Rhode Island Healthy Schools Coalition

SCHOOL NUTRITION & PHYSICAL ACTIVITY SURVEY

Attached is a survey that you can use to help you “take inventory” of your school’s nutrition and physical activity environments. This tool provides your School Team with a compilation and description of what food and physical activity opportunities are available to students during the school day.

Although this survey is quite comprehensive, your school may have other food sales, service areas, or physical activity opportunities to investigate. However, once completed, this tool provides an excellent starting point for your school Team to plan and strategize how to improve the nutrition and physical activity environments to help your children build better habits for a healthier lifetime.

Survey Tips:
1. Use the entire survey if you would like to comprehensively evaluate both nutrition and physical activity in each school within your district.
   OR
   Choose sections of the survey that apply to the areas you would like to investigate.

2. Have more than one individual in each school complete the survey and then sit down together to compare answers, discuss discrepancies, and prepare a final document to present to the school Team and/or school officials.
   OR
   Designate one individual to complete the survey and prepare a final document for presentation to the school Team and/or school officials.

3. Everyone, please keep in mind that the completed survey highlights positive aspects of the school’s nutrition and physical activity environment, as well as helps you to zero in on areas where improvements can be made.

This document can be customized for your specific school needs. If you would like an electronic copy of this Word Document and/or if you have questions, would like to share information or need assistance in evaluating the results of your survey, contact:

• Jeanette Nessett, RD, LDN, Nutrition Specialist with the New England Dairy & Food Council and RI Healthy Schools Coalition State Liaison at jnessett@newenglanddairy.com

or

• Dorothy Brayley, Executive Director of Kids First and Chair, RI Healthy Schools Coalition at 401-751-4503 or kids1st@gis.net
SCHOOL NUTRITION AND PHYSICAL ACTIVITY SURVEY

School Name_________________________ Grades____________
Completed by_________________________ Date______________
Title_________________________________ Phone____________

VENDING
1. Are there vending machines located in the school (include cafeteria)?  Yes  No
   If yes:  How many?_______
   Complete the chart below.

<table>
<thead>
<tr>
<th>Machine &quot;Name&quot; or Brand</th>
<th>Type of Products (list main items)</th>
<th>Price Range (lowest/highest)</th>
<th>Machine Location</th>
<th>Profits go to:</th>
<th>On Timer? Specify times available to buy</th>
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NUTRITION POLICY
2. Does the school have a nutrition policy?  Yes  No
   If yes, attach a copy.
### SCHOOL STORES / FUNDRAISERS

3. Is there a school store? Yes  No

   If yes:  What are the store’s hours of operation? __________________________
   Who/what do the profits go to? __________________________

   Complete the chart below.

<table>
<thead>
<tr>
<th>List Food Item Sold</th>
<th>Selling price</th>
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4. Have there been food fundraisers in the last two years? Yes  No

   If yes, complete the chart below.

<table>
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<th>List/Describe Food Items Sold</th>
<th>Selling price</th>
<th>Who/What Do Profits Go To</th>
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### CLASSROOM

5. Is nutrition/healthy eating taught in the classroom? Yes  No

   If yes, elaborate what grade levels, as part of which subject and what is taught?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. Are students allowed to consume snacks and beverages in the classroom? Yes No
   a. Is there any school-wide policy or rule? Yes No
      If yes, please specify or attach the policy or rule______________________________
   b. Are there a variety of classroom rules or policies? Yes No
      If yes, please list or attach specific classroom policies or rules_________________

7. Are students offered food or food coupons as a reward or a performance incentive in classrooms? Yes No
   a. If yes, please approximate how many classrooms in your school participate in this type
      of program________________________
   b. If yes, briefly describe reward program(s) and specify the kinds of foods or coupons
      offered__________________________________________________________

8. Does the school provide a list/recommendations of acceptable snacks and beverages that can be consumed in school? Yes No
   If yes, attach copy of the list/recommendations list.

CAFETERIA / MEAL SERVICE

9. What is the enrollment at the school? ________________________________

10. Is the school an open or closed campus? Open Closed

11. Does the school participate in the School Breakfast Program? Yes No
    If yes, what is the Average Daily Participation at breakfast? ________________

12. Is there an alternative breakfast service? Yes No
    If yes, note what type of alternative service______________________________

13. Does the school participate in the National School Lunch Program? Yes No
    If yes, what is the Average Daily Participation at lunch? ________________

14. How many serving periods are there for lunch? _______________________

15. How long is each of the serving periods for lunch? _______________________

16. What times are the serving periods for lunch? _________________________
17. Is there a “federally funded” After-school Snack Program?  Yes  No

If yes, what snacks are provided?  List food items for one week.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

18. What is the average participation in the After-school Snack Program? __________

19. Are there other after school programs?  Yes  No

If yes:  Do they serve snacks?  Yes  No
What snacks are provided?  List food items for one week.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOOD SERVICE FACILITY / STAFF

20. Does the food service facility use deep fat fryers?  Yes  No

21. Has food service staff had (or are there plans for) training in healthier food preparation?  Yes  No

Please describe__________________________

MENUS

22. Does the school food service publish menus?  Yes  No

If yes, please attach a sample school lunch & school breakfast menu.

23. Where and how are menus distributed and/or published?_______________

24. Do the menus include any type of nutrition information or healthy eating tips?  Yes  No

If so, please describe______________________________

________________________________________________________________________
BEVERAGE OFFERINGS IN THE CAFETERIA (Excluding Vending Machines)

25. List types and flavors of beverages offered and locations in the cafeteria.

<table>
<thead>
<tr>
<th>Type of Beverage &amp; Flavor (ex. Milk, chocolate)</th>
<th>Fat percentage</th>
<th>Total Calories per Container</th>
<th>Container Size (# ounces)</th>
<th>Location (ex. Main serving line, a la carte line, snack cart, etc.)</th>
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A LA CARTE

26. Is there a separate a la carte line?   Yes       No

27. How many a la carte service lines are available to the students?  _____

28. What items are available on the a la carte lines?

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Selling price</th>
<th># Days per Week Item is Sold</th>
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29. How are refrigerated foods displayed on the a la carte line?

30. Are they in a glass door refrigerator?   Yes       No
    If no, please describe ________________________________

31. Are healthier options available?   Yes       No
    If yes:   Please list healthier items ________________________________
    Are they attractively displayed? Yes   No   Please describe ________________________________
    Do they sell out before the end of last lunch? Yes   No

32. Is milk sold in cartons or plastic bottles?   Cartons       Bottles

33. Does the milk sell out before the end of last lunch?   Yes   No
34. Is juice sold?  Yes  No

35. Is it 100% juice?  Yes  No  If not, what is the percentage of fruit juice? ________%

36. Is fresh fruit or fresh-cut fruit available?  Yes  No  
If yes, please describe the fresh fruit selections, how they look, their accessibility, attractiveness of display, etc.______________________________________________________________

37. Are fresh salads available?  Yes  No  
If yes, please describe the salad selections, how they look, their accessibility, attractiveness of display, etc.______________________________________________________________

38. Are freshly made sandwiches and wraps available?  Yes  No  
If yes, please describe the sandwich-wrap selections, how they look, their accessibility, attractiveness of display, etc.______________________________________________________________

39. Are any whole grain breads or products available?  Yes  No

SCHOOL ENVIRONMENT

40. Are posters/notices posted to promote a healthy school environment in the school and in the cafeteria?  Yes  No

If yes: Please list locations________________________________________________________
Do the posters/notices have messages that include good nutrition and physical activity?  Yes  No

41. Are teachers allowed to have beverages i.e. soda, coffee in the classroom?  Yes  No

42. Do teachers participate in physical activity with the students?  Yes  No

If yes, please list examples:____________________________________________________

PHYSICAL ACTIVITY

43. Does the school have a qualified physical education specialist?

44. Approximately what percentage of physical education instructional minutes is dedicated to physical activities for students? ________ %

Please list the source of this information__________________________________________
45. Are there other opportunities for students or staff to engage in physical activity? Yes  No
   If yes, please list______________________________________________________________

46. List equipment and facilities available for physical activities______________________

47. Is the fitness education and assessment focused on helping children understand, improve
   and/or maintain their physical well-being? Yes  No

48. Is there promotion of regular amounts of appropriate physical activity now and for healthy
   lifelong habits? Yes  No
   If yes, please describe __________________________________________________________

49. Does the school engage in restricting physical activity or withholding recess for
   punishment? Yes  No

SUMMARY/RECOMMENDATION

Based on your findings, what areas do you feel could be improved to build a healthier school
environment with increased opportunities for physical activity and healthy eating?

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Continue to last part of survey
The Rhode Island Healthy Schools Coalition has adopted 2 state-wide, 5-year goals. Please read each goal and answer the questions regarding your school. Please provide your thoughts as to how the Coalition may help RI achieve the state goals.

**Goal:** By October, 2007, all schools in RI will adopt policies ensuring that foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with Dietary Guidelines for Americans (attached).

Does this school meet the goal?  Yes  No
If not, what obstacles do you feel are in the way of this school meeting this goal?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What do you feel the RI Healthy Schools Coalition could do (at the state or district level) to help schools overcome the obstacles to improving nutrition?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Goal:** By October, 2007, all schools in RI will provide all children, preK-12, with daily opportunities to engage in physical activity in addition to quality physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

Does this school meet the goal?  Yes  No
If not, what obstacles do you feel are in the way of this school meeting this goal?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What do you feel the RI Healthy Schools Coalition could do (at the state or district level) to help schools overcome the obstacles to increased physical activity?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

COMMENTS: