



Healthy Child Care Project, Final Report

Submitted to: **FORWARD DuPage and The DuPage County
Health Department**

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Introduction

Responding to early childhood obesity concerns in DuPage County, FORWARD (Fighting Obesity and Reaching Healthy Weight Among Residents of DuPage) received funding from Cadence Health Systems in 2014 to implement a Healthy Child Care Pilot program in the Central DuPage Hospital service area. Given the success of the program, in August 2015, the DuPage County Health Department and FORWARD received an additional three-years of funding from the Illinois Department of Public Health, as a part of the Communicable Disease and School Health (C-DASH) grant, to continue this work in early childhood. Staff from FORWARD and the Health Department provided oversight and a technical advisor/consultant was hired to complete the work of the grant. Over a four-year period twenty early-childhood programs in DuPage County participated in the program. Included in this report is an overview of the need, a description of the focus and methods used, the outcomes, findings, reflections and plans for sustainability. The Appendix includes a list of participating early childhood programs, a quick summary of pre-and-post data from year one and a sampling of goals set and action plans.

Project Need, Focus and Methods

FORWARD works closely with DuPage schools and the DuPage County Health Department to monitor and report ongoing changes in children's body mass index (BMI) and blood pressure rates in kindergarten, sixth and ninth grades. The BMI data, collected in 2013-14 on preschoolers entering kindergarten showed a significant number of these children were overweight or obese. Data collected two years later revealed that the DuPage kindergarten obesity rate (14.3%) exceeded the national rate for two-to-five year olds (8.4%). The WIC data (Nutrition Program for Women, Infants, and Children) in DuPage County showed that one-in-five children enrolled in the program was obese. Many children who are obese, even at this young age, have elevated blood pressure. Childhood obesity continues to be a priority in DuPage and reaching children and families early on is an important strategy.

With a goal of prevention and early intervention, the FORWARD staff drafted and submitted a proposal to Cadence Health to fund a program that targeted preschool children. The program, The Healthy Child Care Pilot Project, was designed to create healthy preschool environments for children and their families, promote healthy habits for preschool staff, children and families and ultimately impact and reduce the rate of childhood obesity. With the help of Metropolitan Family Services and the YWCA, the Child Care Resource and Referral agency in DuPage, five sites were selected and participated in the study.

With new C-DASH funding, beginning in 2015, from the Illinois Department of Public Health, an additional fifteen centers were recruited and completed the project. The sites were selected from parts of the county with the highest incidence rates of childhood obesity. The team also looked for sites that served low-income children and priority was given to sites who served a diverse clientele. Of the twenty sites, four were Head Start Programs, two were school-based early childhood programs, one was a high-school supported preschool program, eight were from for-profit, national-branded centers and the remaining five were independently owned local programs.

The project used the evidenced-based assessment tool, *Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC)*, developed by the University of North Carolina with help from the North Carolina Department of Public Health. The tool included an on-line certification course to prepare the program's consultant and technical advisor for her role in using NAP SACC's training designs, environmental assessments, handouts and other resources.

The project team (FORWARD and Health Department Staff and the Consultant/Technical Advisor) developed a Memorandum of Understanding highlighting the expectations and responsibilities for centers and FORWARD/Health Department staff. The Benedictine University's Institutional Review Board (IBR) reviewed the project deliverables and pre-and-post surveys to ensure that the rights of the participants in the study were protected, that they were not subjected to unreasonable harm (physical and emotional) and that all materials were kept confidential.

The project team submitted the NAP SACC Training to the Illinois Network of Child Care Resource and Referral Agencies for Continuing Education Units (CEU) for participants. Final approval was awarded for the CEU credits in February of 2015.

The MOU covered these deliverables for FORWARD. Centers had a list of comparable deliverables with verbs that more accurately spelled out their role.

- share the project and secure buy-in;
- conduct classroom observations and complete assessments;
- deliver training in childhood obesity, nutrition, physical activity, personal health and working with families (up to five hours);
- conduct action-planning sessions to review and set nutrition, physical activity and screen time goals;
- review plans and select at least three priority goals in healthy eating and three more in physical activity;
- assist in the preparation of implementation grant proposals;
- offer implementation grants, materials, support, advice and problem solving strategies,
- conduct final observations and interviews; and
- compile pre-and-post survey data and issue a final report.

In the second, third and fourth year of the program, the pre-and-post surveys were eliminated but all other deliverables remained intact. An additional deliverable, a second year of technical support, was added for the fifteen sites recruited in 2015 and 2016. In year two the technical advisor provided another round of observations, assessments, goal setting and action planning and five hours of technical assistance.

Sites who received the additional five hours of technical support, were given a menu to spur ideas and center directors settled on technical assistance that would help them meet their initial goals and/or further their work in nutrition and physical activity. These are the types of assistance centers asked for:

- Physical activity curriculum activities/sessions with children and staff.
- Go Slow Whoa Curriculum activities/sessions with children and staff.
- Technical Support Tip Sheets
 - Understanding Full and Hungry
 - Getting to 120 Minutes of Physical Activity

- The Benefits of Family-Style Dining
- Accommodating Special Diets in Child Care Programs
- How To Engage Families in Tough Discussions Over Children’s Weight
- How to Create Classrooms that Visually Support Healthy Eating and Physical Activity
- Help in planning and facilitating family nights/events, including physical activity and information on *54321 Go! Rethink Your Drink; Go, Slow, Whoa foods; My Plate; the LOOP model* and the *Benefits of the Family Table* and, in the last year, a simple quiz that tested for pre-diabetes.
- A connection to CATCH (Coordinated Approach to Children’s Health) or other physical-activity curriculum or programs.
- Additional NAP SACC training for new staff or those who missed the first round of training.
- Workshops on *Cooking with Children* and *Having Difficult Discussions with Parents about Children’s Weight*.

Project Outcomes

Measuring and funding outcomes can be both challenging and expensive. There was funding in year one to complete pre-and-post surveys but not in subsequent years. The project relied heavily on the NAP SACC’s evidenced based process (valid instrument, consistent rating reliability, impact) to infer outcomes.

NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) was selected because it is an evidence-based program for improving the health of young children through better nutrition and physical activity in early care and education programs. Evidence for NAP SACC’s impact on the health of child care settings is well-documented. A brief summary of the research is included here, but for a more detailed accounting, log onto <https://gonapsacc.org/about-nap-sacc/research-evidence>.

- Researchers validated the effectiveness of the NAP SACC design (self-assessment, goal setting, action planning and reassessment).
- In the North Carolina pilot project, 15 intervention centers were selected and each worked on three environmental improvements with assistance from a trained NAP SACC consultant. Results showed intervention centers made more improvements than the comparison centers, which indicates that NAP SACC is a promising approach for promoting healthy weight in preschool settings.
- Researchers also performed reliability and validity testing on the NAP SACC self-assessment tool. Results of test-retest and inter-rater reliability showed that it is an accurate and stable measure of the child care environment.
- In a second study in Arizona, based on the NAP SACC self-assessment process, centers showed a significant increase in the number of nutrition and physical activity best practices being met.

The Healthy Child Care Pilot Project was designed to deliver these outcomes:

1. Early Childhood Programs will implement a minimum of six policy and/or environmental changes during the grant period.
2. Changes in attitude, behavior and practice for center staff on topics related to screen time, nutrition, and physical activity.

3. Changes in attitude, behavior and practice for families on topics related to screen time, nutrition, and physical activity.

The project team measured outcomes using these tools

- Pre-and-post surveys (year one). See Appendix II.
- A review of documents (menus, policies, lesson plans, daily schedules)
- On-site observations, using the NAP SACC tool
- A review of progress made on goal setting and action plans (interview and document review)
- Mid and year-end interviews
- Photo documentation
- Anecdotal comments

Pre-and-Post data in year one showed that parents found the information shared (tip sheets) helpful and that in many cases they made healthier choices for their families. Staff admitted to being more intentional in implementing and reinforcing healthy habits in the classroom and in their own health choices.

Each of the twenty early childhood sites identified at least six goals based on their findings from the environmental assessments. Programs selected priority (could easily complete by the end of the grant) and funding goals. The goals differed a bit from center to center but there were common needs and interests. Included here is a list of the more frequently selected goals:

- Improve menu offerings. For some centers this was adding more variety in vegetables or adding an additional serving of vegetables three-to-four times a week, offering more whole grains and reducing the number of times a month higher-fat proteins were served. A few centers set out to reduce the number of times per month sugar-sweetened cereals or breakfast bars were served. One center eliminated chocolate milk and another moved to fat free milk.
- Make water more easily accessible to the children during the day and encourage children to independently seek out water when thirsty.
- Help children develop self-regulatory eating behaviors by adding the words/sensation full and hungry to their vocabularies.
- Be more consistent and intentional in serving meals and snacks “family style”. When family style is used, children typically serve themselves, based on their food likes/dislikes and level of hunger. Staff sit and eat with the children.
- Offer nutrition sessions and cooking projects with children on a monthly basis.
- Provide more adult-led physical activity that focused on specific skill-building.
- Add additional portable play equipment (both indoors and outdoors) to promote gross-motor development.
- Plan and facilitate up to 120 minutes of physical activity each day (structured and unstructured, indoors and outdoors).
- Add more visible means of support for healthy eating and physical activity.
- Share educational materials on healthy eating and physical activity with parents two times a year or more.

Program directors or administrators were reminded that to make these goals sustainable over time, menus needed to be changed, lesson plan templates needed to be altered and expectations needed to be shared in staff orientations, training and in staff handbooks. Systems needed to be discussed and developed. Equipment purchases were identified to bring the goals to fruition and create sustainable environmental changes.

Most centers used their implementation funds to fund portable gross-motor play equipment. Some centers used the funds to purchase posters, books and other materials that would support healthy eating and physical activity. One program purchased playground fixed-equipment. A few centers funded cooking projects and nutrition curriculum materials or purchased water-drinking stations or systems.

Each of the centers selected priority goals and for the most part centers easily completed those goals within a few months. Most centers were also successful in completing the other goals and if not, they at least made progress. When the project team went back in year two to observe, complete self-assessments and work through a new action plan, they found that some centers were committed and still working through their action plans and goals, other centers had made progress and relapsed a bit but all centers were willing to refocus for another year. When asked to set four second-year goals, many centers continued the work they had started, e.g., another year of parent education or another year of teacher-led skill-building activities. Some centers set new goals based on the work they had completed and the additional opportunities that become obvious with another round of self-assessments

Each year, the technical advisor submitted a year-end report including photos that helped document the best practices in action. Some of the photos included children enjoying a healthy, colorful plate, serving themselves and engaged in conversations with staff and others. A number of photos captured visible support for healthy eating and physical activity and reflected theme based (nutrition and activity) curriculum. Other photos showed children engaged in a variety of physical activities. Photos snapped of children, families and healthy-living displays rounded out the collection showing evidence of family support and education.

Project Findings and End-of-Grant Reflections

The project team began the program in 2015 with a high level of confidence. The NAP SACC tool was credible and studies showed that when programs focused on a set of goals and best practices, they were able to make the necessary changes in their policies, programs, systems and environments. The Team found the same to be true in the twenty programs it engaged in the project. Center directors and administrators credited the training, assessments and the accountability to a technical advisor, as being helpful in equipping staff with new information and making them more intentional in their efforts to support healthy eating and physical activity best practices.

One of the benefits and incentives to centers was the implementation funds. Centers who enrolled in the project in 2015 and 2016 each received \$2000 to implement their funding goals. With a reduction in third year funding, centers recruited in 2017 received \$1000. Most directors said the implementation

grants were an incentive to participate but admitted that they were also driven by a quest for quality and meeting best practices.

Upon reflection; much of the NAP SACC criteria was easy for early childhood programs to meet and many programs scored high on the self-assessments. Most centers were also enrolled in the Child Care Food Program and had revised menus to reflect the food program and the new Child Day Care Licensing requirements. Most centers had either perfected or at least dabbled in “family dining”, allowing children to serve themselves and engage children in conversations around the table. Most of the environments housed some type of “visual support” for nutrition and physical activity.

In all of the national-branded for-profit centers, their “corporate” office had made healthy eating and physical activity a priority. In most of these centers, the menus were developed with the support of a nutritionist and center staff reported that they easily met most of the best practices in the NAP SACC menu-related questions. They also had a program commitment to “family dining” and shared curriculum planning expectations for nutrition and physical activity sessions/themes. Centers were committed to the national standards but sometimes needed support or help in implementing the best practices as expected.

Two of the programs, housed in school buildings, found it more challenging to make menu changes because they didn’t have control in selecting and dictating best practices to the food service vendors. The independent centers, who had total control over programming and purchasing, were often quick to identify changes and make change happen.

Across the twenty-sites, many centers struggled with meeting the same NAP SACC best practices. Included here are some of those struggles:

- It was difficult for most centers to get to 120 minutes of physical activity on days when the weather made it difficult to get outdoors. In centers without multipurpose space, this was always a challenge. And not all center staff adhered to the guidelines for taking children outdoors. The technical advisor observed time and again acceptable weather but staff who still kept children indoors. She worked to get staff to identify ways to plan and program in the classrooms and in multipurpose space and the TA Paper *Getting to 120 Minutes of Physical Activity* was a part of most center’s TA offerings.
- Staff struggled with writing detailed lesson plans that reflected skill-based and adult-led gross motor activities. Even when plans included these items, they were not always implemented as written, especially the outdoor activities. Support in this area was the second most requested technical support.
- Although staff admitted it was a priority, they often struggled with ways to communicate and educate parents using healthy messages. Some centers did it well but others struggled to do more than display a poster or a tip sheet on a bulletin board. Support in this area was the number one TA request.
- The NAP SACC Training, on healthy eating and physical activity, offered by the project helped centers meet the criteria to deliver education and professional development opportunities to staff two times a year or more. Without the NAP SACC training, center staff were trained in the Child Care Food Program and tips on outdoor safety, but little else. Staff ratings (on the NAP

SACC tool) were rarely consistent in this section. Different staff, coming in at different times, in different positions and staff turnover meant staff had different perspectives on how often and what kinds of professional development they received.

- In most sites, the training offered was appreciated and directors/administrators worked hard to schedule training and ensure attendance. Staff actively participated in the training and gave it high ratings. Two of the twenty sites struggled to schedule all five hours of NAP SACC training. In two additional sites, it was a struggle to get training on the calendar for all and the decision to reduce the number of staff who went through all five hours of training seemed to be the best alternative.

Sustainability and Next Steps

As the project team completed the work in the C-DASH grant, the need became clear for a sustainability plan. At the very least, the team wanted to make sure that the 20 centers would continue their commitment to providing healthy environments for the children in their care. But to keep the momentum going and to continue the work, the team needed to enlist others in this effort. In June of 2017, FORWARD and Health Department staff met to discuss a sustainability plan. Over the past eighteen months, the plan has evolved and includes these partners/elements.

The 20 Early Childhood Sites: The focus of the Healthy Child Care Pilot project was to create sustainable change. Using NAP SACC tools, each of the centers recruited in year two and three, conducted at least two self-assessments over two years and all centers made, are currently making, or plan to make the systems, policy and environmental changes identified during the project. Based on their findings, center staff have changed menus; shared or adopted new expectations; updated policies; modified daily schedules and lesson plans; purchased new equipment for both indoors and outdoors to promote physical activity and nutrition; enhanced their environment with visible support for healthy eating and physical activity; trained staff in childhood obesity, healthy eating, physical activity, personal health and in working with families; accumulated an electronic library of resources, shared with parents postings and information about healthy living and more.

In conversations with directors and staff, they admit to being more aware and more “intentional” in planning physical activities for children and in their conversations with children related to healthy eating. In director debriefs, we identified specific strategies that would help them in sustaining the work. Nationally branded centers had their work validated because their corporate leaders were also focused on health, nutrition and physical activity. Healthy messages are embedded in their corporate lesson plans, communication systems and displays. This year, the four Head Start programs that we worked with in 2014/15 signed on with the University of Illinois Extension to complete another round of NAP SACC self-assessments and receive training and support. The CATCH program, sponsored by Northwestern Medicine is working in our Head Start sites, our Wood Dale site and St. Paul’s Lutheran. CATCH is a wonderful way to keep the staff focused and the momentum going. Other centers established committees, or reaffirmed board support, to help oversee these efforts. In two of our centers, front-line staff came back for additional NAP SACC and WE CHOOSE HEALTH training. Sustainability looks a bit different in each of these sites, but it is clear that everyone has some plan in place.

FORWARD DuPage Coalition Members/Partners: In December 2017, we invited these FORWARD partners to a meeting to discuss the nutrition and physical activity work they did in early childhood: The University of Illinois Extension, The Regional Office of Education, Northwestern Medicine, The Northern Illinois Food Bank, The DuPage Early Childhood Collaborative, IMPACT DuPage, Head Start, WIC, Benedictine University, The Child Care Food Program and The YWCA of DuPage. Each of these players will continue to provide resources, training, information and support to the early childhood community in DuPage County. Among the programs and services currently offered:

- University of Illinois Extension is conducting NAP SACC assessments, training and support for the Head Start Programs in DuPage. They also offer nutrition education, e.g., *Go, Slow, Whoa Foods*, and other programs to qualifying early childhood sites.
- Head Start has a health and nutrition coordinator whose primary role is to promote healthy eating, nutrition, activity and health. It is a part of the Head Start curriculum and parent involvement strategy. And as mentioned above, the Head Start programs in DuPage County will be working with U of I Extension on another round of NAP SACC assessments.
- Northwestern Medicine is working with early childhood programs in schools, in Head Start and in some private centers, offering the CATCH program (Coordinated Approach to Children's Health). CATCH is a popular and evidenced-based nutrition and physical activity program for preschool and school age children.
- The Northern Illinois Food Bank offers food to programs and families and is one of many agencies offering the Child Care and Adult Food Program (a USDA program).
- Benedictine University students are continuing their work on a nutrition curriculum for WIC families.
- WIC nurses and social workers offer information and support to families with young children and provide food purchasing coupons for qualifying families.
- The Regional Office of Education has an early childhood department and serves thousands of preschoolers in schools throughout the county. Health is a curriculum topic in these programs.
- The YWCA provides a number of services. They too sponsor sites in the Child Care and Adult Food Program. They are the leading trainer of early childhood staff and family day care providers in DuPage County, they offer resource and referral information to families and more.
- The DuPage Early Childhood Collaboratives are working at the grass roots level, in local communities, connecting providers from a wide array of services, creating networks and developing comprehensive strategies to serve children and families. Their mission is to ensure that every child enters kindergarten safe, healthy, ready to succeed and eager to learn.

DuPage Early Childhood Collaboratives: From the December meeting, and urging from members of the FORWARD Board and the DuPage Federation, it became obvious that the DuPage Early Childhood Collaboratives might be a catalyst in our sustainability work. During a meeting between FORWARD and the Collaborative, we agreed to:

- Connect our 20 directors to the work of the Collaborative through an online introduction by the project technical advisor and the director of the Early Childhood Collaboratives.
- Add FORWARD to the agenda for the September 2018 Collaborative Council meeting.

- Share with the Collaboratives a bit about FORWARD and the work the Health Department has done in Early Childhood.
- Enlist the support of the Collaboratives to keep the momentum going; discussing with them what might work best in their communities.
- Determine if/how we could get more Early Childhood Providers around the Collaborative Table (of if not; how to best get information to them).
- Discuss specifically continuing NAP SACC self-assessments and distributing consistent messages (54321 Go! NAP SACC provider and family handouts, Rethink Your Drink, Go, Slow, Whoa Foods, etc.).

FORWARD DuPage Website: Consulting manager, Tonia Batagowski, is responsible for a piece of the FORWARD early childhood portfolio. She will continue to measure our IMPACT DuPage progress, attend relevant meetings and keep focused on this FORWARD priority. FORWARD will provide some resources and pull from our partners and the web for other resources. At the very least, we believe in promoting these consistent messages and providing these resources on our FORWARD DuPage website.

For Providers:

- NAP SACC. A self-assessment and action planning tool covering these topics: Nutrition and Healthy Eating, Physical Activity, Outdoor Play Environments, Screen Time, Breastfeeding and Infant feeding and Oral Health.
- NAP SACC tools and materials for participating providers.
- Technical Support Papers, created for the Healthy Childcare Project:
 - ✓ Understanding Full and Hungry
 - ✓ Getting to 120 Minutes of Physical Activity
 - ✓ The Benefits of Family-Style Dining
 - ✓ Accommodating Special Diets in Child Care Programs
 - ✓ How To Engage Families in Tough Discussions Over Children’s Weight
 - ✓ How to Create Classrooms that Visually Support Healthy Eating and Physical Activity

For Families:

- WE CAN! and other resources for families (tip sheets on a variety of topics from being active to screen time to eating right and so on)
- 54321 Go! (from our partners at CLOCC)
- Five SMART (from our partners at CLOCC)
- *Go, Slow, Whoa Foods* (on-line curriculum and parent tip sheets from WECAN)
- Rethink Your Drink (on-line tool kit from the Illinois Alliance to Prevent Obesity and other resources)

The YWCA of DuPage. In June of 2018, FORWARD met with the YWCA to discuss sustainability. Among all of our partners, the YWCA is most closely linked to early childhood providers in DuPage County. They have the state contract for Resource and Referral and Child Care Staff Training. They’ve been a strong partner in our NAP SACC work, identifying potential sites and opening the door for us to recruit participants. They have offered the NAP SACC training three times over the past three years. Their

work in early childhood is extensive but as it relates to our C-DASH and FORWARD efforts, the YWCA is currently

- Training early childhood and family day care providers in WE CHOOSE HEALTH.
- Offering NAP SACC training and encouraging programs throughout DuPage to attend training.
- Promoting NAP SACC (specifically the self-assessment and action planning process).
- Offering access and oversight to the Child Care and Adult Food Program.
- Offering parent education programs throughout DuPage.
- Advocating for children, families, health, professional development and training.
- Offering a variety of training to ECE providers, based on their interests and needs.

During our meeting, the YWCA validated the work FORWARD DuPage has completed and agreed to continue these efforts. They also informed us that they are the new grantee for the DuPage Early Childhood Collaboratives, funded by the DuPage Foundation. We will meet with them to discuss our future plans with the Collaboratives.

IOPA. And finally, FORWARD DuPage Director, Ann Marchetti, a member of the Illinois Alliance to Prevent Obesity (IAPO) will report back any new developments, information, funding or programs to continue obesity prevention work in early childhood.

In Summary

We are pleased to submit this final grant report and to share our experiences, findings and learnings from this project. In DuPage schools, there has been a slowed growth in the rate of obesity. The number of children who are obese is leveling out and in some cases, there is a small decline. Parents, providers and children themselves are internalizing the program's efforts and messages. It was rewarding to see how many people were familiar with 54321 Go! and the messages in Rethink Your Drink (reduce consumption of sugar-sweetened beverages) and if not the actual words, Go, Slow and Whoa Foods, at least the concept. Any ongoing efforts should continue to reduce the number of children who struggle with overweight and obesity.

Throughout the project, the team worked with the early childhood education and care programs in areas with the highest obesity rates for children. Staff in the Health Department are working with the WIC population. The YWCA is working with Family Child Care (home-based) directors, but there is still more work to be done. It is not clear what messages, programs or support children and families receive who are stay at home families, not eligible for WIC support. It would be helpful if future funding could include support for these Family Child Care providers and stay at home families.

Appendix I. Healthy Child Care Project Statistics and Impact 2014-2018

Municipality	Center Name	# Children Served	# Families Served	# Staff
Addison	Addison Early learning Center	189		35
	Little Prince	81		12
	KinderCare	106		22
	Technology Center DuPage	13		54
Bensenville	KinderCare	70		13
Bloomington	KinderCare	65		15
Burr Ridge	Roy's Learning Center	62		20
Carol Stream	Community Learning Ct. Head Start	34	34	5
	St. Andrews Head Start	68	68	6
Glendale Heights	KinderCare	75		20
	Tutor Time	71		13
Villa Park	Child Time	70		20
	Lily Garden	80		18
	St. Paul's Lutheran	54		7
Warrenville	Johnson School Head Start	34	34	4
West Chicago	Educare	150	120	56
	Kiddie Place	72	60	9
Willowbrook	KinderCare	80		20
Wood Dale	Pixie Dixie	65		15
	Wood Dale ECEC	155		13
DuPage County	YWCA Training	?	?	30
Total	20 + Centers	1594	estimate: 1245	407

Appendix II. Pre-and-Post Survey Data, Year One

Through pre-and-post surveys, we measured staff behavior, knowledge and attitudes regarding healthy eating, physical activity, and screen time. The most significant gains were in the number of staff who were successful in making changes to improve their own health and the number of staff correctly identifying the daily healthy habits outlined in *5-4-3-2-1 Go!*® In the post survey, we asked specifically about staff's ability to make changes to improve their own health. Fifty-nine percent of the staff reported making changes in nutrition, 61% reported making positive changes in physical activity and 43% reported they were successful in reducing their screen time. Only 2% reported not being successful in making changes.

Staff also acknowledged making changes to improve the health of the children in their programs. More than half of the staff said they made these changes: Made drinking water more accessible to children, improved child/staff interactions during meals and snack, added more active play time to the daily schedule and played outside more often.

Surveys were administered to the families in January (pre) and May and June (post). The strongest impact came in the number of families (80%) who reported they were successful in making changes in their children's health. The most common responses for change included: Drinking less soda (39%), drinking more water (53%), and eating more fruits and vegetables (53%). It was frustrating that we did not see any significant gains in the family's knowledge of *5-4-3-2-1 Go!*® We encouraged centers to continue to work with families to understand the daily recommendations for nutrition and physical activity. Although we saw positive gains and positive trending in many of the behaviors we asked about, we did not see significant gains during this short period. The early delays in delivering the project shortened the time that centers had to share information and work with families to help produce strong results. We did however learn that families appreciate and found helpful (68% percent of families checked this box) the health information that center staff shared with them.

To further assess outcomes and changes, we included our observations and comments made by children and staff. During the post observations, children shared a number of comments with the technical advisor to indicate that they were more aware of health and well-being. One child, who was sent home sick during the first observation, responded to a comment about her health with these words, "I'm eating a lot of *go* foods that make me stronger." On one visit, the children shared their favorite physical activities, "I like to run," "I like jumping jacks," and "I like to do push-ups".

The staff also shared their perceptions, commenting on one boy who was overweight and a bit of a coach potato when he started in the fall but after working with his family, he had slimmed down by the end of the year. Several of the staff admitted to being more intentional about planning adult-led physical activity during outdoor and circle time. The staff now weave the concept of hungry and full into their conversations with children who ask for or reach for seconds at the lunch table.

Additional details and a more thorough analysis of the pre-and-post data is available upon request.

Appendix III. Sample Goal Setting and Action Plan



Facility Name Deleted to preserve confidentiality

Date: Nov 16 and Dec 16, 2016

Target Date for Evaluation: June 2017

Areas for Improvement/Specific Goals:

Self-Assessment Area	Goals	Target Date
<p>Nutrition Area:</p> <p>N 5. Menu and Variety</p> <p>N 7. Supporting Healthy Eating</p> <p>N 8. Nutrition Education</p> <p>N 9. Nutrition Policy.</p>	<p>1. The center will create, post, shop and implement an a.m. and p.m. snack menu that changes with the seasons and includes a combination of healthy foods, specifically whole grains, low sugar and fresh or syrup free fruits.</p> <p>2. The center will expand its collection of materials, providing visible support for healthy eating in classrooms and common areas through the use of posters, pictures, food models, puzzles, food photo cards, toys and displayed books.</p> <p>3. The center will provide professional development and training opportunities on nutrition (other than food safety and food program guidelines) for staff two times a year or more.</p> <p>4. The center will offer nutrition education opportunities to parents two times a year or more.</p> <p>5. Expand the written policy on nutrition and food service to include items recommended in the NAP SACC Best Practices and Sample Policies.</p>	<p>Completed and ongoing. There is a three week rotating menu complete w/ a variety of foods... Hummus, yogurt, whole grains, vegetables.</p> <p>Staff have made purchases for home living and other areas. The hallways are filled with posters, photos and bulletin boards that promote healthy eating.</p> <p>NAP SACC handouts were shared with staff. Staff attended NAP SACC Training.</p> <p>Duplicating parent flyers and passing them out over time- one per week. All of the nutrition sheets were shared. Will start sharing physical activity sheets.</p> <p>Will work on these this summer: September 30, 2017.</p>

<p>Physical Activity Area:</p> <p>PA1. Active Play and Inactive time</p> <p>PA3. Supporting Physical Activity</p> <p>PA2. Play Environment</p> <p>PA4. Physical Activity Education</p>	<p>6. Preschool staff will increase the amount of adult led physical activity to between 45 and 60 minutes a day, including planned lessons focused on building gross motor skills.</p> <p>7. The Center will increase its collection of posters, puzzles, books, portable play equipment and other learning materials that promote physical activity.</p> <p>8. The Center will make a wide variety of portable play equipment available for children to use both indoors and outdoors.</p> <p>9. The center will offer physical activity education opportunities to parents two times a year or more.</p>	<p>Ongoing—Staff picked up ideas in training and are implementing them. Still a focus. It will take time. In observations, there has been evidence of adult-led activity.</p> <p>The physical activity bulletin board will go up in July. The classroom BB also show evidence of physical activity.</p> <p>Purchases were made. A BB hoop and balance boards were added to the gross motor room.</p> <p>NAP SACC materials going out weekly. The PA bulletin board will have an element of engagement. Parents are asked to bring in photos of the family being active. Photos will be put into a drawing to incentivize participation.</p>
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