# Appendix A: Survey for Teachers (English)

**Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION ONE: GENERAL INFORMATION** |

*This set of questions will ask about some general information.*

(1) What is your county? \_\_\_\_\_\_\_\_\_\_\_\_\_

(2) What is your 5-digit zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Do you regularly participate in lunchtimes at your school?

 Yes \_\_\_\_\_

 No \_\_\_\_\_ **[if No, skip to end]**

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| **SECTION TWO: TYPICAL LUNCHTIME SETTING** |

*This set of questions will ask about your typical lunchtime setting* ***currently*** *for children age 3-5 years, eating normal “table food.” “Currently” means your typical daily practice during the past week.*

(4) Where do the children in your class usually eat lunch **currently**?

* Indoor Classroom \_\_\_\_\_\_
* Indoor Cafeteria \_\_\_\_\_\_\_\_
* Outdoors \_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) During lunchtime with your class **currently,** about how many children eat together at the same time? 1-10 \_\_\_\_\_ 11-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ 31-40 \_\_\_\_\_ 40+ \_\_\_\_\_

(6) About how many tables are in the eating area **currently**?

1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5+ \_\_\_

(7) About how many children sit at each table **currently**?

1-5 \_\_\_\_ 6-10 \_\_\_\_ 11-15 \_\_\_ 15+ \_\_\_

(8) About how many teachers participate during lunch with your class **currently**?

1 \_\_\_ 2\_\_\_ 3 \_\_\_ 4 \_\_\_ 5+ \_\_\_

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| **SECTION THREE: TYPICAL LUNCHTIME ROUTINES** |

*This set of questions will ask about your typical lunchtime routines* ***currently*** *for children age 3-5 years, eating normal “table food.”*

(9) **Currently,** how much time do children have to eat lunch? (Please think about when the first child in a group begins and the last child in the same group ends.) **[drop down menu]**

(10) Do children eat lunch at the same time each day? Yes \_\_\_\_\_ No \_\_\_\_\_

(11) Do children eat lunch in the same location each day? Yes \_\_\_\_\_ No \_\_\_\_\_

(12) Which best describes the lunchtime routine in your classroom **currently** (please select only one):

* Children serve themselves most foods, and children decide how much to take \_\_\_\_\_
* Children serve themselves most foods, and adults decide how much children may take \_\_
* Adults serve most foods, and children decide how much to take \_\_\_\_\_
* Adults serve most foods, and adults decide how much to give to children \_\_\_\_\_
* Food arrives at the school already portioned on each child’s plate \_\_\_\_\_
* Children bring food from home \_\_\_\_\_

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| **SECTION FOUR: ANY CHANGES IN LUNCHTIMES** |

*This set of questions will ask whether and how your typical lunchtime routines* ***have changed*** *since February 2020 (before COVID-19) for children age 3-5 years, eating normal “table food.”*

(13) Have your lunchtime routines changed due to COVID-19? (please select all that apply)

(a) Yes, we changed **where children sit** (e.g., putting more space between children) \_\_\_\_

(b) Yes, we changed **where children eat** (e.g., changed from cafeteria to classroom) \_\_\_

(c) Yes, we changed the **source of our meals** (e.g., changed from kitchen-onsite to parent bring) \_\_\_\_\_

(d) Yes, we changed the **types of foods** that are served (e.g., serving more healthy foods, serving less expensive food) \_\_\_\_\_

(e) Yes, we are doing **more cleaning** activities during mealtimes (e.g., increased handwashing and/or sanitizing surfaces) \_\_\_\_\_

(f) No, mealtime routines are basically the same \_\_\_\_\_

(g) Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION FIVE: TEACHERS’ MEALTIME RESPONSIBILITIES** |

*This set of questions will ask about your responsibilities as a teacher during a typical lunchtime* ***currently.***

(14) Do you sit with the children during lunch?

* + Yes, during the entire mealtime \_\_\_\_\_
	+ Yes, during part of the mealtime \_\_\_\_\_
	+ No \_\_\_\_\_

(15) Do you eat the same foods as the children during lunch?

Yes \_\_\_\_\_

No, I eat different foods \_\_\_\_\_

No, I do not eat while the children are eating \_\_\_\_\_

(16) Are all lunch items served at the same time? Yes \_\_\_\_\_ No \_\_\_\_\_

**[If no]** (16a) Which items are served first? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[If no]** (16b) Which items are served later? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(17) For meals **currently,** do parents ever ask you to feed their child in a specific way (e.g.,

please make sure my child finishes his/her lunch?)

Yes, often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

(18) For meals **currently,** do parents ever ask you to feed their child certain foods (e.g., please make sure my child eats his/her vegetables?)

Yes, often \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

(19) Are additional servings of food available during lunch?

 Yes, additional servings of food are available for **all items** \_\_\_\_\_

 Yes, additional servings of food are available for **some items** \_\_\_\_\_

 No, additional servings are not available \_\_\_\_\_

(20) Is milk served during lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

 **[If Yes]** (20a) Is additional milk available during lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

(21) Is water served during lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

(22) Do you have additional responsibilities during lunchtime? (e.g., paperwork, planning, preparing nap mats, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

(23) Do you wear a mask (i.e., cloth or disposable face covering that covers your mouth and nose) during any of the following times **before lunch?** (please select all that apply)

 When you are getting ready for lunch (e.g., setting the table, preparing plates of food) \_\_

 When you are helping the children wash their hands before lunch \_\_\_\_\_

 When you are serving any food to the children \_\_\_\_\_

 When you are helping children get out any food brought from home \_\_\_\_\_

 When you are helping the children remove and store their masks \_\_\_\_\_

 No, you do not wear a mask during any of these times before lunch \_\_\_\_\_

Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(24) Do you wear a mask during any of the following times **after lunch?** (please select all that apply)

 When you are helping children clean up the lunch table \_\_\_\_\_

 When you are helping children wash their hands \_\_\_\_\_

 When you are helping children get ready for their nap \_\_\_\_\_

 No, you do not wear a mask during any of these times after lunch \_\_\_\_\_

 Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION SIX: CHILDREN’S MEALTIME RESPONSIBILITIES** |

*This set of questions will ask about the children’s responsibilities during a typical lunchtime* ***currently.***

**(25) How often do children decide:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Very Often | Always |
| (a) whether to eat? |  |  |  |  |  |  |
| (b) what to eat? |  |  |  |  |  |  |
| (c) how much to eat? |  |  |  |  |  |  |
| (d) what **not** to eat? |  |  |  |  |  |  |

**(26) How often do children decide:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Very Often | Always |
| (a) whether to drink? |  |  |  |  |  |  |
| (b) what to drink? |  |  |  |  |  |  |
| (c) how much to drink? |  |  |  |  |  |  |
| (d) what **not** to drink? |  |  |  |  |  |  |

**(27) How often do children tell you:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Very Often | Always |
| (a) when they feel hungry? |  |  |  |  |  |  |
| (b) when they feel full? |  |  |  |  |  |  |

(28) Do the children wear a mask during any of the following times **before lunch?** (please select all that apply)

 When they are getting ready for lunch (e.g., setting the table, getting lunch boxes) \_\_\_\_

 When they are washing their hands \_\_\_\_\_

 When they receive their food \_\_\_\_\_

 No, the children do not wear masks during any of these times before lunch \_\_\_\_\_

Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(29) Do the children wear a mask during any of the following times **after lunch?** (please select all that apply)

 When they are cleaning up (e.g., throwing away trash, putting away lunchbox) \_\_\_\_\_

 When they are washing their hands \_\_\_\_\_

 When they are getting ready for nap \_\_\_\_\_

 No, the children do not wear masks during any of these times after lunch \_\_\_\_\_

 Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION SEVEN: MEALTIME SOCIAL INTERACTIONS** |

*This set of questions will ask about your social interactions with the children a typical lunchtime* ***currently.***

**(30) How often do you do the following with the children during lunchtime?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Very Often | Always |
| (a) I praise children for cleaning their plates. |  |  |  |  |  |  |
| (b) I require children to try one bite of each food. |  |  |  |  |  |  |
| (c) I ask children if they feel hungry. |  |  |  |  |  |  |
| (d) I ask children if they feel full. |  |  |  |  |  |  |
| (e) I stop children from eating too much of any one food so there will be enough for everyone. |  |  |  |  |  |  |
| (f) I encourage children to eat more food when I worry they are not getting enough at home. |  |  |  |  |  |  |
| (g) I let children eat until they are finished. |  |  |  |  |  |  |
| (h) I encourage children to try a new food by trying it together with them. |  |  |  |  |  |  |
| (i) I encourage children to try a new food by pointing out other children eating the food. |  |  |  |  |  |  |
| (j) I encourage children to eat quickly so we have time to transition to the next activity. |  |  |  |  |  |  |
| (k) I talk with the children about food. |  |  |  |  |  |  |
| (l) I talk with the children about non-food topics. |  |  |  |  |  |  |
| (m) If a child is not hungry, I let them sit through the entire meal without eating. |  |  |  |  |  |  |

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| **SECTION EIGHT: CHANGES IN MEALTIME SOCIAL INTERACTIONS** |

*This set of questions will ask about how your social interactions with the children during lunchtime* ***may have changed*** *due to COVID-19.*

(31) Has COVID-19 changed the way you interact with the children during a typical lunchtime? (please select all that apply)

(a) Yes, now I spend time helping children with their masks before and after eating. \_\_\_\_

(b) Yes, now I encourage the children to clean their plates more often so that we do not waste food. \_\_\_\_\_

(c) Yes, now I encourage the children to eat more healthy foods so that we will all

stay healthy. \_\_\_\_\_

(d) Yes, now I bring additional food for children I know are not getting enough to eat at home (e.g., crackers to add to a child’s lunch). \_\_\_\_\_

(e) Yes, now I do not get as close to the children to avoid sharing germs. \_\_\_\_

(f) Yes, we used to eat together “family style,” but now I do not eat together with the children. \_\_\_\_\_

(g) Yes, parents have more concerns about their children **eating healthy** foods at school.\_\_\_

(h) Yes, parents have more concerns about their children **eating enough** food at school. \_

(i) No, my interactions with the children during the meal are basically the same. \_\_\_\_\_

(j) Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(32) Is there anything else you want to share about how COVID-19 has influenced mealtimes at your school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION NINE: DEMOGRAPHICS** |

*In order to make sure that we hear from a variety of people, this section will ask some questions about your demographic information:*

(D1) Do you currently work Full Time or Part Time?

 Full Time (30 hours or more per week) \_\_\_\_\_

 Part Time (less than 30 hours per week) \_\_\_\_\_

(D2a) Have your hours changed due to COVID-19?

Yes, my hours have increased \_\_\_\_\_

Yes, my hours have decreased \_\_\_\_\_

No \_\_\_\_\_

(D2b) Has your employment status changed due to COVID-19?:

 Yes, my employment status has changed from Full time to Part time \_\_\_\_\_

 Yes, my employment status has changed from Part time to Full time \_\_\_\_\_

 No \_\_\_\_\_

(D3) In what year were you born? (please use 4 digits, e.g., 1985, 1970, etc.) \_\_\_\_\_\_\_\_\_\_\_\_

(D4) What is your gender? Female \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_

(D5) Are you Hispanic or Latinx?Yes \_\_\_\_\_ No \_\_\_\_\_

(D6) What is your race?(These categories are from the US Census. Please select all that apply.)

* + American Indian or Alaska Native \_\_\_\_\_
	+ Asian \_\_\_\_\_
	+ Native Hawaiian or Pacific Islander
	+ Black or African American \_\_\_\_\_
	+ Caucasian/White \_\_\_\_\_
	+ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(D7) How many years of experience do you have working in Early Care and Education? \_\_\_\_\_\_

(D8) What is your educational background? (please select all that apply)

* + Florida ECE Staff Credential \_\_\_\_\_
	+ Florida ECE Director’s Credential \_\_\_\_\_
	+ National Child Development Associate (CDA) \_\_\_\_\_
	+ Tier 1-5 Certification \_\_\_\_\_\_\_\_\_\_
	+ High school diploma or GED \_\_\_\_\_
	+ Some college education \_\_\_\_\_
	+ Associate’s Degree \_\_\_\_\_
	+ Bachelor’s Degree \_\_\_\_\_
	+ Master’s degree or higher \_\_\_\_\_
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for filling out this survey!** I know that ECE programs can be very different and each individual’s experience is unique. To help me understand your point of view, would you be willing to participate in a follow-up phone interview? I can provide a $25 e-gift card to Amazon for your participation. Yes \_\_\_\_\_ No \_\_\_\_\_\_

**If Yes, please provide your email and/or phone number and I will get in touch to schedule an interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**