

Evaluation of KEYS 4 HealthyKids 2014 Implementation of the Nutrition and Physical Activity Self Assessment for Child Care Centers (NAPSACC)



April 25, 2015

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Introduction

The proportion of US children who are overweight (defined as body mass index (BMI) equal to or greater than the 85th percentile for age and sex and lower than the 95th percentile) or obese (defined as BMI equal to or greater than the 95th percentile for age and sex) has increased over the last three decades. Although, there have been encouraging reports of declines in preschool obesity prevalence (8.4%) nationally, ¹ such declines were not seen in WV, where obesity rates among low-income children ranged from 13.5% in 2008 to 14.0% in 2011. ²

Because of the strong likelihood that overweight preschool children will remain overweight or obese, early childhood obesity prevention efforts are vital. Early childcare and education settings (ECEs) strongly influence food intake and physical activity of preschool age children and provide significant opportunity for supporting the development of healthy habits for a lifetime. ³

Building on previous work, KEYS 4 HealthyKids (KEYS), a non-profit organization located in Charleston WV, provided the Nutrition and Physical Activity Self-Assessment for Childcare Centers (NAPSACC) to nine ECEs in the greater Kanawha Valley area in 2014. NAPSACC is a nationally recognized evidence based obesity prevention program. Each ECE completed a NAPSACC self-assessment before and after the program. Three NAPSACC workshops were held with ECE staff in June (Obesity/Nutrition), August (Physical Activity/Personal Wellness) and September (Parent Outreach). During each workshop, ECE staff identified specific goals to address. KEYS provided technical assistance to the ECEs in between each workshop to trouble shoot and help facilitate achievement of the goals.

The following sections describe the methods and results of an evaluation of KEYS' work with the nine ECEs that participated in NAPSACC in 2014.

Evaluation Methods

Workshop Evaluations

KEYS evaluated each workshop with a form that assessed 1) training content, 2) trainer, 3) overall rating of the trainers, and 4) overall satisfaction with the training, using a combination of 4 point Likert scales (Strongly Agree; Agree; Disagree; Strongly Disagree) and several open ended questions (Appendix A). Responses to these items were aggregated across all respondents.

Goal setting and status reports

A document review of the goals and status of the goals of each ECE was conducted. The document review was supplemented by information provided in the key informant interviews (described below).

NAPSACC Pre and Post Self-Assessments

The NAPSACC Self Assessment (Appendix B) consists of two major sections: Nutrition and Physical Activity. The Nutrition section (37 items) has nine sub sections containing more specific areas of interest, e.g., feeding practices, beverages, and the Physical Activity section (17 items) has five subsections, e.g., play environment, active play and inactive time. Items are based on evidence-based practices or state/federal policies with answers addressing whether practices match policies. Each item is scored using a 4-point Likert scale (1 = barely met, 2 = met, 3 = exceeded, and 4 = far exceeded) childcare standards.^{3,4} ECE staff completed NAPSACC self- assessments before the first workshop and after the last workshop.

Analysis of the pre and post self-assessment was partially based on the work of Battista et al. (2014). Pre- and post-test NAP SACC scores were entered into a Microsoft Excel database and then the Wilcoxon Signed Rank Test was performed to determine differences ($p < 0.05$) from pre- to post-test responses from NAPSACC for all ECEs.

Key Informant Interviews

Key informant interviews were conducted with ECE staff who were identified as being the most knowledgeable about NAPSACC implementation in their ECE. Using a semi structured interview guide (Appendix C), interviews were conducted in person or over the telephone. Interviews were recorded and transcribed by each interviewer. The questions formed the coding framework. Results for all interviews were then combined and independently reviewed by two interviewers to identify common and unique themes for the combined interview transcripts. The interviewers then combined the themes identified during their individual reviews and reviewed these in order to come to consensus on the final results.

Results

Workshop Evaluations

Overall, participants were very positive about each of the workshops (see Appendix D for a complete summary of each workshop). Participants in the nutrition workshops reported being "*inspired to introduce health into the classroom,*" and appreciated the "*hands on training and positive approach.*" Although most participants did not offer suggestions for training improvements, one suggested to "*limit questions to assigned time, so meeting does not go over time,*" and two other participants noted that more time was needed.

Regarding the physical activity workshop, participants were positive about learning how to incorporate music, movement and dance and other gross motor skills. As with the nutrition workshop, few commented on how the workshop could be improved, though one participant mentioned the need for more time management and another felt that the training was redundant with the I Am Moving I am Learning (IMIL) program. The third workshop, which focused on Parent Outreach was similarly well received. Four participants reported that the information about how to get through to parents was the most useful part of this workshop.

Overall, across the three workshops, over 90% of participants indicated they would change or enhance their work style in response to NAPSACC.

Goal Setting and Status Reports

Appendix E contains the goals and status for each ECE. As can be seen in this table, ECEs set approximately 3-4 goals per workshop and were able to complete most of their goals. Some goals were still in progress at the time of the interviews. Successes in nutrition areas included family style meals, healthy celebrations guidelines and policies, staff role modeling of consuming healthy foods and beverages, less fruit juice served, using fresh fruits instead of canned, elimination of French fries and reductions in high fat meals served. Physical activity-related improvements included incorporating physical activity during transition times and during lessons, limiting screen (TV) time, and incorporating music with movement activities. Parent outreach successes included ... more volunteers; monthly newsletter created; create multiple media sources (new web page, TV monitor in hallway, flyers for parents/community).

NAPSACC Pre and Post Self Assessment

All nine ECEs returned pre and post NAPSACC self assessments. The following table lists the categories, questions and scores for nutrition and physical activity, before and after all the workshops were completed. Scores are reported as averages across all centers. NAPSACC scores are reported using a 4-point Likert scale and are based on meeting recommended best practices (1= barely met, 2=met, 3= exceeded, and 4=far exceeded/best practice). The anchors for the Likert scale differ depending on the question content, however a score of 2 represents meeting the standards (2=some of the time) where as a 1 means it is rarely or never done, a 3 indicates that it is done most of the time and 4 equates to being done all of the time. The questions on this table are displayed using the “2” score or as “meeting the standard” option.

	Pre- Intervention	Post- Intervention	Post-Pre Difference	p-value
Fruits and Vegetables				
Fruit (not juice) is offered: more than 2 times a day	3.67	3.33	-0.33	0.5000
Fruit is offered canned in own juice (no syrups), fresh, or frozen: some of the time	3.11	3.56	0.44	0.3594
Vegetables (not including French fries, tater tots, hash browns, or dried beans) are offered: 3-4 times per week	2.78	3.44	0.67	0.1250
Vegetables, other than potatoes, corn, and green beans, are offered: 1-2 times per week	2.78	3.44	0.67	0.1875
Cooked vegetables are prepared with added meat fat, margarine, or butter: Most of the time	3.50	3.78	0.28	0.5000
Meats, Fats, and Grains				
Fried or pre-fried potatoes (French fries, tater tots, hash browns) are offered: 2 times per week	3.11	3.56	0.44	0.1250
Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered: 2 times per week	3.78	3.44	-0.33	0.5000
High fat meats (sausage, bacon, hot dogs, bologna, ground beef) are offered: 2 times per week	3.56	3.89	0.33	0.5000
Beans or lean meats (baked or broiled chicken, turkey, or fish) are offered: 1-2 times per week	2.56	3.11	0.56	0.2500
High fiber, whole grain foods (whole wheat bread, oatmeal, brown rice, Cheerios, etc) are offered: 2-4 times per week	3.33	3.78	0.44	0.3125
Sweets or salty foods (cookies, cakes, muffins, chips, etc) are offered: 3-4 times per week	3.56	3.78	0.22	1.0000
Beverages				
Drinking water outside is: Visible but only available during designated water breaks	2.89	3.00	0.11	0.6719
Drinking water inside is: Visible but only available during designated water breaks	3.78	3.67	-0.11	1.0000
100% fruit juice is offered:	3.78	3.56	-0.22	1.0000
Sugary drink (Kool-Aid, sports drinks, sweet tea, punches, soda) other than 100% juice are offered: 1 time per day	4.00	4.00	0.00	.
Milk served to children ages 2 years and older is usually: 2% reduced fat	3.11	3.33	0.22	0.5000

Soda and other vending machines are located: in public areas but not entrance	3.11	3.44	0.33	0.5000
Menus and Variety				
Menus used are: 2-week cycle	3.67	3.78	0.11	1.0000
Weekly menus include a combination of both new and familiar foods: some of the time	2.78	3.11	0.33	0.2500
Weekly menus include foods from a variety of cultures: some of the time	1.89	2.44	0.56	0.2500
Feeding Practices				
When children eat less than half of a meal or snack, the staff help determine if they are full before removing the plate: some of the time	2.56	3.11	0.56	0.2500
When children request seconds, staff help determine if they are still hungry before serving additional food: some of the time	2.78	3.22	0.44	0.3125
Children are encouraged by staff to try a new or less favorite food: some of the time	3.56	3.89	0.33	0.5000
Food is used to encourage positive behavior: most of the time	3.78	4.00	0.22	1.0000
Foods Offered Outside of Regular Meals and Snacks				
Guidelines provided to parents for food brought in for holidays or celebrations are: loose guidelines with healthier options encouraged	3.25	3.56	0.31	0.6250
Holidays are celebrated with mostly healthy foods or with non-food treats like stickers: some of the time	2.67	3.33	0.67	0.0625
Fundraising consists of selling only non-food items (like wrapping paper, coupon books or magazines): some of the time	2.22	2.43	0.21	0.7500
Supporting Healthy Eating				
Staff join children at the table for meals: some of the time	3.56	3.56	0.00	1.0000
Meals are served family style (children serve themselves with limited help): some of the time	1.78	2.67	0.89	0.1875
Staff consume the same food and drinks as the children: some of the time	3.00	3.22	0.22	0.7656
Staff eat or drink less healthy foods (especially sweets, soda and fast food) in front of the children: most of the time	3.11	3.67	0.56	0.0625
Staff talk informally with children about trying and enjoying healthy foods: some of the time	2.89	3.78	0.89	0.0313*
Support for good nutrition is visibly displayed in 2 to 5 year old classrooms and common areas by: a few posters, pictures, or books about healthy food displayed in a few rooms	2.33	3.22	0.89	0.1250

Nutrition Education for Staff, Children, and Parents				
Training opportunities on nutrition (other than food safety and food program guidelines) are provided for staff: less than 1 time per year	2.56	3.78	1.22	0.0625
Nutrition education is provided for children through a standardized curriculum: 1 time per month	2.00	2.56	0.56	0.1250
Nutrition education opportunities are offered to parents (workshops, activities and take home materials): less than 1 time per year	2.22	3.00	0.78	0.2188
Nutrition Policy				
A written policy on nutrition and food service that covers most of the above topics: exists informally, but is not written or followed	3.00	3.56	0.56	0.1250
Active Play and Inactive Time				
Active play time is provided to all children: 46-90 minutes each day	2.78	3.11	0.33	0.5938
Teacher-led physical activity is provided to all children: 2-4 times per week	2.89	3.67	0.78	0.1563
Outdoor active play is provided for all children: 2-4 times per week	3.33	3.67	0.33	0.3750
Active play time is withheld for children who misbehave: sometimes	2.78	3.67	0.89	0.0781
Children are seated (excluding naps and meals) more than 30 minutes at a time: 3-4 times per week	3.56	3.78	0.22	1.0000
Television and video use consists of the: TV turned on for 3-4 hours per week	3.56	3.67	0.11	1.0000
Play Environment				
Fixed play equipment (tunnels, balancing equipment, climbing equipment, overhead ladders) is: only one type of equipment is available	3.22	3.56	0.33	0.2500
Portable play equipment (wheel toys, balls, hoops, ribbons) consists of: some variety but children must take turns	3.00	3.44	0.44	0.3125
Outdoor portable play equipment is: located out of child sight and reach, staff must access	3.11	3.56	0.44	0.3125
Outdoor play space includes: very limited open running space, no track/path for wheeled toys	3.22	3.33	0.11	1.0000
Indoor play space is available: for very limited movement (jumping and rolling)	3.22	3.44	0.22	0.6250
Supporting Physical Activity				
During active play time staff: sometimes encourage children to be active	3.22	3.78	0.56	0.1875
Support for physical activity is visibly displayed in 2 to 5 year old classrooms and common areas by: a few posters, pictures, books about physical activity displayed in a few classrooms	2.00	2.67	0.67	0.1250

Physical Activity Education for Staff, Children, and Parents				
Training opportunities are provided for staff in physical activity (not including playground safety): less than 1 time per year	2.56	3.22	0.67	0.2500
Physical activity education (motor-skill development) is provided for children through a standardized curriculum: 1 time per month	2.56	3.11	0.56	0.2500
Physical activity education is offered to parents (workshops, activities and take home materials): less than 1 time per year	1.89	2.33	0.44	0.5000
Physical Activity Policy				
A written policy on physical activity that covers most of the above topics: exists informally but is not written or followed	2.33	3.22	0.89	0.1250

*Results are statistically significant at the $p < 0.05$ level.

The pre-post Wilcoxon Signed Rank Test analysis revealed that one nutrition standard significantly improved ($p < 0.05$) - *staff talking informally with children about trying and enjoying healthy foods*. No physical activity standards significantly improved from pre to post.

At baseline, only two of the 37 nutrition responses were below standard (1 on the 1-4 Likert scale): *weekly menus include foods from a variety of cultures and meals are served family style*, while 20 out of the 37 responses exceeded or far exceeded standards (3 or 4 on the 1-4 Likert scale). After the intervention, no nutrition responses were below standard and four were still at “met the standard.”

Similar findings appeared for physical activity. At baseline, only *physical activity education is offered to parents* was rated below standard and 9 out of the 17 standards were rated as exceeding or far exceeding standards (3 or 4 on the 1-4 Likert scale). After the intervention, no physical activity areas were below standard and two areas were still at the “met the standard” level at post administration.

Key Informant Interviews

This section highlights common themes for several key questions that were asked during the interviews. In addition, some outlier answers are also reported to illustrate unique successes or challenges reported by ECE personnel.

Overall the ECE interviewees were experienced ECE providers, with an average experience working in an ECE setting of 10 years (range of 10 months - 28 years). With the exception of three interviewees, these individuals had been working at their ECE for an average of 36 months. Most knew how many goals they had set and the majority indicated that they had met most of them, however, a few mentioned that they have not continued to implement some of the initial improvements they had made.

Childcare Staff Reactions

In characterizing how staff changed over time, some wonderful examples surfaced about teachers' behavior: "Pop bottles started disappearing in the classroom....that they [staff] were not understanding that they set such a personal example for the kids nutrition" and describing how "I do see them [staff] bringing healthier snacks into the center. I see them bringing: carrots, cucumbers, salads, those types of things instead of the junk food that they would carry in before."

Each interview began with a general "tell me about our experience with NAPSACC" question. There were mostly positive comments

for this question.

When prompted, participants reported the resources, particularly resource

"A wedger for apples, oranges, strawberries; I would have taken that training just to get that thing for free."

tools, and tips to reach parents were frequently mentioned. The funding/grants to purchase materials and equipment was also mentioned. There were a few negatives also mentioned. Some viewed the workshops as repetitive and paperwork was tedious. The ongoing financial/resource availability with not having resources needed to make changes was mentioned by one center. When asked to rate their experience on a 1-5 scale, with 5 being the most positive and 1 being the most negative, all but one center rated it as a "5". The other center rated "4" and said the reason was due to a request for technical assistance that was not answered. Interviewees attributed the high ratings they gave to the support they received from KEYS, particularly the technical assistance and funding to purchase equipment. The time saving food wedger was very popular.

The primary mechanism by which NAPSACC was introduced to ECE staff was through staff meetings. Some ECEs sent the Director and/or a teacher to the workshops and they brought back the information. One ECE used the first workshop as a test case to determine if they would continue. Although initially being dismayed that the training was on a Saturday, this ECE's teachers were so excited about NAPSACC that they started implementing ideas they learned on the following Monday and attended the other two NAPSACC workshops. Respondents were mixed in describing ECE staff's initial attitudes toward NAPSACC and their reactions over time. Some respondents characterized their staff as initially hesitant and then positive about NAPSACC. Others reported that their staff was excited about NAPSACC from the beginning and that this enthusiasm was maintained. Still other respondents said their staff was initially excited, but that their enthusiasm waned over time. One respondent

noted a teacher's resistance to eating with the children during family style meals: "The biggest thing was the family style meals that staff had to actually sit with the kids and have the food on the plate that the kids were eating. One teacher didn't want that food on her plate."

Main accomplishments during the project period included getting staff on board (seemed to be primarily focused on staff not drinking soda in front of children), integrating physical activity throughout the curriculum, especially during transition times or throughout the day, healthy changes to the menu, kids trying more fruits and vegetables, and changing celebrations to include healthy food with less of an emphasis on food and more physical activity. Challenges with providing indoor physical activity were mentioned, particularly in the context of inclement weather. The program was easy to implement and make small changes were mentioned by several centers.

When asked specifically about nutrition related changes, more nutritious menus in general and trying to add more fresh fruits and vegetables in menus/snacks were the most frequently mentioned main nutrition-related accomplishment. Healthier celebrations were the next most frequently mentioned accomplishment. The introduction of family style meals and the development of a staff policy of not allowing outside foods or drinks in front of the children were also noted. The handouts and information shared, particularly the recipes, were cited as most helpful. Other helpful aspects included the infused water and access to experts (nutritionist and garden experts). MyPlate and family style meals were also mentioned. One respondent had the following to say about the family style meals: – "the kids [were] very excited about serving themselves; it was almost empowering."

However, these changes were not without challenges. Financial issues such as the cost of fruits and vegetables and the person power to chop the fruits and vegetables were the most frequently cited barriers to implementing nutrition changes. One respondent described how her ECE addressed these issues: "We took the tools that we got from NAPSACC as well as tweaking a few things financially and we were able to hire one of our parents for 3 hours daily and she just chops food." A few respondents mentioned initial resistance from the children to try new foods, but all noted that the children eventually came around. A similar pattern was noted for parents; initial resistance followed by positive reactions. Respondents that rely on their food from the



county school system noted that they felt limited in what they could do to make nutrition related changes because of the county guidelines and types of foods they receive. Interviewers asked what else centers might need to continue to make nutrition changes. Although most respondents indicated they did not need anything, some mentioned more recipes and more ideas of what to serve the children. One respondent mentioned needing help working with the county school system and another mentioned needing more KEYS technical assistance.

The next series of questions addressed physical activity related changes that were made. Several respondents mentioned integrating physical activity throughout the day rather than just doing it in a block of time. Learning how to make small changes was mentioned by many of the centers. One respondent mentioned that her ECE increased oversight of teachers to make sure physical activity policies are being followed. Another noted that they have changed the policy of withholding physical

“Teachers were hesitant about their schedules and the noise levels because they were used to “shush” line up ‘be quiet’ but now they are stomping like elephants down the hallway and it’s different. They are singing coming down the hallway going outside.”

activity time as punishment. The parts of the KEYS NAPSACC training model that helped centers the most again were the resources, both personnel and materials/supplies. The physical activity expert that led the second workshop was clearly motivational, as numerous interviewees mentioned him. The interactive nature of that second workshop was also cited as significant in helping make physical activity changes. The funds to purchase equipment and the equipment itself were also mentioned as helpful. One respondent noted how helpful the tools were going to be in meeting new licensing requirements for 120 minutes/day of physical activity: “This was so timely, because [DHHR] licensing was making us go to 120 minutes per day... As soon as we came out the second NAPSACC workshop, we had tons of tools.” Barriers that were mentioned that hindered further physical activity improvements were primarily related to lack of physical space and staff and WV climate. Staff resistance was also mentioned, but the quote above demonstrates how that initial resistance changed. Most felt that they did not need any further resources or information, though one mentioned grant opportunities and another suggested doing a one a year refresher.

The parental engagement portion of the NAPSACC workshops elicited the most limited responses in the interviews. Some reported not engaging the parents at all and others indicated they shared information via normal means of communication. Newsletters were the primary medium for communicating with parents, including recipes for parents to try. One ECE used Facebook as a way to market healthy alternatives to parents. Another center planned to do some physical activity related events with parents. Parents’ reactions ranged from none to being “really enthusiastic.” One respondent noted parents continuing to believe the seemingly intractable notion that eating out is cheaper than cooking at home: “...have heard a few say that it is so expensive to cook at home and it’s cheaper to eat out but that has always been what they said before this program.” However it is worth noting that this was overheard by staff and was not part of any formal attempt by the center to solicit parent’s feedback or opinions. There were other “anecdotal” reports of parental opinions, specifically on healthy eating but only one center reported that they planned to have a “family night thing.”

The interviews were replete with examples of the children's enthusiasm for both the nutrition and physical activity changes occurring in the ECEs. "They absolutely loved the MyPlate. It is funny because now if you put the food out they will be like there is nothing in this hole, here are the grains, I don't have



this one on here... they know where the fruits and vegetables are supposed to go. That tells us they know what is supposed to be on their plate." Another respondent noticed the effect of physical activity on children's attention spans: "They get really excited any time you do physical activity. It does help them focus more when you do those things like stretching and moving more and helps them come back and focus more when they need to. Yes I noticed that when we give them a chance to move" when they come back to an activity they were able to do it for a much longer period of time. Instead of reading 2 books, they are able to get through 3 because they got up and moved." Regarding the children's reactions over time, most respondents reported that the children not only remained enthused about the changes, but also looked forward to and even expected/demanded or initiated the physical activities.

Changes with the children's behaviors were not the only improvement reported. Most respondents said they made personal changes or with their families/children, both with physical activity and nutrition. Physical activity related changes included "I did with my son; tried to get him out more. Now he's out and running around" and "We were looking at physical activity as something we needed to do more of, looking at physical activity as a family time. Using the tools I got [from NAPSACC] to make it [physical activity] more of a priority."

"THE KIDS LOOK FORWARD TO IT. WHAT ARE WE PUTTING ON THE PARACHUTE TODAY?! DO WE GET TO RUN UNDER THE PARACHUTE TODAY?! IT HAS ALSO BECOME A BEHAVIOR MOTIVATOR."

"...NOW THEY EXPECT IT AND ASK FOR IT IF THEY HAVE A SUBSTITUTE TEACHER"

"THE CHILDREN WERE SHOCKED THEY WERE LETTING THEM MAKE NOISE WHEN THEY WERE USED TO "SHUSH" WITH THE TRANSITIONING AND DIDN'T KNOW HOW TO TAKE IT AT FIRST."

Nutrition related changes centered on reducing or eliminating soda: "We took the, "sugary drink challenge" and "I stopped drinking pop and drink water much more. I also stopped giving Sprite give to my son when I learned about citric acid and what it does to the teeth enamel." Other nutrition related changes included portion control: "I cut down on the amount of food I ate, serving sizes..." food preparation practices: "...have watched the amount of fried. We do a lot of baking foods," increasing fruit and vegetable consumption: "We stopped buying canned

fruits and vegetables all together; we either go with frozen or fresh. We have just started eating more fresh fruits and vegetables at home,” and food purchasing practices: “I was really bad before I took that training and started watching everything I bought and started watching what I was buying for my son like how much sugar is in some cereals and some have enormous amounts of sugar that you wouldn’t think.” One specifically relayed an experience of a colleague during this project. “It was kind of like a lightning bolt motivation for her. It even took her on a personal wellness journey she lost about 25 pounds.”

Interviewees were asked to provide recommendations for changes and advice for future NAPSACC projects. Although almost half of the respondents did not have improvement recommendations, several others suggested breaking the long workshop days into shorter sessions to reduce the information overload and having follow up sessions. One respondent suggested yearly follow up sessions and another felt that some of the information was repetitive and could be changed. Comments were also made that it was a lot of information to take in at once. All respondents indicated that they would participate in NAPSACC again and would (and have) recommend it to others. Respondents had many words of wisdom for centers considering NAPSACC. The most frequently recommended advice related to staff involvement and participation: “Bring as many teachers as you can/as they allow you to the workshops,” and “I would definitely recommend getting their kitchen staff to the trainings... preparing fresh foods is a huge commitment.” Other advice included starting slowly: “Start slow; do it gradually because if you try to implement too many things at one time it’s system overload for the staff and kids.” One respondent talked about communicating the value of NAPSACC: “It is well worth the time and effort you put into it. The children benefit from it. We are here to make a difference in their lives and teach them to be healthy. It helps create a healthy atmosphere. It makes you feel good to be able to do that.” However one site did caution potential other participants by saying: “I would just tell them there are so many priorities you have to have for licensing. NAPSACC doesn’t have a lot of things we need for guidelines and rules, but it meets many things for the whole-child approach we are supposed to use in childcare.”

Most respondents said they would continue using NAPSACC. Many mentioned the gardening as the activities they are planning to continue. Several said they wanted to do more outreach and education with parents. One respondent commented that NAPSACC should be available to 3 year olds. Another noted that the transition from processed to fresh food was good for business:

“The food program that we are working with has started allowing us to buy fresh fruits and vegetables directly from the farms. That is something we were not able to do before. This is something that is huge with the parents. This is actually something we share with new parents that come to the center. We share with them that we have 2 full time cooks who prepare food and make food. We are not buying anything processed or frozen. This is a huge benefit for our business in general.”

Although most respondents said they would use the self-assessment again, some said they would not. Reasons for using it again included the self assessment's value as a quality improvement tool: "I think it is something we should do on a continual basis just to see where we're at, and where we do need to make improvements." Reasons for not using it again included not seeing a need after doing it the first time: "No probably won't do the assessment again unless involved in the program again. Now that I've done it, I know where we stand on the issues so I know if we're better or worse."

Overall, respondents reiterated all the positive attributes of NAPSACC they previously voiced, but one respondent took it one step further and described how NAPSACC and KEYS were different than the state guidelines they must follow: "NAPSACC linked arms with us, and that is not something I would want to be a one-time thing.... NAPSACC was implementing the same things we have had to implement for the last 4 years, but they gave us a "why", networking, and tools..."

Discussion and Recommendations

Participating centers were positive about their NAPSACC experiences. This was demonstrated both in the workshop satisfaction surveys and the key informant interviews. Centers expressed concerns and issues about time management during the workshops, having repetitious information presented and having clear expectations upfront on the time commitment for the trainings. KEYS should consider these issues for future workshops. Overall, across the three workshops, over 90% of participants indicated they would change or enhance their work style in response to NAPSACC. This is a very encouraging finding.

Interviewees reported that the changes were easy to make and can be small improvements and still make an impact. This aspect of the project can serve to stimulate other centers who are considering using NAPSACC and/or participating in the KEYS training model. However one site did caution potential other participants by indicating that the NAPSACC model does not include everything that is necessary for meeting regulatory guidelines and rules. This director noted that NAPSACC is structured to address needs for the "whole child" but centers would need to address other guidelines and rules in addition to using the NAPSACC model.

Although limited statistical significance was achieved in the pre and post self assessment, a majority of the standards showed improvement in a positive direction. For example, 31 out of 37 nutrition responses improved from pre to post and all physical activity standards improved. The small sample size may have contributed to the lack of significant findings. More than one center reported already practicing several of the "best practice" activities prior to their participation with KEYS. These high baseline levels could have also impacted the lack of significant findings for this small group of centers.

Further, while there was positive movement for all NAPSACC assessment areas, there is still room for improvement on the areas which were still at “met the standard” (scores between 2 and 3) at post intervention.

Regression in goal achievements or incomplete goal achievement was reported by more than one center. The sustainability of improvements made during the NAPSACC training seemed to be an issue for these centers. Continuation of multicultural food introduction, family style meals, parental engagement and working with the local school system were all areas where centers reported needed improvements. Relapse also occurred regarding personal changes staff made in their homes. Additional follow-up after the current NAPSACC training model was desired by almost all of the centers. Centers mentioned yearly check-ins or additional workshops on new topics or a refresher course would be beneficial. KEYS should consider a mechanism to somehow continue the enthusiasm for change and improvements. Perhaps monthly emailed communications or other brief check-ins after all the workshops are over might keep the motivation going. Implementation of additional technical assistance follow-up or workshops could assist with the regression of goals, sustainability of improvements that were realized during the project, and could help centers move beyond the “meet the standard” level to exceed or best practice level.

The resources, both experts and materials/supplies, were the main benefits centers reported receiving through NAPSACC. However, at least one respondent mentioned a lack of resources and financing as a barrier to making desired changes. This again raises the question about the sustainability of improvements without the resources and financing available with the KEYS training model.



“NAPSACC LINKED ARMS WITH US, AND THAT IS NOT SOMETHING I WOULD WANT TO BE A ONE-TIME THING.... NAPSACC WAS IMPLEMENTING THE SAME THINGS WE HAVE HAD TO IMPLEMENT FOR THE LAST 4 YEARS, BUT THEY GAVE US A "WHY", NETWORKING, AND TOOLS...”

Parental engagement appears to be the greatest growth opportunity for centers. Some interviewees reported that they did not have any response from parents or that they used passive approaches such as including some information in the normal newsletters that are sent home. One center reported using Facebook for communication. The goals document review showed that some centers sent home information or guidelines about healthy celebrations, recipes and one center held cooking classes for parents. Another center had a monthly parent day for dancing in the gym. Several areas that scored the lowest in the post-assessment also deal with parent education activities. KEYS should continue to help centers implement more active and creative parent outreach efforts.

Since NAPSACC does not have age limits, it appears there was some confusion on who/where the changes could be implemented. This could have been a misunderstanding on the interviewee's part but it is worth mentioning as another area where clear communication may be needed. Centers should be encouraged to implement changes in all of their classrooms and modify the activities based on the age grouping as necessary.

This group of NAPSACC participants also reported improvements in healthy behaviors by childcare center personnel. Multiple interviewees reported changing what they personally ate or the foods they purchased for their own families as a result of what they learned through their participation in NAPSACC. Others reported changing the amount of sugar-sweetened beverages that they drank. Not only will these types of changes benefit the childcare staff member and their families, but will also serve as healthier role models for the children attending the childcare center sites in the future.

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Appendix A – Workshop Evaluation Form

WV STARS Registered Training Evaluation

Please complete and return to presenter.

Title of Training:	
Presenter(s) Name:	
Sponsoring Trainer (if applicable):	
Training Registration #:	Trainer's Registry ID #:
Training Date:	County:

Training Content	Strongly Agree	Agree	Disagree	Strongly Disagree
I gained knowledge and/or skills.	4	3	2	1
The training met my expectations.	4	3	2	1
The materials distributed were useful.	4	3	2	1
I plan to change or enhance my work style/program in response to this training.	4	3	2	1
Trainer	Strongly Agree	Agree	Disagree	Strongly Disagree
Trainer was engaging and friendly.	4	3	2	1
Trainer was professional.	4	3	2	1
Participation and interaction were encouraged.	4	3	2	1
Overall rating of trainer.	4	3	2	1

Overall, I was satisfied with the training.	4	3	2	1
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What part of the training was most useful?

How could the training be improved?

Additional comments:

Presenter/Sponsoring Trainer must retain evaluations or evaluation summary for three years.

West Virginia State Training and Registry System

611 7th Ave, Suite 322 Huntington, WV 25701 Phone: (304) 522-7827 Fax (304) 529-2535 Email: tcr@rvcds.org

Appendix B – NAPSACC Assessment Form and Instructions



NAP SACC Self-Assessment Instruction

Sheet

Purpose: To guide providers through the NAP SACC self-assessment by clarifying questions and providing a term glossary.

General Instructions: When completing this instrument, it is important to honestly assess your facility's environment so that your NAP SACC consultant can help you set and meet goals to improve the nutrition and physical activity environment, policies and practices. When answering the questions, keep in mind what your facility does a majority of the time as your practices may fall into more than one category. Be sure to involve any key staff members that may help in answering questions.

Section 1: Nutrition

- Fruit includes all fruits, applesauce, and dried fruit. This does not include 100% fruit juice.
- Vegetables include all vegetables and potatoes, unless they are fried. This does not include beans like pinto and baked beans.
- Weekly menus that include a combination of both new and familiar foods refers to offering new foods at the center by cooking a familiar food in a new way or offering a new kind of food all together alongside familiar foods you know the children enjoy.
- Cultural foods are foods from different countries that may not be familiar to the children. This may include, but not limited to: Chinese, Vietnamese, Mediterranean, Spanish, Caribbean, Polish, or French, etc.
- Determination of hunger and fullness when children request seconds or eat less than half of a meal refers to the ability of staff to help children listen to their body before throwing away food or requesting seconds. "Are you full? or Are you still hungry?" are **NOT** hunger/fullness prompts by staff, but prompting the children to listen and feel their bellies are.
- Staff nutrition education and training may include general information related to infant, toddler, or preschooler nutrition, introduction to a new nutrition curriculum, healthy meal/menu planning, etc. This does not include training on food program guidelines or food safety/sanitation.
- Nutrition education for parents refers to things such as workshops, activities, take home materials, and health fairs that provide families with information on healthy eating or cooking.

- A written policy on nutrition and food service that covers most of the above topics refers to a policy that focuses on serving healthy foods and mentions the NAP SACC key areas including:
 - *Fruits and Vegetables*
 - *Meat, Fats, & Grains*
 - *Beverages*
 - *Menus and Variety*
 - *Feeding Practices*
 - *Foods Offered outside of Regular Meals and Snacks*
 - *Supporting Healthy Eating*
 - *Nutrition Education for Staff, Children, and Parents*

Section 2: Physical Activity

- Active play time is described as indoor or outdoor play time, which allows children to be able to run, skip, hop, jump, etc. This type of play time does not have any limitations.
- Teacher-led physical activity refers to an activity that is led by the teacher, promotes active movements and is designed so all young children are **active participants**.
- Withholding active play time for misbehavior is defined as making a child sit inside or outside for an extended period of time or shortening active play time for the entire class. It is not defined by short time-outs.
- Staff physical activity education and training includes education on specific areas related to physical activity such as ways to reduce sedentary time while at child care, ways to increase movement throughout the day, what are developmentally appropriate gross motor activities, etc.
- Physical activity education for children should include motor skill development.
- A written policy on physical activity that covers most of the above topics refers to a policy that focuses on increasing physical activity at child care and mentions the NAP SACC key areas including:
 - Active Play and Inactive Time
 - Play Environment
 - Supporting Physical Activity
 - Physical activity Education for Staff, children, and Parents
 - Physical Activity Policy

Term Glossary

Canned in juice: Canned without additional sugars such as light and heavy syrups.

Prefried: Often frozen chicken nuggets, fish sticks, French fries and tator tots were fried. before processing. Even if you bake these items before serving they have extra fat due to frying.

Cycle menu: This means that the same foods are used over again during the next cycle. For example if you are using a 1-week cycle snack menu that means that the children receive the same thing for snack every Monday.

Celebrations: These include all events hosted by the facility, for example birthdays, holiday parties (Halloween, Valentines’s Day,etc), Family Fun Day, etc.

Fundraising: Anything that is done to raise money for the facility or for the children.

Family style eating: Food is placed in bowls on the table and children are allowed to serve themselves.

Informal education: Discussion with the children by teachers that is not part of a formal lesson. This may include talk about that day’s lunch and how it is good for the body or talk on the playground about how running builds strong muscles.

Standardized curriculum: This can be a pre-existing curriculum such as Color Me Healthy or I Moving I Am Learning or it can be lessons put together by the teacher. Formal nutrition and physical activity education would be part of the lesson plan.

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Nutrition and Physical Activity Self-Assessment for Child Care

Your Name: _____ Date: _____

Child Care Facility Name: _____

Please read each statement or question carefully and check the response that best fits your child care facility. Refer to the instruction sheet for clarification of question, examples, and definitions.

SECTION I: NUTRITION

(N1) Fruits and Vegetables

A. Fruit (not juice) is offered:	<input type="checkbox"/> 3 times per week or less	<input type="checkbox"/> 4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
B. Fruit is offered canned in own juice (no syrups), fresh, or frozen:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Vegetables (not including French fries, tater tots, hash browns, or dried beans) are offered:	<input type="checkbox"/> 2 times per week or less	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day

D. Vegetables, other than potatoes, corn, and green beans, are offered:	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 or more times per day
E. Cooked vegetables are prepared with added meat fat, margarine or butter:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never

(N2) Meats, Fats, and Grains

A. Fried or pre-fried potatoes (French fries, tater tots, hash browns) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never
B. Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never
C. High fat meats (sausage, bacon, hot dogs, bologna, ground beef) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never
D. Beans or lean meats (baked or broiled chicken, turkey, or fish) are offered:	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 or more times per day
E. High fiber, whole grain foods (whole wheat bread, oatmeal, brown rice, Cheerios®, etc) are offered:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 times per day	<input type="checkbox"/> 2 or more times per day
F. Sweets or salty foods (cookies, cakes, muffins, chips, etc) are offered:	<input type="checkbox"/> 1 or more times per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Less than once a week or never

(N3) Beverages

A. Drinking water outside is:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Visible, but only available during designated water breaks	<input type="checkbox"/> Easily visible and available on request	<input type="checkbox"/> Easily visible and available for self-serve
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B. Drinking water inside is:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Visible, but only available during designated water breaks	<input type="checkbox"/> Easily visible and available on request	<input type="checkbox"/> Easily visible and available for self-serve
C. 100% fruit juice is offered:	<input type="checkbox"/> 2 or more times per day	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 2 times per week or less
D. Sugary drinks (Kool-Aid™, sports drinks, sweet tea, punches, soda) other than 100% juice are offered:	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> Less than 1 time per month	<input type="checkbox"/> Rarely or never
E. Milk served to children ages 2 years and older is usually:	<input type="checkbox"/> Whole or regular	<input type="checkbox"/> 2% reduced fat	<input type="checkbox"/> 1% low-fat	<input type="checkbox"/> Skim or non-fat
F. Soda and other vending machines are located:	<input type="checkbox"/> In entrance or front of building	<input type="checkbox"/> In public areas, but not entrance	<input type="checkbox"/> Out of sight of parents and children	<input type="checkbox"/> No vending machines on site

(N4) Menus and Variety

A. Menus used are:	<input type="checkbox"/> 1-week cycle	<input type="checkbox"/> 2-week cycle	<input type="checkbox"/> 3-week cycle or more without seasonal change	<input type="checkbox"/> 3-week cycle or more with seasonal change
B. Weekly menus include a combination of both new and familiar foods:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Weekly menus include foods from a variety of cultures:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

(N5) Feeding Practices

A. When children eat less than half of a meal or snack, the staff help determine if they are full before removing the plate:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
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B. When children request seconds, staff help determine if they are still hungry before serving additional food:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Children are encouraged by staff to try a new or less favorite food:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
D. Food is used to encourage positive behavior:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never

(N6) Foods Offered Outside of Regular Meals and Snacks

A. Guidelines provided to parents for food brought in for holidays or celebrations are:	<input type="checkbox"/> Not available	<input type="checkbox"/> Loose guidelines with healthier options encouraged	<input type="checkbox"/> Written guidelines for healthier options that are not always enforced	<input type="checkbox"/> Written guidelines for healthier options that are usually enforced
B. Holidays are celebrated with mostly healthy foods or with nonfood treats like stickers:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Fundraising consists of selling only non-food items (like wrapping paper, coupon books or magazines):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

(N7) Supporting Healthy Eating

A. Staff join children at the table for meals:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
B. Meals are served family style (children serve themselves with limited help):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Staff consume the same food and drinks as the children:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

D. Staff eat or drink less healthy foods (especially sweets, soda and fast food) in front of the children:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never
E. Staff talk informally with children about trying and enjoying healthy foods:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
F. Support for good nutrition is visibly displayed in 2 to 5 year old classrooms and common areas by:	<input type="checkbox"/> No posters, pictures, or books about healthy food displayed	<input type="checkbox"/> A few posters, pictures, or books about healthy food displayed in a few rooms	<input type="checkbox"/> Posters, pictures, or books about healthy food displayed in most rooms	<input type="checkbox"/> Posters, pictures, or books about healthy food displayed in every room

(N8) Nutrition Education for Staff, Children, and Parents

A. Training opportunities on nutrition (other than food safety and food program guidelines) are provided for staff:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more
B. Nutrition education is provided for children through a standardized curriculum:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 time per month	<input type="checkbox"/> 2-3 times per month	<input type="checkbox"/> 1 time per week or more
C. Nutrition education opportunities are offered to parents (workshops, activities and take home materials):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more

(N9) Nutrition Policy

A. A written policy on nutrition and food service that covers most of the above topics:	<input type="checkbox"/> Does not exist	<input type="checkbox"/> Exists informally, but is not written or followed	<input type="checkbox"/> Is written, but not always followed	<input type="checkbox"/> Is written, available and followed
--	---	--	--	---

SECTION II: PHYSICAL ACTIVITY

(PA1) Active Play and Inactive Time

A. Active play time is provided to all children:	<input type="checkbox"/> 45 minutes or less each day	<input type="checkbox"/> 46-90 minutes each day	<input type="checkbox"/> 91-120 minutes each day	<input type="checkbox"/> More than 120 minutes each day
B. Teacher-led physical activity is provided to all children:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
C. Outdoor active play is provided for all children:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
D. Active play time is withheld for children who misbehave:	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Never and we provide more active play time for good behavior
E. Children are seated (excluding naps and meals) more than 30 minutes at a time:	<input type="checkbox"/> 1 or more times per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Less than once a week or never
F. Television and video use consists of the:	<input type="checkbox"/> TV turned on for 5 or more hours per week	<input type="checkbox"/> TV turned on for 3-4 hours per week	<input type="checkbox"/> TV turned on 2 hours per week or less	<input type="checkbox"/> TV used rarely or never

(PA2) Play Environment

A. Fixed play equipment (tunnels, balancing equipment, climbing equipment, overhead ladders) is:	<input type="checkbox"/> Unavailable at our site	<input type="checkbox"/> Only one type of equipment is available	<input type="checkbox"/> Different equipment available that suits most children	<input type="checkbox"/> Wide variety of equipment available and accommodates needs of all children
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B. Portable play equipment (wheel toys, balls, hoops, ribbons) consists of:	<input type="checkbox"/> Little variety and children must take turns	<input type="checkbox"/> Some variety but children must take turns	<input type="checkbox"/> Good variety but children must take turns	<input type="checkbox"/> Lots of variety for children to use at the same time
C. Outdoor portable play equipment is:	<input type="checkbox"/> Available during special times only	<input type="checkbox"/> Located out of child sight and reach, staff must access	<input type="checkbox"/> Available on request	<input type="checkbox"/> Freely available by children at all times
D. Outdoor play space includes:	<input type="checkbox"/> No open running spaces or track/path for wheeled toys	<input type="checkbox"/> Very limited open running space, no track/path for wheeled toys	<input type="checkbox"/> Plenty of open running space, no track/path for wheeled toys	<input type="checkbox"/> Plenty of open running spaces and a track/path for wheeled toys
E. Indoor play space is available:	<input type="checkbox"/> For quiet play only	<input type="checkbox"/> For very limited movement (jumping and rolling)	<input type="checkbox"/> For some active play (jumping, rolling and skipping)	<input type="checkbox"/> For all activities, including running

(PA3) Supporting Physical Activity

A. During active play time staff:	<input type="checkbox"/> Supervise play only (mostly sit or stand)	<input type="checkbox"/> Sometimes encourage children to be active	<input type="checkbox"/> Sometimes encourage children to be active and join children in active play	<input type="checkbox"/> Often encourage children to be active and join children in active play
B. Support for physical activity is visibly displayed in 2 to 5 year old classrooms and common areas by:	<input type="checkbox"/> No posters, pictures, or books about physical activity displayed	<input type="checkbox"/> A few posters, pictures, or books about physical activity displayed in a few rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in most rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in every room

(PA4) Physical Activity Education for Staff, Children, and Parents

A. Training opportunities are provided for staff in physical activity (not including playground safety):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more
B. Physical activity education (motorskill development) is provided for children through a standardized curriculum:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 time per month	<input type="checkbox"/> 2-3 times per month	<input type="checkbox"/> 1 time per week or more
C. Physical activity education is offered to parents (workshops, activities and take home materials):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more

(PA5) Physical Activity Policy

A. A written policy on physical activity that covers most of the above topics:	<input type="checkbox"/> Does not exist	<input type="checkbox"/> Exists informally, but is not written or followed	<input type="checkbox"/> Is written, but not always followed	<input type="checkbox"/> Is written, available and followed
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Ammerman, AS, Benjamin, SE, Sommers, JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007.

For more information about this self-assessment instrument and the NAP SACC project, please visit www.napsacc.org.

Please use the following citation when referencing this instrument: Ammerman, AS, Benjamin, SE, Sommers, JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007.



State of North Carolina • Michael F. Easley, Governor | Department of Health and Human Services • Carmen Hooker Odom, Secretary

• Division of Public Health • NC Healthy Weight Initiative

Department of Nutrition • UNC Schools of Public Health and Medicine | UNC Center for Health Promotion and Disease Prevention

Appendix C – Key Informant Interview Guide

Interview Script – Final

1. How many years have you worked in an early childcare setting?
2. How long have you been in your current position?
3. Tell me about your experience with NAPSACC? What parts of the program did you find helpful or useful? What parts were not as helpful or what was not useful?
4. How many NAPSACC workshops did you personally attend?
5. About how many goals did you set for your center?
 - a. Did you met all of the goals you set?
 - b. What were the main accomplishments in the past 6 months?
6. How did you introduce NAPSACC to your staff?
 - a. What were their initial attitudes towards NAPSACC?
 - b. Did those change over time?
 - c. Did you notice any changes with your staff during this project?
7. Overall would you please rate your experience with NAPSACC as positive or negative, with 5 being Most Positive and 1 being Most Negative?
1 2 3 4 5
 - a. Why did you give this rating?
8. Since [***Insert month project began***], can you describe the nutrition-related changes that you implemented in your center as part of NAPSACC?
9. What parts of NAPSACC would you say best helped you implement nutrition-related changes?
10. What were the biggest challenges or barriers to implement nutrition-related changes in your center?
11. Are there other resources or information that you need right now to implement more nutrition related changes?
12. Since [***Insert month project began***], can you describe any physical activity-related changes that you implemented in your center as part of NAPSACC?
13. What parts of NAPSACC would you say best helped you implement PA changes?

14. What were the biggest challenges or barriers to implement physical activity changes in your center?
15. Are there other resources or information that you need right now to implement more physical activity related changes?
16. Did you communicate with parents about NAPSACC? If yes, how?
 - a. How did the parents respond?
17. How did the children react to the changes made to your center as part of NAPSACC?
 - a. Did the children's reactions change over time? If yes, how?
18. What recommendations would you make to improve NAPSACC?
19. If you could change 1 thing about NAPSACC, what would it be and why?
20. Did you make any personal changes or changes in your home/with your family related to eating or physical activity as a result of participating in NAPSACC?
21. Would you participate again as a NAPSACC site?
22. Would you recommend NAPSACC to another center?
23. If you could give advice to a center considering using NAPSACC, what would that be and why?
24. Do you plan to continue using NAPSACC in your center? If so, can you describe what you intend to do?
 - a. Do you plan to use the NAPSACC self-assessment tool again? If so, how/when?
25. Is there anything else we haven't covered that you want to tell me about NAPSACC?

Appendix D – Summary of Workshop Evaluations (Strongly Agree; Agree; Disagree; Strongly Disagree) plus Open ended comments

Items	Workshop 1: June 28, 2014 (n=22 participants)	Workshop 2: Aug. 2, 2014 (n=27 participants)	Workshop 3: Sept. 20, 2014 (n=20)
Training Content			
I gained knowledge and/or skills	100% (22) - Strongly Agree	96% (26) - Strongly Agree; 4% (1) - Agree	100% (20) - Strongly Agree
Training met my expectations	95% (21) - Strongly Agree; 5% (1) - Agree	93% (25) - Strongly Agree; 3.5% (1) - Agree; 3.5% (1) - Disagree	100% (20) - Strongly Agree
Materials were useful	100% (22) - Strongly Agree	96% (26) - Strongly Agree; 4% (1) - Agree	100% (20) - Strongly Agree
Plan to change/enhance my work style/program in response to this program	91% (20) - Strongly Agree; 9% (2) - Agree	93% (25) - Strongly Agree; 7% (2) - Agree	100% (20) - Strongly Agree
Trainer			
Trainer was engaging and friendly	100% (22) - Strongly Agree	96% (26) - Strongly Agree; 4% (1) - Agree	100% (20) - Strongly Agree
Trainer was professional	100% (22) - Strongly Agree	96% (26) - Strongly Agree; 4% (1) - Agree	100% (20) - Strongly Agree
Participation and interaction were encouraged	95% (21) - Strongly Agree; 5% (1) - Agree	96% (26) - Strongly Agree; 4% (1) - Agree	100% (20) - Strongly Agree
Overall rating of trainer	100% (22) - Strongly Agree	93% (25) - Strongly Agree; 7% (2) - Agree	100% (20) - Strongly Agree
Overall Satisfaction with training	95% (21) - Strongly Agree; 1 - Missing	93% (25) - Strongly Agree; 3.5% (1) - Agree; 3.5% (1) - Disagree	95% (19) - Strongly Agree; 5% (1) - Missing
Most useful parts of training	Menu tips were great Whole training was very informative Enjoyed learning proper nutrition servings Info and handouts All the info was great Nutrition information; eye opening statistics Food knowledge; love the physical activity Learning facts Nutritionist was a great presenter The nutrition guest speaker and she will help us with menus All information-but giveaway's and grants help us implement the information we have learned Setting goals and planning how to meet them	Loved the exercise and training Tips for kid's activities Tips-loved the physical activity portion Visual materials The music and movement Learned a lot and became more self aware Learned about incorporating music and dance It incorporated fun What a training; excellent! Loved the visual of sugar and fry sizes and calories Learning different kinds of gross motor skills Mr. Smith	Everything Great How did get parents involved in physical activity with their children All Everything You always are informative; nutrition and physical exercise New food ideals (ideas?) All Handouts/ideas of how to get through to parents Healthy celebrations How to get families involved more with their

	<p>Found everything very useful The goals to reach Getting inspired to get health into the classroom Milk-drinking when ill All of it-really loved the proportion part All of it Hands on training-positive approach; earlier notice for training start up; enjoyed it Learning how important nutrition is for children</p>	<p>The exercise part All of it Ways to encourage kids to be more active How important it is to eat calories instead of drinking them All of it was useful Everything, but Joe was totally awesome! All the information on physical activity Loved the physical activity with Joe! How the small things can keep you physically fit</p>	<p>children How to try to get families more involved with activities at the center All information was useful; NAPSACC is a wonderful program and has been an excellent tool to help implement change in our center All of it Have gotten so much information from this training. It has been great-all 3 sessions</p>
Suggested training improvements	<p>Excellent N/A; it was great More time N/A; loved it Limit questions to assigned time, so meeting does not go over time I enjoyed the training Overall, it was a great training More time or less info Nothing needs improved Chicken could use some salt-LOL Cooking class</p>	<p>More! Information sheets - websites, resources Time management; stay on task I really don't think you could have; I found everything very helpful Awesome training! I don't think it could Awesome No way; amazing as it is</p>	<p>All More hands on I don't know how Everything was encouraging Workshop N/A Not start so early</p>
Additional comments	<p>Very engaging On task, kept moving, very good Can't wait t'ill next time Loved, loved, loved this training Overall training was very useful Thank you My first time; so glad I came! I was very impressed Very good class-very happy I really enjoyed it You are doing a great job</p>	<p>Repeated information from Choosy program (IMIL) Had a good time and learned a lot Very active; very interesting; very informative Really enjoyed and gained knowledge Loved it Fun and very informational Thanks for the opportunity</p>	<p>Awesome Excited to implement ideas into program Awesome program/presenters-thanks for the opportunity Stay in touch to share ideas (ideas?) Thank you Very good Loved the workshops Great program; excellent resource information Was such a pleasure to meet the staff conducting the trainings and be able to collaborate with them</p>

Appendix E – Goal Settings by ECE’s

ECE	1st Workshop Goals	Status	2nd Workshop Goals	Status	3rd Workshop Goals	Status
Charleston Child Care and Learning Center	Introduce new fresh vegetables	Completed – new veg has been included at snack time: i.e. broccoli, cherry tomatoes. They have also included kale in salads.	Less TV time. Include more music and activity time.	Completed - TVs are now checked in and out by classroom teachers in order to better monitor time spent watching. Staff was also provided alternative ideas to using the TV.	Increase teacher led PA to at least once per day which includes use of balls, hoop, ribbon	Completed - New equipment provided more options to teachers in including scarves, balls, obstacle course.
	Add poster to classroom and books about healthy food	Completed - Materials have been added to the rooms with kids 3 and older. Participation in Farm to Childcare pilot will provide more. Would like assistance with materials appropriate for infants.	Instead of having children sit during outside time on playground, make them sit during an inactive activity	Completed - Children now get more immediate consequences, taking time outs from inside activities/centers instead of time outs during recess.	TV can only be used for special occasion	Completed -TVs are checked out for enrichment of classroom curriculum, for example: Magic School Bus videos that align with topics being discussed.
	Encourage nutrition education under weekly lesson plans	Completed - More healthy food discussion is occurring during circle time and activities/lessons have occurred focused on healthy food choices.	Less sit down activity and more activities that are active in daily lesson that is teacher led	Completed -Transition/waiting times have been reorganized to avoid children sitting...for instance, alternating boys and girls restroom breaks to cut down on time waiting and seated.	Active play time is not withheld for children who misbehave	Completed – (see Goal 2) - Children now get more immediate consequences, taking time outs from inside activities/centers instead of time outs during recess.
	Provide additional nutritional training for staff on how to include in daily schedule	Completed - Full staff training held 3 times a year and now spend at least 30 minutes at each of these on tying nutrition to curriculum.	Additional training for staff to implement PA for all ages	In Progress – changes have been implemented, but no formal training had taken place.	Include more pictures and books in classroom that deal with PA	In progress - Have purchased and displayed in 3 and older rooms, but would like help in finding materials for younger kids

ECE	1st Workshop Goals	Status	2nd Workshop Goals	Status	3rd Workshop Goals	Status
Come Grow with Me	Remove french fries from menu	Completed	Increase PA	Completed -CDs with action-based movement songs	Offer more beans on menu as a protein	Completed
	Family style meals	In progress -tried it out in cafeteria, but that didn't work- now moving to try it in classrooms; ordered bowls & portion plates	Install track on inside perimeter of playground for children to ride trikes on	In progress - having mining belts cut and installed; weather hindered progress	Increase the new food introduction on the menu	Completed
	Healthy celebrations	Completed -educated parents about healthy celebration options	Utilize more indoor space for PA	Completed -children using previously unutilized space	Would like to see staff eat and drink less unhealthy foods in front of the children	Partially Completed : Still working on beverages, but progress made with food
Gateway	Family style meals	Completed -children serve themselves with limited help	Limit TV use	Completed -no just sitting and watching TV; use Wi/Xbox to get kids moving	Quarterly parent seminars on health and PA	In progress -Planned for Feb & May 2015
	Have staff eat/drink less healthy foods in front of children	Completed -staff eat what children eat; have drinks in cups so children don't know what they are drinking	Add PA to curriculum	Completed -PA added to curriculum every day	Market healthy alternatives through Facebook page	In Progress - plan to post recipes for healthy meals, family PA two times/week
	Offer nutrition education to parents	Completed -passed out information on healthy eating; placed 5-2-1-0 posters in center	Have written PA policy	Unclear -notes say "add to our policy that each child will engage in daily PA"	Engage church associated with daycare to chop and wash fresh veggies.	Unclear

ECE	1st Workshop Goals	Status	2nd Workshop Goals	Status	3rd Workshop Goals	Status
Growing Place	Serve veggies 3-4 times/week	Completed -There is a fruit or veggie at every snack. Uses CACFP cycle menus for snacks with revisions by dietician.	Incorporated more organized PA throughout the day	Completed -doing yoga and dance at center time; yoga has become a center of its own in after care	PTO - completely redo group to involve all parents	In progress - Parent interest surveys sent home to identify ways parents were interested in getting involved. This survey showed more interest in volunteering in class than attending PTO meetings. Based on this, parents attended the center of the Week of Young Child activities: discussing jobs, reading books, hosting activities, and ending with a parent appreciation breakfast.
	Healthy celebrations	Incomplete -report having no opportunities to put plans into action yet	Parent involvement	Partially completed -have spoken to parents; still need to do more; have some activities planned with Power Park	Healthy celebrations-center will provide all food for celebrations and celebrate with healthy foods and activity. Something about a written policy being n/a	Completed - In the handbook it states preference of healthy foods...but handbook conflicts with Pre-K guidelines of no outside foods. Center now provides all food for celebrations.
	Nutrition education for staff, children, and parents	Partially completed -sent information home; still want to have classes for parents and teachers	Educating students	In progress - still need to do more about why PA is so important	Parent outreach-nutrition education for parents	Completed - Parent interest survey to gauge best ways to engage parents, indicated a preference for information delivered as handouts via email. Flyers from NAPSACC resources have been sent home and emailed.

ECE	1st Workshop Goals	Status	2nd Workshop Goals	Status	3rd Workshop Goals	Status
						Currently they have to be scanned in – digital format would increase exposure via email, Facebook, etc.
Hometown	Make water easily visible and available for self-serve-both indoors and outdoors	Completed -for both indoors and outdoors	Fully implement fitness trail	Completed - active play time; teacher led PA; outdoor play; fixed & portable equipment added to trail	Increase parent involvement -	Completed -more volunteers; monthly newsletter created; create multiple media sources (new web page, TV monitor in hallway, flyers for parents/community) In progress - monthly parent day for DIG
	Provide and enforce written guidelines for healthier food brought in and served for holidays and celebrations	Completed - have written nutrition policy; also training staff and parents, nutrition education for children; guidelines provided to parents for holidays; holidays celebrated with non-food items; fundraising mostly non-food items	Establish indoor play guidelines	In progress –small school-competition for gym space (due to lunch) is a problem; when weather is bad, children are confined to classrooms; indoor portable equipment added	Promote healthy messages to parents	Completed - parent cooking classes; model healthy eating at school events; share healthy recipes with families
	Weekend backpack buddies- nutritious food items that students can prepare themselves-to ensure that students have food	Completed - encouraging children to eat; keep kids from being hungry; expanding this-mailing backpacks to families	Expand DIG (Dancing in the Gym)	Completed – will tweak next year when they get a new gym teacher		

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Kid City Enrichment	Meals served family style	Completed	Television and TV use	Completed – TV is used less and not used unless a physical activity component.	Speak with parents at drop off and departure more	Completed – Staff interact with parents at drop off and pick up frequently. Family friendly activities have been planned for 'Week of the Young Child'
	Staff eat/drink less healthy food	In progress – All staff not allowed to drink soda or eat junk food in front of children. Some staff have reduced unhealthy food and drink consumption. Other staff has not.	Integrate PA in curriculum	Completed	More family planned activities	Completed – Every Friday at pick up is Family Fun Night. Families are encouraged to play games, have healthy beverages and have chance for staff to interact with parents.
	Nutrition education offered to parents	Not Completed – Interested in WVU Extension Adult Nutrition Class	Written policy on PA	Not Completed	Have healthy holiday dinner at center	Not Completed
Lighthouse Christian Academy	Home style family meals	In progress - starting with older children first; little by little; one food at a time	Teacher led PAs	Completed - teachers are doing 15 minute vigorous PA with the children and are incorporating it as part of their lesson	Missing information	Missing information
	No candy/sweets for celebrations	Completed - report says they asked parents to bring in healthy snacks	Teach gross motor/fine motor through music	Complete - teachers are using music to do PA with the children	Missing information	Missing information
	Eat fresh vegetables/fruit	Completed - buy fresh fruit and vegetables that are in season	Grow a garden	In Progress - getting garden started as soon as materials are delivered	Missing information	Missing information
	Teachers model healthy habits (no pop in front of kids)	Completed - no pop at the children's table; pop machine covered up				

ECE	1st Workshop Goals	Status	2nd Workshop Goals	Status	3rd Workshop Goals	Status
My Family	Try more varieties of vegetables.	Completed – Incorporated broccoli, celery. Had food tasting where all but one child at food demonstration tried the following.	Get better play equipment	Not Completed	Get water diffuser for each classroom.	Not Completed
	Incorporate more beans in meal planning.	Completed – Incorporated pinto and baked beans into menu	Demonstrate a better example for being active.	Completed	Try some ‘food games’ with fruits and veggies.	Completed
	Drink more water	In progress – Serve more water. Not all children will drink it however.	Have indoor play activities more often.	Completed – Added indoor play equipment.	Parent outreach.	Completed – More communication between staff and parents.
YWCA-Mel Wolfe	Serve family style meals 1 day/week for 4 year olds	Completed - actually exceeded goal-to 5 days/week	Incorporate PA every 30 minutes in classroom program	Completed - teachers lead a short physical activity every 30 minutes	Have fruit infused water available at pick up times, with recipe card	In progress -Have fruit infused water in 4 year olds class. Sometimes have available at pickup with recipe cards but not always.
	Offer more fruits and vegetables during meal time - fresh fruit at least three times/week; fresh vegetables 1-2 times/week	Completed - actually exceeded goal-serving more F&Vs at lunch <u>and</u> snack time	Ensure that students get outdoor playtime in morning and afternoon	Completed - going outdoors 2x/day in morning and afternoon	Putting ‘healthy’ information in newsletter, attach articles about increased physical activity.	Completed – incorporate healthy living information into newsletter.
	Offer infused water in 4 year old room	Completed - bought pitcher to incorporate infused water; now being offered in 4 year old room	Portable play equipment	In Progress - waiting on equipment to be delivered	No third goal	In Progress - Considering addition WVU Extension nutrition classes for parents/ staff.