Program Code_____Zip Code____Initial letter of your first, middle, and last names ____

Please complete this survey before the start of your first Cooking Matters for Childcare Professionals training. Your responses will help us improve future trainings. Please be as honest as you can; there are no "right" or "wrong" answers. This survey should take 5-10 minutes to complete. Mark "Does Not Apply" if you do not know the answer or if it does not apply to your role. Thank you for your time!

*Throughout the survey, the term "healthy foods" or "healthy" refers to vegetables, fruits, low-fat or fat-free fluid milk and milk substitutes, whole grains, lean meats and water.



In your job as a child care professional, how often do you typically	Never	Rarely	Sometimes	Often	Always	Does Not Apply
plan menus to keep within your daycare budget?						
adjust meals or snacks to use fruits and vegetables that are in-season?						
adjust meals or snacks to use food items that are on sale?						
use the "Nutrition Facts" on food labels to compare foods?						
use the same <i>healthy*</i> ingredient in more than one recipe?						
keep raw and cooked food separate to avoid the spread of germs?						
prepare meals or snacks using <i>healthy</i> foods*?						
let children help prepare meals or snacks?						
offer fruits and vegetables to children in your care?						
let children choose from a variety of <i>healthy</i> foods* at the table?						
let children help serve meals or snacks?						
eat with children at the table?						
let children see you enjoy the same <i>healthy</i> foods* they are eating?						
engage children in conversation at mealtimes?						
use foods-based activities with children in your care to teach children basic concepts about healthy* eating?						
talk to parents about the foods served and eaten?						

Cooking Matters collects information about program participants to help us understand the audience that we serve. If you are uncomfortable answering questions 1 through 5, please select "I prefer not to answer" or skip that question.

1. How do you identify?		5.	5. What is the child care setting in which yo				
☐ Male ☐ Female ☐ Transgender ☐ Gender nonconfo ☐ Gender fluid/non exclusively male ☐ Intersex/interger ☐ Something else f ☐ I am not sure of ☐ I do not know wh asking ☐ I prefer not to sa	e or female inder its better (specify) my gender identity nat this question is	6.	work? ☐ Home-Based Child Care ☐ Child Care Center What is your role in the child care setting in which you work? Select all that apply. ☐ Classroom staff ☐ Food service staff ☐ Administrative or support staff				
 2. What is your age? □ 14-17 years □ 18-59 years □ 60-75 years □ 76 years or older □ I prefer not to sa 3. Are you Hispanic or □ Yes □ No □ I prefer not to sa 	ry - Latino?	7.	How old are the children in your care (you may mark more than one)? □ 0-11 months □ 1 year old □ 2 years old □ 3 years old □ 4 years old □ 5 years old □ 10 years old □ 10 years old □ 10 years old				
4. What is your race (☐ American Indian ☐ Asian ☐ Black or African / ☐ Native Hawaiian ☐ White ☐ Other (please special)	or Alaskan Native American or Pacific Islander ecify)	8.	Does your child care setting get Child Adult Care Food Program (CACFP) or other reimbursement for meals served? Yes No I don't know				

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