



## **Evaluation of the National Early Care and Education Learning Collaboratives Project (ECELC): Comparison across Implementation Cycles**



## The Gretchen Swanson Center for Nutrition

The Gretchen Swanson Center for Nutrition is an Omaha-based, independent nonprofit research organization providing research, evaluation, and partnership in: childhood obesity prevention, food insecurity, and local food systems.

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# Executive Summary

## Introduction

The National Early Care and Education Learning Collaboratives Project (ECELC) is funded by the Centers for Disease Control and Prevention (CDC) and implemented by the Nemours Children's Health System (Nemours). By the summer of 2017, the Gretchen Swanson Center for Nutrition (GSCN) will have gathered data from a total of eight different cycles of implementation of the ECELC from start to finish. Over the course of five years of funding, 1,879 early care and education (ECE) programs enrolled, and 1,624 completed one implementation cycle of the approximately 10-month-long project, which included:

**Learning Sessions (LSs)** – five, in-person workshops approximately six hours per session

**Action Periods (APs)** – four periods, each approximately eight weeks long, where ECE program staff completed tasks at their ECE centers or homes based on information from LSs

**Technical Assistance (TA)** – modeling, support, information, and resources provided to ECE programs by the project Trainers during the Action Periods

**Self-assessments** – pre- and post-assessments completed using the *Let's Move!* Child Care checklist quiz (LMCC) and the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

## Evaluation Questions

This comparison across implementation cycles utilized data collected from the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) as the main outcome data. This evaluation sought to determine if, over five years of ECELC implementation, there was an overall increase in the number of best practices being met after ECE programs participated in the ECELC, and if differences across implementation cycles, locations, or if any other contextual factors contributed to a greater improvement. More specifically, this evaluation aimed to answer the following questions:

- ✦ Do the NAP SACC scores differ between pre-assessment and post-assessment, and how similar or different are these scores across implementation cycles and by intervention location?
- ✦ What characteristics of ECE programs are associated with improvements in NAP SACC scores?
- ✦ What other factors may have contributed to changes in NAP SACC scores?



# Executive Summary, Continued

## Results

Among all programs analyzed ( $n = 1,624$ ), significant improvements ( $p < 0.001$ ) from NAP SACC pre- to post-assessment were seen across all topic areas with the smallest increase being an 8% improvement (1.5 more best practices out of 20) in Screen Time, followed by an 11% improvement in Child Nutrition (4.7 more best practices out of 44), 13% improvement in Breastfeeding & Infant Feeding (2.9 more best practices out of 23), 15% improvement in Infant & Child Physical Activity (3.3 more best practices out of 22), and a 20% improvement in Outdoor Play & Learning (2.4 more best practices out of 12). ECE programs most frequently moved from not meeting to meeting best practices in the areas of: environment (e.g., access to portable play equipment), provisions (e.g., foods offered, physical activity incorporated into lessons, limited screen time), and teacher practices (e.g., not using food, physical activity, and/or screen time as rewards or punishment).



For the comparison, the locations were clustered by which implementation cycle they tended to go through together. Cluster 1 included Arizona, North/Central Florida, South Florida, Indiana, Kansas, Missouri, and New Jersey, the original locations where the ECELC was launched. All, or a combination of, these locations were active during cycles one, three, six and eight. In 2015, the ECELC expanded into three more locations so Cluster 2 is Los Angeles County, California; Kentucky; and Virginia which were active during cycles two, four, five, and eight. Finally, ECELC expanded into Alabama, in 2016 which was active only during cycles seven and eight. Significant differences among NAP SACC change scores existed among both clusters for the topics of Child Nutrition and Outdoor Play & Learning. Cluster 1 also showed significant differences among change scores in Infant & Child Physical Activity. Change scores often increased with each new cycle.

When considering the average change scores per location for each of the five NAP SACC topic areas, significant differences existed for the topics of Infant & Child Physical Activity and Screen Time. Accredited ECE programs, those participating in the Child and Adult Care Food Program (CACFP), those participating in their state's QRIS (Quality Rating and Improvement System), and/or those participating in Head Start tended to report meeting significantly more best practices at pre-assessment ( $p < 0.05$ ). Regardless of participation in federal assistance or other initiatives, ECE programs generally reported the same change scores on the NAP SACC, meaning they improved by about the same amounts. Several factors occurred that may have contributed to or hindered ECE program success, such as factors related to project inputs, State Partners, and state-level engagement and integration.

# Executive Summary, Continued



## Conclusions

As has been reported in individual implementation cycle (also known as cohort) reports, the ECELC enabled and facilitated important changes to policies and practices in ECE programs across learning collaboratives. By further examining the differences in NAP SACC change scores by implementation cycle, location, and ECE program characteristics, and by exploring National Team, State/Local Implementation Partners (SLIP), and state-level influences on ECE programs, this evaluation shows that ECELC successes may have been influenced by: program- determined Action Plans, ECE program readiness, National Team and SLIP efforts, and state-level integration activities. Variations in programmatic improvements were most likely due to the ECE programs themselves (motivation of leadership and staff, support for change, and resources) or the ECELC Trainers (specifically, the degree to which they can build personal relationships with ECE programs' leadership).

## Recommendations

### Recommendations for future implementation:

- ✦ Continue the ECELC by reaching ECE programs (and/or states) not previously exposed to the intervention and maintain potential for fulfilling intermediate (e.g., improved dietary and physical activity behaviors among children in ECE programs) and long-term outcomes (e.g., contribute overall to national efforts to prevent childhood obesity).
- ✦ Continue to support SLIP efforts to tailor ECELC LSs, APs, and TA so that resources are allocated toward high-needs NAP SACC topic areas and/ or topic areas where success may be anticipated from location to location, and integrate “options” (e.g., Kentucky’s online delivery of LSs) into the Original ECELC when feasible in order to reach additional ECE settings and serve more children.
- ✦ Explore integrating ECELC evidence-based strategies (e.g., peer-to-peer training and/or TA) and content into existing initiatives(s) (e.g., CACFP, Head Start, QRIS, etc.) to ensure efforts are synergistic with and complementary to national efforts to prevent childhood obesity and sustainable.
- ✦ Explore state-level integration opportunities as well as options for integrating ECELC evidence-based strategies (e.g., peer-to-peer training and/or TA) and content into other ECE quality improvement initiatives to ensure efforts are synergistic.

# Executive Summary, Continued

## Recommendations for future evaluation:

- ✦ Examine the effects of the LSs, APs, and TA on changes to policies and practices with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time among ECE programs in order to inform conclusive and overarching messaging about the effectiveness of the ECELC that may be shared with stakeholders and/or legislators.
- ✦ Assess how parent education, staff training and professional development, and written program policy are addressed in LSs, APs, and TA to determine if there are more effective ways of promoting these approaches to meeting best practices.
- ✦ Explore how ECE programs in the ECELC decide what topics to work on. Explore whether they tend to focus action planning on NAP SACC areas where they have the lowest pre-assessment scores; why programs choose specific topic areas and which methods of best practices are considered (e.g., policy, education, provisions, etc.); and if targeted action planning relates to improvements in NAP SACC scores.
- ✦ Investigate factors that may have contributed to variations across improvements. Characteristics of the ECE programs (motivation of leadership and staff, support for change, and resources), SLIPs (how their interests, experience, and topic-level expertise influence ECE program engagement and inform hiring and training processes), or the ECELC Trainers (specifically, the degree to which they can build personal relationships with ECE programs' leadership) may influence how much ECE programs improve and in what areas.
- ✦ Assess intermediate and long-term outcomes identified in the ECELC Theory of Change Model, especially with regard to changes in dietary and physical activity behaviors in children and state level systems that support Healthy Eating and Physical Activity (HEPA) environments in ECE settings.



# Background

It is widely known that one in three children in the United States (U.S.) is overweight or obese<sup>1</sup> and that obesity among children has maintained substantial prevalence over the past decade.<sup>2</sup> Children who are overweight or obese in their childhood are not only more likely to be overweight or obese as adults, but they are also at an increased risk of chronic diseases (e.g., type 2 diabetes, cardiovascular disease, and some cancers) and premature death in adulthood.<sup>3,4</sup> Further, overweight or obese children are susceptible to depression, poorer health-related quality of life, emotional and behavioral disorders, and lower self-esteem during childhood.<sup>5</sup>



Potentially due to comprehensive changes among communities at the environmental and policy levels,<sup>6</sup> there has been a slight decline in obesity among children aged two to five,<sup>2</sup> which provides early and promising evidence for shifting further obesity-prevention efforts at the environmental and policy levels and for this age group.<sup>7</sup> Notably, the Institute of Medicine issued a report in 2011 underscoring poor diet and physical inactivity as key determinants of obesity – behaviors established well before children enter school.<sup>8</sup> Given that early care and education (ECE) programs provide nurturing care and support for developmental and learning experiences for children age five and younger,<sup>8,9</sup> they are a key setting to implement strategies to improve policies and practices, and they contribute concurrently with other childhood-obesity-prevention efforts in the U.S.<sup>10</sup> Results from previous work in this arena, specifically studies that promoted Healthy Eating and Physical Activity (HEPA) in child care settings, have shown that intervention programs involving self-assessment and action planning enable change to program-level practices.<sup>11–14</sup>

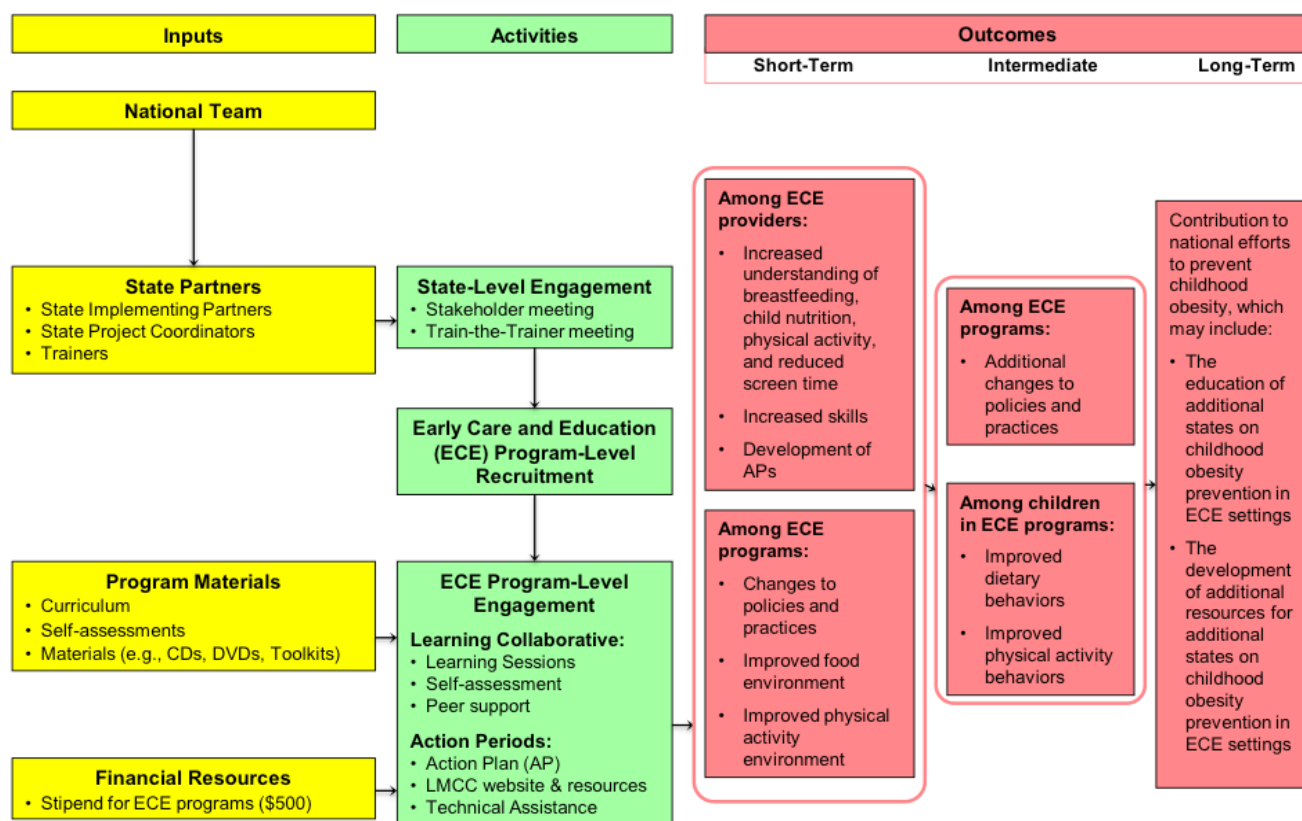
Among those working to promote HEPA in child care settings is the Nemours Children's Health System (Nemours), which, in 2007, developed and implemented an intervention in Delaware to promote HEPA among children in a variety of settings, including ECE. The intervention was an adaptation of the Institute for Healthcare Improvement's (IHI) Breakthrough Series Model,<sup>15</sup> a short-term (6- to 15-month) learning system that brought together leadership teams within health care who attended Learning Sessions (LSs) and participated in Action Periods (APs) to improve practices in a focused topic area.<sup>16,17</sup> A key part of the intervention in Delaware included the establishment of "learning collaborative" and "train-the-trainer" models with ECE programs to identify and implement healthier practices and policies.<sup>18</sup> Results based on the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)<sup>13,19</sup> documented that all 28 participating ECE programs significantly improved in either healthy eating or physical activity practices, and 81% of the programs improved in both.<sup>18</sup> Nemours then adapted this model in 2012 and with funding from the Centers for Disease Control and Prevention (CDC), implemented the National Early Care and Education Learning Collaboratives Project (ECELC) across multiple states. The ECELC aimed to promote healthy practices, policies, and environments with regard to breastfeeding support, child nutrition, physical activity, and screen time in ECE programs. Nemours implemented the ECELC, the largest effort to improve healthy eating- and physical activity-based policies and practices in ECE programs to test whether large numbers of ECE programs in multiple states could improve their practices related to childhood obesity prevention.

# Background, Continued

## Theoretical Framework

When the ECELC expanded nationally, a Theory of Change, which has previously been applied to obesity prevention in ECE settings,<sup>20</sup> was developed to guide the process and highlight the inputs, activities, and anticipated outcomes. The theory provided a framework for the ECELC to describe where the project wanted to go (long-term goals), what was needed to get there (inputs), and the steps and milestones necessary to get there (activities and short-term goals). In the case of the ECELC, its goal was to make quality improvements in early care and education settings, and IHI's Breakthrough Series Model was used as the approach. The ECELC Theory of Change is presented in Figure 1. Details about the application of the Inputs and Activities to the development of the ECELC are described in the subsequent section.

**Figure 1.** The ECELC Theory of Change Model



**Note:** the model shown is an abbreviated version of the actual model used.

# Background, Continued

## Inputs

The ECELC inputs include the National Team, State Partners, program materials, and financial resources.

**National Team.** As mentioned previously, Nemours, through a cooperative agreement with the CDC, implemented the ECELC. Gretchen Swanson Center for Nutrition (GSCN) was selected as the third-party evaluators. Staff from these three organizations serve as the “National Team.”

**State/Local Implementing Partners (SLIP).** Nemours sought state and local organization partners to implement the ECELC in their respective states and communities. These partner organizations are referred to as SLIPS and they identified a Project Coordinator to oversee the work and Trainers to work directly with ECE programs. While the National Team provided guidance and direction regarding implementation, SLIPS had flexibility for the purposes of ownership and buy-in.

**Program Materials.** Program materials included the ECELC curriculum and training materials (e.g., activity kits), as well as self-assessments (e.g., *Let’s Move!* Child Care checklist quiz (LMCC) and the NAP SACC).

**Financial Resources.** Each ECE program received a stipend of \$500 for participating in the ECELC.

## Activities

**State/Local-Level Engagement.** Initial state/local-level engagement included meetings with stakeholders and a train-the-trainer session with Project Coordinators and Trainers.

**ECE Program-Level Recruitment.** ECE programs were recruited through a variety of methods, including personal phone calls, online recruitment, and connections with groups such as Head Start. In the first years of the ECELC, ECE programs had to serve a minimum of 50 children,<sup>i</sup> be willing to develop a leadership team of at least one to three individuals (e.g., owner or director, teacher, cook, or other staff) to attend each of the five LSs in order to participate. In later years, eligibility was broadened to include family child care homes and smaller centers.

**ECE Program-Level Engagement.** The ECELC has five main strategies: 1) self-assessment; 2) in-person, peer LSs; 3) action planning and implementation; 4) TA; and 5) reassessment. The primary outcome data for ECELC evaluation comes from the NAP SACC instrument, which was administered after LS1 and then approximately 10 months later after LS4. In addition, programs completed the LMCC during LS1 and LS5.

**Intervention Overview.** While these strategies have been consistently used throughout the project, the dosage of each strategy and inputs (e.g., the curriculum) have varied. Variations in enrollment, curriculum, LS structure, TA, and measurement are detailed in the Appendix. The Learning Collaborative Model and the Theory of Change provided the framework from which the state/local partners could design a tailored intervention. This framework was structured to provide the foundations for a national project, while flexible enough to allow for state/local customization, whether unforeseen circumstances (such as Project Coordinator (PC) and/or Trainer turnover), and be further adapted for the benefit of the project and providers alike. This is described in further detail on the next page.

<sup>i</sup>In later cohorts, the requirement of a minimum number of children served was relaxed in order to allow for family child care (FCC) and smaller center-based ECE program participation. As a note, FCCs were not included in the overall analyses presented in this report.



# Background, Continued

## ECELC Implementation Strategies and Actions Per Each Implementation Cycle

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### 1. ECE Program self-assessment

Each ECE program completes the *Let's Move!* Child Care Checklist Quiz (LMCC) and the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) as a pre-assessment during and after the first Learning Session, respectively.

### 2. In-person, peer Learning Sessions (LS)

Trainers conduct five, in-person six-hour long workshops with ECE program Leadership Teams (i.e., representatives such as directors and lead teachers) or Family Child Care (FCC) providers. These sessions include didactic presentations on content, interactive activities, and peer sharing and support.

### 3. Action Planning and Implementation during Action Periods (AP)

After each of the first four LSs, the Leadership Teams or FCC provider complete tasks; they share what they learned with their staff and build staff support for implementing best practices at their program. Each program generates goals and associated objectives based on their self-assessment, needs, interest, and capacity to tackle topic areas.<sup>ii</sup> ECE programs were guided to work on short-term, easily attainable goals during their earlier APs. Using a social ecological approach, programs set action steps for each objective across five levels: child, family, staff, program environments, and program policies.

### 4. Technical Assistance (TA)

FCC providers and ECE program staff receive on-going TA to support Action Plan implementation. At least one hour of TA per program per LS is recommended. Trainers provide TA via in-person, phone, or electronically to about 15 programs each. Trainers record each TA interaction to track and describe how the TA was delivered (e.g., which programs received it, how much time it took to deliver the TA, the mode of TA, etc.), what NAP SACC topic area the TA addressed, and if the TA was related to the program's Action Plan. A description of TA delivered is presented in the "Technical Assistance by the Numbers" section of this report.

### 5. Reassessment

Each ECE Program completes the LMCC and the NAP SACC as a post-assessment during LS5 and after the fourth LS, respectively.

<sup>ii</sup>Future evaluation will explore the ECE programs' decision-making processes for developing their Action Plans.

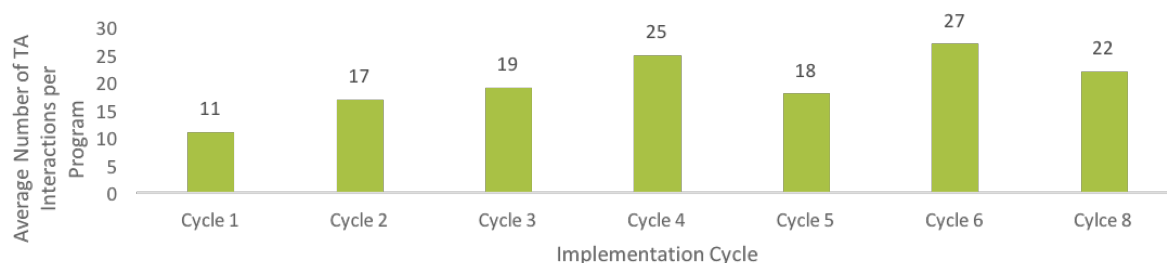


# Background, Continued

## Technical Assistance by the Numbers

The role of TA within the ECELC is to support ECE programs to complete their Action Plans. TA is tailored according to ECE program needs and Action Plan goals. Therefore, TA instances at varying levels of intensity and frequency occurred in between Learning Sessions in order to support programs during their Action Periods. Trainers, of which there were two per collaborative, provided TA in-person, by phone, or electronically to ECE programs individually or in groups. As shown in Figure 2, the average number of TA interactions per ECE program varied from cycle to cycle. The average number of interactions ranged from 11 interactions per ECE program in Cycle 1 to 27 interactions per program in Cycle 6.

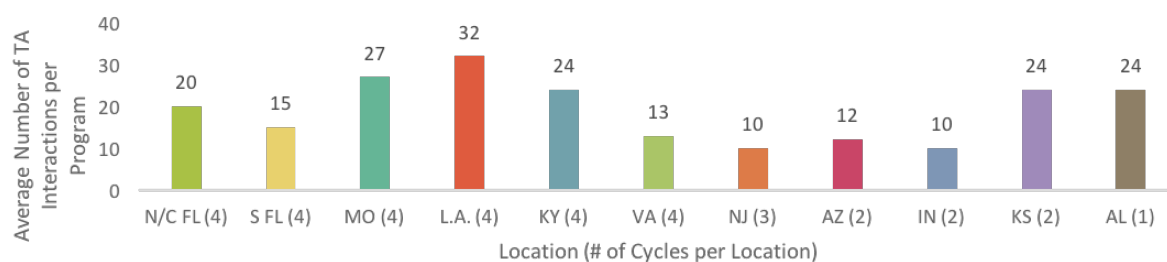
**Figure 2.** Average number of TA Interactions per Program, per Cycle



**Note:** The average number of interactions per programs was determined by dividing the total number of TA interactions received by the total number of enrolled ECE programs as of LS5. Variations exist among data collection from cycle to cycle (e.g., data were collected via pen-and-paper in Cycle 1 and via tablets in all other cycles). Data do not include TA interactions after LS5.

Figure 3 shows the variations among TA interactions across the 11 ECELC implementation locations. The average number of interactions per program range from 10 in New Jersey and 10 in Indiana to 32 in L.A. County.

**Figure 3.** Average Number of TA Interactions per Program, by Location

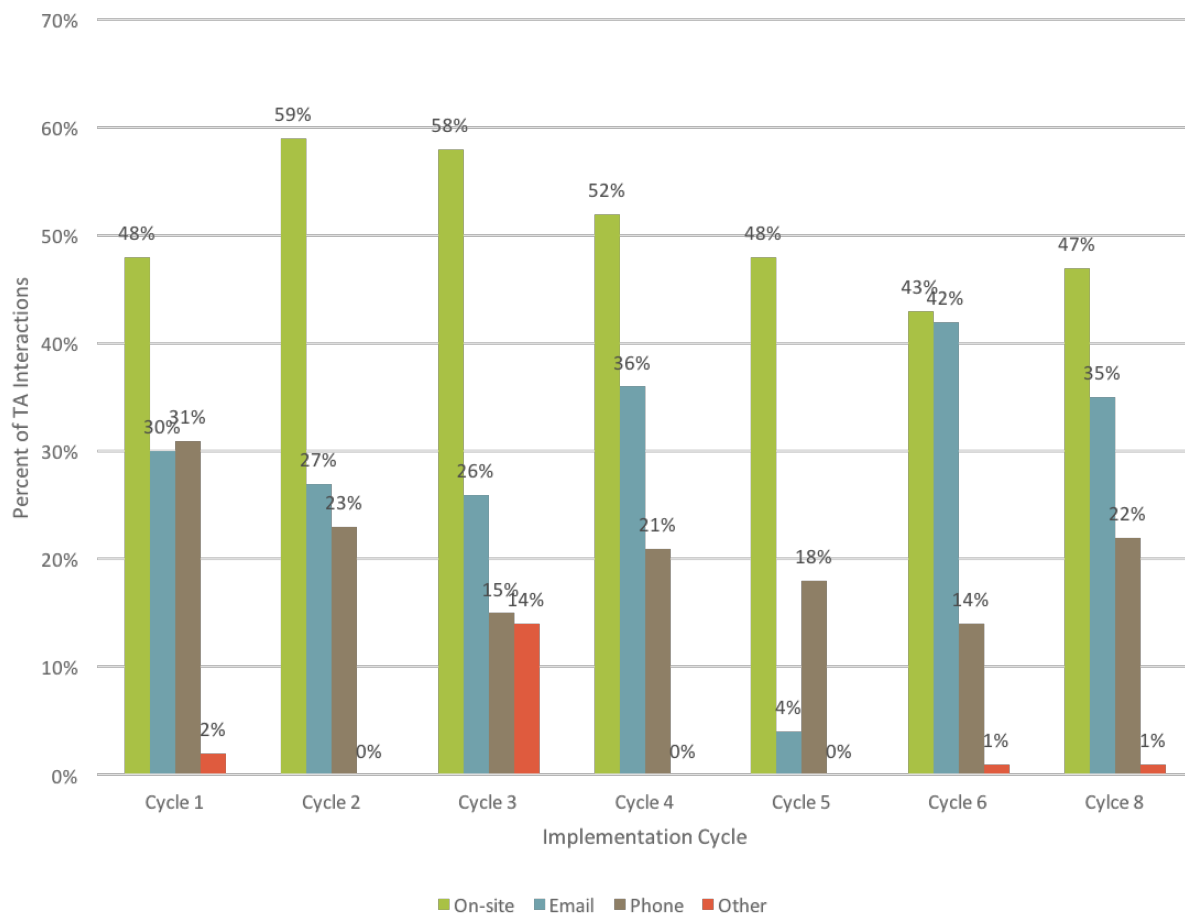


**Note:** The average number of interactions per programs were determined by dividing the total number of TA interactions received by the total number of enrolled ECE programs as of LS5. Variations exist among data collection from cycle to cycle (e.g., data were collected via pen-and-paper in Cycle 1 and via tablets in all other cycles). Data do not include TA interactions after LS5.

## Background, Continued

From Figure 4, it can be seen during each cycle, the majority of TA was delivered on-site, with a range of 43% in Cycle 6 to 59% in Cycle 2. Email was the second most common TA delivery method in Cycles 2, 3, 4, 6 and 8, while TA delivery via phone was the second most common method in Cycles 1 and 5. A small percent of TA was delivered via “other” methods, such as an off-site, in-person meeting.

**Figure 4.** Percent of Total TA Interactions by Type

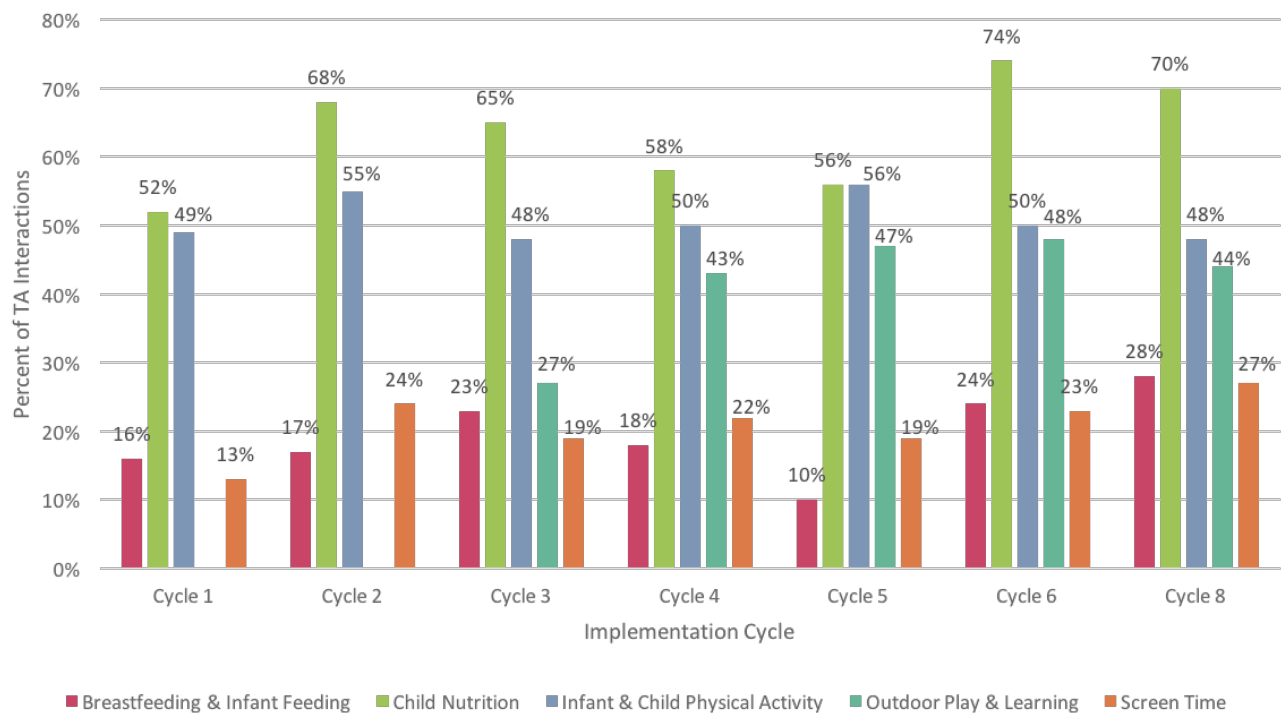


**Note:** The percent of total TA interactions by type was determined by dividing the number of times TA delivery occurred via any method (e.g., on-site) by the total TA interactions. TA providers are able to report delivering TA by multiple methods per TA interaction, so displayed percents will exceed 100%. Variations exist among data collection from cycle to cycle (e.g., data were collected via pen-and-paper in Cycle 1 and via tablets in all other cycles). Data do not include TA interactions after LS5.

# Background, Continued

Figure 5 illustrates that across all cycles, the majority of TA interactions addressed the area of Child Nutrition (52% of interactions in Cycle 1 to 74% of interactions in Cycle 6), followed by Infant and Child Physical Activity (48% of interactions in Cycle 3 to 56% of interactions in Cycle 5). Breastfeeding & Infant Feeding was addressed anywhere from 10% of TA interactions (Cycle 5) to 28% of TA interactions (Cycle 8), Screen Time was addressed in 13% of TA interactions (Cycle 1) to 27% of interactions (Cycle 8), and Outdoor Play & Learning was addressed in 27% of TA interactions (Cycle 3) to 48% pf TA interactions (Cycle 6).

**Figure 5.** Percent of Total TA Interactions by NAP SACC Topic Area



**Note:** The percent of total TA interactions by type was determined by dividing the number of times TA delivery addressed a topic (e.g., Child Nutrition) by the total TA interactions. TA providers are able to report addressing more than one topic per TA interaction, so percentages will exceed 100%. The topic of Outdoor Play & Learning was not integrated until Cycle 3. Variations exist among data collection from cycle to cycle (e.g., data were collected via pen-and-paper in Cycle 1 and via tablets in all other cycles). Data do not include TA interactions after LS5.

# Background, Continued

## Outcomes

**Short-Term Outcomes.** It was anticipated that among the staff of ECE programs that participated in the ECELC there would be an increase in increased understanding of the best practices for breastfeeding, child nutrition, physical activity, and reduced screen time in ECE settings. Among the ECE programs themselves, it was hypothesized that there would be changes to policies and practices, staff behavior and subsequently, improved food and physical activity environments for children.

**Intermediate Outcomes.** It was projected that short-term outcomes would, over time, lead to additional changes to policies and practices among ECE programs, as well as improved dietary and physical activity behaviors among children in ECE programs.

**Long-Term Outcomes.** Ultimately, the long-term outcomes were hypothesized to contribute overall to national efforts to prevent childhood obesity, which may include the education and adoption of policies and practices in additional states, leading to dissemination and implementation, namely the spread of the ECELC.

## Multi-state Implementation Cycles

As touched on earlier, the ECELC was established and implemented in multi-state implementation cycles. Each implementation cycle received the same general intervention, though minor variations with regard to enrollment, curriculum, LS structure, TA, and measurement occurred from cycle- to- cycle and are detailed in the Appendix. To date, the ECELC consists of eight implementation cycles.

Each cycle occurred in one to eight locations, and each location had a State Implementing Partner, who had implementation for the purposes of ownership and buy-in. Each location also had a Project Coordinator and multiple Trainers. With some exceptions, the individuals who served as the Project Coordinator and Trainers were in their roles each time their location participated in a cycle. In other words, while each cycle consisted of a new group of ECE programs, the individuals who implemented the assessments, LSs, and TA generally stayed the same.

The first cycle (Cycle 1) consisted of seven locations – Arizona (AZ), North/Central Florida (N/C FL), South Florida (S FL), Indiana (IN), Kansas (KS), Missouri (MO), and New Jersey (NJ). After Cycle 1, the curriculum was revised and a new cycle was held in three locations - Los Angeles County, California (L.A.); Kentucky (KY); and Virginia (VA). The third cycle included the same seven locations that participated in the Cycle 1 (AZ, N/C FL, S FL, IN, KS, MO, and NJ). The seven locations continued to generally participate in cycles together (one, three, six and eight) and will be described as Cluster 1 throughout this report. The second cluster of locations (L.A., KY, and VA) generally moved through cycles two, four, five, and eight together will be described as Cluster 2 throughout this report. Alabama participated in a single-location implementation cycle (Cycle 7) and joined the other locations in Cycle 8; therefore, data collected from Alabama, including all of Cycle 7, were unable to be used in analysis examining NAP SACC change score differences across implementation cycles (e.g., the line graphs featured in Figures 3, 5, 7, 9, and 11), but were able to be used in other aspects of this evaluation. A snapshot of the locations included in each implementation cycle is presented in Figure 6.



# Background, Continued

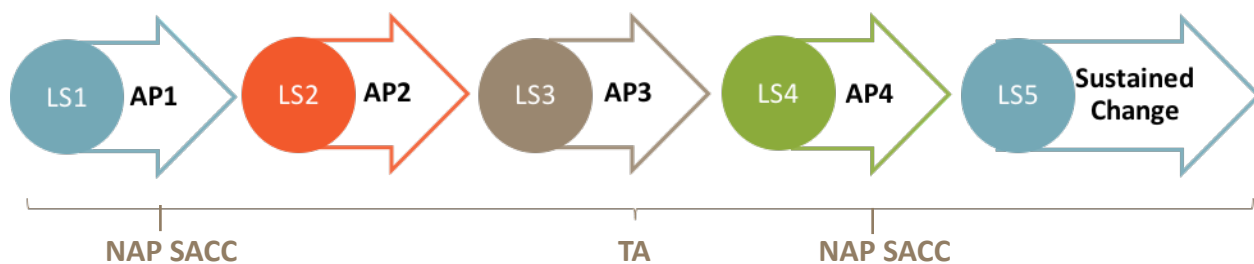
**Figure 6.** Locations included in each Implementation Cycle, 2013-2017

Implementation Cycle	Implementation Dates	Location										
		Cluster 1							Cluster 2			Alabama
		AZ	N/C FL	S FL	IN	KS	MO	NJ	L.A.	KY	VA	AL
1	July '13-June '14	X	X	X	X	X	X	X				
2	May '14-Feb '15								X	X	X	
3	Sep '14-June '15	X	X	X	X	X	X	X				
4	Apr '15-Feb '16								X	X	X	
5	Oct '15-June '16								X	X	X	
6	Oct '15-May '16		X	X			X					
7	May '16-Jan '17											X
8	Oct '16-June '17		X	X	X		X	X	X	X	X	X

# Evaluation Approach

For each implementation cycle, GSCN employed a pre/post design to assess one of the key short-term outcomes identified in the Theory of Change: policies and practices related to HEPA in young children (ages 0–5). GSCN utilized a standard evaluation approach for each implementation cycle, where measurement has aligned with the implementation strategies and actions of the ECELC by collecting the primary outcome data from the NAP SACC instrument, which was administered after the first LS and then approximately 10 months later, after the fourth (and penultimate) LS (Figure 7).

**Figure 7.** Timeline of ECELC Activities and Assessments



## Evaluation Questions

Upon the completion of the fifth year of the ECELC, GSCN will have gathered data via the NAP SACC from a total of eight different cycles and analyzed 1,624 center-based ECE programs in order to evaluate the effects of the LSs, Action Periods, and TA on changes to policies and practices among participating ECE programs. The current evaluation sought to determine if data collected across five years of implementation of the ECELC demonstrated an increase in the number of best practices being met after center-based ECE programs participated in the learning collaborative and if differences across implementation cycles, locations, or if any other contextual factors contributed to a greater improvement. More specifically, this evaluation aimed to answer the following questions:

- ✦ Do the NAP SACC scores differ between pre-assessment and post-assessment, and how similar or different are these scores across implementation cycles and by intervention location?
- ✦ What characteristics of ECE programs are associated with improvements in NAP SACC scores?
- ✦ What other factors may have contributed to changes in NAP SACC scores across cycles?

# Evaluation Approach, Continued

## Quantitative Measures and Methods

The NAP SACC is an action planning tool that comes from a comprehensive intervention called Go NAP SACC and includes a total of 121 items across five topic areas: Breastfeeding & Infant Feeding (23 items), Child Nutrition (44 items), Infant & Child Physical Activity (22 items), Outdoor Play & Learning (12 items), and Screen Time (20 items). Copies of the NAP SACC assessment are publicly available online (<https://gonapsacc.org/resources/nap-sacc-materials>) and included in the Appendix. The intention of the ECELC is for the same individual (who is also a member of the Leadership Team) to complete the NAP SACC at both assessment points. ECE programs in all eight implementation cycles completed NAP SACC assessments on the topics of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time. The NAP SACC assessment for Outdoor Play & Learning was introduced in Cycle 3 and utilized in all subsequent implementation cycles. For the purpose of this evaluation, the tool is treated as a self-report checklist of how many best practices and policies are being met versus not being met at pre-assessment and again at post-assessment.

Other data were collected via the LMCC quiz in order to ascertain age groups served by each ECE program (i.e., infants, toddlers, and preschoolers) and via an electronic enrollment form that included contact information and ECE program characteristics (e.g., number of children served, participation in a Quality Rating and Improvement System (QRIS), meals and snack provided, etc.). The LMCC quiz asks questions about similar topic areas as the NAP SACC, but were not used as outcome data for this report.

## Quantitative Analysis

The ECE programs eligible for inclusion in this evaluation must have been center-based (FCCs were excluded from this analysis due to the heterogeneity of FCCs compared to center-based ECE programs) and participated in one of the eight cycles completed as of June 2017 (Cycle 1 through Cycle 8). As of Cycle 8, the eligible pool of ECE programs totaled 1,879. In order to align with the self-determined, pre/post design of this evaluation, programs were excluded from topic-area-specific analyses if they did not respond to at least one item in both the pre-assessment and post-assessment for that specific topic area of the NAP SACC instrument and/or served any combination of age groups other than preschoolers only; toddlers and preschoolers; or infants, toddlers, and preschoolers (ITP).

Each of the 121 NAP SACC items presented four response options, and when the response option representing total compliance was selected, it was considered the that best practice was being met (best practice met = 1). All other responses were considered to mean the best practice was not being met (best practice not met = 0).

Primary comparisons of NAP SACC change scores were conducted utilizing a Longitudinal Linear Mixed Model and the outcome variables were the five NAP SACC topic area scores measured for each ECE program at pre-assessment and post-assessment. Covariates contained with every model were: wave (denoting time-point), age-groups served (except for Breastfeeding & Infant Feeding, as it was only administered in programs serving ITP), implementation cycle, wave by age-groups-served interaction (except for Breastfeeding & Infant Feeding, as it was only administered in programs serving ITP), and wave by implementation cycle interaction. Models for specific program characteristics (e.g., participation in CACFP) also included the identified characteristic and a wave characteristic interaction as well. The interrelatedness of a program's pre-assessment and post-assessment scores was captured using an AR(1) covariance pattern. T-tests were utilized to assess overall effects of program characteristics on change scores without controlling for covariates.

# Evaluation Approach, Continued

Changes in specific NAP SACC items from pre-assessment to post-assessment across ECE programs were also tested using McNemar's test, a non-parametric statistical test that assesses if the way the entire set of programs transitioned from pre-assessment to post-assessment within a single question level throughout the intervention could be due to chance or is being influenced by some factor (i.e., the ECELC).

Throughout this report, statistical significance is set at an alpha level of  $<0.05$ , meaning that if a p-value is 0.05 or greater, any changes from pre-assessment to post-assessment or any differences among NAP SACC change scores is likely due to a multitude of factors, including chance. If the p-value is less than 0.05, then it means that there is a high probability the change from pre-assessment to post-assessment or any difference among NAP SACC change score is associated with what we are measuring (e.g., the ECELC intervention, implementation cycle-specific influences, location-specific influences, etc.).

## Qualitative Measures and Methods

Throughout the evaluation of the ECELC implementation cycles, the National team recognized that factors not easily tracked or measured may also be contributing to changes in NAP SACC scores. For example, participating ECE programs set their own goals regarding which of five topic areas (Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time) they chose to work on. Also, some states/communities had strong childhood obesity prevention initiatives that were being implemented simultaneously with the ECELC. Thus, contextual information that may have contributed to greater or lesser amounts of change was collected via a document review, as well as interviews and discussions with key informants.

## Interviews and Discussions

One interview was conducted with the National ECELC Program Director over the phone by two trained members of GSCN. The interview guide included questions about the didactic elements of the ECELC in order to understand what may have contributed to (or detracted from) change among ECE programs, as well as any potential influences of integration work. The interview was audio-recorded and extensive notes were taken. Notes were analyzed by GSCN who also translated the findings back into the report. Additional discussions occurred with members of the National Team via tracking forms to uncover contextual factors that may have contributed to changes (or lack thereof) across locations and across implementation cycles. Interview notes and tracking forms were reviewed by the same two GSCN staff members to identify and incorporate factors in order to inform the overall evaluation.

## Review of Integration Reports

State/Local-Level Integration Reports were developed by the Nemours team and shared with the GSCN evaluation team. Integration Reports described SLIPS efforts, over two to four years, to integrate childhood obesity prevention into aspects of their state/local early care and education system via the CDC's Spectrum of Opportunities.<sup>21</sup> The document review was conducted by two GSCN staff in order to extrapolate historical, state-level childhood obesity prevention efforts, integration activities, and challenges to integration. One member conducted the initial review and the second member confirmed and translated the findings to inform the current evaluation. Integration Reports were examined from eight locations (AZ, N/C FL, S FL, IN, MO, NJ, KY and VA), as these were the reports available for review at the time of this evaluation.



# Description of ECE Programs

The final analytic sample included 1,624 ECE programs, of which 260 served preschoolers only; 229 served toddlers and preschoolers; and 684 served infants, toddlers, and preschoolers (Table 1).

Almost all of the ECE programs offered full-day care (93%). Close to half of the ECE programs operated as nonprofit organizations (47%), 19% of programs were designated as Head Start/Early Head Start, 14% were school-based, 18% were faith-based, and 1% were military-based. The majority of programs participated in the Child and Adult Care Food Program (CACFP) (62%), while 34% reported being accredited (though the accrediting agency was not specified), and 39% reported participating in their state's QRIS system. Meals and snacks most frequently served were breakfast (81%), lunch (87%), and afternoon snack (90%).

**Table 1.** Characteristics of ECE Programs (N=1,624)

Characteristics of Analyzed Programs	n	%
Preschoolers	260	22.1
Toddlers & Preschoolers	229	19.5
Infants, Toddlers & Preschoolers	684	58.3
Program Characteristics, N (%)*		
Nonprofit	554	47.2
For Profit	506	43.1
Private	271	23.1
Head Start/Early Start	217	18.5
School-Based	162	13.8
Faith-Based	208	17.7
Military	9	0.8
Native American-Tribal, Migrant, or Seasonal	5	0.4
Half Day, Full Day, 24 Hour, N (%)*		
Half Day	480	40.9
Full Day	1,086	92.6
24 Hour	20	1.7
Participate in CACFP, N (%)	731	62.3
Accreditation, N (%)	393	33.5
Quality Rating and Improvement Systems, N (%)	456	38.9
Food Service		
Breakfast	939	80.6
AM Snack	404	34.4
Lunch	1,018	86.8
PM Snack	1,051	89.6
Dinner	72	6.1
No Meals	41	3.5

**Note:** Items may not total 1,624 due to nonresponse and differences in which characteristics were captured in each cycle.

# Evaluation Findings

## Do the NAP SACC scores change from pre-assessment and post-assessment, and how similar or different are these changes across implementation cycles, and by location?

Upon the completion of the fifth year of the ECELC, GSCN will have gathered data via the NAP SACC from a total of eight different cycles and analyzed 1,624 ECE programs in order to evaluate the effects of the ECELC on changes to HEPA policies and practices among participating ECE programs. This first section details the data collected to determine if the ECELC demonstrated an increase in the number of best practices being met after ECE programs participated in the learning collaborative, and if differences across implementation cycles or locations occurred.

### Changes in NAP SACC Scores from Pre-Assessment to Post-Assessment

Among all programs analyzed ( $n = 1,624$ ), significant improvements ( $p < 0.001$ ) from pre-assessment to post-assessment were seen across all topic areas with the smallest increase being an 8% improvement in Screen Time to a 20% improvement in Outdoor Play & Learning.

### NAP SACC Change Scores by Implementation Cycles and Location

In addition to the average change scores across the five topic areas, average change scores by implementation cycle and by location among each topic area were analyzed in order to determine if, across the five years of data collected as part of the ECELC, NAP SACC change scores differed across implementation cycles or by location. In-depth topic-level examinations, including item-level improvements and average change scores across the five topic areas are presented in graphics with accompanying descriptions, and are displayed on the next several pages.

9.7  
Pre-assessment

+2.9\*\*\*

12.6  
Post-Assessment

Breastfeeding & Infant Feeding

23.3  
Pre-assessment

+4.7\*\*\*

28.0  
Post-assessment

Child Nutrition

8.0  
Pre-assessment

+3.3\*\*\*

11.3  
Post-assessment

Infant & Child Physical Activity

5.5  
Pre-assessment

+2.4\*\*\*

7.9  
Post-assessment

Outdoor Play & Learning

5.2  
Pre-assessment

+1.5\*\*\*

6.7  
Post-assessment

Screen Time

NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$

# Evaluation Findings, Continued

## Breastfeeding & Infant Feeding

### NAP SACC Item-level Changes

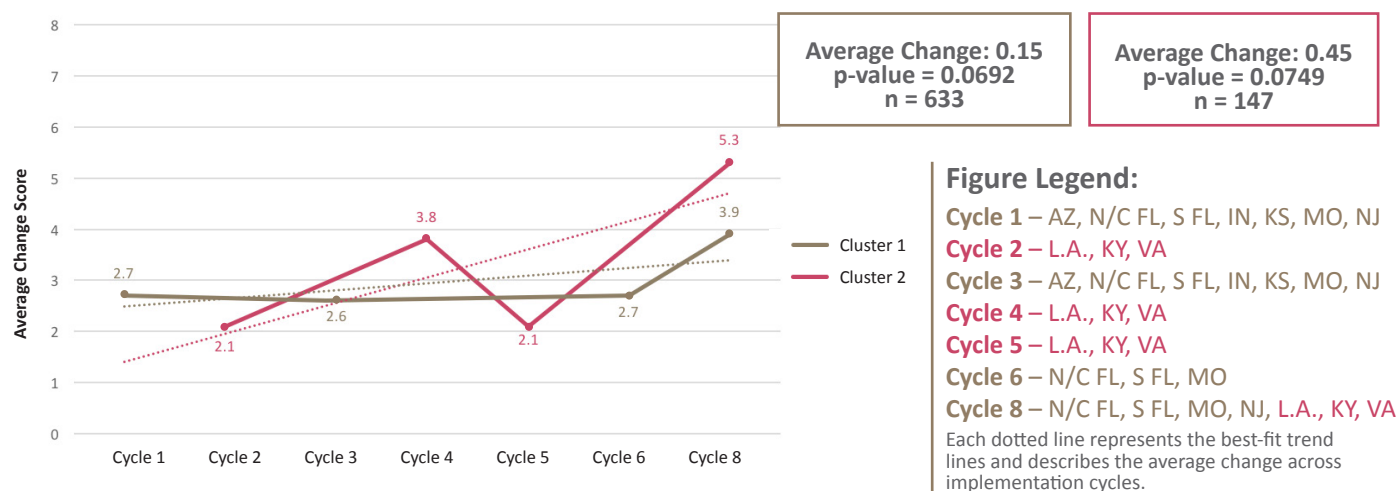
In the topic area of Breastfeeding & Infant Feeding, ECE programs serving infants most frequently moved from not meeting to meeting best practices for the three NAP SACC items listed below. Included with the items are the percent of programs who initially reported not meeting this practice at pre-assessment but then reported meeting it at post-assessment and the item number on the assessment tool.

- ★ There is always enough refrigerator and/or freezer space available to allow all breastfeeding mothers to store expressed breast milk (76%; Item #3).
- ★ When our program offers mashed or pureed meats or vegetables, these foods rarely or never contain added salt (72%; Item #11).
- ★ At meal times, teachers always praise and give hands-on help to guide older infants as they learn to feed themselves (71%; Item #16).

### NAP SACC Change Scores Across Implementation Cycles

For Breastfeeding & Infant Feeding, as represented by the solid lines in Figure 8, Cluster 1 (shown in brown) average change scores ranged from 2.6 in Cycle 3 to 3.9 in Cycle 8, and Cluster 2 (shown in maroon) average change scores ranged from 2.1 in Cycle 2 and Cycle 5 to 5.3 in Cycle 8. The dotted lines represent the overall trends of the average scores for each cluster and show that Cluster 1 improved by an average of 0.15 more best practices and Cluster 2 improved by an average of 0.45 more best practices from implementation cycle to implementation cycle, though these changes were not statistically significant and therefore should be interpreted as if there was no change across implementation cycles ( $p = 0.0692$  and  $p = 0.0749$ , respectively). Although not shown in the figure, it is noteworthy that, on average, Cluster 1 cycles tended to start 0.34 best practices lower than the cycle that preceded it ( $p < 0.0001$ ), and Cluster 2 cycles tended to start 0.43 best practices lower than the cycle that preceded it, and while the difference from implementation cycle to implementation cycle was approaching statistical significance, it did not reach it ( $p = 0.0528$ ).

**Figure 8.** Breastfeeding & Infant Feeding Change Scores Across Implementation Cycles

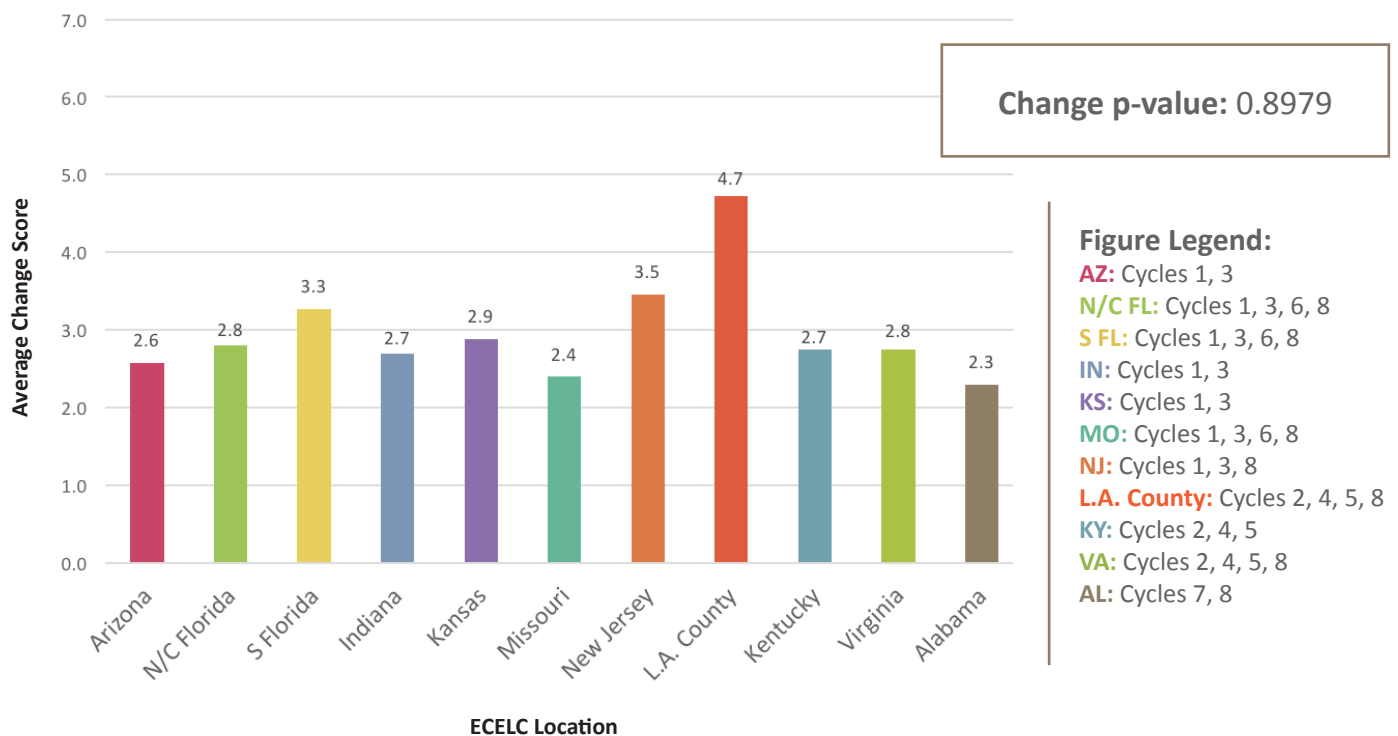


# Evaluation Findings, Continued

## NAP SACC Change Scores Across Locations

Figure 9 shows the average change scores for Breastfeeding & Infant Feeding for each location. Average change scores ranged from 2.3 best practices in Alabama to 4.7 best practices in L.A. County. That said, the differences in change scores were not statistically significant ( $p = 0.8979$ ), meaning that changes were generally the same across all locations.

**Figure 9.** Breastfeeding & Infant Feeding Change Scores By Location





# Evaluation Findings, Continued

## Child Nutrition

### NAP SACC Item-level Changes

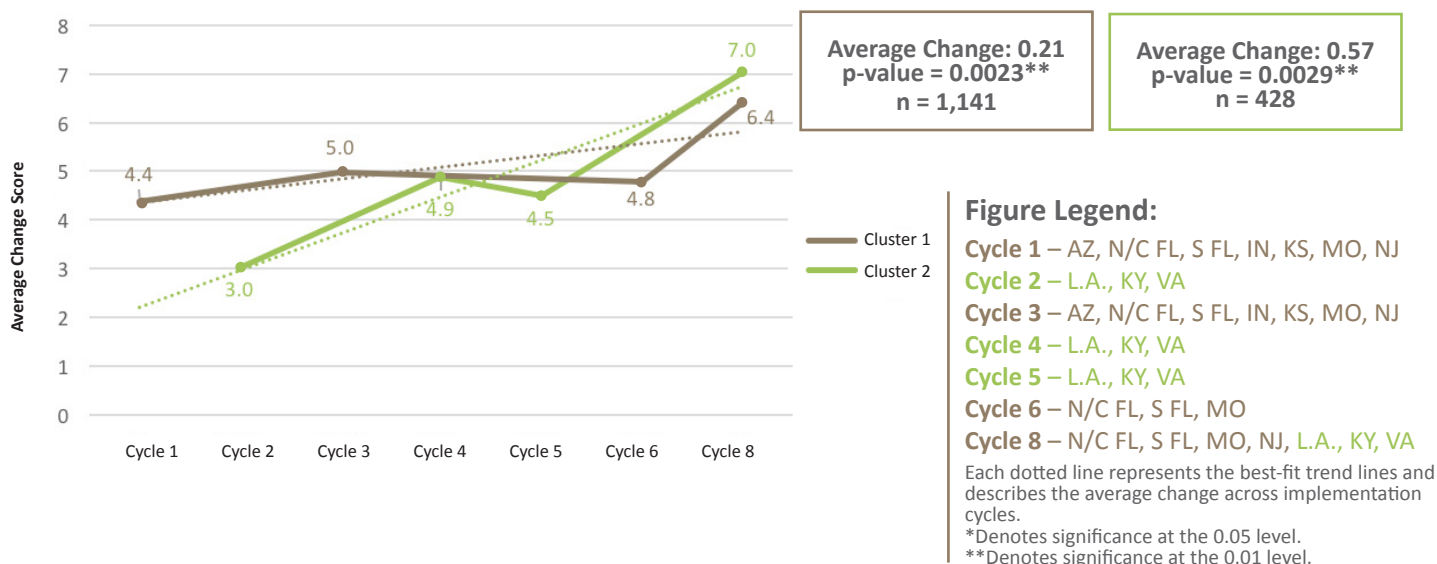
ECE programs most frequently moved from not meeting to meeting best practices for the three Child Nutrition NAP SACC items listed below. Similar to the previous topic, included with the items are the percent of programs who initially reported not meeting this practice at pre-assessment, but then reported meeting it at post-assessment and the item number on the assessment tool.

- ✧ Children are given sweet or salty snacks outside of meal or snack times less than 1 time per week or never (78%; Item #13).
- ✧ Teachers rarely or never use food to calm upset children or encourage appropriate behavior (76%; Item #33).
- ✧ Teachers rarely or never require that children sit at the table until they clean their plates every meal or snack time (76%; Item #31).

### NAP SACC Change Scores Across Implementation Cycles

For Child Nutrition, as represented by the solid lines in Figure 10, Cluster 1 (shown in brown) average change scores ranged from 4.4 in Cycle 1 to 6.4 in Cycle 8. Although later implementation cycles tended to start 0.40 best practices lower than the implementation cycle that preceded it (data not shown;  $p < 0.0001$ ), they improved by 0.21 more best practices ( $p = 0.0023$ ) when compared to the preceding implementation cycle. Cluster 2 (shown in green) average change scores ranged from 3.0 in Cycle 2 to 7.0 in Cycle 8. On average, Cluster 2 implementation cycles improved by 0.57 more best practices ( $p = 0.0029$ ) when compared to the preceding implementation cycle.

**Figure 10.** Child Nutrition Change Scores Across Implementation Cycles

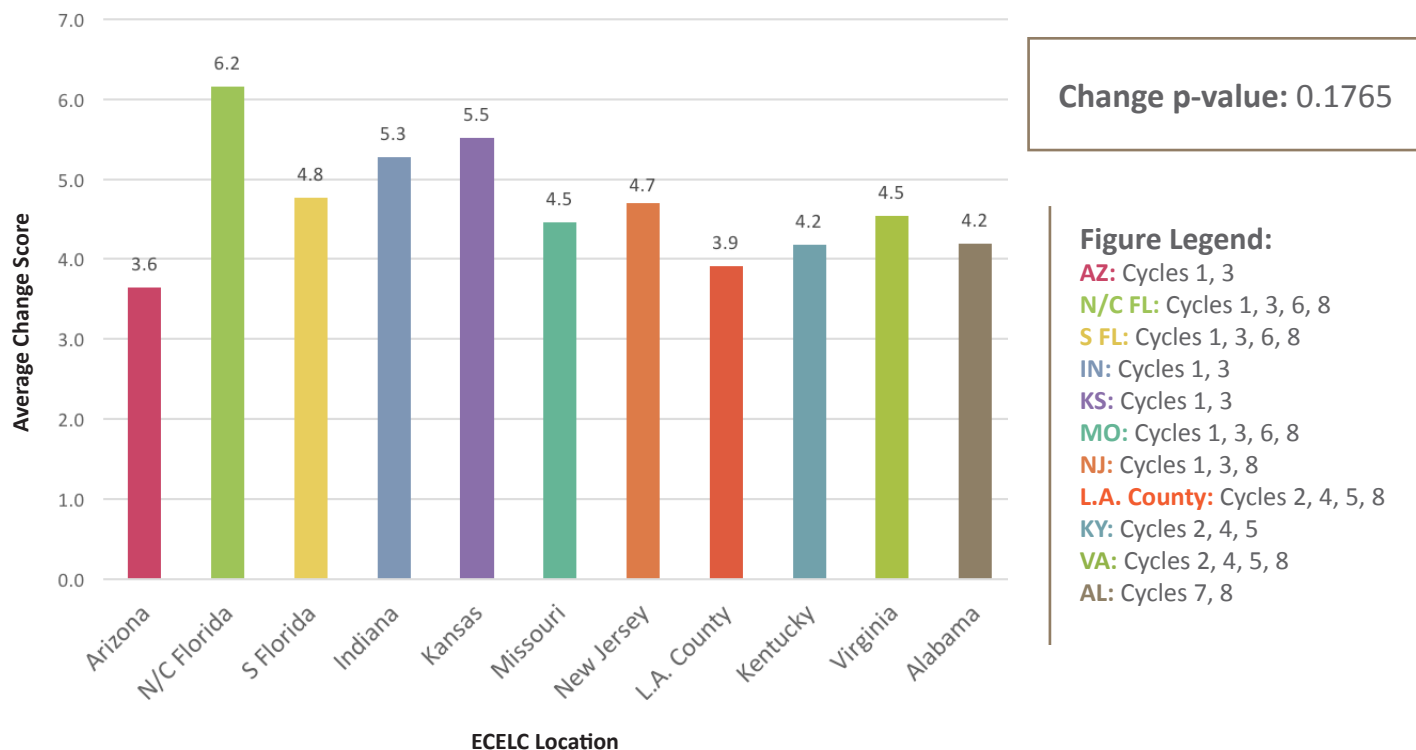


# Evaluation Findings, Continued

## NAP SACC Change Scores Across Locations

Figure 11 shows the average change scores for Child Nutrition for each location. Average change scores ranged from 3.6 in Arizona to 6.2 in North/Central Florida. Again, though, the differences in change scores were not statistically significant ( $p = 0.1765$ ), meaning that changes were generally the same across all locations.

**Figure 11.** Child Nutrition Change Scores By Location



# Evaluation Findings, Continued

## Infant & Child Physical Activity

### NAP SACC Item-level Changes

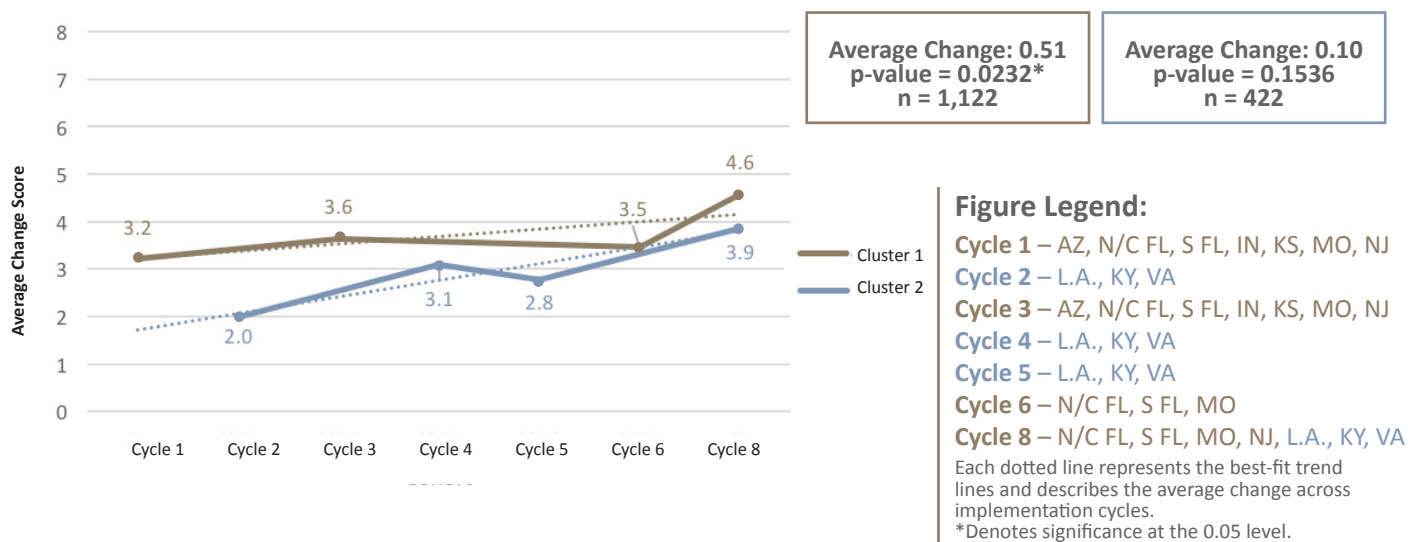
Improvements among Infant & Child Physical Activity items tended to occur in items pertaining to teacher behaviors and programming. Included with the items are the percent of programs who had reported not meeting this practice at pre-assessment, but then reported meeting it at post-assessment and the item number on the assessment tool.

- ★ Teachers lead planned lessons to build preschool children's and toddlers' motor skills 1 time per a week or more (75%; Item #16).
- ★ As punishment for misbehavior, preschool children or toddlers are never removed from physically active playtime for longer than 5 minutes (72%; Item #12).
- ★ Our program offers 3-5 minutes of tummy time to infants 2 times a day or more (65%; Item #3).

### NAP SACC Change Scores Across Implementation Cycles

The average change scores for the topic area of Infant & Child Physical Activity for Cluster 1 (shown in brown) ranged from cycle 1 with an improvement of 3.2 best practices to 4.6 more best practices in Cycle 8 (Figure 12). On average, implementation cycles in Cluster 1 improved by 0.51 more best practices ( $p = 0.0232$ ) when compared to the preceding implementation cycle. Cluster 2 (shown in blue) average change score ranged from 2.0 in Cycle 2 to 3.9 more best practices in Cycle 8. There were no statistically significant differences experienced in change across implementation cycles in this cluster ( $p = 0.1536$ ).

**Figure 12.** Infant & Child Physical Activity Change Scores Across Implementation Cycles

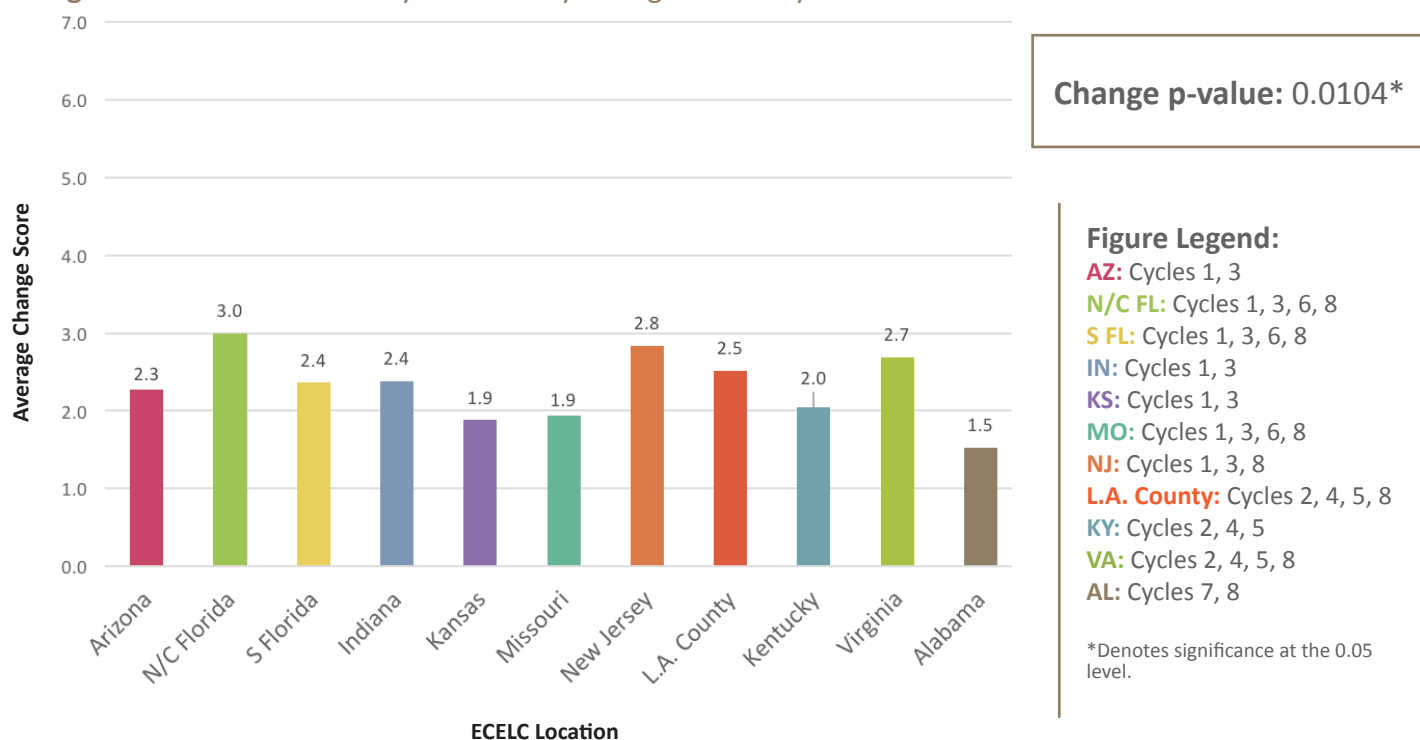


# Evaluation Findings, Continued

## NAP SACC Change Scores Across Locations

Figure 13 shows the average change scores for Infant & Child Physical Activity for each location in this topic area. Unlike the two previously presented topics, locations experienced a statistically significant difference among their change scores ( $p = 0.0104$ ), suggesting that locations improved at different rates with regard to Infant & Child Physical Activity. Average change scores ranged from 1.5 in Alabama to 3.0 in North/Central Florida.

**Figure 13.** Infant & Child Physical Activity Change Scores By Location





# Evaluation Findings, Continued

## Outdoor Play & Learning

### NAP SACC Item-level Changes

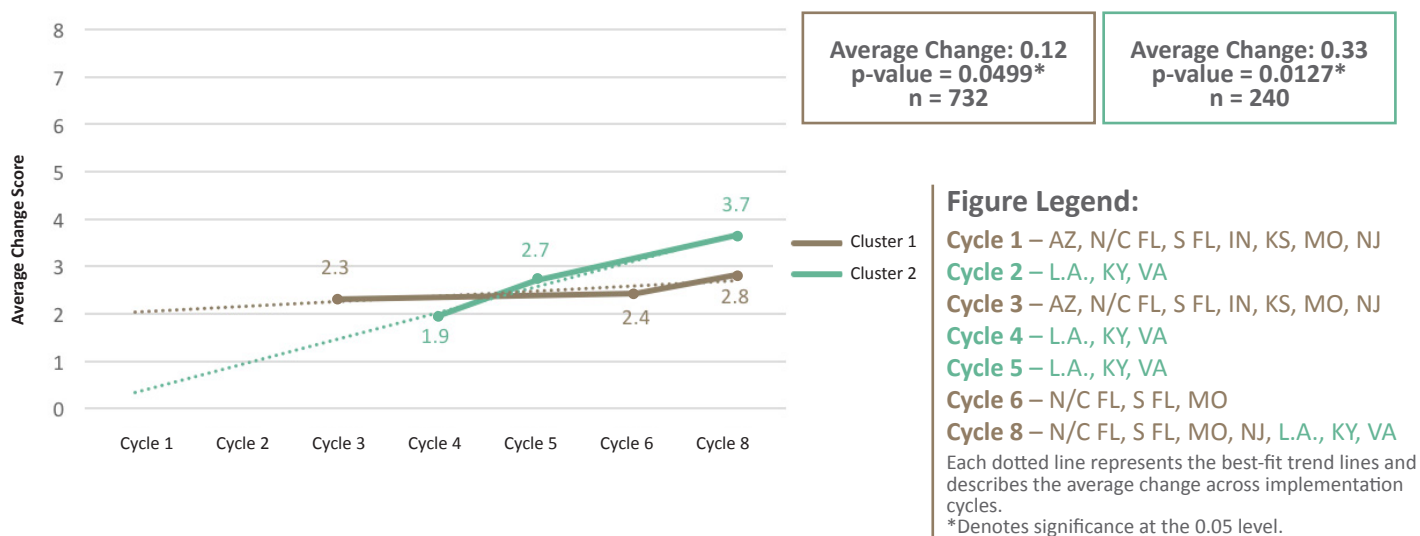
Improvements among Outdoor Play & Learning occurred most frequently in items pertaining to programming and environment. ECE programs most frequently moved from not meeting to meeting best practices for the three NAP SACC items listed below. Included with the items are the percent of programs who had reported not meeting this practice at pre-assessment, but then reported meeting it at post-assessment and the item number on the assessment tool.

- ★ Our program uses 4-5 activity types (e.g., free play, structured learning opportunities, seasonal outdoor activities, walking trips, or outdoor field trips) outdoors (54%; Item #5).
- ★ Portable play equipment is always available to children during outdoor physically active playtime (50%; Item #14).
- ★ The amount of outdoor playtime provided to toddlers each day is 60 minutes or more (46%; Item #3).

### NAP SACC Change Scores Across Implementation Cycles

As described earlier, Outdoor Play & Learning did not begin to be assessed until Cycle 3, so data are not available for this topic are earlier than that time. As shown in Figure 14, Cluster 1 (shown in brown) average change scores ranged from 2.3 in Cycle 3 to 2.8 in Cycle 8 (out of 12 total). Although later implementation cycles tended to start 0.16 best practices lower ( $p = 0.0034$ ) than the implementation cycle that preceded them, they improved by 0.12 more best practices ( $p = 0.0499$ ) when compared to the preceding implementation cycle. Among Cluster 2 (shown in teal), the average change scores ranged from 1.9 best practices in Cycle 4 to 3.7 in Cycle 8. On average, implementation cycles improved by 0.33 more best practices ( $p = 0.0127$ ) when compared to the preceding implementation cycle.

**Figure 14.** Outdoor Play & Learning Change Scores Across Implementation Cycles

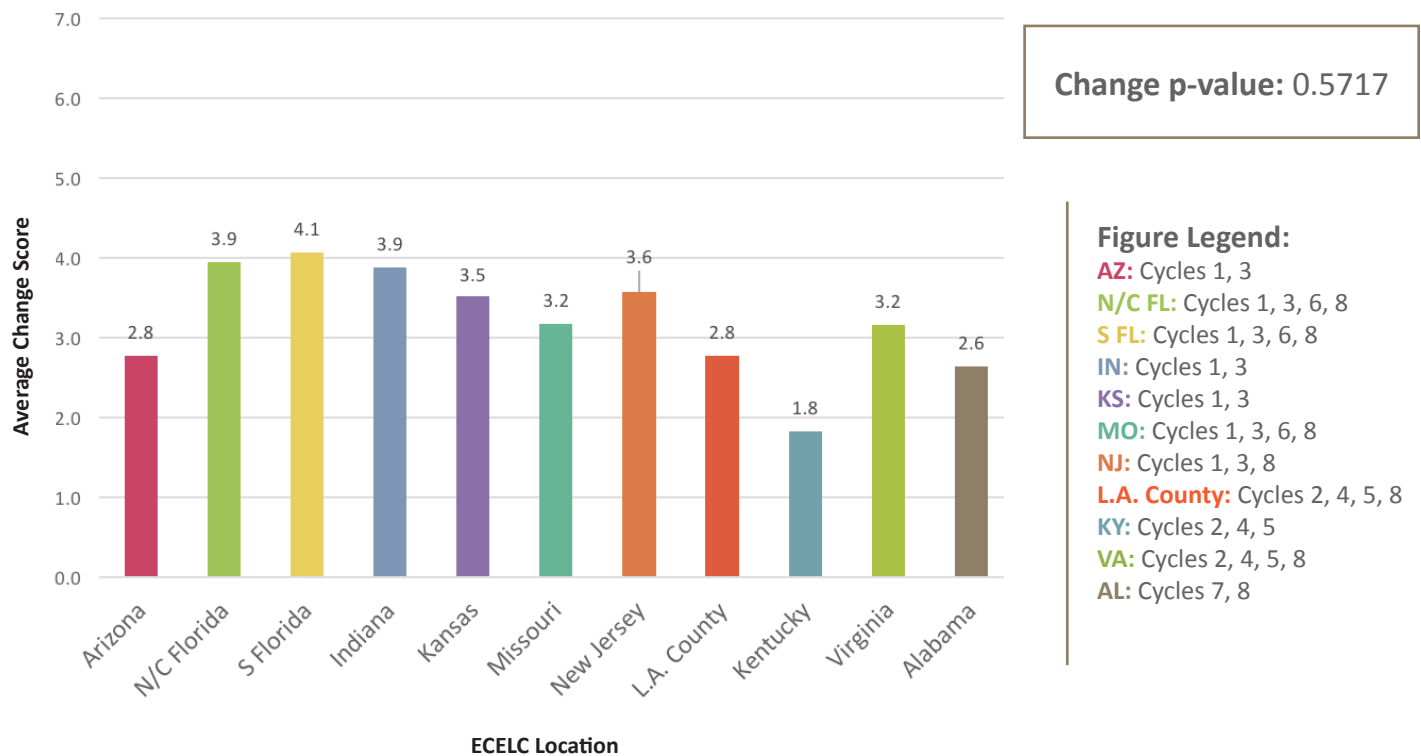


# Evaluation Findings, Continued

## NAP SACC Change Scores Across Locations

The average change scores for Outdoor Play & Learning for each location are shown in Figure 15. As has been seen in many previous topic areas, changes were generally the same across all locations. Average change scores ranged from 1.8 in Kentucky to 4.1 in South Florida. Though differences in change scores across locations were not statistically significant ( $p = 0.5717$ ).

**Figure 15.** Outdoor Play & Learning Change Scores By Location



# Evaluation Findings, Continued

## Screen Time

### NAP SACC Item-level Changes

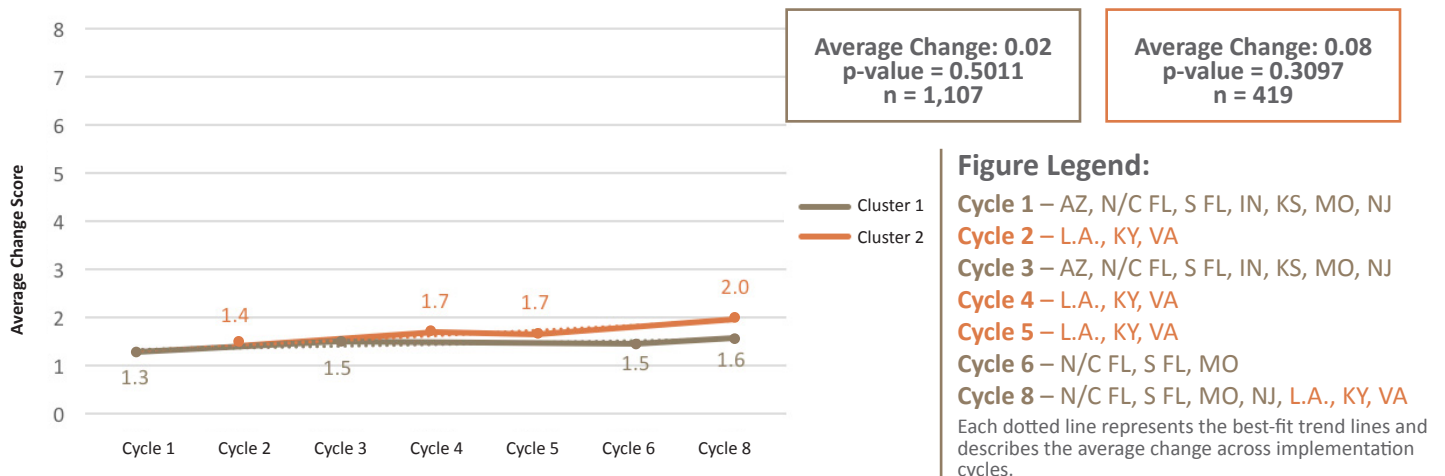
Improvements among Screen Time most frequently occurred in items pertaining to programming and ECE programs most frequently moved from not meeting to meeting best practices for the three NAP SACC items listed below. Included with the items are the percent of programs who had reported not meeting this practice at pre-assessment, but then reported meeting it at post-assessment and the item number on the assessment tool.

- ★ Screen time is rarely or never used as a reward (79%; Item #6).
- ★ When television or videos are shown, this programming is always educational and commercial free (66%; Item #4).
- ★ For children 2 years of age and older, the amount of screen time allowed in our program each week is less than 30 minutes (66%; Item #2).

### NAP SACC Change Scores Across Implementation Cycles

Among ECE programs in Cluster 1 (shown in Figure 16 as brown), the average change score for the topic area of Screen Time ranged from 1.3 best practices in Cycle 1 to 1.6 in Cycle 8, out of 20 total. Although later implementation cycles tended to start 0.08 best practices lower (data not shown;  $p = 0.0064$ ) than the implementation cycle that preceded it, they did not statistically significantly improve over time. In Cluster 2 (shown as orange), average change scores ranged from 1.4 in Cycle 2 to 2.0 in Cycle 8. On average, implementation cycles improved by 0.08 more best practices when compared to the preceding implementation cycle, though these were not statistically significant. Further, Screen Time change scores exhibited the least amount of variation across implementation cycles for both Cluster 1 and Cluster 2 when compared to the other four topic areas.

**Figure 16.** Screen Time Change Scores Across Implementation Cycles

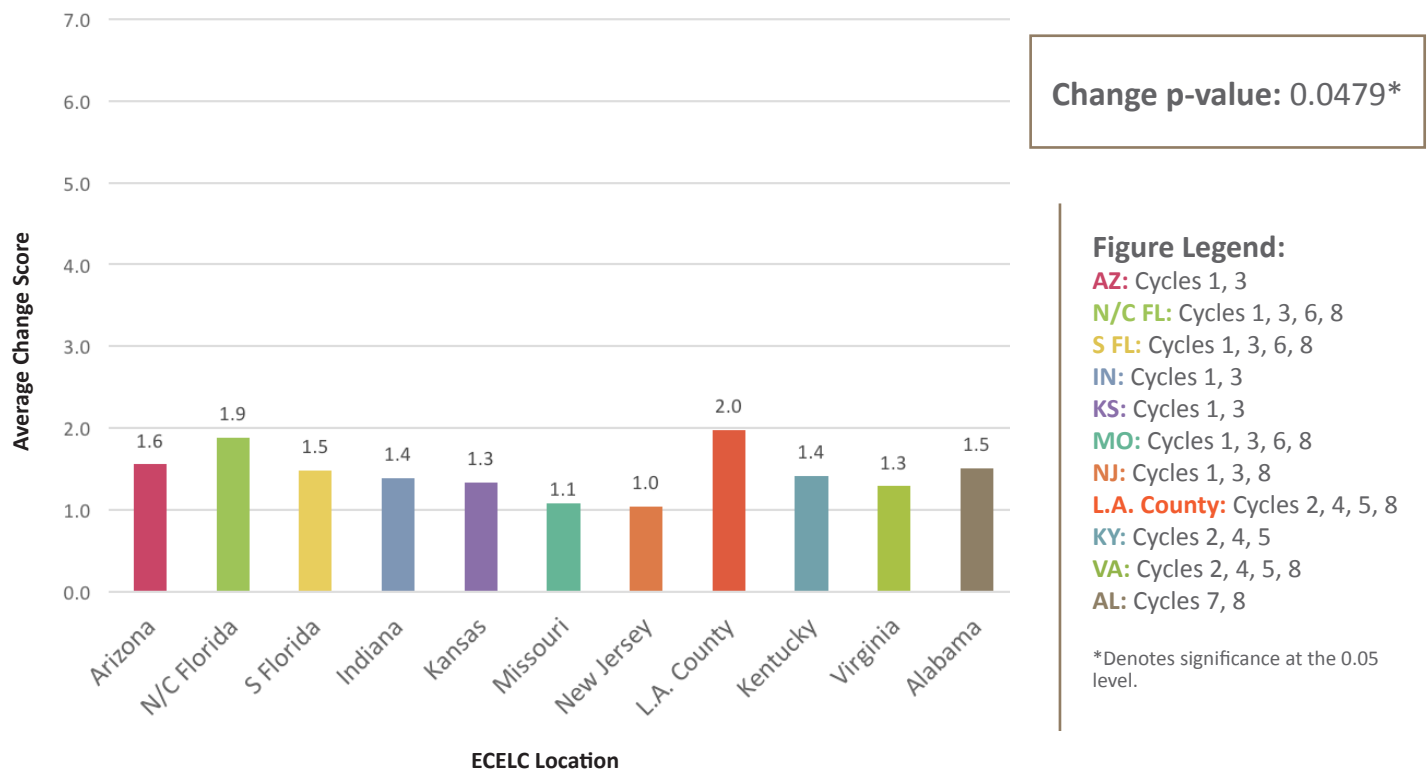


# Evaluation Findings, Continued

## NAP SACC Change Scores Across Locations

Despite the lack of difference in change scores from implementation cycle to implementation cycle for Screen Time, there were statistically significant differences in change scores by location, as shown in Figure 17 ( $p = 0.0479$ ). Average change scores ranged from 1.0 in New Jersey to 2.0 in L.A. County.

**Figure 17.** Screen Time Change Scores By Location



# Evaluation Findings, Continued

## Summary of Key Findings for NAP SACC Change Scores Overall, by Cycle and Location

The outcomes presented in the previous section attempted to determine if NAP SACC scores changed from pre-assessment to post-assessment, and how similar or different these changes were across implementation cycles and by location. Across the 1,624 ECE programs that participated in the ECELC in the last five years, it was found that:

- ★ All five NAP SACC topic areas improved significantly.
- ★ NAP SACC items most often improved upon had to do with environments, provisions, and teacher practices as opposed to education to families, training and professional development opportunities for staff, or written policy.
- ★ Significant differences in average NAP SACC change scores existed across implementation cycles for both Cluster 1 and Cluster 2 for the topics of Child Nutrition and Outdoor Play & Learning. Additionally, significant differences in average NAP SACC change scores existed across cycles for Cluster 2 for the topic of Infant & Child Physical Activity. Change scores often increased with each new cycle.
- ★ Aggregate NAP SACC change scores demonstrated improvement across all locations, suggesting that the ECELC model may be generalizable regardless of state-level differences. Though, significant differences in average NAP SACC change scores existed across locations for the topics of Infant & Child Physical Activity (e.g., North/Central Florida increased the most with 3.0 more best practices and Alabama increased the least with 1.5 more best practices) and Screen Time (e.g., L.A. County increased the most (2.0 best practices) and New Jersey increased the least (1.0 best practices)).





# Evaluation Findings, Continued

## What characteristics of ECE programs are associated with improvements in NAP SACC scores?

In addition to determining if implementation of the ECELC demonstrated an increase in change scores over time and if differences across implementation cycles or locations existed, this evaluation also aimed to determine ECE program characteristics themselves may have been associated with changes.

### ECE program characteristics associated with improvements in NAP SACC scores

As described earlier, in addition to the NAP SACC, data were collected via an electronic enrollment form including contact information and ECE program characteristics (e.g., number of children served, participation in a QRIS, meals and snack provided, etc.). Table 2 shows that four program characteristics were focused upon for this evaluation question: CACFP, QRIS, Head Start, and accreditation (accrediting agency unspecified). Of these, ECE programs participating in CACFP or accreditation or associated with Head Start had significantly higher scores at pre-assessment (for all five topic areas) than those that did not participate. Specifically, participation in these supplemental initiatives was associated with pre-assessment scores being between 0.5 to 6.8 best practices higher. QRIS participation was associated with higher pre-assessment scores among four of the five topic areas at pre-assessment, with Outdoor Play & Learning being the exception.

In terms of change scores, however, Head Start and accreditation were the only factors that may have influenced some differences among program change scores, statistically speaking. Participation in Head Start was associated with an improvement, but by 1.64 fewer best practices, in Child Nutrition ( $p = 0.0007$ ). Additionally, accredited programs improved with regard to Screen Time, but by a smaller amount (0.39 less best practices;  $p = 0.0156$ ) when compared to non-accredited programs.

### Summary of Key Findings Based on ECE Characteristics

The outcomes presented in this section attempted to determine if NAP SACC scores differed by ECE program characteristics. Overall, it was found that:

- ★ Programs that participated in CACFP, QRIS, and Head Start, and were accredited tended to report meeting significantly more best practices at pre-assessment ( $p < 0.05$ ). All of these initiatives require ECE programs to meet higher than normal quality standards so this finding is to be expected.
- ★ However, it is important to note, that although CACFP, QRIS, Head Start and accredited programs started out meeting more best practices, they generally improved the same amount over the course of ECELC, demonstrating that the ECELC model may be generalizable regardless of other program initiatives.

# Evaluation Findings, Continued

**Table 2.** ECE program characteristics associated with NAP SACC pre-assessment and change scores

NAP SACC Topic Area ECE Program Characteristic	Difference At Pre-Assessment				Difference In Change Score			
	No <sup>1</sup>	Yes <sup>2</sup>	Estimated difference in score <sup>3</sup>	P-value	No <sup>4</sup>	Yes <sup>5</sup>	Estimated difference in score <sup>6</sup>	P-value
Breastfeeding & Infant Feeding								
CACFP	8.52	10.41	1.96	<.0001***	3.07	2.68	-0.48	0.1961
QRIS	9.15	10.22	0.85	0.0005***	2.66	3.04	0.61	0.1934
Head Start	9.66	10.65	1.56	<.0001***	2.76	3.14	0.50	0.4295
Accreditation	9.33	10.41	1.18	0.0007***	3.03	2.48	-0.46	0.2272
Child Nutrition								
CACFP	19.76	25.32	5.57	<.0001***	5.03	4.59	-0.46	0.2503
QRIS	23.00	23.53	0.44	0.0416*	4.77	4.68	0.01	0.6866
Head Start	22.02	28.24	6.79	<.0001***	5.09	3.49	-1.64	0.0007*
Accreditation	22.94	23.76	1.04	0.0025**	4.79	4.84	-0.09	0.8257
Infant & Child Physical Activity								
CACFP	7.22	8.45	1.24	<.0001***	3.20	3.37	0.15	0.5729
QRIS	7.66	8.51	0.76	<.0001***	3.25	3.31	0.07	0.6070
Head Start	7.78	9.02	2.12	<.0001***	3.44	2.75	-0.64	0.0562
Accreditation	7.64	8.65	0.92	<.0001***	3.20	3.54	0.38	0.1775
Outdoor Play & Learning								
CACFP	5.19	5.67	0.46	0.0276*	2.53	2.53	-0.1	0.7284
QRIS	5.30	5.81	0.59	0.1323	2.56	2.15	-0	0.2277
Head Start	5.43	5.79	0.48	0.0164*	2.47	2.54	0.3	0.6049
Accreditation	5.11	6.13	1.00	0.0002***	2.63	2.07	-0.56	0.0546
Screen Time								
							0.17	
CACFP	4.86	5.36	0.49	<.0001***	1.42	1.51	0.05	0.7708
QRIS	4.95	5.57	0.62	<.0001***	1.55	1.35	-0.14	0.4255
Head Start	5.05	5.70	0.87	<.0001***	1.47	1.46	0.04	0.8489
Accreditation	4.95	5.65	0.70	<.0001***	1.61	1.23	-0.39	0.0156*

<sup>1</sup>The arithmetic mean of pre-assessment scores for programs without the characteristic (i.e., non-CACFP)

<sup>2</sup>The arithmetic mean of pre-assessment scores for programs with the characteristic (i.e., CACFP)

<sup>3</sup>Model-estimated pre-assessment score difference between levels of characteristic (Yes and No) after controlling for differences due to time, implementation cycle, child age groups served, and relevant interaction effects

<sup>4</sup>The arithmetic mean of change scores for programs without the characteristic (i.e., non-CACFP)

<sup>5</sup>The arithmetic mean of change scores for programs with the characteristic (i.e., CACFP)

<sup>6</sup>Model-estimated change score difference between levels of characteristic (with and without) after controlling for differences due to time, implementation cycle, child age groups served, and relevant interaction effects; \*p<0.05; \*\*p<0.01; \*\*\*p<0.001.

# Evaluation Findings, Continued

## What other factors may have contributed to differences in NAP SACC change scores?

Lastly, this evaluation aimed to understand any contextual factors beyond the intervention activities and initiatives that may have contributed to differences in change scores. In addition to differences among implementation cycles, locations, and ECE characteristics, activities such as project inputs (e.g., National Team and program materials), SLIPs (e.g., experience in intervention delivery), and state/local-level engagement and integration (e.g., statewide policy) may have influenced changes in NAP SACC scores. The intermingling of these factors are described at the national and state levels below.

### Nationwide Factors

The first implementation cycle (Cycle 1) of the ECELC has often been described as a “learning experience” for the National Team and the SLIPs. A multitude of data were collected from the ECE programs that participated in this cohort, which are described in greater detail elsewhere.<sup>17</sup> These data informed restructuring of the curriculum (e.g., the topic of Family Engagement was spread throughout other topics), how data on TA were collected, enrollment criteria, and other changes for future cycles after Cycle 1. Additionally, the personalities and experience-levels of Project Coordinators were described as influential to the successes of participating ECE programs. For example, with each cycle of learning collaboratives within a location, SLIPs, Project Coordinators, and Trainers gained more experience in their roles. Thus, in theory, they became more efficient and effective in guiding and assisting ECE programs in making changes to their policies and practices. Also, Trainers, who worked most closely with ECE programs, varied in their training delivery and topic area interests and expertise. Therefore, Trainers may influence ECE programs more if their assistance style is complementary to the learning style of the ECE program Leadership Team and/or if they are providing assistance on a topic (e.g., Outdoor Play & Learning) that they are familiar with or passionate about.

### State and Location Specific Factors

#### Arizona



While Arizona did not necessarily improve at a greater rate than other locations, the ECELC was aligned with the Arizona Health Department’s EMPOWER program, a voluntary program associated with child care licensing. Specifically, EMPOWER branding was put on LS materials, and programs were eligible for financial incentives for achieving improvements. This alignment, and connection with state child care licensing, may have contributed to sustained improvements in Arizona.

#### North/Central Florida



ECE programs in North/Central Florida experienced initial confusion in completing the NAP SACC at pre-assessment during Cycle 1, but Nemours offered guidance for completing it at post-assessment, which may have contributed to potential inaccuracies in their Cycle 1 NAP SACC scores. Despite this, the PC provided a good deal of direction and guidance to Trainers who remained consistent, for the most part, across cycles. Where there were new Trainers, they were paired with new Trainers, which all may have contributed to this location experiencing relatively high change scores in the areas of Child Nutrition, Outdoor Play & Learning, and Screen Time.

# Evaluation Findings, Continued



## South Florida

While NAP SACC scores did not appear to differ in South Florida compared to other locations in Cycle 1,<sup>17</sup> a major barrier occurred in the first implementation cycle, as materials were not fully translated into languages needed (Spanish or Creole). This could have led to inconsistencies in how Trainers communicated content and TA. Once materials were translated in Cycle 3, comprehension and engagement potentially improved. However, Cycle 3 encountered a new challenge associated with the partnership with Miami-Dade Public Schools. Accordingly, Trainers were not able to develop strong relationships with participating ECE programs to support their action plan development, and ECE programs in South Florida may have ultimately been less engaged, motivated, or committed to program improvements. This challenge may have been reflected in South Florida's NAP SACC change scores, which were relatively low when compared to other Cycle 3 locations (though, they were usually not statistically significantly lower).<sup>24</sup> Change scores appeared to be more comparable to other locations in Cycle 6,<sup>27</sup> suggesting that barriers may have been lesser in this implementation cycle.



## Indiana

Partway through Indiana's involvement in the ECELC, the SLIP organization (Indiana Association for Child Care Resource & Referral) went out of business. However, there has been a statewide focus on HEPA, including, but not limited to the integration of HEPA best practices into the updated version of the state's QRIS, the expansion of professional development opportunities, and the leveraging of funding to expand the reach of the learning collaboratives. Overall, Indiana experienced NAP SACC change scores that were relatively comparable to, and sometimes relatively higher than other locations, both in aggregate as shown in this report, and in individual implementation cycle reports.<sup>17,24</sup>



## Missouri

In, Missouri, the ECELC was aligned with a state-wide EatSmart/MOveSmart initiative, which gave participating ECE programs additional incentives, such as recognition as EatSmart, MOveSmart, and/or Breastfeeding Friendly facility. Also, state requirements for ECE training led to a greater degree of TA being provided to Missouri ECE locations in the ECELC. However, change scores were not necessarily higher compared to other locations.

# Evaluation Findings, Continued



## New Jersey

In early cycles, New Jersey experienced challenges. Several Trainers left their positions late in the intervention and were not replaced which limited TA to some ECE locations. It was also observed and reported, but not described why, by the Key Informant interviewed that Trainers in New Jersey consistently received less coaching and oversight than other states. The key informant also reported that some Trainers were unwilling to drive far due to perceived traffic which limited their methods for delivering TA. Plus, later in the ECELC, it was clarified that Trainers were not allowed to hold a job that restricted them from delivering TA during the day. As stated, New Jersey performed relatively low in Screen Time, but well in the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Outdoor Play & Learning.



## L.A. County

One notable occurrence in L.A. County was that providers received a breastfeeding toolkit, available in both Spanish and English, which potentially may have contributed to the relatively high change score in Breastfeeding & Infant Feeding compared to other locations. Also notable at the state-level, was that Assembly Bill 290 was signed into law during Cycle 4. This bill increased the required hours of the Preventive Health and Safety Practices Training for providers to include one hour on childhood nutrition, so providers in L.A. County received extra nutrition training. However, aggregate NAP SACC change scores with regard to Child Nutrition, as well as scores reported in individual implementation cycle reports, were relatively low compared to other locations.<sup>23,26</sup> The reasons, though, were not qualitatively identified, and therefore, are currently unknown. L.A. County did exceptionally well with regard to Screen Time, though there were no reported other outside activities in L.A. County that may have contributed to this occurrence.



## Kentucky

Overall, Kentucky's change scores were fairly "middle of the road," and sometimes relatively low in individual implementation cycle reports,<sup>23,26</sup> especially for the topic of Infant & Child Physical Activity location. Uniquely, Kentucky's statewide focus included expansion of family engagement opportunities focused on HEPA messages, which is often cited as a challenging area among ECE programs. Also, unique to Kentucky was the use of CDC's 1305 funding to finance the enhancement of professional development through the development of online modules, which led to the ECELC being implemented as a hybrid model in Cycle 8. As reported in the Cycle 8 report, Kentucky's NAP SACC change scores were relatively low when compared to other locations in Cycle 8, though it was likely due to the small sample size.



# Evaluation Findings, Continued



## Virginia

Virginia utilized a partner organization (Child Care Aware of Virginia) to provide TA to ECE programs. Accordingly, there was a learning curve associated with responsibilities, which led to inconsistencies in Trainer oversight and training quality. Virginia's change scores were also fairly moderate in comparison to other locations. Statewide, HEPA was incorporated into TA and professional development offerings.

## Summary of Key Findings for Factors Contributing to Differences in NAP SACC Change Scores

Due to the real world nature of the ECELC, it is impossible to determine exactly what and how other factors outside the ECE programs and learning collaborative may have influenced changes to practices and policies. However, through qualitative methods, several factors that may have influenced changes were identified. These included factors related to project inputs, SLIPs, and state-level engagement and integration. Key findings include:

- ✦ The first implementation cycle (Cycle 1) of the ECELC has often been described as a “learning experience” for the National Team and the SLIPs. Early data informed restructuring of the curriculum, how data on TA were collected, enrollment criteria, and other changes for future cycles.
- ✦ SLIP, PC, and Trainer interests, experience, and topic-level expertise were cited as highly influential to ECE program engagement and could have influenced the type, content, and amount of TA.
- ✦ Locations experienced a multitude of factors that may have influenced differences in their outcomes (i.e., NAP SACC change scores), both from location to location and from implementation cycle to implementation cycle. For example, L.A. County was the only location that experienced the passing of a state-level assembly bill that led to providers in L.A. County receiving extra nutrition training.
- ✦ Interestingly, locations that tended to demonstrate change scores that were not necessarily higher compared to other locations also tended to be locations that experienced strong statewide integration, such as Arizona, Missouri, and Indiana.

# Discussion

This evaluation found that across five years of the ECELC, aggregate NAP SACC scores collected from 1,624 ECE programs changed from pre-assessment to post-assessment, and that significant improvements were reported for all five NAP SACC topic areas. This demonstrates that the ECELC may lead to important changes to policies and practices in ECE programs with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time. In other words, findings suggest that the ECELC fulfilled a key short-term outcome described in the Theory of Change Model, in that ECE programs made changes to policies and practices that evidence suggests may lead to improved food and physical activity environments for young children in ECE settings. On average, the smallest change in NAP SACC scores was an 8% improvement in Screen Time to the largest change, which was a 20% improvement in Outdoor Play & Learning. While other studies that have utilized the NAP SACC as their outcome measure and have incorporated similar, but not identical analytical methodologies, outcomes have been comparable (6 to 20 percent improvements).<sup>11,22</sup>

While each cohort described in this evaluation followed a general model, some variations of model delivery were piloted and/or tested throughout the past five years. Variations among collaboration make-up occurred, as well (e.g., some included FCC homes). This report includes ECE programs that underwent the full model, and more details can be found about variations in individual reports, as well as the report titled “Evaluation of the National Early Care and Education Learning Collaboratives Project (ECELC): Comparison among project components received” (in development as of the writing of this report).

Per each of the five topic areas, aggregate change scores often increased with each new implementation cycle. The increases among average NAP SACC change scores were statistically significant across implementation cycles for both Cluster 1 and Cluster 2 for the topics of Child Nutrition and Outdoor Play & Learning, and also among implementation cycles in Cluster 2 for the topic of Infant & Child Physical Activity. These data suggest that with each cycle, ECE programs improved by greater amounts, especially with regard to Child Nutrition, Infant & Child Physical Activity, and Outdoor Play & Learning. These findings are unsurprising, as HEPA in young children have been heavily promoted in recent years.<sup>8</sup> Also, the National Team as well as SLIP staff gained greater experience with the content of ECELC, the model, and the delivery approach over time. It is recommended that the National Team revisit how the topics of Breastfeeding & Infant Feeding and Screen Time are addressed in LSs, during APs, and via TA in order to explore opportunities to assist ECE program in reaching best practices in these areas.

Much like what was seen from the examination of topic area change scores from implementation cycle to implementation cycle, aggregate NAP SACC change scores demonstrated improvement across all locations, suggesting that the ECELC model may be generalizable regardless of state-level differences. Though, significant differences in average NAP SACC change scores existed across locations for the topics of Infant & Child Physical Activity (e.g., North/Central Florida increased the most with 3.0 more best practices and Alabama increased the least with 1.5 more best practices) and Screen Time (e.g., L.A. County increased the most (2.0 best practices) and New Jersey increased the least (1.0 best practices)) indicating that the ECELC may have operated alongside multiple influential factors within each location to contribute to changes, especially for activity- and sedentary-based best practices and policies.

# Discussion, Continued

By further examining differences in NAP SACC change scores by implementation cycle, location, and ECE program characteristics, and by also exploring National Team, SLIP, and state-level influences on ECE programs, it was determined that changes to practice and policies in ECE programs, and ultimately successes of the ECELC, may have been influenced by four key dynamics: self-determined Action Plans, ECE program characteristics, National Team and SLIP efforts, and state-level integration.

## Self-determined Action Plans

As described earlier, each ECE program generates their own goals and objectives based on their self-assessment, needs, interests, and capacity to tackle NAP SACC topic areas. ECE programs were guided to work on meeting best practices that seemed easily attainable during their early APs, which may explain why these methods for reaching best practices were most frequent. As an effect, across the 121 best practices measured via the NAP SACC, several were more frequently improved upon than others. The NAP SACC items most often improved upon typically related to environments (e.g., portable play equipment available and freezer space for breast milk available), provisions (e.g., healthier foods offered and more time allocated to physical activity), and teacher practices (e.g., no longer using screen time as a reward). According to qualitative discussions with the National Team, these items tended to be perceived as “easier” or “low-hanging fruit” for programs, meaning their process for making the change presented few steps and/or minor barriers. Additionally, many of the more frequently improved upon items aligned with requirements set forth by CACFP or other external initiatives (e.g., accreditation), which could have been added incentive for ECE programs to work on making these improvements. While not explicitly reported, items that were not frequently improved upon, such as education to families, training and professional development opportunities for staff, or written policy, were anecdotally described by PCs to the National Team as more expensive to execute, or were perceived as more work for less impact to programs. Given the success demonstrated in improving practices and policies with regard to each of the five topic areas, it is recommended to maintain efforts, but to also explore how environment, education to families, training and professional development opportunities for staff, and written policy are addressed in order to potentially increase changes in these methods.



**Breastfeeding & Infant Feeding.** With each cycle of the ECELC, ECE programs reported meeting fewer best practices with regard to Breastfeeding & Infant Feeding at pre-assessment. This may have been coincidental and due to a lack of knowledge on the topic, or may have been due to saturation of the ECELC among communities causing recruitment efforts to be extended to less-resourced ECE programs. Though average reported NAP SACC change scores remained unchanged from implementation cycle to implementation cycle. For programs that serve infants, changes to environments (e.g., making freezer space available for breast milk), provisions (e.g., providing mashed or pureed

meats or vegetables that rarely or never contain added salt), and teacher practices (e.g., praising and giving hands-on help to guide older infants as they learn to feed themselves) may be easier (or perceived to be easier) to implement. Given that the average change across five years of NAP SACC pre-assessment to post-assessment scores showed significant improvement, but did not change from implementation cycle to implementation cycle like experienced in other topic areas, it is recommended to ensure environments, provisions, and teacher practices continue to be promoted, but to also revisit how Breastfeeding & Infant Feeding is addressed in LSs, during APs, and via TA in order to explore

# Discussion, Continued

opportunities to assist ECE program in reaching best practices in this area.



**Child Nutrition.** As shown in Figure 4 and reiterated via qualitative discussions with the National Team, TA most often addressed Child Nutrition throughout the ECELC, and it was also frequently identified as a focus in action planning, though interestingly, it was not the area with the greatest improvement overall (as opposed to Outdoor Play & Learning, which as described earlier exhibited an average 20% increase from pre-assessment scores to post-assessment scores). Given that average reported NAP SACC change scores improved from implementation cycle to implementation cycle, findings would suggest that the delivery of this topic via LSs, APs, and TA may have improved from cycle to cycle.



**Infant & Child Physical Activity.** Similar to Child Nutrition, items most frequently improved upon with regard to Infant & Child Physical Activity included provisions (e.g., 3-5 minutes of tummy time to infants 2 times a day or more) and teacher practices (e.g., teachers lead planned lessons to build preschool children's and toddlers' motor skills 1 time per week or more and preschool children or toddlers are never removed from physically active playtime for longer than 5 minutes as punishment for misbehavior). Given that average reported NAP SACC change scores improved from implementation cycle to implementation cycle in Cluster 1, findings would suggest that the delivery of this topic via LSs, APs, and TA may have improved from cycle to cycle among these locations. While this was not exhibited in Cluster 2, the overall trend was seen, and significance may not have been reached simply due to the relatively smaller sample size.



**Outdoor Play & Learning.** Outdoor Play & Learning demonstrated the largest overall change from pre-assessment to post-assessment with a 20% increase in number of best practices met. Items most frequently improved upon include provisions (e.g., multiple activity types used and outdoor playtime provided to toddlers each day is 60 minutes or more) and environment (e.g., portable play equipment is always available to children during outdoor physically active playtime). It is notable, though, that when compared to other topic areas, only about half of programs who were not meeting these items at pre-assessment were meeting them at post-assessment, versus other topic areas which led to about three-fourths of programs moving from not meeting to meeting the best practices. Given that average reported NAP SACC change scores improved from implementation cycle to implementation cycle, and that improvements were relatively large, it would suggest that this is a topic area where programs may have a large opportunity to improve.

**Screen Time.** In contrast to Outdoor Play & Learning, Screen Time exhibited



# Discussion, Continued



the smallest overall change from pre-assessment to post-assessment with an 8% improvement. Items most frequently improved upon with regard include provisions (e.g., programming is always educational and commercial free and screen time allowed each week is less than 30 minutes) and teacher practices (e.g., screen time is rarely or never used as a reward). The lack in change across implementation cycles in the area of Screen Time, coupled with the relatively low improvement overall, may suggest that this area was of minimal variation in focus or interest across implementation cycles. However, Screen Time is one of

two areas that experienced a difference in change score across locations (e.g., New Jersey improved the least and L.A. County improved the most), suggesting that this topic was of varying interest and/or applicability to State Partners and/or ECE programs. Since Screen Time is the topic area with the least overall change, it would be recommended to explore if it is worth continuing to allocate resources to this topic, and if so, how environment, education to families, training and professional development opportunities for staff, and written policy are addressed in order to potentially increase changes in these methods.

One remaining general question is that despite the ECELC being designed to influence ECE program-level policy, this topic was not among the most improved items. It is expected that changes to policy would support sustainability of other best practices (e.g., teacher practices and provisions). Exploring action plans in the evaluation of Year 6 of the ECELC may help to elucidate why ECE programs are choosing to work on what they work on, and specifically delve into if/why they are choosing to work on certain topic areas, and/or overall on policy.

## ECE Program Characteristics

Overall, programs participating in CACFP, QRIS, and/or Head Start, or those that are accredited tended to report meeting significantly more best practices at pre-assessment ( $p < 0.05$ ). This was an expected finding and may be due to several reasons, but is likely a result of the availability of resources for ECE programs, via federal funding and educational materials and trainings, especially at Head Start and CACFP programs. CACFP, Head Start and accreditation require ECE programs to adhere to a higher set of quality standards than a typical ECE setting, which may have promoted best practices and policies among ECE programs prior to the start of the ECELC. This may be especially true for the topic area of Child Nutrition, which is evidenced by programs participating in CACFP and/or Head Start meeting 5.6 and 6.8 more Child Nutrition best practices at pre-assessment, respectively. While these findings are unsurprising, they help illustrate how the ECELC can operate synergistically among other HEPA-based efforts among ECE settings.

Previous evaluations have indicated that ECE programs improved more if they participated in external initiatives, such as CACFP, or were Head Start authorized.<sup>17, 23–27</sup> This evaluation's overall comparison, however, demonstrated that this was rarely the case. Specifically, differences in change scores were only reported in the topic areas of Child Nutrition and Screen Time, and interestingly, it was demonstrated that participation in external initiatives was associated with lesser improvement. It is likely that programs did not improve at the same rate, or at a greater rate, due to starting off with higher pre-assessment scores, meaning they were already meeting more best practices at the start of the ECELC. Regardless, by learning that programs almost always improved at the same rate whether they participated in external initiatives or not, it suggests that the ECELC may help fill in a gap with regard to resources, educational materials, and/or setting standards among all ECE programs.





# Discussion, Continued

Overall, the lack of differences in change from pre-assessment to post-assessment across ECE program characteristics suggests that the ECELC may be complementary and not duplicative to outside support, and demonstrates that the ECELC model may be generalizable to both well-resourced and poorly-resourced ECE programs. However, there are still unknowns, such as whether ECE programs tended to work on similar goals which led to similar improvements in the same areas, or if those participating in the ECELC provided ECE programs a setting that encouraged them to improve policies and practices within their program. Again, exploring action plans in the evaluation of Year 6 of the ECELC may provide context on how goals were operationalized by ECE programs, thus demonstrating the potential barriers and facilitators of changes.

## National Team and State Partner Efforts

As described earlier, NAP SACC change scores often increased with each new implementation cycle. It was learned via qualitative data collection that the first cycle of the ECELC was described as a learning experience for the National Team and the SLIPs. This feedback, along with early data from the first implementation cycle, informed the restructuring of the curriculum, how data on TA were collected, how action plans were created, enrollment criteria, and other changes for subsequent cycles (described in detail throughout the appendices).

The authors of this report are aware that the National Team revised the curriculum, delivery of the curriculum, and delivery of information to Trainers. A key update to the curriculum included changes to LS content to reflect integrated messaging around LMCC goals, which resulted in the topic of Family Engagement being introduced earlier on and throughout the LSs. Additionally, the curriculum was translated into Spanish for a wider reach of participants and the child nutrition content was updated to reflect the new CACFP meal pattern requirements. Third, the curriculum was aligned to meet state specific programs, i.e., Arizona's *EMPOWER* program and Missouri's *EatSmart, MOve Smart* program. Last, the curriculum was further modified for use with FCCs, in both English and Spanish, with the intention to allow SLIPs and Trainers to work with a broader variety of ECE programs in their locations. The National Team also changed the way resources were distributed to participants. The large *Participant Binder* was eliminated, and instead, participants received a *Participant Handbook* with content relevant to each LS. In addition to curriculum changes, the National Team also created Implementation Guides for the Trainers. The Implementation Guides supplement the LS content and provide Trainers detailed information for delivering the LS material. Anecdotally, the SLIPs described the Implementation Guides as useful when conducting Train-the-Trainer planning sessions in preparation for each LS.

National Team and SLIP efforts in the area of TA may have contributed to differences among NAP SACC scores, as well. Beginning with Cycle 2, TA data were collected via an iPad mini to ease the burden on the Trainer. Instructional videos were created to aid the PCs and Trainers in collecting TA data. In addition, the authors of this report recall that TA expectations became more structured (e.g., minimum number of on-site visits or TA instances per program) in subsequent cycles. Further, the authors are aware that monthly TA reports were analyzed by the National Team and support was provided to the SLIPs, providing feedback on trends and additional guidance and support as needed. The National Team also provided focused support during bi-weekly calls with the SLIPs. This ranged from relationship building with providers to guidance around resources and support for programs working in making healthy changes.



## Discussion, Continued

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As demonstrated in the TA by the Numbers section of this report, the average number of TA interactions per program tended to increase with each cycle. These increases may have potentially contributed to the improvements in NAP SACC change scores from cycle to cycle, may have been a reflection of increasingly high-needs ECE programs being recruited, or a combination of both. Also demonstrated in the TA by the Numbers section of this report, locations varied with regard to the average number of TA interactions per ECE program (keeping in mind that these differences were not statistically tested). Some locations averaged 10 TA interactions per ECE program (i.e., New Jersey and Indiana), while L.A. County averaged 32 interactions per program. Though these interactions may have ranged in level of engagement, from a generic “email blast” to on-site coaching, it is one way to look at how TA was approached. This data was not analyzed alongside NAP SACC change scores, but some visual comparisons can be made. For example, there were statistically significant differences in NAP SACC change scores among locations with regard to Screen Time, with L.A. County reporting the largest change score. This may have been related to the large number of TA interactions in L.A. County (again, potentially contributing to the improvements in NAP SACC change scores from cycle to cycle or a result of a high need for TA in L.A. County, or a combination of both). On the other hand, while there were also statistically significant differences in NAP SACC change scores among locations with regard to Infant & Child Physical Activity, New Jersey actually reported a larger average change score than L.A. County. Across all cycles, most TA was delivered on-site, followed by email and phone, but future evaluation should analyze the relationship between delivery method, NAP SACC pre-assessment scores, and NAP SACC change scores per location in order to see if TA had a larger effect on change scores than the number of interactions.

Further, the majority of TA interactions addressed the area of Child Nutrition, which was also cited during qualitative discussions with the National Team as the most frequently requested topic for TA and was often identified as a focus in action planning. Interestingly, it was not the area with the greatest improvement overall. Screen Time experienced the lowest overall NAP SACC change score and Outdoor Play & Learning experienced the highest, both of which appeared to vary in the proportion of TA interactions that addressed these topics. Along with TA delivery method, future evaluation should analyze the relationship between the specific NAP SACC topics addressed via TA and NAP SACC pre-assessment and change scores to determine if topic-specific TA relates to improvements in those topics.

There was a shift in how Action Plans were approached, as well. Originally, the development of Action Plans was treated as a “homework” assignment for Leadership Teams. However, the approach shifted away from “homework” and more to “guidance” around action planning via goal-setting activities (e.g., Group Discussion Worksheets and Storyboards) during LSs in order to prepare participants for the development of their Action Plans during action periods. The authors also recall that later action planning focused on creating S.M.A.R.T. goals and shifted the language from “2-month” and “year-long” Action Plans to “short-term” and “long-term” Action Plans in order to allow for flexibility in timeframes.

Further, some implementation cycles reported lower pre-assessment scores in certain NAP SACC topics from implementation cycle to implementation cycle. Changes to enrollment strategies to allow more programs to qualify may have resulted in the most motivated locations within a community participating in earlier implementation cycles and those with less motivation or greater barriers targeted in later implementation cycles. However, this may have also allowed for more room to improve, as evidenced by the larger change scores in later implementation cycles. Lastly, a change to the enrollment software, RegOnline, granted PCs and Trainers an accessible platform to monitor programs throughout the

# Discussion, Continued

project and evaluation processes. It is important to note that programs were included in this analysis only if they completed the approximately 10-month-long project, including participation in five LSs and four APs, as well as completion of multiple self-assessments and receipt of TA, meaning that these programs may have inherently been motivated to make changes.

In addition to these early improvements, the overall improvements in NAP SACC change scores from implementation cycle to implementation cycle suggest that the static factors, such as the National Team and State Partners (i.e., SLIPs, Project Coordinators, and Trainers), improved in their intervention delivery over time. This is corroborated by the finding that State Partners' interests, experience, and topic-level expertise were cited as highly influential to ECE program engagement.

## State-level Integration

As described in the findings, the real word nature of the ECELC acknowledges that other factors outside the ECE programs and the learning collaborative may have influenced changes to practices and policies. State-level factors were likely to have influenced changes. When considering differences across ECELC locations, one interesting finding is that success as measured by the NAP SACC did not necessarily coincide with success as measured by statewide integration activities. Arizona and Missouri, for example, were described as highly successful at integrating childhood obesity prevention policies and practices into statewide initiatives, although their NAP SACC change scores were fairly average. Indiana demonstrated fairly high change scores but also experienced the loss of the Indiana Association for Child Care Resource & Referral organization. Programmatic improvements and statewide integration are most likely not successfully independent of each other, but rather do not experience gains at the same rates. Variations across programmatic improvements were most likely due to a number of factors, such as the programs themselves (motivation of leadership and staff, support for change, and resources) or the ECELC Trainers (specifically, the degree to which they can build personal relationships with ECE programs' leadership).

## Limitations

### Measurement

While it is a strength that the self-assessment (pre-assessment) and reassessment (post-assessment) have consistently served as the primary outcome data, data were self-reported and not verified through observation or objective measures, so findings may be biased. Since the NAP SACC pre-assessments occurred after the first LS and the post-assessment occurred before the last LS, "true" pre/post data were not collected. Furthermore, due to time and resource constraints, this evaluation was unable to utilize a control group and did not have the resources to fully explore and delineate other factors beyond the ECELC (e.g., other initiatives or campaigns) that may also be contributing to these positive changes. Without more qualitative data and no control group, we cannot further explain outcomes. As has been stated in previous implementation cycle reports, the NAP SACC was chosen to aid in action planning and was also used as an outcome measure to reduce the potential for participant burden. While a more robust, less subjective measure would have been appropriate to assess intervention impact, the NAP SACC instrument has been shown to be a stable and reasonably accurate instrument for use with child care interventions.<sup>19</sup> Last, even though locations that made up each cluster were mostly consistent, some were not present in every cycle, which may have had an effect on changes in data from cycle to cycle.





# Discussion, Continued

## Generalizability

These findings should be interpreted with a degree of caution due to varying contextual differences across locations. Changes were made at multiple levels, including the ECE programs targeted for participation, program implementation (e.g., curriculum), and outcomes analysis. While strategies have remained consistent throughout the implementation cycle, the degree to how much of the components (i.e., LSs, action planning, implementation, and TA) received by ECE programs has varied. Along these lines, the methods for how data on LSs, action planning, implementation, and TA have been collected and reported have sometimes varied from cycle to cycle. It is hard to comment on the generalizability of the ECELC for many reasons. First, the specific level of readiness of ECE programs that participated in the ECELC is unknown. Second, the intervention was highly supported via funding (e.g., ECE programs were incentivized \$500) and staff support. Third, reasons for programs dropping out of the intervention and/or not completing both the pre-assessment and post-assessment were not tracked consistently, and as described earlier, the ECE programs analyzed as part of this study may have been highly motivated to change, which may have led to a positive reporting bias. Changes described are for the intervention period, though the 12-month follow-up evaluation has demonstrated sustainability in the number of best practices changed.<sup>28</sup>

## Overall Evidence

Regardless of some inherent limitations, findings from this evaluation demonstrate the ECELC led to broad implementation of best practices enacted with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time in ECE settings. Further, by implementing policies and practices in these settings, there is potential for reaching about one in four children aged five and younger and their families.<sup>10</sup> What is also important is that preliminary evidence has suggested that environmental-level strategies in ECE settings – such as improving policies and practices related to eating, physical activity, and sedentary behaviors – may directly influence children enrolled in these programs.<sup>29–31</sup> Assuring development, implementation, and evaluation of policy and practice-based interventions to promote healthy eating and active living among children attending ECE programs may contribute holistically and synergistically toward obesity-prevention efforts in the U.S., though resources for these efforts may need to be allocated through federal, local, or other sources to ensure continued success and spread.



# Recommendations

## Recommendations for future implementation:

- ✦ Continue the ECELC by reaching ECE programs (and/or states) not previously exposed to the intervention and maintain potential for fulfilling intermediate (e.g., improved dietary and physical activity behaviors among children in ECE programs) and long-term outcomes (e.g., contribute overall to national efforts to prevent childhood obesity).
- ✦ Continue to support SLIP's efforts to tailor ECELC LSs, APs, and TA so that resources are allocated toward high-needs NAP SACC topic areas and/ or topic areas where success may be anticipated from location to location, and integrate "options" (e.g., Kentucky's online delivery of LSs) into the Original ECELC when feasible in order to reach additional ECE settings and serve more children.
- ✦ Explore integrating ECELC evidence-based strategies (e.g., peer-to-peer training and/or TA) and content into existing initiatives(s) (e.g., CACFP, Head Start, QRIS, etc.) to ensure efforts are synergistic with and complementary to national efforts to prevent childhood obesity and sustainable.
- ✦ Explore state-level integration opportunities as well as options for integrating ECELC evidence-based strategies (e.g., peer-to-peer training and/or TA) and content into other ECE quality improvement initiatives to ensure efforts are synergistic.





# Recommendations, Continued

## Recommendations for future evaluation:

- ✦ Examine separately the dosage and subsequent effects of the LSs, APs, and TA on changes to policies and practices with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time among ECE programs and in the final year of the ECELC in order to inform conclusive and overarching messaging about the effectiveness of the ECELC that may be shared with stakeholders and/or Legislators.
- ✦ Assess how parent education, staff training and professional development, and written program policy are addressed in LSs, APs, and TA to determine if there are more effective ways of promoting these approaches to meeting best practices.
- ✦ Explore decision-making processes via qualitative methodology (e.g., document reviews and interviews) with regard to NAP SACC topic area selection when participating in self-determine Action Plans during the ECELC to learn if programs tend to focus action planning on areas where they have the lowest NAP SACC pre-assessment scores, why programs are choosing their specific topic areas and which methods of best practices are considered (e.g., policy, education, provisions, etc.), and if targeted action planning relates to improvements in NAP SACC scores.
- ✦ Investigate factors that may have contributed to variations across improvements. Characteristics of the ECE programs (motivation of leadership and staff, support for change, and resources), SLIPs (how their interests, experience, and topic-level expertise influence ECE program engagement and inform hiring and training processes), or the ECELC Trainers (specifically, the degree to which they can build personal relationships with ECE programs' leadership) may influence how much ECE programs improve and in what areas.
- ✦ Assess intermediate and long-term outcomes identified in the ECELC Theory of Change Model, especially with regard to changes in dietary and physical activity behaviors in children and state level systems that support HEPA environments in ECE settings.

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# Appendices

## First Cycle (Cycle 1)

**Dates implemented:** July 2013–June 2014

**Locations:** 7 total – AZ, N/C FL, S FL, IN, KS, MO, NJ

**Collaboratives:** 27 total – AZ (4), N/C FL (5), S FL (4), IN (4), KS (2), MO (3), NJ (5)

## Implementation and Evaluation Methods

### Enrollment

The enrollment target for Cycle 1 collaboratives was 50 ECE programs serving a minimum of 100 children in high-risk, low-income areas. Ultimately, 511 ECE programs enrolled, and 434 programs completed the first cycle, with only 77 programs (15%) dropping out during implementation.

Enrollment was monitored by GSCN using Excel, wherein PCs sent GSCN ECE program contact information. GSCN generated a unique ID number and emailed that number, along with a SurveyMonkey link, to the enrollment form. The enrollment form consisted of 21 descriptive questions.

### Learning Sessions and Curriculum

Each LS was six hours in length. Activities and materials included videos, handouts, small and large group discussions, morning and afternoon breakout groups, and physical-activity breaks. Participants received compact discs that included all materials and video covered in the LSs.

**Learning Sessions:** 5 total

**LS1:** Why should we change?

**LS2:** What is our role in making healthy changes?

**LS3:** How can we continue to make healthy changes?

**LS4:** How can we engage families as partners?

**LS5:** Celebrating success: Our plans in action!

The curriculum was provided in a single large binder to all Leadership Team members at LS1. It included LS1 through LS3. LS4 and LS5 materials were still in development at the time of launch, and participants were provided inserts at a later date. The participant binder included copies of all LS PowerPoint presentations, handouts, and homework assignments. Participants brought the binders to each LS.



# Appendices

## Technical Assistance

In the first implementation cycle, data on TA received was collected via pen-and-paper responses from Trainers who completed a 17-item measure for each TA interaction they had with an ECE program(s). These 17 items included: 12 items capturing basic information related to the TA interaction: a. Who received the TA (2 items), b. Program-specific information (4 items), c. Who provided the TA (1 item), d. When the TA occurred (2-items), e. How the TA was provided (1 item), f. The length of the TA (1 item), and g. The length of travel time required by the Trainer (1 item). Item 13 asked the Trainer to indicate how TA was provided (e.g., discussion, modeling). Item 14 asked the Trainer to indicate the topic area that the TA related to (e.g., Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time). Item 15 provided space for open-ended responses related to what the Trainer helped with, what went well/did not go well, and what additional help the Trainer thought the program needed. Item 16 asked whether the TA related to the ECE program's Action Plan. And finally, item 17 related to general personal observations about the program or interaction. The paper forms were mailed, scanned, or faxed to GSCN, which then entered the data via SurveyMonkey for export in Excel.

## Assessments

**Knowledge Tests.** Each LS had a list of objectives. Pre- and post-knowledge tests (known as Learning Objective Pre/post Tests) were developed to test the knowledge of these objectives and were administered to Leadership Team members and each individual present at the LSs. In an attempt to ease the burden on participants, and because LS4 and LS5 were still in development, the pre-tests for LS1 through LS3 were combined into one survey and administered to all enrolled Leadership Team members via SurveyMonkey prior to LS1. The LS4 and LS5 pre-tests were split and completed by those present at the beginning of each LS, respectively. The post-tests for each were completed at the end of each LS.

**NAP SACC.** The NAP SACC has served as the primary outcome measure of the ECELC intervention. Each ECE program participating in the ECELC completed one NAP SACC for the program at pre-assessment and post-assessment. For Cycle 1, four of the NAP SACC topic areas were assessed: Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time. Data were analyzed using random intercept repeated measures mixed models, evaluating within program change, to examine change over time. Further scientific methodology for analyzing the NAP SACC can be found in the implementation cycle reports.

**Participant interviews.** Representatives from participating Cycle 1 ECE programs were interviewed during the first year of the ECELC. GSCN selected a stratified, random sample of ECE program staff from Cycle 1 Leadership Teams (LTs). To select this sample, GSCN classified each LT member from enrolled ECE programs into three groups: owners/directors (N = 468), classroom teachers (N = 291), and other staff (N = 303). GSCN randomly selected one owner/director, one teacher, and one "other" ECE program staff member from each of the 27 collaboratives to develop a "Composite Leadership Team" (CLT) from each collaborative. This resulted in 27 owners/directors, 27 teachers, and 26 other staff members being selected as members of the CLTs. The collaboratives were randomly sorted, as well as each CLT member within each collaborative, to obtain the order in which to contact participants. Each member of the CLT was contacted separately via email to schedule an interview. If the participant did not respond to this email, a GSCN researcher contacted the program by phone three times, leaving a voicemail and request for a callback to schedule the first two times. If the GSCN researcher was unable to speak with the sampled participant on the third phone attempt, it was considered a non-response.

# Appendices

**State Implementing Partners and Project Coordinators interviews.** State Implementing Partners and Project Coordinators from each location were contacted via email to schedule an interview.

## Results and Outcomes

### NAP SACC Results

As shown in the table below, all age groups within each of the four topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	Δ
Breastfeeding & Infant Feeding, 305	ITP: 10.5	ITP: 13.3	ITP: 2.7***
Child Nutrition, 456	ITP: 24.5 TP: 22.1 P-only: 25.8	ITP: 29.1 TP: 27.2 P-only: 29.2	ITP: +4.6*** TP: +5.0*** P-only: +3.4***
Infant & Child Physical Activity, 465	ITP: 9.5 TP: 6.1 P-only: 7.9	ITP: 13.2 TP: 8.9 P-only: 10.3	ITP: +3.7*** TP: +2.8*** P-only: +2.4***
Screen Time, 463	ITP: 5.8 TP: 4.8 P-only: 5.5	ITP: 7.0 TP: 6.8 P-only: 6.4	ITP: +1.2*** TP: +2.0*** P-only: +0.9***
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

## Conclusions

The ECELC, even among this first implementation cycle, led to important changes to policies and practices in ECE programs. Strategies that target the ECE setting to improve HEPA need to be developed and implemented. Continued efforts to incorporate subsidies, professional development, and training focused on HEPA are critical to ensure that ECE settings help children maintain a healthy weight.



# Appendices

## Second Cycle (Cycle 2)

**Dates implemented:** May 2014–February 2015

**Locations:** 3 total – L.A., KY, VA

**Collaboratives:** 9 total – L.A. (3), KY (3), VA (3)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for each Implementation cycle 2, Phase 1 (cycle 2) collaborative was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 225 ECE programs enrolled, and 198 programs completed the second cycle, with only 27 programs (12%) dropping out during implementation, a decrease from the previous cycle.

Recruitment and enrollment utilized the online event registration software RegOnline. PCs and Trainers provided program representatives with their collaboratives' unique registration link that upon using automatically assigned each program a unique eight-digit enrollment ID. RegOnline granted PCs and Trainers the authority to edit information and/or “cancel” a program if they dropped from the ECELC at any time during the course of implementation. The use of this software also offered an accessible platform to monitor programs throughout the project and evaluation processes. Enrollment forms were tailored to gather specific demographic information of each enrolled program for Project Coordinators.

#### Learning Sessions and Curriculum

**Learning Sessions:** 5 total

Each LS content topic was revised to reflect an integrated general messaging framework around the five main LMCC goals, which resulted in the topic of Family Engagement being introduced earlier on and throughout the LSs. Goal-setting activities occurred during LSs in order to prepare participants for the development of their action plans.

The participant binder was eliminated, and instead, participants received a Participant Handbook that corresponded with the topic covered in that day's LS. The Participant Handbooks included a Leadership Team Guide. Instead of compact discs, participants received USBs with videos and materials required for the LSs.

Leadership Teams were given instructions on how to approach their AP (the time in between each LS) rather than given “homework.” APs included completing Group Discussion Worksheets, as opposed to individual staff worksheets, and completing Storyboards to be presented during LSs.

#### Technical Assistance

Beginning with cycle 2, TA was collected via an iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data. Instructional videos were created to aid the PCs and Trainers in using the iPad minis. Adoption by the first-time users was quick.

# Appendices

## Assessments

**Knowledge Tests.** The same pre/post tests were administered to this cycle; however, administration changed. The pre-tests were administered before each LS. The post-tests, however, were administered before each subsequent LS, even prior to that LS's pre-test. This was in an attempt to provide participants the opportunity to learn, implement, and practice the objectives, not only during the LSs but also during the APs.

**NAP SACC.** For cycle 2, the same four of the NAP SACC topic areas were assessed: Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time. Data were analyzed using a paired sample t-test to examine the mean scores at pre-assessment and post-assessment, and to determine whether the change was statistically significant across all ECE programs. An Analysis of Covariance (ANCOVA) examined differences in change of scores among subsamples of the analytic sample. Subsamples were based on location, collaborative, and status in the following areas: participation in the Child and Adult Care Food Program (CACFP), participation in a Quality Rating and Improvement System (QRIS), Head Start/Early Head Start status, accreditation status, and nonprofit/for-profit designation. In other words, this test sought to determine if there was a greater change in the score from pre-assessment to post-assessment in one subsample of the cluster (e.g., Head Start/Early Head Start programs) versus another subsample of the cluster (e.g., non-Head Start/Early Head Start programs). All ANCOVAs were adjusted for NAP SACC pre-assessment scores. More detailed methodology can be found in individual implementation cycle reports.

**12-month follow-up survey.** Cycle 2 participated in a longitudinal practice-based evaluation that assessed whether ECE programs (n = 104) sustained changes with regard to policies and practices one year after participating. The number of best practices increased from pre-assessment to post-assessment ( $p < 0.01$ ) but did not change significantly from post-assessment to follow-up assessment. These data suggested that the ECELC showed promise as an approach for incorporating professional development and training focused on improving environmental-level child-nutrition and physical-activity best practices, as one strategy among many that are warranted for obesity prevention in young children.

## Results and Outcomes

### NAP SACC Results

As shown in the table below, all four topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	$\Delta$
Breastfeeding & Infant Feeding, 66	9.9	12.1	+2.2**
Child Nutrition, 189	23.5	26.4	+2.9***
Infant & Child Physical Activity, 188	8.1	10.2	+2.1***
Screen Time, 184	4.7	6.1	+1.4***

NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$



# Appendices

## Conclusions

Overall, because the ECELC was still new, participation (e.g., enrollment and knowledge tests) was observed and deemed satisfactory by the national leadership team. More specifically, dropout rates suggest that changes to targeted ECE programs may have improved project recruitment and retention. The lack of statistical significance associated with changes in learning objectives between LSs suggests that project implementation remains an area in need of improvement in order to effectively evoke change in confidence and efficacy. Lastly, the largely significant improvements reported through NAP SACC measurements suggest that participation in the ECELC may lead to important changes to policies and practices in ECE programs with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time. Future examination of project implementation (e.g., LS and TA delivery) may contribute to more effective use of project resources; but overall, the ECELC enabled and facilitated important changes in healthy-eating, active-living policies and practices in ECE.





# Appendices

## Third Cycle (Cycle 3)

**Dates implemented:** September 2014–June 2015

**Locations:** 7 total – AZ, N/C FL, S FL, IN, KS, MO, NJ – This is “round 2” for this group

**Collaboratives:** 22 total – AZ (3), N/C FL (3), S FL (4), IN (3), KS (3), MO (3), NJ (3)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for this cycle’s (and all subsequent cycles’) collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 559 ECE programs enrolled, and 464 programs completed the third cycle, with 95 programs (17%) dropping out during implementation.

For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

#### Learning Sessions and Curriculum

**Learning Sessions:** 5 total

LS objectives were revised for this cycle, and activities were incorporated into each LS from the University of Miami and Miami-Dade Early Learning Coalition’s Learning Communities Peer Facilitation Protocols to promote staff wellness.

Curriculum: Minor language edits and minor topic reformatting occurred. The “Facilitating Change in Your Program” section was moved to earlier in the day to allow longer time to provide TA.

#### Technical Assistance

For this cycle and all subsequent cycles, TA was collected via iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data. Instructional videos aided the PCs and Trainers in using the iPad minis. Adoption by the new users was slow, as they were accustomed to the previously used paper version.

#### Assessments

Knowledge Tests. While the administration of the pre/post test remained the same as the previous cycle (i.e., pre-test before the LS, post-test before the subsequent LS), some of the LS objectives changed. During this cycle, Nemours worked to improve the LS objectives for all five LSs. The new objectives were not modified before LS1 or LS2. Therefore, the pre-/post-test questions for LS1 and LS2 remained the same as the previous implementation cycles’. Beginning with LS3, the LS objectives and their accompanying pre/post tests were updated.

# Appendices

**NAP SACC.** For Cycle 3, an additional NAP SACC topic area, Outdoor Play & Learning, was added to the original four that were assessed: Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, and Screen Time. Data were analyzed similarly to cycle 2, with the exception that the sample was segmented according to age groups served by the ECE program for analysis. More detailed methodology can be found in individual implementation cycle reports.

**Environment and Policy Assessment and Observation.** Cycle 3 participated in the Environment and Policy Assessment and Observation (EPAO) as part of its evaluation. This evaluation allowed trained observers to visit ECE programs and observe the settings and environments as well as review any written policies or documents the program had on file.

## Results and Outcomes

### NAP SACC Results

As shown in the table below, all five topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	Δ
Breastfeeding & Infant Feeding, 203	ITP: 10.2	ITP: 12.8	ITP: +2.6***
Child Nutrition, 361	ITP: 23.0 TP: 21.5 P-only: 25.8	ITP: 28.2 TP: 27.6 P-only: 29.5	ITP: +5.1*** TP: +6.1*** P-only: +3.7***
Infant & Child Physical Activity, 355	ITP: 8.3 TP: 6.1 P-only: 7.0	ITP: 12.1 TP: 10.0 P-only: 9.8	ITP: +3.8*** TP: +3.8*** P-only: +2.7***
Outdoor Play & Learning, 351	ITP: 5.5 TP: 5.2 P-only: 5.0	ITP: 8.0 TP: 7.7 P-only: 7.0	ITP: +2.5*** TP: +2.5*** P-only: +2.0***
Screen Time, 359	ITP: 5.3 TP: 5.2 P-only: 5.4	ITP: 7.0 TP: 6.9 P-only: 6.4	ITP: +1.7*** TP: +1.7*** P-only: +0.9**
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

# Appendices

## Fourth and Fifth Cycles

### Cycle 4

**Dates implemented:** April 2015–February 2016

**Locations:** 3 total – L.A., KY, VA – This is “round 2” for this cluster

**Collaboratives:** 7 total – L.A. (2), KY (3), VA (2)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for this cycle’s (and all subsequent cycles’) collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 154 ECE programs enrolled, and 133 programs completed the fourth cycle, with 21 programs (14%) dropping out during implementation.

For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

#### Learning Sessions and Curriculum

**Learning Sessions:** 5 total

**Curriculum:** The curriculum was once again updated.

#### Technical Assistance

TA was collected similarly to the previous cycle via iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data.

### Cycle 5

**Dates implemented:** Oct 2015–Jun 2016

**Locations:** 3 total – L.A., KY, VA – This is “round 3” for this cluster

**Collaboratives:** 3 total – L.A. (1), KY (1), VA (1)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for this cycle’s (and all subsequent cycles’) collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 76 ECE programs enrolled, and 72 programs completed the fifth cycle, with 4 programs (5%) dropping out during implementation.

As mentioned previously, Cycle 4 and Cycle 5 were combined for analysis and reporting. Therefore, the enrollment totals, when combined for analysis, were 230 ECE programs enrolled and 205 programs completed. For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

# Appendices

## Assessments

**Knowledge Tests (Cycle 4 only).** While the administration of the pre/post tests remained the same as the previous two cycles (i.e., pre-test before the LS, post-test before the subsequent LS), the LS objectives had been updated. The new objectives were completed in time for this cycle. Therefore, the pre-/post-test questions for all five LSs used the updated versions. This is the last cycle to complete the knowledge pre/post tests.

**NAP SACC.** For this cycle and all subsequent cycles, all five NAP SACC topic areas were assessed. Data were analyzed similarly to Cycle 3. More detailed methodology can be found in individual implementation cycle reports.

## Results and Outcomes

### NAP SACC Results

As shown in the table below, all age groups within each of the five topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	Δ
Breastfeeding & Infant Feeding, 62	ITP: 8.9	ITP: 12.1	ITP: +3.1***
Child Nutrition, 189	ITP: 20.4 TP: 22.3 P-only: 26.8	ITP: 25.6 TP: 28.0 P-only: 30.4	ITP: +5.5*** TP: +6.0*** P-only: +3.7***
Infant & Child Physical Activity, 184	ITP: 7.6 TP: 7.2 P-only: 7.8	ITP: 11.8 TP: 10.1 P-only: 9.6	ITP: +4.1*** TP: +3.1*** P-only: +1.9***
Outdoor Play & Learning, 187	ITP: 4.8 TP: 6.0 P-only: 4.9	ITP: 7.1 TP: 8.0 P-only: 7.1	ITP: +2.1*** TP: +2.1** P-only: +2.2***
Screen Time, 186	ITP: 4.8 TP: 4.9 P-only: 5.0	ITP: 6.4 TP: 7.0 P-only: 6.8	ITP: +1.5*** TP: +2.1*** P-only: +1.8***
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

## Conclusions

As was observed in previous iterations, the ECELC enabled and facilitated important changes to policies and practices in the ECE programs that participated in the Implementation cycle 3 collaboratives. Recommendations for future evaluation and implementation included examining how action planning may facilitate certain changes in topic areas and exploring existing frameworks (e.g., CACFP) to determine feasibility in incorporating the ECELC program model.



# Appendices

## Sixth Cycle (Cycle 6)

**Dates implemented:** April 2015–May 2016

**Locations:** 3 total – N/C FL, S FL, MO – This is “round 3” for these locations

**Collaboratives:** 9 total – N/C FL (3), S FL (3), MO (3)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for this cycle’s (and all subsequent cycles’) collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 236 ECE programs enrolled, and 182 programs completed the sixth cycle, with 54 programs (23%) dropping out during implementation.

For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

#### Learning Sessions and Curriculum

**Learning Sessions:** 5 total

LSs also included more guidance on the development of a SMART goal; more focus on family engagement, staff wellness, and program policies; activities/opportunities for participants to share their progress of change; effective communication skills through role-playing activities; an Action Plan worksheet; and a professional development activity. LSs no longer included Learning Communities Peer Facilitation Protocol activities nor breakout-group-based TA.

**Curriculum:** The curriculum was once again updated.

Programs developed just one Action Plan.

#### Technical Assistance

TA was collected similarly to the previous cycle via iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data.

#### Assessments

**NAP SACC.** For this cycle and all subsequent cycles, all five NAP SACC topic areas were assessed. Data were analyzed similarly to Cycle 3. More detailed methodology can be found in individual implementation cycle reports.



# Appendices

## Results and Outcomes

### NAP SACC Results

As shown in the table below, nearly all age groups within each of the five topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	Δ
Breastfeeding & Infant Feeding, 100	ITP: 9.3	ITP: 12.1	ITP: +2.8***
Child Nutrition, 170	ITP: 21.7 TP: 19.9 P-only: 26.4	ITP: 26.7 TP: 24.3 P-only: 30.9	ITP: +5.3*** TP: +3.9* P-only: +4.6***
Infant & Child Physical Activity, 168	ITP: 8.3 TP: 6.4 P-only: 8.1	ITP: 11.9 TP: 9.6 P-only: 10.8	ITP: +3.7*** TP: +3.5*** P-only: +2.7***
Outdoor Play & Learning, 171	ITP: 5.6 TP: 5.9 P-only: 5.8	ITP: 8.2 TP: 7.9 P-only: 8.0	ITP: +2.7*** TP: +1.9* P-only: +2.2***
Screen Time, 164	ITP: 4.9 TP: 4.8 P-only: 5.0	ITP: 6.3 TP: 5.8 P-only: 7.5	ITP: +1.4*** TP: +0.8 P-only: +2.5***
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

## Conclusions

Again, the ECELC enabled and facilitated important changes to policies and practices in the ECE programs. It was also noted that the large proportion of TA that addressed Child Nutrition, coupled with the improvements among the Child Nutrition scores on the NAP SACC, showed that TA related to this topic may have been helpful in supporting implementation of those specific policies and practices. A key recommendation for future evaluation and implementation was to test varying support (e.g., technical assistance) of the ECELC to understand how it relates to outcomes.



# Appendices

## Seventh Cycle (Cycle 7)

**Dates implemented:** May 2016–January 2017

**Locations:** 1 total – AL

**Collaboratives:** 2 total – AL (2)

### Implementation and Evaluation Methods

#### Enrollment

The enrollment target for this cycle's (and all subsequent cycles') collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 37 ECE programs enrolled, and 32 programs completed the seventh cycle, with 5 programs (14%) dropping out during implementation. This was the first cycle that formally included FCC programs (n = 14 enrolled; n = 13 completed).

For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

#### Learning Sessions and Curriculum

**Learning Sessions:** 5 total

**Curriculum:** The curriculum and materials were the same as the previous cycle's.

#### Technical Assistance

TA was collected similarly to the previous cycle via iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data.

#### Assessments

**NAP SACC.** For this cycle's (and all subsequent cycles') collaboratives, all five NAP SACC topic areas were assessed. Data were analyzed similarly to Cycle 3. However, due to the small sample size, results were not broken down by age group served (e.g., ITP, TP, P-only). More detailed methodology can be found in individual implementation cycle reports.

# Appendices

## Results and Outcomes

### NAP SACC Results

As shown in the table below, all five topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	$\Delta$
Breastfeeding & Infant Feeding, 26	9.9	13.8	+4.0***
Child Nutrition, 32	21.3	26.9	+5.6***
Infant & Child Physical Activity, 32	8.6	11.7	+3.1***
Outdoor Play & Learning, 32	6.4	7.7	+1.3
Screen Time, 30	3.6	6.3	+2.7***
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

## Conclusions

This unique cycle, in that it was administered in just one location and included FCC programs, demonstrated similar findings to the previous cycles that were implemented across multiple states, where changes to policies and practices were enabled in the ECE programs that participated in the ECELC. It was noted, however, that the relatively large proportion of TA that addressed Outdoor Play & Learning, coupled with the lack of significant improvement reported via the NAP SACC, showed that this topic area may need more exploration and/or support in future hybrid-based ECELC cycles. Since this was the first cycle of the Full ECELC to include FCC programs, a key recommendation for future evaluation and implementation includes evaluating the ECELC in a larger hybrid sample in order to determine if it is effective and generalizable across both center-based and FCC settings, as well as to determine if there is need for further tailoring to an FCC setting.



# Appendices

## **Eighth Cycle (Cycle 8)**

**Dates implemented:** October 2016–June 2017

**Locations:** 7 total – AL (round 2), N/C FL, S FL, L.A., MO, NJ, VA – round 4 for this cluster, less AL

**Collaboratives:** 18 total – AL (2), N/C FL (3), S FL (3), L.A. (2), MO (3), NJ (2), VA (3)

### **Implementation and Evaluation Methods**

#### **Enrollment**

The enrollment target for this cycle's (and all subsequent cycles') collaboratives was 25 ECE programs serving a minimum of 50 children in high-risk, low-income areas. Ultimately, 468 ECE programs enrolled, and 395 center-based and FCC programs completed the eighth cycle, with 73 programs (16%) dropping out during implementation.

For this cycle and all subsequent cycles, recruitment and the enrollment form utilized the online event registration software RegOnline.

#### **Learning Sessions and Curriculum**

**Learning Sessions:** 5 total

**Curriculum:** The curriculum was once again updated.

#### **Technical Assistance**

TA was collected similarly to the previous cycle via iPad mini to ease the burden on both the Trainer filling it out and GSCN entering the data.

#### **Assessments**

**NAP SACC.** As with previous cycles, all five NAP SACC topic areas were assessed. Data were analyzed similarly to Cycle 3. More detailed methodology can be found in individual implementation cycle reports.

# Appendices

## Results and Outcomes

### NAP SACC Results

As shown in the table below, nearly all age groups within each of the five topic areas saw statistically significant improvements in scores as reported using the NAP SACC.

Topic Area, n	Pre-assessment	Post-assessment	Δ
Breastfeeding & Infant Feeding, 182	ITP: 9.2	ITP: 13.5	ITP: 4.3***
Child Nutrition, 331	ITP: 22.3 TP: 23.3 P-only: 24.1	ITP: 29.7 TP: 30.0 P-only: 27.2	ITP: 7.4*** TP: 6.8*** P-only: 3.1***
Infant & Child Physical Activity, 332	ITP: 8.4 TP: 6.3 P-only: 6.9	ITP: 13.2 TP: 10.9 P-only: 9.0	ITP: 4.8*** TP: 4.7*** P-only: 2.4**
Outdoor Play & Learning, 327	ITP: 5.4 TP: 5.1 P-only: 5.6	ITP: 8.6 TP: 8.6 P-only: 7.8	ITP: 3.2*** TP: 3.5*** P-only: 2.2***
Screen Time, 320	ITP: 4.8 TP: 5.1 P-only: 5.0	ITP: 6.8 TP: 7.2 P-only: 5.9	ITP: 2.0*** TP: 2.2*** P-only: 0.9
NOTE: Analysis included ECE programs that responded to at least one item in the corresponding section of NAP SACC at pre-assessment and at least one item in post-assessment; ITP = infants, toddlers, and preschoolers; TP = toddlers and preschoolers; P-only = preschoolers; * $p < .05$ , ** $p < .01$ , *** $p < .001$			

## Conclusions

Again, the ECELC enabled and facilitated important changes to policies and practices in the ECE programs. Like previous implementation cycles of the ECELC, the majority of the current implementation cycle completed the approximately 10-month-long project, including participation in five LSs and four APs, completion of multiple self-assessments, and receipt of Technical Assistance. Data regarding TA suggest that this aspect of the intervention was highly utilized. Specifically, data showed that TA was highly utilized immediately after the midpoint of the ECELC (after LS3) and was most frequently delivered through phone, though it was also fairly distributed across email and on-site. Additionally, most TA provided was tied to the programs' action plans, and most often address the topic area of Infant & Child Physical Activity. Interestingly, the largest proportion of improvement in NAP SACC scores occurred among programs serving Toddlers and Preschoolers in the topic area of Infant & Child Physical Activity. This further suggests that when programs choose to focus on a topic in their action plan, and receive support via TA for that specific topic, there is a likelihood of improvement in their NAP SACC score. A key recommendation for future evaluation and implementation was to implement the modified version of the ECELC (Kentucky ECELC) in additional ECE programs and states to ensure improvements in best practices and policies in ECE settings across the U.S.



# Appendices



## Go NAP SACC Self-Assessment Instrument

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position (Select One):

- ☐ Lead Teacher
- ☐ Food Service Director
- ☐ Program Director/Owner
- ☐ Other: \_\_\_\_\_

Birthdate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Child Care Program Name: \_\_\_\_\_

Program's Enrollment ID:

\_\_\_\_\_  
(This 8-digit number is located on your ID card)



## Breastfeeding & Infant Feeding

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **breastfeeding and infant feeding** topics include teacher practices, program policies, and other program offerings related to feeding infants and supporting breastfeeding. All of these questions refer to children ages 0-12 months.

### Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about breastfeeding and infant feeding.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

### As you assess:

- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit.

### Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinoshio T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

# Appendices

## Breastfeeding Environment

**1. A quiet and comfortable space,\* set aside for mothers to breastfeed or express breast milk, is available:**

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Always

\* This is a space other than a bathroom.

**2. The following are available to mothers in the space set aside for breastfeeding or expressing breast milk:**

*See list and mark response below.*

- ☐ Privacy
- ☐ An electrical outlet
- ☐ Comfortable seating
- ☐ Sink with running water in the room or nearby

- ☐ None      ☐ 1 feature      ☐ 2-3 features      ☐ All 4 features

**3. At our program, enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:**

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Always

**4. Posters, brochures, children's books, and other materials that promote breastfeeding are displayed in the following areas of our building:**

*See list and mark response below.*

- ☐ The entrance or other public spaces
- ☐ Infant classrooms
- ☐ Toddler and/or preschool classrooms
- ☐ The space set aside for breastfeeding

- ☐ None      ☐ 1 area      ☐ 2 areas      ☐ 3-4 areas

## Breastfeeding Support Practices

**5. Teachers and staff promote breastfeeding and support mothers who provide breast milk for their infants by:**

*See list and mark response below.*

- ☐ Talking with families about the benefits of breastfeeding
- ☐ Telling families about the ways our child care program supports breastfeeding
- ☐ Telling families about community organizations that provide breastfeeding support
- ☐ Giving families educational materials
- ☐ Showing positive attitudes about breastfeeding

- ☐ None      ☐ 1 topic      ☐ 2-3 topics      ☐ 4-5 topics

## Breastfeeding Education & Professional Development

**6. Teachers and staff receive professional development\* on promoting and supporting breastfeeding:**

- ☐ Never      ☐ Less than 1 time per year      ☐ 1 time per year      ☐ 2 times per year or more

\* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

# Appendices

## 7. Professional development on breastfeeding includes the following topics:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breast-fed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding
- Our program's policies on promoting and supporting breastfeeding

☐ None ☐ 1-2 topics ☐ 3-4 topics ☐ 5-6 topics

## 8. Educational materials\* for families on breastfeeding are offered:

- ☐ Rarely or never ☐ Only when a family asks ☐ To all enrolled expectant families and families with infants ☐ To enrolled families with infants, and we tell prospective families about our policies and practices

\* Educational materials can include brochures, tip sheets, and links to trusted websites.

## Breastfeeding Policy

## 9. Our written policy\* on promoting and supporting breastfeeding includes the following topics:

See list and mark response below.

- Providing space for mothers to breastfeed or express breast milk
- Providing refrigerator and/or freezer space to store expressed breast milk
- Professional development on breastfeeding
- Educational materials for families on breastfeeding
- Breastfeeding support\* for employees

☐ No written policy or policy does not include these topics ☐ 1 topic ☐ 2-3 topics ☐ 4-5 topics

\* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, or families. Policies can be included in parent handbooks, staff manuals, and other documents.

\* Support can include allowing teachers and staff to breastfeed or express breast milk on their breaks.

## Infant Foods

## 10. When our program offers infant cereal or formula, it is iron rich:

☐ Rarely or never ☐ Sometimes ☐ Often ☐ Always

## 11. When our program offers mashed or pureed meats or vegetables, these foods contain added salt:

☐ Always ☐ Often ☐ Sometimes ☐ Rarely or never

## 12. Our program offers baby food desserts\* that contain added sugar:

☐ Always ☐ Often ☐ Sometimes ☐ Rarely or never

\* Desserts are sweet, mashed or pureed foods, made with added sugar.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

# Appendices

## Infant Feeding Practices

### 13. Teachers feed infants:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Always on a fixed schedule | <input type="checkbox"/> Often on a fixed schedule, but sometimes on a flexible schedule, when infants show they are hungry* | <input type="checkbox"/> Often on a flexible schedule, when infants show they are hungry,* but sometimes on a fixed schedule | <input type="checkbox"/> Always on a flexible schedule when infants show they are hungry* |
|---|--|--|---|

\* Infants can show they are hungry by rooting, sucking on fingers or fist, licking or smacking lips, fussing or crying, or making excited arm and leg movements.

### 14. Teachers end infant feedings based on:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Only the amount of breast milk, formula, or food left | <input type="checkbox"/> Mostly the amount of food left, but partly on infants showing signs they are full* | <input type="checkbox"/> Mostly on infants showing signs they are full,* but partly on the amount of food left | <input type="checkbox"/> Only on infants showing signs they are full* |
|--|---|--|---|

\* Infants can show they are full by slowing the pace of eating, turning away, becoming fussy, spitting out, or refusing more food

### 15. When feeding infants, teachers use responsive feeding techniques:\*

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

\* Responsive feeding techniques include making eye contact, speaking to infants, responding to infants' reactions during feedings, responding to hunger and fullness signals, and feeding only one infant at a time.

### 16. At meal times, teachers praise and give hands-on help\* to guide older infants as they learn to feed themselves:

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

\* Praise and hands-on help can include encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or utensils.

### 17. Teachers inform families about what, when, and how much their infants eat each day by:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Teachers do not inform families of daily infant feeding | <input type="checkbox"/> A written report or verbal report | <input type="checkbox"/> Some days both a written and verbal report, but usually one or the other | <input type="checkbox"/> Both a written and verbal report each day |
|--|--|---|--|

### 18. The written infant feeding plan that families complete for our program includes the following information:

See list and mark response below.

- ☐ Infant's food intolerances, allergies, and preferences
- ☐ Instructions for introducing solid foods and new foods to the infant while in child care
- ☐ Permission for teachers to feed the infant on a flexible schedule, when he/she shows hunger
- ☐ Instructions\* for feeding infants whose mothers wish to breastfeed or provide expressed breast milk

- |                               |                                  |                                     |                                       |
|-------------------------------|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 topic | <input type="checkbox"/> 2-3 topics | <input type="checkbox"/> All 4 topics |
|-------------------------------|----------------------------------|-------------------------------------|---------------------------------------|

\* Instructions can include what to feed infants if there is no breast milk available, and scheduling to avoid large feedings before mothers plan to breastfeed.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

# Appendices

## Infant Feeding Education & Professional Development

### 19. Teachers and staff receive professional development\* on infant feeding and nutrition:

- ☐ Rarely or never
 ☐ Less than 1 time per year
 ☐ 1 time per year
 ☐ 2 times per year or more

\* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

### 20. Professional development on infant feeding and nutrition includes the following topics:

See list and mark response below.

- ☐ Using responsive feeding techniques
- ☐ Not propping feeding bottles
- ☐ Introducing solid foods and new foods
- ☐ Infant development related to feeding and nutrition
- ☐ Communicating with families about infant feeding and nutrition
- ☐ Our program's policies on infant feeding and nutrition

- ☐ None
 ☐ 1-2 topics
 ☐ 3-4 topics
 ☐ 5-6 topics

### 21. Families are offered education\* on infant feeding and nutrition:

- ☐ Rarely or never
 ☐ Only when families ask
 ☐ When families ask and at 1 set time during the year
 ☐ When families ask, as infants reach developmental milestones, and at other set times during the year

\* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

### 22. Education for families on infant feeding and nutrition includes the following topics:

See list and mark response below.

- ☐ Using responsive feeding techniques
- ☐ Not propping feeding bottles
- ☐ Introducing solid foods and new foods
- ☐ Infant development related to feeding and nutrition
- ☐ Our program's policies on infant feeding and nutrition

- ☐ None
 ☐ 1 topic
 ☐ 2-3 topics
 ☐ 4-5 topics



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosho T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).



# Appendices

## Infant Feeding Policy

### 23. Our written policy\* on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Foods provided to infants
- Infant feeding practices
- Information included on written infant feeding plans
- Professional development on infant feeding and nutrition
- Education for families on infant feeding and nutrition

☐ No written policy or policy does not include these topics      ☐ 1 topic      ☐ 2-3 topics      ☐ 4-5 topics

\* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the  
**Go NAP SACC Breastfeeding & Infant Feeding Self-Assessment!**

For more information about this and other Go NAP SACC tools, please visit: [www.gonapsacc.org](http://www.gonapsacc.org).



Ward DS, Morris E, McWilliams C, Vaughn A, Erinoshio T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

# Appendices



## Go NAP SACC Self-Assessment Instrument

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position (Select One):

- ☐ Lead Teacher  
☐ Food Service Director  
☐ Program Director/Owner  
☐ Other: \_\_\_\_\_

Birthdate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Child Care Program Name: \_\_\_\_\_

Program's Enrollment ID:

\_\_\_\_\_  
(This 8-digit number is located on your ID card)



### Child Nutrition

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, child nutrition topics include foods and beverages provided to children, the program's feeding environment, and teacher practices during meal times. Unless otherwise noted, all questions in this section relate to your program's practices for both toddlers and preschool children.

#### Before you begin:

- ✓ Gather menus, staff manuals, parent handbooks, and other documents that state your policies and guidelines about child nutrition.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

#### As you assess:

- ✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

#### Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Ward DS, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzuca S, Hanson P, Ammerman A, Neelon SE, Sommers JK, Ball S. (2013). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: [www.gonapsacc.org](http://www.gonapsacc.org).

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## Foods Provided

### 1. Our program offers fruit:\*

- ☐ 3 times per week or less (Half-day: 2 times per week or less)
 ☐ 4 times per week (Half-day: 3 times per week)
 ☐ 1 time per day (Half-day: 4 times per week)
 ☐ 2 times per day or more (Half-day: 1 time per day or more)

\* For this assessment, fruit does not include servings of fruit juice.

### 2. Our program offers fruit that is fresh, frozen, or canned in its own juice, not in syrup:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Every time fruit is offered

### 3. Our program offers vegetables:\*

- ☐ 2 times per week or less (Half-day: 1 time per week or less)
 ☐ 3-4 times per week (Half-day: 2-3 times per week)
 ☐ 1 time per day (Half-day: 4 times per week)
 ☐ 2 times per day or more (Half-day: 1 time per day or more)

\* For this assessment, vegetables do not include french fries, tater tots, hash browns, or dried beans.

### 4. Our program offers dark green, orange, red, or deep yellow vegetables\*:

- ☐ 3 times per month or less
 ☐ 1-2 times per week
 ☐ 3-4 times per week
 ☐ 1 time per day or more

\* This does not include servings of white potatoes or corn. These vegetables are not included because they have more starch and fewer vitamins and minerals than other vegetables.

### 5. Our program offers vegetables that are prepared with meat fat, margarine, or butter:

- ☐ Every time vegetables are served
 ☐ Often
 ☐ Sometimes
 ☐ Rarely or never

### 6. Our program offers fried or pre-fried potatoes:\*

- ☐ 3 times per week or more
 ☐ 2 times per week
 ☐ 1 time per week
 ☐ Less than 1 time per week or never

\* Fried or pre-fried potatoes include french fries, tator tots, and hash browns that are pre-fried, sold frozen, and prepared in the oven.

### 7. Our program offers fried or pre-fried meats or fish:\*

- ☐ 3 times per week or more
 ☐ 2 times per week
 ☐ 1 time per week
 ☐ Less than 1 time per week or never

\* Fried or pre-fried meats or fish include breaded and frozen chicken nuggets and fish sticks.

### 8. Our program offers high-fat meats:\*

- ☐ 3 times per week or more
 ☐ 2 times per week
 ☐ 1 time per week
 ☐ Less than 1 time per week or never

\* High-fat meats include sausage, bacon, hot dogs, bologna, and ground beef that is less than 93% lean.



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## 9. Our program offers meats and meat alternatives that are lean or low fat:\*

- ☐ 3 times per month or less
 ☐ 1-2 times per week
 ☐ 3-4 times per week
 ☐ Every time meats or meat alternatives are served

\* Lean or low-fat meats include skinless, baked or broiled chicken; baked or broiled fish; and ground beef or turkey that is at least 93% lean and cooked in a low-fat way. Low-fat meat alternatives include low-fat dairy foods; baked, poached, or boiled eggs; and dried beans.

## 10. Our program offers high-fiber, whole grain foods:\*

- ☐ 1 time per week or less (Half-day: 3 times per month or less)
 ☐ 2-4 times per week (Half-day: 1 time per week)
 ☐ 1 time per day (Half-day: 2-4 times per week)
 ☐ 2 times per day or more (Half-day: 1 time per day or more)

\* High-fiber, whole grain foods include whole wheat bread, whole wheat crackers, oatmeal, brown rice, Cheerios, and whole grain pasta.

## 11. Our program offers high-sugar, high-fat foods:\*

- ☐ 1 time per day or more
 ☐ 3-4 times per week
 ☐ 1-2 times per week
 ☐ Less than 1 time per week or never

\* High-sugar, high-fat foods include cookies, cakes, doughnuts, muffins, ice cream, and pudding.

## 12. Our program offers high-salt, high-fat snacks:\*

- ☐ 1 time per day or more
 ☐ 3-4 times per week
 ☐ 1-2 times per week
 ☐ Less than 1 time per week or never

\* High-salt, high-fat snacks include chips, buttered popcorn, and Ritz crackers.

## 13. Children are given sweet or salty snacks outside of meal or snack times:

- ☐ 1 time per day or more
 ☐ 3-4 times per week
 ☐ 1-2 times per week
 ☐ Less than 1 time per week or never

## Beverages Provided

### 14. Drinking water is available:

- ☐ Only when children ask
 ☐ Only when children ask and during water breaks
 ☐ Only indoors, where it is always visible and freely available
 ☐ Indoors and outdoors, where it is always visible and freely available

### 15. Our program offers a 4-6 oz. serving of 100% fruit juice:

- ☐ 2 times per day or more
 ☐ 1 time per day
 ☐ 3-4 times per week
 ☐ 2 times per week or less

### 16. Our program offers sugary drinks:\*

- ☐ 1 time per month or more
 ☐ Less than 1 time per month
 ☐ 1-2 times per year
 ☐ Never

\* Sugary drinks include Kool-Aid, fruit drinks, sweet tea, sports drinks, and soda.



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**17. For children ages 2 years and older,\* our program offers milk that is:**

- ☐ Whole or regular      ☐ Reduced fat or 2%      ☐ Low-fat or 1%      ☐ Fat-free or skim

\* This does not include children with milk allergies.

**18. Our program offers flavored milk:**

- ☐ 1 time per day or more      ☐ 3-4 times per week      ☐ 1-2 times per week      ☐ Less than 1 time per week or never

## Feeding Environment

**19. Meals and snacks are served to preschool children by:**

- ☐ Meals and snacks come to classrooms pre-plated with set portions of each food      ☐ Teachers portion out servings to children      ☐ Children are allowed to serve some foods themselves, while other foods are pre-plated or served by teachers      ☐ Children are allowed to choose and serve all foods themselves

**20. Television or videos are on during meal or snack times:**

- ☐ Always      ☐ Often      ☐ Sometimes      ☐ Never

**21. When in classrooms during meal or snack times, teachers and staff eat and drink the same foods and beverages as children:**

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Always

**22. Teachers enthusiastically role model\* eating healthy foods served at meal and snack times:**

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Every meal or snack time

\* Enthusiastic role modeling is when teachers eat healthy foods in front of children and show how much they enjoy them. For example, a teacher might say, "Mmm, these peas taste yummy!"

**23. Teachers and staff eat or drink unhealthy foods or beverages in front of children:**

- ☐ Always      ☐ Often      ☐ Sometimes      ☐ Rarely or never

**24. Describe the posters, books, toys, and other learning materials\* that your program displays to promote healthy eating:**

- ☐ There are few or no materials      ☐ There are some materials, but limited variety      ☐ There is a large variety of materials      ☐ There is a large variety of materials with new items introduced often

\* Learning materials can include books about healthy eating habits, posters of MyPlate, pictures of fruits and vegetables, healthy play foods, fruit or vegetable garden areas, and bowls of fruit.

**25. Describe the posters, books, toys, and other learning materials\* that your program displays featuring unhealthy foods:**

- ☐ There is a large variety of materials with new items introduced often      ☐ There is a large variety of materials      ☐ There are some materials, but limited variety      ☐ There are few or no materials

\* Learning materials can include books or games about unhealthy foods, pictures or posters of unhealthy foods, unhealthy play foods, and bowls of candy.



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## 26. Soda and other vending machines are located:

- ☐ In the entrance or front of building
 ☐ In public areas, but not entrances
 ☐ Out of sight of children and families
 ☐ There are no vending machines on site

## Feeding Practices

### 27. During indoor and outdoor physically active playtime, teachers remind children to drink water:

- ☐ Rarely
 ☐ Sometimes
 ☐ Often
 ☐ At least 1 time per play period

### 28. Teachers praise children for trying new or less preferred foods:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Always

### 29. When children eat less than half of a meal or snack, teachers ask them if they are full before removing their plates:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Always

### 30. When children request seconds, teachers ask them if they are still hungry before serving more food:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Always

### 31. Teachers require that children sit at the table until they clean their plates:

- ☐ Every meal or snack time
 ☐ Often
 ☐ Sometimes
 ☐ Rarely or never

### 32. Teachers use an authoritative feeding style:\*

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Every meal or snack time

\* An authoritative feeding style strikes a balance between encouraging children to eat healthy foods and allowing children to make their own food choices. To encourage children to eat their vegetables, caregivers may reason with them and talk about the importance of eating vegetables, rather than using bribes or threats.

### 33. Teachers use food to calm upset children or encourage appropriate behavior:

- ☐ Every day
 ☐ Often
 ☐ Sometimes
 ☐ Rarely or never

### 34. During meal and snack times, teachers praise and give hands-on help\* to guide toddlers as they learn to feed themselves:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Always

\* Praise and hands-on help includes encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or other utensils.

### 35. For children ages 1 year and older who are developmentally ready, beverages are offered in open, child-sized cups:

- ☐ Rarely or never
 ☐ Sometimes
 ☐ Often
 ☐ Always

## Menus & Variety

### 36. The length of our program's menu cycle is:

- ☐ 1 week or shorter
 ☐ 2 weeks
 ☐ 3 weeks or longer without seasonal change
 ☐ 3 weeks or longer with seasonal change



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## 37. Weekly menus include a variety of healthy foods:

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Always

## Education & Professional Development

## 38. Teachers incorporate planned nutrition education\* into their classroom routines:

- ☐ Rarely or never      ☐ 1 time per month      ☐ 2-3 times per month      ☐ 1 time per week or more

\* Planned nutrition education can include circle time lessons, story time, stations during center time, cooking activities, and gardening activities.

## 39. Teachers talk with children informally about healthy eating:

- ☐ Rarely or never      ☐ Sometimes      ☐ Often      ☐ Each time they see an opportunity

## 40. Teachers and staff receive professional development on nutrition:

- ☐ Never      ☐ Less than 1 time per year      ☐ 1 time per year      ☐ 2 times per year or more

\* For this assessment, professional development on child nutrition does not include food safety and food program guidelines training. Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

## 41. Professional development on child nutrition includes the following topics:

*See list and mark response below.*

- Food and beverage recommendations for children
- Serving sizes for children
- Importance of variety in the child diet
- Creating healthy mealtime environments\*
- Using positive feeding practices\*
- Communicating with families about child nutrition
- Our program's policies on child nutrition

- ☐ None      ☐ 1-3 topics      ☐ 4-5 topics      ☐ 6-7 topics

\* In a healthy mealtime environment, children can choose what to eat from the foods offered, and teachers enthusiastically role model eating healthy foods.

\* Positive feeding practices include praising children for trying new foods, asking children about hunger or fullness before taking their plates away or serving seconds, and avoiding the use of food to calm children or encourage appropriate behavior.

## 42. Families are offered education\* on child nutrition:

- ☐ Never      ☐ Less than 1 time per year      ☐ 1 time per year      ☐ 2 times per year or more

\* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.



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## 43. Education for families on child nutrition includes the following topics:

See list and mark response below.

- Food and beverage recommendations for children
- Serving sizes for children
- The importance of variety in the child diet
- Creating healthy mealtime environments
- Using positive feeding practices
- Our program's policies on child nutrition

☐ None

☐ 1-2 topics

☐ 3-4 topics

☐ 5-6 topics

## Policy

## 44. Our written policy\* on child nutrition includes the following topics:

See list and mark response below.

- Foods provided
- Beverages provided
- Healthy mealtime environments
- Teacher practices to encourage healthy eating
- Not offering food to calm children or encourage appropriate behavior
- Professional development on child nutrition
- Education for families on child nutrition
- Planned and informal nutrition education for children
- Guidelines on food for holidays and celebrations
- Fundraising with non-food items

☐ No written policy or  
policy does not include  
these topics

☐ 1-4 topics

☐ 5-8 topics

☐ 9-10 topics

\* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



**Congratulations on completing the  
Go NAP SACC Child Nutrition Self-Assessment!**

For more information about this and other Go NAP SACC tools, please visit: [www.gonapsacc.org](http://www.gonapsacc.org).



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## Go NAP SACC Self-Assessment Instrument

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position (Select One):

- ☐ Lead Teacher  
☐ Food Service Director  
☐ Program Director/Owner  
☐ Other: \_\_\_\_\_

Birthdate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Child Care Program Name: \_\_\_\_\_

Program's Enrollment ID: \_\_\_\_\_

(This 8-digit number is located on your ID card)



### Infant & Child Physical Activity

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **physical activity** is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. These questions relate to opportunities for both children with special needs and typically developing children.

#### Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about physical activity.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

#### As you assess:

- ✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

#### Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



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# Appendices

## Time Provided

### 1. The amount of time provided to preschool children\* for indoor and outdoor physical activity\* each day is:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Less than 60 minutes<br>(Half-day: Less than 30 minutes) | <input type="checkbox"/> 60-89 minutes<br>(Half-day: 30-44 minutes) | <input type="checkbox"/> 90-119 minutes<br>(Half-day: 45-59 minutes) | <input type="checkbox"/> 120 minutes or more<br>(Half-day: 60 minutes or more) |
|---|---|--|--|

\* For Go NAP SACC, preschool children are children ages 2-5 years.

\* Physical activity is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. Examples include walking, running, crawling, climbing, jumping, and dancing.

### 2. The amount of time provided to toddlers\* for indoor and outdoor physical activity each day is:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Less than 60 minutes<br>(Half-day: Less than 15 minutes) | <input type="checkbox"/> 60-74 minutes<br>(Half-day: 15-29 minutes) | <input type="checkbox"/> 75-89 minutes<br>(Half-day: 30-44 minutes) | <input type="checkbox"/> 90 minutes or more<br>(Half-day: 45 minutes or more) |
|---|---|---|---|

\* For Go NAP SACC, toddlers are children ages 13-24 months.

### 3. Our program offers 3-5 minutes of tummy time\* to infants:\*

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 2 times per week or less (Half-day: 1 time per week or less) | <input type="checkbox"/> 3-4 times per week<br>(Half-day: 2-3 times per week) | <input type="checkbox"/> 1 time per day<br>(Half-day: 4 times per week) | <input type="checkbox"/> 2 times per day or more (Half-day: 1 time per day or more) |
|---|---|---|---|

\* 3-5 minutes of tummy time is supervised time when an infant is awake and alert, lying on her/his belly. Tummy time may not last 3-5 minutes for infants who are not used to it or do not enjoy it. It may last longer than 5 minutes for infants who do. Tummy time should last as long as possible to help infants learn to enjoy it and build their strength.

\* For Go NAP SACC, infants are children ages 0-12 months.

### 4. The amount of adult-led\* physical activity our program provides to preschool children each day is:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Less than 30 minutes<br>(Half-day: Less than 10 minutes) | <input type="checkbox"/> 30-44 minutes<br>(Half-day: 10-19 minutes) | <input type="checkbox"/> 45-59 minutes<br>(Half-day: 20-29 minutes) | <input type="checkbox"/> 60 minutes or more<br>(Half-day: 30 minutes or more) |
|---|---|---|---|

\* Adult-led activities and lessons can be led by teachers or outside presenters. Examples include dancing, music and movement, motor development lessons, physically active games, and tumbling or gymnastics.

### 5. Outside of nap and meal times, the longest that preschool children and toddlers are expected to remain seated at any one time is:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 20-29 minutes | <input type="checkbox"/> 15-19 minutes | <input type="checkbox"/> Less than 15 minutes |
|---|--|--|---|

### 6. Outside of nap and meal times, the longest that infants spend in seats, swings, or ExerSaucers at any one time is:

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> More than 30 minutes | <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> 1-14 minutes | <input type="checkbox"/> Infants are never placed in seats, swings, or ExerSaucers |
|---|--|---------------------------------------|--|



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## Indoor Play Environment

### 7. Our program offers the following in the indoor play space:

See list and mark response below.

- Space for all activities, including jumping, running, and rolling
- Separate play areas for each age group
- Areas that allow play for individuals, pairs, small groups, and large groups
- Full access for children with special needs

☐ None ☐ 1 feature ☐ 2 features ☐ 3-4 features

### 8. Our program has the following portable play equipment\* available in good condition for children to use indoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: wagons, wheelbarrows, big dump trucks
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, bean bags, noodles, rackets
- Balance toys: balance beams, plastic "river stones"
- Crawling or tumbling equipment: mats, portable tunnels

☐ None ☐ 1-2 types ☐ 3-4 types ☐ 5-6 types

\* Portable play equipment includes any toys that children can carry, throw, push, pull, etc. This does not include equipment fixed into the ground like swing sets and jungle gyms. Portable play equipment can be homemade or store-bought.

### 9. Teachers offer portable play equipment to preschool children and toddlers during indoor free play time:\*

☐ Rarely or never ☐ Sometimes ☐ Often ☐ At least a few items are always available to encourage physical activity

\* Indoor free play time includes free choice activities during center time. It can also include activities in a gym, multi-purpose room, or other space that allows children to move freely.

### 10. Teachers offer developmentally appropriate portable play equipment to infants during tummy time and other indoor activities:

☐ Rarely or never ☐ Sometimes ☐ Often ☐ Always

### 11. Describe the posters, books, and other learning materials that your program displays to promote physical activity:

☐ There are few or no materials ☐ There are some materials with limited variety ☐ There is a large variety of materials ☐ There is a large variety of materials, with new items introduced often

## Teacher Practices

### 12. As punishment for misbehavior, preschool children or toddlers are removed from physically active playtime for longer than 5 minutes:

☐ Always ☐ Often ☐ Sometimes ☐ Never



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## 13. Teachers take the following role during preschool children's physically active playtime:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> They supervise only | <input type="checkbox"/> They supervise and verbally encourage physical activity | <input type="checkbox"/> They supervise, verbally encourage, and sometimes join in to increase children's physical activity | <input type="checkbox"/> They supervise, verbally encourage, and often join in to increase children's physical activity |
|--|--|---|---|

## 14. During tummy time and other activities, teachers interact with infants to help them build motor skills:\*

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

\* Motor skills are physical abilities and muscle control that children develop as they grow. Motor skills for infants include lifting and turning the head, rolling over, sitting up, reaching for and grasping toys.

## 15. Teachers incorporate physical activity into classroom routines and transitions:\*

- |  |                                    |                                |  |
|--|------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Each time they see an opportunity |
|--|------------------------------------|--------------------------------|--|

\* Physical activity during classroom routines and transitions can include movement during circle time or story time, physical activity during center time, Simon Says, or other movement games while children wait in line.

## Education & Professional Development

## 16. Teachers lead planned lessons to build preschool children's and toddlers' motor skills:\*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> 1 time per month | <input type="checkbox"/> 2-3 times per month | <input type="checkbox"/> 1 time per week or more |
|--|---|--|--|

\* Motor skills are physical abilities and muscle control that children develop as they grow. Motor skills for preschool children and toddlers include walking, running, skipping, jumping, throwing, catching, and kicking.

## 17. Teachers talk with children informally about the importance of physical activity:

- |  |                                    |                                |  |
|--|------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Each time they see an opportunity |
|--|------------------------------------|--------------------------------|--|

## 18. Teachers and staff receive professional development\* on children's physical activity:

- |                                |  |  |   |
|--------------------------------|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than 1 time per year | <input type="checkbox"/> 1 time per year | <input type="checkbox"/> 2 times per year or more |
|--------------------------------|--|--|---|

\* For this assessment, professional development on children's physical activity does not include playground safety training. Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

## 19. The following topics are included in professional development on children's physical activity:

See list and mark response below.

- ☐ Recommended amount of daily physical activity for children
  - ☐ Ways to encourage children's physical activity
  - ☐ Ways to limit long periods of seated time for children
  - ☐ Children's motor skill development
  - ☐ Communicating with parents about how to promote children's physical activity
  - ☐ Our program's policies on physical activity
- |                               |                                     |                                     |                                     |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-2 topics | <input type="checkbox"/> 3-4 topics | <input type="checkbox"/> 5-6 topics |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|



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# Appendices

## 20. Families are offered education\* on children's physical activity:

- ☐ Never ☐ Less than 1 time per year ☐ 1 time per year ☐ 2 times per year or more

\* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

## 21. The following topics are included in education for families on children's physical activity:

See list and mark response below.

- Recommended amount of daily physical activity for children
- Ways to encourage children's physical activity
- Ways to limit long periods of seated time for children
- Children's motor skill development
- Our program's policies on physical activity

- ☐ None ☐ 1 topic ☐ 2-3 topics ☐ 4-5 topics

## Policy

## 22. Our written policy\* on physical activity includes the following topics:

See list and mark response below.

- Amount of time provided each day for indoor and outdoor physical activity
- Limiting long periods of seated time for children
- Shoes and clothes that allow children and teachers to actively participate in physical activity
- Teacher practices that encourage physical activity
- Not withholding physical activity as punishment
- Planned and informal physical activity education
- Professional development on children's physical activity
- Education for families on children's physical activity

- ☐ No written policy or policy does not include these topics ☐ 1-3 topics ☐ 4-6 topics ☐ 7-8 topics

\* A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



Congratulations on completing the  
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# Appendices



## Go NAP SACC Self-Assessment Instrument

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position (Select One):

- ☐ Lead Teacher  
☐ Food Service Director  
☐ Program Director/Owner  
☐ Other: \_\_\_\_\_

Birthdate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Child Care Program Name: \_\_\_\_\_

Program's Enrollment ID:

\_\_\_\_\_  
(This 8-digit number is located on your ID card)



## Outdoor Play & Learning

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, outdoor play and learning includes all activities done outdoors. The questions cover a range of activities, some focused on physical activity and some focused on other learning activities. These questions relate to opportunities for both children with special needs and typically developing children.

### Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about outdoor play and learning.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

### As you assess:

- ✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use answer choices without parentheses.
- ✓ Definitions of key words are marked by asterisks (\*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

### Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



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# Appendices

## Outdoor Playtime

### 1. Outdoor playtime\* is provided to preschool children and toddlers:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> 4 times per week or less (Half-day: 3 times per week or less) | <input type="checkbox"/> 1 time per day (Half-day: 4 times per week) | <input type="checkbox"/> 2 times per day (Half-day: 1 time per day) | <input type="checkbox"/> 3 times per day or more (Half-day: 2 times per day or more) |
|--|--|---|--|

\* Outdoor playtime includes any time that children are outdoors playing and learning. Children may be very physically active or do less energetic activities during this time.

### 2. The amount of outdoor playtime provided to preschool children\* each day is:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Less than 60 minutes (Half-day: Less than 15 minutes) | <input type="checkbox"/> 60-74 minutes (Half-day: 15-29 minutes) | <input type="checkbox"/> 75-89 minutes (Half-day: 30-44 minutes) | <input type="checkbox"/> 90 minutes or more (Half-day: 45 minutes or more) |
|--|--|--|--|

\* For Go NAP SACC, preschool children are children ages 2-5 years.

### 3. The amount of outdoor playtime provided to toddlers\* each day is:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Less than 30 minutes (Half-day: Less than 10 minutes) | <input type="checkbox"/> 30-44 minutes (Half-day: 10-19 minutes) | <input type="checkbox"/> 45-59 minutes (Half-day: 20-29 minutes) | <input type="checkbox"/> 60 minutes or more (Half-day: 30 minutes or more) |
|--|--|--|--|

\* For Go NAP SACC, toddlers are children ages 13-24 months.

### 4. Infants\* are taken outdoors:\*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 3 times per week or less (Half-day: 2 times per week or less) | <input type="checkbox"/> 4 times per week (Half-day: 3 times per week) | <input type="checkbox"/> 1 time per day (Half-day: 4 times per week) | <input type="checkbox"/> 2 times per day or more (Half-day: 1 time per day or more) |
|--|--|--|---|

\* For Go NAP SACC, infants are children ages 0-12 months.

\* Infants may be taken outdoors for different activities, including a walk in a stroller or tummy time on a blanket or mat.

## Outdoor Play Environment

### 5. Our program uses the outdoors for the following types of activities:

See list and mark response below.

- ☐ Free play: Playtime that can be more or less energetic, depending on what activities and games children decide to do.
- ☐ Structured learning opportunities: Planned lessons and activities including circle time, arts and crafts, and reading books.
- ☐ Seasonal outdoor activities: Activities that are unique to the season or the weather, including gardening, collecting fallen leaves and acorns, water play, and playing in the snow.
- ☐ Walking trips: Activities that let children explore the outdoors beyond the regular play space, including nature hikes, scavenger hunts, and neighborhood tours.
- ☐ Outdoor field trips: Trips to places around the community where children can enjoy outdoor activities including local botanical gardens, nature or wildlife centers, local parks, farms, or community gardens.

- |                               |  |   |   |
|-------------------------------|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 activity type | <input type="checkbox"/> 2-3 activity types | <input type="checkbox"/> 4-5 activity types |
|-------------------------------|--|---|---|



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# Appendices

## 6. In our outdoor play space, structures\* or trees provide the following amount of shade:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> There is no shade in our outdoor play space | <input type="checkbox"/> Enough for a few children to find shade when they need it | <input type="checkbox"/> Enough for most children to find shade when they need it | <input type="checkbox"/> Enough for all children to find shade at the same time |
|--|--|---|---|

\* Structures that provide shade include fabric canopies or umbrellas, hard top canopies, gazebos, and arbors.

## 7. An open grassy area for games, activities, and events is:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Not available | <input type="checkbox"/> Large enough for some children to run around safely | <input type="checkbox"/> Large enough for most children to run around safely | <input type="checkbox"/> Large enough for all children to run around safely* |
|--|--|--|--|

\* This refers to all children who regularly use the open grassy area together, not necessarily all of the children in the program. For large centers, this response refers to a space large enough for at least 25 children to run around safely.

## 8. The outdoor play space for preschool children includes:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1-2 play areas* | <input type="checkbox"/> 3-5 play areas* | <input type="checkbox"/> 6-7 play areas* | <input type="checkbox"/> 8 play areas* or more |
|--|--|--|--|

\* Play areas are areas defined by their play opportunities. An area may include a swing set, sandbox, climbing structure, pathway, garden, house or tent, stage, easels, or outdoor musical instruments like pots, pans, and pipes for drumming.

## 9. Describe your program's garden:\*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> There is no garden | <input type="checkbox"/> There is an herb garden | <input type="checkbox"/> The garden produces some fruits and/or vegetables for children to taste | <input type="checkbox"/> The garden produces enough fruits and/or vegetables to provide children meals or snacks during 2 seasons or more |
|---|--|--|---|

\* A garden can be planted in the ground or in containers like window boxes or pots. A garden can include a grove of fruit trees or vines growing on fences or arbors.

## 10. In our outdoor play space, the path for wheeled toys is:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> No path available | <input type="checkbox"/> Unpaved and 5 feet wide or wider | <input type="checkbox"/> Paved and less than 5 feet wide | <input type="checkbox"/> Paved and 5 feet wide or wider |
|--|---|--|---|

## 11. Describe the shape of the path for wheeled toys:

- |  |                               |  |  |
|--|-------------------------------|--|--|
| <input type="checkbox"/> No path available | <input type="checkbox"/> Line | <input type="checkbox"/> Curves but no loops | <input type="checkbox"/> Curves and loops* |
|--|-------------------------------|--|--|

\* Curves and loops allow children to ride around multiple loops, not just one large circle.

## 12. Describe how the path for wheeled toys connects to different parts of the outdoor play space:

See list and mark response below.

- ☐ Connects to building entrances
- ☐ Connects the building to play areas
- ☐ Connects different play areas to each other

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> No path available | <input type="checkbox"/> 1 type of connection | <input type="checkbox"/> 2 types of connections | <input type="checkbox"/> 3 types of connections |
|--|---|---|---|



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# Appendices

## 13. Our program has the following portable play equipment\* available in good condition for children to use outdoors:

See list and mark response below.

- Jumping toys: jump ropes, jumping balls
- Push-pull toys: wagons, wheelbarrows, big dump trucks
- Ride-on toys: tricycles, scooters
- Twirling toys: ribbons, scarves, batons, hula hoops, parachute
- Throwing, catching, and striking toys: balls, bean bags, noodles, rackets
- Balance toys: balance beams, plastic “river stones”
- Crawling or tumbling equipment: mats, portable tunnels

☐ None ☐ 1-2 types ☐ 3-5 types ☐ 6-7 types

\* Portable play equipment includes any toys that children can carry, throw, push, pull, etc. This does not include equipment fixed into the ground like swing sets and jungle gyms. Portable play equipment can be homemade or store bought.

## 14. Portable play equipment is available to children during outdoor physically active playtime:

☐ Rarely or never ☐ Sometimes ☐ Often ☐ Always

## 15. The amount of portable play equipment available to children during outdoor physically active playtime is:

☐ Very limited – children must always wait to use items ☐ Limited – children often wait to use items ☐ Somewhat limited – children sometimes wait to use items ☐ Not limited – children never wait to use items

## Education & Professional Development

## 16. Teachers and staff receive professional development\* on outdoor play and learning:

☐ Never ☐ Less than 1 time per year ☐ 1 time per year ☐ 2 times per year or more

\* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credits.

## 17. The following topics are included in professional development on outdoor play and learning:

See list and mark response below.

- Recommended amount of outdoor playtime for children
- How to use the outdoor play space for physical activity and learning
- Communicating with families about outdoor play and learning
- Our program’s policy on outdoor play and learning

☐ None ☐ 1 topic ☐ 2-3 topics ☐ All 4 topics

## 18. Families are offered education\* on outdoor play and learning:

☐ Never ☐ Less than 1 time per year ☐ 1 time per year ☐ 2 times per year or more

\* Education can include brochures, tip sheets, links to trusted websites and in-person educational sessions.



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# Appendices

## 19. The following topics are included in education for families on outdoor play and learning:

See list and mark response below.

- Recommended amount of outdoor playtime for children
- How to encourage physical activity outdoors
- Our program's policy on outdoor play and learning

☐ None ☐ 1 topic ☐ 2 topics ☐ All 3 topics

### Policy

## 20. Our written policy\* on outdoor play and learning includes the following topics:

See list and mark response below.

- Amount of outdoor playtime provided daily
- Ensuring adequate total playtime on bad weather days
- Shoes and clothes that allow children and teachers to play outdoors in all seasons
- Safe sun exposure for children, teachers, and staff
- Not withholding outdoor playtime as punishment
- Professional development on outdoor play and learning
- Education for families on outdoor play and learning

☐ No written policy or policy does not include these topics ☐ 1-2 topics ☐ 3-5 topics ☐ 6-7 topics

\* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.



**Congratulations on completing the  
Go NAP SACC Outdoor Play & Learning Self-Assessment!**

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# Appendices



## Go NAP SACC Self-Assessment Instrument

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Position (Select One):

- ☐ Lead Teacher  
☐ Food Service Director  
☐ Program Director/Owner  
☐ Other: \_\_\_\_\_

Birthdate:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Child Care Program Name: \_\_\_\_\_

Program's Enrollment ID: \_\_\_\_\_

(This 8-digit number is located on your ID card)



## Screen Time

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **screen time** includes any time spent watching shows or videos, or playing games (including active video games) on a screen. Screens can include televisions, desktop, laptop or tablet computers, or smart phones. For children 2 years of age and older, screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through Skype or other videoconferencing programs.

### Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about screen time.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

### As you assess:

- ✓ Definitions of key words are marked by asterisks(\*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If the question refers to an age group you do not serve, move to the next question.

### Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



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# Appendices

## Availability

### 1. Televisions are located:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> In every classroom | <input type="checkbox"/> In some classrooms | <input type="checkbox"/> Stored outside of classrooms but regularly available to children | <input type="checkbox"/> No televisions or televisions stored outside of classrooms and not regularly available to children |
|---|---|---|---|

### 2. For children 2 years of age and older, the amount of screen time\* allowed in our program each week is:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 90 minutes or more<br>(Half-day: 45 minutes or more) | <input type="checkbox"/> 60-89 minutes<br>(Half-day: 30-44 minutes) | <input type="checkbox"/> 30-59 minutes<br>(Half-day: 15-29 minutes) | <input type="checkbox"/> Less than 30 minutes<br>(Half-day: Less than 15 minutes) |
|---|---|---|---|

\* For children 2 years of age and older, screen time does not include teachers using e-books or tablet computers to read children stories, using Smart Boards for interactive instruction, or connecting with families through Skype or other videoconferencing programs.

### 3. For children under 2 years of age, the amount of screen time\* allowed in our program each week is:

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> 60 minutes or more | <input type="checkbox"/> 30-59 minutes | <input type="checkbox"/> 1-29 minutes | <input type="checkbox"/> No screen time is allowed |
|---|--|---------------------------------------|--|

\* For children under 2 years of age, screen time includes **any time** spent watching shows or videos, or playing games (including active video games) on a screen. Screens can include televisions, desktop, laptop or tablet computers, or smart phones.

### 4. When television or videos are shown, this programming is educational and commercial free:\*

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

\* Educational and commercial-free shows and videos are developmentally appropriate, support children's learning goals, and do not contain advertising.

### 5. When screen time is offered, children are given the opportunity to do an alternative activity:

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

## Practices

### 6. Screen time is used as a reward:

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> 1-4 times per week | <input type="checkbox"/> 1-3 times per month | <input type="checkbox"/> Rarely or never |
|------------------------------------|---|--|--|

### 7. When screen time is offered, teachers talk with children about what they are seeing and learning:

- |  |                                    |                                |                                 |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

## Education & Professional Development

### 8. Teachers and staff receive professional development\* on screen time:

- |                                |  |  |   |
|--------------------------------|--|--|---|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than 1 time per year | <input type="checkbox"/> 1 time per year | <input type="checkbox"/> 2 times per year or more |
|--------------------------------|--|--|---|

\* Professional development can include print materials, information presented at staff meetings, and in-person or online training for contact hours or continuing education credit.



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# Appendices

## 9. Professional development on screen time includes the following topics:

See list and mark response below.

- Recommended amounts of screen time for young children
- Appropriate types of programming for young children
- Appropriate use of screen time in the classroom
- Communicating with families about healthy screen time habits
- Our program's policies on screen time

☐ None ☐ 1-2 topics ☐ 3-4 topics ☐ 5 topics

## 10. Families are offered education\* on screen time:

☐ Never ☐ Less than 1 time per year ☐ 1 time per year ☐ 2 times per year or more

\* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions.

## 11. Education for families on screen time includes the following topics:

See list and mark response below.

- Recommended amounts of screen time for young children
- Appropriate types of programming for young children
- Appropriate supervision and use of screen time by caregivers
- Our childcare program's policy on screen time

☐ None ☐ 1 topic ☐ 2-3 topics ☐ 4 topics

## Policy

## 12. Our written policy\* on screen time includes the following topics:

See list and mark response below.

- Amount of screen time allowed
- Types of programming allowed
- Appropriate supervision and use of screen time in classrooms
- Not offering screen time as a reward or withholding it as punishment
- Professional development on screen time
- Education for families on screen time

☐ No written policy or policy does not include these topics ☐ 1-2 topics ☐ 3-4 topics ☐ 5-6 topics

\* A written policy includes any written guidelines about your program's operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.



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