### EPAO Observation

**Date of Observation:**
- **Month:** [ ]
- **Day:** [ ]
- **Year:** [ ]

**Observer ID#:** [ ]

**Start time:** [ ] : [ ]

**End time:** [ ] : [ ]

**Number of children in classroom:** [ ]

**Ages of children:**
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6

**Center Name**

**Initials of Teacher Observed**

**Eating Occasions Observed:**

- [ ] Breakfast
- [ ] AM Snack
- [ ] Lunch
- [ ] PM Snack

**Total Physical Activity occasions observed:** [ ]

**Weather:**

### Eating Occasions - Foods

1. **How was breakfast served? [Choose one.]**
   - [ ] family style
   - [ ] delivered and served in prepared portions
   - [ ] delivered in bulk and portioned by staff
   - [ ] N/A

2. **How was a.m. snack served? [Choose one.]**
   - [ ] family style
   - [ ] delivered and served in prepared portions
   - [ ] delivered in bulk and portioned by staff
   - [ ] N/A

3. **How was lunch served? [Choose one.]**
   - [ ] family style
   - [ ] delivered and served in prepared portions
   - [ ] delivered in bulk and portioned by staff
   - [ ] N/A

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4. How was **p.m. snack** served? [Choose one.]
   - family style
   - delivered and served in prepared portions
   - delivered in bulk and portioned by staff
   - N/A

5. How many times was **fruit** served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

6. How many times was **fruit** served fresh, frozed or canned in own juice the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

7. How many times was **100% fruit juice** served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

8. How many times were **vegetables** (not including French fries or fried vegetables) served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

9. How many times were **dark green, red, orange or yellow vegetables** served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

10. Was **margarine, butter, or meat fat** visible on vegetables?
    - yes
    - no

   10a. According to staff, during the day of observation were vegetables prepared with added fat?
    - yes
    - no
    - unsure

    - no vegetables served
11. Are vegetables typically served with added fat? (ask classroom staff or cook)  
○ yes  ○ no  ○ unsure

12. How many times were fried or pre-fried vegetables (e.g., tator tots, french fries, fried okra, fried zucchini and hashbrowns) served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ other

13. How many times were fried or pre-fried meats (e.g., chicken nuggets, fish sticks) served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ other

14. How many times were high fat meats (e.g., ground beef, bologna, hotdogs, ham) served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ other

15. How many times were lean meats/fish (e.g., baked chicken or turkey breasts, baked fish, deli turkey, tuna and salmon) served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ other

16. How many times were beans/lentils served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ other

17. How many times were high sugar and/or high fat foods (not condiments) served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ other

18. How many times were high sugar and/or high fat condiments served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ other

19. How many times were high fiber grains served the day of observation?  
○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ other
EPAO Observation

Eating Occasions - Beverages

20. Was drinking water for children visible in the classroom?
   - yes
   - no

20a. How accessible was drinking water to children in the classroom?
   - available for self-serve (child-level fountain or pitcher/cups on table)
   - available by request only

20b. If no, is there a water fountain in a nearby hallway?
   - yes
   - no

21. Did you witness teachers prompting children throughout the day to drink water?
   - yes, regularly (multiple times throughout the day,
     not just specific occasions such as coming in from outdoor play)
   - yes, at specific times only (such as coming in from outdoor play)
   - no

22. How many times were sugar drinks (Kool-aid, sports drinks, sweet tea, punch, sodas) served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - other

23. How many times was milk served the day of observation?
   - 0
   - 1
   - 2
   - 3
   - other

24. What type of milk was served to the majority of children at a majority of meals? [Mark only one.]
   - Whole
   - Skim
   - 2%
   - Whole, flavored
   - 1%
   - Lower fat, flavored (2%, 1%, skim)
   - Rice milk
   - Soy milk
   - Lactaid
25. Note other types of milk served to selected children: [Mark all that apply.]

- Whole
- Skim
- 2%
- Whole, flavored
- 1%
- Lower fat, flavored (2%, 1%, skim)
- Rice milk
- Soy milk
- Lactaid

Eating Occasions - Staff Behavior

26. Did staff push children to eat more than they want to (e.g., clean your plate, you won't get dessert until you finish lunch)?

- yes
- no

26a. How many eating occasions was the behavior observed?

- 1
- 2
- 3
- 4
- 5
- other

27. Did staff serve children second helpings without being asked for more by the child (see an empty plate and add food without request by child)?

- yes
- no

27a. How many eating occasions was the behavior observed?

- 1
- 2
- 3
- 4
- 5
- other

28. Did staff positively and gently encourage children to try new or less favorite foods?

- yes
- no (children resisted eating but were not encouraged)
- no children resisting eating observed

29. Was food used to control behavior?

- yes
- no

29a. How many eating occasions was the behavior observed?

- 1
- 2
- 3
- 4
- 5
- other
30. Did staff sit with children during lunch?  
   - yes  
   - no  
   → 30a. Did staff consume the same food as children?  
      - yes  
      - no

31. Did staff eat and/or drink less healthy foods in front of children?  
   - yes  
   - no  
   → 31a. How many meals?  
       1 2 3 4 5  
   - did not observe staff eating

32. Did staff talk with children about healthy foods?  
   - yes  
   - no  
   → 32a. How many separate times did you observe staff talking to children about healthy foods?  
       1 2 3 4 5  
   - did not observe staff talking

33. Was any formal nutrition education for children observed?  
   - yes  
   - no

**Physical Activity - Child Behaviors**

34. How many minutes of total active play time was observed (includes indoor, outdoor, structured and unstructured)?  
   
   minutes

35. Was structured physical activity observed?  
   - no  
   - yes  
   → 35a. How many occasions?  
       1 2 3 4 5  
   - other

   35b. Total minutes of structured PA observed:  

   minutes

   35c. Was the structured PA optional for children?  
       - yes  
       - no
36. Did you observe any outdoor active play?

- [ ] yes
- [ ] no

36a. How many times/day?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] other

36b. Was it due to weather (too hot, too cold, rain/snow)?

- [ ] yes
- [ ] no
- [ ] unsure

37. How many total minutes of outdoor active play (structured and unstructured) was observed?

[ ] minutes

38. Was drinking water for children available outdoors?

- [ ] yes
- [ ] no
- [ ] no outdoor time observed

38a. Did you see a drinking fountain located in the outdoor play area?

- [ ] yes
- [ ] no

39. While outdoors, did you witness teachers prompting children to drink water?

- [ ] yes
- [ ] no
- [ ] no outdoor time observed

Sedentary Activities - Child

40. Did you observe children seated for more than 30 minutes at a time (excluding nap and meal times)?

- [ ] yes
- [ ] no

40a. How many times/day?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] other

40b. How many total minutes of seated activity (majority of the class seated) was observed?

[ ] minutes
41. Was a TV present in the room?  ☐ yes  ☐ no

42. Was TV viewing observed?
   ☐ yes ➔ 42a. Total minutes TV was on: □ □ □ minutes
   ☐ no

   42b. Was it on during meals?  ☐ yes ➔ 42b_1. If yes, how many meals?
      ☐ no  ☐ 1  ☐ 2  ☐ 3 or more

   42c. Was the TV used only for viewing educational programs?  ☐ yes  ☐ no

43. Was a VCR/DVD present in the room?  ☐ yes  ☐ no

44. Was there a video game system present in the room?  ☐ yes  ☐ no

45. Was a computer present in the room for use by children?  ☐ yes  ☐ no

46. Was video game or computer game playing observed?
   ☐ yes ➔ 46a. Total number of minutes computer/video game playing was observed: □ □ □ minutes
   ☐ no

   46b. Was it being used for educational purposes only?  ☐ yes  ☐ no

   46c. How many total children participated in computer/video game playing during the entire day? □ □ # of children
PHYSICAL ACTIVITY - STAFF BEHAVIORS

47. Did you observe restricting active play as punishment?
   - yes
   - no

48. Did staff join in active play?
   - yes
   - no

49. How many positive statements were made about physical activity (e.g., Good throw!, Running is fun!, I like the way you threw that ball!)?
   - 1
   - 2
   - 3
   - 4
   - 5

50. Did staff provide prompts to increase physical activity (e.g., Can you jump higher?, Can you hop on one foot)?)
   - yes
   - no

51. Did staff provide prompts to decrease physical activity (e.g., Slow down!, Give it a rest! Don’t climb on the slide!)?
   - yes
   - no

52. Were any formal physical education lessons for children observed?
   - yes
   - no

53. Were any extra-curricular (special) physical activity programs provided to children on a fee basis (e.g., Tumbling Tots, Tumble Bus)?
   - yes
   - no
Center Environment

54. Where were soda and other vending machines located?

- in entrance or front
- in public areas, but not the entrance
- out of sight of parents and kids
- no vending machines on site

54a. Did they contain only healthy options (e.g., water, milk, 100% fruit juice, granola bars, pretzels, nuts)?

- yes
- no

Please indicate where these pieces of physical activity equipment (both fixed and portable) were located:

55. Fixed Play Equipment

- balancing surfaces (balance beams, boards, etc.)
- basketball hoop
- climbing structures (jungle gyms, ladders, etc.)
- merry-go-round
- pool
- sandbox
- see-saw
- slides
- swinging equipment (swings, rope, etc.)
- tricycle track
- tunnels
**EPAO Observation**

56. **Portable Play Equipment**

<table>
<thead>
<tr>
<th>Item</th>
<th>Indoors Only</th>
<th>Outdoors Only</th>
<th>Both Indoors &amp; Outdoors</th>
<th>Not Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ball play equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. climbing structures (ladders, jumble gyms, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. floor play equipment (tumbling mats, carpet squares, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. jumping play equipment (jump ropes, hula hoops)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. parachute</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. push/pull toys (wagon, scooters, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. riding toys (tricycles, cars, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. rocking &amp; twisting toys (rocking horse, sit-n-spin, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. sand/water play toys (buckets, scoops, shovels, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. slides</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k. twirling play equipment (ribbons, scarves, batons, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

57. Was outdoor running space . . .

- ☐ unobstructed with plenty of space for groups games (tag, red rover, etc.)
- ☐ some obstruction, but space was adequate for individual play (running, skipping, etc.)
- ☐ plenty of space for play, but obstructed with play equipment
- ☐ little running space or completely obstructed

58. Did staff limit or restrict outdoor play area in a way that substantially affect active play (more than 1/3 of total play space or equipment)?

- ☐ yes → 57a. How many outdoor play occasions?
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5
  - ☐ other

- ☐ no
59. Was indoor play space suitable for . . .

○ quiet play (classroom is small and not a lot of room for movement)
○ limited movement/some active play (able to translocate by walking, skipping, hopping, jumping, etc.)
○ all activities (easily able to perform all gross motor activities)

60. Were any posters, pictures or displayed books about **physical activity** present in the observation room?

○ yes → 60a. How many were present? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other
○ no

61. Were any posters, pictures or displayed books about **nutrition** present in the observation room?

○ yes → 61a. How many were present? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ other
○ no
Section 1: Menu Review - Observed Foods & Beverages

Fruits and Vegetables

1. Fruit (not juice):
   a. Is the menu consistent with observation for frequency served?  
      ○ yes  ○ no  ➔  a1. How many times does fruit appear on the menu for the day of observation only?  
      ○ 0  ○ 1  ○ 2  ○ 3  ○ other
   b. Is menu consistent with observation for type served?  
      ○ yes  ○ no  ○ type not specified on menu
   c. How many total times does fruit appear on the menu for that full week? 

2. Vegetables (not including fried or prefried vegetables):
   a. Is the menu consistent with observation for frequency served?  
      ○ yes  ○ no  ➔  a1. How many times do vegetables appear on the menu for the day of observation only?  
      ○ 0  ○ 1  ○ 2  ○ 3  ○ other
   b. Is menu consistent with observation for type served?  
      ○ yes  ○ no  ○ type of vegetable not specified on menu
   c. How many total times do vegetables appear on the menu for that full week? 

3. Dark green, red, orange, or yellow vegetables:
   a. Is the menu consistent with observation for frequency served?  
      ○ yes  ○ no  ➔  a1. How many times do vegetables (dark green, red, orange or yellow) appear on the menu for the day of observation only?  
      ○ 0  ○ 1  ○ 2  ○ 3  ○ other
   b. Is menu consistent with observation for type served?  
      ○ yes  ○ no  ○ type of vegetable not specified on menu
   c. How many total times do dark green, red, yellow or orange vegetables appear on the menu for that full week?
4. Added fat for cooked vegetables:

a. Is added meat fat, margarine, or butter specified on the menu for cooked vegetables?
   ○ yes  ○ no  ➔ a1. How many total times does it appear on the menu for the day of observation only?
   ○ 0  ○ 1  ○ 2  ○ 3  ○ other

b. How many total times do vegetables with added fat appear on the menu for that full week?

Fried Foods and High Fat Meats

5. Fried or pre-fried meats (chicken nuggets) or fish (fish sticks):

a. Is the menu consistent with observation for frequency served?
   ○ yes  ○ no  ➔ a1. How many times do fried or pre-fried meats appear on the menu for the day of observation only?
   ○ 0  ○ 1  ○ 2  ○ 3  ○ other

b. Is menu consistent with observation for type served?
   ○ yes  ○ no

c. How many total times do fried or pre-fried meats appear on the menu for that full week?

6. Fried or pre-fried vegetables (French fries, tater tots, hash browns, fried okra):

a. Is the menu consistent with observation for frequency served?
   ○ yes  ○ no  ➔ a1. How many times do fried or pre-fried vegetables appear on the menu for the day of observation only?
   ○ 0  ○ 1  ○ 2  ○ 3  ○ other

b. Is menu consistent with observation for type served?
   ○ yes  ○ no

c. How many total times do fried or pre-fried vegetables appear on the menu for that full week?
7. High fat meats (sausage, bacon, hot dogs, bologna, ground beef):
   a. Is menu consistent with observation for frequency served?
      ○ yes ○ no → a1. How many total times do high fat meats appear on the menu for the day of observation only?
         ○ 0 ○ 1 ○ 2 ○ 3 ○ other
   b. Is menu consistent with observation for type served?
      ○ yes ○ no
   c. How many total times do high fat meats appear on the menu for that full week?

8. Lean meats (baked or broiled chicken, turkey or fish):
   a. Is the menu consistent with observation for frequency served?
      ○ yes ○ no → a1. How many times do lean meats appear on the menu for the day of observation only?
         ○ 0 ○ 1 ○ 2 ○ 3 ○ other
   b. Is menu consistent with observation for type served?
      ○ yes ○ no
   c. How many total times do lean meats appear on the menu for that full week?

9. Beans/Lentils:
   a. Is the menu consistent with observation for frequency served?
      ○ yes ○ no → a1. How many times do beans/lentils appear on the menu for the day of observation only?
         ○ 0 ○ 1 ○ 2 ○ 3 ○ other
   b. Is menu consistent with observation for type served?
      ○ yes ○ no
   c. How many total times do beans/lentils appear on the menu for that full week?
Beverages

10. 100% fruit juice:
   a. Is the menu consistent with observation for frequency served?
      - Yes ☐ No ☐
      a1. How many times does 100% fruit juice appear on the menu for the day of observation only?
           - 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other ☐
   b. Is menu consistent with observation for type served?
      - Yes ☐ No ☐
   c. How many total times does 100% fruit juice appear on the menu for that full week? ☐ ☐

11. Sugar drinks (Kool-aid, sports drinks, sweet tea, punches, soda) other than 100% fruit juice:
   a. Is the menu consistent with observation for frequency served?
      - Yes ☐ No ☐
      a1. How many times do sugar drinks appear on the menu for the day of observation only?
           - 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other ☐
   b. Is menu consistent with observation for type served?
      - Yes ☐ No ☐
   c. How many total times do sugar drinks appear on the menu for that full week? ☐ ☐

12. Milk:
   a. Is the menu consistent with observation for frequency served?
      - Yes ☐ No ☐
      a1. How many times does milk appear on the menu for the day of observation only?
           - 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other ☐
   b. Is menu consistent with observation for type served?
      - Yes ☐ No ☐ Type not specified on menu
   c. How many total times does milk appear on the menu for that full week? ☐ ☐
   d. What type is indicated on the menu as "usually" served?
      - Whole ☐ Skim ☐ Rice milk
      - 2% ☐ Whole, flavored ☐ Soy milk
      - 1% ☐ Lower fat, flavored (2%, 1%, skim) ☐ Type not specified on menu
**Menus and Variety**

13. Menus include high fiber grain foods (whole wheat bread, oatmeal, brown rice, Cheerios):

a. Is the menu consistent with observation for frequency served?

   - O yes  
   - O no \(\rightarrow\) a1. How many times do high fiber grain foods appear on the menu for the day of observation only?

   - 0  
   - 1  
   - 2  
   - 3  
   - other

b. Is menu consistent with observation for type served?

   - O yes  
   - O no

c. How many total times do high fiber grain foods appear on the menu for that full week?

**Meals and Snacks**

14. High sugar and/or high fat foods (not including condiments):

a. Is the menu consistent with observation for frequency served?

   - O yes  
   - O no \(\rightarrow\) a1. How many times do high sugar and/or high fat foods appear on the menu for the day of observation only?

   - 0  
   - 1  
   - 2  
   - 3  
   - other

b. Is menu consistent with observation for type served?

   - O yes  
   - O no

c. How many total times do high sugar and/or high fat foods appear on the menu for that full week?

15. High sugar and/or high fat condiments:

a. Is the menu consistent with observation for frequency served?

   - O yes  
   - O no \(\rightarrow\) a1. How many times do high sugar and/or high fat condiments appear on the menu for the day of observation only?

   - 0  
   - 1  
   - 2  
   - 3  
   - other

b. Is menu consistent with observation for type served?

   - O yes  
   - O no

c. How many total times do high sugar and/or high fat condiments appear on the menu for that full week?
Section 2: Menu Review - Weekly Menus

Menus and Variety

16. Weekly menus include foods from a variety of cultures:

   a. How many times are foods from a different culture present on the menu for the observation week only?

      - 0
      - 1
      - 2
      - 3
      - 4
      - Other

Section 3: Guideline Reviews

Foods offered outside of regular meals and snacks

17. Does the center have written guidelines addressing holiday/celebration foods?

   - Yes
   - No
   - No documents received from center

18. Did you review past/future fundraising projects or guidelines?

   - Yes
   - Center guidelines do not address the type of fundraising, or fundraising at all
   - Center doesn’t do fundraising

Nutrition Policy

19. Does the center have a written policy on nutrition and food service?

   - Yes
   - No
   - No documents received from center

   - F&V
   - Meals and snacks
   - Fried food
   - Foods offered outside of reg meals & snacks
   - High fat meats
   - Beverages
   - Support for healthy eating
   - Menus and variety
   - Nutrition education
**Play Environment**

20. Did you review any documentation of safety checks?

- **yes**
  - a. If yes, frequency of checks:
    - only when installed
    - once a week
    - once a year
    - once a month

- **no**
  - **other**

21. Does the center have written policy on physical activity?

- **yes**
  - a. If yes, what areas of NAP SACC are covered? [Mark all that apply.]
    - Active play and inactive time
    - TV use and TV viewing
    - Play environment
    - Supporting PA
    - PA education

- **no**
  - **no documents received from center**

**Center Physical Activity Policy**

**Section 4: Training & Curriculum Review**

Nutrition Education for Children, Parents and Staff

22. Does the center provide nutrition training for staff?

- **yes**
  - a. If yes, how often?
    - 2 times/year or more
    - 1 time/year
    - less than 1 time/year

- **no**
  - **no documents received from center**

  b. If yes, what was the content of the trainings?
### 23. Does the center have a documented nutrition curriculum for kids?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>a. If yes, what was the content of the curriculum?</td>
</tr>
<tr>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

### 24. Does the center have documentation of parent nutrition education/workshop materials?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>a. If yes, what was the content of the education workshops?</td>
</tr>
<tr>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

### 25. Does the center provide physical activity training for staff?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>a. If yes, how often?</td>
</tr>
<tr>
<td>no</td>
<td></td>
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<tr>
<td></td>
<td>2 times/year or more</td>
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<tr>
<td></td>
<td>1 time/year</td>
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<tr>
<td></td>
<td>less than 1 time/year</td>
</tr>
<tr>
<td></td>
<td>b. If yes, what was the content of the trainings?</td>
</tr>
</tbody>
</table>

### 26. Does the center have a documented physical activity curriculum for kids?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>a. If yes, what was the content of the curriculum?</td>
</tr>
<tr>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>
27. Does the center have documentation of physical activity education/workshop materials?

- [ ] yes  
- [x] no

a. If yes, what was the content of the workshops?

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**Please use the following citation when referencing this instrument:**

Ball SC, Benjamin SE, Hales DP, Marks J, McWilliams CP, Ward DS. 2005. The Environment and Policy Assessment and Observation (EPAO) child care nutrition and physical activity instrument. Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill.

**Please use the following citation when referencing instrument protocol and interobserver agreement:**