Los Angeles County Department of Public Health

Choose Health LA Child Care

Early Childhood Obesity Prevention and the Potential for Policy, Practice, and Environmental Change in Child Care

Submitted to:

Los Angeles County Department of Public Health

Early Childhood Obesity Prevention Initiative

Choose Health LA Child Care

March 2017

SARAH SAMUELS CENTER
FOR PUBLIC HEALTH
RESEARCH & EVALUATION

About the Samuels Center

Established nearly 20 years ago, Samuels & Associates, DBA, The Sarah Samuels Center for Public Health Research & Evaluation (Samuels Center), is nationally recognized for its public health research, program and policy evaluation, evaluation technical assistance and training, and strategic planning expertise. We are headquartered in Oakland, California with a satellite office in Los Angeles. Our work is concentrated in under resourced and ethnically diverse communities where rates of chronic illness are highest. Our areas of evaluation specialization include nutrition and physical activity, tobacco prevention and control, obesity prevention, healthy food access, community and youth engagement, health policy, and public health practice. For more information, please visit www.samuelscenter.com.

Acknowledgements

The Sarah Samuels Center for Public Health Research and Evaluation would like to thank our key partners in the implementation of Choose Health LA Child Care (CHLACC) and the evaluation:

The directors and administrators of the child care centers and homes who generously gave their time to share insights toward cultivating healthy eating and physical activity opportunities in child care settings in Los Angeles County.

The Choose Health LA Child Care Advisory Committee who provided content expertise in child care policies and practices and whose suggestions were incorporated into this synthesis report.

Members of the Child Care Alliance of Los Angeles (Alliance) and the Child Care Resource Center (CCRC), particularly Ashley Henderson, Andrea Giese, and Jeanie Park (Alliance), and Dr. Susan Savage and Olivia Pillado (CCRC), who provided guidance and coordinated nutrition and physical activity training and coaching of child care providers' representative of the following Los Angeles County Child Care Resource and Referral Agencies: Child Care Resource Center, Connections for Children, Crystal Stairs, Inc., Mexican American Opportunity Foundation, Options for Learning, Pathways, and Pomona Unified School District.

Finally, our colleagues from the Maternal, Child, and Adolescent Health Programs, a division of the Department of Public Health in Los Angeles County. Particularly, Donald Jay Gravink, Janet Scully, Helen O'Connor, Zoe Phillips, and Dr. Robert Gilchick, who were helpful in the acquisition of funding, study design, acquisition and sharing of program data, implementation, data interpretation, and synthesis report review.

The evaluation and report was made possible with funding provided by the Los Angeles Department of Public Health: DPO-PH-13362047-1.

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Suggested Citation. Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs, Choose Health Los Angeles Child Care Evaluation. Choose Health

LA Child Care: Early Childhood Obesity Prevention and the Potential for Policy, Practice, and Environmental Change in Child Care. Prepared by the Sarah Samuels Center for Public Health Research & Evaluation, 2017.

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Executive Summary

Background

The Los Angeles County Department of Public Health's Choose Health LA Child Care program (CHLACC) is part of a countywide initiative to prevent early childhood obesity. Early childhood is a critical period for developing lifelong healthy habits and child care settings are a strategic venue for obesity prevention. CHLACC aims to improve nutrition and physical activity (PA) practices in child care settings by training and coaching licensed centers, licensed daycare homes and license-exempt caregivers to create and adopt nutrition and PA policies. Our evaluation sought to understand ways in which nutrition and/or physical activity policy, practices, and environments changed as a result of the training and coaching as well as examine barriers and facilitators child care providers experienced in promoting nutrition and physical activity. The evaluation also explored whether a limited large scale intervention, such as CHLACC, can have a significant impact.

Methods

The CHLACC evaluation was planned during April-August 2013 and conducted between October 2013 and June 2016. A multi-method strategy to evaluate the effectiveness of the CHLACC training and coaching involving a complementary set of quantitative and qualitative methodologies was employed to address the following overarching questions:

1. In what ways did the CHLACC trainings and coaching affect the knowledge, attitude, and readiness to change of child care providers to improve nutrition and physical activity environments in their child care settings?
2. In what ways have nutrition and/or physical activity policies, practices, and environments changed as a result of CHLACC?
3. What are the barriers and facilitators that child care providers face in efforts to promote healthy nutrition and physical activity?

Results

Child care providers reported improvements in physical activity and healthy eating knowledge and behavior both in themselves and among the children in their care. There were noted increases in produce gardens, staff encouragement for trying new/healthy foods, family-style meal setting with children encouraged to serve themselves, and in the serving of dark colored vegetables and whole grains. Other improvements included increases in physical activity materials made visible to children, structured physical activity among children, and staff modeling and participation in structured physical activity. Barriers included perceived increased

cost of substituting healthier foods in place of nutrient-deficient snack options, limited equipment and resources, inclement weather, and working with challenging parents. Recommendations for strengthening the CHLACC program included increasing the capacity of child care providers to engage coworkers and parents, to implement breastfeeding policies and practices, to promote the Child and Adult Care Food Program (CACFP), to model healthy eating and physical activity, and to institute a balance of structured and unstructured physical activity. The need for more and regular coaching and networking opportunities with other child care providers was also expressed.

Conclusions

The evaluation showed that the CHLACC program made positive improvements to several nutrition and physical activity policies and practices in child care environments. Child care providers can improve the healthful eating and physical activity knowledge and behavior of children in their care through strategic policies and practices and development of supportive environments. With continued training and tailored coaching, providers are well-positioned to help effectively establish healthy eating and physical activity habits early in life, which can have a powerful impact in the effort to prevent childhood obesity. Child care providers are interested and asking for more training, coaching, and technical assistance and are important allies in early childhood obesity prevention.

Introduction

PURPOSE OF REPORT

The purpose of this report is to describe the Choose Health LA Child Care (CHLACC) intervention, its multi-method evaluation and synthesized key findings, and help First 5 LA, the Child Care Resource and Referral Agencies serving Los Angeles County, and the Los Angeles County Department of Public Health (DPH) leverage additional resources to support obesity prevention. This evaluation seeks to inform plans for technical assistance around enhancing programmatic, environmental, and policy change strategies that are likely to be most effective in maximizing the potential of child care settings to promote healthy eating and physical activity among young children. The lessons learned from this report can be used in Los Angeles County and other communities to more effectively guide replication or sustainable extensions or expansions of CHLACC's early child obesity prevention efforts in child care settings. CHLACC's obesity prevention policies, practices, and resources may also support and be incorporated into Quality Rating and Improvement Systems[*], by integrating CHLACC's evidence-based nutrition, breastfeeding, physical activity, and screen time training and coaching for child care providers, systematic assessments of provider policies and practices related to obesity prevention, and well-received obesity prevention-specific sets of materials.

This report summarizes key findings from child care provider Policy and Practices surveys, on-site observational assessments, and provider focus group discussions, and comprises a discussion of the impact and implications of this work as well as recommendations that have emerged from this evaluation.

OBESITY PREVENTION IN EARLY CARE AND EDUCATION

Interventions aimed at improving healthy eating and physical activity behaviors are critical in early childhood as more than one in five U.S. children ages two to five years are overweight or obese [1–5]. The zero to five year age span is critically influential in developing healthy food preferences and motor skills which can help reduce lifetime risk of obesity and weight-related comorbidities [4,6,7]. Many young children, especially racial/ethnic minorities and those from low-income communities, are not getting the recommended levels of quality nutrition and not

[*] Quality Rating and Improvement Systems (QRIS): A QRIS is a systematic approach to assess, communicate, and improve the level of quality in early childhood and school-age care and education programs. QRIS is often linked to enhanced training, professional development, qualifications, and program accreditation. Obesity prevention strategies can be incorporated into QRIS.

eating enough fruits and vegetables, are eating too much energy dense and nutrient poor snacks and beverages, and not engaging in sufficient physical activity each day [8–17]. While parents are instrumental in shaping their children's health behaviors, 75% of young children in the U.S. spend time in care outside of their home, with children of working parents spending an average of 35 hours per week in child care sites [18,19]. Since many children spend a significant amount of time in child care settings, interventions in early care and education environments can be an ideal setting for obesity prevention [8].

POLICY DEVELOPMENTS IN SUPPORT OF OBESITY PREVENTION IN EARLY CARE AND EDUCATION

In response to the critical role early care and education can play in obesity prevention*, a number of federal and state policies and initiatives have aimed to improve nutrition and activity for infants, toddlers, and young children in child care settings by encouraging child care and early education providers to meet a basic set of best practices in physical activity, screen time, food, beverages, and infant feeding [8,20]. In 2016 the U.S. Department of Agriculture (USDA) issued updated nutrition standards for the foods and beverages served in the Child and Adult Care Food Program (CACFP). The standards include more whole grains; a greater variety of vegetables, and fruits; less added sugars and solid fats; healthy beverages, including low-fat and fat-free milk; and support for breastfeeding [20]. In addition, the recent "Reauthorization of the Child Care and Development Block Grant" (CCDBG) provided funding, stronger requirements, and new opportunities for states, localities, and child care providers to better promote nutrition and physical activity. However, the use of vague language in CCDBG, such as "may" rather than "shall," indicates that states have the option of incorporating such requirements in their plans—an allowance likely to result in further variability in policy implementation across states. Studies have shown considerable variation regarding nutrition and physical activity regulations and practices among and within U.S. states [21,22].

At the state level, California has since passed child care nutrition policies that go above and beyond national standards. California's AB 2084 (2010)† created more stringent requirements

*Child care sites have been identified as a priority setting for obesity prevention as reflected in the "Surgeon General's Vision for a Healthy and Fit Nation" and the Center for Disease Control and Prevention's "Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting".

†AB 2084, the Healthy Beverages in Child Care Act, took effect in January 1, 2012 and requires all licensed child care centers and family day care homes to comply with healthy beverage standards.

for beverages served in child care settings and AB 290 (2013)* requires all new subsidized child care providers to complete one hour of nutrition education. Successful implementation of such recommendations requires not only the sharing of best practice language and strategies but also sufficient funding and training resources to institute them. Yet as has been noted, Child Care and Development Funds are insufficient for raising standards, increasing quality of care, and maintaining core support for child care [20]. Given that state and local systems differ significantly in their level of funding and training support in preventing obesity among preschool children, there is a need for additional resources and training assistance in this area.

THE LOS ANGELES COUNTY NEED FOR OBESITY PREVENTION IN EARLY CARE SETTINGS

There is a real opportunity to support strategies that improve eating and physical activity behaviors of young children in child care settings in Los Angeles County. In 2015, 19% of three- and four-year-old children in the Women, Infants, and Children (WIC) program‡ in LA County were obese, with Hispanic children shouldering the highest rates relative to other ethnic groups [24]. Moreover, 50% of children ages zero to five in LA spend at least part of their day in child care [25]. Similar to the national picture, LA data show significant numbers of preschoolers not meeting guidelines for a healthy diet or sufficient physical activity. At the same time, LA County data indicate a range of mealtime and physical activity policies and practices and indicate clear opportunities for improvement in these areas in child care settings [26].

CHOOSE HEALTH LA CHILD CARE PROGRAM AND GOALS

In an effort to target early care and education settings to reach young children in Los Angeles County with obesity prevention efforts, the Los County Department of Public Health (DPH), with funding from First 5 LA, launched the Choose Health LA Child Care (CHLACC) program. CHLACC, along with Choose Health LA Moms, and Choose Health LA Kids, constitute three complementary components of the Early Childhood Obesity Prevention Initiative (ECOPI), a five-year initiative to improve nutrition, increase physical activity, and reduce obesity among the nearly 800,000 LA County children ages zero to five and their families.

The CHLACC program goals and design were informed by: First 5 LA's FY 2009-2015 Strategic Plan Goal to maintain a healthy weight, First 5 LA Board of Commissioner's effort to promote a competent early care and education workforce, and features of national and local healthy

* AB 290, Foundations for Healthy Nutrition in Child Care, took effect in January 1, 2016 and requires that hours of preventive health practice training for child care providers include one hour of childhood nutrition.

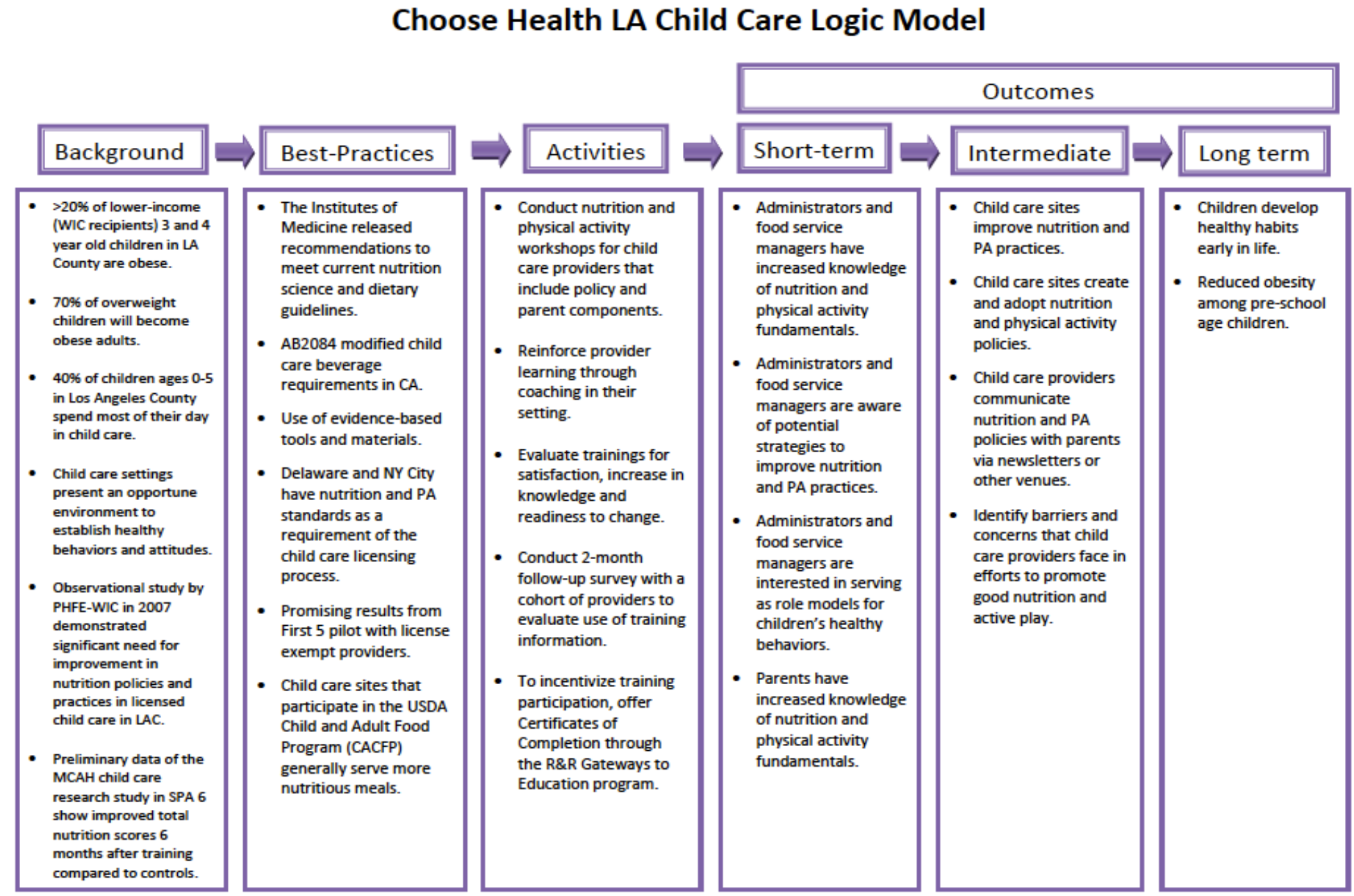
‡ Obese is considered ≥95th percentile for age and gender. Sixty percent of children under the age of five in the county are enrolled in WIC [23].

eating and physical activity interventions that were successfully implemented in early care and education settings. The CHLACC program goals are to (1) reduce the prevalence of overweight and obesity among children in child care; (2) improve nutrition and physical activity practices in child care through the creation and adoption of wellness policies; (3) identify barriers that child care providers face in their efforts to promote good nutrition and active play; and (4) promote development of healthy habits early in life.

To meet these goals, the CHLACC program employed a multi-level strategy focusing on improving policies and practices by providing staff training, child engagement and parental support and outreach, design features which have been shown to be most effective in eliciting behavior change and maximizing the potential of child care settings to promote healthy weight in children [22,27,28]. Implementation of these components demonstrated feasibility and engagement of providers in an earlier community trial with 120 child care centers in South LA, a community with high rates of childhood obesity.

The work of the CHLACC program is represented by a logic model, developed by Maternal, Child and Adolescent Health Programs of DPH, which identifies the short-term, intermediate, and long-term indicators for the desired outcomes (see Figure 1). This logic model illustrates the key inputs, activities implemented, the expected short-term indicators of change, intermediate impacts, and long-term impacts, namely that children develop healthy habits early in life and that there is a reduction in the prevalence of obesity among preschool-age children.

Figure 1: Choose Health LA Child Care Logic Model



CHLACC TRAINING AND COACHING CURRICULA

Designed to improve physical activity and nutrition policies and practices in child care sites, the CHLACC training and coaching curricula were informed by a review of standards and best practices for obesity prevention targeting early care and education settings (e.g., Nemours, The National Resource Center for Health and Safety in Child Care and Early Education, The Institute of Medicine, USDA standards, California's Healthy Beverages in Child Care Act, and others) [19]. The CHLACC evidence-based curricula were utilized to teach child care providers (i.e., licensed child care centers, licensed family child care providers, and license-exempt child care providers) how to develop nutrition and physical activity policies and implement health related activities in their facilities. The two-hour training included the following topics: breastfeeding, food and drinks, physical activity, screen time, and environment and policy. Trainings were held at Resource & Referral agencies or onsite at child care centers, at the centers' request. The coaching component consisted of one-on-one support and technical assistance to child care providers, which served to reinforce concepts taught in the training and foster the creation and adoption of nutrition and physical activity program or policy changes.

Coaches connected with participants who attended the training in a variety of ways to offer one-on-one coaching services. Some coaches signed participants up for a coaching session immediately after a training, while other coaches contacted participants by phone to offer coaching services after the training. Participants were offered one or two coaching visits to develop goals around nutrition, physical activity, breastfeeding, screen time, or create policies in these areas. During these one-on-one sessions, the coaches guided the participant and offered resources and expertise to help providers to reach their goals.

To support the training and coaching, evidence-informed, open-source materials were designed and offered to providers during training and coaching sessions to incentivize participation and support implementation of healthy changes based on site needs. Tools and resources* included physical activity kits, yoga cards, recipe cards, plates, cups, cooking kits, with a breastfeeding toolkit promoted later in the program timeline (Appendix A).

CHLACC CHILD CARE PROVIDER RECRUITMENT AND PARTICIPATION

To implement CHLACC workshops and support the program evaluation, DPH partnered with the Child Care Resource Center (CCRC), one of the 10 agency member organizations comprising the

* Maternal, Child and Adolescent Health Programs website: http://www.publichealth.lacounty.gov/mch/CAH/Childhood%20Obesity%20Prevention.htm

Child Care Alliance of Los Angeles ("the Alliance"), a network of non-profit agencies that provides child care resource and referral services to all areas of LA County. CCRC, a critical partner, collaborated with the other members of the Alliance to collectively conduct the nutrition and physical activity workshops and provide coaching for child care providers countywide. CHLACC recruited staff from licensed child care centers, licensed family child care providers, and license-exempt child care providers in LA County. Proportional quota sampling by provider type was established for each Child Care Resource and Referral Agency* (R&R) serving LA County. To be eligible for CHLACC, providers had to agree to participate in training (coaching services were offered voluntarily following training) and were required to be English, Spanish, or Chinese speaking, serve lunch to the children in their care, and serve children ages three to five years.

As shown in Table 1 below, participation surpassed various programmatic goals. During the life of the program (October 2013 – June 2016), 611 training sessions were held, surpassing the goal of 462, and 5,853 participants were trained, surpassing the goal of 5,544. Of those trained, 2,323 also received at least one one-on-one coaching session, surpassing the goal of 2,212 or 40% of those trained. 753 of those who received a first coaching visit also received a second coaching visit.

Table 1. Choose Health LA Child Care, Program Reach

Program Goal	Program Reach
Hold 462 training sessions for child care providers	611 training sessions held
Train 5,544 child care providers	5,853 child care providers trained • 68% licensed centers • 22% licensed homes • 10% license-exempt
Coach 2,212 child care providers in one or two sessions	2,323 child care providers received at least one coaching session 753 child care providers received at least two coaching sessions

*The Child Care Resource and Referral Agencies (R&R) serving Los Angeles County help parents who are seeking child care and development services. The R&Rs are able to provide parents with information on affordable child care and development centers, licensed family child care homes, and after school enrichment programs. The R&R also help providers attain licensure and provide low-cost or free training on topics including health, safety, child development and business.

Hold events focused on nutrition and physical activity for 4,050 parents Provide print materials and information to 13,474 parents	16,500 parents reached at events 34,500 parents received print material

Methods

OVERVIEW

The CHLACC evaluation was planned during April-August 2013 and conducted between October 2013 and June 2016. A multi-method strategy to evaluate the effectiveness of the CHLACC training and coaching involving a complementary set of quantitative and qualitative methodologies was employed to address the following overarching questions:

1. In what ways did the CHLACC trainings and coaching affect the knowledge, attitude, and readiness to change of child care providers to improve nutrition and physical activity environments in their child care settings?
2. In what ways have nutrition and/or physical activity policies, practices, and environments changed as a result of CHLACC?
3. What are the barriers and facilitators that child care providers face in efforts to promote healthy nutrition and physical activity?

The following methods were used and are described in this section:

- Baseline/Follow-up Training Survey
- Training Satisfaction Survey
- Coaching Satisfaction Survey
- Baseline/Follow-up Observational Assessments and interviews with providers
- Baseline/Follow-up Policies and Practices Survey
- Provider Focus Groups

BASELINE-FOLLOW-UP TRAINING SURVEY (FIRST YEAR)

During the first program implementation year, 2013-14, the Baseline-Follow-up Training Survey was completed with providers who participated in the CHLACC training. The survey was designed to provide formative information to the CHLACC program leads to improve the quality and effectiveness of the program. In subsequent years, this survey was replaced by the Baseline-Follow-up Policies and Practices Survey and the other methods described in this section.

The Baseline-Follow-up Training Survey included nine knowledge items, eight attitude items, and five items that gauged participant interest in making changes in five target areas (breastfeeding, meals and snacks, food at celebrations, physical activity, and screen time). Child care providers who attended the CHLACC trainings completed the baseline-training portion of the survey at the beginning of the workshop. At the end of the workshop, the attendees completed the follow-up-training portion of the survey packet. The Baseline-Follow-up Training Surveys were administered to all training participants until the goal of 570 matched baseline and follow-up surveys were collected, which allowed for a preliminary analysis of the data for the period of October 2013-June 2014.

The data were analyzed by provider type, including licensed child care centers, licensed child care homes, license-exempt providers, and in the aggregate with all providers. Items with missing or incomplete data were excluded from the analysis.

TRAINING SATISFACTION SURVEY

The Training Satisfaction Survey was designed to obtain immediate feedback from providers on the effectiveness of the training and to learn about their plans to apply the information in their child care settings. The survey was designed and adapted by CCRC and administered between October 2013 and July 2016; it consisted of four participant demographic items, five close-ended satisfaction items employing a four-point scale (‘strongly agree’ to ‘strongly disagree’), and five open-ended items.

Participants completed the Training Satisfaction Survey at the end of the training. Completed Training Satisfaction Surveys and sign-in sheets were submitted to the Alliance program coordinator. Every fourth survey from one training session was included for analysis; a total of 1,335 surveys were analyzed. Percentages were calculated for scaled items; differences across participating child care agencies and trainers were examined. Open-ended items were analyzed using content analysis for commonly occurring themes.

COACHING SATISFACTION SURVEY

The purpose of the Coaching Satisfaction Survey was to gauge the extent to which the coaching session had been effective in addressing the needs and aspirations of each child care provider. The survey was developed by CCRC for this purpose, and was implemented between October 2013 and June 2016. At the last session, the coach provided a hard copy of the 12-item survey to the participant, who returned it to the Alliance in a stamped, prepaid envelope.

The first question asked the respondent to identify the main goal area that they had worked on with the coach (support of breastfeeding, improve food/beverages served to children, increase physical activity, or reduce screen time). This was followed by six close-ended, satisfaction items

employing a five-point scale ('strongly agree' to 'strongly disagree' and 'no opinion/does not apply.' The remaining five items collected feedback on any resources needed to make desired changes, and suggestions for changes or additions to the coaching sessions. A total of 424 completed surveys were analyzed. Percentages were calculated for the close-ended items, and comparisons between those receiving one or two coaching sessions were conducted. A coding scheme was developed for the open-ended items, and inter-rater reliability was verified. Using this scheme, thematic analysis was conducted of all open-ended data. Findings from survey data collected in 2013-14, 2014-15, and 2015-16 are reported in the Coaching Satisfaction Survey Summary Synthesis Report.*

FOCUS GROUPS

In the final year of CHLACC, between January and April 2016, seven focus groups were conducted with child care providers to gather their opinion and understand their experience with the CHLACC training and coaching model. The purpose of the focus groups was to understand:

- The impact of the CHLACC training and coaching on participants
- Successes and challenges related to implementing changes
- Ways to strengthen CHLACC training and coaching
- Types of support that providers need to create healthy eating and physical activity environments

The focus group protocol was developed by Samuels Center in consultation with DPH. Three of the seven groups were conducted in Spanish by a native speaker. In addition to the topics listed above, the focus groups explored ways to engage parents and other child care providers in the movement towards healthful change.

The composition of the seven groups was designed to reflect the geographic reach of the seven R&R Agencies participating in CHLACC. Two focus groups were conducted in a service area serving a larger portion of the county (Child Care Resource Centers in Chatsworth and Palmdale) and one focus group drew in providers from two areas (Connections for Children and Crystal Stairs in the Lawndale service area), given their proximity to one another. Participants were recruited by DPH staff. Signed consent forms and a demographic questionnaire were obtained from the participants before the beginning of each focus group. A healthy snack and $40 incentive were provided to each participant. A total of 54 providers participated in the seven groups. Each group lasted approximately 90 minutes.

* Available from authors upon request.

Audio recordings of each focus group were transcribed verbatim by an outside transcription company; the transcripts were imported into qualitative analysis software. Field notes were also summarized and analyzed. Research staff identified and coded themes through content analyses. Data were analyzed by integrating both inductive (i.e., participant-generated categories) and deductive (i.e., researcher-generated categories) analyses. Related codes were then linked to capture broad views of the participants. A second reviewer independently identified themes to examine reliability of the coding. When checked, there was high concordance between coders.

BASELINE AND FOLLOW-UP POLICIES AND PRACTICES SURVEY

The purpose of the Baseline and Follow-up Policies and Practices Survey was to gather data about meal and physical activity policies and practices from the perspective of providers and to measure change that could be linked to participation in CHLACC. In general, this survey focused on nutrition and physical activity practices, with the addition of subsets of questions assessing providers' readiness to make positive changes related to healthy practices, challenges they face while taking steps to do so, and resources needed to support those changes (see below for more detail on content).

The Baseline and Follow-up Policies and Practices Survey was modified from existing tools* by staff from DPH, Samuels Center, the Alliance, and CCRC. The source measures were modified to ensure that the Baseline and Follow-up Policies and Practices Survey aligned with the goals and content of the CHLACC training and coaching. The survey was translated into Spanish.

The baseline survey was mailed to each participant, along with a postage-paid return envelope, after participation in the CHLACC training but before their coaching session(s). Respondents were asked to reflect on their knowledge and practices before the training; it should be noted that this point in time defined the baseline period, i.e., after training but before coaching. The follow-up survey was mailed to providers 4 to 6 months after the respondent's baseline time point.

The survey consisted of 46 questions (including several with multiple parts) that were grouped into categories such as:

- Readiness and preparedness to adopt various feeding and physical activity practices
- Practices currently in place

*The Baseline and Follow-up Policies and Practices Survey was adapted from the CHOICE Self-Assessment for Child Care Providers, developed by the Contra Costa Child Care Council, and the Nutrition and Physical Activity Self-Assessment for Child Care Program (NAP SACC) at the University of North Carolina at Chapel Hill [29,30]

- Challenges being faced in the process of making change
- Resources needed to enact change

Thirty-two percent of participants responded to the baseline survey; 72% of participants who returned the baseline also returned the follow-up survey. In all, a total of 602 providers returned both the baseline and follow-up surveys. A $10 gift card was provided as an incentive to return each completed survey.

Percentages were used to analyze the data and examine change between baseline and follow-up. For ordinal items (e.g., number of times certain types of food were served to children), change scores were calculated to represent the difference between baseline and follow-up values. Percentages for related items within subsets of questions were compared to each other, and responses to check-all-that-apply items were reported in ranked order (e.g., the responses in each set that were endorsed the most and the least were reported).

BASELINE AND FOLLOW-UP CHILD CARE OBSERVATIONAL ASSESSMENTS AND ONSITE INTERVIEWS

Observations of a sample of participating center and home child care locations were conducted to provide an objective measure to assess practices related to food, mealtime, and physical activity, as well as environmental supports for healthy eating and being physically active. A pair of observations, at baseline and follow-up, were conducted at each site in the sample to objectively measure changes in nutrition and physical activity practices and environments that could be linked to CHLACC participation. At follow-up, a brief interview was conducted with either the owner or administrator at each site.

A non-random, convenience sample was constructed from the population of participating child care sites. The sampling frame was stratified to promote equitable representation of provider type (licensed center or licensed home), population served, and geographic distribution across the Los Angeles County service area. Sites from each of the seven R&R Agencies were included in the sample, as were both English and Spanish-speaking providers. A total of 75 eligible providers agreed to participate; two of these sites closed permanently during the evaluation period and eight discontinued participation. The sample for analysis included 31 licensed centers and 34 family child care providers.

The observational assessment was based on the Environment and Policy Assessment and Observation (EPAO) instrument* [31]. It was modified to encompass the specific goals, objectives, and standpoint of CHLACC. The protocol, requiring a three-hour observation period, was followed to encompass lunchtime and at least one physical activity time. If a center had multiple classrooms, one classroom serving children ages 3-5 years was selected for the observation.

The lunchtime observation included recording (1) the food and beverages served; (2) food preparation and serving styles; (3) staff behavior during lunch (e.g., supporting or impeding healthy eating); and (4) environmental supports for healthy behaviors (e.g., children's access to drinking water), and nutrition-related posters, pictures, or books. Observation of physical activity recorded (1) the type of physical activity (i.e., structured or unstructured); (2) staff behavior related to physical activity (e.g., participation, encouragement); (3) the presence of posters, pictures or displayed books about being physically active; and (4) whether computers or other digital equipment were present and used during physical activity. The interview following the observation was designed to provide context for what had been observed and gather data about the participants' CHLACC experience. The interview consisted of 11 questions and took about 20 minutes to complete.

Quantitative data from the observation were described via frequencies and percentages for nominal variables, and means and standard deviations for ordinal/interval-level variables. Where appropriate, baseline and follow-up observation data were compared using paired *t* and McNemar's tests. All analyses were performed using a statistical software package. *P* values equal to or less than 0.05 were considered statistically significant.

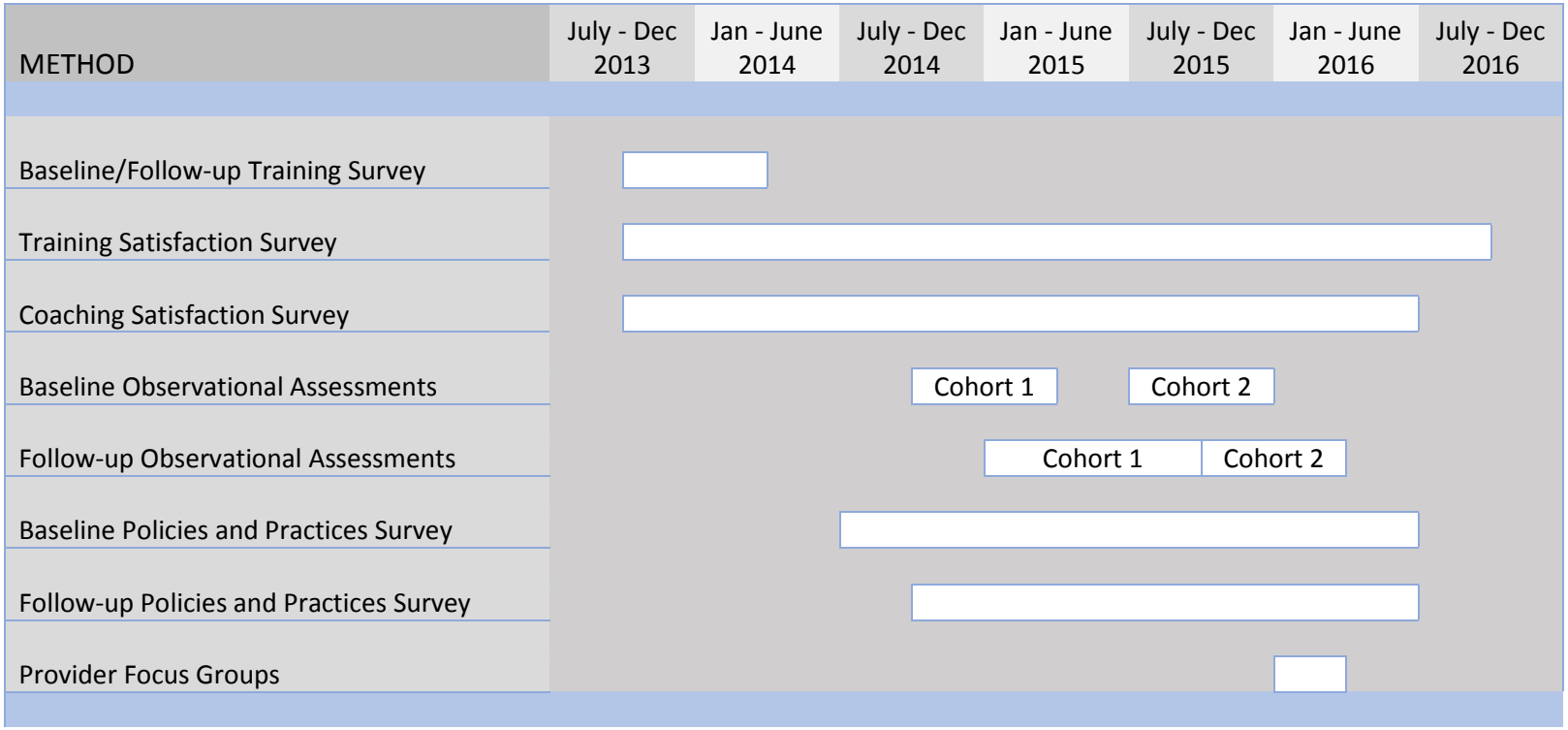
Child care provider interview notes were imported into qualitative analysis software. Analysts identified and coded emerging themes through content analyses and reliability was insured by a second analyst assessing the data for consistency. Related themes and codes were linked to capture broad views of the participants.

The timeline for the administration of these measures is shown in Figure 2 below. Participant self-report was the data source in all cases except for the observational assessments conducted by Samuels Center personnel. All self-report measures were available in English and Spanish. The Los Angeles County Department of Public Health Institutional Review Board approved the

* The Environment and Policy Assessment and Observation (EPAO) instrument is a validated tool developed by the University of North Carolina's Center for Health Promotion and Disease Prevention for assessing the nutrition and physical activity environment in child care settings.

methods and protocols used in this evaluation. Copies of all measures are included in Appendix B (Measures).

Figure 2. Implementation Timeline of CHLACC Evaluation Methods, July 2013 – December 2016

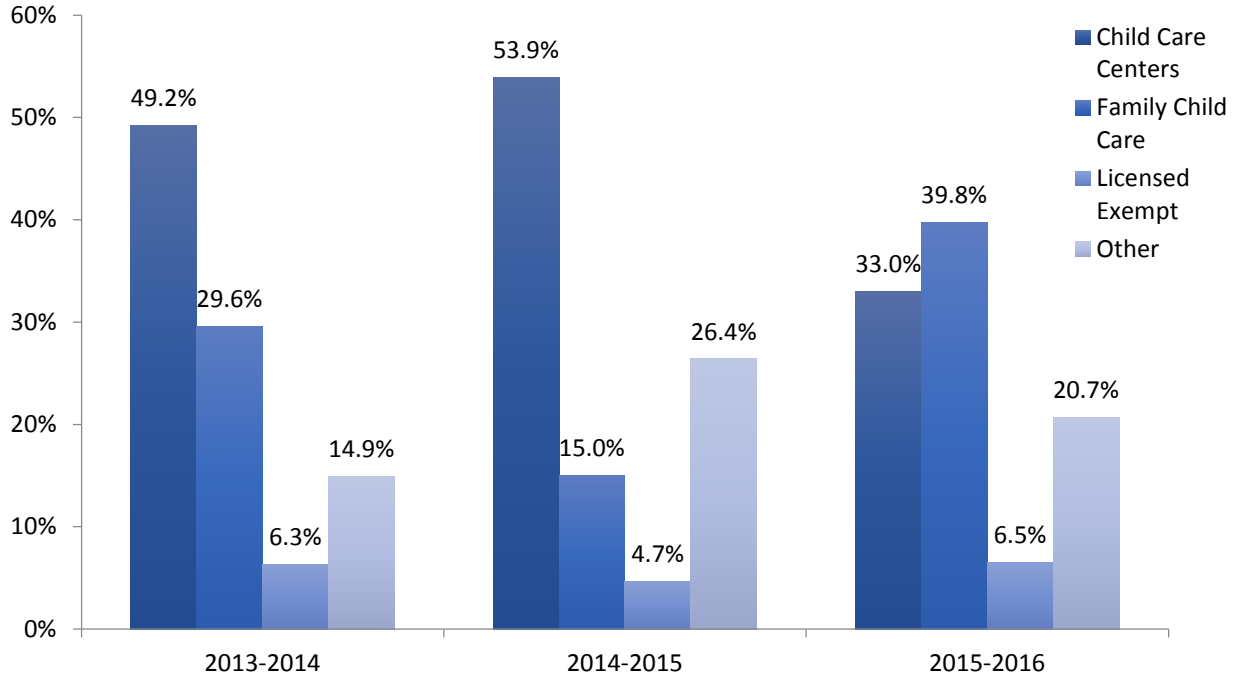


Findings

TRAINING SATISFACTION SURVEY HIGHLIGHTS

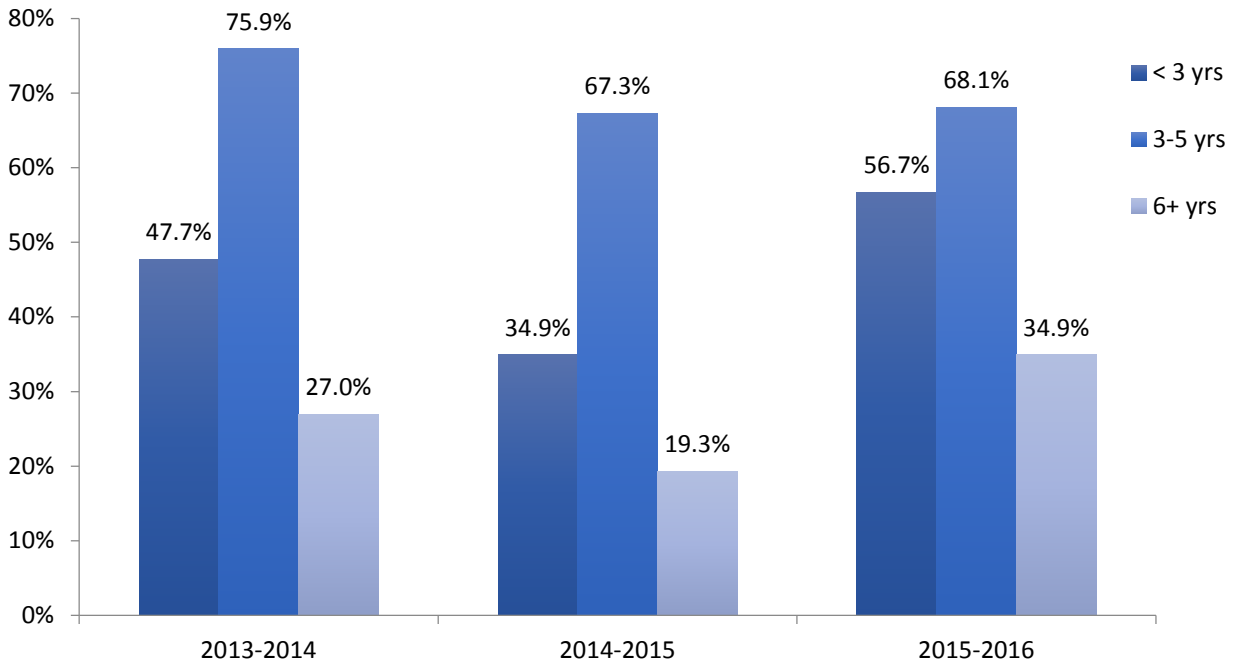
Staff from child care centers constitute the highest percentage of trained providers during the first two years of the program; there was a greater proportion of providers who identified as working in family child care settings in the third year (Figure 3). The smallest proportion of trained providers during the three years self-identified as license exempt. Those identified as "other" were working in a supporting role, students, etc. or left the question blank.

Figure 3. Choose Health LA Child Care: Types of Providers Reached, by Program Year



The majority of providers (70.0%) indicated caring for children three to five years old (Figure 4). Fewer trained providers indicated caring for children under three years, followed by those reporting caring for children six years or older.

Figure 4. Choose Health LA Child Care, Ages of Children Served, by Program Year



The majority of providers (99.5%) agreed or strongly agreed that the training provided helpful ideas, was informative, increased their knowledge, and helped them plan new things to do with the children:

> "New activities to do in the classroom—and for my own family"

All providers, irrespective of provider type and trainer, rated the training as good or excellent. Another emphasized that as a result of the training, they felt supported in making changes at their site:

> "The encouragement to develop a successful child care"

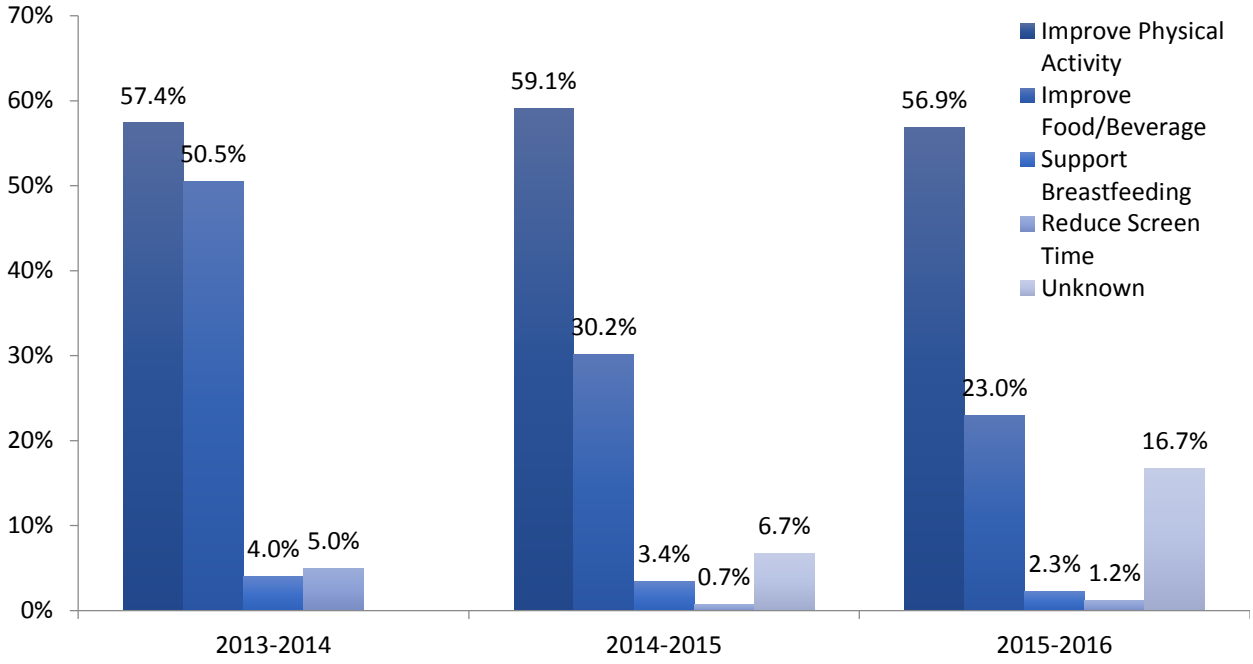
Another provider expressed interest in engaging parents in promoting healthy eating and physical activity:

> "Everything was great. Can I bring parents along next time?"

COACHING SATISFACTION HIGHLIGHTS

The majority of providers who received coaching and completed the survey requested one-on-one support in improving physical activity (Figure 5). This was followed by coaching requests for improving food and beverages. The least amount of coaching support requested was for breastfeeding and reducing screen time.

Figure 5. Choose Health LA Child Care, Main Goal Area for Coaching Session, by Program Year



Note: Total for 2013-2014 equals over 100%. During the first year of the program, methodology for capturing the information was in development. A subset of participants selected more than one goal as the "main" goal. Both goals were reported.

About half of providers reported that additional resources would be helpful in supporting them to meet their goals. The most frequently requested resource was for more equipment, followed by more printed materials (Table 2). Additionally, about half expressed a need for more coaching sessions to help them meet their goals for healthy practices in their programs.

Table 2. Choose Health LA Child Care, Resource Needs for Healthy Changes at Child Care Site, by Program Year

Program Year	Need Additional Resources? (Yes)	More Printed Materials	More Coaching Sessions	More Equipment	Other
2013-2014	52.5%	56.7%	22.6%	62.3%	17.0%
2014-2015	66.2%	44.1%	35.5%	56.9%	11.8%
2015-2016	49.4%	52.9%	28.7%	64.4%	12.6%

Overall, providers who received coaching and completed a survey reported high levels of satisfaction with the services received and a majority would recommend CHLACC coaching to a friend or colleague. Providers described coaches as "motivating," "energetic," knowledgeable," and "enthusiastic." Providers shared what they learned and provided examples of ideas they planned on or were currently implementing in their programs:

> "I have done so many things with my daycare. We planted a big garden, we do art, we cook together, we play all kinds of physical activities. We sit down all together and talk about the things they like and don't like. It's so much more fun now."

As was observed among the providers, those who received coaching recommended engaging parents as partners in supporting healthy eating and physical activity. One provider noted:

> "—maybe coaching sessions should be held with parents more often to educate them and prepare them to be more alert on physical exercise and healthy eating."

Other comments emphasized a need for ideas and support for how providers could effectively engage parents.

FOCUS GROUP HIGHLIGHTS

The majority of focus group participants were female (n=52; 96.3%) and self-identified as Latino (n=33; 61.1%). The greatest proportion of participants were between the ages of 46-55 years old (40.7%) and reported having earned some college or technical school experience (31.5%). Most were licensed home providers (68.5%), had 5+ years of experience as a child care provider (79.6%), and over half (59.3%) had selected improving food and beverages as their training and coaching goal.

Several themes emerged during the focus groups (Table 3). Providers reported improvements in physical activity and healthy eating knowledge and behavior both in themselves and among the children in their care. Barriers were identified, such as waning staff motivation, inclement weather, and challenges working with some parents, as well as factors that help facilitate improvements to healthy behaviors such as written policies, parental support, and in-kind resources. Multiple strategies, including modeling healthy behaviors and hands-on activities that engage parents and children, were described as promoting healthy behaviors. Focus group participants expressed a desire for additional peer-to-peer learning opportunities in order to share effective strategies and resources. Many trained providers understood that they were well positioned to effect change in the child care site and at home and thus used materials and resources to establish and maintain a dialogue with parents to promote health in both settings.

Table 3. Choose Health LA Child Care, Focus Group Themes

Prominent Themes	Illustrative Quotes
Increase in knowledge and changed personal health behavior	I'm more aware. I read the labels when I get something.
Modeling helped change children's health behavior	Our children have become more physical because the staff has now started doing more movement with them and engaging with them in the yard.
Children's healthy eating behavior improved	[Child name] is a child who didn't like fruit. Now he eats bananas, and he eats peaches…that's a success.
Hard to change families eating habits	We've got a healthy breakfast ready and waiting. Dad will come in and go, "He just had all of his doughnuts. All he needs is a little swig of milk."
Inclement weather as barriers to physical activity	Sometimes I hear teachers saying, "Oh, it's too cold" when we have the rain during the winter season. Or, "it's too windy or too hot."
Resources helped open dialogue with families	We have a parent newsletter [incorporated training information] where they get to read. I focus in on a particular food and how parents can help at home in having kids eat certain foods.
Written policies reinforced health message/s	As part of our policy that if, say for instance, we have a celebration and the parents want to do a birthday party or something, as long as it's healthy foods.
Multiple strategies to incorporate nutritious foods in meals/snacks	Our curriculum introduces new food all the time. They are experimenting, they are doing actual projects involving food and that really helps them.
Provide complimentary training and coaching for parents	I would like to have a workshop where the parents get involved so they can see what it is we're doing and why we do policies around certain things.
More and regular coaching and networking opportunities desired	Provide different options for folks depending on their time commitment.

BASELINE AND FOLLOW-UP POLICIES AND PRACTICES SURVEY HIGHLIGHTS

Most surveys were returned by center-based staff (77.9%), with 22.1% of surveys returned by family child care providers. Licensed homes reportedly served a greater diversity of age groups

with more family child care providers serving more than one age group than providers in licensed centers. Conversely, a greater percentage of licensed centers served one single age group compared to licensed homes. Most providers reported English as their primary language (73.4%) and indicated participating in CACFP (70.0%). Over half of providers (331 or 55.0%) received at least one coaching session and 22.1% (133) received a second coaching session.

Consistent with findings from the coaching satisfaction survey and focus groups, many providers noted positive responses with respect to the coaching session/s attended, with 85% indicating the coaching as helpful. Most (73.0%) reported that the changes they made at their site were well received by parents who responded positively to rules or guidelines about healthy practices. Over a third of providers (35.0%) indicated an increase in demand for their business since enrolling in the CHLACC program.

Key findings from the survey are organized and presented separately in accordance to the following areas:

- ✓ Nutrition Feeding Practices
- ✓ Physical Activity
- ✓ Preparedness to Change Policies and Practices
- ✓ Challenges

Nutrition: Feeding Practices

Statistically significant increases from baseline to follow-up were observed in the following nutrition feeding practices:

- Parents are provided information on child nutrition and healthy eating
- Parents receive written nutrition policies upon enrollment
- Parents are given information about what their children are eating
- Parents are given information about what their children are offered (menus)
- Children decide which foods they will eat from the foods offered
- Children serve themselves from serving dishes at mealtime
- Special occasions and holidays are celebrated with healthy foods or with non-food treats
- Foods that are served reflect the ethnicity and cultures of the children in the center/home

Providers reported low rates of engagement and indicated high rates of “does not apply” to their site (even if their site serves infants/toddlers) for the following breastfeeding practices:

- Breastfeeding mothers are provided access to a private area for breastfeeding or pumping with appropriate seating

- Staff are trained in proper handling and storage of breast milk
- Parents are aware that they could leave breast milk at the child care site for their child

Physical Activity

Areas that were most impacted by the intervention and showed statistically significant increases in the percentage of providers engaging in the activities from baseline to follow-up include:

- Parents receive written physical activity policy upon enrollment
- Children have at least 60 minutes of structured or teacher-led, physical activity time (or 30 minutes in a half-day program)
- Information is provided to parents about their child's physical activity while in child care
- Staff participate in physical activities with children
- Parents were provided information that encourages physical activity at home

Preparedness to Change Policies and Practices

Feelings of preparedness or efficacy to change practice were high at both baseline and follow-up. The top two practices at follow-up include the following:

- Physical activity/playtime practices (94.4%)
- Food and beverage practices (90.5%)

Providers felt least prepared at follow-up to change their breastfeeding practices (69.8%).

Important differences by primary spoken language were found in two areas:

- Spanish-speaking providers were more likely to state being prepared to make changes to their breastfeeding practices than English-speaking participants
- English-speaking providers were more likely than Spanish-speaking participants to report that they were prepared to make changes in their screen time practices

Challenges

At follow-up, 66.6% of providers reported at least one challenge to making improvements to their child care environments. The most frequently cited challenges included:

- Lack of support from parents (34.7%)
- Not enough money to make changes (33.4%)
- Not enough equipment to make changes (20.4%)
- Not enough training to make changes (20.3%)

Upon examining the challenges by provider type, the following two differences by site type and coaching status were identified:

- Center-based providers reported a greater number of challenges at follow-up than family child care providers
- Providers who received coaching reported a greater number of challenges than providers who did not receive any coaching

CHILD CARE OBSERVATIONAL ASSESSMENTS AND ONSITE INTERVIEWS HIGHLIGHTS

A total of 65 child care settings (*N*=31 licensed centers; *N*=34 licensed homes) were observed. As was noted among Policies and Practices Survey respondents, the average enrollment in observed licensed homes was evenly distributed across children ages zero to six plus years while licensed centers primarily served children three to five years old. Most providers (84.6%) were either an owner/operator or administrator of a program that offers direct care/education of young children. Similar to Policies and Practices Survey respondents, over half (59.7%) of all observed providers reported participating in CACFP.

Findings from the observational assessments and onsite interviews showed that participation in CHLACC resulted in improved nutrition and physical activity policies, practices, and environments. The following key findings are organized and presented separately in accordance to the following areas:

- ✓ Food Environment
- ✓ Staff Behavior During Lunch
- ✓ Children's Behavior During Lunch
- ✓ Foods Offered
- ✓ Food Policies and Practices
- ✓ Physical Activity Environment
- ✓ Staff Behavior During Physical Activity
- ✓ Children's Behavior During Physical Activity
- ✓ Physical Activity Policies and Practices
- ✓ Challenges to Improving Nutrition and Physical Activity
- ✓ Recommendations for CHLACC Program Improvement

Food Environment

- All sites provided free access to drinking water throughout the day at baseline and follow-up
- Increase from baseline (33.8%) to follow-up (38.1%) in the number of sites displaying nutrition-related posters, pictures, or books -- not sponsored by a food or beverage company -- visible or accessible to children from baseline to follow-up

- A statistically significantly greater proportion of sites had areas where they grow produce at follow-up (47.7%) than at baseline (30.8%)

Staff Behavior During Lunch

- Majority of children and child care providers (75%) sat together to eat lunch at most sites at baseline and follow-up (73%)
- A statistically significant increase in the number of times staff encouraged children to try new/healthy foods when children were reluctant was observed from baseline (*M*=5.6, *SD*=3.8) to follow-up (*M*=6.9, *SD*=3.6)
- Staff modeled eating the same food and/or beverage as the children under their care at 35.4% of sites at baseline and 36.9% of sites at follow-up

Children's Behavior During Lunch

- A statistically significantly greater proportion of sites served the same meal to all children using "family style," allowing children to serve themselves with minimal assistance at follow-up (24.6%) than at baseline (16.9%)

Foods Offered

- Most sites served fresh, dried, or unsweetened frozen fruit, or fruit canned in 100% juice at baseline and follow-up
- A statistically significantly greater proportion of sites served dark colored vegetables at follow-up (86.4%) compared to baseline (67.7%)
- The proportion of sites serving whole grain items increased from 13.6% at baseline to 40.0% at follow-up.

Food Policies and Practices

- Most providers had written nutrition policies in place and described having guidelines that banned certain foods (e.g., fast food) or accommodated children with food allergies (such as peanut products)
- Of those that did not ban outside foods, many had policies that banned outside sweets and/or provided a list of suggested healthy snacks to incorporate into birthdays and other celebrations
- Several providers described developing nutrition policy statements and communicating these to parents via orientation materials, handbooks, on-site bullet boards, monthly newsletters, and/or during interactions with parents during child pick-up

Physical Activity Environment

- A statistically significantly greater proportion of sites had posters, pictures, or displayed books about physical activity visible or accessible to children at follow-up (27.0%) than at baseline (6.3%)

Staff Behavior During Physical Activity

- A statistically significantly greater proportion of sites included staff participating in structured physical activity at follow-up (95.7%) than at baseline (78.6%)
- A statistically significant decrease in the proportion of sites where staff participated in unstructured physical activity was observed from baseline (58.3%) to follow-up (25.5%)
- A statistically significant increase in the proportion of sites where staff provided prompts to increase physical activity from baseline (88.7%) to follow-up (92.3%)

Children's Behavior During Physical Activity

- A statistically significantly greater proportion of sites included children participating in structured physical activity at follow-up (75.4%) than at baseline (43.8%)
- A statistically significant decrease in the proportion of sites where structured physical activity was provided as optional from baseline (85.7%) to follow-up (37.0%)
- The average length in minutes of unstructured physical activity was statistically significantly less at follow-up (M=25.6, SD=11.5) than at baseline (M=36.4, SD=20.7)

Physical Activity Policies and Practices

- All providers at baseline and follow-up described a policy of instituting time for planned daily structured and unstructured physical activity
- There was an increase in the proportion of providers who reported offering at least 60 minutes of structured play from baseline 37.1% to follow-up 51.0%
- There was a decrease in the proportion of providers reporting offering at least 60 minutes of unstructured play from baseline 84.6% to follow-up 67.2%
- Many providers described sharing information with parents on the duration, location, and types of physical activity provided in child care via handbooks, orientation materials, and fliers.

Challenges to Improving Nutrition and Physical Activity

Barriers were identified such as perceived cost of substituting healthier foods in place of nutrient-deficient snack options, limited funds for additional physical activity equipment and resources, inclement weather, and working with challenging parents.

Recommendations for CHLACC Program Improvement

Notable recommendations for building on the CHLACC program included increasing the capacity of providers to engage child care staff and parents and the need for more and regular coaching and networking opportunities.

Discussion

This evaluation was conducted to understand the impact of CHLACC on child care environments, and to identify key recommendations and subsequent strategies to strengthen DPH and First 5 LA's early childhood obesity prevention work. The multi-method approach of this evaluation ensures that relevant findings are captured to inform current and future program needs. The statistically significant improvement in nutrition and physical activity areas identified in this assessment were largely consistent across all methods, albeit findings from direct observations were tempered compared to those garnered from self-reported methods. While self-reported and direct observations of changes in child care policies, practices, and environments have been shown to be associated using instruments adapted in this evaluation [30], the overall higher estimates reflected in the self-reported data relative to the observed data may reflect differences between the survey and observed samples, as well as incidences of recall or self-report bias. The survey samples were largely represented by licensed centers, while the observed sample of child care sites constituted a balance of licensed homes and licensed centers. With this in mind, synthesized findings are presented below with special attention to those areas where significant but lower estimates generated from the observational data warrant continued improvement and are described below in relation to the evaluation's three aims.

To understand ways the CHLACC trainings and coaching affected child care providers' knowledge, attitude, and readiness to change to improve nutrition and physical activity environments in their child care settings

Overall, providers who participated in the CHLACC training and coaching reported high levels of knowledge and preparedness to change policies and practices at both baseline and follow-up. Providers experienced improvements in physical activity and healthy eating knowledge both for themselves and among the children in their care. The three activities most frequently reported by providers as having an effect on a child's growth and health were: eating a variety of healthy foods; having active free play; and drinking beverages with no added sugar--knowledge areas congruent with early child care obesity prevention recommendations [32–34]. The activity least frequently reported by participants as having an effect on child growth and health was drinking breast milk as an infant, indicating an area for increased education and awareness efforts.

The findings also indicate that CHLACC-trained providers are prepared to make changes. The top three highest reported policy and practice areas providers felt prepared to change were physical activity/play time practices, food and beverage practices, and creating or improving written guidelines about health. Providers felt least prepared to change breastfeeding practices. Most providers indicated that breastfeeding policies and practices did not apply to their program. Because the policy reportedly did not apply to their program, a provider may not have received training or been aware of best practices for this area of care [2].

To understand ways nutrition and/or physical activity policies, practices, and environments changed as a result of CHLACC

Child care sites significantly improved in a range of areas: outdoor gardens, staff encouraging children to try new/healthy foods during lunch, and healthy foods served family style. Evaluators also found significant improvements in the number of posters, pictures, and books displayed on physical activity, and in the proportion of sites where staff and children participated in structured physical activity.

Most child care providers maintained written policies on promoting nutrition and physical activity and shared these policies with parents. Engaging in conversations about physical activity and healthy eating with parents and sharing related policies are congruent with recommendations by the Institute of Medicine [8]. Incorporating parent engagement adds to the effectiveness of early care and education interventions, given the critical role that the primary caregivers play in shaping a young child's behavior [8].

Consistent with national (e.g., Healthy, Hunger-Free Kids Act) and state (e.g., AB 2084, California's Healthy Beverages in Child Care Act) recommendations that support healthful dietary choices in child care settings, all CHLACC site providers offered drinking water for children to serve themselves throughout the day, sat with children at the table, and ate the same meals and snacks [33,35,36]. A significant increase in the provision of areas for growing produce was observed among CHLACC sites. In alignment with obesity prevention recommendations, we found significant increases in providers serving meals family style so children can serve themselves (although findings also indicate room for improvement) and modeling and encouraging, but not forcing, children to try new/healthy foods [35,33,32]. Child care sites also showed significant improvements in the provision of dark colored vegetables and whole grains. Dietary guidelines suggest child care providers offer a mix of different colored vegetables each day, especially dark green, red, and orange vegetables as well as ensuring all breads, cereals, and pastas served are whole grain [32,33,35,36].

Improvements in physical activity were also observed. We found a significant increase in physical activity materials that were made visible and accessible to children from baseline to follow-up. A significant increase was also observed in providers leading structured games or activities and providing prompts to encourage children to increase physical activity. In keeping with best practice guidelines in the US, the majority of sites provided opportunities for outdoor active play and limited media viewing during physical activity [32,36,19].

Concomitant with the observed increase in the proportion of providers offering structured, teacher-led physical activity, data from the observed sites indicated a significant decrease over time in the proportion of providers offering unstructured activity (free play). This was coupled with a significant decrease in total physical activity time observed from baseline to follow-up. While an overall reduction in activity time may partially explain the decrease in proportion of providers observed offering unstructured activity, it is more likely that the providers reprioritized physical activity time to incorporate more structure in place of unstructured activity. This notion is supported by the inverse relationship observed in the proportion of providers reporting offering the recommended amount of structured and unstructured activity. Specifically, a decrease in the proportion of providers reporting offering at least 60 minutes of unstructured activity coincided with an increase in the proportion of providers reporting offering at least 60 minutes of structured activity. Increasing structured physical activity was a common goal among participating providers. However, unstructured activity should not be entirely replaced with structured activity. Unstructured activity has many benefits beyond increasing physical activity and helping children to move at their own pace, including helping children learn how to work in groups, to share, to negotiate, to resolve conflicts, and to learn self-advocacy skills [34].

To understand the barriers and facilitators that child care providers face in efforts to promote healthy nutrition and physical activity

Improving policies, practices, and environments supportive of nutrition and physical activity is challenging for many noted reasons, including limited support from parents, a perceived high cost of healthier foods, inclement weather, and waning staff interest.

Although most providers established written guidelines for parents regarding foods allowed at their site, several described challenges in ensuring parents reviewed educational materials or complied with written policies around nutrition. Others conveyed challenges around changing families' unhealthy eating habits. Many providers only felt capable of imparting nutrition and physical activity knowledge and activities among children to a limited extent on account of unhealthy habits and influences outside of child care, particularly under circumstances when parents were perceived as not supporting healthy eating and physical activity at home.

Some providers (including both CACFP and non-CACFP participants) felt that healthy foods, in place of less expensive and nutrient poor snacks and meals, were too expensive for a limited budget. Others expressed worries about fresh produce being perishable while others described the difficulty in maintaining a garden on-site.

Barriers inhibiting improvements in physical activity were also identified. Many providers described inclement weather as a key barrier to physical activity. Citing both intolerable cold and hot temperatures, providers indicated that they are limited in their ability to encourage outdoor activities with children.

Focus group participants described staffs' lack of motivation to stay active and implement the CHLACC nutrition and physical activity training curriculum as barriers to implementing and sustaining changes at their site. Providers added that staff often run out of ideas about how to engage children in structured physical activity. They noted that while teachers initially eagerly adopt the training and coaching ideas, their motivation wanes as children often demand a steady flow of new ideas and activities. The majority of providers mentioned wanting more training and new ideas for activities.

Regarding facilitators, providers noted modeling, written policies, and communicating with parents as factors helping to improve nutrition and physical activity. Many providers pointed out multiple strategies used to support healthful eating and physical activity among children, such as role modeling. Several mentioned great success in getting children to eat healthier when role modeling healthy eating. Provider modeling also resulted in improvements in children's physical activity.

Most providers discussed developing written policies around the types of foods that can be served at the child care site, in order to promote healthy eating habits. Most discussed these written policies within the context of establishing healthy celebrations, such as requiring healthy snacks for birthday celebrations. Some participants described parents bringing vegetable platters and bottled water instead of cakes and juice.

Many participants reported using written materials from CHLACC to start and strengthen communication with parents. Some mailed newsletters to parents that describes nutrition information and others offered flyers for parents to pick up at the child care site. Providers used these resources as a method of engaging parents in a dialogue around healthy eating, to encourage parents to comply with nutrition guidelines, and to facilitate a healthy lifestyle for children outside of the child care site. There was a clear understanding among participants of the importance of a multi-environmental approach to making the healthy choice the easy choice, urging children to eat healthily and be active both at the child care setting and at home.

Lessons Learned from CHLACC Implementation and Evaluation

While CHLACC training and coaching were well received by providers, results across all methods indicate areas for improvement with respect to program implementation and delivery, resources and materials, parental engagement, CACFP participation, and breastfeeding knowledge, practices, and policies.

Provider suggestions for improving CHLACC program implementation and delivery.

- Offer more training and coaching sessions
- Train more providers
- Have webinars for staff on food allergies
- Provide a nutrition and physical activity certificate program to be completed at their own pace
- Offer more ideas and strategies for making improvements consistently throughout the year
- In regards to the training:
    - Make training and coaching more interactive and less lecture-based
    - Include parents in the training to help ensure the health messages are consistent in child care and home settings

A call for more resources and materials.

- More training materials on:
    - Gaining parental buy-in
    - Engaging young kids in physical activity
- Provide hands-on training for successfully incorporating family style eating
- Provide additional sample healthy eating menus or recipes
- Offer nutrition and physical activity articles and templates for monthly newsletters
- Provide a Web site that offers:
    - Evidence-based nutrition and physical activity guidelines
    - Free or low-cost informational materials
    - Peer-to-peer exchange opportunities

Support with engaging parents as partners in change*.

*Helping child care providers engage parents is an ongoing struggle in many programs and is a mandate in some (e.g., Head Start, State Preschool) [37].

- Understand parental engagement and buy-in is necessary for establishing and sustaining effective health promoting changes among children and staff in child care settings
- Gather and offer lessons learned from already existing programs in how to engage parents
- Connect with the other branches of the Choose Health LA program focused on outreach to parents and families

Promote CACFP participation*.

- Increase the number of family child care homes participating in CACFP as that can be especially beneficial for children in need [40]

Infant feeding and mealtime habits and the pivotal role of family child care homes.**

Promote breastfeeding practices and policies, particularly in family child care settings

Target family child care homes with health messages and policies that emphasize not serving fruit juice to children under 1 year of age and not bottle feeding an infant formula mixed with any cereal, juice, or other foods without documentation from a medical provider. [32,36]

Limitations

This evaluation is not without limitations. Results are based on child care providers who self-selected into the program and who chose to participate in a focus group, return a survey, and/or agree to baseline and follow-up observations. Therefore, there may be inherent differences between child care providers who chose to participate in the CHLACC program compared to those who did not. Furthermore, the extent to which these findings are generalizable to other settings is limited to similar licensed child care sites in the Los Angeles County area.

In addition, the lack of a comparison group makes it difficult to conclude that the changes observed were due to the CHLACC program, rather than other factors, such as secular trends. Participating child care providers may have gained nutrition and physical activity knowledge and additional resources from complementary campaigns or interventions like California's

* CACFP-participating programs serve meals that are more nutritious compared to child care programs not participating in CACFP [38,39]. CACFP food and beverage standards have been recently updated to more closely align with nutrition standards for the school lunch and breakfast programs.

** Recommendations suggest that early care and education facilities have a breastfeeding policy, provide a welcoming, private place for on-site breastfeeding, and ensure procedures for storing and handling breast milk are in place [19,32].

Champions for Change, a statewide movement to improve nutrition education and prevent obesity, occurring during the life of the CHLACC program [41]. It is also possible that without participating in CHLACC there may have been a negative change in providers' policies and practices between baseline and follow-up.

Moreover, the timeline for providing training and subsequent coaching was not consistent across providers. While flexibility in scheduling follow-up coaching sessions can be perceived as favorable in working with busy child care settings, the variation in time between initial training and the follow-up coaching session/s call into question the feasibility and fidelity of the program. Having too short or too long of a gap between training and subsequent one-on-one coaching may have provided insufficient opportunity for child care providers to implement and deliver the intervention as intended or provided too much time without tailored reinforcement (e.g., coaching) potentially diluting any real effect. This, combined with the variation in the type of coaching requested (some providers changed goals and requested different coaching topics mid-program) may have resulted in reduced programmatic impact.

Another potential limitation is that the various survey and on-site interview measures were based on self-reported data, which are subject to recall bias and social desirability in responses. In addition, even though they were asked to reflect on their knowledge and practice before participating in any CHLACC component, the Baseline Policies and Practices Survey may not have been a true baseline survey because participants completed it after participating in the training.

At the same time, the Baseline and Follow-up Policies and Practices Survey findings might also be limited by testing bias. In other words, the baseline survey may have conveyed knowledge to providers, resulting in higher scores at follow-up, regardless of whether the CHLACC program worked or not.

While field observers were trained to be un-obstructive and not engage anyone during the observation, social desirability may have limited the data garnered from direct observations. Though high agreement in field observations was noted among trained observers, it is possible that the changes documented over time may reflect not only program impact but also differences in data collection among the various field data collectors between baseline and follow-up. Further, the CHLACC training and coaching timeline dictated that some observations be conducted during the summer and winter months, times when more children are absent and outdoor play is more likely to be limited due to inclement weather. This may have resulted in a dampening of programmatic impact in some focus areas such as outdoor physical activity.

Finally, bivariate statistical analyses used in this evaluation indicate only whether or not two variables are significantly different from each other (or over time). The bivariate tests did not statistically control for other factors besides the program that also may account for observed changes.

Strengths

These limitations notwithstanding, the general consistency in findings from the mixed evaluation methods suggests that CHLACC providers experienced significant and meaningful nutrition and physical activity improvements from baseline to follow-up. This program's focus on both licensed center and home providers fills a gap in the literature as similar interventions and their corresponding evaluations in early care and education settings have largely been conducted in centers. Moreover, the use of multiple data collection methods contributes to the evaluation field as there are few studies that have systematically examined such interventions in a mixed-methods fashion. In addition, CHLACC's strategy to involve parents is in keeping with best practice. A recent review by Ward and colleagues (2016) concluded that incorporating parent engagement components increased the strength of obesity prevention interventions in early care and education [8].

While child care quality improvement research suggest ten coaching sessions are effective in enhancing provider practice [42], the CHLACC program (with one to two coaching sessions) demonstrates a potential population-wide impact on a large jurisdiction. Providing two coaching sessions proved practical on a countywide level from the perspective of reaching as many providers as possible with limited resources. However, as noted by a review of coaching visits conducted by CCRC, sustainable changes to the child care environment are typically not evident until the sixth coaching session in a program that offered monthly site visits. Other studies have incorporated eight to twelve coaching sessions in realizing significant improvements in child care nutrition and physical activity [43,44]. The comparably fewer coaching sessions offered by CHLACC may partially explain why improvements were not observed in all focus areas across methods. Although more coaching sessions is recommended, care should be taken in determining what can be feasibly implemented with good fidelity on a countywide basis, particularly in light of the compensation, role, and training required of effective nutrition and physical activity child care coaches as well as the time and effort necessary to schedule in-person one-on-one support. Child care directors and owners often report having little time for intervention activities, even those including one-on-one support [20].

CHLACC's relative "broad-touch, low-cost" county-wide approach to implementing a tested multi-level strategy delivering recommended health promotion activities is promising given the

current economic uncertainty for such public health interventions. It makes economic sense to prevent obesity early in life as excess weight in childhood is estimated to result in three billion dollars per year in medical costs [45]. In fact, as Neelon and others note in a recent review of two similar programs, one targeting centers and the other targeting family child care homes, an intervention that is relatively easy to implement is more likely to appeal to a wide variety of early care and education providers [43].

Conclusion

The CHLACC program resulted in improvements in policies, practices, environments in early child care settings which can lead to a reduction in obesity in young children. Though the CHLACC program provides a promising approach for public health departments and others to address early child obesity, continued support from agencies such as First 5 LA is needed to maintain, improve, and expand the training, coaching, and resources available to child care administrators and staff. It is estimated that during the program's span from 2013 to 2016, 153,000 children attended an early care and education site that was part of CHLACC. Given the extremely broad reach of this program across Los Angeles County, it is expected that a substantial number of children will continue to benefit from this program. Together with the other components of the First 5 LA-funded Early Childhood Obesity Prevention Initiative (ECOPI), LA County's children will have a greater likelihood of achieving one of First 5 LA's Strategic Plan Goals – to maintain a healthy weight.

Key Recommendations for Creating Healthy Nutrition and Physical Activity Environments in Child Care Settings

1. Promote participation in the Child and Adult Care Food Program among both licensed family child care homes and centers
2. Strengthen efforts to support staff modeling of healthy eating and physical activity behaviors at the child care site
3. Build the capacity of child care providers to engage parents as partners in change
4. Ensure providers implement a balance of both developmentally appropriate daily structured (led by the adult caregiver) and unstructured (child-driven) physical activity experiences
5. Target family child care homes to support breastfeeding and establish policies that support on-site lactation
6. Provide on-going support to help providers to implement and address challenges and sustain efforts in promoting healthy eating and physical activity opportunities
7. Provide opportunities for peer-to-peer child care provider information sharing and dissemination of low and no-cost lesson plans and resource sharing

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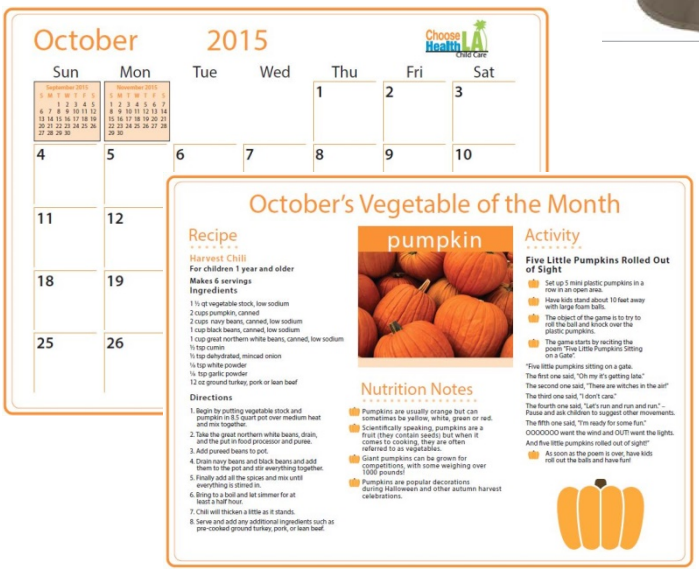
Appendix A. Resources and Tools

Newsletter

Measuring Cup and Plate

Apron

Breastfeeding Toolkit



Calendar with Recipes and

Yoga Cards

Physical Activity Kit

Appendix B. Measures

CHOOSE HEALTH LA CHILD CARE: BASELINE-TRAINING SURVEY

Please answer the following questions to the best of your ability. It's ok if you don't know the answers. You will learn more about these topics in the training today.

1. How long do experts recommend that moms feed their babies only breast milk (with no other foods or beverages)?
    a. About 2 months
    b. About 6 months
    c. About 9 months
    d. About 1 year

2. What are some healthy non-meat sources of protein?
    a. Soy-based products
    b. Beans (black beans, pinto beans, lentils)
    c. Nut butters (peanut butter, almond butter)
    d. All of the above

3. Which of these foods is 100% whole grain?
    a. Oatmeal
    b. All breakfast cereals
    c. Multi-grain crackers
    d. White bread

4. What is always the best choice for thirsty children after playing outside?
    a. 100% fruit juice
    b. Water
    c. Low calorie sports drinks
    d. Low-fat or non-fat milk

5. Which is a best practice for serving vegetables?
    a. Serve a colorful variety
    b. Serve same thing everyday
    c. Serve only what children like
    d. Deep fry more vegetables

6. How much time per day should children do "structured" or teacher-led, physical activity
    a. At least 15 minutes
    b. At least 30 minutes
    c. At least 60 minutes
    d. At least 120 minutes (2 hours)

7. How much time per day should children do "unstructured" physical activity, also known as free-play?
    a. At least 15 minutes
    b. At least 30 minutes
    c. At least 60 minutes
    d. At least 120 minutes (2 hours)

8. What is the maximum recommended amount of screen time per day for children over 2 years old?
    a. 1 hour
    b. 2 hours
    c. 3 hours
    d. 4 hours

9. I think written guidelines or rules about nutrition and physical activity for my child care site are:
    a. Not important
    b. Somewhat important
    c. Very important
    d. I'm not sure

10. How much would you like to create or improve written guidelines in the following areas at your site?	Please select (√) one			
	Not at all interested	Somewhat interested	Very interested	Not sure
a. Breastfeeding				
b. Foods and beverages for celebrations				
c. Food and beverages served				
d. Physical activity/Playtime				
e. Screen time				

11. In your opinion, how much does each of the following activities in child care affect a child's growth and health?	Please select (√) one			
	Not at all	A little	A lot	Not sure
a. Drinking breast milk				
b. Doing teacher-led physical activity				
c. Having active free play				
d. Eating a variety of healthy foods				
e. Drinking beverages with no added sugar				

12. How much do you think a child's eating and physical activity are influenced by what they see adults do?
    a. Not at all
    b. A little
    c. A lot
    d. Not sure

13. Do you think it is part of your job to model healthy eating and physical activity?
    a. Yes
    b. No
    c. Not sure

14. There is a California law for licensed child care that requires healthy beverages for young children. Are you aware of this law?
    a. Yes
    b. No

CHOOSE HEALTH LA CHILD CARE: FOLLOW-UP-TRAINING SURVEY

Please answer the following questions. Many of these questions are the same as the Pre-Training Survey.

1. How long do experts recommend that moms feed their babies only breast milk (with no other foods or beverages)?
    a. About 2 months
    b. About 6 months
    c. About 9 months
    d. About 1 year

2. What are some healthy non-meat sources of protein?
    a. Soy-based products
    b. Beans (black beans, pinto beans, lentils)
    c. Nut butters (peanut butter, almond butter)
    d. All of the above

3. Which of these foods is 100% whole grain?
    a. Oatmeal
    b. All breakfast cereals
    c. Multi-grain crackers
    d. White bread

4. What is always the best choice for thirsty children after playing outside?
    a. 100% fruit juice
    b. Water
    c. Low calorie sports drinks
    d. Low-fat or non-fat milk

5. Which is a best practice for serving vegetables?
    a. Serve a colorful variety
    b. Serve same thing everyday
    c. Serve only what children like
    d. Deep fry more vegetables

6. How much time per day should children do "structured" or teacher-led, physical activity
    a. At least 15 minutes
    b. At least 30 minutes
    c. At least 60 minutes
    d. At least 120 minutes (2 hours)

7. How much time per day should children do "unstructured" physical activity, also known as free-play?
    a. At least 15 minutes
    b. At least 30 minutes
    c. At least 60 minutes
    d. At least 120 minutes (2 hours)

8. What is the maximum recommended amount of screen time per day for children over 2 years old?
    a. 1 hour
    b. 2 hours
    c. 3 hours
    d. 4 hours

9. I think written guidelines or rules about nutrition and physical activity for my child care site are:
    a. Not important
    b. Somewhat important
    c. Very important
    d. I'm not sure

10. How much would you like to create or improve written guidelines in the following areas at your site?	Please select (√) one			
	Not at all interested	Somewhat interested	Very interested	Not sure
a. Breastfeeding				
b. Foods and beverages for celebrations				
c. Food and beverages served				
d. Physical activity/Playtime				
e. Screen time				

11. In your opinion, how much does each of the following activities in child care affect a child's growth and health?	Please select (√) one			
	Not at all	A little	A lot	Not sure
a. Drinking breast milk				
b. Doing teacher-led physical activity				
c. Having active free play				
d. Eating a variety of healthy foods				
e. Drinking beverages with no added sugar				

12. How much do you think a child's eating and physical activity are influenced by what they see adults do?
    a. Not at all
    b. A little
    c. A lot
    d. Not sure

13. Do you think it is part of your job to model healthy eating and physical activity?
    a. Yes
    b. No
    c. Not sure

14. There is a California law for licensed child care that requires healthy beverages for young children. Are you aware of this law?
    a. Yes
    b. No

15. Does your child care site have written guidelines or rules that you provide to parents?
    a. No
    b. Yes, we have a few
    c. Yes, we have many
    d. Not sure

16. Does your child care site have a written guideline for the following?	Please select (√) one		
	Yes	No	Not sure
a. Breastfeeding			
b. Foods and beverages for celebrations			
c. Foods and beverages served			
d. Physical activity/Active play time			
e. Screen time			
f. General practices/Other			

17. In your opinion, would it be too expensive for your site to provide the following things in your child care?	Please select (√) one		
	Yes	No	Not sure
a. More fruits and vegetables			
b. Lean proteins such as low fat meats or beans			
c. Beverages with no added sugar (water/milk)			
d. 100% fruit juices			
e. More physical activity time			
f. More physical activity spaces			

CHOOSE HEALTH LA CHILD CARE: TRAINING SATISFACTION SURVEY

Gateways for Early Educators Training Evaluation

[Choose Health LA Child Care, Date, HSN-4]

[Name of Trainer]

1. The total number of hours I have completed on the Gateways Passport (including this training) is:

❒ 0-19 hours ❒ 20 hours or more ❒ I am NOT completing a Gateways Passport

2. Age of the child(ren) I serve (check all that apply):

❒ Under 3 years old ❒ 3 to 5 years old ❒ 6 years or older

3. I am a (please check one):

❒ Family child care provider ❒ Center-based staff ❒ License-exempt provider ❒ Other:_____

4. The zip code of my child care business: _____

How much do you agree or disagree with the following statements? Please circle one answer per item.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. This training presented helpful ideas that I will be able to use.				
6. This training was informative.				
7. This training has increased my knowledge about the topic presented.				
8. Because of this training, I plan to do new things with the child(ren) I serve.				
8a. The new things I plan to do are: _____ _____				

9. Overall, I would rate this training as (please circle one below):

Excellent Good Fair Poor

10. Some new things I learned in this training are:

_____
_____
_____
_____

11. What was the best thing about this training?

_____
_____
_____
_____

12. How could we improve this training?

_____
_____
_____
_____

13. In what other topics would you be interested?

_____
_____
_____
_____

Thank you for completing this survey! ☺

☐ Session 1
☐ Session 2

ID#: _____
Agency: _____
Date: _____

CHOOSE HEALTH LA CHILD CARE: COACHING SATISFACTION SURVEY

Please answer the following questions about your coaching session(s), and mail the survey in the envelope that your coach has provided.

1. What was the main goal area that you worked on with your coach? Please check (☑) one.
   - ☐ Support breastfeeding
   - ☐ Improve food/beverages
   - ☐ Increase physical activity
   - ☐ Reduce screen time

2. How much do you agree or disagree with these statements about your coach:	Please circle one answer per item.				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion/ Does not apply
a. My coach understood my goal(s) for my child care site.					
b. I feel my coach knew a lot about the goal(s) that I asked for help with.					

3. How much do you agree or disagree with the following statements about your coaching session(s)?	Please circle one answer per item.				
	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion/ Does not apply
a. The coaching sessions were helpful.					
b. The coaching session(s) made me feel more prepared to add or create healthy routines or practices at my child care site.					

c. The coaching session(s) made me feel more prepared to add or change written rules or guidelines about healthy practices at my child care site.					
d. I would recommend Choose Health LA Child Care coaching sessions to a friend or colleague.					

4. Do you feel that you need more resources to make healthy changes at your child care site? Please circle No/Yes below.

    a. No
    b. Yes

        If yes, what else do you need in order to meet your goals at your child care? Check (☑) all that apply.

        - ☐ More printed materials (posters, curricula, etc.)
        - ☐ More coaching sessions
        - ☐ More equipment (Equipment for physical activity or to improve nutrition. For example: balls, refrigerator, cooking utensils.)
        - ☐ Other:_____
          _____
          _____

5. Is there anything you would change to improve the coaching session(s)? Please circle No/Yes below.

    a. No
    b. Yes

        If yes, which of the following would you change? Check (☑) all that apply.

        - ☐ More coaching sessions
        - ☐ Telephone sessions
        - ☐ Longer sessions
        - ☐ Shorter sessions
        - ☐ Group sessions
        - ☐ Online or electronically-based sessions
        - ☐ A second coach to manage the children while you're being coached
        - ☐ Other:_____
          _____
          _____

6. Please share any other thoughts about your coach or coaching session(s).

    _____
    _____
    _____

CHOOSE HEALTH LA CHILD CARE: ONSITE LUNCH AND PHYSICAL ACTIVITY OBSERVATION

Observer	
Date	
Arrival Time	
Departure Time	
Provider Name	
Gateways ID	
Facility Name	
Facility Address	
Coaching goal 1 (Follow-up ONLY)	
Coaching goal 2 (if applicable) (Follow-up ONLY)	

Age(s) of children observed in classroom: (ask if unsure)

- ☐ Under 1
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ Older than 5

Observation: Lunch

1. Time lunch started: _____AM/PM 1a. Time lunch ended: _____AM/PM
2. Number of children eating lunch #_____
3. Are any staff seated with the children for lunch?
    - o No
    - o Yes → 3a. How many minutes of lunch were staff seated with children? #_____
4. How many children ate food/beverages…

    - ☐ Provided by the child care provider #_____
    - ☐ Brought from home #_____
    - ☐ Combination of both #_____;
      Describe:_____

☐ Other: (please describe)_____

Describe all foods/beverages served by the child care site:

Protein: Vegetables: Fruit: Grains: Sweet/Salty snacks: Beverages: Other:

4. How were foods/beverages provided by the child care site served?

Family style: Children self-serve	☐ All food	☐ Some food (check all that apply) ☐ Vegetable ☐ Fruit ☐ Protein ☐ Grain ☐ Combination food ☐ Beverages ☐ Other Describe:
Family Style: Provider serves food to children at the table	☐ All food	☐ Some food (check all that apply) ☐ Vegetable ☐ Fruit ☐ Protein ☐ Grain ☐ Combination food ☐ Beverages ☐ Other Describe:
Food is Pre-portioned and delivered to table	☐ All food	☐ Some food (check all that apply) ☐ Vegetable ☐ Fruit ☐ Protein ☐ Grain ☐ Combination food

		☐ Beverages ☐ Other Describe:

Foods/Beverages served by child care site

5. Was milk served?
   - o No
   - o Yes → 6a. Was sweetened flavored milk or nondairy milk served?
     - o Yes→ 6ai. Circle the serving size: <4oz 4-6oz 6-8oz >8oz
       6aii. Was flavored milk intake limited or unlimited?
       - o Limited
       - o Unlimited
       - o Don't know
     - o No → 6b. Which non-flavored milk(s) were served?
       - ☐ Whole milk; 6bi. Were all children under 2 (ask if unsure)
         - o Yes
         - o No
       - ☐ 2% milk; 6bii. Were all children over 2 (ask if unsure)?
         - o Yes
         - o No
       - ☐ 1% or skim (non-fat)
       - ☐ Nondairy (unsweetened). 6biii. Type: _____

       6c. Circle the serving size: <4oz 4-6oz 6-8oz >8oz
       6d. Was non-flavored milk intake limited or unlimited?
       - o Limited
       - o Unlimited
       - o Don't know
6. Was 100% juice served?
   - o No
   - o Yes → 7a. Circle the serving size: <4oz 4-6oz 6-8oz >8oz
     7b. Was intake limited or unlimited?
     - o Limited
     - o Unlimited
     - o Don't know

7. Was any other fruit-flavored or sweetened drink served?
   - o No
   - o Yes→ 8a. Circle the initial serving size: <4oz 4-6oz 6-8oz >8oz
     8b. Was intake limited or unlimited?
     - o Limited
     - o Unlimited
     - o Don't know

8. Was any sweetened carbonated beverage served?
   - o No

- o Yes→ 9a. Circle the initial serving size: <4oz 4-6oz 6-8oz >8oz
  9b. Was intake limited or unlimited?
  - o Limited
  - o Unlimited
  - o Don't know

9. Were any artificially sweetened drinks served (e.g., Crystal light, diet sodas)? (ask if unsure)
   - o No
   - o Yes→ 10a. Circle the initial serving size: <4oz 4-6oz 6-8oz >8oz
     10b. Was intake limited or unlimited?
     - o Limited
     - o Unlimited
     - o Don't know

10. Was fresh fruit, unsweetened dried fruit, unsweetened frozen/thawed fruit, or fruit canned in 100% juice served?
    - o No
    - o Yes → 11a. How many varieties of fruit? # _____
      11b. Which fruit(s)? _____
      11c. Were any of the following sweetened fruit served?
      - ☐ Frozen/thawed with syrup
      - ☐ Canned in light syrup (ask if unsure)
      - ☐ Canned in heavy syrup (ask if unsure)
      - ☐ Sweetened dried fruit
      - ☐ Other: _____

      11d. Was intake limited or unlimited?
      - o Limited
      - o Unlimited
      - o Don't know

11. Were vegetables served?
    - o No
    - o Yes → 12a. How many of the following types of non-fried vegetables were served?
      - ☐ Dark colored vegetables:
        - Dark green: #_____
        - Red/Orange/Yellow: #_____
      - ☐ Light colored vegetables (squash, iceberg lettuce, lima beans, celery, cucumbers) or green beans: #_____
      - ☐ Starchy (corn or non-fried potatoes): _____
      - ☐ Other: _____

      12b. Was intake limited or unlimited?
      - o Limited
      - o Unlimited
      - o Don't know

      12c. Were any fried vegetables served?
      - o No
      - o Yes→ How many? #_____

      12d. Was intake limited or unlimited?

- o Limited
- o Unlimited
- o Don't know

12. Were any grains served?
    - o No
    - o Yes → 13a. How many grain items were (ask to see package)
        - ☐ 100% whole grain? _____
        - ☐ Made with some whole grain? _____
        - ☐ White/not whole grain? _____

      13b. Was intake limited or unlimited?
        - o Limited
        - o Unlimited
        - o Don't know

13. Was meat served?
    - ☐ No
    - ☐ Yes → 14a. Was the meat…
        - ☐ Chicken/Turkey
            - o Lean (breast/ground ≤ 10%)
            - o High fat (thigh/ground >10%)
            - o Don't know
                - How was it prepared? (ask if unsure)
                    - ☐ Deli/Sandwich meat
                    - ☐ Baked; circle: With/Without skin
                    - ☐ Breaded
                    - ☐ Fried; circle: With/Without skin
                    - ☐ Microwave; circle: With/Without skin
                    - ☐ Other _____
                    - ☐ Don't know

        - ☐ Beef
            - o Lean (≤10% fat)
            - o High fat (>10% fat)
            - o Don't know
                - How was it prepared? (ask if unsure)
                    - ☐ Deli/Sandwich meat
                    - ☐ Baked
                    - ☐ Breaded
                    - ☐ Fried
                    - ☐ Microwave
                    - ☐ Other _____
                    - ☐ Don't know
        - ☐ Pork
                - How was it prepared? (ask if unsure)
                    - ☐ Baked
                    - ☐ Breaded
                    - ☐ Fried

- ☐ Microwave
- ☐ Other _____
- ☐ Don't know

☐ Fish/Seafood

- How was it prepared? (ask if unsure)
  - ☐ Baked
  - ☐ Breaded
  - ☐ Fried
  - ☐ Microwave
  - ☐ Other _____
  - ☐ Don't know

☐ Highly processed/combination meat

- ☐ Hot dog
  - o Lean hot dog (<7 grams of fat)
  - o Regular hot dog (>7 grams of fat)
- ☐ Bologna
- ☐ Sausage

☐ Other Meat: _____

14b. Was intake limited or unlimited?

- o Limited
- o Unlimited
- o Don't know

14. Were dairy items other than milk served?
    - o No
    - o Yes → 15a. Was cheese served?
      - o No
      - o Yes→15ai. Describe the fat content of the cheese:
        - ☐ Low fat (made with 2% or less milk)
        - ☐ Regular fat (made with whole milk)
        - ☐ Don't know

15b. Was yogurt served?

- o No
- o Yes→15bi. Was the yogurt sweetened or unsweetened
  - ☐ Sweetened
  - ☐ Unsweetened
  - ☐ Don't know

15bii. Describe the fat content of the yogurt:

- ☐ Low fat (made with 2% or less milk)
- ☐ Regular fat (made with whole milk)

15c. Describe any other dairy item served:

_____

15. Were vegetarian proteins served (e.g., beans, nuts, tofu)?
    - o No
    - o Yes → 16a. Which of the following were served?
      - ☐ Beans

- ☐ Nuts
- ☐ Nut butter
- ☐ Tofu
- ☐ Other _____
- ☐ Don't Know

16b. Was intake limited or unlimited?
- o Limited
- o Unlimited
- o Don't know

16. Were sweets served (e.g., cakes, pies, cookies)? (ask for package if available)
- o No
- o Yes → 17a. Describe the fat content:
  - o ≤35% of calories from fat
  - o >35% of calories from fat
  - o Don't know

17b. Describe the sugar content:
- o ≤35% of weight from total sugar
- o >35% of weight from total sugar
- o Don't know

17c. Was intake limited or unlimited?
- o Limited
- o Unlimited
- o Don't know

17. Were salty snacks served (goldfish, pretzels, crackers, etc)? (ask for package if available)
- o No
- o Yes → 18a. Describe the fat content.
  - o ≤35% of calories from fat
  - o >35% of calories from fat
  - o Don't know

18b. Describe sodium content.
- o ≤ 230 mg
- o >230 mg
- o Don't know

18c. Was intake limited or unlimited?
- o Limited
- o Unlimited
- o Don't know

Staff Behavior: Lunch

18. Was food and eating used to control (or encourage) other behaviors "(If you don't eat ____ you won't get ____")?
- o No
- o Yes → 19a. How many times was this observed? #_____

19b. What phrases were used?

19. Did staff model eating the same food and/or beverage as the children?
    - o No
    - o Yes → 20a. Which food categories did staff model eating/drinking?
        - ☐ Vegetable
        - ☐ Fruit
        - ☐ Protein
        - ☐ Grain
        - ☐ Combination food
        - ☐ Beverages
        - ☐ Other:_____

20. Did staff eat or drink unhealthy items in the presence of children?
    - o No
    - o Yes→ 21a. What items? (check all that apply)
        - ☐ Sugary beverage (soda, juice drink, sweetened coffee/tea drink, etc)
        - ☐ Snack crackers/chips
        - ☐ Candy
        - ☐ Fast food (hamburgers, French fries, hot dogs, fried chicken, tacos/burritos, etc.)
        - ☐ Other _____

21. Did staff encourage children to try new/healthy foods when reluctant?
    - o No
    - o N/A (no new/healthy foods available/no children reluctant)
    - o Yes→ 22a. How many times did staff use encouraging statements? #_____
      22b. What phrases were used?

22. Did staff use positive statements about healthy foods when talking to children?
    - o No
    - o Yes→ 23a. How many times? #____
      23b. What phrases were used?

23. Did staff encourage children to eat more than they intended? (e.g., "clean your plate, you don't get dessert until you finish lunch")?
    - o No
    - o Yes→24a. How many times? #_____
      24b.What phrases were used?

24. Did staff serve children additional helpings without being asked by the child (see an empty plate and add food without request by the child)?
    - o No
    - o Yes→ 25a. How many times? #_____

Environment: Nutrition

25. Do children have access to drinking water throughout the day?
    - o No
    - o Yes →
        - 26a. Where is it available?
            - o Inside
            - o Outside
            - o Both
        - 26b. How is it served?
            - ☐ Children can self-serve
            - ☐ Children ask and provider serves
            - ☐ Combination
            - ☐ Other: _____
        - 26c. How is it available?
            - ☐ Water fountain/bottle re-fill station
            - ☐ Water cooler with cups
            - ☐ Individual water bottles
            - ☐ Pitcher of water with cups
            - ☐ Other: _____

26. Were any posters, pictures, or displayed books about nutrition visible or accessible to children?
    - o No
    - o Yes → 27a. How many? # _____

27. Was there an area(s) where produce was being grown?
    - ☐ No
    - ☐ Yes, an outdoor garden
    - ☐ Yes, outdoor potted fruit/vegetable plants
    - ☐ Yes, indoor potted fruit/vegetable plants
    - ☐ Yes, other: _____

28. Were any celebrations observed (e.g., birthday)
    - ☐ No
    - ☐ Yes → 29a. Was food/beverage being used to celebrate?
        - o No → What non-food item/activity was used to celebrate: _____
        - o Yes →29b. What food/beverage was being served: _____

Observation: Physical Activity Session

29. Time physical activity started: _____AM/PM 30a. Time physical activity ended: _____AM/PM
30. Where did the physical activity session occur?
    - ☐ Indoors
    - ☐ Outdoors
    - ☐ Both

31. Was structured physical activity observed?
    - o No (skip to unstructured physical activity)
    - o Yes → 32a. Describe the main activity: _____

        32b. How many minutes? #_____

        32c. Was it optional (e.g., children could do an alternative activity or sit down)?
            - o No
            - o Yes→ 32ci. How many did not participate for the entire activity? #_____

        32d. For the main activity, how many children were active at a time?
            - o All of the children
            - o Most of the children
            - o A few of the children (e.g., relay)
            - o One of the children (e.g., duck duck goose)

        32e. Did staff participate in the structured physical activity?
            - o No
            - o Yes → 32ei. How many minutes? #_____

32. Was unstructured physical activity observed?
    - ☐ No
    - ☐ Yes →

        33a. How many minutes? #_____

33b. Was the unstructured play optional (e.g., children could do an alternative non-physical activity or sit down)?
    - o No
    - o Yes

33c. Did staff participate in physical activity with children during unstructured time?
    - o No
    - o Yes → 33ci. How many minutes? #_____

33. Was play restricted as a punishment?
    - o No
    - o Yes → 34a. How many students? #_____

34. Did staff make positive statements about physical activity? (Good throw! Running is fun!)
    - o No
    - o Yes → 35a. How many times? #____

        35b. What phrases were used?

35. Did staff provide prompts to increase physical activity? (Can you jump higher? Let me see you run faster)
    - o No
    - o Yes → 36a. How many times? #____
      36b. What phrases were used?

36. Did staff provide prompts to decrease physical activity unrelated to safety concerns? (e.g., Slow down!)
    - o No
    - o Yes→37a. How many times? #_____
      37b. What phrases were used?

Environment: Physical Activity/Screen time

37. Was there an outdoor space available for physical activity? (Include nearby park space)
    - ☐ Yes, on site
    - ☐ Yes, off-site (ask staff)
    - ☐ No

38. Were any posters, pictures, or displayed books about physical activity visible or accessible to children?
    - ☐ No
    - ☐ Yes → 39a. How many? #_____

39. Which of the following were present?
    - ☐ TV
    - ☐ Computer
    - ☐ Video Game Console
    - ☐ Smart Board
    - ☐ Ipad/Tablet
    - ☐ Other:_____
40. Were any of the screens being used during meal time?
    - o No
    - o Yes →
      41a. Which ones?
      - ☐ TV

- ☐ Computer
- ☐ VideoGame Console
- ☐ Smart Board
- ☐ Ipad/tablet
- ☐ Other:_____

41b. Was the program/game educational?

- o No
- o Yes
- o Don't know

41c.Brief description: _____

41. Were any of the screens being used during physical activity time?
    - o No
    - o Yes →

42a. Which ones?

- ☐ TV
- ☐ Computer
- ☐ VideoGame Console
- ☐ Smart Board
- ☐ Ipad/tablet
- ☐ Other

42b. Was the program/game educational?

- o No
- o Yes
- o Don't know

42c. Brief description: _____

CHOOSE HEALTH LA CHILD CARE OBSERVATION: BASELINE INTERVIEW QUESTIONS

1. Do you have any written policies for physical activity, nutrition, provider practices, or parent practices regarding nutrition and physical activity? Do you have a copy that you could share with me?

2. How comfortable do you feel reading nutrition labels? (Not comfortable, somewhat comfortable, very comfortable) Please describe.

3. Do you incorporate nutrition into other subjects? If so, please explain:

4. Do you incorporate physical activity into other subjects? If so, please explain:

5. About how many minutes of unstructured play do you provide each day? Please describe unstructured play at your site.

6. About how many minutes of structured play do you provide each day? Please describe structured play at your site.

7. What are you most looking forward to in regard to the Choose Health LA Child Care training/coaching?

8. Have you tried to make healthy changes in the past? Please describe.

9. What do you feel are the challenges that you have faced in making changes to your site to improve the nutrition or physical activity environment?

CHOOSE HEALTH LA CHILD CARE OBSERVATION: FOLLOW-UP INTERVIEW QUESTIONS

1. Do you have any written policies for physical activity, nutrition, provider practices, or parent practices regarding nutrition and physical activity? Do you have a copy that you could share with me?

2. How comfortable do you feel reading nutrition labels? (Not comfortable, somewhat comfortable, very comfortable) Please describe.

3. Do you incorporate nutrition into other subjects? If so, please explain:

4. Do you incorporate physical activity into other subjects? If so, please explain:

5. About how many minutes of unstructured play do you provide each day? Please describe unstructured play at your site.

6. About how many minutes of structured play do you provide each day? Please describe structured play at your site.

7. What was most helpful about the Choose Health LA Child Care training? Coaching?

8. In what ways would you change or improve Choose Health LA Child Care training to make it more helpful or effective? Coaching?

9. Since participating in Choose Health LA Child Care training and coaching, what efforts have you made at your child care site to improve nutrition or physical activity? Please describe.

10. What do you feel are the challenges that you have faced in making changes to your site to improve the nutrition or physical activity environment?

11. Is there anything else that you would like to share about your experience with Choose Health LA Child Care?

CHOOSE HEALTH LA CHILD CARE: BASELINE POLICIES AND PRACTICES SURVEY

You were randomly chosen to receive this survey because you took part in a training about improving nutrition and physical activity in your child care program, and we want to know more about your child care site. Please answer the questions on this survey and mail it in the enclosed envelope.

Send the COMPLETED survey back to us, and we'll send you a $10 gift certificate as a THANK YOU for your participation!

A. What is the age of the children you serve? Please check ☑ all that apply:
   1 ☐ Under 2 years old
   2 ☐ 2-5 years old
   3 ☐ 6 years or older

B. Which of the following do you offer at your child care site? Please check ☑ all that apply:
   1 ☐ Breakfast
   2 ☐ Morning snack
   3 ☐ Lunch
   4 ☐ Afternoon snack
   5 ☐ Dinner
   6 ☐ No food is served, and children bring their own food.
   7 ☐ Other: _____

Please think about your child care program BEFORE you enrolled in the nutrition and physical activity training, and answer the next group of questions about practices at your child care.

Please check the box ☑ that best describes your practice BEFORE you took the training.

Nutrition: Feeding Practices	I was already doing	I was making progress in doing	I was planning to do	I was not planning to do	Does not apply to my site
	Please select ☑ one box for each row.				
1. Parents received written nutrition policies upon enrollment.	☐1	☐2	☐3	☐4	☐5
2. Parents were given information about what their children are eating.	☐1	☐2	☐3	☐4	☐5
3. If food is brought from home, parents were provided with guidelines.	☐1	☐2	☐3	☐4	☐5
4. Parents were given information about what their children were offered (menus).	☐1	☐2	☐3	☐4	☐5
5. Meals and snacks were scheduled at consistent times each day.	☐1	☐2	☐3	☐4	☐5

6. Mealtimes were relaxed, calm, and with shared conversation.	☐1	☐2	☐3	☐4	☐5
7. Children decided which foods they would eat from the foods offered.	☐1	☐2	☐3	☐4	☐5
Nutrition: Feeding Practices, continued:	I was already doing	I was making progress in doing	I was planning to do	I was not planning to do	Does not apply to my site
	Please select ☑ one box for each row.				
8. Children were <u>not</u> required to eat all the food on their plates.					☐5
9. Children served themselves from serving dishes at mealtime.					☐5
10. Children with special needs had their nutritional needs taken into account.					☐5
11. Food was served in a form that young children could eat without choking.					☐5
12. Adults sat with children at mealtime.					☐5
13. Adults ate the same foods as children at mealtime.					☐5
14. Foods were served that reflected the ethnicity and cultures of the children in the center/home.					☐5
15. Special occasions and holidays were celebrated with healthy foods or with non-food treats.					☐5
16. Breastfeeding mothers were provided access to a private area for breastfeeding or pumping with appropriate seating.					☐5
17. Staff were trained in proper handling and storage of breast milk.					☐5
18. Parents were aware that they could leave breast milk at the child care site for their child.					☐5
19. Drinking water was freely available throughout the day.					☐5

20. Parents were provided information on child nutrition and healthy eating.					☐5
Nutrition: Food Served	Please select ☑ one box for each row.				
21. 100% fruit juice was offered:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
22. Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage, or bacon were offered:	☐ 1 time per day or more	☐ 2-3 times per week	☐ 1 time per week or less	☐ Never	☐ Does not apply to my site
Nutrition: Food Served, continued:	Please select ☑ one box for each row.				
23. Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains were offered:	☐ 3 times per day or more	☐ 2 times per day	☐ 1 time per day or less	☐ Never	☐ Does not apply to my site
24. Vegetables including fresh, frozen, or canned, were served:	☐ 3 times per day or more	☐ 2 times per day	☐ 1 time per day or less	☐ Never	☐ Does not apply to my site
25. Fruit including fresh, canned in water or own juice, frozen, or dried, was served:	☐ 3 times per day or more	☐ 2 times per day	☐ 1 times per day or less	☐ Never	☐ Does not apply to my site
26. Unflavored milk or non-dairy alternative served to children aged 2 years and older was:	☐ Whole or regular	☐ 2% reduced fat	☐ 1% reduced fat or non-fat	☐ Non-dairy alternative	☐ Does not apply to my site
27. Flavored or sweetened milk was served:	☐ 1 time per day or more	☐2-3 times per week	☐ 1 time per week or less	☐ Never	☐ Does not apply to my site
Physical Activity	I was already doing	I was making progress in doing	I was planning to do	I was not planning to do	Does not apply to my site
	Please select ☑ one box for each row				
28. Parents received written physical activity policy upon enrollment.	☐1	☐2	☐3	☐4	☐5
29. Children had at least 60 minutes of unstructured or child-led, physical activity time (or 30 minutes in a half-day program).	☐1	☐2	☐3	☐4	☐5

30. Children had at least 60 minutes of structured or teacher-led, physical activity time (or 30 minutes in a half-day program).	☐1	☐2	☐3	☐4	☐5
31. Information was provided to parents about their child's physical activity while in child care.	☐1	☐2	☐3	☐4	☐5
32. Staff participated in physical activities with children.	☐1	☐2	☐3	☐4	☐5
33. Screen time, or time spent using a computer, smartboard, or watching TV, was limited to 30 minutes per week for children.	☐1	☐2	☐3	☐4	☐5
34. Parents were provided information that encourages physical activity at home.	☐1	☐2	☐3	☐4	☐5
The Food Program (CACFP): a federal meal program offered to public and private child care sites.	I was Already doing	I was making progress in doing	I was planning to do	I was not planning to do	Does not apply to my site
	Please select ☑ one box for each row.				
35. My child care center/site participated in the Food Program.					

Please answer questions 36 and 37 by checking one box for each row.

36. How prepared do you feel to make changes in the following areas at your child care site?	Please select ☑ one box for each row.			
	Very prepared	Somewhat Prepared	Not prepared	Not sure
f. Breastfeeding practices	☐1	☐2	☐3	☐4
g. Food and beverage practices	☐1	☐2	☐3	☐4
h. Physical activity/playtime practices	☐1	☐2	☐3	☐4
i. Screen time practices	☐1	☐2	☐3	☐4
j. Creating or improving written guidelines about health for your child care	☐1	☐2	☐3	☐4

37. In your opinion, how much does each of the following activities in child care affect a child's growth and health?	Please select ☑ one box for each row.			
	A lot	A little	Not at all	Not sure
f. Drinking breast milk as an infant	☐1	☐2	☐3	☐4

g. Doing teacher-led physical activity	☐1	☐2	☐3	☐4
h. Having active free play	☐1	☐2	☐3	☐4
i. Eating a variety of healthy foods	☐1	☐2	☐3	☐4
j. Drinking beverages with no added sugar	☐1	☐2	☐3	☐4

38. What are some challenges that you face or have faced while taking steps towards creating healthy practices or routines? Please check ☑ all that apply.

A☐ Lack of support from management/leadership staff
B☐ Lack of support from other child care staff
C☐ Lack of support from parents
D☐ Not enough money to make changes
E☐ Not enough time to make changes
F☐ Not enough training to make changes
G☐ Not enough space to make changes (kitchen, play space)
H☐ Not enough equipment to make changes (play structures, kitchen utensils)
I ☐ Other: _____
J ☐ I did not face any challenges to creating healthy practices or routines.
K☐ Does not apply: I did not create healthy practices or routines.

39. What are some challenges that you face or have faced while taking steps towards creating written rules or guidelines about healthy practices? Please check ☑ all that apply.

A☐ Lack of support from management/leadership staff
B☐ Lack of support from other child care staff
C☐ Lack of support from parents
D☐ Not enough training to make changes
E☐ Not enough time to write rules or guidelines
F☐ Other: _____
G☐ I did not face any challenges to creating written rules or guidelines about healthy practices.
H☐ Does not apply: I did not create any written rules or guidelines about healthy practices.

40. What resources would be helpful for creating healthy practices or guidelines? Please check ☑ all that apply.

A☐ More printed information
B☐ More materials for parents
C☐ Websites
D☐ Newsletters
E☐ Time with a Choose Health LA Child Care coach
F☐ More training
G☐ Meeting with other child care providers making similar changes
H☐ Other: _____

Thank you so much for your time in taking this survey!

Send the COMPLETED survey back to us, and we'll send you a $10 gift card to buy something new for your child care!

Please look out for a final survey in the mail in six months with another opportunity to get a $10 gift card.

CHOOSE HEALTH LA CHILD CARE: FOLLOW-UP POLICIES AND PRACTICES SURVEY

You have received this survey because you took part in a training about improving nutrition and physical activity at your child care site, and you completed a similar survey about 6 months ago. This is the final survey related to that training. Please answer the questions on this survey and mail it in the enclosed envelope.

Send the COMPLETED survey back to us, and we will send you a $10 gift certificate as a THANK YOU for your participation!

A. What is the age of the children you serve? Please check ☑ all that apply:
   1 ☐ Under 2 years old
   2 ☐ 2-5 years old
   3 ☐ 6 years or older

B. Which of the following do you offer at your child care site? Please check ☑ all that apply:
   1 ☐ Breakfast
   2 ☐ Morning snack
   3 ☐ Lunch
   4 ☐ Afternoon snack
   5 ☐ Dinner
   6 ☐ No food is served, and children bring their own food.
   7 ☐ Other: _____

The next group of questions asks you to describe some practices at your child care.
Please check the box ☑ that best describes your current practice.

Nutrition: Feeding Practices	**Already doing**	**Making progress**	**Planning to do**	**Not planning to do**	**Does not apply to my site**
	Please select ☑ one box for each row.				
1. Parents receive written nutrition policies upon enrollment.	☐1	☐2	☐3	☐4	☐5
2. Parents are given information about what their children are eating.	☐1	☐2	☐3	☐4	☐5
3. If food is brought from home, parents are provided with guidelines.	☐1	☐2	☐3	☐4	☐5
4. Parents are given information about what their children are offered (menus)	☐1	☐2	☐3	☐4	☐5

5. Meals and snacks are scheduled at consistent times each day.	☐1	☐2	☐3	☐4	☐5
6. Mealtimes are relaxed, calm, and with shared conversation.	☐1	☐2	☐3	☐4	☐5
7. Children decide which foods they will eat from the foods offered.	☐1	☐2	☐3	☐4	☐5
8. Children are <u>not</u> required to eat all the food on their plates.	☐1	☐2	☐3	☐4	☐5
9. Children serve themselves from serving dishes at mealtime.	☐1	☐2	☐3	☐4	☐5
10. Children with special needs have their nutrition needs taken into account.	☐1	☐2	☐3	☐4	☐5
11. Food is served in a form that young children can eat without choking.	☐1	☐2	☐3	☐4	☐5
12. Adults sit with children at mealtime.	☐1	☐2	☐3	☐4	☐5
13. Adults eat the same foods as children at mealtime.	☐1	☐2	☐3	☐4	☐5
14. Foods are served that reflect the ethnicity and cultures of the children in the center/home.	☐1	☐2	☐3	☐4	☐5
15. Special occasions and holidays are celebrated with healthy foods or with non-food treats.	☐1	☐2	☐3	☐4	☐5
16. Breastfeeding mothers are provided access to a private area for breastfeeding or pumping with appropriate seating.	☐1	☐2	☐3	☐4	☐5
17. Staff are trained in proper handling and storage of breast milk.	☐1	☐2	☐3	☐4	

					☐5
18. Parents are aware that they can leave breast milk at the child care site for their child.	☐1	☐2	☐3	☐4	☐5
19. Drinking water is freely available throughout the day.	☐1	☐2	☐3	☐4	☐5
20. Parents are provided information on child nutrition and healthy eating.	☐1	☐2	☐3	☐4	☐5

Nutrition: Food Served	Please select ☑ one box for each row.				
21. 100% fruit juice is offered:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
22. Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage, or bacon are offered:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
23. Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains are offered:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
24. Vegetables including fresh, frozen, or canned, are served:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
25. Fruit including fresh, canned in water or own juice, frozen, or dried, is served:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site

26. Unflavored milk or non-dairy alternative served to children aged 2 and older is:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
27. Flavored or sweetened milk is served:	☐ More than 1 time per day	☐ 1 time per day	☐ Less than 1 time per day	☐ Never	☐ Does not apply to my site
Physical Activity	**Already doing**	**Making progress in doing**	**Planning to do**	**Not planning to do**	**Does not apply to my site**
	Please select ☑ one box for each row.				
28. Parents receive written physical activity policy upon enrollment.	☐1	☐2	☐3	☐4	☐5
29. Children have at least 60 minutes of unstructured or child-led, physical activity time (or 30 minutes in a half-day program).	☐1	☐2	☐3	☐4	☐5
30. Children have at least 60 minutes of structured or teacher-led, physical activity time (or 30 minutes in a half-day program).	☐1	☐2	☐3	☐4	☐5
31. Information is provided to parents about their child's physical activity while in child care.	☐1	☐2	☐3	☐4	☐5
32. Staff participate in physical activities with children.	☐1	☐2	☐3	☐4	☐5
33. Screen time, or time spent using a computer, smartboard, or watching TV, is limited to 30 minutes per week for children.	☐1	☐2	☐3	☐4	☐5
34. Parents are provided information that encourages physical activity at home.	☐1	☐2	☐3	☐4	☐5

The Food Program (CACFP): a federal meal program offered to public and private child care sites.	**Already doing**	**Making progress in doing**	**Planning to do**	**Not planning to do**	**Does not apply to my site**
	Please select ☑ one box for each row.				
35. My child care center/site participates in the Food Program (CACFP).	☐1	☐2	☐3	☐4	☐5

Please answer questions 36 and 37 by checking one box for each row.

36. How prepared do you feel to make changes in the following areas at your child care site?	Please select ☑ one box for each row.			
	Very prepared	Somewhat Prepared	Not prepared	Not sure
k. Breastfeeding practices	☐1	☐2	☐3	☐4
l. Food and beverage practices	☐1	☐2	☐3	☐4
m. Physical activity/playtime practices	☐1	☐2	☐3	☐4
n. Screen time practices	☐1	☐2	☐3	☐4
o. Creating or improving written guidelines about health for your child care	☐1	☐2	☐3	☐4

37. In your opinion, how much does each of the following activities in child care affect a child's growth and health?	Please select ☑ one box for each row.			
	Not at all	A little	A lot	Not sure
k. Drinking breast milk as an infant	☐1	☐2	☐3	☐4
l. Doing teacher-led physical activity	☐1	☐2	☐3	☐4
m. Having active free play	☐1	☐2	☐3	☐4
n. Eating a variety of healthy foods	☐1	☐2	☐3	☐4
o. Drinking beverages with no added sugar	☐1	☐2	☐3	☐4

38. What are some challenges that you face or have faced while taking steps towards creating healthy practices or routines? Please check ☑ <u>all that apply</u>.

A☐ Lack of support from management/leadership staff
B☐ Lack of support from other child care staff
C☐ Lack of support from parents
D☐ Not enough money to make changes
E☐ Not enough time to make changes
F☐ Not enough training to make changes
G☐ Not enough space to make changes (kitchen, play space)
H☐ Not enough equipment to make changes (play structures, kitchen utensils)

I ☐ Other: _____
J ☐ I did not face any challenges to creating healthy practices or routines.
K ☐ Does not apply: I did not create healthy practices or routines.

39. What are some challenges that you face or have faced while taking steps towards creating written rules or guidelines about healthy practices? Please check ☑ all that apply.

A ☐ Lack of support from management staff
B ☐ Lack of support from other child care staff
C ☐ Lack of support from parents
D ☐ Not enough training to make changes
E ☐ Not enough time to write rules or guidelines
F ☐ Other: _____
G ☐ I did not face any challenges to creating written rules or guidelines about healthy practices.
H ☐ Does not apply: I did not create any written rules or guidelines about healthy practices.

40. What resources would be helpful for creating healthy practices or guidelines? Please check ☑ all that apply.

A ☐ More printed information
B ☐ More materials for parents
C ☐ Websites
D ☐ Newsletters
E ☐ Time with a Choose Health LA Child Care coach
F ☐ More training
G ☐ Meeting with other child care providers making similar changes
H ☐ Other: _____

41. How helpful, if at all, have the following been in your efforts to create a healthy child care environment?	Please select ☑ one box for each row.			
	Very helpful	Somewhat helpful	Not helpful	Not sure/ does not apply
a. Choose Health LA Child Care training	☐1	☐2	☐3	☐4
b. Choose Health LA Child Care training materials	☐1	☐2	☐3	☐4
c. Choose Health LA Child Care coaching sessions	☐1	☐2	☐3	☐4
d. Support from other staff at your child care site	☐1	☐2	☐3	☐4
e. Support from parents	☐1	☐2	☐3	☐4

42. Based on your participation in Choose Health LA Child Care, would you say that creating healthy practices or guidelines has impacted your costs in the following ways? Please check ☑ one.

A ☐ Increased my costs a lot
B ☐ Increased my costs a little

C ☐ Not changed my costs
D ☐ Decreased my costs a little
E ☐ Decreased my costs a lot
F ☐ Don't know

43. ☐ Does not apply: I have not created healthy practices or guidelines. If you have made healthy changes at your child care site, have you been able to change your fees for families? Please check ☑ one.

A ☐ Yes, my site charges more
B ☐ Yes, my site charges less
C ☐ Maybe, we are considering charging more
D ☐ Maybe, we are considering charging less
E ☐ No change
F ☐ Don't know
G ☐ Does not apply: I have not created healthy practices or guidelines.

44. Have you used your participation in Choose Health LA Child Care in any marketing materials for your child care? Please check ☑ one.

A ☐ No
B ☐ Yes; Please describe: _____

45. If you have any rules or guidelines about healthy practices, have you shared them with parents?

A ☐ No
B ☐ Yes
↘ If so, how have parents reacted?
1 ☐ Generally positively
2 ☐ No reaction
3 ☐ Generally negatively
4 ☐ Don't know

46. Based on your participation in Choose Health LA Child Care and/or any healthy practices or guidelines that you have, has there been a change in demand for or interest in your child care services?

A ☐ No, I have not noticed more interest
B ☐ Yes, I have noticed more interest
C ☐ Don't know
D ☐ Does not apply: I have not shared any healthy written rules or guidelines

Thank you for your participation in this survey and in Choose Health LA Child Care!
Send the COMPLETED survey back to us, and we'll send you a $10 gift card to buy something new for your child care!

CHOOSE HEALTH LA CHILD CARE: FOCUS GROUP PROTOCOL

Purpose:

To understand the:

1) Impact and/or effectiveness of the Choose Health LA Child Care training and coaching model as implemented by the Department of Public Health and its subcontractors.

2) Perceptions of the impact of Choose Health LA Child Care on the intended audience, the successes and challenges to implementing changes, and thoughts about ways to improve child care provider nutrition and physical activity training and coaching.

Methods & Participants:

Total = 7 focus groups (6-10 participants each)

- 4 conducted in English
- 3 conducted in Spanish

Eligibility criteria:

- English or Spanish speaking
- Choose Health LA Child Care training and at least one coaching visit in one of the seven targeted resource and referral regions.
- Male or female over the age of 18.
- Los Angeles County resident.
- A home or center primary caregiver of children ages 0-5 or employed as a child care provider and currently caring for at least one child aged 0-5.
- Decision-making authority to implement Choose Health LA Child Care training and coaching-inspired changes at site.

Sign-in & Materials Pick-up (Consent Form and Demographic Survey) – 10 minutes

The moderator will invite participants to get refreshments, sign in (First Name + Last Initial), and pick up a copy of the consent form and demographic questionnaire.

The moderator will provide further instruction on the consent form (noted below).

The participants will be instructed to fill in their desired answer on the demographic questionnaire. The questionnaire will be anonymous. Participants will be told not to include their names on the questionnaire. Information provided on the questionnaire will not be linked to any of the responses given by the participants during the focus groups. This portion of the focus group will not be audio taped.

Focus Group Introduction & Instructions to the Group – 10 minutes

Welcome

Hi everyone, thank you for joining our discussion today. My name is _____and my co-facilitator's name is _____. She/He will not be part of the discussion but will be taking notes. We work in Oakland with the Sarah Samuels Center for PH Research and Evaluation.

Discussion Overview

We are working with Choose Health LA Child Care, a program that provides nutrition and physical activity workshops and resources for childcare providers to promote healthy nutrition and physical activity for children in child care. Choose Health LA Child Care is funded by First 5 LA and managed by the Los Angeles County Department of Public Health.

The reason we asked you to join this group is because we want to hear your thoughts and opinions on the impact of the Choose Health LA Child Care training and coaching, what you think are the successes and challenges to implementing program changes in a child care setting, and your thoughts about ways to improve child care provider nutrition and physical activity training and coaching. We will be here for about 90 minutes and at the end of the discussion, as our thank you for participating you will receive a $40 gift card.

Group Guidelines & Consent Form Debrief

It's always a good idea for a group like ours to have some guidelines that we all agree to follow. The first one is:

1) Your participation in this focus group is optional/completely voluntary. You have the right to refuse to answer any question(s) for any reason or to withdraw from this discussion group at any time without penalty.
   - That said, a benefit of participating in this group discussion is that each of you has the chance to provide information that can help the Choose Health LA Child Care program improve their training and coaching for child care providers.

2) There are no right or wrong answers.
   - In fact, we welcome different points of view.
   - Please feel free to share your opinion even though it's not what others have said.
   - Please remember that we are interested in both positive and negative comments. Negative comments can be as helpful as the positive comments.

3) Only one person to talk at a time, so please, no side conversations.

4) Please speak loudly and clearly.
   - This is important since we are tape recording and we don't want to miss any of your important comments.
   - Let's also remember to turn off our cell phones.

5) Confidentiality.
   - I want to assure you that whatever you say here will be used only for program purposes.

- While we will be audiotaping this focus group discussion, confidentiality will be maintained by not recording your name and no identifying information about you will be kept.
- The purpose of the recording is so that if we miss something important as we take notes, we can go back to hear exactly what was said. Only me and the co-moderator [NAME] will have access to the recording and it will be destroyed upon completion of this project.
- During the focus group, you may ask that the tape recorder be turned off if you do not want to be tape recorded for a specific comment.
- Your names will not appear on any reports or presentations from this discussion.
- Let's all agree that what is said in this room stays in this room.

Before we start, if you have not done so already, please review and sign this document [MODERATOR HOLDS UP CONSENT FORM]. Also, please be sure to complete this demographic questionnaire [MODERATOR HOLDS UP QUESTIONNAIRE] before we begin.

Do you have any questions? There will be time at the end to ask questions as well.

Icebreaker/Getting to Know Each Other – 10 minutes

First we'd like to get to know a little about you. Let's start by going around the circle and can each of you say your first name, why you decided to participate in the training and coaching program, and what goal(s) you worked on with your coach?

Start recording: I'm going to start the recording now if that's okay with you.

Focus Group Questions

I. Impact of the Choose Health LA Child Care training and coaching model – 20 minutes

1. In what ways has the Choose Health LA Child Care training and coaching helped you to offer healthier food and beverages and more physical activity in your child care site?

   PROBE: What were some of the best strategies your coach used to help you reach your goals?

   PROBE (IF MINIMAL RESPONSE): Breastfeeding practices, screen time practices, and creating or improving written guidelines about health for their child care

   a. In what ways did the training/coaching change your own health?

      PROBE: Changes in physical health, behaviors, and knowledge/perceptions

   b. In what ways do you think it has helped the children at your site?

II. Successes and challenges in implementing programmatic changes – 20 minutes

2. What has been the biggest challenge in changing the foods and beverages offered to children at your childcare site? How about the biggest successes?

    PROBE (IF MINIMAL RESPONSE): Breastfeeding practices

3. What have been your biggest challenges in creating more physical activity opportunities in your child care site? How about the biggest successes?

    PROBE (IF MINIMAL RESPONSE): Screen time practices

4. What has been the biggest challenge in creating or improving written guidelines about health for your child care? How about the biggest successes?

III. Resources needed to maintain or improve programmatic changes – 20 minutes

5. What kinds of assistance might you or your staff need to offer healthier food and more physical activity at your child care site?

    PROBE (IF MINIMAL RESPONSE): Breastfeeding practices, screen time practices, and creating or improving written guidelines about health for their child care

    a) Beyond what you have learned from the training and coaching, what other support do you need to help you to offer healthier food and beverages and increase opportunities for physical activity at your child care site?

    b) In addition to the food/beverages, physical activity, breastfeeding and screen time practices, and creating or improving written health guidelines, what if any are other topics that you would like more information on?

    c) What can Choose Health LA Child Care do differently to improve their training and coaching?

IV. Engaging parents and other providers as partners in change – 20 minutes

6. In what ways have parents participated in efforts to offer healthy eating/physical activity opportunities at your child care site? At home? In what ways have they not participated?

7. What can Choose Health LA Child Care do differently to better help you and your families' partner in efforts to offer healthier foods and beverages and increase opportunities for physical activity?

8. What might be some ways to engage other child care providers to offer healthier foods and beverages and increase opportunities for physical activity at their sites?

Thank you for your time and feedback! Does anyone have any questions or anything else you want to add to the discussion we've been having?
Stop recording