



Healthy Children, Healthy State

Nebraska Childcare Needs Assessment Survey

We ask the survey be filled out by one director or provider most familiar with the childcare program's nutrition practices. However, you may come across questions that you think someone else in your program could answer more easily than you. If so, PLEASE FEEL FREE TO ASK YOUR STAFF FOR HELP.

- These questions ask about practices in your **preschool classroom (2-5 year old)** or **Head Start program**, NOT infant classroom or your Early Head Start program (if you have one). **Please answer questions about your preschool classroom with children aged 2-5 years.**
- Childcare providers are individuals who have direct contact with preschoolers (2-5 years), and are responsible for supervising meals or snacks for preschool children.
- Please answer about what is currently happening in your program, unless a question asks about another time period.
- We do not expect you or your staff to consult any administrative records in order to complete the survey.
- If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.

About Your Program

1. Which of the following best describes your program?

- | | Yes | No |
|----------------------------|-----------------------|-----------------------|
| a. Childcare center | <input type="radio"/> | <input type="radio"/> |
| b. Family childcare home | <input type="radio"/> | <input type="radio"/> |
| c. Head Start | <input type="radio"/> | <input type="radio"/> |
| d. Other (please specify): | <input type="radio"/> | <input type="radio"/> |

2. What is the total number of children in your childcare program?

3. On a typical day, how many children in your program are in the following age categories?

- | | |
|----------------------|--------------------|
| <input type="text"/> | 0-23 months |
| <input type="text"/> | 24-35 months |
| <input type="text"/> | 3-5 years |
| <input type="text"/> | Older than 5 years |

4. On a typical day, how many children in your program are Hispanic or Latino/a/x? (please give your best estimate)

5. On a typical day, approximately how many children in your program are of the following racial backgrounds? (please give your best estimate)

- | | |
|----------------------|-------------------------------------|
| <input type="text"/> | American Indian or Alaskan Native |
| <input type="text"/> | Asian |
| <input type="text"/> | Black or African American |
| <input type="text"/> | Native Hawaiian or Pacific Islander |
| <input type="text"/> | White or Caucasian |
| <input type="text"/> | Mixed race |
| <input type="text"/> | Other (please specify): |
| <input type="text"/> | |

6. What is the total number of childcare providers employed at your program?

7. Which of the following best describes your program?

- Half-day
 Full-day
 Both half and full day
 Other (please specify):

Serving Foods and Beverages: Difficulty Level

	Is your program currently doing this?		How difficult is it to do (or potentially do)?			
	Yes	No	Not at all difficult	A little difficult	Kind of difficult	Very difficult
18. Serve fried or pre-fried meats less than one time a week or never <i>(This includes breaded and frozen chicken nuggets and fish sticks)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Serve high sugar/high fat foods less than one time per week or never <i>(This includes cookies, cakes, doughnuts, muffins, ice cream and pudding)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Serve high fiber, whole grain foods at least once a day <i>(This includes whole wheat bread, whole wheat crackers, oatmeal, brown rice, Cheerios, and whole grain pasta)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Never serve sugary drinks <i>(This includes Kool-Aid, fruit or sport drinks, sweet tea)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Use either healthy foods or non-food treats (such as stickers) to celebrate holidays, birthdays, and other special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Serving Foods and Beverages: Barriers

The list below includes possible barriers to providing healthier meals and snacks. For each statement, please answer yes if it is a barrier your program faces, or no if not.

	Yes	No
23. Not enough money to cover the cost of serving healthier meals and snacks	<input type="radio"/>	<input type="radio"/>
24. Lack of control over the types of meals and snacks that are delivered to us	<input type="radio"/>	<input type="radio"/>
25. Those preparing meals and snacks lack the knowledge to prepare healthier foods and beverages	<input type="radio"/>	<input type="radio"/>
26. Those preparing meals and snacks lack the time to prepare healthier foods and beverages	<input type="radio"/>	<input type="radio"/>
27. Children would not like the taste of healthier meals and snacks	<input type="radio"/>	<input type="radio"/>
28. Parents/guardians do not support the idea of serving children healthier meals and snacks	<input type="radio"/>	<input type="radio"/>
29. Limited space for food storage, such as refrigerator and cabinet space	<input type="radio"/>	<input type="radio"/>
30. Lack of availability of healthy foods in my area	<input type="radio"/>	<input type="radio"/>
31. Lack of support from other providers	<input type="radio"/>	<input type="radio"/>
32. Other areas in our program have higher priority than nutrition at this time	<input type="radio"/>	<input type="radio"/>
33. So many different recommendations that providers do not know which to follow	<input type="radio"/>	<input type="radio"/>
34. Unsure which foods can be reimbursed through CACFP	<input type="radio"/>	<input type="radio"/>
35. Weekly schedule limits time to shop more than once per week	<input type="radio"/>	<input type="radio"/>

36. Please describe any other barriers not listed above.

Is your program currently doing this?

How difficult is it to do (or potentially do)?

	Is your program currently doing this?		How difficult is it to do (or potentially do)?			
	Yes	No	Not at all difficult	A little difficult	Kind of difficult	Very difficult
46. Providers talk about healthy foods with the children at mealtime (e.g., which vegetables they like)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Providers praise children for trying new or less preferred foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Providers do not praise children for finishing food or cleaning their plates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. When children request seconds, providers ask them if they are still hungry before serving more food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Providers allow children to decide when they are full during meal and snack times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. When children eat less than half of a meal or snack, providers ask them if they are full before removing their plates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Providers do not use food to calm upset children or encourage appropriate behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Providers use children's preferred foods to encourage them to try less preferred foods <i>(This includes offering a treat only if a child finishes his/her vegetables)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Meal Time Practices: Barriers

The list below includes possible barriers to implementing/using mealtime practices. For each statement, please answer yes if it is a barrier your program faces, or no if not.

	Yes	No
54. Providers do not have time to sit with children during meals	<input type="radio"/>	<input type="radio"/>
55. There are not enough providers in the program to sit with children during meal times	<input type="radio"/>	<input type="radio"/>
56. There is not enough money to cover the cost of serving meals and snacks to providers	<input type="radio"/>	<input type="radio"/>
57. Providers are unsure how to encourage children's healthy eating	<input type="radio"/>	<input type="radio"/>
58. Providers do not like the taste of the healthy foods that are served at the childcare program, so they have trouble encouraging children's healthy eating at mealtime	<input type="radio"/>	<input type="radio"/>
59. Providers have dietary restrictions, so they find it difficult to eat the same foods that are served to children	<input type="radio"/>	<input type="radio"/>
60. Providers are uncertain how to handle children who are hesitant to try new foods	<input type="radio"/>	<input type="radio"/>
61. Providers feel mealtimes with children are stressful	<input type="radio"/>	<input type="radio"/>

62. Please describe any other barriers not listed above.

Nutrition Education

For each of the following statements, please mark how often these events occur.

63. Structured nutrition education is incorporated into daily routines through lesson plans, books, posters and hands-on activities.

- Rarely or never
- 1 time per month
- 2-3 times per month
- 1 time per week or more

64. Providers talk with children informally about healthy eating during mealtime.

- Rarely or never
- 1 time per month
- 2-3 times per month
- 1 time per week or more

65. Children are involved in hands-on sensory food experiences (for example, tasting, smelling, and touching food)

- Rarely or never
- 1 time per month
- 2-3 times per month
- 1 time per week or more

66. How often do providers receive professional development on child nutrition? *(Please do not include training on food safety or food program guidelines. This can include taking in-person or online training for contact hours or continuing education credits. It can also include information presented at providers meetings.)*

- Never
- Less than one time per year
- One time per year
- Two or more times per year

Engaging Parents/Guardians

67. How often are families are offered education on child nutrition? *(Education can be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.)*

- Never
- Less than one time per year
- One time per year
- Two or more times per year

68. During the last year, which of the following parent engagement activities has your program used?

(check all that apply)

- Routinely communicated with parent/guardian regarding child's daily food and beverage consumption
- Gave written information (such as flyers, or newsletters) about healthy eating (trying new food etc.).
- Discussed healthy eating at parent-provider conferences
- Encouraged healthier items for holiday/celebration foods

69. Please describe any other parent engagement activities your program has used during the last year.

The list below includes possible barriers for engaging parents or guardians to encourage children's healthy eating. For each statement, please answer yes if it is a barrier your program faces, or no if not.

	Yes	No
70. Parents do not have time to talk with the provider about children's nutrition	<input type="radio"/>	<input type="radio"/>
71. Parents have cultural beliefs about food that are not always consistent with healthy eating	<input type="radio"/>	<input type="radio"/>
72. Parents do not have enough money to purchase healthy foods	<input type="radio"/>	<input type="radio"/>
73. Parents are too busy to prepare healthy foods	<input type="radio"/>	<input type="radio"/>
74. Providers do not want to offend parents	<input type="radio"/>	<input type="radio"/>
75. Parents or guardians do not like the taste of healthy foods themselves	<input type="radio"/>	<input type="radio"/>
76. Providers are uncertain how to engage parents.	<input type="radio"/>	<input type="radio"/>
77. Parents prioritize other food related topics such as allergies or children's food intake over healthy eating	<input type="radio"/>	<input type="radio"/>

78. Please describe any other barriers not listed above.

Access to Training

79. Do you have internet access at the childcare site or elsewhere?

- Yes
 No → Go to Question 82

80. Would you describe your internet access as reliable and consistent? (That is, you could stream videos for training purposes?)

- Yes
 No

81. How do you access the internet? (check all that apply)

- Desktop computer on-site
 Laptop computer
 Tablet
 Mobile phone

82. When you participate in nutrition related training, what is your motivation for participating?

(check all that apply)

- To stay updated with best practices
 To grow and improve job performance as a professional
 Topic was interesting, new, or different
 Licensure or regulatory requirements
 To better meet children's special needs
 Passion for job/love of children
 Network and meet other providers
 Help educate children and prepare for school
 CACFP requirement
 Accreditation requirement
 Other (please specify):

- I do not participate in training

83. Which of the following are barriers that prevent you from obtaining training? (check all that apply)

- Cost of the training
 Unable to travel to the training location
 Scheduled trainings do not fit within my work schedule (outside of usual hours)
 Leaving my work site would leave the other providers short-handed
 Training has not been made available in the past
 Not interested in training topics
 Lack of internet or computer access
 Trainings are hard to find in my area
 Unsure if the training qualifies for new license rules
 Other (please specify):

- None of the above

84. What is your preference when it comes to receiving training? (check all that apply)

- In-person training
 Live webinar (allows for question and answer with the host)
 On-going mentorship/coaching
 On-going peer-to-peer with other providers
 On-line learning modules with videos that can be viewed at any time
 Attending conferences with multiple trainings on one day (like a Saturday)
 Other (please specify):

- No preference

85. If you wanted to improve healthy eating practices in your childcare program, how likely would you be to consult the following sources for advice and information?

	Very unlikely	Unlikely	Neutral	Likely	Very likely
a. Google search	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Social Media - Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Social Media - Pinterest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Social Media - Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Family Doctor/Pediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Dietitian/Nutrition Educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Nebraska Extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Child and Adult Food Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other childcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other (please specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. In your opinion, how much of a health problem is obesity among children in your program?

- Not a problem
- A small problem
- A problem
- A large problem

About You

87. What is your job title?

- Center Director
- Family Childcare Provider
- Program Nutrition Specialist
- Program Education Specialist
- Other (please specify):

88. How many years have you been working in the early childhood field? (enter 0 if less than one year)

89. What is your age?

90. What is your gender?

- Male
- Female
- _____

91. Are you Hispanic or Latino/a/x?

- Yes
- No

92. What is your race(s)? (check all that apply)

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

93. What is the highest degree you have completed?

- Some high school
- High school graduate or GED
- Some college
- 2-year degree (Associate's)
- 4-year degree (Bachelor's)
- Graduate or Professional degree

Thank you! We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire. Questions or requests from this survey can be directed to:

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