

EPAO Observation

Center Name

Date of Observation: / /

month day year

Observer ID#: Start time: : Number of children
in classroom: Ages of children:
[Mark all that apply]Eating Occasions
Observed:
[Mark all that apply]Total Physical Activity
occasions observed: Initials of Teacher
Observed

- 1 4
- 2 5
- 3 6

- Breakfast
- AM Snack
- Lunch
- PM Snack

End time: :

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

EPAO Observation

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

EPAO Observation

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 → 20a. How accessible was drinking water to children in the classroom?

no



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 → 20b_1. How accessible is this fountain to children?

no

available by request only (must ask permission to leave classroom)

during teacher-designated water breaks

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 →

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23. How many times was **milk** served the day of observation?

0

1

2

3

other →

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24. What type of **milk** was served **to the majority** of children at a majority of meals?
[Mark only one.]

Whole

Skim

Rice milk

2%

Whole, flavored

Soy milk

1%

Lower fat, flavored (2%, 1%, skim)

Lactaid

EPAO Observation

25. Note other types of **milk** served to **selected** children: *[Mark all that apply.]*

- Whole Skim Rice milk
 2% Whole, flavored Soy milk
 1% Lower fat, flavored (2%, 1%, skim) 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 → 26a. How many eating occasions was the behavior observed?
 no 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 → 27a. How many eating occasions was the behavior observed?
 no 1 2 3 4 5 other →

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

- yes → 28a. How many eating occasions was the behavior observed?
 1 2 3 4 5 other →

no (children resisted eating but were not encouraged)

no children resisting eating observed

29. Was food used to control behavior?

- yes → 29a. How many eating occasions was the behavior observed?
 no 1 2 3 4 5 other →

EPAO Observation

30. Did staff sit with children during lunch?

yes → 30a. Did staff consume the same food as children? → yes no
 no

31. Did staff eat and/or drink less healthy foods in front of children?

yes → 31a. How many meals? 1 2 3 4 5 other →
 no
 did not observe staff eating

32. Did staff talk with children about healthy foods?

yes → 32a. How many separate times did you observe staff talking to children about healthy foods? 1 2 3 4 5 other →
 no

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

EPAO Observation

36. Did you observe any outdoor active play?

yes → 36a. How many times/day? 1 2 3 4 5 other →

no → 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?

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minutes

38. Was drinking water for children available outdoors?

yes no no outdoor time observed → 38a. Did you see a drinking fountain yes no located in the outdoor play area?

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 → 40a. How many times/day? 1 2 3 4 5 other →

no

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

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minutes

EPAO Observation

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

EPAO Observation

Physical Activity - Staff Behaviors

47. Did you observe restricting active play as punishment?

yes → 47a. How many times/day? 1 2 3 4 5 other →

no

48. Did staff join in active play?

yes → 48a. How many times/day? 1 2 3 4 5 other →

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 other →

50. Did staff provide prompts to **increase** physical activity (e.g., Can you jump higher?, Can you hop on one foot?)?

yes → 50a. How many times/day? 1 2 3 4 5 other →

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 → 51a. How many times/day? 1 2 3 4 5 other →

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 → 53a. Were any active alternatives provided for those children that did not participate? → yes no

no

EPAO Observation

Center Environment

54. Where were soda and other vending machines located?

- | | | | |
|---|--|--|----------------------------|
| <input type="radio"/> in entrance or front | | 54a. Did they contain only healthy options | <input type="radio"/> yes |
| <input type="radio"/> in public areas, but not the entrance → | | (e.g., water, milk, 100% fruit juice, | → <input type="radio"/> no |
| <input type="radio"/> out of sight of parents and kids | | granola bars, pretzels, nuts)? | |
| <input type="radio"/> no vending machines on site | | | |

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

55. Fixed Play Equipment

	<i>indoors only</i>	<i>outdoors only</i>	<i>both indoors & outdoors</i>	<i>not present</i>
a. balancing surfaces (balance beams, boards, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. basketball hoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. climbing structures (jungle gyms, ladders, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. merry-go-round	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. sandbox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. see-saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. swinging equipment (swings, rope, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. tricycle track	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. tunnels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EPAO Observation

56. Portable Play Equipment

	<i>indoors only</i>	<i>outdoors only</i>	<i>both indoors & outdoors</i>	<i>not present</i>
a. ball play equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. climbing structures (ladders, jumble gyms, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. floor play equipment (tumbling mats, carpet squares, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. jumping play equipment (jump ropes, hula hoops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. parachute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. push/pull toys (wagon, scooters, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. riding toys (tricycles, cars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. rocking & twisting toys (rocking horse, sit-n-spin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. sand/water play toys (buckets, scoops, shovels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. twirling play equipment (ribbons, scarves, batons, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

EPAO Observation

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

Date of Assessment:

/ /
month day year

ID#:

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?**

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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 0 1 2 3 other
for the day of observation
 only?

↓

--	--

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 0 1 2 3 other
for the day of observation
 only?

↓

--	--

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?**

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12. Milk:

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

yes no → a1. How many times does milk appear on the menu 0 1 2 3 other
for the day of observation
 only?

↓

--	--

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?

yes no → 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?

yes 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?

yes no → 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?

yes no

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

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15. High sugar and/or high fat condiments:

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

yes no → 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?

yes no

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

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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 → a. If yes, are healthier items encouraged?
 yes
 no
 no
 no documents received from center

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

- yes → a. If yes, how many were non-food only?
 all
 Center guidelines do not address the type of fundraising, or fundraising at all
 more than half
 Center doesn't do fundraising
 half
 less than half
 none

Nutrition Policy

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

- yes → a. If yes, what areas of NAP SACC are covered? *[Mark all that apply.]*
 no
 F&V
 Meals and snacks
 no documents received from center
 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:
- no only when installed once a week
- once a year other →
- once a month

Center PHYSICAL Activity POLICY

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.]*
- no Active play and inactive time Supporting PA
- no documents received from center TV use and TV viewing PA education
- Play environment

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?
- no 2 times/year or more 1 time/year less than 1 time/year
- 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?

yes → a. If yes, what was the content of the curriculum?

no

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

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

no

PHYSICAL ACTIVITY EDUCATION FOR CHILDREN, PARENTS AND STAFF**25. Does the center provide physical activity training for staff?**

yes → a. If yes, how often?

no

2 times/year or more 1 time/year less than 1 time/year

no documents
received from
center

b. If yes, what was the content of the trainings?

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

yes → a. If yes, what was the content of the curriculum?

no

27. Does the center have documentation of physical activity education/workshop materials?

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

no

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.

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