

The Contra Costa County  
Family Child Care Learning  
Collaboratives

2016 Evaluation Report



GRETCHEN SWANSON  
**CENTER FOR  
NUTRITION**



RESEARCH \* PARTNERSHIP \* EVALUATION

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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**Acknowledgements:**

We would like to thank the David and Lucile Packard Foundation for supporting this work, as well as all of the National Early Care and Education Learning Collaboratives Project stakeholders, including State Implementing Partners, Project Coordinators, Trainers, and Leadership Team members for their participation in this evaluation. Finally, we would like to thank Leah Carpenter, Rosemary Lind, Julie Kestner, and Amanda Schneider at the Gretchen Swanson Center for Nutrition for their support on this evaluation and report.



# Executive Summary

## Background

Early evidence suggests that the National Early Care and Education Learning Collaboratives Project (ECELC), implemented by the Nemours Children’s Health System (Nemours) in collaboration with the Centers for Disease Control and Prevention (CDC), may promote healthy environments, policies, and practices with regard to breastfeeding support, child nutrition, physical activity, outdoor play, and screen time in early care and education (ECE) programs. This is especially demonstrated among ECE programs that participate in federal programs, such as Head Start/Early Head Start and Child and Adult Care Food Program (CACFP), perhaps due to alignment with the existing frameworks and subsidies of these programs. However, it is unknown how the ECELC may perform among Family Child Care (FCC) programs. In 2016, with additional funding from the Packard Foundation, Nemours tailored the ECELC to be implemented among FCCs. The tailored ECELC was pilot tested among FCCs in Contra Costa County, California in order to determine if participation in the ECELC resulted in a change in the number of best practices met in the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time, as measured using the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument. This report describes the evaluation of the pilot ECELC project, including an explanation and interpretation of NAP SACC findings, description of program implementation, and recommendations for improvements.

## Evaluation Approach

This pilot ECELC project was launched in March 2016 (i.e., the first Learning Session) with 68 enrolled FCC programs. The Gretchen Swanson Center for Nutrition (GSCN), an independent, non-profit research organization in Omaha, Nebraska, evaluated the piloting of the ECELC among FCCs using a convergent mixed-methods design, where data was collected via a pre-assessment and post-assessment using the NAP SACC and analyzed. Results were compared and contrasted concurrently with data collected from semi-structured interviews, which provided contextual information to assist in explaining and interpreting overall findings.

## Findings

Results showed significant improvements were demonstrated in the number of best practices met from pre-assessment to post-assessment for each NAP SACC topic area assessed, with post-assessment scores being an average of 31% higher than their pre-assessment scores. As has been often observed in the ECELC, the largest increase in number of best practices met was in the topic area of Child Nutrition (+3.8 best practices). Of the time devoted to individualized Technical Assistance (TA) for FCCs, it was found to be mostly focused on Outdoor Play & Learning (49%), followed by Child Nutrition (47%), Infant & Child Physical Activity (43%), Screen Time (31%), and Breastfeeding & Infant Feeding (30%). In interviews, providers described their participation in the FCC Learning Collaborative, focusing primarily on their motivation, new ideas, buy-in, barriers, and networking and socializing.



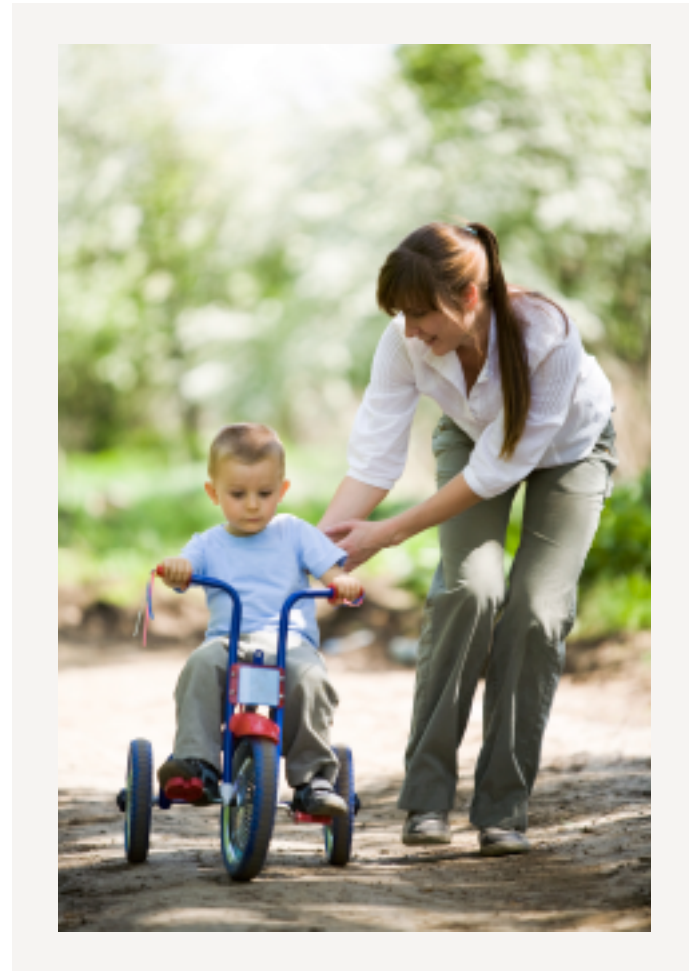
# Executive Summary

## Conclusions & Recommendations

Overall, this evaluation found that the implementation of the FCC Learning Collaborative among FCCs in Contra Costa County led to a generally positive experience with several notable findings reported. When provided with the appropriate support and framework, policy- and practice-based interventions to promote healthy eating and physical activity among children in FCC and ECE settings may serve as a key strategy among many to work toward reducing risk for childhood obesity. Findings from this pilot intervention demonstrated that the ECELC model was successfully tailored to and implemented in FCC programs in an underserved area of California. However, in order to test the FCC Learning Collaborative model's generalizability and reach, it should be implemented across a wider geographical and socioeconomic area.

### Recommendations include:

- ✦ Further tailor the FCC Learning Collaborative to meet the unique needs of FCC providers.
- ✦ Supplement curriculum focused on Outdoor Play & Learning.
- ✦ Market to FCCs with direct outreach, highlighting the networking, socializing, and sharing opportunities of the FCC Learning Collaborative.





# Introduction

Early Care and Education (ECE) programs, which are facilities that provide nurturing care and support for developmental and learning experiences for children ages 5 and younger, are a key setting to implement strategies to improve policies and practices, while also contributing concurrently with other childhood obesity prevention efforts in the U.S.<sup>1-3</sup> Specifically, environmental-level strategies in ECE settings, such as improving policies and practices related to eating, physical activity, and sedentary behaviors, may directly influence the nearly 11 million young children who spend an average of 36 hours per week in these settings.<sup>4-7</sup> By improving policies and practices related to healthy eating, physical activity, and sedentary behaviors, young children may be less likely to develop behaviors related to increased risk for obesity, such as poor diet and physical inactivity.<sup>1</sup> Thus, intervention early in life is recommended to prevent obesity among children.<sup>8</sup>

Emerging evidence suggests that the National Early Care and Education Learning Collaboratives Project (ECELC), implemented by the Nemours Children’s Health System (Nemours) in collaboration with the Centers for Disease Control and Prevention (CDC), may promote healthy environments, policies, and practices with regard to breastfeeding support, child nutrition, physical activity, outdoor play, and screen time in ECE programs.<sup>9</sup> This is especially demonstrated among ECE programs that participate in federal programs, such as Head Start/Early Head Start and the Child and Adult Care Food Program (CACFP), perhaps due to the alignment with the existing frameworks and subsidies of these programs.<sup>9</sup>

Using a train-the-trainer model, implementation sites typically have an Implementing Partner (an organization serving as Nemours’ partner to implement the project), a Project Coordinator (“PC,” a full-time staff member with the Implementing Partner), and two Trainers per collaborative to facilitate Learning Sessions (LSs) and provide Technical Assistance (TA) to ECE programs. While the ECELC model has demonstrated success among ECE programs, less is known about how the model performs among Family Child Care (FCC) programs, which are interventions or services provided in a caregiver’s home and typically serve children ages birth to 5 years old.

In 2016, with additional funding from the David and Lucille Packard Foundation, Nemours tailored the ECELC to be implemented among FCCs. Specifically, the ECELC curriculum was altered to address the unique aspects of the FCC environment (e.g., since children often receive care in family rooms where a TV is present and cannot be easily moved, and screen time was addressed differently). Also, the Learning Collaborative model was adapted to accommodate FCC providers who often do not employ additional staff to fill in when they are gone, by condensing LSs from six to four hours each. For the pilot implementation of the tailored ECELC, Nemours and Packard targeted FCC programs that participated in CACFP in Contra Costa County, California, an area that is disproportionately burdened by higher rates of childhood obesity and high poverty rates.<sup>10</sup> By enrolling FCCs that participate in CACFP, there may be an increased likelihood that improvements to healthy environments, policies, and practices may align with the existing framework of the CACFP,<sup>9</sup> and therefore be more sustainable.





# Introduction

The purpose of this report is to describe the pilot evaluation of the tailored ECELC (hereafter referred to as the FCC Learning Collaborative) among FCCs in Contra Costa County. Specifically, this evaluation sought to determine if participation in the ECELC resulted in a change in the number of best practices met in the areas of Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time, as measured using the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument.<sup>11,12</sup> Further, this evaluation sought to collect contextual information via semi-structured interviews to assist in explaining and interpreting findings from the NAP SACC, which enhanced the ability to describe the program and make meaningful recommendations as how to best serve FCC programs in the future.





# By the Numbers

## 5 NAP SACC Topic Areas

-  Breastfeeding & Infant Feeding (BF)
-  Child Nutrition (CN)
-  Infant & Child Physical Activity (PA)
-  Outdoor Play & Learning (OP)
-  Screen Time (ST)

**Programs Enrolled: 68**  
**Programs Completed: 55**

Note: Programs were considered “enrolled” if they had a pre-assessment for either NAP SACC or LMCC; programs were not excluded if they later dropped from the FCC Learning Collaborative. The number-of-children-served totals were taken as the sum of enrolled infants, enrolled toddlers, enrolled preschoolers, and enrolled school-aged children. See Appendix A for more ECE Program Characteristics, and please note that all but one program reported participating in CACFP.

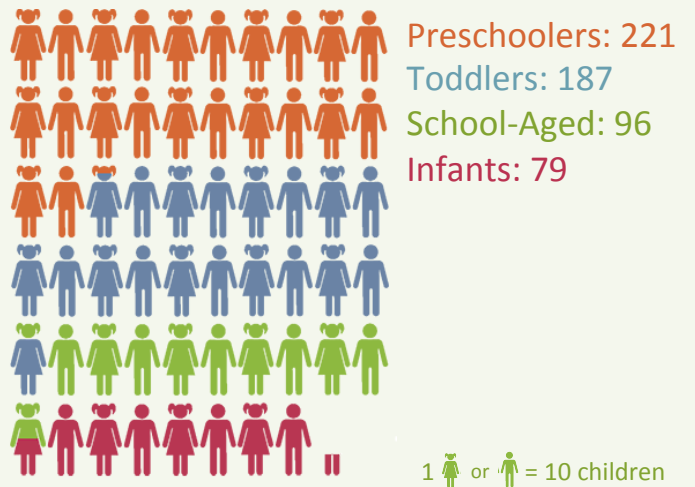
## 2 Time Points for NAP SACC Assessments

**Pre-Assessment**  
 March 2016



**Post-Assessment**  
 August 2016

## Total Children Served: 583



**5 Learning Sessions:**  
 4 hours each

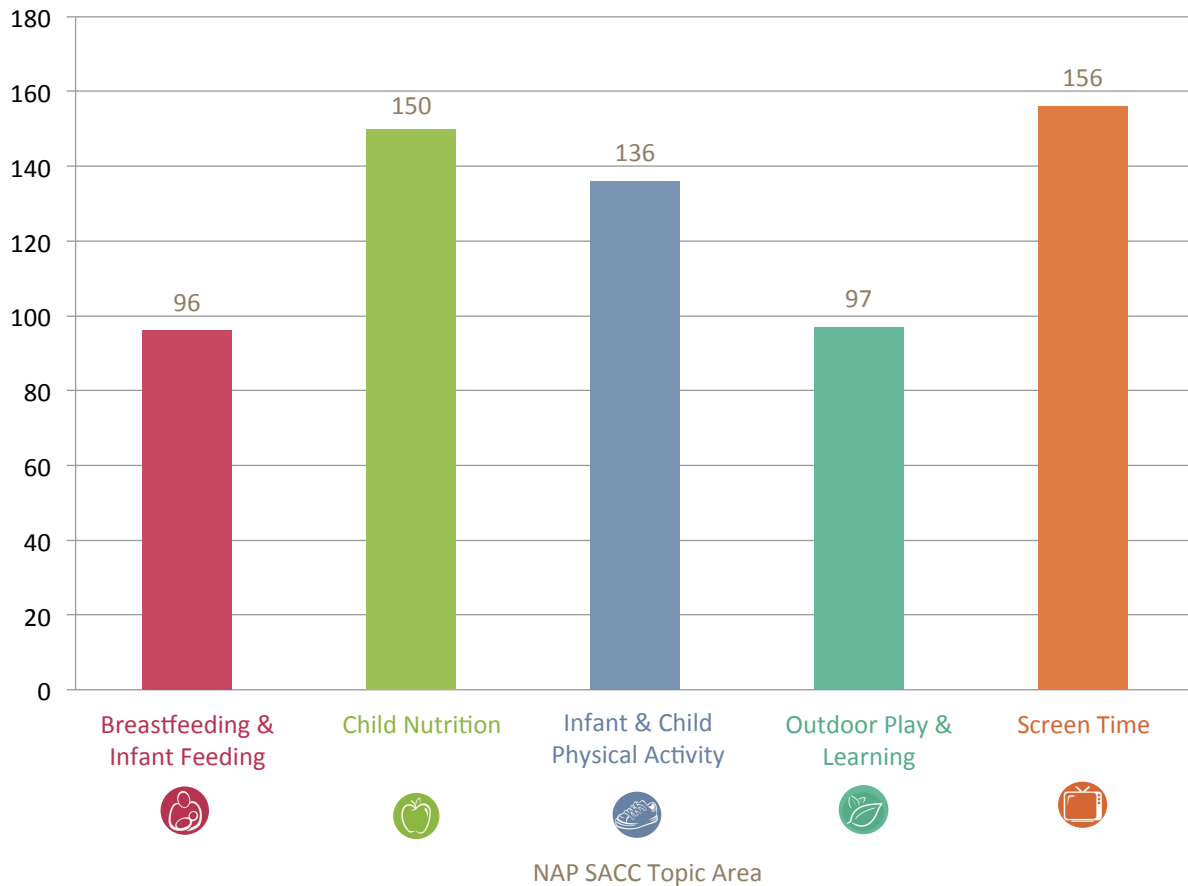




# Technical Assistance, By the Numbers

Individualized TA at varying levels of intensity and frequency occurred in between LSs in order to support programs during their action-planning phases, with most TA occurring after LS3 and LS4. Trainers, of which there were two per collaborative, provided TA in-person, over the phone, or electronically to about 27 programs each. The figure below shows the number of interactions per topic area. Outdoor Play & Learning had the most number of interactions with 156. Overall, the total time spent providing TA throughout the project was 172 hours. Close to half of the amount of time devoted to TA addressed the topic area of **Outdoor Play & Learning (49%)**, followed by **Child Nutrition (47%)**, **Infant & Child Physical Activity (43%)**, **Screen Time (31%)**, and **Breastfeeding & Infant Feeding (30%)**. Programs enrolled in the project received, on average, 3.1 hours of TA across an average of 5.8 interactions with their TA provider.

Number of TA Interactions by Content Area



✦ Total Hours  
172

✦ Average Hours per Program  
3.1

✦ Average Hours per Instance  
0.54

✦ Average Interactions per Program  
5.8





# Quantitative Findings: NAP SACC

The NAP SACC was completed by FCC programs at their program sites after LS1 (pre-assessment) and after LS4, which was considered the completion of the FCC Learning Collaborative pilot (post-assessment). Shown below are the number of best practices met at pre-assessment and post-assessment, as well as the differences between the two (i.e., the change score). Statistically significant changes are noted with asterisks.

Significant improvements were demonstrated in number of best practices being met from pre-assessment to post-assessment for each topic area assessed. Further, post-assessment scores were on average 28% higher than their pre-assessment scores.

It should also be noted that FCC programs that participated in a Quality Rating and Improvement System (QRIS) tended to improve by more best practices for Outdoor Play & Learning and Child Nutrition, and accredited programs tended to improve by more best practices for the topic of Screen Time. More information can be found in Appendix B, including the complete results tables.



**Breastfeeding & Infant Feeding**



**Child Nutrition**



**Infant & Child Physical Activity**



**Outdoor Play & Learning**



**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. As presented above, change scores may not appear to equal post-assessment minus pre-assessment due to rounding.

\*p<.05, \*\*p<.01, \*\*\*p<.001



# Qualitative Findings

## Methods

Nine FCC providers (four from the East Collaborative and five from the West Collaborative serving Contra Costa County, California) were interviewed for this evaluation. The interviews sought to further describe the participating FCC providers, how they engaged parents, their satisfaction with technical assistance, challenges and strengths of this pilot project, and ultimately any changes that were made due to participation in the project. Every provider interviewed attended all five LSs. From provider descriptions about participating in the FCC Learning Collaborative, five major themes emerged: 1) Motivation, 2) New ideas, 3) Buy-in, 4) Barriers, and 5) Networking and Socializing.

## Themes 1 and 2: Motivation and New Ideas

Motivation was a major theme that emerged from the interviews. Of the nine providers interviewed, six specifically described their motivation for participating in this pilot project. Motivating factors varied from desire to enhance the business, intention to improve relations with parents, and personal goal to better one's health. However, there was a general motivation to improve the lives of the children served by implementing best practices for nutrition and physical activity. Key quotes from providers include:



*I really put in my mind and in my heart that I'm gonna help growing kids without obesity. Think about it, how important it is that our next future Americans won't be overweight. – Provider 4*

*I want them because I want improve my program. I wanna give to the parents the best curriculum or the best food or something because that's very important for me. Take care for the kids very well. It's not about the nutrition it's about all the things, all the topics about the child development too. –Provider 7*



The majority of providers interviewed have been in operation for over a decade, and as such, motivation to take part in the FCC Learning Collaborative was influenced by the desire to come up with new ideas to implement in their programs, and ultimately to create a better future for the children they serve. Specifically, all nine providers mentioned intending to garner fresh, new ideas from the LSs for implementing nutrition and physical activity policies and practices into their programs. This is exemplified by the following quote:

*I'm always looking for advice on how to feed toddlers or what's the new thing out there. – Provider 3*

Overall, providers described themselves as being receptive to learning new ideas to implement in their programs, saying:

*I think the whole program was good for me just to get a refresher on some things that I do that I could do better or some things that I was not aware of. – Provider 3*

*It's kind of exciting, so it's not the same routine, same daily thing that we do every single day. When you're in the business for a long time, you kind of, I look for new ideas, but you kind of get stuck in the same rut. You do the same thing over and over and over. – Provider 8*

**Key takeaway:** Providers were interested in participating in the FCC Learning Collaborative due to the opportunity to learn new and fresh ideas to implement in their programs.



# Qualitative Findings

## Theme 3: Buy-in

Eight of the nine providers interviewed recognized the importance of having buy-in into the nutrition and physical activity changes implemented in their programs, mostly from the children themselves, but also from the children's families. For the children they served, providers described incorporating the changes in practices and policies into the daily activities and tasks, which contributed to increased acceptance by children, specifically:



*We started going to the farmer market every Wednesday, for the kids to pick the vegetable. And then they choose which vegetable they want to try in that day or that week, and they are trying more vegetables.*

*– Provider 1*

*I see the older ones helping the little ones a lot more, so - and the little ones actually accepting it, like, okay, they figured out they can't really do it themselves, so they'll go ahead and let the other ones. So I think it's a lot funner for them to see a child help another child than the teacher helping the child all the time. You know what I mean? – Provider 5*

Providers also described how implementing new activities can also reach the families of the children served, whether they aim to do so or not:

*I've been seeing that the kids are enjoying it. They ask for those activities. They do it by themselves. They (are) incorporating those songs and the movements where they're all playing by themselves and they are sharing that with their families, with friends and cousins. – Provider 1*

*We have a Friday fun day to where we'll play a game all week, kinda master the game that we wanna learn and stuff, and then invite the family to play with us on Fridays. So that way the parents can make time. If they're gonna come, they can maybe set aside 10, 15 minutes, and they can play with us. – Provider 5*

**Key takeaway:** Providers described part of their success in implementing new practices and policies was due to integrating and engaging children and their families into the process.



# Qualitative Findings

## Theme 4: Barriers

Interviews specifically sought to explore perceived barriers and challenges with regard to implementing this program, in order to disentangle and address each one by identifying potential solutions. One of the main barriers to implementing the program was for the topic area of Breastfeeding & Infant Feeding, which was also cited in a separate evaluation report of the FCC Learning Collaboratives Project implemented in Kansas (KS FCC Learning Collaborative) in 2016. In the current evaluation, four programs conveyed that implementing Breastfeeding & Infant Feeding best practices was a perceived barrier to implementing the whole project, citing lack of interest from mothers, as well as inability of some mothers to breastfeed, specifically:

*The infant that I have right now...the mother didn't wanna breastfeed. So we encouraged her to do it, but she decided not to. – Provider 1*

*So then when you're pushing and pushing and pushing the breastfeeding on somebody and they just physically can't do it, it tends to make them feel like they're not being a successful parent. – Provider 5*

Also notable is that among participants in this pilot project, some programs simply did not serve infants, and while they were open to it, infants were rarely enrolled. A potential solution is to treat this specific topic area as supplemental to the ECELC for programs interested in promoting breastfeeding via resource sharing and/or parent education. Providers said:

*I received more breastfeeding information to have those for future parents who come and want to breastfeed or just have more information for them. – Provider 3*

*I tried to convince her, because she was determined she's not gonna doing it. I'm not forcing her, but I tried to be more, 'Look, it's very important for her and her development and everything,' and she accepted. So today she brings two big bottles of milk. – Provider 4*

The other barrier to implementing new policies and practices among providers in this pilot project was a perception that programming was geared more towards center-based programs. Specifically, that training materials and marketing were not designed with FCCs in mind. For example, FCC providers serve a variety of age groups, so it was suggested to tailor trainings toward applying practices to mixed-ages. Providers described:

*Sometimes I felt like the videos that we watched were for centers and not for family child care. It didn't seem like it was mixed ages. For family child care, it's mixed ages. I didn't see a whole lot of conversation with one-year-old to five-year-old in the same room. – Provider 3*

*Nobody tells us about [the trainings]. We don't have the resources, nobody calls us and ask us. – Provider 9*

**Key takeaway:** Providers described one aspect that makes FCCs unique from center-based programs is that mixed-age groups are often served at the same time (e.g., a toddler and a preschooler may be engaged in the same activity, or infants are not served at a program), and that the FCC Learning Collaborative did not address this, so it is recommended to further tailor the curriculum to address providers serving mixed-age groups.





# Qualitative Findings

## Theme 5: Networking and Socializing

Lastly, providers who were interviewed described how this pilot project differed from other trainings due to the networking and socializing opportunities, not only with the collaborative itself, but also among other child care groups. This finding was similar to what FCC providers reported after participating in the KS FCC Learning Collaborative. These providers specifically described enjoying the social element of the collaborative, which is reflected by the following statements:

*And for me, initially, it was just another training that I had to go to that I didn't know what truly it was going to entail. But I really enjoyed it. And like I said, I enjoyed the camaraderie with the other providers and networking with them, learning some new fresh ideas... – Provider 8*

*For me, I think the whole thing was good just because we're home alone, you know, [FCC] providers. We don't have meetings or big organizations. – Provider 3*

*You get to share the information with other providers in the program; tell the other providers about it. – Provider 9*

*I think it actually expanded my network because I've always been in leadership roles in my child care association. So it allowed me to network with providers from Contra Costa County that I was unfamiliar with. And so it gave me twice as many providers that I could touch bases with and talk to about the association. – Provider 8*

### Key takeaway:

Providers appreciated the opportunity to network and socialize with peers through the FCC Learning Collaborative.







# Conclusions

Overall, this evaluation found that the implementation of a tailored ECELC among FCCs in Contra Costa County led to generally positive experiences among providers, with several notable findings reported. Providers described themselves as excited to learn about and implement improvements to their programs and were especially enthusiastic to engage the families of the children they served in the process. Further, providers appreciated that the learning collaborative model was uniquely poised to offer opportunities for networking, socializing, and sharing with their peers. Despite this, there were some aspects of the FCC Learning Collaborative that could be further tailored to FCCs to strengthen the project.

As has been observed in previous ECELC cohorts,<sup>9</sup> programs that underwent changes to practices and policies saw improvements in Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time, as measured using the NAP SACC instrument. These improvements suggest that participation in the ECELC may lead to important changes to policies and practices in FCC programs with regard to key determinants of obesity among young children.<sup>1</sup> Conversely, in previous center-based cohorts of the ECELC, TA tended to most often address the topics of Child Nutrition and Infant & Child Physical Activity. However, in the current FCC Learning Collaborative, it was found that the topic of Outdoor Play & Learning was addressed most frequently by TA. This finding suggests that FCC programs may have a relatively greater need to receive TA for Outdoor Play & Learning in order to make improvements in this area. There may also be a seasonality aspect, since there tend to be warmer climates in California, where there may be a greater opportunity to engage in outdoor activities. Despite the demonstrated improvements in the area, it is noteworthy that providers described it challenging to implement Breastfeeding & Infant Feeding best practices in their programs (partially because many providers do not have infants in their care), suggesting that there may be a need to further tailor the FCC Learning Collaborative to meet the unique needs of FCCs, in relation to the age groups they serve (e.g., infants, toddlers, and/or preschoolers).

While the FCC Learning Collaborative demonstrated success among FCC programs that participated in CACFP in Contra Costa County, California, it should be noted that that these results may not be generalizable, meaning FCCs might not perform similarly in other programs or locations, especially among programs that are not participating in supplementary training, including CACFP. While not described in the results of this report, interviews revealed that all FCC programs had participated in trainings/programs in childhood nutrition and physical activity topic areas prior to participating in the FCC Learning Collaborative, possibly via the CACFP. However, these findings further raise the question as to whether programs participating in CACFP may be “better equipped/ready” to assist in implementing best policies and practices, since they are “primed” by previously receiving related education and resources.<sup>13,14</sup> Also, as was noted in the first iteration of the Contra Costa County Learning Collaboratives Project, the ECELC has been implemented previously in this geographical area, and therefore programs that agreed to participate may have been more ready to make changes at the organization level, as opposed to programs in an area that may be completely unfamiliar with the ECELC. Implementing the FCC Learning Collaborative in new geographic areas may better inform how it will perform in FCC programs that may be less ready to change.



# Conclusions

Two limitations to this evaluation should be considered. First, the semi-structured interviews were designed to be interactive discussions, lending to a less controlled environment, although they did allow for a discussion about factors of the Learning Collaboratives that were important to the interviewees, but that the evaluation team may have not originally planned to discuss.<sup>15,16</sup> Second, because data was largely interpreted by the authors of this evaluation, caution was exercised by striving for objectivity and employing two independent coders to diminish potential interpretation bias. This practice reduces the potential for authors to interpret findings in the context of their own personal attitudes, beliefs, and experiences.

When provided with the appropriate support and framework, policy- and practice-based interventions to promote healthy eating and physical activity among children in FCC and ECE settings may serve as a key strategy among many to work toward reducing risk for childhood obesity. Findings from this pilot intervention demonstrated that the ECELC model was successfully implemented in FCC programs in an underserved area of California. However, in order to test the ECELC model's generalizability and reach, it should be implemented across a wider geographical and socioeconomic area.

## Recommendations include:

- ✦ Further modify the FCC Learning Collaborative to meet the unique needs of the FCCs, specifically by tailoring practices and policies to mixed-age groups, redesigning the topic of Breastfeeding & Infant Feeding as optional in the LS curriculum, and encouraging providers to engage children and their families in daily activities.
- ✦ Supplement curriculum focused on Outdoor Play & Learning in order to support changes to meet best practices in this topic area and potentially lessen the amount of TA focused on this topic.
- ✦ Invest resources into marketing the FCC Learning Collaborative to FCCs with direct outreach, specifically highlighting the networking, socializing, and sharing opportunities.





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# Appendices

## Appendix A. Characteristics of ECE Programs (Percentages) (N=55)

	<b>Overall</b>
Total ECE Programs	55
Program Characteristics, N (%)*	
Private	43 (78.18)
Head Start/Early Start	8 (14.55)
School-Based	3 (5.45)
Faith-Based	1 (1.82)
Military	--
Native American-Tribal	--
Migrant/Seasonal	--
Participate in CACFP, N (%)	54 (98.18)
Accreditation, N (%)	7 (12.73)
Quality Rating and Improvement Systems, N (%)	14 (25.45)



# Appendix B. NAP SACC Tables

**Differences in Changes in Scores of Best Practices for Breastfeeding & Infant Feeding Being Met across ECE Programs per Subsamples, NAP SACC<sup>a</sup> (n=43)**

	<b>Pre</b>	<b>Post</b>	<b>Change</b>	<b>P value<sup>b</sup></b>
<b>Overall</b>	10.8	14.4	3.7	<0.0001
<b>CACFP</b>				0.4146
Yes	10.7	14.3	3.6	
No	16.0	22.0	6.0	
<b>QRIS</b>				0.1622
Yes	11.0	16.3	5.3	
No	10.7	13.9	3.2	
<b>Head Start</b>				0.2389
Yes	12.6	18.0	5.4	
No	10.6	14.0	3.4	
<b>Accredited</b>				0.9252
Yes	13.0	16.3	3.3	
No	10.4	14.1	3.7	

NOTE: Analysis included ECE programs that responded to at least one item in the Breastfeeding & Infant Feeding section of NAP SACC at pre-assessment and at least one item in post-assessment. As presented in this table, change scores may not appear to equal post-assessment minus pre-assessment due to rounding. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Participating FCC Programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument, which is the same outcome measurement tool used for the ECELC and is tailored to ECE programs

<sup>b</sup>Adjusted for NAP SACC pre-assessment score





# Appendix B. NAP SACC Tables

## Differences in Changes in Scores of Best Practices for Child Nutrition Being Met across ECE Programs per Subsamples, NAP SACC<sup>a</sup> (n=55)

	Pre	Post	Change	P value <sup>b</sup>
<b>Overall</b>	28.1	31.9	3.8	<0.0001
<b>CACFP</b>				0.7330
Yes	27.9	31.8	3.8	
No	37.0	39.0	2.0	
<b>QRIS</b>				0.0113*
Yes	29.7	35.3	5.6	
No	27.5	30.7	3.2	
<b>Head Start</b>				0.2382
Yes	28.9	34.0	5.1	
No	28.0	31.5	3.6	
<b>Accredited</b>				0.7503
Yes	31.4	33.6	2.1	
No	27.6	31.6	4.0	

NOTE: Analysis included ECE programs that responded to at least one item in the Child Nutrition section of NAP SACC at pre-assessment and at least one item in post-assessment. As presented in this table, change scores may not appear to equal post-assessment minus pre-assessment due to rounding. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Participating FCC Programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument, which is the same outcome measurement tool used for the ECELC and is tailored to ECE programs

<sup>b</sup>Adjusted for NAP SACC pre-assessment score



# Appendix B. NAP SACC Tables

## Differences in Changes in Scores of Best Practices for Infant & Child Physical Activity Being Met across ECE Programs per Subsamples, NAP SACC<sup>a</sup> (n=53)

	Pre	Post	Change	P value <sup>b</sup>
<b>Overall</b>	10.2	13.7	3.6	<0.0001
<b>CACFP</b>				0.1497
Yes	10.1	13.6	3.5	
No	12.0	21.0	9.0	
<b>QRIS</b>				0.1366
Yes	12.3	16.7	4.4	
No	9.5	12.9	3.3	
<b>Head Start</b>				0.4922
Yes	11.0	15.3	4.3	
No	10.0	13.5	3.5	
<b>Accredited</b>				0.0962
Yes	11.1	16.9	5.7	
No	10.0	13.3	3.3	

NOTE: Analysis included ECE programs that responded to at least one item in the Infant & Child Physical Activity section of NAP SACC at pre-assessment and at least one item in post-assessment. As presented in this table, change scores may not appear to equal post-assessment minus pre-assessment due to rounding. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Participating FCC Programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument, which is the same outcome measurement tool used for the ECELC and is tailored to ECE programs

<sup>b</sup>Adjusted for NAP SACC pre-assessment score



# Appendix B. NAP SACC Tables

## Differences in Changes in Scores of Best Practices for Outdoor Play & Learning Being Met across ECE Programs per Subsamples, NAP SACC<sup>a</sup> (n=55)

	Pre	Post	Change	P value <sup>b</sup>
<b>Overall</b>	7.5	10.0	2.6	0.0002
<b>CACFP</b>				0.0722
Yes	7.5	9.9	2.4	
No	4.0	16.0	12.0	
<b>QRIS</b>				0.0487*
Yes	8.4	12.4	4.0	
No	7.1	9.2	2.1	
<b>Head Start</b>				0.1093
Yes	9.0	13.0	4.0	
No	7.2	9.5	2.3	
<b>Accredited</b>				0.1534
Yes	6.7	11.9	5.1	
No	7.6	9.8	2.2	

NOTE: Analysis included ECE programs that responded to at least one item in the Outdoor Play & Learning section of NAP SACC at pre-assessment and at least one item in post-assessment. As presented in this table, change scores may not appear to equal post-assessment minus pre-assessment due to rounding. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Participating FCC Programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument, which is the same outcome measurement tool used for the ECELC and is tailored to ECE programs

<sup>b</sup>Adjusted for NAP SACC pre-assessment score



# Appendix B. NAP SACC Tables

## Differences in Changes in Scores of Best Practices for Screen Time Being Met across ECE Programs per Subsamples, NAP SACC<sup>a</sup> (n=53)

	Pre	Post	Change	P value <sup>b</sup>
<b>Overall</b>	5.2	7.2	2.0	<0.0001
<b>CACFP</b>				
Yes	5.2	7.1	1.9	0.0754
No	4.0	11.0	7.0	
<b>QRIS</b>				
Yes	5.8	7.9	2.2	0.5662
No	5.0	7.0	2.0	
<b>Head Start</b>				
Yes	5.1	7.4	2.3	0.7979
No	5.2	7.2	2.0	
<b>Accredited</b>				
Yes	5.1	9.4	4.3	0.0118*
No	5.2	6.9	1.7	

NOTE: Analysis included ECE programs that responded to at least one item in the Screen Time section of NAP SACC at pre-assessment and at least one item in post-assessment. As presented in this table, change scores may not appear to equal post-assessment minus pre-assessment due to rounding. \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>a</sup>Participating FCC Programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) instrument, which is the same outcome measurement tool used for the ECELC and is tailored to ECE programs

<sup>b</sup>Adjusted for NAP SACC pre-assessment score