THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Shape NC Phase II Evaluation

Year 1 Report

April 29, 2015

Submitted by

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Executive Summary

Shape NC: Healthy Starts for Young Children is a six-year, $6 million partnership between The Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation and The North Carolina Partnership for Children, Inc. (NCPC) created to address early childhood obesity. Shape NC assists communities across North Carolina in their efforts to improve environments where young children spend a significant amount of time to help ensure that their earliest experiences with food and physical activity inspire a lifetime of healthy behaviors.

During Phase I, the initiative engaged 19 communities spanning 27 counties across North Carolina— eight communities joined in March of 2011 (cohort 1), ten communities joined in September 2011 (cohort 2), and one final community joined in March of 2013. Activities within each community included organizing an Early Childhood Obesity Prevention team that focuses on community-wide efforts, and working with a designated child care center to transform it into a model for nutrition and physical activity best practices for other local centers.

During Phase I, evaluation data were collected from participating communities on a quarterly basis starting in September of 2011 to track Shape NC efforts and to assess progress toward key goals. While September 2011 is considered to represent baseline data, cohort 1 communities and centers had been engaged in the program for six months by that point.

Phase I had a number of major accomplishments. Participating child care centers **nearly doubled the number of best practices adopted**, increasing the percent of best practices met from 40 percent to 74 percent. Significant improvements occurred in active play time, limiting screen time, offering of healthy food and beverages, and including outdoor play. Child care centers **exceeded Phase I Year 3 milestones for active play time and offerings of healthy fruits**, and **made significant improvements in providing vegetables and lean protein**. Other accomplishments included:

- Children's Weight: Over the course of each school year, trends showed the percent of children who reach a healthy weight gradually improved.
- Active Play: The percent of children provided with 90 minutes or more of physical activity daily rose from 51 percent to 85 percent.
- Fruit: The percent of children provided with fruit two or more times per day rose from 34 percent to 80 percent.
- Vegetables: The percent of children provided with vegetables two or more times per day rose from 32 percent to 60 percent.
- Beans and Lean Meats: The percent of children provided with beans or lean meats one or more times per day rose from 9 percent to 40 percent.
- Outdoor Learning: 19 child care centers made improvements to outdoor learning environments including additions such as bike paths and vegetable gardens.
- Child Care Center Staff: 74 staff members improved at least one of their own health behaviors, including eating more fruits and vegetables, getting more physical activity and drinking less sugar sweetened beverages.

Additionally, **local action planning teams engaged a diverse community membership** that worked effectively to create and implement Early Childhood Obesity Prevention Action Plans. Action planning team accomplishments included:
- Smart Start local partnerships brought together a wide variety of people and organizations including health departments, child care programs, cooperative extension, local colleges

and universities, and health care providers. They created a shared vision and worked to achieve their common goals. The teams have been very effective in implementing Early Childhood Obesity Prevention Action Plans.

- Smart Start local partnerships raised over $1.2 million in additional resources in the form of volunteer hours, donations of services and grant funding.

These improvements in Shape NC Model Early Learning Centers from Phase I greatly increased the percentage of children exposed to physical activity and good nutrition.

Given the success of Phase I, Phase II seeks to grow by taking the Shape NC model to scale. The BCBSNC Foundation has funded the continuation of this partnership with NCPC for an additional three years. This report describes the progress of the Shape NC work during the first year of Phase II. Shape NC Phase II maintains the four Smart Start Local Partnership Hubs. Each provides training and more intensive services to four to five other Shape NC Local Partnerships within their region. Each Hub has a Hub Specialist and has added a part-time Community Engagement Specialist. Hub Specialists continue to provide technical assistance to the Model Early Learning Centers (MELCs) to assist them in becoming Demonstration Sites for the new Shape NC-participating centers.

Selected goals of Phase II and progress to date include:

- At least 12 of the 18 Model Early Learning Centers will become Demonstration Sites.
  - o Progress to date:
    - Ten of the MELCs have attained Criterion A, meeting 55% of all indicators across all five areas.
    - None of the MELCs have attained Criterion B, meeting all of the selected indicators across four areas: Child Nutrition, Physical Activity, Outdoor Play, and Screen Time
    - Six of the MELCs have attained Criterion C, Outdoor Learning Environment Installation.
- The 18 Model Early Learning Centers will continue to improve on the number of best practices they are meeting while the percent of children within the centers at a healthy weight will increase.
  - o Progress to date:
    - MELCs met 51% of criteria in the first year of Phase II compared to 56% of criteria being met in Phase I; however Go NAP SACC added more criteria than the NAP SACC assessment.

Six MELCs are making progress in implementing best practices and are expected to attain Demonstration Site status by April, 2015.

Background: Description of Shape NC Phase II

In the last 20 years, obesity rates in U.S. children and youth have skyrocketed (Ogden, Carroll, Kit, & Flegal, 2012; Pate, Davis, Robinson, Stone, McKenzie, & Young, 2006; Singh, Kogan, VanDyck, 2010). According to the Centers for Disease Control and Prevention, 17% of approximately 12.5 million children ages 2 – 19 years are obese (CDC, 2012). In North Carolina, the rate of overweight among young children aged 2 to less than 5 is 16.2% and 15.5% for obesity (CDC, 2010). The rates were 14.6% and 13.4% respectively for NC adolescents (CDC, 2009a). This is alarming as an increasing amount of data suggests that being overweight during childhood and adolescence is significantly associated with insulin resistance, dyslipidemia (disruption in the amount of lipids in the blood, typically elevated), and elevated blood pressure later in life (Daniels, 2006). Furthermore, children who are overweight or obese during early childhood are at increased risk of becoming overweight or obese adults (Brisbois, Farmer, & McCargar, 2012). About one third of overweight preschool children and about one half of overweight school age children remain overweight in their adult years (CDC, 2009b). In addition, children consume relatively few servings of fruits and vegetables even though we know that early exposure to such foods leads to the development of life-long healthy food habits (Johnson, 2000). Research has shown that eating and activity habits learned during these early years tend to track as children age (Jones, Hinkley, Okely, & Salmon, 2013; Kwon & Janz, 2012; Mikkila, Rasanen, Raitakari, Pietinen, & Viikari, 2004; Pearson, Salmon, Campbell, Crawford, & Timperio, 2011).The implementation of physical activities in child care settings can increase light and moderate/vigorous physical activity among young children in child care and is particularly effective when activities are teacher-directed (De Marco, Zeisel, Odom, & Kurgat, in press, 2014 online). Child Care settings may be a particularly rich avenue to combat overweight and obesity as 249,654 children in North Carolina are in regulated child care settings (NCDCDEE, 2014). North Carolina's *Shape NC: Healthy Starts for Young Children* initiative is one such project.

Shape NC: Healthy Starts for Young Children is a six-year, $6 million initiative of Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation and The North Carolina Partnership for Children, Inc. (NCPC) created to increase the number of children starting kindergarten at a healthy weight. Shape NC has purposefully directed its efforts at early childhood, as this developmental period has been identified as a critical period for obesity development. Shape NC works with local communities to support the creation of environments that foster healthy eating and physical activity behaviors in young children. Efforts are targeted toward those settings where young children spend a significant amount of time to help ensure that their earliest experiences with food and physical activity inspire a lifetime of healthy behaviors.

Shape NC Phase I

During the first three years, the initiative engaged 19 communities spanning 27 counties across North Carolina - eight communities joined in March of 2011 (cohort 1), ten additional communities joined in September 2011 (cohort 2), and one final community joined in March of 2013. Activities within each community included organizing an Early Childhood Obesity Prevention team that focused on community-wide efforts, and working with a designated child care center to transform it into a model for nutrition and physical activity best practices for other

local centers. These designated child care centers were called Model Early Learning Centers (MELCs).

Evaluation data were collected from participating communities on a quarterly basis since September of 2011 to track Shape NC efforts and to assess progress toward key goals. While September 2011 is considered to represent baseline data, cohort 1 communities and centers had been engaged in the program for six months. Major accomplishments are highlighted below.

Child care centers across North Carolina almost doubled the number of healthy best practices adopted, increasing the percent of best practices met from 40 percent to 74 percent. Significant improvements occurred in increasing active play, limiting screen time, offering of healthy food and beverages, and including outdoor play.

Child care centers exceeded Year 3 milestones for active play time and offerings of healthy fruits, and made significant improvements in providing vegetables and lean protein. These center accomplishments include:
- Children's Weight: Over the course of each school year, trends showed the percent of children who reach a healthy weight is gradually improving.
- Active Play: The percent of children being provided with 90 minutes or more of physical activity daily rose from 51 percent to 85 percent.
- Fruit: The percent of children being provided with fruit two or more times per day rose from 34 percent to 80 percent.
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- Outdoor Learning: 19 child care centers made improvements to outdoor learning environments including additions such as bike paths and vegetable gardens.
- Center Staff: 74 staff members at child care centers improved at least one of their own health behaviors, including eating more fruits and vegetables, more physical activity and less sweetened beverages.

Additionally, local action planning teams engaged diverse community membership that worked effectively to create and implement Early Childhood Obesity Prevention Action Plans. These accomplishments include:
- Smart Start Local Partnerships bringing together a wide variety of people and organizations including from health departments, child care programs, cooperative extension, local colleges and universities, and health care providers. They created a shared vision and worked to achieve their common goals. The teams were very effective in implementing Early Childhood Obesity Prevention Action Plans.
- Smart Start Local Partnerships raising over $1.2 million in additional resources in the form of volunteer hours, donations of services and securing additional grant funding.

Shape NC Phase II

Given the success of Phase I, Phase II seeks to grow by taking the Shape NC model to scale. The BCBSNC Foundation has funded the continuation of this partnership with NCPC for an additional three years. Shape NC Phase II maintains the four Smart Start Local Partnership Hubs. Each provides training and more intensive services to the four-to-five other Shape NC Local Partnerships within their region. Each Hub Partnership has a Hub Specialist and has added a part-time Community Engagement Specialist. Hub Specialists continue to provide technical assistance to the Model Early Learning Centers (MELCs) to help them to become Demonstration Sites for the new Shape NC-participating centers. Hub Specialists also provide coaching to local technical assistance staff for implementing health changes in the new centers. The Community Engagement Specialists work to move local communities forward in their efforts to support early childhood healthy weight promotion and obesity prevention. The community engagement, evidence-based framework, ABLe Change, is being piloted in the four Hub partnerships. In Year 3 the ABLe Change model will expand to at least four new partnerships. Shape NC Phase II involves communities in 27 North Carolina counties (see Figure 1).

Figure 1. Shape NC Grant Recipients – March 2015
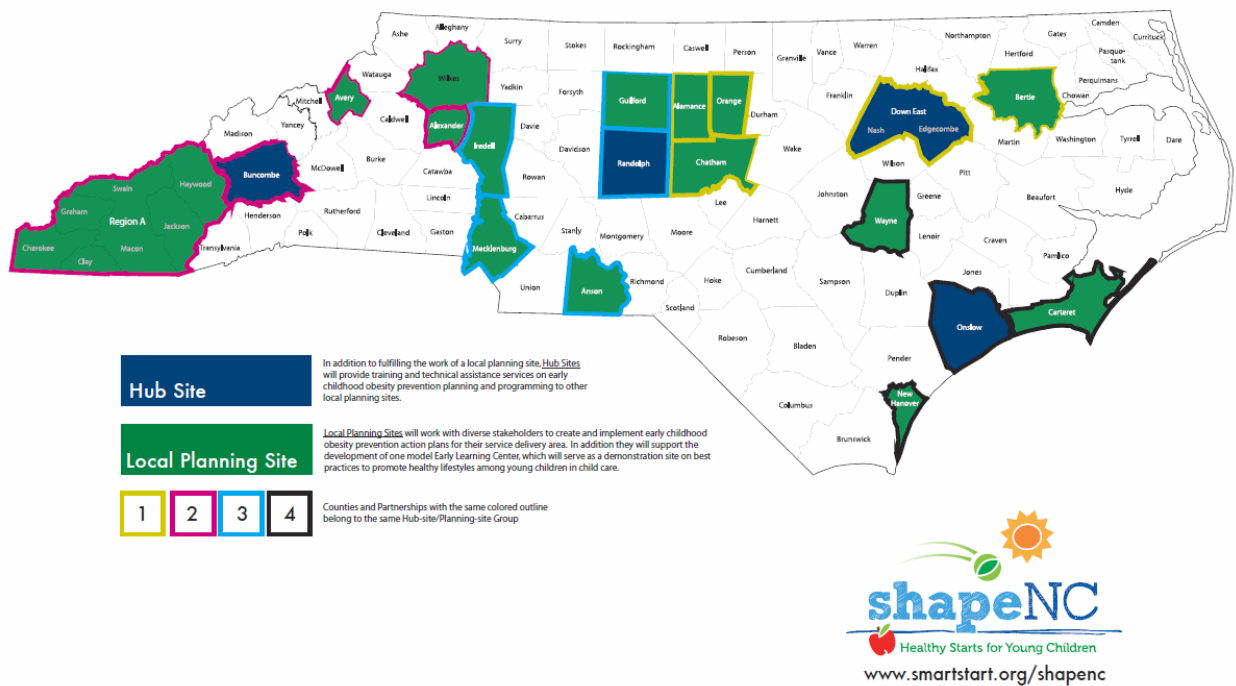
In Phase II Shape NC will expand to 240 new centers. A cadre of 50 Technical Assistance (TA) staff (~10/region) have been trained in Shape NC and will support and coach new centers in the implementation of Shape NC best practices.

Components of Phase II:

The components of Phase II are 8 ABLe Change Communities; 18 MELCs, 12 Demonstration Sites reaching a level of excellence from among the 18 MELCs; 240 new child care centers; and 2000 child care providers who will participate in online professional development for early childhood obesity prevention and Shape NC implementation strategies.

8 ABLe Change Communities- In Year 1 of Phase II, the four Hub Local Partnerships are receiving coaching and mentoring in implementation of the ABLe framework's system change approach and strategies. In Year 3, four additional Local Partnerships will have the opportunity to be trained in the ABLe Change framework. The ABLe Change Framework guides local communities in design and implementation of community change efforts. This evidence-informed framework has been used successfully in Michigan's Great Start Early Childhood Initiative to influence community change. Training, consultation, and coaching on use of this framework is provided by the System exChange Team led by Dr. Pennie Foster-Fishman of Michigan State University. The goal is to create community-wide systems to support healthy weight in young children.

12 Demonstration Sites- In Phase II, the goal is for at least 12 of the 18 Model Early Learning Centers to reach a level of excellence and become Demonstration Sites for new centers in the surrounding community. Staff at the Demonstration Sites will be trained to provide on-site tours for other centers to see the nutrition, physical activity, and outdoor learning environments in action and learn about how these improvements were accomplished.

18 Model Early Learning Centers- The Model Early Learning Centers (MELCs) will continue to improve on best practices and work toward Demonstration Site status. Best practices and children's BMI will be measured at MELCs every 6 months to track progress. The goal is to see if MELCs increase their percentage of best practices and if the percentage of children at a healthy weight increases after attending the center.

240 Additional Child Care Centers- Approximately 20 new centers per region per year (a total of 240) will be selected by Local Partnerships to participate in Shape NC. These centers, with the support of a technical assistance provider, will complete the Go NAP SACC assessment every 6 months with the goal of increasing best practices by 20% in at least one content area the first year and an additional 10% from baseline each year after that.

2000 Child Care Providers- 2000 child care providers across the state will participate in online professional development for early childhood obesity prevention and Shape NC implementation strategies. The goal is for the providers to increase their knowledge in healthy best practices and apply their new knowledge either professionally and/or personally.

Expected Results
The Shape NC Phase II Conceptual Model depicts the primary intended outcomes for this initiative (Figure 2).

Figure 2. Shape NC Phase II Conceptual Model
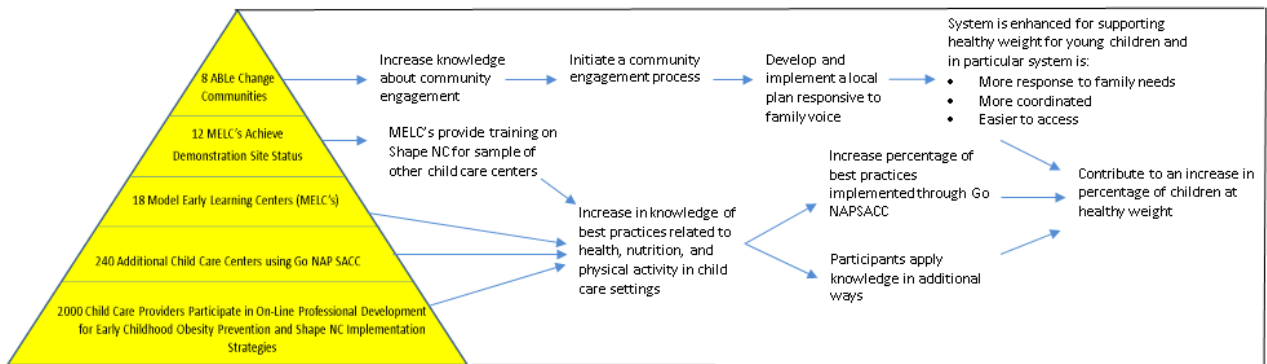
Four of the five components specifically focus on child care programs. NCPC anticipates these components will yield the following outcomes:

- Increase in knowledge of best practices related to health, nutrition, and physical activity in child care settings.
- Increase in percentage of best practices within child care programs implemented through Go NAP SACC.
- For those not participating in Go NAP SACC, participants will apply knowledge in other ways to promote healthy weight for young children.

In addition, eight communities will adopt the ABLe Change framework. These communities are expected to experience the following outcomes:

- Increase in knowledge about community engagement.
- Application of knowledge to the ongoing community engagement process. Participants will be able to develop and implement a local plan responsive to family voice in addressing key issues related to early childhood obesity.
- Enhancement of local system's ability to support healthy weight for young children. In particular, the local system is more responsive to family needs, more coordinated, and easier to access.

These components are intended to work together to contribute to an increase in percentage of children at a healthy weight.

Phase II Evaluation Overview

The following section details the evaluation questions (4) and the research methods to be used. This section provides an overview of the procedures for data collection and describes the measures. Copies of each measure/data collection tool can be found in the appendices.

Evaluation Question 1: How many people and organizations participated in each component of Phase II?

Data for EQ1 is being collected monthly through updated NCPC Tracking Logs completed by the Hub Specialists, Community Engagement Specialists, and TA Specialists. The tracking logs are used to gather the following information:

- Number and types of community organizations that are participating (ABLe Change)
- Number of parents participating (ABLe Change)
- Number of child care centers participating (ABLe Change, Demo Sites , MELCs, Expansion Centers, Online Training)
- Number of child care staff participating (ABLe Change; Demo Sites , MELCs, Expansion Centers, Online Training)
- Number of TA Contacts (Expansion Centers)
- Number of trainings offered (to obtain participant counts; Online Training)

The tracking logs ensure that data is collected uniformly across the state. Data analysis is primarily descriptive. We worked with the Shape NC staff to review the first round of logs and suggested ways in which the logs might be better designed and completed to produce useable data. Some of these modifications included ensuring that only numerical data was included in count columns, omitting participant counts for cancelled events, making sure data appears in the correct columns, and making sure the 3 logs are separate for each region.

Evaluation Question 2. To what degree does each component of Shape NC Phase II achieve the related priority outcomes?

The Shape NC team has identified priority outcomes for each component of the model as indicated in Table 1.

Part A: ABLe Change. The first four outcomes listed are related to ABLe Change. They will be assessed using the existing pre/post survey to measure change over time. Depending on the completeness of the data and the number of waves, we may conduct latent growth modeling to determine if there are patterns within the data, i.e. if some programs continue to improve while others stagnate or decline. We will use this longitudinal analysis technique to estimate growth on various outcomes over time and investigate how the Shape NC Phase II program as a treatment condition influences the growth trajectory of various outcomes.

We will also examine the community and organizational characteristics that predict group membership. Community characteristics of interest include rurality, racial and ethnic composition, poverty level, region, and economic distress as measured by county tier from the US Census and the NC Department of Commerce. Characteristics at the organization level

include size and age, as well as star rating, teacher education, number of teachers, and number of children served for child care centers, obtainable from the NCDCDEE.

Table 1.Shape NC Phase II Priority Outcomes by Project Component

Shape II Intended Outcomes	ABLe Change Communities	MELC Demonstration Sites*	MELC'S	Expansion Centers	Online Training
Increase knowledge of community engagement	✓				
Apply knowledge of community engagement by initiating a community engagement process	✓				
Develop and implement a local plan responsive to family voice	✓				
Local system is enhanced to support healthy weight for young children. In particular system is: • More response to family needs • More coordinated • Easier to access	✓				
Increase in knowledge of best practices related to health, nutrition, and physical activity in child care settings					✓
Increase in percentage of best practices within child care programs implemented through Go NAP SACC		✓	✓	✓	
For those not participating in Go NAP SACC, participants will apply knowledge in other ways to promote healthy weight for young children					✓
Increase in percentage of children at a healthy weight			✓		

*Note – the MELC demonstration sites will provide training and support to other centers. The outcomes for this activity are for those centers receiving assistance from the MELC demonstration sites.

Part B: Case Studies. In addition to the quantitative data, we will also conduct case studies in two regions, Buncombe and Down East, and complete interviews or focus groups in the other two regions, Onslow and Randolph, to gather more information on the progress of the ABLe Change communities on each of the four outcomes. We have developed data collection tools in consultation with NCPC and Shape NC staff, which have been approved by UNC's Institutional Review Board. The guide will query experiences with implementing Shape NC activities in each community, including how each interviewee got involved in this work, how that work has developed, and the kinds of activities she/he has participated in.

For the case studies, we will be interviewing up to 10 people in each community to learn about experiences engaging the community in improving childhood health. Participants will include the Hub Specialist, the Community Engagement Specialist, the Hub Executive Director, the Lead Staff member, staff of the child care centers, and members of the community who are involved in the community engagement portion of Shape NC. Evaluation staff will recruit participants via telephone or email for an interview. Interviews will then be conducted in person or via telephone depending on time constraints. The interviews will last about 90 minutes. A written consent document will be used. The information garnered will be used to explore the inputs that go into

creating a successful community engaged program so that it may be replicated. In addition to the interview guide, a recruitment script and consent document have been developed (all documents are included in the Appendix).

All interviews and focus groups will be audio-recorded and transcribed. The transcripts will be read into Atlas.ti (A qualitative analysis software package). We will read through all of the transcripts and the interview guide and develop initial codes. We will code each transcript looking for themes and patterns and any emerging codes. We will develop reports that pull out text falling into each of these codes to assess where there were similarities within a community and where there were differences. Some of the codes we will likely use include benefits, barriers, strategies, parental engagement, and community changes.

Status. Case study protocols will start in late April with visits to both partnerships in May. Partnership meetings will be attended and interviews will be conducted. Scheduling is currently occurring.

Part C: *Go NAP SACC*. The University of North Carolina at Chapel Hill has updated NAP SACC and converted it to an online tool. In this process, they added additional measures of best practices related to nutrition and physical activity on which participating child care facilities are prompted to rate themselves every 6 months. We have received, cleaned and analyzed data from Go NAP SACC for this study. Follow up data for MELCs and baseline data for expansion sites are shared in the Results section below.

Part D: Child BMI Percentiles. The priority child health outcomes, as shown in Table 1, will be assessed by collecting data to determine the percentage of children in the child care centers that are at a healthy child weight. Based on procedures described by Vaughn (2013), height and weight data, along with child age and gender, will be collected every 6 months and used to calculate BMI, BMI percentile, BMI z-score, and percent of children at normal weight (defined as BMI for sex and age below the 85th percentile). This longitudinal child-level data is needed to effectively track changes in healthy weight. We are working with the Hub Specialists who collect height and weight for the MELCs and selected expansion sites. Two expansion sites have been randomly selected for each region so that we will be able to compare progress in the new programs. The first wave of height/weight data was collected in November 2014. In these centers data was collected for every child in attendance on the data collection day that was two to four years of age and had parental consent. We developed an ID scheme that will allow children to be tracked over time. Data entry and cleaning of the first wave is underway. Data was collected in 26 centers with 84 classrooms and a total enrollment of 970 children. In total, we have data for 709 children (73% of the 970 children enrolled across the centers).The response rate across centers ranges from 25% to 98%. Updated numbers will be provided in the next report. A sample height/weight data collection form and instructions can be found in the appendices.

To obtain a percentile ranking, BMI will be plotted on the CDC's BMI-for-age growth charts for girls and for boys. The percentile will then be used to identify children who are underweight (<5th percentile), healthy weight (5th-85th percentile), overweight (85th-95th percentile), and obese (≥95th percentile). In addition to the BMI data we will also examine the feasibility of adding data from the NC-NPASS Surveillance System. This will likely be a less than perfect

comparison as data is only collected from children seen in Public Health sponsored WIC and child health clinics, and some school based health centers.

Evaluation Question 3. The five components of Shape NC Phase II are layered, building on one another. Communities potentially receive various combinations of activities. Which individual or combination of components appears to be most effective? How do organization and community characteristics, including leadership, affect the results?

There are six most common combinations of Shape NC Phase II components anticipated:

(1) ABLe Change + MELC Demo Site + MELC + Expansion Centers + Online Training;

(2) ABLe Change + MELC + Expansion Centers + Online Training;

(3) MELC Demo Site + MELC + Expansion Centers + Online Training;

(4) MELC + Expansion Centers + Online Training;

(5) Expansion Centers + Online Training;

(6) Online Training

We will examine the outcomes from Go NAP SACC (physical activity, nutrition, outdoor learning environments) to determine if the layering of components in certain communities is more successful.

We will use hierarchical linear modeling (HLM) to estimate the effects of individual and combined components of the Shape NC Phase II program on outcomes comparing across groups. Pairwise comparisons among different levels of Shape NC Phase II program implementation will also be conducted to determine which individual or combination of program components appears to be most effective. We will control for important child-, family-, classroom-, center-, and community-level covariates in our analytic models based on past literature, our research team's professional judgment, and statistical model selection criteria.

Evaluation Question 4. Shape NC Phase II represents a significant "scaling up" from Shape NC Phase I, with modifications to the model to engage many more child care centers. To what extent has the scaled up Shape NC Phase II been able to achieve results similar to Shape NC Phase I? What does this suggest for an optimal Shape NC model, reaching as many children as possible while still achieving results?

To address this evaluation question, we will make statistical comparisons between program effect estimates resulting from the Shape NC Phase II study with corresponding program effect estimates from Shape NC Phase I. We will reanalyze Phase I data using the same statistical modeling approach as the Phase II study to make comparisons between Phase I and II as valid as possible.

In addition to statistical modeling to address this question, we will also conduct qualitative interviews with a subsample of the Executive Directors of Smart Start Local Partnerships in

"scale up" communities to determine the impact that Shape NC Phase II components have had on their communities. We will work with NCPC and Shape NC staff to identify and interview Executive Directors from communities with each common combination of Shape NC components. If similar data exists from Phase I, we will compare Phase I and Phase II data on community impact.

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Results for Phase II, Year I

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This section provides the results for the first year of Shape NC Phase II.

Numbers Served

This section details results for **Evaluation Question 1 (EQ1):** *how many people and organizations have participated in each component of Shape NC Phase II thus far*. Table 2 provides information on when the log data was reported for each region and each log type. The Hub Specialist data was reported uniformly from May to December 2014. Community Engagement Specialist (CES) logs were completed primarily in November and December 2014. However, in Randolph County the Community Engagement Specialist reported her work through February 2015. The TA providers reported their work from sometime in the late Spring to late Summer through December 2014.

Table 2. Data Collection Periods for Logs by Region and Type

Region	Type of Log	Period of Collection
Western	Technical Assistance (TA)	May – December 2014
	Community Engagement Specialist (CES)	November - December 2014
	Hub Specialist (HUB)	May – December 2014
Mid-Eastern	Technical Assistance (TA)	June – December 2014
	Community Engagement Specialist (CES)	November - December 2014
	Hub Specialist (HUB)	May – December 2014
Eastern	Technical Assistance (TA)	August – December 2014
	Community Engagement Specialist (CES)	November - December 2014
	Hub Specialist (HUB)	May – December 2014
Mid-Western	Technical Assistance (TA)	July – December 2014
	Community Engagement Specialist (CES)	November 2014 – February 2015
	Hub Specialist (HUB)	May – December 2014

Results for the first wave of data can be found in Table 3 below. Table 3 is presented by region and summarizes the technical assistance provided and the support given by the Community Engagement Specialists (CES) and Hub Specialists. The table provides counts for the total number served, number of parents served, number of child care centers and child care staff served, number of community organizations served, number of trainings, and number of

expansion centers served. We also provide a grand total to give a sense of what is provided for the full initiative.

To summarize, over this time period, Shape NC Phase II served parents 625 times, centers 196 times, child care staff 2,162 times, community-based organizations 62 times, and expansion centers 64 times. In addition, 147 trainings were provided. Child care center staff were the most common recipients of technical assistance by both the Technical Assistance Staff and Hub Specialists. In the Eastern region a large number of parents were served by Hub Specialists during this period, far more than any other region. Data in some logs was difficult to extract because of unclear entry. As a result, the number of stakeholders served does not add to the total served for each type of log by region. This is discussed in the limitations section below.

Table 3. Service Counts from TA/CES/Hub Logs

Region	Stakeholder	TA	CES	Hub	Region Totals
Western	Parents	0	2	10	12
	Centers	20	3	17	40
	Center Staff	154	3	445	602
	Community Organizations	10	0	6	16
	Trainings Offered	12	0	18	30
	Expansion Centers	12	0	0	12
Mid-Eastern	Parents	171	38	19	228
	Centers	34	1	11	46
	Center Staff	337	1	89	427
	Community Organizations	10	0	6	16
	Trainings Offered	35	0	9	44
	Expansion Centers	19	0	0	19
Eastern	Parents	0	0	337	337
	Centers	17	2	24	43
	Center Staff	127	2	276	405
	Community Organizations	2	0	14	16
	Trainings Offered	23	0	29	52
	Expansion centers	14	0	0	14
Mid-Western	Parents	30	18	0	48
	Centers	38	17	12	67
	Center Staff	443	17	268	728
	Community Organizations	1	0	13	14
	Trainings Offered	4	0	17	21
	Expansion Centers	19	0	0	19
Grand Total		1532	104	1620	3256

Effectiveness of Individual Components of Shape NC Phase II
Results from Year 1 of Phase II are largely related to the use of best practices in the participating child care centers to answer **Evaluation Question 2 (EQ2)**: *To what degree does each component of Shape II achieve the related priority outcomes?*

MELC Progress towards Demonstration Site Status

Figures 3 and 4 below provide an overall summary of what the MELCs have accomplished in meeting the best practices for Demonstration Site attainment. The criteria for a child care center to become a Demonstration Site are:

1) Meet 55% of all indicators across the five areas: Child Nutrition, Breastfeeding/Infant Feeding, Physical Activity, Outdoor Play, and Screen Time (Criterion A; Figure 3);
2) Meet all selected indicators across four of those areas: Child Nutrition, Physical Activity, Outdoor Play, and Screen Time (Criterion B; Figure 4); and
3) Have completed Phase I of the Outdoor Learning Environment Installation (Criterion C).

A description of the Demonstration Site criteria can be found in the appendix. MELCs have done best meeting the Child Nutrition best practices, while the Screen Time best practices have been more difficult to address. Six of the MELCs have attained Criterion C – OLE Installation (33%).

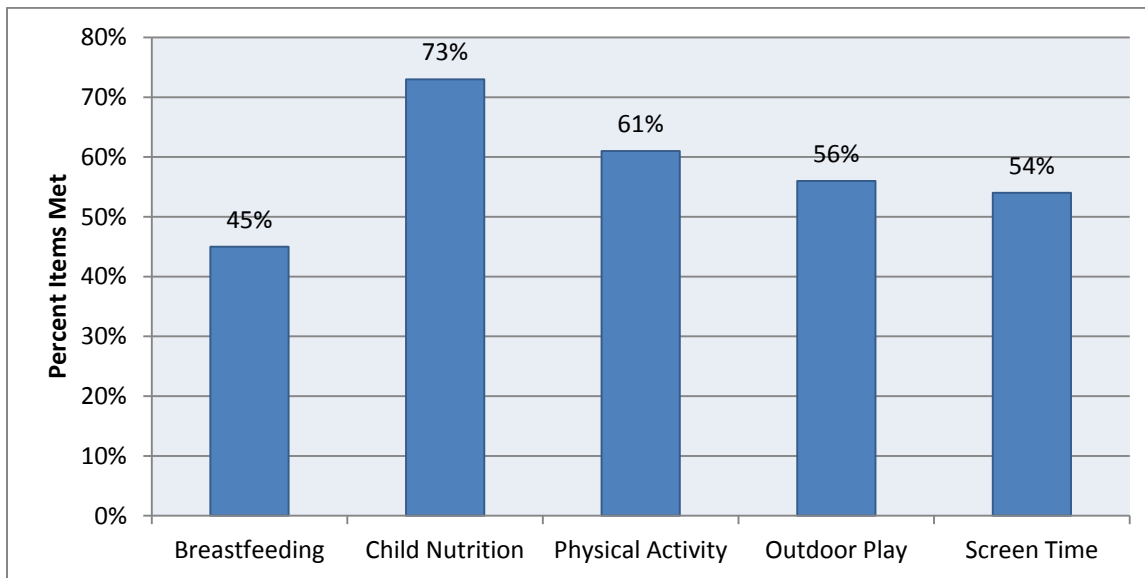**Figure 3. Percent of MELCs Meeting Criterion A (55% of all indicators by area; n=18)**

Figure 3 demonstrates that centers met, on average, 45% of the Breastfeeding indicators, 73% of the Child Nutrition indicators, 61% of the Physical Activity items, 56% of the Outdoor Play items, and 54% of the items for Screen Time. **Overall, ten of the 18 centers (56%) have attained Criterion A thus far.**

Figure 4. Percent of Selected Demonstration Site Criteria Met by MELCs by Area (Meeting Criterion B; n=18)
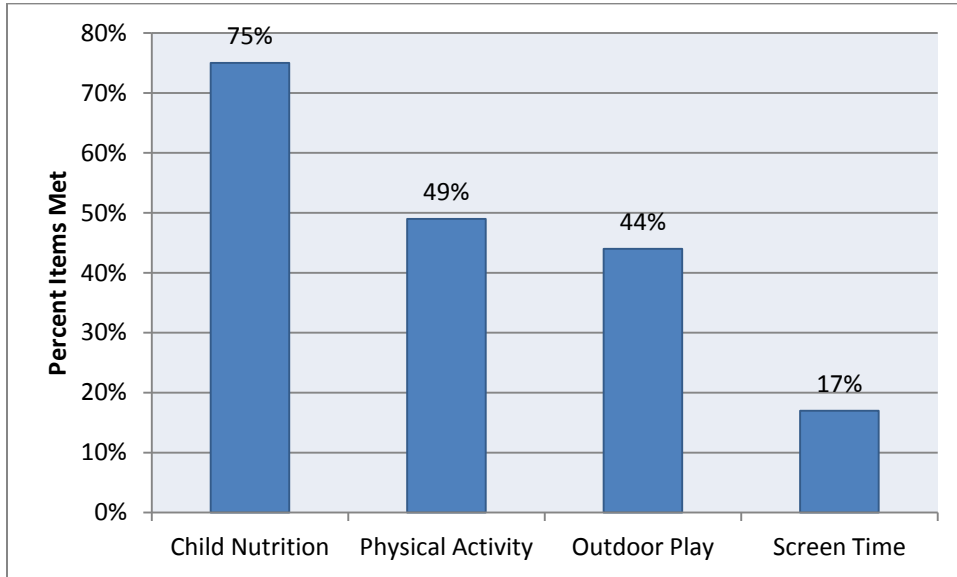

Figure 4 provides a visual representation of the average percent of Criterion B selected items met across each area. Child Nutrition had the most items attained, on average, followed by Physical Activity, Outdoor Play, and Screen Time, which was the most difficult to attain. **None of the 18 centers met Criterion B.** In looking across the 3 criteria, of the 18 MELCs, 6 met Criterion A, the Outdoor Learning Environment Criterion, and were close to meeting Criterion B. These included three in the Mid-Western Region, two in the Western Region, and one in the Eastern Region.

Comparison and Phase 1 and Phase 2 Criteria Met. The comparison between Phase I and II is the comparison of the proportion of criteria met for the sample of the 14 MELCs that had data at the two time points. These are not exact comparisons as in Phase I the criteria are from NAP SACC and in Phase II they are from Go NAP SACC. NAP SACC had 87 best practice indicators, while the Go NAP SACC assessment has 122 indicators. There is no center that met all criteria at either time point. Figure 5, below, shows the average proportion of all criteria met for each center at the two time points. On average, centers met about half of all criteria at each point. The decline from 56% to 51% was not statistically significant, and in fact may not be a decline in actual number of criteria met since the number of indicators grew substantially.

Figure 5. Percent of Criteria MELCs met in Phase I and Phase II
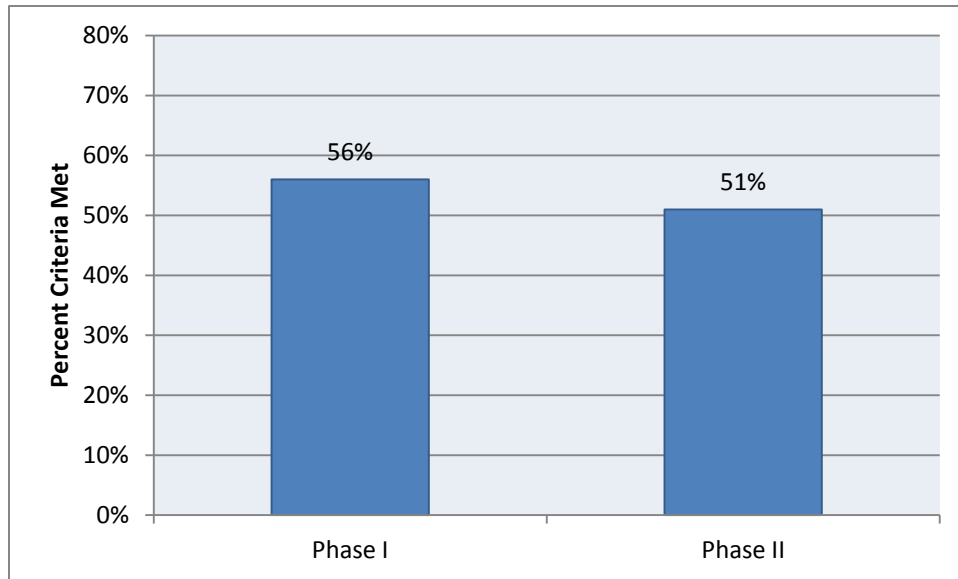
Nutrition and Physical Activity Best Practices in Participating Centers

To begin to address EQ2, we have cleaned, created variables, and conducted analysis of the Go NAP SACC baseline data for all 77 Child Care Centers, providing an overview of the most and least commonly attained criterion across each of the 5 Go NAP SACC areas, Breastfeeding, Screen Time, Outdoor Play, Physical Activity, and Child Nutrition.

Tables 4 through 8 provide an overview of the most commonly attained Go NAP SACC criteria and the least commonly attained criteria within each of the five best practice areas for all of the participating child care programs at baseline. We display the top three (or four in cases of a tie) most commonly and least commonly attained criteria. For Breastfeeding (Table 4), items related to purchases of foods and reporting of children's meals were the easiest to attain. Items related to materials that promote breastfeeding, staff professional development, and written policies were the most difficult, attained by less than 10% of programs.

Table 4. Most and least commonly attained Breastfeeding criteria at baseline (n=77)

Criterion	Most Common	
13	Your program rarely or never purchases baby food desserts for infants that contain added sugar.	89%
12	When your program purchases or prepares mashed or pureed meats or vegetables for infants, they rarely or never contain added salt.	67%
18	Teachers inform families about what, when, and how much their infants eat each day through both a written *and* verbal report	67%
Criterion	Least common	
4	In your building, where are posters, brochures, children's books, and other materials that promote breastfeeding displayed? – all locations selected	3%
6	Teachers and staff receive professional development on promoting and supporting breastfeeding 2 times per year or more	5%
25	Which of the following topics are included in your written policy on infant feeding and nutrition? – all items selected • Foods provided to infants • Infant feeding practices • Information included on written infant feeding plans • My participation in professional development on infant feeding and nutrition • Education for families on infant feeding and nutrition	7%

For Screen Time (Table 5), over 80% of programs met best practices at baseline for amount of screen time allowed for children under two and two and up (none) and storage of televisions. Programs had more difficulty, however, attaining best practices in staff professional development, education of families, and coverage in written policies (10% or fewer centers).

Table 5. Most and least commonly attained Screen time criteria at haseline (n=77)

Criterion	Most common	
3	No screen time is allowed for children under 2 years of age, each week?	89%
1	No televisions or televisions are stored outside of classrooms and not regularly available to children	84%
2	No screen time allowed for children 2 years of age and older, each week?	84%
Criterion	Least common	
8	Teachers and staff receive professional development on screen time two times per year or more.	10%
10	Families are offered education on screen time two times per year or more.	8%
13	Which of the following topics are included in your written policy on screen time? – all topics selected ▪ Amount of screen time allowed ▪ Types of programming allowed ▪ My practices with screen time ▪ Not using screen time as a reward or to manage challenging behavior ▪ My participation in professional development on screen time ▪ Offering families information on screen time	7%

In terms of Outdoor Play, displayed in Table 6, having sufficient open area, sufficient equipment, and availability of portable equipment were the most commonly present at baseline (over 65% of programs). Sufficient amount of outdoor time, gardening, path design, and written policies were the most difficult (attained by less than 25% of programs).

Table 6. Most and least commonly attained Outdoor Play criteria at baseline (n=77)

Criterion	Most common	
7	Open area for outdoor games, activities, and events is large enough for all children to run around safely	77%
12	Which of the following portable play equipment does your program have available and in good condition for children to use outdoors? – all equipment selected • Jumping toys • Push-pull toys • Ride-on toys • Twirling toys • Throwing, catching, and striking toys • Balance toys • Crawling or tumbling equipment • Other "loose parts"	73%
13	Portable play equipment is always available to children during outdoor active playtime.	68%
Criterion	**Least common**	
1	Outdoor playtime is provided to preschool children and toddlers three times per day or more.	17%
9	Your program garden grows enough fruits and/or vegetables to provide children meals or snacks during 1 or more seasons	20%
11	Path is wide, paved, has loops, and connects different play areas.	20%
20	Which of the following topics are included in your written policy on outdoor play and learning? – All topics selected • Amount of outdoor playtime provided each day • Ensuring adequate total playtime on inclement weather days • Shoes and clothes that allow children to play outdoors in all seasons • Safe sun exposure for children • Not taking away outdoor playtime in order to manage challenging behaviors • My participation in professional development on outdoor play and learning • Education for families on outdoor play and learning	16%

Table 7 presents the most and least commonly attained items in the Physical Activity area at baseline. Best practices for items related to children remaining seated, access for children with special needs, and managing behaviors by taking away physical activity were the most commonly attained (over 65% of programs). Best practices for teacher-led physical activity, use of seats/swings/ExerSaucers, materials, and written policies were the most difficult to reach (less than 25% of centers).

Table 7. Most and least commonly attained Physical Activity criteria at baseline (n=77)

Criterion	Most common	
5	Outside of nap and meal times, preschool children and toddlers are expected to remain seated at any one time? Less than 15 minutes	84%
7	Your program offers full access to children with special needs in the indoor play space.	69%
12	To manage challenging behaviors, teachers never take away time for physical activity or remove preschool children or toddlers from physically active playtime for longer than 5 minutes.	81%
Criterion	**Least common**	
4	60 minutes of adult-led physical activity is provided each day.	16%
6	Infants are never placed in seats, swings, or ExerSaucers.	23%
11	Which of the following best describes your program's collection of posters, books, and other learning materials that promote physical activity? A large variety of materials (books, posters,) with items added or rotated seasonally	23%
23	Which of the following topics are included in your written policy on physical activity? – all topics selected ▪ 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 ▪ My supervision and role in children's physical activity ▪ Not taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors ▪ Planned and informal physical activity education ▪ My participation in professional development on children's physical activity ▪ Education for families on physical activity	9%

The Child Nutrition area had the criteria with the highest level of attainment, 4 items with 95% or more of programs already meeting best practices at baseline (Table 8). These included availability of water, not offering flavored milk, no videos or televisions during meals, and not requiring child to clean their plates. The more challenging items to attain (met by less than 25% of the centers) related to allowing children to choose and serve their own foods, materials, and written policies.

Table 8. Most and least commonly attained Child Nutrition criteria at baseline (n=77)

Criterion	Most common	
14	Water is always visible and freely available indoors and outdoors.	95%
18	Your program never offers flavored milk.	96%
20	Videos or television are never on during meal or snack times.	99%
30	Teachers rarely or never require that children sit at the table until they clean their plates?	95%
Criterion	Least common	
19	Children always choose and serve foods themselves.	23%
24	Which of the following best describes your program's collection of posters, books, and other learning materials that promote healthy eating? A large variety of materials are available with new items added or rotated seasonally.	24%
46	Which of the following topics are included in your written policy on child nutrition? – all topics selected ▪ Foods provided to children ▪ Beverages provided to children ▪ Creating 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 for foods offered during holidays and celebrations ▪ o Fundraising with non-food items	8%

Target Outcomes for FY 2014

Shape NC has established outcome targets for the grant period. Overall, the project is making progress to meet those targets by the end of the 2016. Progress on meeting these targets thus far is described below.

I.   **Overall Target: At least 12 Shape Model Early Learning Centers (MELCs) will become Demonstration Sites for promoting healthy weight and will serve as models within their communities.**

- Goal for 2014: At least 5 Centers in 5 different counties will meet the criteria for excellence and will become Demonstration Sites and support new centers in making healthy changes.

- Current Status: 6 centers are expected to earn Demonstation Site status in April 2015

II.   **Overall Target: At least 240 new centers will implement nutrition, physical activity and/or outdoor learning environment best practices**

- Goal for 2014: The first Cohort of 80 centers will increase the percent of best practices for child nutrition, physical activity **and/or** outdoor environments by at least 20% compared to baseline, as measured by the GO NAP SACC tool.

- Current Status: Data not yet available; Round II of Go NAP SACC will be submitted in 2015

III. **Overall Target: The number/percent of children at healthy weight in the 18 Model Early Learning Centers will increase over time.**

- Goal for Each Year: Cohort one (2, 3 & 4 year olds in the 18 original Model Early Learning Centers [MELCs]) will have an increase in healthy BMI percentiles at the end of the year, compared to baseline BMI percentiles.

- Current Status: Data not yet available; Baseline data collected in fall 2014 and follow up data to be collected in spring 2015

Limitations

There are several limitations to report. First, reported data from the CES, Hub, and TA logs was difficult to extract. It was particularly challenging to identify the types of stakeholders that were served. The most difficult was identifying the community organizations served, largely because of the use of acronyms. The cleanest reported numbers are for Child Care Centers and trainings because they are distinct entities/events that are labeled well. Center staff reporting is not very clean (and may be an overcount of the actual numbers served) because there was no way to tell if we were counting the same staff members repeatedly, which may be fine if the interest is in total number of contacts rather than number of unique participants. Also counts of center staff will be combined with other participants who are not staff because of total counts not differentiating between staff and non-staff in many instances. The parent count has a similar issue, though possibly to a lesser extent. They are difficult to differentiate. It is usually labeled well when parents are involved, but they are almost always involved in a larger event with lots of different types of people. Therefore, the parent count is likely larger than the number of actual parents involved. Finally, it is important to note that the cumulative totals are not necessarily counting unique people or centers. For example, in the Buncombe region, TA services were provided to 20 centers, but only 17 centers were recorded in the Hub logs and only 3 in the CES logs. The 20 centers served by the TA include all the centers recorded in the Hub and CES logs. We will work with the Shape NC staff to streamline these forms and make them easier to use.

Second, selection of expansion sites to include in the height/weight data collection was challenged by the availability of programs. Resampling was needed to account for centers that could not participate due to a high number of foster children, distance, and operational issues. As a result, one center has a later baseline.

Next Steps

In April and May 2015, wave 2 of the height/weight data collection for BMI will be prepared and data will be collected by the Hub Specialists. This data will be matched by ID to the data from wave I and data will be entered. The next round of Go NAP SACC data collection will take place in April 2015. In April and May 2015 case study data collection in Down East & Buncombe Counties will begin. We are currently in the process of scheduling site visits and interviews. In the next period we will also finalize the timeline and data collection procedures for the remaining evaluation questions.

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Appendices

Go NAP SACC Materials

BMI forms

Case study materials

Shape NC Demonstration Site Criteria

In addition to meeting the following Go NAP SACC indicators, the center must also meet 55% of Go NAP SACC indicators and have completed Phase I of OLE installation in order to be considered eligible to become a Demonstration Site.

Child Nutrition
CN- Q1: Our program offers fruit (not juice) 2 times per day or more (Half-day: 1 time per day or more)
CN- Q2: Our program offers fruit that is fresh, frozen, or canned in juice (not in syrup), every time fruit is served
CN- Q3: Our program offers vegetables 2 times per day or more (Half-day: 1 time per day or more)
CN- Q4: Our program offers dark green, orange, red, or deep yellow vegetables one time per day or more
CN-Q5: Our program offers vegetables that are cooked or flavored with meat fat, margarine, or butter rarely or never
CN- Q6: Our program offers fried or pre-fried potatoes less than 1 time per week or never
CN-Q7: Our program offers fried or pre-fried meats or fish less than 1 time per week or never
CN-Q8: Our program offers high-fat meats less than 1 time per week or never
CN-Q9: Our program offers meats or meat alternatives that are lean or low fat every time meats or meat alternatives are served
CN- Q14: Drinking water is available indoors and outdoors, where it is always visible and freely available
CN- Q45: Our written policy on child nutrition includes 9-10 of the following topics:
- Foods provided to children
- Beverages provided to children
- Creating healthy mealtime environments
- Teacher practices to encourage healthy eating
- Not offering food to calm children or encourage appropriate behavior
- Planned and informal nutrition education for children
- Professional development on child nutrition
- Education for families on child nutrition
- Guidelines for foods offered during holidays and celebrations
- Fundraising with non-food items

Physical Activity
PA- Q1: The amount of time provided to preschool children for indoor and outdoor physical activity each day is 120 minutes or more (Half-day: 60 minutes or more)
PA- Q4: The amount of adult-led physical activity our program provides to preschool children each day is 60 minutes or more (Half-day: 30 minutes or more)
PA- Q13: Teachers take the following role during preschool children's physically active playtime- they supervise, verbally encourage, and often join in to increase children's physical activity
PA- Q22: Our written policy on physical activity includes 7-8 of the following topics:
- 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 taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors
- Planned and informal physical activity education
- Professional development on children's physical activity
- Education for families on children's physical activity

Outdoor Play and Learning

OPL- Q8: The outdoor play space for preschool children includes 8 play areas or more

OPL- Q9: Your program's garden grows enough fruits and/or vegetables to provide children meals or snacks during 1 or more seasons

OPL- Q10: In our program, the path for wheeled toys is paved and 5 feet wide or wider

OPL- Q11: The shape of the path for wheeled toys is curved and looped

OPL- Q12: In our program the path for wheeled toys connects to different parts of the outdoor play space with all 3 of the following connections:
- Connects to building entrances
- Connects the building to play areas
- Connects different play areas to each other

OPL-Q20: Our written policy on outdoor play and learning includes 6-7 of the following topics:
- Amount of outdoor playtime provided each day
- Ensuring adequate total playtime on inclement 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 taking away outdoor playtime in order to manage challenging behaviors
- Professional development on outdoor play and learning
- Education for families on outdoor play and learning

Screen Time

ST-Q12: Our written policy on screen time includes 5-6 of the following topics:
- Amount of screen time allowed
- Types of programming allowed
- Appropriate supervision and use of

BMI Data Collection Materials

| Center Name: |
| Classroom Name: |
| Age Group: |
| Date of Measurement: |

Child Height and Weight

| | | | | | | For Hub Specialist to complete… | | Office Use Only | |
| For classroom teacher to complete… | | | | | | | | | |
Child Name	Birthdate (mm/dd/yy)	F=female M=male	Race/ Ethnicity	Is child enrolled for part-time or full-time care?* (PT/FT)	Has child been enrolled at your center for 6 months or less? (Y/N)	Height (inches)	Weight (lbs)	Age in Months	Participant ID
Jesse Smith	9/29/06	F	AA	FT	Y	41 ½, 41 ½	33.2, 33.2		
Tim Potts	7/18/07	M	C	FT	N	43 ¾, 43 5/8	51.3, 51.3		
Annie Chen	4/30/07	F	A	FT	Y	41 ¾, 41 7/8	37.8, 37.8		
Layla Jackson	7/15/07	F	C	FT	Y	42 1/8, 42 1/8	43.3, 43.3		
Leslie Norman	4/25/07	F	AA	FT	Y	39 1/8, 39 1/8	29.4, 29.5		
Jon Wexler	11/15/06	M	C	FT	Y	Absent	Absent		
Bobby Flick	11/6/06	M	C	FT	Y	42, 42 ¼, 42 ¼	37.2, 37.2		
Paulo Cianci	4/19/07	M	C	FT	Y	41, 41 1/8	35.5, 35.5		
Asher Rich	4/16/07	M	C	FT	Y	40 5/8, 40 ½	35.2, 35.2		
Marcus Lewis	6/7/07	M	C	FT	Y	41 ¾, 41 ¾	37.2, 37.2		
Wendell Mazzei	7/24/07	M	C	FT	N	41 ½, 41 ½	52.7, 52.7		
Francesca Swiss	11/14/06	F	C	FT	Y	43 7/8, 44 1/8, 43 7/8	44.8, 44.8		
Lina Hardy	10/20/06	F	AA	FT	Y	40 5/8, 40 5/8	36.0, 36.0		
Gina Locklear	1/1/07	F	AI	FT	N	43 5/8, 43 ½	36.8, 36.8		
Jenny Gonzales	2/2/07	F	H	FT	Y	40 ¾, 40 ¾	38.6, 38.6		
Corey Sessions	2/18/07	M	AA	FT	Y	43 7/8, 43 ¾	39.9, 39.9		

Instruction for Height and Weight Form

Blank form(s) should be provided to the 2, 3, and 4 year old classroom teacher(s) approximately 1 week prior to the scheduled visit by the Hub Specialist to measure children's height and weight.

The **classroom teachers** will need to fill out the first 6 columns, including:

- **Child Name** = Please list the first and last name of each child who is going to have their height and weight measured. Do not include the names of children whose parents have indicated that they do not want their child to be measured.

- **Birthdate** = For each child listed, please provide their date of birth. Be sure to include the month, day, and year. Please use the following format to record birthdates: mm/dd/yy.

- **Child Sex** = For each child listed, please indicate whether they are a boy or girl. Please use the following abbreviations to indicate child sex.
    - M = male or boy
    - F = female or girl

- **Race/Ethnicity** = While race and ethnicity may be difficult to judge, please try your best to provide the race/ethnicity of each child listed. Please use the following abbreviations and definitions.
    - C = Caucasian
    - AA = African American or Black
    - H = Latino, Spanish, or Hispanic origin
    - A = Chinese, Korean, Indian, Filipino, Vietnamese, Japanese origin
    - AI = American Indian or Native American ancestry and tribal affiliations
    - PI = Native Hawaiian/Other Pacific Islander
    - M = Two or more races
    - O = Race is other than one of the options listed above
    - U = Unable to provide description of child's race/ethnicity

- **Part-time vs. Full-time Care** = For each child listed, please indicate whether they are enrolled in your care on either a part-time or full-time basis. Please use the abbreviations and definition below.
    - PT = part-time care or 20 hours per week or less
    - FT = full-time care or more than 20 hours per week

- **Length of Enrollment** = For each child listed, we would like to assess how long they have been enrolled at your center. Be sure to consider all time they have spent at the center, even if they have been assigned to a different classroom. Please indicate if they have been at your center for 6 months or more using the following abbreviations.
    - Y = child has been enrolled at our center for 6 months or more
    - N = child has been enrolled at our center for less than 6 months

Classroom teachers should be sure to have the first six columns of information completed before the arrival of the hub specialist.

Hub Specialists will retrieve the partially completed forms from the classroom teachers and use them to record height and weight data for each child listed on the form.

Reminders when measuring HEIGHT:

- To correctly set-up stadiometer
    - Make sure the vertical sections of the stadiometer are put together so that the numbers are in increasing numerical order (lowest numbers at the bottom and highest numbers at the top).
- To take height measurement*
    - Make sure that the child's shoes are removed
    - Make sure that you are using inches to measure the child's height
    - Make sure to measure height to the nearest 1/8 of an inch. For example: 42 3/8 in.

Reminders when measuring WEIGHT:

- To turn the scale on
    - Press large blue button on the front side of scale
    - Wait for the scale to zero before taking weight measurements
- To take weight measurement*
    - Make sure that the child's shoes are removed
    - Make sure that the scale is set to measure weight in pounds (lb)
    - Make sure the scale is reading zero before having the child step onto the scale
    - Record the child's weight as it appears on the scale. Be sure to capture 1 decimal place. For example: 35.6 lbs.

For any additional questions regarding height and weight measurement, please refer back to your training manual.

Hub specialists SHOULD NOT fill in the last two columns (age in months, participant ID). These columns will be completed by evaluation staff once forms have been returned.

Once height and weight measures have been recorded, Hub specialists should return completed forms to the evaluation project office using the following address:

> Attn: Allison De Marco MSW PhD
> Frank Porter Graham Child Development Institute
> University of North Carolina – Chapel Hill
> Sheryl Mar North Building, #130
> 517 S. Greensboro Street
> Carrboro, NC 27514

Case Study Materials

Shape NC Child Care Center & Community Engagement

Case Study Telephone/Email Recruitment Script

Hi {insert name}

{if via telephone: My name is Molly De Marco. I am a researcher at UNC-Chapel Hill}

We are looking for people, 18 years and older, who have participated in Shape NC child care center and community engagement activities. We would like to learn about your experiences with implementing Shape NC activities in your community. Overall, we are interested in learning about how you and/or your organization got involved in this work, how that work has developed, and the kinds of things you have done.

We are interested in interviewing you. The interview should last about 60 minutes. You will receive $10 in cash for your time.

Would you be willing to be interviewed? If so, can we set up a time to conduct the interview?

{If no answer and a message is left: Please call Molly De Marco at: 919-966-9563 if you have any questions or would like to set up an interview.}

Thank you,

Molly

Assistant Director for Evaluation and Research Fellow
Center for Health Promotion & Disease Prevention (a CDC Prevention Research Center)
and
Research Assistant Professor
Department of Nutrition
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University of North Carolina at Chapel Hill
Consent to Participate in a Research Study
Adult Participants

Consent Form Version Date: 2/22/15
IRB Study #14-2538
Title of Study: Shape NC Phase II Evaluation
Principal Investigator: Allison De Marco
Principal Investigator Department: Frank Porter Graham Child Development Center
Co-Investigator and Project Director: Molly De Marco
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Co-Investigator Email Address: molly_demarco@unc.edu
Funding Source and/or Sponsor: Blue Cross Blue Shield Foundation
_____

What are some general things you should know about research studies?
You are being asked to take part in a research study. Joining the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason.

Research studies are designed to obtain new knowledge. This new information may help people
in the future. You may not receive any direct benefit from being in the research study.

Details about this study are discussed below. It is important that you understand this
information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researcher named above, or
staff members who may assist her, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to learn about your experiences with implementing Shape
NC activities in your community. Overall, we are interested in learning about how you and/or
your organization got involved in this work, how that work has developed, and the kinds of
things you have done.

You are being asked to be in the study because you have been involved with a child care center
and/or it's community engagement activities sponsored by Shape NC.

How long will your part in this study last?
Your part in the study will last up to 90-minutes, the time it takes to participate in a interview.
There will be no additional follow-up after that session.

What will happen if you take part in the study?
**If you take part in this study, you will participate in an interview that will last up to one (1)
hour. During this interview, a study team member will ask you to answer questions about**
your experiences with implementing Shape NC activities in your community. You can skip any
questions that you do not want to answer.

You are free to share as much information about your own experience as you wish.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. There are no specific benefits to you from participating in this study.

What are the possible risks or discomforts involved from being in this study?
There are no known risks for participating in this study. You should report any problems to the researcher.

How will information about you be protected?
Records will be secured on password-protected computers at the University of North Carolina. We will not collect names or other information during the interview, which can link you as an individual to the information you share as part of this study.

An audio recording of this interview will be stored on password-protected computers and deleted from recording devices. You can request that recording devices be turned off at any time during the listening session.

Check the line that best matches your choice:

_____ OK to record me during the study

_____ Not OK to record me during the study

What if you want to stop before your part in the study is complete?
You can withdraw from this study at any time. For example, if you choose not to participate or to skip answering any questions, nothing will happen to the benefits you receive. The researchers also have the right to stop your participation at any time.

Will you receive anything for being in this study?
Participants will receive $10 in cash as an incentive to participate in the study. We are required by the university to collect your signature when you receive cash or a gift card. We will collect this information on a payment verification form. This form with your name and will be kept separate from the answers you provide during the listening session.

Will it cost you anything to be in this study?
It will not cost you anything to be in this study.

Who is sponsoring this study?
This research is funded by the Blue Cross Blue Shield Foundation of North Carolina. This means that the research team is being paid by the sponsor for doing the study. The researchers do not, however, have a direct financial interest with the sponsor or in the final results of the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions about the study, complaints, concerns, or if a research-related injury occurs, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

_____ _____
Signature of Research Participant   Date

_____
Printed Name of Research Participant

_____ _____
Signature of Research Team Member Obtaining Consent   Date

_____
Printed Name of Research Team Member Obtaining Consent

Introducing the Interview

Thank you for agreeing to participate in today's interview. We will have 60-90 minutes to talk about your experiences with implementing Shape NC activities in your community. Overall, we are interested in learning about how you and/or your organization got involved in this work, how that work has developed, and the kinds of things you have done.

All information discussed today will remain confidential to the study. We will be audiotaping and taking notes during the interview, which will be kept anonymous. Your name will not be associated with the transcript of the interview.

Do you understand all that I have stated? *Check to see that participant agrees.*
Yes_____   No_____

Do you have any questions before we begin?

Okay then, let's get started.

Case Study Questions

Demographics
Title:
Organization:
Length of time in organization:
Length of time in community:
Length of time working on Shape NC activities:
Race/ethnicity:
Gender:
Age:

First, we'd like to ask you some questions about your community, the Shape NC efforts in your community, and the work you have done.

1. How would you describe your community? [Probes: is it rural/urban? Racially/ethnically diverse? Economically distressed/vibrant?]

2. How did your Shape NC community engagement group(s) form? [Probes: was there a key stakeholder who engaged the rest? What role did the Community Engagement Specialist play in leading/organizing/facilitating the group (s)?]?

3. Why did you choose to get involved with the Shape NC efforts?

4. Talk a little about your role with Shape NC. What kinds of things have you done personally as part of the Shape NC partnership/group?

5. What community engagement activities has your partnership undertaken? [Probe: we are interested in understanding how you have sought to involve community members, including families and child care staff.]

6. What factors have facilitated this community engagement? [Probes: What role has the Hub Specialist played? The Executive Director? Pennie and/or Erin with the ABLe change? Etc.]

7. How successful have you been in making sure the team reflects the composition of your community (thinking broadly about class, race/ethnicity, age)?
   a. Who was engaged? [Probes: faith communities; rural communities?}
   b. Do you think everyone who should be involved is?
   c. Who has been missing? Why?
   d. How did you go about making sure voices were heard?

8. How do you embed obesity prevention activities in the activities of your child care center and/or within the community? *[As relevant to respondent]*

9. How have you engaged parents to participate in the Shape NC community engagement work?
   a. Are they parents of children in the MELC, or in expansion centers?
   b. How have you engaged them—in the broader community work, or in the improvements going on directly at the child care centers?
   c. What have been your successes with engaging parents in this project?
   d. What have been your challenges in engaging parents in this project?

Now we have some questions for you about the ABLe Change framework and your experiences with it in your community.

10. Did you use the ABLe framework and tools?
    a. If so, for what activities?
    b. How important were the ABLe framework and tools to your community engagement work?

    c. What have been your experiences using the ABLe Change framework?
    d. What successes have you had so far with using the ABLe change techniques?
    e. What challenges have you experienced in implementing ABLe change?
    f. What are your next steps with ABLe change?
    g. What projects have you worked on that were developed from the ABLe Change framework?

11. Did your partnership implement any of the '6 Simple Rules?' If so, which ones?

12. What have been your experiences implementing the '6 Simple Rules?'

13. What have been your experiences implementing the Systems thinking/scanning methods?

Now we'd like to ask you some questions about the successes and challenges you have faced during your work with Shape NC.

14. What do you see as successes of the Shape NC work in your community?[Probe: Please address all Shape NC activities, including the broader ABLe community engagement work and the work focused on the MELCs and expansion centers.]

15. Describe how you see the ABLe work integrated with the work at the child care centers [Probe: Have you seen much overlap? Have they been distinct projects?]

16. What have been your partnership's challenges to engaging the community to prevent childhood obesity?

    a. What strategies have you implemented to address these challenges?

17. What changes have you seen in your community as a result of this work?

18. What changes would you like to see in your community as a result of this work? [Probe: What are the next steps?]

19. Are there any others you think we should talk with?

Thank you so much for your participation. We really appreciate all the information you have shared with us.

Go NAP SACC

Self-Assessment Instrument Forms

Go NAP SACC
Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____

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 the 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 a question does not apply to your program, 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.

Time Provided

1. **The amount of time provided to preschool children* for indoor and outdoor physical activity† each day is:**
   - ☐ Less than 60 minutes (Half-day: Less than 30 minutes)
   - ☐ 60–89 minutes (Half-day: 30–44 minutes)
   - ☐ 90–119 minutes (Half-day: 45–59 minutes)
   - ☐ 120 minutes or more (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:**
   - ☐ Less than 60 minutes (Half-day: Less than 15 minutes)
   - ☐ 60–74 minutes (Half-day: 15–29 minutes)
   - ☐ 75–89 minutes (Half-day: 30–44 minutes)
   - ☐ 90 minutes or more (Half-day: 45 minutes or more)

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

3. **Our program offers tummy time* to non-crawling infants: †**
   - ☐ 1 time per day or less (Half-day: 3 times per week or less)
   - ☐ 2 times per day (Half-day: 4 times per week)
   - ☐ 3 times per day (Half-day: 1 time per day)
   - ☐ 4 times per day or more (Half-day: 2 times per day or more)

   ∗ Tummy time is supervised time when an infant is awake and alert, lying on her/his belly. Opportunities for tummy time should last as long as possible to help infants learn to enjoy it and build their strength. For infants who are not used to it or do not enjoy it, each period of tummy time can start at 1–2 minutes, and build up to 5-10 minutes over time.

   † 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:**
   - ☐ Less than 30 minutes (Half-day: Less than 10 minutes)
   - ☐ 30–44 minutes (Half-day: 10–19 minutes)
   - ☐ 45–59 minutes (Half-day: 20–29 minutes)
   - ☐ 60 minutes or more (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. The total amount of adult-led activity time may include multiple short activities added up over the course of the day.

5. **Outside of nap and meal times, the longest that preschool children and toddlers are expected to remain seated at any one time is:**
   - ☐ 30 minutes or more
   - ☐ 20–29 minutes
   - ☐ 15–19 minutes
   - ☐ Less than 15 minutes

6. **Outside of nap and meal times, the longest that infants spend in seats, swings, or ExcerSaucers at any one time is:**
   - ☐ 30 minutes or more
   - ☐ 15–29 minutes
   - ☐ 1–14 minutes
   - ☐ Infants are never placed in seats, swings, or ExerSaucers

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 and in good condition for children to use indoors:**
   See list and mark response below.
   - Jumping toys: jump ropes, jumping balls
   - Push-pull toys: big dump trucks, corn poppers, push and ride cars
   - Twirling toys: ribbons, scarves, batons, hula hoops, parachute
   - Throwing, catching, and striking toys: balls, pom poms, 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. to help them build gross motor skills. This does not include equipment fixed into the floor or the walls, but does include fabric tunnels, mats, and other larger items that teachers can easily move and switch out. 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

    * Portable play equipment for infants includes balls, soft blocks, and rattles.

11. **Our program's collection of posters, books, and other learning materials that promote physical activity includes:**
    ☐ Few or no materials   ☐ Some materials with limited variety   ☐ A variety of materials   ☐ A large variety of materials with items, added or rotated seasonally

Teacher Practices

12. To manage challenging behaviors, teachers take away time for physical activity or remove preschool children or toddlers from physically active playtime for longer than 5 minutes:

☐ Always   ☐ Often   ☐ Sometimes   ☐ Never

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

| ☐ They supervise only | ☐ They supervise and verbally encourage physical activity | ☐ They supervise, verbally encourage, and sometimes join in to increase children's physical activity | ☐ 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:*

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ 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, and reaching for and grasping toys.

15. Teachers incorporate physical activity into classroom routines, transitions, and planned activities:*

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

  * Physical activity during routines, transitions, and planned activities can include playing Simon Says or other movement games while children wait in line or transition between activities, or using movement during circle time or story time.

Education & Professional Development

16. Preschool children and toddlers participate in planned lessons focused on building gross motor skills:*

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

  * Gross motor skills are physical abilities and large muscle control that children develop as they grow. Lessons to build gross motor skills may focus on children practicing skipping, jumping, throwing, catching, kicking, balancing, stretching, or other specific skills.

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

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

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

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

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

19. **Professional development for current staff on children's physical activity has included the following topics:**
See list and mark response below.
- Recommended amounts of daily physical activity for young children
- Encouraging children's physical activity
- Limiting long periods of seated time for children
- Children's motor skill development
- Communicating with families about encouraging children's physical activity
- Our program's policies on physical activity

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

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 be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.

21. **Education for families on children's physical activity includes the following topics:**
See list and mark response below.
- Recommended amounts of daily physical activity for young children
- Encouraging children's physical activity
- Limiting 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 taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors
- 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, and families. Policies can be included in parent handbooks, staff manuals, and other documents.

Go NAP SACC

Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____

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, as well as the 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 the 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 a question does not apply to your program, 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.

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 juice (not in syrup):**
   - ☐ Rarely or never
   - ☐ Sometimes
   - ☐ Often
   - ☐ Every time fruit is served

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

   * For this assessment, corn is not included as a deep yellow vegetable because it has more starch and fewer vitamins and minerals than other vegetables.

5. **Our program offers vegetables that are cooked or flavored 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, tater 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.

9. **Our program offers meats or 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 and 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*

∗ Water that is "freely available" is always available to children but may or may not be self-serve. Water may be available from water bottles, pitchers, portable or stationary water coolers, or water fountains.

15. **Our program offers children 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

∗ A larger serving of juice counts as offering juice more than one time.

16. Our program offers sugary drinks:*

☐ 1 time per month or more   ☐ 1 time every few months   ☐ 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 (Regular)   ☐ Reduced Fat (2%)   ☐ Low fat (1%)   ☐ Fat free (Skim)

* This does not include those children with milk allergies.

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18. Our program offers flavored milk:

☐ 1 time per day or more   ☐ 3–4 times per week   ☐ 1–2 times per week   ☐ Never

Feeding Environment

19. Meals and snacks are served to preschool children in the following way:

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

* This refers to preschool children who are developmentally ready to choose and serve foods themselves.

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

☐ Always   ☐ Often   ☐ Sometimes   ☐ Never

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

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

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

☐ Always   ☐ Often   ☐ Sometimes   ☐ Rarely or never

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

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Every meal and 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!"

24. Our program's collection of posters, books, and other learning materials* that promote healthy eating includes:

☐ Few or no materials   ☐ Some materials with limited variety   ☐ A variety of materials   ☐ A large variety of materials with new items added or rotated seasonally

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

25. Our program's collection of posters, books, and other learning materials* that promote unhealthy foods includes:

☐ A large variety of materials with new items added or rotated seasonally   ☐ A variety of materials   ☐ Some materials with limited variety   ☐ Few or no materials

    ∗ Learning materials that promote unhealthy eating can include books or games about unhealthy foods, pictures or posters of unhealthy foods, unhealthy play foods, and bowls of candy.

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

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

28. 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

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

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

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

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

31. Teachers use an authoritative feeding style:*

☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Every meal and 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. A teacher might encourage a child to eat broccoli by reasoning with him/her about its taste and benefits, instead of using bribes or threats.

32. Teachers use* children's preferred foods to encourage them to eat new or less-preferred foods:
- ☐ Every meal and snack time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely or never

  * This can include offering a treat only if a child finishes his/her vegetables, or taking away a treat if a child does not finish his/her vegetables.

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. When toddlers are developmentally ready, beverages are offered in an open, child-sized cup:
- ☐ Rarely or never
- ☐ Sometimes
- ☐ Often
- ☐ Always

36. During indoor and outdoor physically active playtime, teachers remind children to drink water:
- ☐ Rarely or never
- ☐ Sometimes
- ☐ Often
- ☐ At least 1 time per play period

Menus & Variety

37. 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

  * The length of the menu cycle is the length of time that it takes for the menu to repeat.

38. Weekly menus include a variety of healthy foods:
- ☐ Rarely or never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Education & Professional Development

39. 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.

40. Teachers talk with children informally about healthy eating:
- ☐ Rarely or never
- ☐ Sometimes
- ☐ Often
- ☐ Each time they see an opportunity

41. Teachers and staff receive professional development* on child 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 training on food safety or food program guidelines. Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.

42. Professional development for current staff on child nutrition has included 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, television and videos are turned off, and teachers sit with children and enthusiastically role model eating healthy foods.
† Positive feeding practices include praising children for trying new foods, asking children about hunger/fullness before taking their plates away or serving seconds, and avoiding the use of food to calm children or encourage appropriate behavior.

43. 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 be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.

44. 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
- 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

45. Our written policy* on child nutrition includes the following topics:

See list and mark response below.

- Foods provided to children
- Beverages provided to children
- Creating healthy mealtime environments
- Teacher practices to encourage healthy eating
- Not offering food to calm children or encourage appropriate behavior
- Planned and informal nutrition education for children
- Professional development on child nutrition
- Education for families on child nutrition
- Guidelines for foods offered during 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 can include 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.

Go NAP SACC
Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____

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 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:

✓ Answer choices in parentheses ( ) are for half-day programs. Full-day programs should use the answer choices without parentheses.

✓ 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 a question does not apply to your program, 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.

Availability

1. Televisions are located:

☐ In every classroom　☐ In some classrooms　☐ Stored outside of classrooms but regularly available to children　☐ 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:

☐ 90 minutes or more (Half-day: 45 minutes or more)　☐ 60–89 minutes (Half-day: 30–44 minutes)　☐ 30–59 minutes (Half-day: 15–29 minutes)　☐ Less than 30 minutes or no screen time is allowed (Half-day: Less than 15 minutes or no screen time is allowed)

∗ 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:

☐ 60 minutes or more　☐ 30–59 minutes　☐ 1–29 minutes　☐ No screen time is allowed

∗ For children under 2 years of age, screen time includes any time spent watching shows 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 to children, this programming is educational and commercial free:*

☐ Rarely or never　☐ Sometimes　☐ Often　☐ 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:

☐ Rarely or never　☐ Sometimes　☐ Often　☐ Always

Teacher Practices

6. Screen time is used as a reward:

☐ Every day　☐ 1–4 times per week　☐ 1–3 times per month　☐ Rarely or never

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

☐ Rarely or never　☐ Sometimes　☐ Often　☐ Always

Education & Professional Development

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

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

＊ Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.

9. Professional development for current staff on screen time has included 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 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 be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.

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 program's policies 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 using screen time as a reward or to manage challenging behaviors
- 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 can include 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.

Go NAP SACC

Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____

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 the 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 a question does not apply to your program, 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.

Outdoor Playtime

1. **Outdoor playtime* is provided to preschool children and toddlers:**
    - ☐ 4 times per week or less (Half-day: 3 times per week or less)
    - ☐ 1 time per day (Half-day: 4 times per week)
    - ☐ 2 times per day (Half-day: 1 time per day)
    - ☐ 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:**
    - ☐ Less than 60 minutes (Half-day: Less than 15 minutes)
    - ☐ 60–74 minutes (Half-day: 15–29 minutes)
    - ☐ 75–89 minutes (Half-day: 30–44 minutes)
    - ☐ 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:**
    - ☐ Less than 30 minutes (Half-day: Less than 10 minutes)
    - ☐ 30–44 minutes (Half-day: 10–19 minutes)
    - ☐ 45–59 minutes (Half-day: 20–29 minutes)
    - ☐ 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:[†]**
    - ☐ 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 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.

5. **Our program does the following types of activities with children outdoors:**
    See list and mark response below.
    - ▪ Free play: Playtime that can be more or less energetic, depending on what activities children decide to do.
    - ▪ Structured learning opportunities: Planned lessons and activities including circle time, art projects, and reading time.
    - ▪ Seasonal outdoor activities: Activities that are unique to the season or the weather, including gardening, water play, collecting fallen leaves, and playing in the snow.
    - ▪ Walking trips: Activities, like nature walks and neighborhood tours, that let children explore the outdoors nearby your program, but beyond the regular play space.
    - ▪ Outdoor field trips: Opportunities for children to take part in outdoor activities around the community. Destinations can include local parks, farms, gardens, or nature centers.

    - ☐ None
    - ☐ 1 activity type
    - ☐ 2–3 activity types
    - ☐ 4–5 activity types

6. **The amount of our outdoor play space that is shaded by structures* or trees is:**

☐ No shade ☐ Less than 1/4 or more than 3/4 is shaded ☐ 1/4 to 1/2 is shaded ☐ 1/2 to 3/4 is shaded

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

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7. **An open area for outdoor games, activities, and events is:**

☐ Not available ☐ Large enough for some children to run around safely ☐ Large enough for most children to run around safely ☐ Large enough for all children to run around safely*

 ∗ This refers to all children who regularly use the open 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.

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

☐ 1–2 play areas* ☐ 3–5 play areas* ☐ 6–7 play areas* ☐ 8 play areas* or more

 ∗ Each play area offers different play opportunities. An area might include a swing set, sandbox, climbing structure, pathway, garden, house or tent, small inflatable pool, easel, or outdoor musical instruments like pots, pans and pipes for drumming. A play area does not need to be permanent; it can be created by bringing equipment outside.

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

☐ There is no garden for herbs, fruits, or vegetables ☐ It grows only herbs ☐ It grows some fruits and/or vegetables for children to taste ☐ It grows enough fruits and/or vegetables to provide children meals or snacks during 1 or more seasons

 ∗ A garden can be planted in the ground or in containers like window boxes or pots. A garden can include vines growing on fences or arbors, or fruit trees planted in the outdoor play space.

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10. **In our program, the path for wheeled toys is:**

☐ No path ☐ Unpaved and any width ☐ Paved and less than 5 feet wide ☐ Paved and 5 feet wide or wider

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

☐ No path ☐ Straight ☐ Curved but not looped ☐ Curved and looped*

 ∗ A curved and looped path allows children to ride around multiple loops, not just one large circle.

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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

☐ No path ☐ 1 type of connection ☐ 2 types of connections ☐ 3 types of connections

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13. **Our program has the following portable play equipment* available and 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
   - Other "loose parts": sticks, shovels, pales

   ☐ None   ☐ 1–2 types   ☐ 3–5 types   ☐ 6–8 types

   * Portable play equipment includes any toys that children can carry, throw, push, pull, or kick, as well as "loose parts" that help children explore and learn about the natural world. This equipment can be homemade or store bought. Portable play equipment does not include equipment fixed into the ground like jungle gyms, but does include fabric tunnels, mats, and other larger items that teachers can easily move and switch out.

14. **Portable play equipment is available to children during outdoor active playtime:**
   ☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

15. **The amount of portable play equipment available to children during outdoor active playtime is:**
   ☐ Very limited   ☐ Limited   ☐ Somewhat limited   ☐ Not limited – there is always something available for each child to play with

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 taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.

17. **Professional development for current staff on outdoor play and learning has included the following topics:**
See list and mark response below.
   - Recommended amounts of outdoor playtime for young children
   - Using the outdoor play space to encourage children's physically active play
   - Communicating with families about outdoor play and learning
   - Our program's policies on outdoor play and learning

   ☐ None   ☐ 1 topic   ☐ 2–3 topics   ☐ 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 be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.

19. Education for families on outdoor play and learning includes the following topics:
See list and mark response below.
- Recommended amounts of outdoor playtime for young children
- Using the outdoors to encourage children's physically active play
- Our program's policies on outdoor play and learning

☐ None ☐ 1 topic ☐ 2 topics ☐ 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 each day
- Ensuring adequate total playtime on inclement 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 taking away outdoor playtime in order to manage challenging behaviors
- 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, and families. Policies can be included in parent handbooks, staff manuals, and other documents.
† Inclement weather includes very high and very low temperatures, hazardous air quality, storms, and any other factors that make the outdoors unsafe for children.

Go NAP SACC
Self-Assessment Instrument

Date: _____

Your Name: _____

Child Care Program Name: _____

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 supporting breastfeeding and feeding infants. 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. If a question does not apply to your program, 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.

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   ☐ 4 features

3. **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 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

    * Community organizations that provide breastfeeding support can include the local public health department, hospital, or local La Leche League group.
    † Educational materials can include brochures, tip sheets, and links to trusted websites.

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 taking in-person or online training for contact hours or continuing education credits. It can also include information presented at staff meetings.

7. Professional development for current staff on promoting and supporting breastfeeding has included the following topics:
See list and mark response below.
- Proper storage and handling of breast milk
- Bottle-feeding a breastfed 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. Expectant families and families with infants are offered educational materials on breastfeeding:

☐ Rarely or never   ☐ Only when families ask   ☐ When families ask and at 1 set time during the year   ☐ When families ask, at 1 set time during the year, and we tell prospective families about our breastfeeding policies and practices

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 can include 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.
   † Support can include practices like allowing teachers and staff to breastfeed or express breast milk on their breaks.

Infant Foods

10. When our program purchases cereal or formula for infants, it is iron rich:
☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

11. When our program purchases or prepares mashed or pureed meats or vegetables for infants, these foods contain added salt:
☐ Always   ☐ Often   ☐ Sometimes   ☐ Rarely or never

12. Our program purchases baby food desserts* for infants that contain added sugar:
☐ Always   ☐ Often   ☐ Sometimes   ☐ Rarely or never

　∗ Desserts are sweet mashed or pureed foods that are made with added sugar.

Infant Feeding Practices

13. With permission from families, the timing of infant feedings in our program is:
☐ Feedings are only at fixed, scheduled times   ☐ Somewhat flexible to infants showing they are hungry,* but feedings are mostly at fixed times   ☐ Mostly flexible to infants showing they are hungry,* but feedings are sometimes at fixed times   ☐ Fully flexible[†] to infants showing they are hungry*

　∗ Younger infants may show that they are hungry by rooting, sucking on their fingers, licking their lips, making excited movements, or fussing and crying. Older infants may reach for or point at food, open their mouths wide for food, or feed themselves when hungry.
　† The child may grow into his or her own schedule, but being fully flexible means the teacher always follows the child's lead in feedings.

14. Teachers end infant feedings based on:*
☐ Only the amount of breast milk, formula, or food left   ☐ Mostly the amount of food left, but partly on infants showing they are full[†]   ☐ Mostly on infants showing they are full,[†] but partly on the amount of food left   ☐ Only on infants showing they are full[†]

　∗ This question refers to cases in which teachers have permission from families to decide when to end infant feedings.
　† Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

15. When feeding infants, teachers use responsive feeding techniques:*
☐ Rarely or never   ☐ Sometimes   ☐ Often   ☐ Always

　∗ Responsive feeding techniques include making eye contact, talking, responding to infants' reactions during feedings or their signs of hunger and fullness, not propping feeding bottles, and feeding only one infant at a time.

16. **During meal times, teachers praise and give hands-on help* to guide older infants 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.

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

☐ Teachers do not inform families of daily infant feeding
☐ A written report or a verbal report
☐ Some days through both a written and verbal report, but usually one or the other
☐ 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.
- Infants' food intolerances, allergies, and preferences
- Instructions for introducing solid foods and new foods to infants while in child care
- Permission for teachers to feed infants when they show they are hungry and end feedings when they show they are full
- Instructions* for feeding infants who are breastfed or fed expressed breast milk

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

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

Infant Feeding Education & Professional Development

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

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

20. **Professional development for current staff on infant feeding and nutrition has included the following topics:**
See list and mark response below.
- Using responsive feeding techniques
- 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 topics

* Developmental milestones related to feeding include infants starting solid foods, feeding themselves finger foods, and using spoons and cups.

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, at 1 set time during the year, and at other times as infants reach developmental milestones

∗ Education can be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.

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

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