ❍ Nunca 8

NO RESPONSE ..... M

SECCIÓN 9: OBSTÁCULOS A PARTICIPACIÓN EN CACFP

Las preguntas en esta sección son acerca de obstáculos a participación en CACFP en [SAMPLED CHILD CARE SITE] y lo que podría ayudar a otros proveedores a participar en CACFP. Sírvase pedir a la persona con más conocimiento de estos temas en [SAMPLED CHILD CARE SITE] que responda estas preguntas.

RESP9. ¿Está volviendo a la encuesta o es una nueva persona? Sírvase seleccionar su nombre de la lista. Si su nombre no aparece en la lista, por favor seleccione "nueva persona completando la encuesta".

- ❍ Volviendo a la encuesta [**FILL W/ RESP 1 NAME**]..... 1 [GO TO M9.1]
- ❍ Volviendo a la encuesta [**FILL W/ RESP 2 NAME**], ETC..... 2 [GO TO M9.1]
- ❍ Nueva persona completando la encuesta ..... 3 [GO TO RESP9a]

NO RESPONSE ..... M

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M9.1.]

Resp9a. Por favor dé el nombre, posición, número de teléfono y correo electrónico de la persona completando esta sección.

Nombre:		(STRING (NUM))
Inicial de segundo nombre:		(STRING (NUM))
Apellido:		(STRING (NUM))
Posición:		(STRING (NUM))
Correo electrónico:		(STRING (NUM))
Número de teléfono:		STRING (NUM))

NO RESPONSE ..... M

M9.1. A continuación hay algunas dificultades que pueden enfrentar los proveedores como participantes en CACFP. ¿Cuál ha sido un gran desafío, un pequeño desafío o ningún desafío a la participación de [SAMPLED CHILD CARE SITE] en CACFP?

		GRAN DESAFÍO	PEQUEÑO DESAFÍO	NINGÚN DESAFÍO
a.	Reembolso de comidas no es suficiente para cubrir los costos de alimentos	1 ❍	2 ❍	3 ❍
b.	No hay suficientes niños elegibles para mayor reembolso	1 ❍	2 ❍	3 ❍
c.	Papeleo para recibir reembolso de comidas es difícil (incluyendo mantenimiento de registros y presentación de solicitudes de comidas)	1 ❍	2 ❍	3 ❍
d.	Papeleo de inscripción de niños es difícil	1 ❍	2 ❍	3 ❍
e.	Los requisitos nutricionales son difíciles	1 ❍	2 ❍	3 ❍
f.	Los requisitos de elegibilidad de sitios son difíciles	1 ❍	2 ❍	3 ❍
g.	Monitoreo por el Estado o patrocinador requiere mucho tiempo	1 ❍	2 ❍	3 ❍
h.	Falta de apoyo del patrocinador [DISPLAY IF Sponsor=1]	1 ❍	2 ❍	3 ❍
i.	Otro (ESPECIFIQUE) ☐	1 ❍	2 ❍	3 ❍

[PROGRAMMER: SOFT PROMPT if M9.1 a-i=MISSING “Please review this question again and select an answer. To continue to the next question, click the “Next” button below.” “Sírvase revisar esta pregunta nuevamente y seleccionar una respuesta. Para continuar a la siguiente pregunta, haga clic en el botón “Siguiente” a continuación.”]

M9.2. En su opinión, ¿cuáles son los tres cambios más importantes que podrían ayudar a centros de cuidado infantil, hogares familiares de cuidado infantil, y programas antes y después de la escuela que no están participando actualmente en CACFP a decidir participar?

Seleccione hasta tres

☐ Ofrecer más capacitación nutricional para personal del programa de cuidado infantil 1

☐ Requerir menos monitoreo 2

☐ Requerir menos rendición de cuentas 3

☐ Aumentar tasa de reembolso de comidas 4

☐ Dar más apoyo para completar papeleo 5

☐ Dar más apoyo para escribir menús 6

☐ Ofrecer opciones electrónicas de inscripción y papeleo 7

☐ Otro (ESPECIFIQUE) 99

Especifique ☐ (STRING (NUM))

☐ No sé ..... d

NO RESPONSE ..... M

END. Ha completado todas las secciones. Gracias por su tiempo en esta importante encuesta.

Autoridad: Esta información se recolecta bajo la autoridad de disposiciones de la Ley de Niños Saludables y Libres de Hambre de 2010 (P.L. 111-296) y la Sección 28 de la Ley Nacional de Almuerzos Escolares Richard B. Russell (42 U.S.C. 1769i) según enmendada.

Propósito: El Servicio de Alimentos y Nutrición (FNS por sus siglas en ingles) esta recolectando esta información para evaluar la calidad nutricional de las comedias y meriendas del Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP por sus siglas en ingles), el costo de producirlas, y el consumo dietético y nivel de actividad de los participantes de CACFP.

Uso rutinario: Los registros en este sistema pueden ser divulgados a firmas privadas que hicieron un acuerdo con DNS para recolectar, juntar, analizar, o refinar de otro modo registros con fines de evaluar e informar al Congreso y agencias regulatorias apropiadas y/o funcionarios departamentales y de FNS.

Divulgación: Divulgar la información es voluntario, y no hay ninguna consecuencia para usted como participante individual en el CACFP por no proporcionar la informacion. El Alviso de sistema de registros para esta recopilación de informacion es USDA/FNS-8, Estudios e informes de FNS, que puede encontrar, en https://www.govinfo.gov/content/pkg/FR-1991-04-25/pdf/FR-1994-05-25.pdf (p.19078).

I.3. Environmental Observation Form

OMB Number: 0584-0669
Expiration Date: 10/31/2024

Environmental Observation Form for SNACS-II

(Adapted from UNC's EPAO tool revised in 2019)

PUT ENVIRONMENTAL OBSERVATION FORM LABEL HERE

Observer ID: |__|__|__|__|__|__|

Observer Name: _____

Site Name: _____

Provider classroom name: _____

Date of observation: |__|__| / |__|__| / 2023

For all centers:

Observation start time #1: |__|__| : |__|__| ❍ AM / ❍ PM

Observation stop time #1: |__|__| : |__|__| ❍ AM / ❍ PM

For at-risk centers and outside-school-hours care centers only:

Observation start time #2: |__|__| : |__|__| ❍ AM / ❍ PM

Observation stop time #2: |__|__| : |__|__| ❍ AM / ❍ PM

SECTION A: ACTIVITIES FROM CHILD ARRIVAL TO BEFORE LUNCH

Reminder: Begin the observation at the time the first child arrives. Items referencing activities "before lunch" should include all activities from the time children start arriving until the start of lunch.

A0. Is the site serving any children before lunch on this day?

1 ❍ Yes
0 ❍ No → **SKIP TO SECTION B**

OUTDOOR TIME

A1. Did the children go outside any time before lunch today?

1 ❍ Yes → **SKIP TO A2**
0 ❍ No

A1a. Why was there no outdoor time for the children before lunch today?

1 ☐ No outside time was scheduled before lunch
2 ☐ It was too hot
3 ☐ It was too cold
4 ☐ It was raining/snowing
5 ☐ It was too windy/wind chill
6 ☐ The playground/equipment was too wet/muddy/snowy
7 ☐ Poor air quality
8 ☐ Other (specify) _____
9 ☐ Unsure

SKIP TO A7 AFTER MARKING ALL THAT APPLY.

Outdoor Play and Physical Activity (PA) Time

A2. **While the children were outside <u>before lunch</u>, was any time provided for outdoor play or PA?** *[Count all the periods outside when the children were playing or physically active, whether this was free play, a group activity, or a teacher led, initiated, or organized activity.]*

1 ❍ Yes Record the start/stop time of each outdoor play and PA session and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO A6**

		Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
A2a.	What time did each outdoor play and PA session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
A2b.	What time did each outdoor play and PA session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
A2c.	Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A2d.	Did this session include any teacher led, initiated, or organized PAs? *(Examples: structured active games, sports, music/dancing, exercises, running, or brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A2e.	Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A2f.	Did the teacher prompt children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO A2D FOR <u>ALL SESSIONS</u>, SKIP TO A4.

A3. Which of the following types of activities did the teacher lead, initiate or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing
2 ☐ Games with balls (e.g., throwing or catching with another person)
3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
4 ☐ Parachute
5 ☐ Climbing activities
6 ☐ Balancing activities
7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)
8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
9 ☐ Instruction games (Mother May I, Red Light Green Light)
10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga
11 ☐ Running, jogging, or brisk walking
12 ☐ Gymnastics or cheerleading
13 ☐ Martial arts
14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
15 ☐ Other (SPECIFY) _____

A4. While outside <u>before lunch</u>, was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes

0 ❍ No → **SKIP TO A5**

A4a. How much portable play or physical activity equipment was available to the children during outdoor play and physical activity time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

A5. Did you observe any child losing more than 5 minutes of outdoor physical activity time as a disciplinary action for misbehavior <u>before lunch</u>?

1 ❍ Yes

0 ❍ No

Outdoor Seated Time

A6. While the children were outside <u>before lunch</u>, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes Record the start/stop time of each session of outdoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO A7**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**	**Session 5:**	**Session 6:**	**Session 7:**	**Session 8:**
A6a. When did each session of seated time **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
A6b. When did each session of seated time **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
Answer only for outside-school-hours care centers: A6c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

INDOOR TIME

Indoor Play and Physical Activity (PA) Time

A7. While the children were inside before lunch, were there any designated active times for indoor play or PA? *[Count all the indoor time when the children were playing or physically active, whether or not this was free play, a group activity, or a teacher led, initiated, or organized activity.]*

1 ❍ Yes   Record the start/stop time of each session of indoor play and PA and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO A11**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**	**Session 5:**	**Session 6:**	**Session 7:**	**Session 8:**
A7a. What time did each indoor play or PA session **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
A7b. What time did each indoor play or PA session **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
A7c. Were a majority of the children participating in PA for **2 minutes or more**? *(Examples: structured active games, sports, music/dancing, exercises, running, or brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A7d. Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A7e. Did this session include any teacher led, initiated, or organized PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A7f. Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A7g. Did you observe the teacher prompting children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A7h. Did the session take place in a playspace other than the classroom, such as a gym?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO A7E FOR ALL SESSIONS, SKIP TO A9.

A8. Which of the following types of activities did the teacher lead, initiate, or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing
2 ☐ Games with balls (e.g., throwing or catching with another person)
3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)
4 ☐ Parachute
5 ☐ Climbing activities
6 ☐ Balancing activities
7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)
8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)
9 ☐ Instruction games (Mother May I, Red Light Green Light)
10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga
11 ☐ Running, jogging, or brisk walking
12 ☐ Gymnastics or cheerleading
13 ☐ Martial arts
14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)
15 ☐ Other (SPECIFY) _____

A9. During the indoor physically active time <u>before lunch</u>, was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes

0 ❍ No → **SKIP TO A10**

A9a. How much portable play or physical activity equipment was available to the children during indoor play time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

A10. Did you observe any child losing more than 5 minutes of indoor physical activity time as a disciplinary action for misbehavior <u>before lunch</u>?

1 ❍ Yes

0 ❍ No

Screen Time

A11. Did the children have time as a group watching or using screens or screen devices <u>before lunch</u>? *[Please include all times when a group (of three or more, even if a majority of the children are engaged in another activity) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.]*

1 ❍ Yes. If additional sessions are needed, there are forms for sessions 5-8 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO A12**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**
A11a. What time did each session **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
A11b. What time did each session **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
A11c. During each session, what type of screen was watched?	1 □ TV/DVD/VCR 2 □ Laptop/desktop 3 □ Tablet/iPad 4 □ Videogame system or console 5 □ Smart board 6 □ Smartphone 7 □ Other screen (SPECIFY) ________________	1 □ TV/DVD/VCR 2 □ Laptop/desktop 3 □ Tablet/iPad 4 □ Videogame system or console 5 □ Smart board 6 □ Smartphone 7 □ Other screen (SPECIFY) ________________	1 □ TV/DVD/VCR 2 □ Laptop/desktop 3 □ Tablet/iPad 4 □ Videogame system or console 5 □ Smart board 6 □ Smartphone 7 □ Other screen (SPECIFY) ________________	1 □ TV/DVD/VCR 2 □ Laptop/desktop 3 □ Tablet/iPad 4 □ Videogame system or console 5 □ Smart board 6 □ Smartphone 7 □ Other screen (SPECIFY) ________________
A11d. Were the children physically active for the majority of the time the screen was on?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A11e. Were they watching or engaging with educational programming?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
A11f. Were the **majority of the children** watching or using screens or screen devices during this time?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
Answer only for outside-school-hours care centers: A11g. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

Indoor Seated Time

A12. Excluding screen time and meal or snack time, while the children were inside <u>before lunch</u>, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes — Record the start/stop time of each session of indoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO SECTION B**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
A12a. When did each session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
A12b. When did each session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
Answer only for outside-school-hours care centers: A12c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

SECTION B: ACTIVITIES AFTER LUNCH AND BEFORE SUPPER

B0. Is the site serving any children any time <u>after lunch and before supper</u> on this day?

1 ❍ Yes

0 ❍ No → **SKIP TO SECTION D**

<u>OUTDOOR TIME</u>

B1. Did the children go outside any time <u>after lunch and before supper</u> today?

1 ❍ Yes → **SKIP TO B2**

0 ❍ No

B1a. Why was there no outdoor time for the children <u>after lunch and before supper</u> today?

1 ☐ No outside time was scheduled before lunch

2 ☐ It was too hot

3 ☐ It was too cold

4 ☐ It was raining/snowing

5 ☐ It was too windy/wind chill

6 ☐ The playground/equipment was too wet/muddy/snowy

7 ☐ Poor air quality

8 ☐ Other (specify) _____

9 ☐ Unsure

SKIP TO B7 AFTER MARKING ALL THAT APPLY.

Outdoor Play and Physical Activity (PA) Time

B2. **While the children were outside <u>after lunch and before supper</u>, was any time provided for outdoor play or PA?** *[Count all the periods outside when the children were playing or physically active, whether this was free play, group activity, or a teacher led, initiated or organized activity.]*

1 ❍ Yes Record the start/stop time of each outdoor play and PA session and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO B6**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**	**Session 5:**	**Session 6:**	**Session 7:**	**Session 8:**
B2a. What time did each outdoor play and PA session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
B2b. What time did each outdoor play and PA session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
B2c. Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B2d. Did this session include any teacher led, initiated, or organized PA? *(Examples: structured active games, sports, music/ dancing, exercises, running, brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B2e. Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B2f. Did the teacher prompt children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO B2D FOR <u>ALL SESSIONS</u>, SKIP TO B4.

B3. Which of the following types of activities did the teacher lead, initiate or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing

2 ☐ Games with balls (e.g., throwing or catching with another person)

3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)

4 ☐ Parachute

5 ☐ Climbing activities

6 ☐ Balancing activities

7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)

8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)

9 ☐ Instruction games (Mother May I, Red Light Green Light)

10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga

11 ☐ Running, jogging, or brisk walking

12 ☐ Gymnastics or cheerleading

13 ☐ Martial arts

14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)

15 ☐ Other (SPECIFY) _____

B4. While outside <u>after lunch and before supper,</u> was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes

0 ❍ No → **SKIP TO B5**

B4a. How much portable play or physical activity equipment was available to the children during outdoor play and physical activity time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

B5. Did you observe any child losing more than 5 minutes of outdoor physical activity time as a disciplinary action for misbehavior <u>after lunch and before supper</u>?

1 ❍ Yes

0 ❍ No

Outdoor Seated Time

B6. While the children were outside <u>after lunch and before supper</u>, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes Record the start/stop time of each session of outdoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO B7**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
B6a. When did each session of seated time **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
B6b. When did each session of seated time **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
Answer only for at-risk centers and outside-school-hours care centers: B6c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

INDOOR TIME

Indoor Play and Physical Activity (PA) Time

B7. **While the children were inside <u>after lunch and before supper</u>, were there any designated active times for indoor play or PA?** *[Count all the indoor time when the children were playing or physically active, whether or not this was free play, a group activity, or a teacher led, initiated, or organized activity.]*

1 ❍ Yes Record the start/stop time of each session of indoor play and PA and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO B11**

		Session 1:	Session 2:	Session 3:	Session 4:	Session 5	Session 6:	Session 7:	Session 8:
B7a.	What time did each indoor play or PA session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
B7b.	What time did each indoor play or PA session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
B7c.	Were a majority of the children participating in PA for **2 minutes or more**? *(Examples: structured active games, sports, music/dancing, exercises, running, or brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B7d.	Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B7e.	Did this session include any teacher led, initiated, or organized PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B7f.	Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B7g.	Did you observe the teacher prompting children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B7h.	Did the session take place in a playspace other than the classroom, such as a gym?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO B7E FOR <u>ALL SESSIONS</u>, SKIP TO B9.

B8. Which of the following types of activities did the teacher lead, initiate, or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing

2 ☐ Games with balls (e.g., throwing or catching with another person)

3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)

4 ☐ Parachute

5 ☐ Climbing activities

6 ☐ Balancing activities

7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)

8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)

9 ☐ Instruction games (Mother May I, Red Light Green Light)

10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga

11 ☐ Running, jogging, or brisk walking

12 ☐ Gymnastics or cheerleading

13 ☐ Martial arts

14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)

15 ☐ Other (SPECIFY) _____

B9. During the indoor physically active time <u>after lunch and before supper</u>, was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes

0 ❍ No → **SKIP TO B10**

B9a. How much portable play or physical activity equipment was available to the children during indoor play time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

B10. Did you observe any child losing more than 5 minutes of indoor physical activity time as a disciplinary action for misbehavior <u>after lunch and before supper</u>?

1 ❍ Yes

0 ❍ No

Screen Time

B11. Did the children have time as a group watching or using screens or screen devices <u>after lunch and before supper</u>? *[Please include all times when a group (of three or more, even if a majority of the children are engaged in another activity) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.]*

1 ❍ Yes. If additional sessions are needed, there are forms for sessions 5-8 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO B12**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**
B11a. What time did each session **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
B11b. What time did each session **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
B11c. During each session, what type of screen was watched?	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________________
B11d. Were the children physically active for the majority of the time the screen was on?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B11e. Were they watching or engaging with educational programming?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
B11f. Were the **majority of the children** watching or using screens or screen devices during this time?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
Answer only for at-risk centers and outside-school-hours care centers: B11g. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

Indoor Seated Time

B12. Excluding screen time and meal or snack time, while the children were inside after lunch and before supper, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes Record the start/stop time of each session of indoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO B 13**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
B12a. When did each session **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
B12b. When did each session **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
Answer only for at-risk centers and outside-school-hours care centers: B12c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

Nap/Rest Time

B13. Did the children have nap time on this day?

1 ❍ Yes RECORD START AND STOP TIMES

0 ❍ No → **SKIP TO SECTION C**

B13a. What time did nap time start?

|__|__| : |__|__| ❍ AM / ❍ PM

B13b. What time did nap time end? (This is when the last child finished sleeping.)

|__|__| : |__|__| ❍ AM / ❍ PM

SECTION C: ACTIVITIES AFTER SUPPER

C0. Is the site serving any children <u>after supper</u> on this day?

1 ❍ Yes

0 ❍ No → **SKIP TO SECTION D**

<u>OUTDOOR TIME</u>

C1. Did the children go outside any time <u>after supper</u> today?

1 ❍ Yes → **SKIP TO C2**

0 ❍ No

C1a. Why was there no outdoor time for the children <u>after supper</u> today?

1 ☐ No outside time was scheduled before lunch

2 ☐ It was too hot

3 ☐ It was too cold

4 ☐ It was raining/snowing

5 ☐ It was too windy/wind chill

6 ☐ The playground/equipment was too wet/muddy/snowy

7 ☐ Poor air quality

8 ☐ Other (SPECIFY) _____

9 ☐ Unsure

SKIP TO C7 AFTER MARKING ALL THAT APPLY.

Outdoor Play and Physical Activity (PA) Time

C2. While the children were outside <u>after supper</u>, was any time provided for outdoor play or PA? *[Count all the periods outside when the children were playing or physically active whether this was free play, a group activity, or a teacher led, initiated, or organized activity.]*

1 ❍ Yes Record the start/stop time of each outdoor play and PA session and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO C6**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
C2a. What time did each outdoor play and PA session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
C2b. What time did each outdoor play and PA session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
C2c. Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C2d. Did this session include any teacher led, initiated, or organized PA? *(Examples: structured active games, sports, music/dancing, exercises, running, brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C2e. Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C2f. Did the teacher prompt children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO C2D FOR <u>ALL SESSIONS</u>, SKIP TO C4.

C3. Which of the following types of activities did the teacher lead, initiate, or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing

2 ☐ Games with balls (e.g., throwing or catching with another person)

3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)

4 ☐ Parachute

5 ☐ Climbing activities

6 ☐ Balancing activities

7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)

8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)

9 ☐ Instruction games (Mother May I, Red Light Green Light)

10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga

11 ☐ Running, jogging, or brisk walking

12 ☐ Gymnastics or cheerleading

13 ☐ Martial arts

14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)

15 ☐ Other (SPECIFY) _____

C4. While outside <u>after supper,</u> was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes

0 ❍ No → **SKIP TO C5**

C4a. How much portable play or physical activity equipment was available to the children during outdoor play and physical activity time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

C5. Did you observe any child losing more than 5 minutes of outdoor physical activity time as a disciplinary action for misbehavior <u>after supper</u>?

1 ❍ Yes

0 ❍ No

Outdoor Seated Time

C6. While the children were outside <u>after supper</u>, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes Record the start/stop time of each session of outdoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO C7**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
C6a. When did each session of seated time **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
C6b. When did each session of seated time **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
Answer only for at-risk centers and outside-school-hours care centers: C6c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

INDOOR TIME

Indoor Play and Physical Activity (PA) Time

C7. While the children were inside <u>after supper</u>, were there any designated active times for indoor play or PA? *[Count all the indoor time when the children were playing or physically active, whether or not this was free play, a group activity, or a teacher led, initiated, or organized activity.]*

1 ❍ Yes Record the start/stop time of each session of indoor play and PA and answer the questions that follow about each session. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO C11**

		Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
C7a.	What time did each indoor play or PA session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
C7b.	What time did each indoor play or PA session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
C7c.	Were a majority of the children participating in PA for **2 minutes or more**? *(Examples: structured active games, sports, music/dancing, exercises, running, or brisk walking)*	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C7d.	Did the teacher encourage children to participate in PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C7e.	Did this session include any teacher led, initiated, or organized PA?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C7f.	Did the teacher participate in PA with the children?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C7g.	Did you observe the teacher prompting children to drink water?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C7h.	Did the session take place in a playspace other than the classroom, such as a gym?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

IF ANSWER WAS NO TO C7E FOR <u>ALL SESSIONS</u>, SKIP TO C9.

C8. Which of the following types of activities did the teacher lead, initiate, or organize?

Mark all that apply

1 ☐ Musical games (e.g., “head, shoulders, knees, and toes”) and dancing

2 ☐ Games with balls (e.g., throwing or catching with another person)

3 ☐ Aiming games or sports (e.g., bowling, bean bag toss at an object, archery)

4 ☐ Parachute

5 ☐ Climbing activities

6 ☐ Balancing activities

7 ☐ Jumping games (e.g., “jump like a kangaroo,” “hop like a bunny”)

8 ☐ Skipping or running games (e.g., tag, Red Rover, skipping or hopping through or around cones or markings)

9 ☐ Instruction games (Mother May I, Red Light Green Light)

10 ☐ Fitness/calisthenics (e.g., stretching, pull-ups, push-ups, sit-ups, squats, jump rope) or yoga

11 ☐ Running, jogging, or brisk walking

12 ☐ Gymnastics or cheerleading

13 ☐ Martial arts

14 ☐ Group sports (e.g., soccer, basketball, baseball, softball, Frisbee, or tennis)

15 ☐ Other (SPECIFY) _____

C9. During the indoor physically active time <u>after supper</u>, was any portable play or physical activity equipment available for the children to use?

1 ❍ Yes Record the start/stop time of each session of outdoor seated time.

0 ❍ No → **SKIP TO C10**

C9a. How much portable play or physical activity equipment was available to the children during indoor play time?

0 ❍ None

1 ❍ Very limited

2 ❍ Somewhat limited

3 ❍ Not limited

Equipment availability rating, for reference only:

Very Limited:	*Somewhat Limited*	*Not Limited*
There was very little available, and many children could not use any at all	The amount available was somewhat limited and children had to take turns because there was not enough available	There was enough available for all children to use at least one kind and not have to wait

C10. Did you observe any child losing more than 5 minutes of indoor physical activity time as a disciplinary action for misbehavior <u>after supper</u>?

1 ❍ Yes

0 ❍ No

Screen Time

C11. Did the children have time as a group watching or using screens or screen devices <u>after supper</u>? *[Please include all times when a group (of three or more, even if a majority of the children are engaged in another activity) of the children were in front of a TV, DVD/VCR, smart board, computer, tablet or iPad, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.]*

1 ❍ Yes. If additional sessions are needed, there are forms for sessions 5-8 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO C12**

	Session 1:	**Session 2:**	**Session 3:**	**Session 4:**
C11a. What time did each session **start**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
C11b. What time did each session **end**?	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM	|__|__| : |__|__| ❍ AM / ❍ PM
C11c. During each session, what type of screen was watched?	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________	1 ☐ TV/DVD/VCR 2 ☐ Laptop/desktop 3 ☐ Tablet/iPad 4 ☐ Videogame system or console 5 ☐ Smart board 6 ☐ Smartphone 7 ☐ Other screen (SPECIFY) ________
C11d. Were the children physically active for the majority of the time the screen was on?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C11e. Were they watching or engaging with educational programming?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
C11f. Were the **majority of the children** watching or using screens or screen devices during this time?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No
Answer only for at-risk centers and outside-school-hours care centers: C11g. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

Indoor Seated Time

C12. Excluding screen time and meal or snack time, while the children were inside after supper, were there any times when the majority of the children were seated and not physically active?

1 ❍ Yes Record the start/stop time of each session of indoor seated time. If additional sessions are needed, there are forms for sessions 9-16 at the end of the EOF booklet, following section D.

0 ❍ No → **SKIP TO SECTION D**

	Session 1:	Session 2:	Session 3:	Session 4:	Session 5:	Session 6:	Session 7:	Session 8:
C12a. When did each session **start**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
C12b. When did each session **end**?	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM	____ : ____ ❍ AM / ❍ PM
Answer only for at-risk centers and outside-school-hours care centers: C12c. Was this time designated as time for children to engage in school work or homework?	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No	1 ❍ Yes 0 ❍ No

SECTION D: ENVIRONMENTAL SUPPORTS FOR WELLNESS: SPACE AND EQUIPMENT

Indoor Space:

Note: Please complete Questions D1 and D2 even if there was no indoor physical activity time observed on the observation day.

D1. When children are inside, where are they allowed to participate in physical activities such as running, jumping, hopping, tumbling, sports, aerobics, and indoor physically active games? (Mark all types of spaces that apply and rate each according to the room available.)

❍ NO SPACE INDOORS FOR PHYSICAL ACTIVITY → GO TO D2

TYPE OF INDOOR SPACE AVAILABLE PHYSICAL ACTIVITIES	RATE THE SPACE USING THE SCALE BELOW			
a. Classroom	0 ❍	1 ❍	2 ❍	3 ❍
b. Separate room or gym (not cafeteria)	0 ❍	1 ❍	2 ❍	3 ❍
c. Cafeteria	0 ❍	1 ❍	2 ❍	3 ❍
d. Shared indoor space with some other entity (e.g., school)	0 ❍	1 ❍	2 ❍	3 ❍
e. Other (SPECIFY) _____	0 ❍	1 ❍	2 ❍	3 ❍

Indoor space rating, for reference only:

0	1	2	3
No space of this type is available for any of the children	Quiet play (room is small and not a lot of room for movement for most or all of the children)	Limited movement/some active play (enough space for a few of the children to move by walking, skipping, hopping, or jumping)	Adequate space for all of the children to participate in physical activities including running activities

D2. How is drinking water available for children while they are indoors?

Mark all that apply

1 ☐ Faucet/tap

2 ☐ Drinking fountain

3 ☐ Pitcher

4 ☐ Water cooler

5 ☐ Individual bottles

6 ☐ Other (SPECIFY) _____

7 ☐ Water not available for children while indoors

Outdoor Space:

Note: Please complete Questions D3-D5 even if there was no outdoor play or physical activity time on the observation day.

D3. Is there any outdoor space at the center or home location where children are allowed to play and engage in physical activity?

1 ❍ Yes

0 ❍ No → **GO TO D4**

D3a. Which statement best describes the area outside at the center or home location where children are allowed to play and engage in physical activity such as running, jumping, hopping, tumbling, sports, aerobics, and indoor physically active games?

0 ❍ No space of this type is available for any of the children

1 ❍ Quiet play (room is small and not a lot of room for movement for most or all of the children)

2 ❍ Limited movement/some active plan play (enough space for a few of the children to move by walking, skipping, hopping, or jumping, etc.)

3 ❍ Adequate space for all of the children to participate in physical activities including running activities

4 ❍ Not able to be observed

D4. Is there any outdoor space away from the center or home where the children regularly go to play and engage in physical activity?

1 ❍ Yes

0 ❍ No

D5. How is drinking water available for children while they are outdoors?

Mark all that apply

1 ☐ Faucet/tap

2 ☐ Drinking fountain

3 ☐ Pitcher

4 ☐ Water cooler

5 ☐ Individual bottles

6 ☐ Other (SPECIFY) _____

7 ☐ Water not available for children while outdoors

Play Equipment Available:

D6. Check off all types of fixed play or physical activity equipment that are available indoors and/or outdoors. (Please check equipment types that are observed even if not used.)

❍ MARK HERE IF THERE IS NO FIXED PLAY OR PHYSICAL ACTIVITY EQUIPMENT AT THE SITE, GO TO D7

FIXED PLAY OR PHYSICAL ACTIVITY EQUIPMENT	AVAILABLE OUTDOORS	AVAILABLE INDOORS
a. Balancing surfaces (balance beams, boards)	☐	☐
b. Baseball, softball, or kickball diamond	☐	☐
c. Basketball hoop(s) or court	☐	☐
d. Climbing structures that cannot be moved (jungle gyms, ladders)	☐	☐
e. Gymnastics equipment	☐	☐
f. Merry-go-round	☐	☐
g. Running track	☐	☐
h. See-saw	☐	☐
i. Slide that cannot be moved	☐	☐
j. Soccer field/goals	☐	☐
k. Swimming pool	☐	☐
l. Swinging equipment (swings, ropes)	☐	☐
m. Volleyball net	☐	☐
n. Water play area (not including a water table)	☐	☐
o. Tricycle track or paved area	☐	☐
p. Tunnels (fixed, not movable)	☐	☐
q. Other (SPECIFY) _____	☐	☐

D7. Check off all types of portable equipment for play or physical activity that are available for indoor or outdoor use by the children. (Please check equipment types that are observed even if not used.)

❍ MARK HERE IF THERE IS NO PORTABLE PLAY OR PHYSICAL ACTIVITY EQUIPMENT AT THE SITE, GO TO D8

PORTABLE PLAY OR PHYSICAL ACTIVITY EQUIPMENT	AVAILABLE OUTDOORS	AVAILABLE INDOORS
a. Balls (large and small)	☐	☐
b. Climbing structures (that can be moved by staff or children)	☐	☐
c. Floor play equipment (tumbling mats.)	☐	☐
d. Jumping play equipment (jump ropes, hula hoops, mini trampolines)	☐	☐
e. Parachute	☐	☐
f. Push/pull toys (wagon, scooters, trucks, wheelbarrows)	☐	☐
g. Riding toys (tricycles, cars, scooter boards)	☐	☐
h. Rocking or twisting toys (rocking horse, sit and spin)	☐	☐
i. Slides (that can be moved by staff or children)	☐	☐
j. Twirling play equipment (ribbons, scarves, batons)	☐	☐
k. Portable tunnels (can be moved by staff or children)	☐	☐
l. Balance toys (balance beams, river stones)	☐	☐
m. Small portable pool used for swimming, splashing, or other water play	☐	☐
n. Marker items (poly spots, cones)	☐	☐
o. Other (SPECIFY) _____	☐	☐

Screens Available for Children's Use:

D8. For each screen type in the table below, mark whether it was observed at the center or home for use by the children; and provide the number that were observed of each type. (Do not include screen devices that the children brought with them to the site. Please mark "None available" if none are available.)

❍ MARK HERE IF THERE ARE NO SCREENS AT THE SITE

SCREEN TYPE	HOW MANY AVAILABLE	
a. TV	|___|___|	0 ❍ None available
b. DVD player/VCR	|___|___|	0 ❍ None available
c. Laptop or desktop computer	|___|___|	0 ❍ None available
d. iPad/Tablet	|___|___|	0 ❍ None available
e. Video game console (e.g., Xbox, PlayStation, Nintendo, Game Boy, etc.)	|___|___|	0 ❍ None available
f. Smart board	|___|___|	0 ❍ None available
g. Smartphone	|___|___|	0 ❍ None available
h. Other screen (SPECIFY) _____	|___|___|	0 ❍ None available

I.4. Menu Survey, Single Day - English

NOTE: This version of the instrument includes forms for one day of Daily Menu Forms and one of 20 Foods You Prepared Forms.

OMB Number: 0584-0669
Expiration Date: 10/31/2024

Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

Menu Survey Forms Booklet

PUT MENU SURVEY LABEL HERE (ENGLISH)

Outside Vendor Representative: Contact Information
(If Applicable)

If you receive foods that are prepared off-site (such as from a vendor or school district), please provide the vendor representative's contact information below. We would like to collect their contact information in case our study team needs further information during the processing of the data.

Vendor 1	Vendor 2
Representative Name: _____	**Representative Name:** _____
Representative Title: _____	**Representative Title:** _____
Name of Company/Site/District: _____	**Name of Company/Site/District:** _____
Phone Number: _____	**Phone Number:** _____
Email Address: _____	**Email Address:** _____

About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, sponsors, and USDA understand how the Child and Adult Care Food Program (CACFP) operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of the CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica is conducting SNACS-II for USDA.

About this Survey. The purpose of the Menu Survey is to collect information about all of the foods served to children in your child care program during the assigned target week. You will receive $50 to thank you for your time completing the Menu Survey. If your program also serves foods to infants (less than 12 months), you will also be asked to complete the Infant Menu Survey.

Protecting Privacy. Information gathered for SNACS-II is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No programs, staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families.

Questions. If you have questions about the study, email us at [EMAIL], or visit [URL]. For questions specifically about the Menu Survey, please call the SNACS Menu Survey toll free line at [PHONE].

Thank you for participating in SNACS-II

Menu Survey Overview

This survey should be completed by the person most familiar with food preparation at your child care center or home. In some child care settings, there is one person who prepares the food and a different person who provides care for the children. We would like the food preparer to complete the Menu Survey by providing information about **what** food is prepared and **how** it is prepared.

This booklet is divided into the following sections:

Section 1: **Daily Menu Forms** – Each day of the target week is marked with a colored divider page for Monday, Tuesday, Wednesday, Thursday, and Friday. The section for each day includes a set of Daily Menu Forms – one page for each type of meal or snack you may serve for that day. You may not need all the pages, but we have provided them in case you do. Monday's section also includes sample completed forms that may be useful to review before completing your own forms.

Section 2: **Foods You Prepared Forms** – You will use these forms to tell us more about foods you prepare by **combining two or more ingredients**.

In **Section 5** of the Instructions Booklet that you are completing for children 1 year and older, you will find the **"Food Description Guide"**. Please review this guidance for what details to include about each food you list on the Menu Forms each day.

Daily Menu Forms

Monday

Menu for Breakfast

Today's Date: _____ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

Type of Meal Service: ☐ Delivered in bulk and portioned by staff ☐ Individually pre-portioned plates ☐ Family style ☐ Other (describe):_____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served Select the age group(s) of children who are served the food or drink				
		Foods You Prepared*	1-2 years		3-5 years	6-12 years	13-18 years
Milk							
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Fruits							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Vegetables							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Separate Grains / Bread							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Meat/Meat Alternates and Mixed Component Foods							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Other							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐

*For foods or drinks selected as "**Foods You Prepared**", please complete a "**Foods You Prepared**" form, found at the end of this Menu Survey.

Menu for Morning Snack

Today's Date: _____ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve a morning snack

Type of Meal Service: ☐ Delivered in bulk and portioned by staff ☐ Individually pre-portioned plates ☐ Family style ☐ Other (describe):_____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served Select the age group(s) of children who are served the food or drink				
		Foods You Prepared*	1-2 years		3-5 years	6-12 years	13-18 years
Milk							
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Fruits							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Vegetables							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Separate Grains / Bread							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Meat/Meat Alternates and Mixed Component Foods							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Other							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐

*For foods or drinks selected as "**Foods You Prepared**", please complete a "**Foods You Prepared**" form, found at the end of this Menu Survey.

Menu for Lunch

Today's Date: _____ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

Type of Meal Service: ☐ Delivered in bulk and portioned by staff ☐ Individually pre-portioned plates ☐ Family style ☐ Other (describe):_____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served Select the age group(s) of children who are served the food or drink				
		Foods You Prepared*	1-2 years		3-5 years	6-12 years	13-18 years
Milk							
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Fruits							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Vegetables							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Separate Grains / Bread							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Meat/Meat Alternates and Mixed Component Foods							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Other							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐

*For foods or drinks selected as "**Foods You Prepared**", please complete a "**Foods You Prepared**" form, found at the end of this Menu Survey.

Menu for Afternoon Snack

Today's Date: _____ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve an afternoon snack

Type of Meal Service: ☐ Delivered in bulk and portioned by staff ☐ Individually pre-portioned plates ☐ Family style ☐ Other (describe):_____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served Select the age group(s) of children who are served the food or drink				
		Foods You Prepared*	1-2 years		3-5 years	6-12 years	13-18 years
Milk							
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Fruits							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Vegetables							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Separate Grains / Bread							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Meat/Meat Alternates and Mixed Component Foods							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Other							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐

*For foods or drinks selected as "**Foods You Prepared**", please complete a "**Foods You Prepared**" form, found at the end of this Menu Survey.

Menu for Supper

Today's Date: _____ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

Type of Meal Service: ☐ Delivered in bulk and portioned by staff ☐ Individually pre-portioned plates ☐ Family style ☐ Other (describe):_____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served Select the age group(s) of children who are served the food or drink				
		Foods You Prepared*	1-2 years		3-5 years	6-12 years	13-18 years
Milk							
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Milk	☐ Skim ☐ 2% ☐ Flavor:_____ ☐ 1% ☐ Whole ☐ Other type:_____	☐	☐ 1 year	☐ 2 years	☐	☐	☐
Fruits							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Vegetables							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Separate Grains / Bread							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Meat/Meat Alternates and Mixed Component Foods							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
Other							
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐
	☐ whole grain-rich	☐	☐		☐	☐	☐

*For foods or drinks selected as "**Foods You Prepared**", please complete a "**Foods You Prepared**" form, found at the end of this Menu Survey.

Foods You Prepared Forms

Please fill out a **Foods You Prepared Form** for any food items where you placed a check mark in the “Food Preparation” column on your **Daily Menu Forms**. See the Menu Survey Instructions for more information.

Note: If you have a **printed copy of the recipe**, you can provide that instead of completing the Foods You Prepared Form. Please make sure the recipe includes all of the information requested on the Foods You Prepared Form. If it does not, add notes to your copy of the recipe so we have all the information that we need. If you make any changes to the recipe, write them directly on the recipe.

Foods You Prepared Form #1

Fill out one form for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of food: _____
(Please use same name you used on the Daily Menu Forms)

Number of servings prepared: _____

Size of each serving: _____
(Examples: ½ cup, 4 fl. oz., 1 cup, 3 tbsp)

When was food served?
Check all that apply and indicate day(s) served:

Meal(s)/Snack(s):	Day(s):
☐ Breakfast	_____
☐ Morning Snack	_____
☐ Lunch	_____
☐ Afternoon Snack	_____
☐ Supper	_____

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	**How Much Did You Use?** (Examples: 2 tsp, ½ cup, 1 pound, 4 fl. oz., etc.)	**Please Describe Each Ingredient or Food.** (Provide as much detail as possible. Check the Food Description Guide.)

Preparation and Cooking Method (If Applicable):

1. If cooked:
   a. What cooking method did you use? *(check one)*
   ☐ Bake/Roast ☐ Broil/Grill ☐ Pan Fry/Sauté ☐ Stir Fry ☐ Deep Fry ☐Boil/Parboil ☐ Other (specify): _____
   b. What fat was added during the cooking process? *(check one)*
   ☐ Vegetable Oil ☐ Olive Oil ☐ Butter ☐ Margarine ☐ Other (specify)_____ ☐ None

2. If meat (chicken, beef, pork, etc.) was an ingredient, did you:
   a. Trim the visible fat? ☐ Yes ☐ No ☐ No visible fat to trim
   b. Drain the fat after cooking? ☐ Yes ☐ No ☐ No fat to drain

3. If fruits or vegetables were an ingredient, did you:
   a. Peel the fruit or vegetable? ☐ Yes ☐ No ☐ No peel to remove
   b. Mash or blend the fruit or vegetable? ☐ Yes ☐ No

4. If cooked: Was salt added during the cooking process? ☐ Yes ☐ No

I.5. Menu Survey, Single Day - Spanish

NOTE: This version of the instrument includes forms for one day of Daily Menu Forms and one of 20 Foods You Prepared Forms.

Número de OMB: 0584-0669
Fecha de vencimiento: 10/31/2024

Estudio de Nutrición y Actividad en Entornos de Cuidado Infantil II (SNACS-II por sus siglas en inglés)

Libreta de formularios de la Encuesta de menú

PUT MENU SURVEY LABEL HERE (SPANISH)

Representante de vendedor externo: Información de contacto
(si aplica)

Si recibe comidas no preparadas en su sitio (como de un vendedor o distrito escolar), sírvase proporcionar la información de contacto del representante del vendedor a continuación. Nos gustaría recoger su información de contacto por si nuestro equipo de estudio necesita información adicional durante el procesamiento de los datos.

Vendedor 1

Nombre del representante: _____

Posición del representante: _____

Nombre de la empresa/sitio/distrito: _____

Número de teléfono: _____

Dirección de correo electrónico: _____

Vendedor 2

Nombre del representante: _____

Posición del representante: _____

Nombre de la empresa/sitio/distrito: _____

Número de teléfono: _____

Dirección de correo electrónico: _____

Acerca del estudio. El segundo Estudio de Nutrición y Actividad en Entornos de Cuidado Infantil (SNACS-II por sus siglas en inglés) examinará las políticas y actividades de nutrición y bienestar en centros de cuidado infantil, hogares familiares de cuidado infantil, y programas antes y después de la escuela en todo el país. Este importante estudio ayudará a proveedores, patrocinadores, y al USDA a comprender cómo funciona el Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP por sus siglas en inglés) para poder ayudar mejor a los niños a aprender y crecer. SNACS-II ofrecerá un panorama actualizado de CACFP y examinará cómo han cambiado los resultados clave desde que entraron en vigor requisitos actualizados del patrón de comidas para fomentar una alimentación más saludable. Mathematica está realizando SNACS-II para USDA.

Acerca de esta Encuesta. El propósito de la Encuesta de menú es recoger información sobre todas las comidas servidas a los niños en su programa de cuidado infantil durante la semana objetivo asignada. Recibirá $50 como agradecimiento por su tiempo completando la Encuesta de menú. Si su programa sirve comidas a bebés también (menores de 12 meses), se le pedirá también que complete la Encuesta de menú infantil.

Protección de privacidad. La información recopilada para SNACS-II es solamente para fines de estudio y se mantendrá privada en la medida permitida por la ley. Las respuestas se agruparán. Ningún programa, miembro del personal, padres ni niños serán identificados por su nombre. Formar parte del estudio no afectará beneficios CACFP para programas ni familias.

Preguntas. Si tiene preguntas acerca del estudio, envíenos un correo electrónico a [EMAIL], o visite [URL]. Para preguntas específicas acerca de la Encuesta de menú, sírvase llamar a la línea gratuita de la Encuesta de menú de SNACS-II al [PHONE].

Gracias por participar en SNACS-II.

Descripción de la Encuesta de menú

Esta encuesta debe ser completada por la persona en su centro u hogar de cuidado infantil con más conocimiento de la preparación de comidas. En algunos entornos de cuidado infantil, hay una sola persona que prepara las comidas y otra persona que proporciona cuidado a los niños. Nos gustaría que el preparador de comidas complete la Encuesta de menú proporcionando información acerca de **qué** comidas se preparan y **cómo** se preparan.

Esta libreta se divide en las siguientes secciones:

Sección 1: **Formularios del menú cotidiano** – Cada día de la semana objetivo está marcado con una página divisoria de color para lunes, martes, miércoles, jueves y viernes. La sección para cada día incluye un conjunto de Formularios del menú cotidiano – una página para cada tipo de comida o merienda que pueda servir ese día. Es posible que no necesite todas las páginas, pero las proporcionamos por si acaso. La sección de lunes también incluye algunos ejemplos de formularios completados cuya consulta puede ser útil antes de completar sus propios formularios.

Sección 2: **Formularios de comidas que preparó** – Usará estos formularios para contarnos más de las comidas que prepara **combinando dos o más ingredientes**.

En la **Sección 5** de la Libreta de instrucciones que está completando para niños de 1 año y más, encontrará la **"Guía de descripción de alimentos"**. Por favor consulte esta guía para ver qué detalles hay que incluir acerca de cada alimento que escribe en los **Formularios del menú cotidiano** cada día.

Formularios del menú cotidiano

Lunes

Menú para desayuno

Fecha de hoy: _____ **Día de la semana:** ☐ lunes ☐ martes ☐ miércoles ☐ jueves ☐ viernes

☐ Marque esta casilla si no sirvió desayuno

Tipo de servicio alimentario: ☐ Entregado al por mayor y dividido en porciones por personal ☐ Platos servidos individualmente ☐ Estilo familiar ☐ Otro (describa):_____

Escriba cada alimento y bebida servida en esta comida	**Por favor describa cada alimento o bebida** Para ver información detallada sobre qué incluir en esta columna, incluyendo marca, tipo y método de preparación, por favor consulte la Guía de descripción de alimentos.	**Preparación de comidas**	**Grupo(s) de edad servido(s)** Seleccione el grupo(s) de edad de los niños a los que sirvió el alimento o la bebida				
		Comidas que preparó*	1 a 2 años		3 a 5 años	6 a 12 años	13 a 18 años
Leche							
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Frutas							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Verduras							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Granos/Panes separados							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Carne/Alternativas de carne y Comidas de componentes mixtos							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Otro							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐

Para comidas o bebidas seleccionadas como "**Comidas que preparó**", por favor complete un formulario de "**Comidas que preparó".**

Menú para merienda de la mañana

Fecha de hoy: _____ **Día de la semana:** ☐ lunes ☐ martes ☐ miércoles ☐ jueves ☐ viernes

☐ Marque esta casilla si no sirvió una merienda de le mañana

Tipo de servicio alimentario: ☐ Entregado al por mayor y dividido en porciones por personal ☐ Platos servidos individualmente ☐ Estilo familiar ☐ Otro (describa):_____

Escriba cada alimento y bebida servida en esta comida	**Por favor describa cada alimento o bebida** Para ver información detallada sobre qué incluir en esta columna, incluyendo marca, tipo y método de preparación, por favor consulte la Guía de descripción de alimentos.	**Preparación de comidas**	**Grupo(s) de edad servido(s)** Seleccione el grupo(s) de edad de los niños a los que sirvió el alimento o la bebida				
		Comidas que preparó*	1 a 2 años		3 a 5 años	6 a 12 años	13 a 18 años
Leche							
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Frutas							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Verduras							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Granos/Panes separados							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Carne/Alternativas de carne y Comidas de componentes mixtos							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Otro							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐

Para comidas o bebidas seleccionadas como "**Comidas que preparó**", por favor complete un formulario de "**Comidas que preparó".**

Menú para almuerzo

Fecha de hoy: _____ **Día de la semana:** ☐ lunes ☐ martes ☐ miércoles ☐ jueves ☐ viernes

☐ Marque esta casilla si no sirvió almuerzo

Tipo de servicio alimentario: ☐ Entregado al por mayor y dividido en porciones por personal ☐ Platos servidos individualmente ☐ Estilo familiar ☐ Otro (describa):_____

Escriba cada alimento y bebida servida en esta comida	**Por favor describa cada alimento o bebida** Para ver información detallada sobre qué incluir en esta columna, incluyendo marca, tipo y método de preparación, por favor consulte la Guía de descripción de alimentos.	**Preparación de comidas**	**Grupo(s) de edad servido(s)** Seleccione el grupo(s) de edad de los niños a los que sirvió el alimento o la bebida				
		Comidas que preparó*	1 a 2 años		3 a 5 años	6 a 12 años	13 a 18 años
Leche							
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Frutas							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Verduras							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Granos/Panes separados							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Carne/Alternativas de carne y Comidas de componentes mixtos							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Otro							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐

Para comidas o bebidas seleccionadas como "**Comidas que preparó**", por favor complete un formulario de "**Comidas que preparó".**

Menú para merienda de la tarde

Fecha de hoy: _____ **Día de la semana:** ☐ lunes ☐ martes ☐ miércoles ☐ jueves ☐ viernes

☐ Marque esta casilla si no sirvió una merienda de la tarde

Tipo de servicio alimentario: ☐ Entregado al por mayor y dividido en porciones por personal ☐ Platos servidos individualmente ☐ Estilo familiar ☐ Otro (describa):_____

Escriba cada alimento y bebida servida en esta comida	**Por favor describa cada alimento o bebida** Para ver información detallada sobre qué incluir en esta columna, incluyendo marca, tipo y método de preparación, por favor consulte la Guía de descripción de alimentos.	**Preparación de comidas**	**Grupo(s) de edad servido(s)** Seleccione el grupo(s) de edad de los niños a los que sirvió el alimento o la bebida				
		Comidas que preparó*	1 a 2 años		3 a 5 años	6 a 12 años	13 a 18 años
Leche							
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Frutas							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Verduras							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Granos/Panes separados							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Carne/Alternativas de carne y Comidas de componentes mixtos							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Otro							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐

Para comidas o bebidas seleccionadas como "**Comidas que preparó**", por favor complete un formulario de "**Comidas que preparó".**

Menú para cena

Fecha de hoy: _____ **Día de la semana:** ☐ lunes ☐ martes ☐ miércoles ☐ jueves ☐ viernes

☐ Marque esta casilla si no sirvió cena

Tipo de servicio alimentario: ☐ Entregado al por mayor y dividido en porciones por personal ☐ Platos servidos individualmente ☐ Estilo familiar ☐ Otro (describa):_____

Escriba cada alimento y bebida servida en esta comida	**Por favor describa cada alimento o bebida** Para ver información detallada sobre qué incluir en esta columna, incluyendo marca, tipo y método de preparación, por favor consulte la Guía de descripción de alimentos.	**Preparación de comidas**	**Grupo(s) de edad servido(s)** Seleccione el grupo(s) de edad de los niños a los que sirvió el alimento o la bebida				
		Comidas que preparó*	1 a 2 años		3 a 5 años	6 a 12 años	13 a 18 años
Leche							
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Leche	☐ Desnatada ☐ 2% ☐ Sabor:_____ ☐ 1% ☐ Entera ☐ Otro tipo:_____	☐	☐ 1 año	☐ 2 años	☐	☐	☐
Frutas							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Verduras							
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
		☐	☐		☐	☐	☐
Granos/Panes separados							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Carne/Alternativas de carne y Comidas de componentes mixtos							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
Otro							
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐
	☐ rico en granos integrales	☐	☐		☐	☐	☐

Para comidas o bebidas seleccionadas como "**Comidas que preparó**", por favor complete un formulario de "**Comidas que preparó".**

Formularios de comidas que preparó

Por favor llene un **Formulario de comidas que preparó** para cualquier artículo por lo cual marcó la casilla en la columna “Preparación de comidas” en los **Formularios del menú cotidiano**. Consulte las Instrucciones de la Encuesta de menú para ver más información.

Nota: Si tiene una **copia impresa de la receta**, puede proporcionar eso en vez de completar el Formulario de comidas que preparó. Por favor asegúrese de que la receta incluye toda la información solicitada en el Formulario de comidas que preparó. De no ser así, agregue notas a su copia de la receta para que tengamos toda la información que necesitamos. Si hace alguna modificación a la receta, escríbala directamente en la receta.

Formulario de comidas que preparó #1

Llene un formulario para cada comida que hizo a mano o hizo combinando dos o más alimentos o ingredientes (ejemplos: sándwiches, chili, ensalada de atún, puré de patatas, panqueques, etc.).

Nombre de la comida: _____
(Por favor use el mismo nombre que usó en los formularios del Menú cotidiano)

Número de porciones preparadas: _____

Tamaño de cada porción: _____
(Ejemplos: ½ taza, 4 oz, fluidas, 1 taza, 3 Cdas.)

¿Cuándo sirvió la comida?
Marque todas las que apliquen e indique día(s) servido(s):

Comida(s)/Merienda(s):	Día(s):
☐ Desayuno	_____
☐ Merienda de la mañana	_____
☐ Almuerzo	_____
☐ Merienda de la tarde	_____
☐ Cena	_____

¿Qué ingredientes o alimentos usó? (Escriba todos los ingredientes o alimentos.)	**¿Cuánto usó?** (Ejemplos: 2 cta., ½ taza, 1 libra, 4 oz. fluidas, etc.)	**Por favor describa cada ingrediente o alimento.** (Dé tanto detalle como le sea posible. Consulte la Guía de descripción de alimentos.)

Preparación y/o Método de cocción (si aplica):

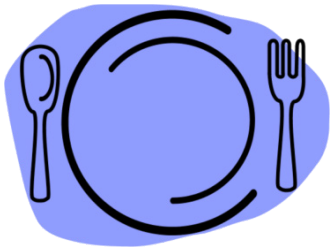
1. Si cocido:
   a. ¿Qué método de cocción usó? *(marque una)*
   ☐ Horneado/Asado ☐ Asado /a la parrilla ☐ Salteado/Sofrito ☐ Revuelto ☐ Frito en aceito abundante
   ☐ Hervido/Sancochado ☐ Otro (especifique): _____
   b. ¿Qué grasa se agregó durante el proceso de cocción? *(marque una)*
   ☐ Aceite vegetal ☐ Aceite de oliva ☐ Mantequilla ☐ Margarina ☐ Otra (especifique)_____ ☐ Ninguna
2. Si carne (pollo, de res, puerco, etc.) fue un ingrediente:
   a. ¿Recortó la grasa visible? ☐ Sí ☐ No ☐ Ninguna grasa visible que recortar
   b. ¿Escurrió la grasa después de cocinar? ☐ Sí ☐ No ☐ Ninguna grasa que escurrir
3. Si frutas o verduras fueron un ingrediente…:
   a. ¿Peló la fruta o verdura? ☐ Sí ☐ No ☐ Ninguna cáscara que pelar
   b. ¿Machacó o mezcló la fruta o verdura? ☐ Sí ☐ No
4. ¿Agregó sal durante el proceso de cocción? ☐ Sí ☐ No

I.6. Food Description Guide - English

SNACS-II
Study of Nutrition and Activity in Child Care Settings

OMB Number: 0584-0669
Expiration Date: 10/31/2024

Food DescriptionGuide



To be used with the **Menu Survey**
and the **Infant Menu Survey**

This booklet describes the type of information to include when you are asked to describe food items on the **Daily Menu Forms** and the **Foods You Prepared Forms**.

Please refer to the **Table of Contents** on the following pages to help you find the foods you serve.

Please note that there is also a document that describes how to identify **whole grain-rich** food items.

If you are also completing the **Infant Menu Survey**, please refer to the section labeled "**Infant Specific Foods**" for examples of commonly served infant foods.

Table of Contents

Milk

Please provide the following information when describing the milk served:

- Fat content
  - Skim, non-fat, fat-free
  - 1%, low-fat
  - 2%, reduced-fat
  - Whole
- If the milk is flavored, specify the flavor, such as chocolate or strawberry
- If you serve lactose-free milk or non-dairy milk alternatives, specify in the “other type” row

Fruits and Vegetables

Please provide the following information when describing fruits and vegetables served:

- Form: fresh, canned, frozen, dried, or juice
- Chopped, sliced, mashed, blended, etc.
- Served with or without skin
- Anything added during preparation or cooking (sugar, butter, oil, salt, etc.)
- If canned fruit:
  - was it packed in water, juice, light syrup, heavy syrup, etc.?
- If fruit or vegetable juice
  - Flavor or type
  - 100% juice or juice drink
  - Sweetened/unsweetened
  - Regular or low calorie
  - Calcium or vitamin C added
  - Brand name

Separate Grains/Bread

Please provide all of the following information when describing separate grains and bread items served.

Reminder: If the food was made from scratch or with two or more ingredients, please complete a “Food You Prepared Form” or provide a copy of the printed recipe.

Bread, Bagels, Buns, Rolls

- Type (white, wheat, whole wheat, raisin, blueberry, sesame, etc.)
- Brand or manufacturer
- Served with spread (butter, jelly, cream cheese, etc.)

Cereal

- Hot or cold
- Type of cereal
- Brand or manufacturer
- If served with milk, type of milk (whole, 2%, 1%, skim, etc.)

Crackers

- Type (saltine, oyster, cheese, etc.)
- Low-sodium or low-fat
- Brand (Keebler, Nabisco, Pepperidge Farms, etc.)

Muffins

- Type (blueberry, corn, raisin bran, banana, etc.)
- Brand or baked from scratch or a mix
- Served with spread (butter, jelly, honey, etc.)

Noodles/Pasta

- Form (macaroni, spaghetti, rotini, etc.)
- Type (regular or whole wheat)
- Brand name
- If served with sauce, please provide type of sauce and recipe or brand/manufacturer of sauce

Rice

- Type (white, brown, yellow, etc.)
- Cooking method (fried, boiled, steamed, etc.)
- Brand name
- Anything added during cooking (butter, oil, salt, etc.)

Separate Grains/Bread continued…

Pancakes, Waffles, French Toast

- Type (regular, whole grain, oat bran, etc.)
- Frozen, commercial, mix, or from scratch
- Brand name
- Served with spread: butter, syrup, etc.

Tortillas

- Type (flour, wheat, whole wheat, corn, etc.)
- Brand name
- Plain or fried

Meat/Meat Alternates

Please provide all of the following information when describing meat and meat alternates served.

Reminder: If the food was made from scratch or with two or more ingredients, please complete a “Food You Prepared Form” or provide a copy of the printed recipe.

Beans

- Kind (kidney, black, red, lentils, etc.)
- Form (fresh, frozen, canned)
- Anything added during cooking (butter, oil, salt, etc.)

Beef, Pork

- Type (steak, roast, ground, etc.)
- Fat content (regular, lean, % fat content)
- Cooking method (baked, broiled, fried, pan-seared, etc.)
- Was fat trimmed?
- If commercially prepared, what was the brand and product name?

Cheese

- Type (American, cheddar, Swiss, cottage cheese, ricotta, etc.)
- Fat content (whole, part-skim, non-fat)
- Form (cubed, sliced, shredded)

Meat/Meat Alternates continued…

Chicken

- What part/piece (breast, thigh, drumstick, wing)
- Served with skin or without skin
- Cooking method (baked, broiled, fried, etc.)
- If commercially prepared, what was the brand and product name?

Eggs

- Size egg (small, medium, large, extra-large)
- Parts of egg used (whole egg, white only, yolk only)
- Cooking method (fried, boiled, scrambled)
- Anything added during cooking (butter, oil, salt, etc.)
- If egg substitute, specify brand

Fish

- Type (haddock, sole, catfish, scallops, etc.)
- How it was prepared (baked, broiled, pan-seared, etc.)
- Anything added during cooking (sauce, butter, oil, salt, etc.)
- If canned, whether packed in water or oil

Nuts

- Kind (almonds, walnuts, peanuts, etc.)
- Type (dry roasted, honey roasted, sugared, salted, no salt, etc.)
- Whole, chopped, sliced, etc.
- If peanut butter: smooth, chunky, reduced-fat, regular, natural (without added salt, sugar, or oils)

Yogurt

- Brand
- Type (regular, Greek, etc.)
- Fat content (whole milk, low-fat, non-fat)
- Flavor (vanilla, peach, plain, strawberry, etc.)
- Additions (fruit, nuts, granola, sprinkles)

Mixed Component Foods

Please provide all of the following information when describing mixed component foods served.

Reminder: if the food was made from scratch or with two or more ingredients, please complete a “Food You Prepared Form” or provide a copy of the printed recipe.

Burrito/Enchilada/Taco

- If commercially prepared, what was the brand and product name?
- Type of meat/meat alternate (bean, beef, chicken, pork, cheese, or combination)
- Type of tortilla (flour, corn, wheat, whole wheat, etc.)
- Filling (cheese, rice, salsa, guacamole, beans, etc.)
- Toppings (cheese, sauce, sour cream, lettuce, tomato, salsa)

Spaghetti

- Type of pasta (regular or whole wheat)
- Type/brand of sauce (tomato sauce, tomato and meat sauce)
- With meat (beef, pork, turkey meatballs, grilled chicken, etc.)
- Toppings added (vegetables, parmesan cheese, etc.)

Pizza

- Type of crust (thin or thick, white or whole wheat, etc.)
- Toppings (pepperoni, cheese, sausage, mushroom, etc.)
- Made from scratch, restaurant pizza, or frozen
- If commercially prepared, what was the brand and product name?

Macaroni and Cheese

- Prepared from a mix, from scratch, or frozen
- Brand name
- Type of cheese (if from scratch)
- If milk added, type of milk (whole, 2%, 1%, skim, etc.)
- Anything added during cooking (salt, butter, margarine, hot dog slices, vegetables, etc.)

Soups

- Type of soup
- Canned, frozen, dry mix, from scratch
- Brand name
- Low sodium or regular
- Anything added during cooking (butter, oil, salt, etc.)

Other Foods and Drinks

Please provide all of the following information when describing other food items, such as condiments, toppings, dressings, dips, and water served.

Condiments and Toppings

- Including:
  - Ketchup, mustard, mayonnaise, BBQ sauce, etc.
  - Jelly, jam, honey, syrup, etc.
  - Butter, margarine, cream cheese, sour cream, etc.
  - Gravy, cheese sauce, etc.
- Brand name
- Type: low-fat, fat-free, reduced calorie, low-sodium, low-sugar

Dressings and Dips

- Brand name or from scratch
- Type (low-fat, non-fat, reduced calorie)

Water

- Tap or bottled
- What was it served in (cup, sippy cup, etc.)

Whole Grain-Rich Foods

Check the “whole grain-rich” box if the food meets the whole grain-rich criteria. If you are unsure whether a food is whole grain-rich, please refer to the USDA guidance provided at https://www.fns.usda.gov/tn/identifying-whole-grain-rich-foods-cacfp.

Infant-Specific Foods

Please provide all of the following information when describing foods specifically served to infants.

Infant Formula

- Brand name
- Fortified with iron, other vitamins or minerals
- Milk-based, soy-based, etc.
- Type of formula (powder, liquid concentrate, ready to feed (RTF))

Infant Cereal

- Brand name
- Type of cereal (hot, cold)
- Type of grain (rice, wheat, oatmeal, etc.)
- List any foods or liquids the cereal was mixed with

Puffs

- Brand name
- Flavor of puffs

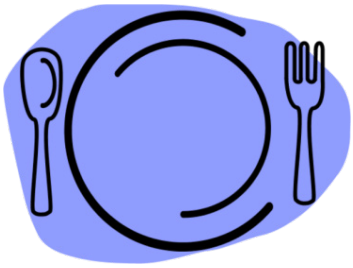
Baby Food Jars or Pouches

- Brand name
- Flavor of jar or pouch

I.7. Food Description Guide - Spanish

Número de OMB: 0584-0669
Fecha de vencimiento: 10/31/2024

Guía de descripción de alimentos



Para ser usada con la **Encuesta de menú** y la **Encuesta de menú infantil**

Esta libreta describe el tipo de información a incluir cuando se le pide que describa los productos alimentarios en los **Formularios del menú cotidiano** y los **Formularios de comidas que preparó**.

Consulte el **Índice** en las páginas siguientes para ayudarle a encontrar los alimentos que sirve.

Tenga en cuenta que también hay un documento que describe cómo identificar alimentos **ricos en granos integrales**.

Si también está completando la **Encuesta de menú infantil**, consulte la sección titulada **“Alimentos específicos para bebés”** para ver ejemplos de alimentos comúnmente servidos a los bebés.

Índice

Leche

Por favor proporcione la siguiente información al describir la leche servida:

- Contenido de grasa
  - Desnatada, sin grasa, libre de grasa
  - 1%, baja en grasa
  - 2%, grasa reducida
  - Entera
- Si la leche tiene sabor, especifique el sabor, como chocolate o fresa
- Si sirve leche sin lactosa o alternativas de leche no lácteas, especifique en el renglón “otro tipo”

Frutas y verduras

Por favor proporcione la siguiente información al describir las frutas y verduras servidas:

- De: frescas, enlatadas, congeladas, deshidratadas o jugo
- Picadas, rebanadas, puré, mezcladas, etc.
- Servidas con o sin cáscara
- Alguna cosa agregada al preparar o cocinar (azúcar, mantequilla, aceite, sal, etc.)
- Si fruta enlatada:
  - ¿fue empaquetada en agua, jugo, jarabe ligero, jarabe pesado, etc.?
- Si jugo de frutas o verduras
  - Sabor o tipo
  - 100% jugo o bebida de jugo
  - Azucarada/sin azúcar
  - Regular o bajo en calorías
  - Calcio o vitamina C agregado
  - Marca

Granos/Panes separados

Por favor proporcione la siguiente información al describir los granos y panes servidos.

Recuerde: Si la comida fue preparada a mano o con dos o más ingredientes, por favor complete un “Formulario de comida que preparó" o proporcione una copia de la receta impresa.

Panes, Bagels, Bollos, Panecillos

- Tipo (blanco, trigo, trigo integral, pasa de uva, arándano azul, sésamo, etc.)
- Marca o fabricante
- Servido con algo para untar (mantequilla, jalea, queso crema, etc.)

Cereales

- Calientes o fríos
- Tipo de cereal
- Marca o fabricante
- Si servidos con leche, tipo de leche (entera, 2%, 1%, desnatada, etc.)

Galletas saladas

- Tipo (soda, ostra, queso, etc.)
- Bajas en sodio o bajas en grasa
- Marca (Keebler, Nabisco, Pepperidge Farms, etc.)

Muffins

- Tipo (arándano azul, maíz, cereal integral con pasas de uvas, banana, etc.)
- Marca o preparados a mano o con una mezcla
- Servido con algo para untar (mantequilla, jalea, miel, etc.)

Fideos/Pasta

- Forma (macarrón, espagueti, rotini, etc.)
- Tipo (regular o trigo integral)
- Marca
- Si servido con salsa, por favor proporcione el tipo de salsa y receta o marca/fabricante de salsa

Arroz

- Tipo (blanco, integral, amarillo, etc.)
- Método de cocción (frito, hervido, al vapor, etc.)
- Marca
- Alguna cosa agregada al cocinar (mantequilla, aceite, sal, etc.)

Continuación…Granos/Panes separados

Panqueques, Wafles, Tostada francesa

- Tipo (regular, trigo integral, salvado de avena, etc.)
- Congelado, comercial, mezcla o preparado a mano)
- Marca
- Servido con algo para untar: mantequilla, jarabe, etc.

Tortillas

- Tipo (harina, trigo, trigo integral, maíz, etc.)
- Marca
- Comunes o fritas

Carne/Alternativas de carne

Por favor proporcione la siguiente información al describir la carne y alternativas de carne servidas.

Recuerde: Si la comida fue preparada a mano o con dos o más ingredientes, por favor complete un “Formulario de comida que preparó" o proporcione una copia de la receta impresa.

Frijoles

- Tipo (alubias rojas, negros, rojos, lentejas, etc.)
- Forma (frescos, congelados, enlatados)
- Alguna cosa agregada al cocinar (mantequilla, aceite, sal, etc.)

Carne de res, Puerco

- Tipo (filete, asado, picado, etc.)
- Contenido de grasa (regular, magro, % contenido de grasa)
- Método de cocción (horneado, asado, frito, salteado, etc.)
- ¿Fue recortada la grasa?
- Si preparado comercialmente, ¿cuál era la marca y el nombre del producto?

Queso

- Tipo (americano, cheddar, suizo, cottage, ricota, etc.)
- Contenido de grasa (entero, semidesnatado, sin grasa)
- Forma (en cubos, rebanado, rallado)

Continuación…Carne/Alternativas de carne

Pollo

- Qué parte/pedazo (pechuga, muslo, pierna, ala)
- Servido con piel o sin piel
- Método de cocción (horneado, asado, frito, etc.)
- Si preparado comercialmente, ¿cuál era la marca y el nombre del producto?

Huevos

- Tamaño de huevo (pequeño, mediano, grande, extragrande)
- Partes del huevo usada (huevo entero, clara de huevo solamente, yema de huevo solamente)
- Método de cocción (frito, hervido, revuelto)
- Alguna cosa agregada al cocinar (mantequilla, aceite, sal, etc.)
- Si sustituto de huevo, especifique marca

Pescado

- Tipo (eglefino, lenguado, bagre, vieiras, etc.)
- Cómo fue preparado (horneado, asado, salteado, etc.)
- Alguna cosa agregada al cocinar (salsa, mantequilla, aceite, sal, etc.)
- Si enlatado, si empaquetado en agua o aceite

Frutos secos

- Tipo (almendras, nueces, cacahuetes, etc.)
- Tipo (tostadas, asadas a la miel, azucaradas, saladas, sin sal, etc.
- Enteras, picadas, rebanadas, etc.
- Si mantequilla de maní: cremosa, con trozos, grasa reducida, regular, natural (sin sal, azúcar o aceite agregado)

Yogur

- Marca
- Tipo (regular, griego, etc.)
- Contenido de grasa (leche entera, bajo en grasa, sin grasa)
- Sabor (vainilla, durazno, natural, fresa, etc.)
- Adiciones (fruta, frutos secos, granola, espolvoreado)

Comidas de componentes mixtos

Por favor proporcione la siguiente información al describir las comidas de componentes mixtos servidos.

Recuerde: Si la comida fue preparada a mano o con dos o más ingredientes, por favor complete un “Formulario de comida que preparó" o proporcione una copia de la receta impresa.

Burrito/Enchilada/Taco

- Si preparado comercialmente, ¿cuál era la marca y el nombre del producto?
- Tipo de carne/alternativa de carne (frijoles, carne de res, pollo, puerco, queso o mezcla)
- Tipo de tortilla (harina, maíz, trigo, trigo integral, etc.)
- Relleno (queso, arroz, salsa, guacamole, frijoles, etc.)
- Coberturas (queso, salsa, crema agria, lechuga, tomate)

Espaguetis

- Tipo de pasta (regular o trigo integral)
- Tipo/marca de salsa (salsa de tomate, salsa de carne y tomate)
- Con carne (de res, puerco, albóndigas de pavo, pollo a la parrilla, etc.)
- Coberturas agregadas (verduras, queso parmesano, etc.)

Pizza

- Tipo de corteza (fina o gruesa, branca o de trigo integral, etc.)
- Coberturas (pepperoni, queso, salchicha, hongo, etc.)
- Preparada a mano, pizza de restaurante o congelada
- Si preparada comercialmente, ¿cuál era la marca y el nombre del producto?

Macarrón con queso

- Preparado de una mezcla, a mano o congelado
- Marca
- Tipo de queso (si preparado a mano)
- Si agregó leche, tipo de leche (entera, 2%, 1%, desnatada, etc.)
- Alguna cosa agregada al cocinar (sal, mantequilla, margarina, trozos de hot dog, verduras, etc.)

Sopas

- Tipo de sopa
- Enlatada, congelada, mezcla seca, preparada a mano
- Marca
- Baja en sodio o regular
- Alguna cosa agregada al cocinar (mantequilla, aceite, sal, etc.)

Otros alimentos y bebidas

Por favor proporcione la siguiente información al describir otros alimentos y bebidas, como condimentos, coberturas, aderezos, salsas y agua servidos.

Condimentos y coberturas

- Incluyendo:
  - Kétchup, mostaza, mayonesa, salsa barbacoa, etc.
  - Jalea, mermelada, miel, jarabe, etc.
  - Mantequilla, margarina, queso crema, crema agria, etc.
  - Salsa de carne, salsa de queso, etc.
- Marca
- Tipo: bajo en grasa, libre de grasa, reducido en calorías, bajo en sodio, bajo en azúcar

Aderezos y salsas

- Marca o preparados a mano
- Tipo (bajo en grasa, sin grasa, reducido en calorías)

Agua

- De grifo o embotellada
- En qué fue servida (taza, vaso para bebé, etc.)

Alimentos ricos en granos integrales

Marque la casilla “rico en granos integrales” si el alimento cumple con los criterios de ser rico en granos integrales. Si no está seguro(a) si un alimento es rico en granos integrales, por favor refiérase a la orientación proporcionada por el USADA a continuación.

Alimentos específicos para bebés

Por favor proporcione la siguiente información al describir los alimentos específicos para bebés servidos.

Fórmula infantil

- Marca
- Fortificada con hierro, otros vitaminas o minerales
- A base de leche, a base de soja, etc.
- Tipo de fórmula (polvo, concentrado líquido, lista para el uso (RTF por sus siglas en inglés))

Cereal infantil

- Marca
- Tipo de cereal (caliente, frío)
- Tipo de grano (arroz, trigo, avena, etc.)
- Anote algún alimento o líquido con que se mezcló el cereal

Soplados

- Marca
- Sabor de soplados

Frascos o bolsas de comida para bebés

- Marca
- Sabor del frasco o bolsa