Early Care and Education Site-level Assessment Questionnaire

*Developed by the*

*University of California Nutrition Policy Institute for the California Department of Public Health*

**FFY 2026**

**Here is some basic information about the Early Care and Education (ECE) Site-Level Assessment Questionnaire (SLAQ):**

* **WHAT does it include?** Questions that assess current healthy eating and physical activity practices at an ECE site. Do NOT include practices that are planned but not yet implemented.
* **WHO should complete it?** One or more individuals that are familiar with the policies and practices in place at this site.
* **WHEN should this be completed?** Annually, *before* CFHL interventions for the program year begin at this site.
* **WHY?** To understand a site’s need for healthy eating and physical activity supports, and to measure change and improvements over time.
* **HOW?** It can be completed on paper or on-line. If you complete it on paper, you will need to enter your data into Survey 123 in order to submit your responses: [*https://ucanr.edu/sites/slaq/SLAQ\_Questionnaires/*](https://ucanr.edu/sites/slaq/SLAQ_Questionnaires/)

**Tips and additional information:**

* Review the questionnaire before beginning to decide who should be involved in completing each section and gather any materials/documents you may need.
* Do your best to estimate the current situation so that change over time can accurately be assessed.
* Current practices may be impacted by health or safety emergencies. It is important that you report on the practices in place at the time you complete the questionnaire, even though they may differ from the usual practices. There is a question at the end of each section to comment on these impacts. These questions are not included when computing scores.

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# Site Information

**Site name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This site’s Local Health Department (LHD) partner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PEARS Site ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The PEARS Site ID can be found using the* [NPI PEARS Site Search Tool](https://survey123.arcgis.com/share/281302f15fc549edbad838c30ed4a450?hide=submit)*. Watch this* [video tutorial](https://youtu.be/jtC2PgjxF_I) *on how to use this tool to search for a PEARS Site ID.*

**Date of current assessment** (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last assessment** (MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ N/A (this is the first assessment)

**Number of children enrolled** \_\_\_\_\_\_

**Please select the ages of the children enrolled:**

Mark all that apply.

|  |  |
| --- | --- |
| □ 0-24 months | □ 3 years old  |
| □ 2 years old  | □ 4 years or older |

**Is this site a full-day or half-day program?**

* Full day (6 hours or more)
* Half day (less than 6 hours)
* This site has both full and half-day programs

**NOTE:** Some questions on this survey have different answer choices for sites with full or half-day programs. If your site has both full- and half-day programs, please answer these questions only for your full day program.

**Is this site part of a larger organization or partnership?** *One example of an organization can be a school district, and an example of a partnership can be a Head Start Center that partners with another agency, such as WIC or YMCA.*

* Yes
* No
* I don’t know

**Position(s) or title(s) of those completing this form** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 1: Wellness Policies and Meal Program Participation

When completing this section, refer to policies about child wellness, NOT employee wellness.

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

**1.1 This site has a written wellness policy (a document that includes child nutrition and/or physical activity guidelines).** Note: wellness policies are voluntary and not required for licensing.

Mark all that apply.

* Yes, we have a site wellness policy

Go to Q1.2

* Yes, we have an organization-level or district-level wellness policy
* No

Skip to Q1.4

* I don’t know

**1.2 During the past year, has anyone at your program done any of the following activities?**

Mark all that apply.

* Reviewed your program’s wellness policy
* Helped revise your program’s wellness policy
* Communicated to staff about your program’s wellness policy
* Communicated to parents and families about your program’s wellness policy
* None of these

**1.3 Which areas are addressed by your wellness policy?** Mark all that apply.

* Meal program participation
* Providing healthy meals and snacks
* Providing water and/or healthy beverages
* Creating healthy mealtime environments
* Foods and beverages outside meal and snack times (e.g. at celebrations, fundraisers)
* Edible garden
* Nutrition education
* Physical activity
* Entertainment screen time
* Family involvement in wellness policies and programs
* Monitoring compliance of wellness policy
* None of these

**1.4 Does this program have a wellness committee (an action-oriented advisory group of two or more people that focuses on the health and well-being of children attending)? IF SO, how often did it meet during the last 12 months?**

* Committee did not meet
* 1-2 times
* 3-4 times
* 5-6 times
* 7+ times
* No committee

**1.5 This site participates in a federal food program (examples include Child and Adult Care Food Program (CACFP) or the National School Lunch Program (NSLP).**

For information about CACFP, visit: https://www.fns.usda.gov/cacfp/meals-and-snacks; For information about NSLP, visit: https://www.cde.ca.gov/ls/nu/as/afterschoolnutstan.asp

* Yes
* No

**1.6 Have any of the policies or practices in Section 1 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**1.7 Comments on Section 1: Wellness Policies and Meal Program Participation**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

# Section 2: Meal and Snack Foods and Beverages

When completing this section, please refer to a weekly or monthly meal menu if available.

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

**2.1 Thinking about all the meals and snacks served to children last week, how often were meals and snacks prepared from scratch?** Foods prepared from scratch include dishes made with raw or close-to raw ingredients. Ingredients can be pre-washed or chopped but should not be pre-sauced or cooked. Bread, dry pasta, unprocessed cheese, and meat pre-cooked for safety purposes may be used.

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

2.2 Thinking about all the meals and snacks served to children last week, how often does your program serve fruit? Do not include juice or fruit popsicles.$

|  |  |
| --- | --- |
| **If this site has a full-day program:** | **If this site only has a half-day program:** |
| * 2 times per day or more
 | * 1 time per day or more
 |
| * 1 time per day
 | * 3-4 times per week
 |
| * Less than 1 time per day
 | * 2 times per week or less
 |

**2.3 Thinking about all the meals and snacks served to children last week, how often does your program serve vegetables?** Do not include French fries, tater tots, hash browns, or dried beans.

|  |  |
| --- | --- |
| **If this site has a full-day program:** | **If this site only has a half-day program:** |
| * 2 times per day or more
 | * 1 time per day or more
 |
| * 1 time per day
 | * 3-4 times per week
 |
| * Less than 1 time per day
 | * 2 times per week or less
 |

**2.4 Beverages served to children during meals and snacks include:**

Mark all that apply.

* Plain, unflavored water (carbonated or uncarbonated)
* Unflavored low-fat (1%) or non-fat milk
* Unsweetened (flavored or unflavored) non-dairy milk alternative (soy, almond, etc.)
* Unflavored whole or reduced fat (2%) milk
* Flavored (e.g. chocolate or strawberry) milk
* Sweetened (flavored or unflavored) non-dairy milk alternative (soy, almond, etc.)
* 100% fruit or vegetable juices (full strength or diluted with water)
* Sugary drinks (e.g. regular soda, fruit punch, lemonade, aguas frescas, sweet tea)
* Diet drinks (e.g. diet soda, light tea)
* Other (specify):

**2.5 Drinking water outside (e.g. from water fountains, water bottles, water stations, cups, etc.) is:**

* Easily visible and self-serve at all times
* Easily visible and available on request
* Visible, but only available during designated water breaks
* Not visible
* Not available

**2.6 Drinking water inside (e.g. from water fountains, water bottles, water stations, cups, etc.) is:**

* Easily visible and self-serve at all times
* Easily visible and available on request
* Visible, but only available during designated water breaks
* Not visible
* Not available

**2.7 Have any of the policies or practices in Section 2 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**2.8** **Comments on Section 2: Meal and Snack Foods and Beverages**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

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# Section 3: Food Environment and Feeding Practices

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

**3.1 Staff eat or drink unhealthy foods (i.e., sweets, soda, chips) in front of the children.**

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

3.2 When children request seconds, staff ask them if they are still hungry before serving more food.

* N/A: Seconds are not allowed or not available
* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

3.3 Staff require that children sit at the table until they clean their plates.

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

3.4 **Meals are served family style (children serve themselves with limited help).**

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

3.5 During meals, staff talk with children about trying and enjoying healthy food.

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**3.6 Celebrations and events that include food consist of mostly healthy food, like fruits and vegetables.**

* N/A: No celebrations or events with food
* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

3.7 **Beverages served to children for parties and celebrations include:**

Mark all that apply.

* N/A: No celebrations or events with beverages
* Plain, unflavored water (carbonated or uncarbonated)
* Unflavored low-fat (1%) or non-fat milk
* Unsweetened (flavored or unflavored) non-dairy milk alternative (soy, almond, etc.)
* Unflavored whole or reduced fat (2%) milk
* Flavored (e.g. chocolate or strawberry) milk
* Sweetened (flavored or unflavored) non-dairy milk alternative (soy, almond, etc.)
* 100% fruit or vegetable juices (full strength or diluted with water)
* Sugary drinks (e.g. regular soda, fruit punch, lemonade, aguas frescas, sweet tea)
* Diet drinks (e.g. diet soda, light tea)
* Other (specify):

3.8 Fundraising consists of selling non-food items (like wrapping paper, coupon books, or magazines).

* N/A: No fundraising
* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**3.9 Foods or beverages are used to encourage positive behavior or withheld to punish negative behavior.**

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**3.10 Have any of the policies or practices in Section 3 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**3.11** **Comments on Section 3: Food Environment and Feeding Practices**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section 4: Gardens and Nutrition Education

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

4.1 During the last year, did your program have access to an onsite (or offsite) community garden, used and maintained for growing fruits and vegetables? Select the best option.

* Yes, we had access to an edible garden or planter that was in use and maintained for growing fruits or vegetables Go to Q4.2
* No, the garden (or planter) was not being used

Skip to Q4.7

to grow fruits or vegetables last year

* No garden access

4.2 In the last year, which months was the garden actively growing fruits and/or vegetables? Mark all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| □ July | □ August | □ September | □ October |
| □ November | □ December | □ January | □ February |
| □ March | □ April | □ May | □ June |

When answering 4.3 to 4.6, think about the months the garden was actively growing fruits and/or vegetables in the last year.

4.3 When nutrition education is offered the garden is incorporated:

Nutrition education refers to formal curriculum-based lessons.

* 1 time per week or more
* 2-3 times per month
* 1 time per month
* Less than 1 time per month
* Never or no nutrition education is offered

4.4 Children tend to the garden.

“Tend to the garden” includes preparation for planting, weeding, watering, harvesting, etc.

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

4.5 Produce from the garden is distributed to families.

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

4.6 Produce from the garden is used in meals or snacks.

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

**4.7 Staff participate in nutrition training opportunities, not including training on food safety/handling and food allergies.**

* More than 1 time per year
* 1 time per year
* Less than 1 time per year

When answering 4.8 and 4.9, nutrition education refers to formal curriculum-based lessons.

**4.8 Nutrition education is provided to children through an evidence-based curriculum.** “Evidence-based curriculum” refers to lesson(s) that have been tested and shown effective at improving healthy eating behaviors and other related factors, such as knowledge and attitude around healthy eating.

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

**4.9 Nutrition education includes the following participatory/hands-on activities:**

* Taste tests
* Food preparation/cooking
* Gardening
* Games
* Field trips
* Experiments
* None

**4.10 Have any of the policies or practices in Section 4 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**4.11** **Comments on Section 4: Gardens and Nutrition Education**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section 5: Physical Activity and Entertainment Screen Time

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

5.1 Television, videos or any entertainment screens (personal or group) are on during meal or snack times. Examples of “entertainment” screens include TV, computers, video or hand-held computer games, and tablets or smart phones that display leisure or recreational media. Do not include screen time used for educational or physical activity purposes.

* N/A: Entertainment screen time is not offered
* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

5.2 When entertainment screen time is offered, physically active alternatives are provided.

Examples of “entertainment” screens include TV, computers, video or hand-held computer games, and tablets or smart phones that display leisure or recreational media. Do not include screen time used for educational or physical activity purposes.

* N/A: Entertainment screen time is not offered
* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**5.3 During active play time, staff:** Mark all that apply.

* Provide supervision
* Encourage children to be active
* Join in active play

5.4 Active play time is withheld for children when they misbehave.

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**5.5 When weather and air quality permit, outdoor play is provided for all.**

|  |  |
| --- | --- |
| **If this site has a full-day program:** | **If this site only has a half-day program:** |
| * 2 times per day or more
 | * 1 time per day or more
 |
| * 1 time per day
 | * 3-4 times per week
 |
| * Less than 1 time per day
 | * 2 times per week or less
 |

**5.6 When weather or air quality prohibit outside play, indoor active play is available to all.**

* Always (true more than 90% of the time)
* Usually (true 61-90% of the time)
* Sometimes (true 41-60% of the time)
* Not usually (true 11-40% of the time)
* Never (true 10% or less of the time)

**5.7 During indoor and outdoor physical activity play time, children are always reminded to drink water.**

* Yes, always
* No, not always

**5.8 Staff-led, age-appropriate physical activity is offered to all children…**

Physical activity is movement that gets the heart rate up. Examples of physical activity include walking, running, biking, playing active games like tag, playing sports, dancing, hula hoop, etc.

|  |  |
| --- | --- |
| **If this site has a full-day program:** | **If this site only has a half-day program:** |
| * 2 times per day or more
 | * 1 time per day or more
 |
| * 1 time per day
 | * 3-4 times per week
 |
| * Less than 1 time per day
 | * 2 times per week or less
 |

**5.9 Active free play time is provided to all children…**

|  |  |
| --- | --- |
| **If this site has a full-day program:** | **If this site only has a half-day program:** |
| * 90 minutes or more per day
 | * 45 minutes or more per day
 |
| * 45-89 minutes per day
 | * 20-44 minutes per day
 |
| * Less than 45 minutes per day
 | * Less than 20 minutes per day
 |

**5.10 Children are seated (excluding naps, meals and snack time) more than 30 minutes at a time.**

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

**5.11 Television, computer, and other entertainment screen use consists of:**

Examples of “entertainment” screens include TV, computers, video or hand-held computer games, and tablets or smart phones that display leisure or recreational media. Do not include screen time used for educational or physical activity purposes.

* N/A: Entertainment screen time is not offered
* Screens turned on for more than 3 hours per week
* Screens turned on for 2-3 hours per week
* Screens turned on for 1-2 hours per week
* Screens turned on for up to 1 hour per week
* Screens turned on rarely or never

**5.12 Physical activity education (motor skill development) is provided for children through an evidence-based curriculum.** “Evidence-based curriculum” refers to lesson(s) that have been tested and shown effective at improving physical activity behaviors and other related factors, such as knowledge and attitude around physical activity.

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

**5.13 Sufficient and age-appropriate portable play equipment (jump ropes, balls, hula hoops) is present.**

* Yes
* No

**5.14 Sufficient and age-appropriate fixed play equipment (jungle gyms, monkey bars, stencils, playground markings) is present.**

* Yes
* No

**5.15** **Staff participate in training that supports children being physically active (include training for CATCH and other physical activity curricula).**

* More than 1 time per year
* 1 time per year
* Less than 1 time per year

**5.16 Have any of the policies or practices in Section 5 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**5.17** **Comments on Section 5: Physical Activity and Entertainment Screen Time**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section 6: Parent/Family Involvement

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

**6.1 Parents and families help develop or implement policies and programs related to wellness.**

* More than 1 time per year
* 1 time per year
* Less than 1 time per year

**6.2 The program refers parents and families to community-based nutrition and physical activity services and programs by:**

Mark all that apply.

* Active referrals (such as outreach from a family resource staff member)
* Materials provided (such as program information or brochures displayed or available on-site)
* None of the above

**6.3** **The following nutrition education is offered to parents or caregivers at least once a year:**

Mark all that apply.

* Opportunities with active participant engagement (e.g., live nutrition lessons offered in-person or online; interactive activities that engage participants such as through cooking, taste testing, or goal setting)
* Opportunities without active participant engagement (e.g., printed or digital recipes or other materials, pre-recorded demonstrations or nutrition lessons, social media posts, non-interactive demonstrations)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

**6.4** **The following physical activity education is offered to parents or caregivers at least once a year:**

Mark all that apply.

* Opportunities with active participant engagement (e.g., live physical activity lessons offered in-person or online; interactive activities that engage participants such as through games, activities, or goal setting)
* Opportunities without active participant engagement (e.g., printed or digital activity instructions or other materials, pre-recorded demonstrations or lessons, social media posts, non-interactive demonstrations)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

**6.5 The nutritional content of foods and beverages served to children is made available to families (sent home to parents and caregivers or posted online):**

* Yes
* No

**6.6 Easy-to-understand information about wellness policies are distributed to all parents and caregivers at least annually:**

* Yes
* No

**6.7 Guidelines for food or beverages brought in for holidays or celebrations are provided to parents and caregivers at least once a year:**

* N/A: No holidays or celebrations with food or beverage
* Yes
* No

**6.8 Have any of the policies or practices in Section 6 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**6.9 Comments on Section 6: Parent/Family Involvement**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

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# Section 7: Breastfeeding Support

Unless otherwise specified, refer to practices in place currently. Do NOT include practices that are planned and not yet implemented.

7.1 Does the program serve children under 3 years old? ~~)~~

* Yes Go to Q7.2
* No Survey is complete! Thank you.

**7.2 Educational materials are provided for families on breastfeeding.**

* Yes
* No

**7.3 A welcoming and private space is provided for mothers of children in the program to breastfeed or express breast milk.**

* Yes
* No

**7.4 Designated refrigerator and/or freezer space is provided to store expressed breast milk.**

* Yes
* No

**7.5 Staff participate in training on ways they can support parents who breastfeed.**

* More than 1 time per year
* 1 time per year
* Less than 1 time per year

**7.6 Have any of the policies or practices in Section 7 been impacted by the following unplanned or unexpected circumstances?**

*Mark all that apply.*

□ Health or safety emergency.  *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wildfire. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Change to funding (amount or priority). *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other unexpected circumstance. *Please describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**7.7** **Comments on Section 7: Breastfeeding Support**

Add any notes or observations, such as a description of something asked in a question or additional practices that are not measured on this questionnaire.

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