



Children's Council of San Francisco Child Care Provider Food Systems Survey

The Children's Council of San Francisco is committed to supporting childcare providers in the City and County of San Francisco. This survey was developed to understand what your food services needs are and will help us create better services and support in this area. In an effort to enhance the services that we provide to you, we encourage you to complete this survey. **Your answers will be held in strict confidentiality and at no will your name or facility be divulged to anyone.** Thank you for taking the time to fill out this survey.

By taking the time to fill out this survey, you will receive a \$5.00 to Safeway gift card for your efforts. Your name will automatically be entered in a grand prize drawing from Lakeshore Learning Store Materials in May 2003.

☉ Please return survey by **April 25, 2003** in the enclosed stamped envelope.

General Provider Information

1. Name:
2. Facility Address:
3. Facility Number:

Demographic Profile

Personal:

General

4. What zip code do you live in? _____
5. Are you a childcare provider?
 - Yes
 - No
- 5a. If yes, how long have you worked in this field?
6. Are you a licensed- exempt childcare provider?
 - Yes
 - No

Race/Ethnicity

7. What is your ethnicity? Check all that apply
 - Latino/a
 - White/non Latino
 - African American
 - Asian/Pacific Islander
 - Native American
 - Other(specify)_____

Age, Gender and Education

8. What is your age?
 - 16-19
 - 20-29
 - 30-50
 - More than 51
9. Did you attend (please check all that apply):
 - High school
 - Community College
 - Some College
 - College
 - Graduate Studies

10. How many children are under your care?

Number of Children _____

Age Range _____

Operations and Practices

11. As a childcare provider, what languages do you speak?

12. Let's begin by talking about the general food shopping practice of your day care. On the average, how often does someone do major food shopping for this household?

- More than once a week
- Once a week
- Once every two weeks
- Once a month or less
- Never

13. How much a month do you spend on food for your day care facility?

\$|_|_|_|_|,|_|_|_|_|.00 PER MONTH

14. How often do you provide food from restaurants such as McDonalds, Pizza Hut, Burger King, Denny's:

- Never
- 1-3 times a month
- 4-6 times a month
- 7-10 times a month
- More than 10 times a month

Other _____

- Never
- 1-3 times a month
- 4-6 times a month
- 7-10 times a month
- More than 10 times a month
-

Profile of Your Community Food Resources

Federal Food Assistance Program Resources

15. As a child care provider, do you rely on any of the following programs:

- Food Stamps
- WIC
- San Francisco Food Bank
- National School Lunch
- School Breakfast
- Child and Adult Care Food Program

- Summer Food Service Program
- The Emergency Food Assistance Program
- WIC Farmers' Market Nutrition Program
- Meals on Wheels
- Nutritional Services Incentive Program

Provider Care Routines

If you are a license exempt childcare provider please skip the questions 16 and 17.

16. Does the monthly reimbursement help to reduce your food costs?

- Yes
- No
- Don't Know

16a. If **YES**, how?

17. By belonging to the Food Program, do you feel that you serve more nutritious, healthy, well-balanced meals to the children in your care?

- Yes
- No
- Don't Know

18. How often does your facility provide fresh fruits and vegetables?

- Everyday
- 1-3 times a week
- 4-6 times a week
- Never

19. Would you prefer to buy organic food (food without pesticides or chemicals)?

- Yes
- No
- Don't Know

20. Would you participate in a program that provides produce boxes purchased directly from local farmers?

- Yes
- No
- Don't Know

21. How often do you involve children in your facility meal planning and preparation?

- Everyday
- 1-3 times a week
- 4-6 times a week
- Never
- Don't Know

22. How much time do you spend per day on meal and snack preparation?

- 0- 30 minutes
- 30 minutes – 1 hour
- 1 hour- 1 ½ hours
- 1 ½ hours – 2 hours
- 2 hours- 2 ½ hours
- 2 ½ hours -3 hours
- 3 hours –3 ½ hours
- 3 ½ hours – 4 hours

23. How often do you involve children in physical activities?

- Everyday
- 1-3 times a week
- 4-6 times a week
- Never
- Don't Know

24. Which best describes the quantity of food served in facility in the last 12 months:

- Enough of the kinds of food we want to eat
- Enough but not always the kinds of food we want
- Sometimes not enough to eat
- Often not enough

Food Resource Availability

25. When you buy food you most often rely on and how often do you go?

- Supermarkets: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Discount grocery stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Farmers Markets: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Convenient Stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Cooperative food stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Candy, nut, confectionery stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Dairy products stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Fruit & vegetable markets: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Meat and fish (Seafood) markets: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Miscellaneous food stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Retail bakeries: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly
- Corner Stores: _____ Daily, _____ Weekly, _____ Every 2 Weeks, _____ Monthly

26. How do you travel to the grocery facility?

- Car
- Public transportation
- Walk
- Taxi
- Rides from family/friends
- Don't shop for facility
- Other

Are any of the following important:

- 27. Who you buy your food from?
 - Yes
 - No
- 28. Where you buy your food?
 - Yes
 - No
- 29. Where your food comes from?
 - Yes
 - No
- 30. How long food sits on shelves?
 - Yes
 - No

Operations

31. What are your primary cooking facilities?

- Oven
- Stove
- Microwave
- Range top
- Other _____

32. What are your primary storage facilities?

- Refrigerator
- Freezer
- Cabinets
- Closets

33. Who does the grocery shopping for your business?

34. What days and times do you or your family shop for groceries?

35. Who plans the meals for your day care?

Barriers to Access

36. Have you experienced any of the following when you buy food for you facility?

- Inconvenient Hours
- Poor customer service
- Lack of information
- Stigma
- Distance to Resources
- Insufficient food or food benefits available or offered
- Difficulty getting to the store
- Other _____

37. Why do you find it difficult to purchase the foods that you want for your facility?

38. Which do you believe is more expensive:

- Eating fast food
- Cooking at home

39. How many meals do you provide for the children each day?

- 1 meal
- 2 meals
- 3 meals
- 4 meals
- 5 or more

40. Do you request that parents provide food for their children in your day care?

- Yes
- No
- Don't Know

41. Do you have children in your facility with special dietary needs?

- Yes
- No
- Don't Know

Food Prices

42. In general do you feel that:

- You don't spend enough on food
- You spend just about right on food
- You pay too much for food

43. Do food purchases:

- Burden your business
- Have no affect on your business
- Never thought about how it fits into business

Programming

44. What would help you provide better, nutritious meals for the children?

45. Would you be interested in the following programs?

- Continuing Education Credits
- Fresh Local Produce Shopping
- Co-operative shopping
- Local farmer's markets.
- PTA or local school involvement- adopt a school
- Food Stamp education and resources
- Obesity resources, programs
- Exercise activities, programs for children and adults
- Cooking classes
- Parent/ child support groups
- Home Gardens
- Other

46. What information about nutrition and healthy eating would help you to provide good, nutritious food in your facility:

- Brochures
- Food pyramid guide
- Recipes
- Child Feeding information
- Food Program Information
- Medical Diet Information
- Other
 - Please specify topic and source

47. As you complete this questionnaire, in your opinion, what seems the most important for the children that receive your care?

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Food Program/Survey Participant: _____ Date: _____
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FOR CCSF USE ONLY	
<input type="checkbox"/> Receive Date _____	<input type="checkbox"/> Incentive mailed _____
<input type="checkbox"/> Verification/Entry _____	<input type="checkbox"/> Drawing entry _____

Thank You.