

Evaluation of Healthy Kids, Healthy Communities

Section C: Meal or snack environment (cont.)			Section E: Meal foods available (menu review) (cont.)			
21. Do the signs highlight specific foods or beverages? (cont.)					23.f. High fat meats (e.g., bacon, sausage)	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.f. 100% juices	<input type="checkbox"/> No	<input type="checkbox"/> Yes			23.g. Lean meats (e.g., turkey bacon)	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.g. High-fiber, whole grains	<input type="checkbox"/> No	<input type="checkbox"/> Yes			23.h. High-fiber, whole grain foods (e.g., whole wheat bread, oatmeal)	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.h. Low-fat foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes			23.i. Sweet foods (muffins, donuts)	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.i. Beverages with fat or sugar	<input type="checkbox"/> No	<input type="checkbox"/> Yes			23.j. Other, specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
20.j. High-fat foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	24. Are lunch or dinner foods offered at the facility? (If no, skip to Question 25)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
20.k. Sweet foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	24.a. Fresh fruit or vegetables (e.g., apples, bananas, carrots, beans)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
20.l. Salty foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	24.b. Frozen or canned fruit or vegetables (no syrup or butter)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Section D: Beverages available (menu review)					24.c. Frozen or canned fruit or vegetables (with syrup or butter)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21. Is milk offered? (If no, skip to Question 22)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.d. Vegetables cooked with fat (e.g., butter)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.a. Skim milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.e. Cottage cheese or low-fat yogurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.b. 1% milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.f. Fried or pre-fried vegetables (e.g., French fries, tater tots, hash browns)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.c. 2% milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.g. Fried or pre-fried meats (e.g., chicken nuggets, fish sticks)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.d. Whole or Vitamin D milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.h. High fat meats (e.g., hot dogs, bologna, ground beef, ham)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.e. Flavored whole milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.i. Beans	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.f. Flavored skim, 1%, or 2% milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.j. Lean meats, fish, poultry (e.g., baked/broiled chicken, turkey)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.g. Rice milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.k. High-fiber, whole grain foods (e.g., whole wheat bread or pasta, brown rice)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.h. Soy milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.l. Sweet foods (e.g., cookies, cakes)	<input type="checkbox"/> No <input type="checkbox"/> Yes
21.i. Lactaid	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.m. Salty foods (e.g., potato chips, popcorn)	<input type="checkbox"/> No <input type="checkbox"/> Yes
22. Are other beverages available? (If no, skip to Question 23)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			24.n. Other, specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
22.a. Water	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25. Are salad bar foods offered at the facility? (If no, skip to Question 26)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22.b. 100% juice	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25.a. Fresh fruit (1-2 types)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22.c. Sugar sweetened beverages (e.g., soda, tea, sports drink)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25.b. Fresh fruit (3-4 types)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
22.d. Other, specify:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	25.c. Fresh fruit (5+ types)		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Section E: Meal foods available (menu review)					25.d. Green vegetables (spinach, broccoli, collards, turnip greens, kale, lettuce, cabbage)	<input type="checkbox"/> No <input type="checkbox"/> Yes
23. Are breakfast foods offered at the facility? (If no, skip to Question 24)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.e. Orange vegetables (carrots, sweet potatoes, pumpkin)	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.a. Fresh fruit (e.g., apples, bananas)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.f. Red vegetables (tomatoes, red sweet pepper, beets)	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.b. Frozen or canned fruit (no syrup)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.g. Starchy vegetables (potatoes, corn, peas, squash)	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.c. Frozen or canned fruit with syrup	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.h. Cottage cheese or low-fat yogurt	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.d. Cottage cheese or low-fat yogurt	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.i. Nuts, seeds, legumes (dry beans)	<input type="checkbox"/> No <input type="checkbox"/> Yes
23.e. Fried or pre-fried vegetables (e.g., French fries, tater tots, hash browns)	<input type="checkbox"/> No	<input type="checkbox"/> Yes			25.j. Bacon bits or croutons	<input type="checkbox"/> No <input type="checkbox"/> Yes

Comments?

Evaluation of Healthy Kids, Healthy Communities

Section E: Meal foods available (menu review) (cont.)			Section G: Vending machines			
25. Are salad bar foods offered at the facility? (cont.)			28. Does the facility have vending machines? (If no, skip to Question 43)		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			No	Yes
25.k. Fat-free salad dressing	<input type="checkbox"/>	<input type="checkbox"/>	29. Do children have access to any of the vending machines within the facility?		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
25.l. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	30. Is access to any of the vending machines restricted to staff?		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
25.m. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	31. How many vending machines are in the facility? Specify:			
	No	Yes				
26. Are competitive foods offered at the facility? (If no, skip to Question 27)			32. How many vending machines do the children have access to? Specify:		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			No	Yes
26.a. Nachos with cheese only	<input type="checkbox"/>	<input type="checkbox"/>	33. How many food/beverage options are in vending machine #1? (Circle one.)			
	No	Yes				
26.b. Loaded nachos (e.g., cheese, beans, meat, sour cream, tomatoes, olives)	<input type="checkbox"/>	<input type="checkbox"/>	1	2-4	5-9	10+
	No	Yes				
26.c. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	34. How many food/beverage options are in vending machine #2? (Circle one.)			
	No	Yes				
26.d. Burgers	<input type="checkbox"/>	<input type="checkbox"/>	1	2-4	5-9	10+
	No	Yes				
26.e. Breaded chicken sandwich	<input type="checkbox"/>	<input type="checkbox"/>	35. How many food/beverage options are in vending machine #3? (Circle one.)			
	No	Yes				
26.f. Grilled chicken sandwich	<input type="checkbox"/>	<input type="checkbox"/>	1	2-4	5-9	10+
	No	Yes				
26.g. Fried or pre-fried vegetables (e.g., French fries, tater tots, hash browns)	<input type="checkbox"/>	<input type="checkbox"/>	36. How many food/beverage options are in vending machine #4? (Circle one.)			
	No	Yes				
26.h. Sweet foods (e.g., cookies, cakes, ice cream, candy)	<input type="checkbox"/>	<input type="checkbox"/>	1	2-4	5-9	10+
	No	Yes				
26.i. Salty foods (e.g., potato chips, popcorn)	<input type="checkbox"/>	<input type="checkbox"/>	37. How many food/beverage options are in vending machine #5? (Circle one.)			
	No	Yes				
26.j. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	1	2-4	5-9	10+
	No	Yes				
26.k. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	38. Where are the vending machines located?			
	No	Yes				
Section F: Snack foods available (menu review)			38.a. Cafeteria		<input type="checkbox"/>	<input type="checkbox"/>
27. Are snack foods offered at the facility? (If no, skip to Question 28)			38.b. Hallway		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			No	Yes
27.a. Fresh fruit (e.g., apples, bananas, oranges)	<input type="checkbox"/>	<input type="checkbox"/>	38.c. Commons area		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.b. Frozen or canned fruit (no syrup)	<input type="checkbox"/>	<input type="checkbox"/>	38.d. Staff lounge		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.c. Frozen or canned fruit with syrup	<input type="checkbox"/>	<input type="checkbox"/>	38.e. Other, specify:		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.d. Raw, fresh vegetables (e.g., carrots, broccoli)	<input type="checkbox"/>	<input type="checkbox"/>	39. Are food items available in the vending machine(s)? (If no, skip to Question 40)		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.e. Frozen or canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	39.a. Chips/crackers/pretzels (baked, low-fat)		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.f. Cottage cheese or low-fat yogurt	<input type="checkbox"/>	<input type="checkbox"/>	39.b. Granola bars/cereal bars		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.g. High-fiber, whole grain foods (e.g., granola bars)	<input type="checkbox"/>	<input type="checkbox"/>	39.c. Nuts/trail mix		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.h. Sweet foods (e.g., cookies, cakes)	<input type="checkbox"/>	<input type="checkbox"/>	39.d. Reduced fat cookies or baked goods		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.i. Salty foods (e.g., potato chips, popcorn)	<input type="checkbox"/>	<input type="checkbox"/>	39.e. Candy, chips, cookies, snack cakes (sugar, salt, or fat)		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.j. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	40. Are beverages available in the vending machine(s)? (If no, skip to Question 41)		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
27.k. Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	40.a. Water (no additives)		<input type="checkbox"/>	<input type="checkbox"/>
	No	Yes			No	Yes
			40.b. 100% juice		<input type="checkbox"/>	<input type="checkbox"/>
					No	Yes

Comments?

Section G: Vending machines (cont.)			Section H. Other competitive foods & beverages	
40. Are beverages available in the vending machine(s)? (cont.)			43. Does the facility have a store that sells foods and beverages?	<input type="checkbox"/> No <input type="checkbox"/> Yes
40.c.. Skim milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes	44. Does the facility have another place that sells foods and beverages? (If no to Questions 43-44, audit is complete)	<input type="checkbox"/> No <input type="checkbox"/> Yes
40.d. Sports or energy drinks	<input type="checkbox"/> No	<input type="checkbox"/> Yes	44.a. Specify:	
40.e. Diet soda	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45. Are food items available in these other locations? (If no, skip to Question 46)	<input type="checkbox"/> No <input type="checkbox"/> Yes
40.f. Sugar sweetened beverages (e.g., soda, tea)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.a. Chips/crackers/pretzels (baked, low-fat)	<input type="checkbox"/> No <input type="checkbox"/> Yes
41. Are advertisements present on the vending machine (point of purchase prompts)? (If no, skip to Question 43)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.b. Granola bars/cereal bars	<input type="checkbox"/> No <input type="checkbox"/> Yes
42. Do the advertisements highlight specific foods or beverages? (If no, skip to Question 43)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.c. Nuts/trail mix	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.a. 100% juice	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.d. Reduced fat cookies or baked goods	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.b. Skim milk	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.e. Candy, chips, cookies, snack cakes (sugar, salt, or fat)	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.c. High-fiber, whole grains	<input type="checkbox"/> No	<input type="checkbox"/> Yes	45.f. Other, specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.d. Low-fat foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46. Are beverages available in these other locations? (If no, audit is complete)	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.e. Beverages with fat or sugar	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46.a. Water (no additives)	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.f. High-fat foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46.b. 100% juice	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.g. Sweet foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46.c. Skim milk	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.h. Salty foods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46.d. Sports or energy drinks	<input type="checkbox"/> No <input type="checkbox"/> Yes
42.i. Other, specify:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	46.e. Diet soda	<input type="checkbox"/> No <input type="checkbox"/> Yes
			46.f. Sugar sweetened beverages (e.g., soda, tea)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Comments?

Nutrition Environmental Audit Tool for Child Care Settings

Introduction

This tool and protocol were developed by the evaluation team from Transtria LLC (Laura Brennan, PhD, MPH, Principal Investigator; Allison Kemner, MPH; Tammy Behlmann, MPH; Jessica Stachecki, MSW, MBA; Carl Filler, MSW) and Washington University Institute for Public Health (Ross Brownson, PhD, Co-Principal Investigator; Christy Hoehner, PhD, MSPH), with feedback from national advisors and partners. This tool and protocol were adapted from the Community Healthy Living Index, a Vending machine tool from Center for Science in Public Interest, and the Nutrition Environment Assessment Tool (NEAT).

Funding was provided for the *Evaluation of Healthy Kids, Healthy Communities* by a grant from the Robert Wood Johnson Foundation (#67099). Transtria LLC is leading the evaluation and dissemination activities from April 2010 to March 2014. For more information about the evaluation, please contact Laura Brennan (laura@transtria.com) or Allison Kemner (akemner@transtria.com).

Prior to conducting the audit

Safety

- Assess the safety of the environment for auditing before entering the area:
 - If dangerous or suspicious activities are taking place, leave the premises, notify the Project Director or Coordinator, and determine whether to schedule a new audit.

Items to remember

- Pencils, a copy of the paper tools for all data collectors, clipboards
- Comfortable shoes, umbrella (if it's raining), sunscreen
- Data collectors' contact information (in case of emergency)
- List and map of sites for data collection, identifying boundaries of the area
- Letter from the Project Director or Coordinator explaining the reason for data collection
- Transportation to and from the site for observers, if needed

Nutrition Environmental Audit Tool for Child Care Settings (Instruction Sheet)

Top of the Nutrition Environmental Audit Tool for Child Care Settings form

- Facility name: Name of the daycare, school, or other facility
- Facility address: The street, city, state and zip code for the facility
- Auditor 1: Name of auditor #1
- Auditor 2: Name of auditor #2
- Size of facility: The capacity of the facility or the number of youth being served
- Child care facility ID (for Transtria use only): Transtria will assign an ID for this facility for the data analysis.
- Community partnership: Name of your community partnership for Healthy Kids, Healthy Communities
- Date: Date of data collection
- Start Time: Time that the data collection process starts
- End Time: Time that the data collection process ends

Section A: Facility characteristics

1. What is the type of facility? Circle one.

- School: An institution for the teaching of children
- Community center: A building or other place where members of a community may gather for social, educational, or cultural activities
- Child care center: A facility or organization offering day care
- Faith-based center: A building or other place that serves as a meeting place for a religious congregation
- Other: Note any type of facility not listed above.

2. What types of services does this facility provide? Place an **X** in the appropriate box () corresponding to Yes or No.

- 2.a. Early child care and education only: Education and child care programming for pre-school age children
- 2.b. After-school care and education only: Education and afterschool programming for school age children
- 2.c. Both early child and after-school care/education: Education, child care, and programming for pre-school and school-age children
- 2.d. Summer care and education (all ages): Education and programming during summer months for pre-school and school-age children
- 2.e. Other: Note any type of service provided by the facility not listed above.

For Question 3, document the days and hours of service. For each day of the week that services are offered, fill in the start and end times, or place an **X** in the box for Not Open if the facility does not offer services that day.

- 3.a. Sunday
- 3.b. Monday
- 3.c. Tuesday
- 3.d. Wednesday
- 3.e. Thursday
- 3.f. Friday
- 3.g. Saturday

Section B: Food preparation environment

For Questions 4-10, place an **X** in the appropriate box () corresponding to Yes or No.

4. Is there a refrigeration and/or cooling system?: A mechanism for storage of food and beverage items that must be temperature controlled

5. Is there a food preparation space, including a sink and counter area?: An area of the kitchen that is dedicated to preparing meals or snacks

6. Is there an oven to bake foods in?: An appliance with a compartment that can heat, bake, and roast food

7. Is there a cook top/stove top/range?: An appliance with a surface heated by electricity or fuel that is used to cook food in pots or pans

8. Is there sufficient cooking equipment?: A quantity of pots, pans, utensils, cutting boards, etc. that allows for simultaneous preparation of multiple foods

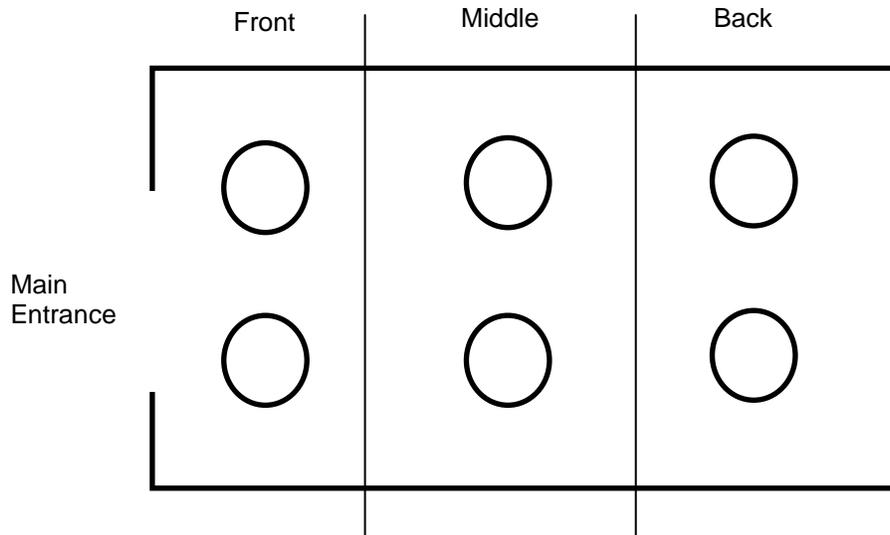
9. Is there a garden used to supplement food service?: E.g., a vegetable, fruit, or herb garden

10. Is there a garden used for other purposes?: E.g., education, sensory development, ornamental

Section C: Meal or snack environment

For Questions 11-17, document the location of each feature in the meal or snack environment by circling the most appropriate response choice.

- Front: The feature is located near the entrance to the meal or snack environment.
- Middle: The feature is located in the middle of the meal or snack environment.
- Back: The feature is located near the rear of the meal or snack environment.
- NA: The feature is not present in the meal or snack environment.



11. Where is the hot meal area?: The location where youth can select their meal (e.g., lunch line).

12. Where is the salad bar?: A self-service counter featuring an array of salad ingredients and dressings.

13. Where are the competitive foods?: Foods or beverages sold outside of the school food service program.

14. Where are the vending machines?: A machine that contains foods and/or beverages for purchase and consumption.

15. Where are the water fountains?: A structure which provides a jet of drinking water.

16.-17. Other: Note any feature(s) of interest in the meal or snack environment not listed above (e.g., a desk for a teacher/caregiver who is monitoring the children, a water cooler).

For Questions 18-19, place an **X** in the appropriate box () corresponding to Yes, No, or NA.

NOTE: NA is appropriate response if: a) there is no point of sale (#18); b) there is only one snack/meal option (#18-19)

18. Are points of purchase prompts present?: Signage used to encourage the purchase of a particular food or beverage at the point of sale.

19. Are other food and beverage advertisements present?: General advertisement to encourage purchase of food or beverage not located at point of sale.

For Question 20, place an **X** in the appropriate box () corresponding to Yes or No.

20. Do the signs highlight specific foods or beverages? If not, proceed to Question 21.

- 20.a. Skim milk
- 20.b. Frozen or canned fruit (no syrup)
- 20.c. Frozen or canned fruit with syrup
- 20.d. Fresh fruits or vegetables
- 20.e. Steamed or grilled vegetables

Comments?: An optional space for auditors to enter notes

20. Do the signs highlight specific foods or beverages? (cont.)

- 20.f. 100% juices
- 20.g. High-fiber, whole grains
- 20.h. Low-fat foods
- 20.i. Beverages with fat or sugar
- 20.j. High-fat foods
- 20.k. Sweet foods
- 20.l. Salty foods

Section D: Beverages available (menu review)

For Questions 21-22, place an X in the appropriate box (☐) corresponding to Yes or No.

21. Is milk offered? If not, proceed to Question 22.

- 21.a. Skim milk
- 21.b. 1% milk
- 21.c. 2% milk
- 21.d. Whole of Vitamin D milk
- 21.e. Flavored whole milk
- 21.f. Flavored skim, 1%, or 2% milk
- 21.g. Rice milk
- 21.h. Soy milk
- 21.i. Lactaid

22. Are other beverages available? If not, proceed to Question 23.

- 22.a. Water
- 22.b. 100% juice
- 22.c. Sugar sweetened beverages (e.g., soda, tea, sports drink)
- 22.d. Other: Note any available beverage not listed above.

Section E: Meal foods available (menu review)

For Questions 23-26, place an X in the appropriate box (☐) corresponding to Yes or No.

23. Are breakfast foods offered at the facility? If not, proceed to Question 24.

- 23.a. Fresh fruit (e.g. apples, bananas)
- 23.b. Frozen or canned fruit (no syrup)
- 23.c. Frozen or canned fruit with syrup
- 23.d. Cottage cheese or low-fat yogurt
- 23.e. Fried or pre-fried vegetables (e.g. French fries, tater tots, hash browns)
- 23.f. High fat meats (e.g. bacon, sausage)
- 23.g. High-fiber, whole grain foods (e.g. whole wheat bread, oatmeal)
- 23.h. Lean meats (e.g., turkey bacon)
- 23.i. Sweet foods (e.g. muffins, doughnuts)
- 23.j. Other: Note any available breakfast foods not listed above.

24. Are lunch or dinner foods offered at the facility? If not, proceed to Question 25.

- 24.a. Fresh fruit or vegetables (e.g. apples, bananas, carrots, beans)
- 24.b. Frozen or canned fruit or vegetables (no syrup or butter)
- 24.c. Frozen or canned fruit or vegetables (with syrup or butter)
- 24.d. Vegetables cooked with fat (e.g., butter)
- 24.e. Cottage cheese or low-fat yogurt
- 24.f. Fried or pre-fried vegetables (e.g., French fries, tater tots, hash browns)
- 24.g. Fried or pre-fried meats (e.g., chicken nuggets, fish sticks)
- 24.h. High fat meats (e.g., hot dogs, bologna, ground beef, ham)
- 24.i. Beans
- 24.j. Lean meats, fish, poultry (e.g., baked/broiled chicken, turkey)
- 24.k. High-fiber, whole grain foods (e.g. whole wheat bread or pasta, brown rice)

- 24.l. Sweet foods (e.g., cookies, cakes)
- 24.m. Salty foods (e.g., potato chips, popcorn)
- 24.n. Other: Note any available lunch or dinner foods not listed above.

25. Are salad bar foods offered at the facility? If not, proceed to Question 26.

- 25.a. Fresh fruit (1-2 types)
- 25.b. Fresh fruit (3-4 types)
- 25.c. Fresh fruit (5+ types)
- 25.d. Green vegetables (spinach, broccoli, collards, turnip greens, kale, lettuce, cabbage)
- 25.e. Orange vegetables (carrots, sweet potatoes, pumpkin)
- 25.f. Red vegetables (tomatoes, red sweet pepper, beets)
- 25.g. Starchy vegetables (potatoes, corn, peas, squash)
- 25.h. Cottage cheese or low-fat yogurt
- 25.i. Nuts, seeds, legumes (dry beans)
- 25.j. Bacon bits or croutons

Comments?: An optional space for auditors to enter notes

25. Are salad bar foods offered at the facility? (cont.)

- 25.k. Fat-free salad dressing
- 25.l.-25.m. Other: Note any available salad bar foods not listed above.

26. Are competitive foods offered at the facility? If not, proceed to Question 27. Competitive foods: Foods or beverages sold outside of the facility food service program.

- 26.a. Nachos with cheese only
- 26.b. Loaded nachos (e.g., cheese, beans, meat, sour cream, tomatoes, olives)
- 26.c. Pizza
- 26.d. Burgers
- 26.e. Breaded chicken sandwich
- 26.f. Grilled chicken sandwich
- 26.g. Fried or pre-fried vegetables (French fries, tater tots)
- 26.h. Sweet foods (e.g., cookies, cakes, ice cream, candy)
- 26.i. Salty foods (e.g., potato chips, popcorn)
- 26.j.-26.k. Other: Note any available competitive foods not listed above.

Section F: Snack foods available (menu review)

For Question 27, place an **X** in the appropriate box () corresponding to Yes or No.

27. Are snack foods offered at the facility? If not, proceed to Question 28.

- 27.a. Fresh fruit (e.g., apples, bananas, oranges)
- 27.b. Frozen or canned fruit (no syrup)
- 27.c. Frozen or canned fruit with syrup
- 27.d. Raw, fresh vegetables (e.g., carrots, broccoli)
- 27.e. Frozen or canned vegetables
- 27.f. Cottage cheese or low-fat yogurt
- 27.g. High-fiber, whole grain foods (e.g., granola bars)
- 27.h. Sweet foods (e.g., cookies, cakes)
- 27.i. Salty foods (e.g., potato chips, popcorn)
- 27.j.-27.k. Other: Note any available snack foods not listed above.

Section G: Vending machines

For Question 28, place an **X** in the appropriate box () corresponding to Yes or No. If no vending machines are present, proceed to Question 43.

28. Does the facility have vending machines?

For Questions 29-30, place an **X** in the appropriate box () corresponding to Yes or No.

29. Do children have access to any of the vending machines in the facility?: Vending machines are located in an area children have access to.

30. Is access to any of the vending machines restricted to staff?: Some vending machines are in an area where only staff can access them.

For Questions 31-32, record your answers about the vending machines on the tool.

31. How many vending machines are in the facility?: Count the total # of vending machines in the facility.

32. How many vending machines do the children have access to?: Count only the # of vending machines in the facility that the children can access.

For Questions 33-37, circle the appropriate response.

- 1: The vending machine has only one food/beverage option.
- 2-4: The vending machine has 2-4 food/beverage options.
- 5-9: The vending machine has 5-9 food/beverage options.
- 10+: The vending machine has 10 or more food/beverage options.

33. How many food/beverage options are in vending machine #1? Count the total # of food/beverage options in the first vending machine and circle the appropriate response.

34. How many food/beverage options are in vending machine #2? Count the total # of food/beverage options in the second vending machine and circle the appropriate response. If this exceeds the total number of vending machines, write NA.

35. How many food/beverage options are in vending machine #3? Count the total # of food/beverage options in the third vending machine and circle the appropriate response. If this exceeds the total number of vending machines, write NA.

36. How many food/beverage options are in vending machine #4? Count the total # of food/beverage options in the fourth vending machine and circle the appropriate response. If this exceeds the total number of vending machines, write NA.

37. How many food/beverage options are in vending machine #5? Count the total # of food/beverage options in the fifth vending machine and circle the appropriate response. If this exceeds the total number of vending machines, write NA.

For Questions 38-42, place an **X** in the appropriate box () corresponding to Yes or No.

38. Where are the vending machines located?

- 38.a. Cafeteria
- 38.b. Hallway
- 38.c. Commons area
- 38.d. Staff lounge
- 38.e. Other: Note any vending machine location not listed above.

39. Are food items available in the vending machine(s)? If not, proceed to Question 40.

- 39.a. Chips/crackers/pretzels (baked, low-fat)
- 39.b. Granola bars/cereal bars
- 39.c. Nuts/trail mix
- 39.d. Reduced fat cookies or baked goods
- 39.e. Candy, chips, cookies, snack cakes (sugar, salt, or fat)

40. Are beverages available in the vending machine(s)? If not, proceed to Question 41.

- 40.a. Water (no additives)
- 40.b. 100% juice

Comments?: An optional space for auditors to enter notes

40. Are beverages available in the vending machine(s)? (cont.)

- 40.c. Skim milk
- 40.d. Sports or energy drinks
- 40.e. Diet soda
- 40.f. Sugar sweetened beverages (e.g., soda, tea)

41. Are advertisements present on the vending machines (point of purchase prompts)? If not, proceed to Question 43.

- This does not include brand (e.g., Pepsi, Coca-Cola) names or labeling on the machines.

42. Do the advertisements highlight specific foods or beverages? If not, proceed to Question 43.

- 100% juice
- Skim milk
- High-fiber, whole grains
- Low-fat foods
- Beverages with fat or sugar
- High-fat foods
- Sweet foods
- Salty foods
- Other: Note any vending machine item highlighted by an advertisement not listed above.

Section H: Other competitive foods & beverages

For Questions 43-46, place an X in the appropriate box () corresponding to Yes or No.

43. Does the facility have a store that sells foods and beverages?: A store that sells foods and beverages independent of the cafeteria or other primary area where meals are provided.

44. Does the facility have another place that sells foods and beverages? If no to Questions 43-44, audit is complete.

- 44.a. Specify: Note the other places that sells foods and beverages.

45. Are food items available in these other locations? If not, proceed to Question 46.

- 45.a. Chips/crackers/pretzels (baked, low-fat)
- 45.b. Granola bars/cereal bars
- 45.c. Nuts/trail mix
- 45.d. Reduced fat cookies or baked goods
- 45.e. Candy, chips, cookies, snack cakes (sugar, salt, or fat)
- 45.f. Other: Note any competitive food not listed above.

46. Are beverages available in these other locations? If not, audit is complete.

- 46.a. Water (no additives)
- 46.b. 100% juice
- 46.c. Skim milk
- 46.d. Sports or energy drinks
- 46.e. Diet soda
- 46.f. Sugar sweetened beverages (e.g., soda, tea)

Comments?: An optional space for auditors to enter notes

Make sure you fill out the end time at the top of the first page.