



## Nutrition Self Assessment

Child Care Facility Name \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ County \_\_\_\_\_

For each statement below, please check the response that best fits current practices in your child care facility. Then check whether you are satisfied or want to improve the practice.

Breakfast							
1	Sweet cereals are served	<input type="checkbox"/> 5 times per week	<input type="checkbox"/> 3 to 4 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
2	Other sweet breakfast items like sweet rolls, donuts, muffins, cereal bars, syrup, jelly, etc. are served	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 times per month or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
3	A whole grain breakfast food is served	<input type="checkbox"/> 2 times per month or less	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
4	Fresh, canned (packed in water or 100% juice), dried, or frozen fruits or vegetables (not including juice) are served	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 to 2 times per week	<input type="checkbox"/> 3 to 4 times per week	<input type="checkbox"/> Every day	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
5	Breakfast foods are sweetened with	<input type="checkbox"/> Regular syrup, jelly, or sugar	<input type="checkbox"/> "Lite" syrup or jellies	<input type="checkbox"/> Unsweetened fruit	<input type="checkbox"/> Nothing	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
Lunch or Supper							
6	Highly processed meats, poultry and fish, such as ready-prepared chicken nuggets, fish sticks, hot dogs, lunch meat, smoked sausage, meatballs, Spam, etc. (any food item that requires a CN label) are served	<input type="checkbox"/> Every day	<input type="checkbox"/> 3 to 4 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
7	A whole grain food is served	<input type="checkbox"/> 2 times per month or less	<input type="checkbox"/> 1 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
8	Fresh (not canned or frozen) fruits or vegetables are served	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> Every day	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
Overall Meal Pattern							
9	Dark green or orange fruits or vegetables are served	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice

10	100% fruit juice is served	<input type="checkbox"/> Several times per day	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> Several times per week	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
11	Sugar sweetened beverages, such as koolaide, fruit drinks, soda, sports drinks, etc. are served	<input type="checkbox"/> Several times per day	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> Several times per week	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
12	Milk served to children ages 2 years and older is usually	<input type="checkbox"/> Whole or regular	<input type="checkbox"/> 2% or reduced fat	<input type="checkbox"/> 1% low fat	<input type="checkbox"/> Skim or non-fat	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
13	Menus used are	<input type="checkbox"/> 1-week cycle	<input type="checkbox"/> 2-week cycle	<input type="checkbox"/> 3-week cycle or more without seasonal change	<input type="checkbox"/> 3-week cycle or more with seasonal change	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
14	Foods containing artificial sweeteners are served	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
15	Weekly menus include foods from a variety of cultures	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
<b>Snacks</b>							
16	Sweet snacks, such as sweet pastries, cookies, cakes, pie, quick breads, cereal bars, etc. are served	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 times per month or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
17	Meat or meat alternate is served at snack	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 to 2 times per month	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 or more times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
18	Whole grain foods are served at snacks	<input type="checkbox"/> 2 times per month or less	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 to 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
19	Crossaints and grain-based snack chips are served	<input type="checkbox"/> 2 to 3 times per week or more	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> 2 times per month	<input type="checkbox"/> 1 times per month or less	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
20	Fresh, frozen, canned (packed in water or 100% juice), or dried fruit or vegetable (not including juice) is served for snack	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 3 times per week	<input type="checkbox"/> 4 to 5 times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
<b>Nutrition Environment</b>							
21	Current menus are available and posted for staff and parents	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
22	Adults sit at the table and eat the same foods served to the children	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
23	Adults eat or drink foods or beverages that are not offered to the children while children are present	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice

24	Meals are served family style (children serve themselves with limited help)	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
25	Children have enough time to eat and practice social interaction skills at mealtime	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
26	Children help set table	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
27	Children help clear dishes after meal is finished	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
28	Staff make children eat or taste foods.	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
29	Food is used as a reward	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
30	Staff talk with children about trying and enjoying healthy foods	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
31	Holidays are celebrated with mostly healthy foods or with non-food treats like stickers	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
32	A written policy regarding food for holidays and celebrations	<input type="checkbox"/> Does not exist	<input type="checkbox"/> Is written, but not followed	<input type="checkbox"/> Is written and followed	<input type="checkbox"/> Is written, followed, and shared with parents	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
33	Children are taught about food and nutrition	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Several times per week	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
34	Family fundraising activities are supportive of physical activity and healthful eating	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
35	Posters, books, or games are used to encourage healthy nutrition habits	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> In most classrooms	<input type="checkbox"/> In some classrooms	<input type="checkbox"/> In every classroom	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
36	Food and beverage vending machines are located	<input type="checkbox"/> In entrance or front of building	<input type="checkbox"/> In public area, but not entrance	<input type="checkbox"/> Out of sight of parents/children	<input type="checkbox"/> No vending machines on site	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
37	Television viewing is allowed	<input type="checkbox"/> Any time including during meals and snacks	<input type="checkbox"/> Any time between meals and snacks	<input type="checkbox"/> Occasionally, but not during meals or snacks	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice
38	Children are allowed to bring foods from home	<input type="checkbox"/> Any time	<input type="checkbox"/> For special occasions only	<input type="checkbox"/> If child has special medical needs or allergies	<input type="checkbox"/> Never	<input type="checkbox"/> I am satisfied with this practice	<input type="checkbox"/> I want to improve this practice

Think about the items in this self assessment that you want to improve. What are the reasons you have not made these improvements?

**Rank your reasons with 1 being the top reason and 10 being the bottom reason.**

Rank	Reason
	It costs too much
	I don't have enough staff
	My staff don't have the knowledge or skills to make the changes
	My staff will not cooperate in making the changes
	I don't know where to get the right foods
	I'm concerned about wasting food because the children won't eat what's good for them
	I don't have enough kitchen or storage space
	I don't have the right cooking or serving equipment
	Parents would resist the changes
	Other (explain other reason) _____ _____

