



## **Head-Start Starting Young Project Phase 2**

Final Report

July 2008

## Report Summary

Funded by the Harvard Pilgrim HealthCare Foundation, Head Start Starting Young Phase 2 was a one-year project begun in September 2007. Building on lessons learned from the pilot project in York County, Maine Center for Public Health (MCPH) and Maine Harvard Prevention Research Center (MHPRC) engaged eight Healthy Maine Partnerships (HMP's) to further develop and refine this program within 32 Head Start sites/classrooms over one year. Starting Young also presented opportunities to work closely with the I Am Moving—I Am Learning (IMIL) initiative already universally adopted by Head Start in Maine, and for HMP's and Head Start to link up with pediatric and family practices participating in the Maine Youth Overweight Collaborative (MYOC), an innovative clinical collaborative designed to help both providers and their office systems address the issue of youth overweight.

MCPH developed/adapted nutrition and physical activity assessment tools for use by Head Start Centers with their HMP to determine opportunities to enhance existing work and increase awareness, and improving physical activity and nutrition policies and programs for staff, children and families. In November 2007, HMP's were provided with the five finalized survey tools to be used in their respective Head Start centers. These included a parent survey, a staff survey, a staff knowledge and practice self-assessment, a classroom nutrition self-assessment, and a classroom physical activity self-assessment. MCPH assisted the HMP's in baseline assessment data collection and analysis, providing HMP's online databases for data entry and related HMP specific data and analysis. To help share results, MCPH prepared a presentation of the aggregate data for use and modification by HMP's. Recommendations for improvement were drawn from the aggregate data and discussions with the HMP's at workgroup meetings. MCPH also assisted HMP's to identify areas for collaboration with local pediatricians and other clinicians to support Head Start efforts to improve physical activity and nutrition. Working closely with the IMIL initiative, MCPH and the Maine Nutrition Network (MNN) are developing and distributing evidence-based strategies and appropriate resources/tools that Head Start Centers could use to help address areas for improvement.

MCPH conducted a qualitative process and outcome evaluation of the baseline assessment process, Head Start policy and program improvements, and technical assistance provided. Respondents overall found the process of working with MCPH very useful. Not surprisingly, data collection and data entry was the most challenging aspect of the Phase 2 initiative. The presentation of the aggregate results was universally found useful and was shared with over 160 stakeholders around the state by HMP's. Fourteen percent (14%) of HMP's reported having made policy changes within their Head Start settings. Others reported that policy changes were underway but had not yet been implemented. HMP's provided important feedback on improvements to future work in this area.

Additionally, MCPH assisted IMIL with a Pre- and Post-training needs assessment. MCPH provided online databases for data entry. The surveys were conducted approximately 6 months apart during the project period. Many apparent improvements were observed, especially in the areas of outdoor activity; not withholding playtime; display of posters, books, pictures; staff training on physical activity; teaching children benefits of Physical activity; including physical activity education in parent trainings; and the use of TV for educational purposes.

### Recommendations for future implementation

For future implementation of Head Start Starting Young,

- Assessment surveys should be modified according to the survey limitations outlined under *Project accomplishments-Goal 3* below. Surveys should also be tailored to local needs and be modified in a participatory manner with the help of head Start staff.
- HMP's were provided with the aggregate assessment data presentation electronically and were encouraged to modify it with their local data (which they were provided in paper and electronic format). However, several HMP's stated that it would have been useful to have received their local data in presentation format (rather than in raw form) for use with stakeholders and action planning. A side-by side comparison of local and aggregate data in presentation was also suggested as something that would have been useful.
- Data collection and entry was the most challenging aspect of the Phase 2 initiative. Resources allowing—it would have been helpful to have the data entered for the HMP's, rather than to have expected them to be able to do this on their own due to expected time and skill limitations.
- Fourteen percent (14%) of HMP's reported policy changes within their Head Start settings. Others reported that policy changes were underway but had not yet been implemented. It would have been helpful to have model and/or sample policies available for Head Start centers to use as well as a “how to change policy” guide while they were trying to make policy and program changes locally.

## Background and Need

In 2004, 33.2% of Maine's kindergarten children were overweight or obese. Obese children have an increased risk of high blood pressure, high cholesterol, type 2 diabetes, early heart disease, becoming an obese adult, and have myriad psychological risks (Child Health Survey, Maine DHS). Children are developing unhealthy patterns early that may put them at risk for excess weight and chronic diseases in adolescence and adulthood. Children are getting too much screen time, exposing them to junk food marketing and substituting sedentary behavior for physical activity. Kids are not getting the recommended amount of physical activity and they are consuming too many high calorie foods and beverages and not enough fruits and vegetables. Childcare providers can help alter harmful patterns among children and families. The idea that childcare providers can be drivers and supporters of change has a broad empirical and theoretical basis. Early childhood may be an ideal time to focus on change for the following reasons:

- Prevention programs prior to age six are essential to altering trends in adolescence & adulthood
- Young families are often still forming or replicating childrearing practices
- Children's behavior patterns start during this time period
- Early education setting is the workplace for many who may be working on their own nutrition and physical activity issues and modeling those behaviors to children.

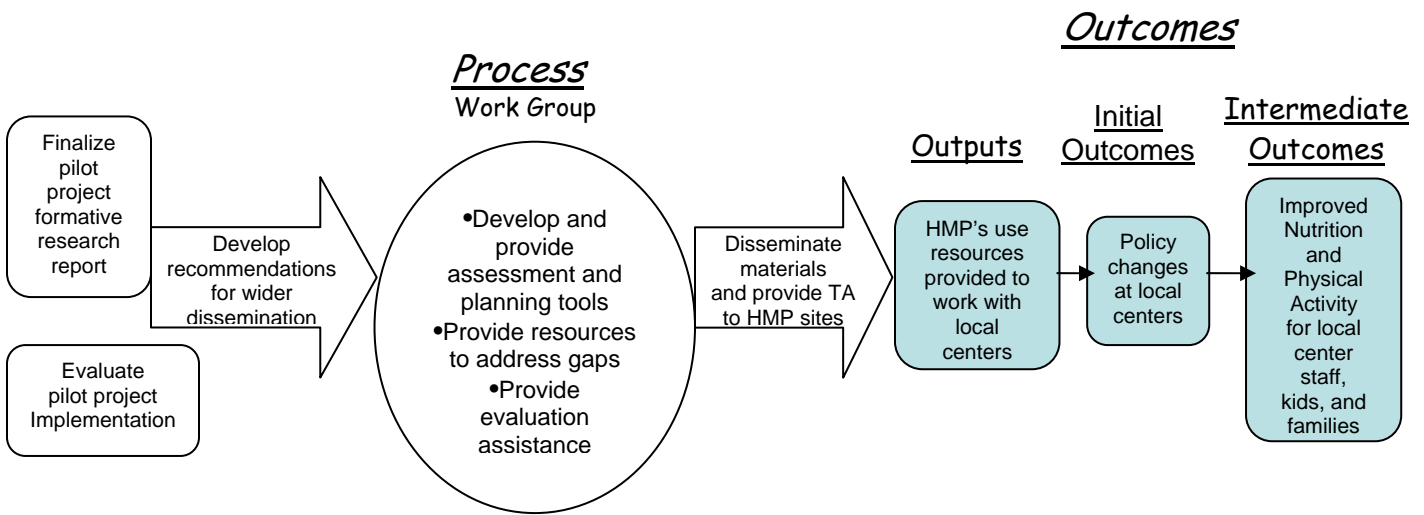
## History of Starting Young in Maine

Starting Young in Maine was a pilot project conducted in 2006-07 with the generous help of Emily Rines, the Coastal Healthy Communities Coalition (Coastal HCC) and the York County Head Start/Early Head Start program. The project was participatory in nature and included adapting assessment tools originally used for a Boston based project conducted by the Harvard School of Public Health. Once Harvard's assessment tools were adapted for Maine, data on staff and center nutrition and physical activity practices and opportunities were collected, analyzed, and presented back to staff in York County. The York County Head Start staff helped interpret the data, formed a staff wellness committee, and with the support of the Coastal HCC, turned the data into recommendations and plans for action. Plans included actions to address awareness, education, behavior change, and environmental and cultural change for Head Start staff, children, and families. This pilot project ended in early 2007.

## Phase 2 Project Description

The MCPH and the MHPRC received a grant award from Harvard Pilgrim Health Care Foundation to further expand this pilot initiative described above. We call this expansion Starting Young in Maine Phase 2. Building on lessons learned from the pilot project in York County, eight Healthy Maine Partnerships (HMP's) were engaged to help further develop and refine this program within 32 Head Start sites/classrooms over one year. Starting Young also presented opportunities to work closely with the I Am Moving—I Am Learning (IMIL) initiative already universally adopted by Head Start in Maine, and for HMP's and Head Start to link up with pediatric and family practices participating in the Maine Youth Overweight Collaborative (MYOC), an innovative clinical collaborative designed to help both providers and their office systems address the issue of youth overweight.

## Starting Young in Maine: Preventing Overweight in the Head-Start Setting Logic Model and Evaluation Framework



On overview logic model of the Starting Young in Maine Phase 2 initiative is depicted above.

As reflected in the logic model, goals for this phase 2 "Starting Young" included:

1. Develop/adapt nutrition and physical activity assessment tools for use by Head Start Centers with their HMP to determine opportunities to enhance existing work, increase awareness, and improve physical activity and nutrition policies and programs for staff, children and families;
2. Assist in baseline assessment data collection and analysis, providing HMP's their specific data and an aggregate data presentation template with for use and modification by HMP's;
3. Assist HMP's in identifying areas for improvement within Head Start Centers, and for collaboration with local pediatricians and other clinicians to support Head Start efforts to improve physical activity and nutrition;
4. Working closely with the IAMIAL initiative already universally adopted by Head Start in Maine, develop and distribute evidence-based strategies and appropriate resources/tools that Head Start Centers can use to help address areas for improvement;
5. Conduct a qualitative process and outcome evaluation of the baseline assessment process, Head Start policy and program improvements and technical assistance provided by MCPH; and
6. Assist IAMIAL with a Pre- and Post-training needs assessment.

## Timeline

Implementation of Starting Young in Maine Phase 2 began in September 2007. Adaptation of pilot York County surveys, development of new surveys and technical assistance to HMP's on how to use the surveys and enter data was complete by early November. Data collection was complete by the end of November, and initial results were presented to HMP's in January 2008. Results were used for strategic planning and action within local HMP's and a process evaluation was collaboratively designed and data was collected for the final evaluation in April and May of 2008. This report reflects all work completed through spring, 2008.

## Project Accomplishments

**Goal 1:** *Develop/adapt nutrition and physical activity assessment tools for use by Head Start Centers with their HMP to determine opportunities to enhance existing work, increase awareness, and improve physical activity and nutrition policies and programs for staff, children and families.*

Parent and staff survey tools used in the York County pilot were shortened and streamlined for use in the expanded program. Other tools used for the classroom assessment and staff practices were adapted using Alaska's Head Start Nutrition and Physical Activity Self-Assessments (see Appendix 1: Survey Tools). The revised tools were presented to the project workgroup and discussed at length during a workgroup meeting on September 19, 2007. Workgroup members were given an additional week to review and revise the surveys. The surveys were finalized in October.

In November 2007 HMP's were provided with the five finalized survey tools to be used in their respective Head Start Centers. These included:

- Parent Survey  
The parent survey measures parents' knowledge, attitudes, beliefs and practices regarding their physical activity and nutrition. The survey consists of 38 questions and includes items on demographics of the parent and child; nutrition (including sugar-sweetened beverages), physical activity and screen time behaviors; and attitudes about Head Start staff educating families.
- Staff Survey  
The staff survey measures Head Start staff knowledge, attitudes, beliefs and practices regarding their own physical activity and nutrition. The staff survey consists of 22 questions and includes items on demographics; nutrition (including sugar-sweetened beverages), physical activity and screen time; as well as staff attitudes towards educating Head Start parents.
- Staff Knowledge and Practice Self-Assessment  
This assessment is an 11-item self-administered survey measuring staff nutrition knowledge and practice in the classroom. Responses were Likert-type and final survey scores were the Likert scores (1-5) added together for each question. The final score then indicated either need for improvement or adequate knowledge/behavior.
- Classroom Nutrition Self-Assessment  
This survey is a 40-item self-administered survey assessing classroom and dining set-up; introduction of new foods; children helping to prepare foods; supporting healthy eating; messages to parents; celebrations; and nutrition education. Responses were

Likert-type and final survey scores were the Likert scores (1-5) added together for each question. The final score then indicated either need for improvement or adequate knowledge/behavior.

- Classroom Physical Activity Self-Assessment

This survey is an 18-item self-administered survey assessing play environment; physical activity; supporting physical activity; TV use and viewing; and physical activity education. Responses were Likert-type and final survey scores were the Likert scores (1-5) added together for each question. The final score then indicated either need for improvement or adequate knowledge/behavior.

**Goal 2:** *Assist in baseline assessment data collection and analysis, providing HMP's their specific data and an aggregate data presentation template with for use and modification by HMP's.*

MCPH provided recommended data collection protocols to HMP's for data collection with the survey tools. Data was collected by the end of November and entered by the HMP's into databases created for them in Survey Monkey by MCPH. Data was entered into those databases in November and December and an aggregate presentation in Powerpoint\* of the results was presented to HMP's at a workgroup meeting on January 8, 2008. All together, from 32 Head Start sites, 92 classroom physical activity self-assessments, 128 classroom nutrition self-assessments, 177 staff surveys, 153 staff knowledge and practice self-assessment surveys, and 380 parent surveys were collected. HMP's were provided the presentation electronically and were encouraged to modify it with their local data (which they were provided in paper and electronic format), if different from the aggregate, and use it to educate their stakeholders and plan for action in their local Head Start settings.

**Goal 3:** *Assist HMP's to identify areas for improvement within Head Start Centers and for collaboration with local pediatricians and other clinicians to support Head Start efforts to improve physical activity and nutrition.*

Using the aggregate assessment data results, areas for improvement were outlined during the project workgroup meeting on January 8. Potential opportunities as outlined in the presentation are noted below.

From the physical activity self-assessments:

- Make indoor space available and clutter-free
- Assure outdoor play 2x per day
- Conduct as many staff-led activities as possible
- Provide posters, books and pictures of physical activity
- Train staff on physical activities
- Provide newsletters and other physical activity materials and resources for parents

From the classroom nutrition self-assessments:

- Staff teach lessons about food before serving and at circle time
- Conduct food taste tests with students
- Have children help prepare food in classroom and kitchen

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\* See [http://www.mcph.org/Major\\_Activities/MHPRC/other\\_projects/Starting\\_Young/Fina\\_Baselin\\_Results\\_1-08.pdf](http://www.mcph.org/Major_Activities/MHPRC/other_projects/Starting_Young/Fina_Baselin_Results_1-08.pdf)

- Choosy eaters are seated with adventurous eaters
- Celebrations steer clear of food and there is a celebration food policy in place
- Nutrition education: decorate walls with healthy food, use in art projects and take field trips to pick foods

From the staff knowledge and practice self-assessments:

- Staff knowledge and practice scores were very good overall. If there was one area that was slightly lower (although still good), it was the staff attitude that staff should eat the same foods as the children.

From the Parent Survey:

*Child and parent:*

- Reduce television viewing
- Take TV out of bedroom where child sleeps (37% had a TV in bedroom)
- Switch to low fat/non-fat milk
- Cut out sugar sweetened beverages
- Stop food as reward
- Improve physical activity opportunities

*Parent:*

- Get more involved with child's physical activities (indoor and outdoor)
- Turn TV off during mealtimes
- Do/model moderate and/or vigorous physical activity
- Reduce/stop sugar-sweetened beverage consumption
- Increase fruit and vegetable consumption

*Interaction with Head Start staff:*

- Parents are comfortable with Head Start staff educating them
- Parents are most interested in food and nutrition and managing child's behavior (same as staff!)

From the staff survey:

*Staff training:*

- How to talk to families about nutrition, physical activity and TV/screen time
- Child behavior management

*Staff Wellness:*

- Increase fruit and vegetable consumption
- Increase water consumption
- Turn off TV during mealtimes
- Increase moderate/vigorous physical activity

During the presentation of the aggregate results, in discussion with the workgroup, some limitations of the surveys and data became apparent. They are summarized below.

Head Start Starting Young Survey Limitations:

- *The nutrition and physical activity self-assessment surveys* may have benefited by having “don’t know” or “not applicable” response categories for some of the questions. These assessments may also have benefited by having more flexible response categories for different questions (e.g. instead of “rarely----always”, having “agree ----disagree” may have worked better at times and vice versa). This may have been especially true for the question in slide 13 Children Help Prepare Food. Some of these questions may therefore have been somewhat confusing to respondents.
- *Parent Survey question 11:* The question would have made more sense to grandparents, fathers and other caretakers completing the survey if it read “Was your child breastfed”? Rather than “Did you breastfeed your child”?
- *Parent Survey question 12; staff survey question 13:* Fast food may not have been defined specifically enough to include some restaurant venues that may have not been considered “fast” by some respondents. This may therefore have resulted in under-reporting of fast food.
- *Parent Survey question 15:* Outdoor physical activity at home will vary with the time of the year so this will reflect the time of the year the survey was administered (fall).
- *Parent Survey question 16:* Information from this question may have been made more useful by asking “Do you feel your child is overweight”? Rather than “Compared to other children....”
- *Parent Survey question 24; staff survey question 10:* The word “can“ may have been confusing to some respondents as bottles may be a more common container for soda.
- *Parent Survey question 31:* Some respondents may not have a PCP and therefore the responses would reflect answers for those with PCP’s. The question would be improved by having a response option like “I do not currently have a PCP”.
- *Parent Survey questions 32 and 33; Staff survey questions 1 and 2:* these more “sensitive” questions should be moved to the end of the survey as they may have been uncomfortable for some to answer and may have influenced how the rest of the questions were answered.

HMP’s were encouraged to look at their local data to see if doing so could help shed any light on other opportunities in addition or instead of those mentioned above.

Opportunities to work with local MYOC practice sites were also discussed and encouraged at the meetings.

**Goal 4:** *Working closely with the IAMIAL initiative already universally adopted by Head Start in Maine, develop and distribute evidence-based strategies and appropriate resources/tools that Head Start Centers can use to help address areas for improvement.*

MCPH worked closely with the IMIL initiative, meeting several times with their key staff and attending the IMIL statewide training in November 2007 to provide HMP’s and their respective Head Starts with resources that would complement those already provided by the IAMIAL initiative. MCPH worked with the Maine Nutrition Network (Amy Root and Anne Marie Davee) to develop specific training and resources that fit with the opportunities described

above. At a workgroup meeting with the HMP's on March 4, 2008, HMP's were provided training and tip sheets developed by the Maine Nutrition Network (See appendix 2: Tip Sheets):

- Talking to Head Start Parents
- TV turn-off for Head Start Staff
- Physical Activity Tips for Head Start Parents
- Sugar Sweetened Beverages
- Bottom's Up with Water
- Add a Fruit or Vegetable to Every Meal

Each tip sheet contains the "facts", "how to tips" and "talking points" where appropriate.

MNN is still working on additional resources and tools to be provided to sites this fall.

**Goal 5:** *Conduct a qualitative process and outcome evaluation of the baseline assessment process, Head Start policy and program improvements and technical assistance provided by MCPH.*

During the project workgroup meeting on March 4, it was decided that a qualitative process evaluation would be best to assess the impact of the work thus far and to gauge any Head Start center policy improvements. A questionnaire was drafted and shared with workgroup members, revised, and posted on the web in Survey Monkey (see Appendix 3: Head Start Starting Young Evaluation Questions 2008 RESULTS). HMP's were asked to complete the survey form by the end of May 2008.

Seven (7) HMP's returned surveys. Survey results may also be found in Appendix 3. Respondents, overall, found the process of working with MCPH very useful. Not surprisingly, data collection and entry was the most challenging aspect of the Phase 2 initiative. The presentation of the aggregate results was universally found useful and was shared with over 160 stakeholders around the state all together. Fourteen percent (14%) of HMP's reported policy changes within their Head Start settings. Others reported that policy changes were underway but had not yet been implemented. HMP's provided important feedback on improvements to future work in this area (again, please see appendix 3 for all results summarized).

**Goal 6:** *Assist IAMIAL with a Pre and Post training needs assessment.*

MCPH assisted IAMIAL initiative to conduct a baseline and follow-up classroom physical activity training survey for home visitation and classroom staff. MCPH presented IAMIAL staff with the Alaska Head Start self-assessment tools for modification. IAMIAL decided to do the assessment on physical activity in the classroom only and revised the survey for their needs. MCPH provided Survey Monkey databases for data entry. The surveys were conducted at the training conference which took place on November 9, 2007 (baseline) and sent out via e-mail to participants (follow-up). Baseline and follow-up results are summarized below. All training surveys and results can be found in appendix 4: IAMIAL Baseline and Follow-Up Training Surveys and Results.

After the baseline assessment, MCPH identified several opportunities for improvement and presented these to IAMIAL staff. They included:

*Classroom:*

- Safety checks
- Time outdoors
- Staff led activities
- Display poster, books, pictures
- Staff training
- Children taught benefits of PA
- Newsletters home
- PA included in parent trainings

*Home visit parent education:*

- Importance of going outside
- Importance of PA
- Importance of not withholding PA
- Importance of joining kids in active play
- Importance of parents teaching kids benefits of PA
- Importance of restricting TV time
- Importance of getting TV out of bedroom

Baseline and follow-up survey results are compared, side to side, below. Many apparent improvements are observed. Areas with the greatest improvements (>7/10 points improved) included (Full-day) Go outdoors 2 or more times (3.8 baseline; 4.5 follow-up); (Part-day) Do not withhold playtime (4.0 baseline; 4.7 follow-up); Posters, books, pictures displayed (3.1 baseline; 3.9 follow-up); Staff receive training on PA (2.8 baseline; 1.9 follow-up); Children taught about the benefits of PA (3.4 baseline; 1.7 follow-up); PA education included in parent trainings (2.0 baseline; 4.1 follow-up); TV is used for educational purposes (3.0 baseline; 3.9 follow-up).

*Classroom staff, N=65 PRE; N=30 POST (1=disagree; 5=strongly agree or 1=rarely; 5=always) Apparent Improvements in scores are in **bold type**.*

- 80% teachers, 10% FSA's, 3% aids baseline; 53% teachers, 20% FSA, 7% aides follow-up
- Fixed play equipment available 4.5 baseline; 4.5 follow-up
- **Safety checks once per week** 3.8 baseline; 4.0 follow-up
- **Gross motor portable equipment** 4.2 baseline; 4.7 follow-up
- **Indoor space available** 4.0 baseline; 4.5 follow-up
- Areas free from clutter 4.0 baseline; 4.0 follow-up
- (Full-day) 60 minutes PA per day 4.9 baseline; 4.7 follow-up
- **(Full-day) 60 minutes of staff-led PA per day** 4.0 baseline; 4.3 follow-up
- **(Full-day) Go outdoors 2 or more times** 3.8 baseline; 4.5 follow-up
- **(Full-day) Do not withhold playtime** 4.2 baseline; 4.9 follow-up
- **(Part-day) 60 minutes PA per day** 4.3 baseline; 4.8 follow-up
- **(Part-day) 60 minutes of staff-led PA per day** 3.2 baseline; 3.7 follow-up
- (Part-day) Go outdoors 2 or more times 2.5 baseline; 2.3 follow-up
- **(Part-day) Do not withhold playtime** 4.0 baseline; 4.7 follow-up
- **Staff join children during active play** 4.3 baseline; 4.5 follow-up
- **Posters, books, pictures displayed** 3.1 baseline; 3.9 follow-up

- **Staff lead activities** 4.1 baseline; 4.7 follow-up
- **Staff receive training on PA** 2.8 baseline; 1.9 follow-up
- **Children taught about the benefits of PA** 3.4 baseline; 1.7 follow-up
- **Newsletters inform parents about classroom activity** 3.0 baseline; 3.6 follow-up
- **PA education included in parent trainings** 2.0 baseline; 4.1 follow-up
- **TV is used for educational purposes** 3.0 baseline; 3.9 follow-up
- **Children do not watch TV** 3.5 baseline; 3.5 follow-up
- **TV is never available for educational purposes** 46% baseline; not asked at follow-up
- **TV is never available for videos or videogames** 68% baseline; not asked at follow-up

*Home Visitation Staff, N=13 Pre, N=1 POST (Because only ONE home visitation staff person answered the follow-up survey, no conclusions are drawn about potential improvements)*

- **Talk with parents about the importance of going outside** 2.9 baseline; 5.0 follow-up
- **Talk about importance of PA** 3.2 baseline; 5.0 follow-up
- **Talk about not withholding playtime** 2.8 baseline; 1.0 follow-up
- **Talk about joining children in active play** 3.5 baseline; 1.0 follow-up
- **Train parents on PA** 2.5 baseline; 5.0 follow-up
- **Encourage parents to teach children benefits of PA** 3.1 baseline; 5.0 follow-up
- **Talk with parents about 2 hrs or less TV** 2.9 baseline; 1.0 follow-up
- **Talk with parents about TV out of bedroom** 3.1 baseline; 3.0 follow-up

## **APPENDIX 1**

### **Head Start Starting Young Survey Tools**

1. Parent Survey
2. Staff Survey
3. Staff Knowledge and Practice Self-Assessment
4. Classroom Nutrition Self-Assessment
5. Classroom Physical Activity Self-Assessment

## 1. Parent Survey

**Please tell us about yourself and your family. If you have MORE than ONE child at Head Start, please answer the following questions about your OLDEST child in Head Start ONLY!**

1. Your (oldest) child in Head Start:       Female<sub>(1)</sub>       Male<sub>(0)</sub>
  
2. How old is that (oldest Head Start) child?  
\_\_\_\_\_ years      \_\_\_\_\_ months
  
3. What is your relationship to your oldest child in Head Start?  
 Mother<sub>(1)</sub>  
 Father<sub>(2)</sub>  
 Stepmother<sub>(3)</sub>  
 Stepfather<sub>(4)</sub>  
 Grandmother<sub>(5)</sub>  
 Grandfather<sub>(6)</sub>  
 Other \_\_\_\_\_<sub>(7)</sub>
  
4. How old are you?  
 <18 years old <sub>(0)</sub>  
 18-24 years old<sub>(1)</sub>  
 25-34 years old<sub>(2)</sub>  
 35-44 years old<sub>(3)</sub>  
 45-54 years old<sub>(4)</sub>  
 55-64 years old<sub>(5)</sub>  
 65 years old or older<sub>(6)</sub>
  
5. About how much time does your child spend watching television or videos/DVD's?  
 My Head Start child does not watch any television, videos or DVD's.  
 Less than one half hour per day  
 Less than one hour but more than one half hour  
 Less than two hours but more than one hour  
 Less than three hours but more than two hours  
 Less than four hours but more than three hours  
 Four or more hours daily
  
6. Is there a television in the room where your Head Start child sleeps?  
 Yes<sub>(1)</sub>  
 No<sub>(0)</sub>

7. About how much time does your child spend on a computer?
- My Head Start child does not spend any time on a computer
  - Less than one half hour per day
  - Less than one hour but more than one half hour
  - Less than two hours but more than one hour
  - Less than three hours but more than two hours
  - Less than four hours but more than three hours
  - Four or more hours daily
8. How many times each week (including weekdays and weekends) does your family eat dinner or supper together?
- Never or almost never<sub>(1)</sub>
  - 1-2 times per week <sub>(2)</sub>
  - 3-4 times per week<sub>(3)</sub>
  - 5 or more times per week<sub>(4)</sub>
9. What type of milk does your child in Head Start usually drink?
- Whole milk<sub>(1)</sub>
  - 2% milk <sub>(2)</sub>
  - 1% milk<sub>(3)</sub>
  - Skim/non-fat milk<sub>(4)</sub>
  - My child does not drink milk <sub>(5)</sub>
  - Other \_\_\_\_\_ <sub>(6)</sub>
10. On a typical day, does your child drink soda or a sugar-sweetened beverage?
- Never
  - Sometimes
  - Often
  - Always
11. Did you breastfeed your child....? (please check the best answer)
- No, I did not breastfeed my child
  - At the hospital right after he/she was born
  - Up to 30 days after birth
  - 1-3 months after birth
  - 4-6 months after birth
  - 7-12 months after birth
  - Greater than 12 months after birth
12. **In the past 7 days,** on average, how often did your child eat something from a fast food restaurant (McDonald's, Burger King, Taco Bell, etc.)?
- Never or less than once per month<sub>(0)</sub>
  - 1-3 times per month<sub>(1)</sub>
  - Once per week<sub>(2)</sub>
  - 2-4 times per week<sub>(3)</sub>
  - 2-4 times per week<sub>(3)</sub> 5-6 times per week<sub>(4)</sub>
  - Once per day or more<sub>(5)</sub>

13. How often do you use food as a reward to get your child to do something you want (e.g. if you finish your dinner you can have dessert)?
- Never
  - Sometimes
  - Often
  - Always
14. About how much physical activity (like running, climbing, or sliding) outside of Head Start does your child usually get, inside your home?
- Less than 10 minutes per day
  - 10 minutes to one half hour per day
  - More than one half hour up to one hour per day
  - More than one hour and up to two hours per day
  - Two or more hours per day
15. About how much physical activity (like running, climbing, or sliding) outside of Head Start does your child usually get, outdoors?
- Less than 10 minutes per day
  - 10 minutes to one half hour per day
  - More than one half hour up to one hour per day
  - More than one hour and up to two hours per day
  - Two or more hours per day
16. Compared with other children you know who are the same age, would you say that your child in Head Start is:
- Underweight<sub>(1)</sub>
  - Average<sub>(2)</sub>
  - Overweight<sub>(3)</sub>
17. On a normal day, over the past year, how many hours did you watch TV?
- I do not watch TV on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
18. About how often is the television visible and on during mealtimes at your home?
- Never
  - Sometimes
  - Often
  - Always
19. About how often is the television on during a normal day at your home?
- Never
  - Sometimes

- Often
  - always
20. On a normal day, over the past year, how many hours did you watch videotapes/DVDs?
- I do not watch videotapes/DVDs on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
21. On a normal day, over the past year, how many hours did you use the computer (can be for work or personal reasons such as games, email chat or blog, etc.)?
- I do not work on the computer on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day

**We are interested in moderate or vigorous physical activities that you may do. Moderate activities cause small increases in breathing or heart rate. Vigorous activities make you breathe hard and sweat.**

Now, think about the moderate or vigorous physical activities you do (when you are NOT working). In a usual week do you do moderate and/or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes increases in your breathing or heart rate?

- Yes
  - No
22. If Yes, how many days per week do you do these activities for at least 10 minutes at a time?
- 0 days per week
  - 1 day per week
  - 2 days per week
  - 3 days per week
  - 4 days per week
  - 5 days per week
  - 6 days per week
  - 7 days per week
23. On days when you do moderate and/or vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- \_\_\_\_\_ hours \_\_\_\_\_ minutes per day

OR

- I do not do moderate activities for 10 minutes at a time

***Tell us about things you might drink or eat.....***

**Please remember that *there are NO RIGHT OR WRONG answers.* These questions help us understand how best to work with your center on the Starting Young project.**

**The next few questions are about beverages that you may drink. Think about the PAST 7 (seven) DAYS and tell us how often you drink the following items. There may be things that you never drink or that you drink sometimes but not in the past seven days. For these drinks, mark the box for "Never or less than one."**

24. Soda (NOT DIET) or other sugar-sweetened drink (1 can or glass; count a 20 oz bottle as 2 cans)
- Never or less than 1 can
  - 1 can in the past 7 days
  - 2-4 cans in the past 7 days
  - 5-6 cans in the past 7 days
  - 1 can per day
  - 2 cans per day
  - 3 or more cans per day
25. How often do you drink water?
- Never or less than once per month
  - 1-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day
26. How often do you eat a (one) serving of fruit or vegetables
- Never or less than once per month
  - 1-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day

27. **In the past year**, on average, how often did you eat something from a fast food restaurant (McDonald's, Burger King, Taco Bell, Kentucky Fried Chicken, etc.)?
- Never or less than once per month
  - 1-3 times per month
  - Once per week
  - 2-4 times per week
  - 5-6 times per week
  - Once per day or more
28. **In the past year**, on average, how often did you eat "junk" food between meals (e.g. chips, cookies and other similar foods between meals)?
- Never or less than once per month
  - 1-3 times per month
  - Once per week
  - 2-4 times per week
  - 5-6 times per week
  - Once per day or more
29. How many times each week (including weekdays and weekends) does your family eat dinner or supper together?
- Never or almost never<sup>(1)</sup>
  - 1-2 times per week<sup>(2)</sup>
  - 3-4 times per week<sup>(3)</sup>
  - 5 or more times per week<sup>(4)</sup>
30. About how often do you make dinner at home on a typical day?
- Never
  - Sometimes
  - Often
  - Always
31. Has your primary care provider ever talked to you about nutrition (e.g. fruits and vegetables), sugar-sweetened drinks, television, screen time or physical activity?
- Yes
  - No
  - I don't recall
32. How would you describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
33. What are you trying to do about your weight?
- I am ***not trying to do anything*** about my weight
  - Stay*** the same

- Gain** weight
- Lose** weight

**The following questions pertain to your views of your health behaviors and the health behaviors of the staff, children and families in the Head Start Center.**

34. Do you feel it would be o.k. for Head Start staff to talk with families about:  
(Please check all answers that apply)
- Food and nutrition such as fruit and vegetable consumption
  - Time spent watching television / other screen time
  - Physical activity
  - Sugar-sweetened beverage consumption
  - Cutting back on fast foods
  - Cutting back on fruit juice
35. Do you feel Head Start staff would be o.k. talking with families about: (Please check all answers that apply)
- Food and Nutrition such as fruits and vegetables
  - Time spent watching television / other screen time
  - Physical activity
  - Sugar-sweetened beverage consumption
  - Cutting back on fast foods
  - Cutting back on fruit juice
36. How comfortable would you feel if Head Start staff talked with you about ***your child:***

Doing more physical activity	0..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Increasing outdoor play or physical activity for my child	0..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Taking the TV out of my child's bedroom	0..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Watching less TV, less screen time	0..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating more fruits (i.e. eating more than 3 fruits per day)	0..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>

Eating more vegetables (i.e. eating more than 3 vegetables per day)	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Drinking less soda and sugar-sweetened beverages	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Eating more meals together as a family (i.e. eating more dinners and breakfasts together as a family)	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Eating a healthy breakfast	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Eating less fast food (i.e. going to McDonald's or KFC less often)	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Eating less "junk" food (i.e. eating chips, cookies)	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable
Smaller portion size at meals (i.e. still eating fries, but eating half of what you ate before)	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Not comfortable Very comfortable

37. What are the barriers/challenges to providing health education to families? (Please check three answers only)

- Lack of time
- Lack of someone providing information
- Lack of space
- Lack of funds
- Lack of interest among families
- Parents feeling uncomfortable with Head Start staff providing health education
- Head Start staff feeling uncomfortable providing health education

Other \_\_\_\_\_

38. What topics are most important to you? (Please check)

Food and Nutrition

✓ Food preparation

✓ Nutritious snacks

✓ Low cost and quick food preparation

✓ Other (please tell us \_\_\_\_\_)

Managing your child's behavior at home

Physical Activity

Reducing television viewing/other screen time

How best to talk to kids about food, nutrition and/or physical activity

Other \_\_\_\_\_

## 2. Staff Survey

1. How would you describe your weight?
  - Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
  
2. What are you trying to do about your weight?
  - I am ***not trying to do anything*** about my weight
  - Stay*** the same
  - Gain*** weight
  - Lose*** weight
  
3. On a normal day, over the past year, how many hours did you watch TV?
  - I do not watch TV on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
  
4. About how often is the television visible and on during mealtimes at your home?
  - Never
  - Sometimes
  - Often
  - Always
  
5. About how often is the television on during a normal day at your home?
  - Never
  - Sometimes
  - Often
  - Always

6. On a normal day, over the past year, how many hours did you watch videotapes/DVDs?
- I do not watch videotapes/DVDs on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day
7. On a normal day, over the past year, how many hours did you use the computer (can be for work or personal reasons such as games, email chat or blog, etc.)?
- I do not work on the computer on a typical day
  - Less than 1 hour per day
  - 1 hour per day
  - 2 hours per day
  - 3 hours per day
  - 4 hours per day
  - 5 or more hours per day

**We are interested in moderate or vigorous physical activities that you may do. Moderate activities cause small increases in breathing or heart rate. Vigorous activities make you breathe hard and sweat.**

Now, think about the moderate or vigorous physical activities you do (when you are NOT working). In a usual week do you do moderate and/or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes increases in your breathing or heart rate?

- Yes
  - No
8. If Yes, how many days per week do you do these activities for at least 10 minutes at a time?
- 0 days per week
  - 1 day per week
  - 2 days per week
  - 3 days per week
  - 4 days per week
  - 5 days per week
  - 6 days per week
  - 7 days per week
9. On days when you do moderate and/or vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- \_\_\_\_\_ hours \_\_\_\_\_ minutes per day
- OR
- I do not do moderate activities for 10 minutes at a time

***Tell us about things you might drink or eat.....***

**Please remember that *there are NO RIGHT OR WRONG answers.* These questions help us understand how best to work with your center on the Starting Young project.**

**The next few questions are about beverages that you may drink. Think about the PAST 7 (seven) DAYS and tell us how often you drink the following items. There may be things that you never drink or that you drink sometimes but not in the past seven days. For these drinks, mark the box for "Never or less than one."**

10. Soda (NOT DIET) or other sugar-sweetened drink (1 can or glass; count a 20 oz bottle as 2 cans)
- Never or less than 1 can
  - 1 can in the past 7 days
  - 2-4 cans in the past 7 days
  - 5-6 cans in the past 7 days
  - 1 can per day
  - 2 cans per day
  - 3 or more cans per day
11. How often do you drink water?
- Never or less than once per month
  - 1-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day

12. How often do you eat a (one) serving of fruit or vegetables?
- Never or less than once per month
  - 1-3 times per month
  - 1-2 times per week
  - 3-4 times per week
  - 5-6 times per week
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 times per day
  - 5 or more times per day
13. **In the past year**, on average, how often did you eat something from a fast food restaurant (McDonald's, Burger King, Taco Bell, Kentucky Fried Chicken, etc.)?
- Never or less than once per month
  - 1-3 times per month
  - Once per week
  - 2-4 times per week
  - 5-6 times per week
  - Once per day or more
14. **In the past year**, on average, how often did you eat "junk" food between meals (e.g. chips, cookies and other similar foods between meals)?
- Never or less than once per month
  - 1-3 times per month
  - Once per week
  - 2-4 times per week
  - 5-6 times per week
  - Once per day or more
15. How many times each week (including weekdays and weekends) does your family eat dinner or supper together?
- Never or almost never<sup>(1)</sup>
  - 1-2 times per week<sup>(2)</sup>
  - 3-4 times per week<sup>(3)</sup>
  - 5 or more times per week<sup>(4)</sup>
16. About how often do you make dinner at home on a typical day?
- Never
  - Sometimes
  - Often
  - Always
17. Has your primary care provider ever talked to you about nutrition (e.g. fruits and vegetables), sugar-sweetened drinks, television, screen time or physical activity?
- Yes
  - No
  - I don't recall

**The following questions pertain to your views of your health behaviors and the health behaviors of the staff, children and families in the Head Start Center.**

18. Do you feel it would be o.k. to talk with families about: (Please check all answers that apply)
- Food and Nutrition such as fruit and vegetable consumption
  - Time spent watching television / other screen time
  - Physical activity
  - Sugar-sweetened beverage consumption
  - Cutting back on fast foods
  - Cutting back on fruit juice
19. Do you feel families would be o.k. talking with you about: (Please check all answers that apply)
- Food and Nutrition such as fruits and vegetables
  - Time spent watching television / other screen time
  - Physical activity
  - Sugar-sweetened beverage consumption
  - Cutting back on fast foods
  - Cutting back on fruit juice
20. How comfortable would you feel talking with Head Start families about ***their Head Start child:***

Doing more physical activity	0 .....1..... 2..... 3 .....4.....5..... 6..... 7 ..... 8 ..... 9..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Increasing outdoor play or physical activity for my child	0 .....1..... 2..... 3 .....4.....5..... 6..... 7 ..... 8 ..... 9..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Taking the TV out of my child's bedroom	0 .....1..... 2..... 3 .....4.....5..... 6..... 7 ..... 8 ..... 9..... 10 Not comfortable <span style="float: right;">Very comfortable</span>

Watching less TV, less screen time	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating more fruits (i.e. eating more than 3 fruits per day)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating more vegetables (i.e. eating more than 3 vegetables per day)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Drinking less soda and sugar-sweetened beverages	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating more meals together as a family (i.e. eating more dinners and breakfasts together as a family)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating a healthy breakfast	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating less fast food (i.e. going to McDonald's or KFC less often)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Eating less "junk" food (i.e. eating chips, cookies)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>
Smaller portion size at meals (i.e. still eating fries, but eating half of what you ate before)	0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 Not comfortable <span style="float: right;">Very comfortable</span>

21. What are the barriers/challenges to providing health education to families? (Please check three answers only)

- Lack of time
- Lack of someone providing information

- Lack of space
- Lack of funds
- Lack of interest among families
- Parents feeling uncomfortable with Head Start staff providing health education
- Head Start staff feeling uncomfortable providing health education
- Other \_\_\_\_\_

22. What topics would you like more training on: (Please check three answers only)

- Food and Nutrition
- Behavior management in the classroom
- Physical Activity
- Reducing television viewing / other screen time
- How best to talk to parents and/or families about food, nutrition and/or physical activity
- Other \_\_\_\_\_

### 3. CLASSROOM NUTRITION SELF-ASSESSMENT

<b>A. Classroom &amp; Dining Set-up</b>	Strongly Disagree					Agree				
1. Dining area has child-sized furniture	1	2	3	4	5					
2. Containers and scoops are sized for children	1	2	3	4	5					
3. Eating utensils enable children to eat, to serve, and to pass food easily.	1	2	3	4	5					
<b>B. Introducing New Foods</b>	Rarely					Always				
4. To improve the acceptance of new foods, staff teach a lesson about a new food before serving.	1	2	3	4	5					
5. Food taste tests are done to promote sensory exploration of foods.	1	2	3	4	5					
6. Circle time is used to teach children about food before serving.	1	2	3	4	5					
<b>C. Children Help Prepare Food</b>	Rarely					Always				
7. Children help make foods for meals and snacks	1	2	3	4	5					
8. Small groups of children help with food in the kitchen.	1	2	3	4	5					
9. Children are well supervised around hot stoves and sharp knives and follow proper sanitation regulations.	1	2	3	4	5					
10. Staff teach about numbers, colors, textures, patterns and sequencing when children are helping prepare food.	1	2	3	4	5					
<b>D. Supporting Healthy Eating</b>	Rarely					Always				
11. Staff encourage children to participate with the social and educational aspects of the meal or snack, even if they choose not to eat.	1	2	3	4	5					
12. Staff encourage children to serve themselves, to practice lifting, pouring, scooping, and aiming.	1	2	3	4	5					
13. Staff teach children about the nutritional benefits of food during meals.	1	2	3	4	5					
14. Meals present children a variety flavors, smells, textures of different foods.	1	2	3	4	5					
15. Staff support children in helping with meals by setting the table and cleaning their own dishes.	1	2	3	4	5					
16. Children are supported by staff to serve themselves reasonable portion sizes and to self regulate food intake.	1	2	3	4	5					

17. Staff do not eat or drink foods in front of the children that are not on the daily menu.	1	2	3	4	5
18. Staff avoid negative facial expressions, body language or verbal cues in regard to the food being served	1	2	3	4	5
19. Staff use positive messages with children about the foods served and the health benefits of the food.	1	2	3	4	5
20. Choosy eaters are sat with adventurous eaters during meals and snacks.	1	2	3	4	5
21. Staff allow children to stop eating even if there is still food left on the plate, when a child says he is full or finished.	1	2	3	4	5
22. Staff help children explore new foods by teaching about flavors, textures, and colors.	1	2	3	4	5
23. Slow eaters are allowed to eat their meal at their own pace.	1	2	3	4	5
24. A staff member or adult volunteer stays with the child until she is done eating.	1	2	3	4	5
25. To allow slower eaters time to eat, activities scheduled after meals do not require group participation and cause the slow eater to rush.	1	2	3	4	5
<b>E. Messages to Parents</b>	Rarely		Always		
26. Staff assign children reasonable "homework" that promotes healthy eating.	1	2	3	4	5
27. Menus and newsletters inform parents about the nutrition education taught in the classroom.	1	2	3	4	5
28. Newsletters include healthy recipes that emphasize foods provided to Women, Infants and Children (WIC) recipients.	1	2	3	4	5
29. Classroom menus are written to emphasize nutrition messages such as "low-fat milk," "whole grain rolls," and "vitamin A-rich sweet potatoes."	1	2	3	4	5
<b>F. Celebrations</b>	Rarely		Always		
30. Celebrations offer a variety of activities, games and crafts that children enjoy and shift the celebration away from food.	1	2	3	4	5
31. If food is served for celebrations, it is served as part of the regular meal or snack.	1	2	3	4	5
32. A policy or procedure regarding food served at celebrations exists.	1	2	3	4	5
33. Development and adoption of the celebration policy involved parents, community members, staff and food service staff	1	2	3	4	5

<b>G. Nutrition Education</b>	Rarely			Always	
	1	2	3	4	5
34. Classroom walls are decorated with posters of healthy food.	1	2	3	4	5
35. The creative play area is stocked with models of healthy foods.	1	2	3	4	5
36. Pictures of fruits and vegetables are used to help teach letters and numbers.	1	2	3	4	5
37. Food items are used in art projects, such as making flowers or faces from fruit and vegetable pieces.	1	2	3	4	5
38. Children's books which relate to and present a positive view of healthy eating are displayed and read.	1	2	3	4	5
39. When possible, staff provide opportunities to learn about gardening and growing of fruits and vegetables by having a garden at the center, by participating in a community garden, or by taking a field trip to local garden or farm.	1	2	3	4	5
40. Field trips are taken to pick wild foods such as blueberries, fiddleheads, or beach asparagus.	1	2	3	4	5

	Your Total	Need to Improve!!	Look for ways to Improve	Good Work	Excellent Work. Keep up it up!
A. Classroom & Dining Set-up Total		<9	10-11	12-13	14-15
B. Introducing New Foods Total		<9	10-11	12-13	14-15
C. Children Help Prepare Food Total		<13	14-16	17-18	19-20
D. Supporting Healthy Eating Total		<52	53-59	60-67	68-75
E. Messages to Parents Total		<13	14-16	17-18	19-20
F. Celebrations Total		<13	14-16	17-18	19-20
G. Nutrition Education Total		<24	25-28	29-31	32-35
Overall Score		<139	140-159	160-179	180-200

#### 4. CLASSROOM PHYSICAL ACTIVITY SELF ASSESSMENT

<b>A. Play Environment</b>	Strongly Disagree				Agree
1. Fixed play equipment (swings, slides, climbing equipment, overhead ladders) is available at our site	1	2	3	4	5
2. Safety checks on equipment occur once a week	1	2	3	4	5
3. Portable play equipment for gross motor skill development (wheels, toys, balls, tumbling mats) is available at the Center.	1	2	3	4	5
4. When the weather is not suitable for outdoor play, indoor play space is available	1	2	3	4	5
5. Indoor activity and play areas are free from clutter	1	2	3	4	5
TOTAL:					
<b>B. Physical Activity</b>	Rarely				Always
6. Children have 60 minutes of active (free) play time each day	1	2	3	4	5
7. Children have 60 minutes of structured (staff-led) activity each day	1	2	3	4	5
8. Children go outdoors to play 2 or more times each day	1	2	3	4	5
9. Staff do not withhold play time for children who misbehave	1	2	3	4	5
TOTAL:					
<b>C. Supporting Physical Activity</b>	Rarely				Always
10. During active (free) play time, staff join children in active play	1	2	3	4	5
11. Posters, books, and pictures about physical activity are displayed in the center.	1	2	3	4	5
12. Staff lead structured activities that teach physical activity skills, such as "Simon Says," jumping rope, throwing and catching balls	1	2	3	4	5
TOTAL:					
<b>D. TV USE AND VIEWING</b>	Rarely				Always
13. The TV is used for educational purposes	1	2	3	4	5
14. Children are not allowed to watch TV, videos, or play video games	1	2	3	4	5
TOTAL:					

<b>E. PHYSICAL ACTIVITY EDUCATION</b>	Rarely					Always
15. Staff receive training on physical activity	1	2	3	4	5	
16. Children are taught about the benefits of physical activity	1	2	3	4	5	
17. Head Start newsletters inform parents about physical activity in the classroom	1	2	3	4	5	
18. Physical activity education is included in parent trainings	1	2	3	4	5	
TOTAL:						

	Your Total	Need to Improve!!	Look for ways to Improve	Good Work	Excellent Work. Keep up it up!
A. Play Environment Total		<b>&lt;15</b>	<b>16-18</b>	<b>19-21</b>	<b>22-25</b>
B. Physical Activity Practices Total		<b>&lt;13</b>	<b>14-16</b>	<b>17-18</b>	<b>19-20</b>
C. Supporting Physical Activity Total		<b>&lt;9</b>	<b>10-11</b>	<b>12-13</b>	<b>14-15</b>
D. TV Use and Viewing Total		<b>&lt;5</b>	<b>5-6</b>	<b>7-8</b>	<b>9-10</b>
E. Physical Activity Education Total		<b>&lt;13</b>	<b>14-16</b>	<b>17-18</b>	<b>19-20</b>
TOTAL		<b>&lt;55</b>	<b>70-67</b>	<b>72-78</b>	<b>83-90</b>

## 5. STAFF KNOWLEDGE AND PRACTICE SELF-ASSESSMENT

	Strongly Disagree				Agree
1. Children learn about foods through formal education, first-hand experiences, hands-on approaches and observation.	1	2	3	4	5
2. Food preferences and dietary habits are established during the first six years of life.	1	2	3	4	5
3. Meal time provides a great opportunity for staff to talk about food and model healthy eating behaviors.	1	2	3	4	5
4. There are developmental and socialization benefits to children when meals and snacks are eaten together with their classmates.	1	2	3	4	5
5. Caregivers and parents are responsible for the what, when and where children are fed.	1	2	3	4	5
6. Children are responsible for how much and whether they choose to eat.	1	2	3	4	5
7. Repeated prompts to eat, using food as a reward or punishment, or restricting non-nutritious foods to control a child's food intake may promote a lifetime of overeating or refusals to eat.	1	2	3	4	5
8. Positive role models can have great influence on children eating food and forming healthy eating habits.	1	2	3	4	5
9. A child may need to taste a food up to a dozen times before the food becomes familiar.	1	2	3	4	5
10. Staff should eat the same foods as children to send the message "do as I do."	1	2	3	4	5
11. Establishment of healthy eating habits is critical to prevent childhood overweight.	1	2	3	4	5

	Your Total	Improve your outlook	Look for ways to Improve your outlook	You're a positive thinker!	You believe in nutrition first!
Staff knowledge and Practice Self-Assessment		<b>&lt;37</b>	<b>38-43</b>	<b>44-49</b>	<b>50-55</b>

## **I Am Moving I Am Learning Technical Assistance Tip Sheets**

1. Talking to Head Start parents
2. TV Turn-Off for Head Start Staff
3. Physical Activity Tips for Head Start Parents
4. Sugar Sweetened Beverages
5. Bottom's Up with Water
6. Add a Fruit or Vegetable to Every Meal

**I Am Moving I Am Learning  
Technical Assistance Tip Sheets  
Date: 3-4-08**

- Talking to Head Start Parents
- TV Turn Off for Head Start Staff
- Physical Activity Tips for Head Start Parents
- Sugar Sweetened Beverages
- Bottom's Up With Water!
- Add a Fruit or Vegetable to Every Meal!

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2-27-08

## Talking to Head Start Parents

### The Facts:

- Parents want to hear from you.
- Parents value and respect your opinions. Parents trust what you tell them.
- Parents want to make the right choices for their kids.
- Your actions are a model for parents and children.

### How to Feel Confident Talking to Parents:

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.
4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

### Head Start Parents are Good Parents:

- All parents want what is best for their child and need to feel that they are doing a good job. Speak to parents with a positive voice and begin with a compliment followed with a "did you know..?"
- Remind parents that the recommendations for nutrition and physical activity are based on sound science and come from doctors and health care professional. They are in the child's best interest.
- The closer parents get to reaching the recommendations the healthier the child will be. Every step in the right direction adds up. If parents are not meeting the recommendations but are working towards them they are doing a good job as a parent.

### Talking Points:

- *"Your kids look up to you more than anyone else in the world. The best way to influence your kids' behavior is through example. Are you facing any particular challenges right now?"*
- *"Some days it is more difficult to make healthy food choices and to fit in physical activity. Today we did well. We served apple slices at snack-time today and had three sessions of outdoor play. How is it going at home?"*
- *"We know it is tough to get it perfect every day. Just being aware and trying to make healthy food choices and to be more active makes a difference over time. Have you made any changes that might help other parents?"*
- *Kids behaviors improve when they are eating lots of fruits and vegetables, getting lots of physical activity and plenty of sleep. If you seem to be facing behavior issues check-in on these things. Does your child need more outdoor time? Rest? Less sugar?"*

2-27-08

## TV Turn Off for Head Start Staff

The American Academy of Pediatrics recommends 2 hours or less of TV for kids over age two and no TV for kids under age two.

### The Facts:

- Studies have shown that youth overweight and obesity are linked to TV viewing. Not only due to inactive behavior but also because of the unhealthy food messages marketed to kids.
- Research has found that kids who watch too much TV are less creative, less successful in school and tend not to talk to their parents as much.
- "Watching TV contributes to overweight and obesity. TV cuts into family time, harms our children's ability to be imaginative, to read and to succeed in school."

### How to Turn Off the TV:

Don't assume that your child's first choice is to watch TV. By offering new, fun alternatives your child may choose to watch less on his own. The TV turn off plan below can ease any potential conflict.

Follow these steps:

1. Begin by offering a fun, new alternative without asking your child to turn off the TV. Participate in the activity with your child.
2. If step one doesn't work on its own, tell your child that you want to add some fun activities into the day such as "craft or coloring time" and to do this some of the TV time needs to go.
3. Begin to limit the viewing time. Allow your child to be part of the process by letting them choose a few of their favorite shows to watch. Replace that time spent with the new fun activity such as "craft or color time" and spend some energy making this a new experience and if at all possible do it with your child.
4. Each week allow the child to choose one less show to watch but continue to let the child decide what shows to let go of.
5. When the child is down to 2 hours or less of total TV viewing time, continue with this for one more week before removing the TV from the bedroom, if it is in there. Prepare your child for this by telling them they have one more week of TV in the bedroom before it will be removed.
6. Once the TV is out of the bedroom then limit viewing to two hours or less per day.

### Key Point:

You child wants more than anything to spend time with you. Transitioning away from TV works best when you connect with your child and spend time doing another activity with them. Read, build blocks, paint, dance, walk, play catch, build a pillow fort...

### Talking points:

- *"TV has a big impact on kids food and physical activity behaviors. Marketers are savvy and as a parent you have the power to set limits on TV viewing time. You are not being mean, you are acting responsibly and are making good decisions for your kids."*

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www.maine-nutrition.org*

2-27-08

- *"Every time offer an alternative activity for your kids instead of TV, you are building a stronger relationship with your child and opening up the potential for your kids to be more healthy."*
- *"Kids develop their lifestyle habits in early childhood. Limiting TV viewing early on makes it easier for both you and your kids as they get older."*

**How to Feel Confident Talking to Parents:**

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.
4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

2-27-08

## Physical Activity Tips For Head Start Parents

### The Facts:

- Toddlers and preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
- Toddlers should accumulate at least 30 minutes daily of structured physical activity; preschoolers at least 60 minutes.
- Adults should accumulate at least 30 minutes of moderate to vigorous physical activity on most, preferable all day of the week.
- 

### Key Point:

It all adds up. Kids love to be active in short bursts throughout the day. This is good! It all adds up to reaching the recommendations. You don't need to carve an hour-long block of time or be a drill sergeant. Some kids choose to move more than others. A child who is less likely to be active on her own will enjoy structure physical activities.

### Talking points:

- *"We are dancing a lot more here at Head Start, your child is really enjoying it. Have you tried playing music at home with her?"*
- *"We took a class walk outside today and the kids really liked it. Does your family have a safe place to walk together at home?"*
- *"Did you know that children should be active for at least an hour each day? Playing catch for 15 minutes, taking a quick walk, playing tag or running to the mailbox together can all help to reach this goal."*

### Physical Activity Tips:

- Play toddler music at home that encourages movement like "Head, Shoulders, Knees and Toes."
- Play hide and go seek with your kids.
- Fit in family walks. Use strollers, skateboards or bikes to accommodate mixed ages.
- Clear a space and use mattresses or mats for tumbling and jumping.
- Encourage and participate in pretend play like "Explorer's, treasure finders and hide and seek."

### How to Feel Confident Talking to Parents:

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.
4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

3-3-08

## Sugar Sweetened Beverages

### The Facts:

- Kids have a more challenging time identifying healthy beverage from so many options. Unlike adults they are not able to distinguish between marketing and fact.
- Sugar in sweetened beverages, soda, fruit drinks and sports drinks often adds excess calories and can cause tooth decay and lead to overweight and obesity.
- Sugar sweetened beverages such as soda, fruit drinks and sports drinks may displace healthy choices such as low-fat milk and water which are essential for children's growth and development.

### Healthy Alternatives:

- Offer young children water, low-fat milk and 100% fruit juice in age-appropriate portions, no more than 8 ounces per serving.
- Milk is an essential beverage for children; a major source of calcium for growing bones. Children ages 2-5 should have 2 (8 ounce) cups of low fat milk daily.
- Read the "Nutrition Facts" on the beverage labels. Check serving size, calories per serving and the amount of sugars per serving. Note: A teaspoon of sugar is equal to 4 grams.

### Follow these Guidelines:

- Young children need 1-1½ cups of fruit each day, based on their age, gender, and physical activity level. 100% fruit juices may contribute to this recommendation for daily intake of fruit.
- Low fat milk also counts toward total fluid intake for the day.
- 1-3 year olds should consume 4 cups (0.9 liters) water/fluids per day.
- 4-8 year olds should consume 7.5 cups (1.7 liters) water/fluids per day.

### Talking Points:

- *"Sugar-sweetened beverages, sports drinks, and fruit drinks provide a lot of extra sugar and unnecessary calories. If you buy and serve your kids low-fat milk, water, or 100% juice in age-appropriate portions (no more than 8 ounces per serving), you know they will be making a healthy choice."*
- *"Read the "Nutrition Facts" label to make healthy beverage choices for children. Look at serving size, calories per serving and the amount of sugars per serving. A teaspoon of sugar is equal to 4 grams. Often one bottle or can is more than one serving size so split it up or save half for later."*
- *"Remember how much your kids look up to you and make healthy beverage choices for yourself when you are with them. If you are the decision-maker and purchaser of food and drink in your household make sure there are lots of healthy beverage choices for your family to choose from."*

#### How to Feel Confident Talking to Parents:

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.

3-3-08

4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

**Sources:**

Alliance for a Healthier Generation, Available at <http://www.healthiergeneration.org>  
Institute of Medicine of the National Academy of Sciences, Total Daily Water Intake Adequate Intake (AI) Summary, 2004. Available at <http://www.iom.edu>  
MyPyramid Plan. Available at <http://www.mypyramid.gov>

3-3-08

## Bottoms Up With Water!

### The Facts:

- Children establish drinking patterns early in childhood. Good hydration is important for optimal health, normal body functions and brain function.
- Children are more likely to become dehydrated than adults.
- Offer children water before they are thirsty. Once the thirst mechanism kicks in, children may have already lost 1% of their body weight.
- Children's water requirements vary considerably with age, gender and body size.

### Ways to Encourage Water Consumption:

- Have children drink water before heading out to play and offer them frequent water breaks.
- Serve water at room temperature to promote greater fluid.
- Foods with a high water content also contribute to total fluid intake.
- Offer children fruit, vegetables, soups and fruit juice popsicles to improve hydration.

### Follow these general guidelines:

- 1-3 year olds should consume a total of 4 cups (0.9 liters) water/fluids per day.
- 4-8 year olds should consume a total of 7.5 cups (1.7 liters) water/fluids per day.

### Talking Points:

- *"Don't wait until children are thirsty, offer them water throughout the day and always before going out to play."*
- *"If water is available to children, they will drink it! Have you tried to pack a water bottle for your kids when they go off to play?"*
- *"Fruits, vegetables and soups help to maintain a good fluid intake for youth. Try making water-based soup for dinner once a week and pack the leftovers for lunch the next day."*

### How to Feel Confident Talking to Parents:

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.
4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

**Source:** Institute of Medicine of the National Academy of Sciences, Total Daily Water Intake Adequate Intake (AI) Summary, 2004. Available at <http://www.iom.edu>

3-3-08

### Add a Fruit or Vegetable to Every Meal!

#### The Facts:

- Fruits and vegetables are packed with good nutrition for growing children. As a general rule, fruits and vegetables are low in calories, high in fiber, vitamins and minerals.
- Children can have fun with colors on their plate filled with fruits and vegetables; red, green, yellow and orange. The deeper the color the better!
- For the best value, choose a variety of fresh in-season, frozen, canned or dried fruits and vegetables.
- Children should be encouraged to eat a total of 1½ cups of fruit every day and a total of 2 ½ cups vegetables every day.

#### Ways to Encourage Fruit and Vegetable Consumption:

- Set a good example. Children learn by watching adults. Childcare providers should eat fruits and/or vegetables at meals and snacks.
- Children are more likely to eat fruits and vegetables when they are involved. Allow them to help wash fruits and vegetables. They can learn about colors and textures while getting fruits and vegetables ready.
- Children enjoy finger foods. Cut up melon, oranges, apples and grapes for a fun fruit salad.
- Have children count how many fruits and vegetables they eat during the day. Talk about the different colors, tastes and textures.

#### Follow these steps:

- At breakfast, offer children a small glass of 100% fruit juice. Top dry cereal with raisins, bananas, blueberries, strawberries or raspberries.
- At lunch, add a can of peas or beans into their favorite soup. Top sandwich fillings with lettuce, tomato or sliced cucumber.
- At snack time, offer children finger foods such as cut up apples, peaches, pears or grapes.

#### Talking Points:

- *"Are you finding it difficult to get your kids to eat vegetables? Have you tried about adding lettuce and tomato to their sandwich?"*
- *Kids still get the nutrition from fruit and vegetables when they are combined with tasty dips or yogurt. Kids find it fun to dip carrots in ranch dressing. Try it!"*
- *"Most kids need to be offered a new food several times before they will eat it. Continue to serve fruit and vegetables often even if kids pass on them initially."*

#### How to Feel Confident Talking to Parents:

1. Enter conversations with a question that invites parents into further discussion.
2. Really listen to parents and meet them where they are on a given topic.
3. Present the facts first and then give practical action steps.
4. Speak from your heart. Information you share with parents is for the well-being of their children and is not about you being right and them being wrong or bad parents.

Sources: USDA MyPyramid Plan. Available at <http://www.mypyramid.gov>  
 Add a Fruit or Vegetable to Every Meal! Healthy Maine Partnerships. Available at <http://www.healthymainepartnerships.org>. Go to Healthy Weight Awareness Campaign.

## **APPENDIX 3**

### **Head Start Starting Young Evaluation Questions 2008 RESULTS**

## SATISFACTION WITH ASSESSMENT PROCESS AND RESULTS

1. Please rate how satisfied you were with the assessment process (please circle the number that best corresponds with how you felt about the specific process)

	Not satisfied					Very satisfied	
a. data gathering	1	2	3	4	5	<b>3.29</b>	
b. data entry	1	2	3	4	5	<b>3.71</b>	
c. final reports	1	2	3	4	5	<b>4.14</b>	
d. work group (work with MCPH)	1	2	3	4	5	<b>4.43</b>	
e. How might we have improved the process?							

- "The process occurred too quickly and didn't provide time to review the surveys with the entire staff and provide turnaround time for surveys to be received and then entered into the survey monkey tool. The final reports did not include all the survey results."
- "Please put a line on all future surveys for folks to identify which head start they are with"
- "Data gathering got confused by Head Start - looking back, I would have preferred Head Start not be copied on the emails providing the survey forms, just HMPs & we would have been more in the drivers seat on starting and which forms to use."

	Not useful				Very useful	
2. How useful did you find the assessment results?	1	2	3	4	5	<b>4.57</b>

3. Specifically, what data was most useful for you? Please explain.

- "I think all the data was useful and interesting. It confirmed that parents were open to learning ways to live healthier and support their children and families health."
- "Program specific results"
- "Clearing up misconceptions between staff and parents. Having a list of potential opportunitites/ideas based on data."
- "Amount of whole milk consumption was very high in our area and will be addressed at our Head Starts. We were also able to utilize the staff and parent data in conjunction with recent HRAs to address possible parent-staff wellness initiatives."
- "All of it"
- "Connecting families thoughts/interests with staff's thoughts/interests - staff suprised at results! Amount of Staff's TV time & TV being one of the lower comfort levels for conversations with families, yet did not feel training was needed in this area! The contrast was interesting & a challenge to address! Head Start liked comparing their specific results to the statewide results"
- "The program specific data because we can work on areas specific to our needs"

4. Specifically, what data was least useful? Please explain.

- "The questions that didn't really apply, or didn't specify according to type of program."
- "There were a few questions regarding how their child compares weight wise to others which gave us a false idea of a lack of obesity among these kids. Some questions regards amount of time being physically active could have been worded differently to get more accurate results."
- "The least useful data pertained to those questions that we already identified could have been asked in a better context. For example, "'Compared to other children, would you say your child is overweight, average, underweight?'" If all the kids are overweight and yours is too, then now your kid is identified as average."
- "None"
- "Minutes spent on PA - results were confusing. Not sure the question was understood."
- "How raw data was presented on the questions with a range from not comfortable to very comfortable - too many numbers! Would rather have in groupings - X % responded within 1-3 ranges, X% in 4-6 range, etc"
- "The data that didn't apply, or wasn't worded clearly - ER celebrations and TV in classrooms."

5. Please tell us if there is any other information that would have been useful to you as part of the assessment.

- "A more condensed version to present to staff"
- "It may have been interesting to see in general how the parents felt about childhood obesity, if they thought it was a problem and what they felt were some of the solutions."
- "I realize this was a youth overweight initiative, but since we are all HMPs, a few tobacco questions may have been useful. Do you smoke? Do you smoke in the home? Do you smoke in the car? Maybe a correlation could be made between nutrition and physical activity behaviors and smoking."

#### USE OF ASSESSMENT DATA AND PRESENTATION

6. Did you use the slide presentation? Yes **86%** No **14%**

a. If yes, did you use it all or just a part of it? All **67%** Part **33%**

i. If you used a part, please tell us which part?

- "I summarized the results from the slides to present it in a more concise way"
- "I did not show the slides to the group, I used them to put together my recommendations and to compare local data with state data."
- "Both - the condensed version was easier to absorb for staff"

b. If yes, did you change the presentation in any way? Yes **40%** No **60%**

i. If yes—please tell us what you changed.

- "Condensed"
- "I listed in a table format the subject areas and whether the center was doing well or needed improvement in each of those areas"

c. If yes, how many times did you present it?

- "3"
- "2"

- "4"
- "Once"
- "3 times"
- "2"

d. If yes, approximately how many people did you present it to all together?

- "12"
- "40"
- "in total:20-30"
- "10-12"
- "30"
- "40"

e. If yes, what types of people did you present the data to? (community members, childcare staff, parents, parent advisory group members, health advisory group members, home visitors, local worksite wellness team members, policy makers, childcare administrators, other)

<b>Community members</b>	<b>14%</b>
<b>Childcare Staff</b>	<b>86%</b>
<b>Parents</b>	<b>14%</b>
<b>Parent advisory group members</b>	<b>14%</b>
<b>Health advisory group members</b>	<b>86%</b>
<b>Home visitors</b>	<b>29%</b>
<b>Local worksite wellness team</b>	<b>14%</b>
<b>Policy makers</b>	<b>29%</b>
<b>Childcare administrators</b>	<b>71%</b>
<b>Other</b>	<b>29%</b>

- "HMP Staff"
- "Did not use power point - use discussion & paper reports, Not much time available for Healthy Advisory meeting & staff not overly responsive to powerpoint per contact at Head Start"

FUTURE PLANS/ACTIONS

7. Have you done or do you plan to do trainings? Yes **100%** No

a. If yes, what types of trainings?

- "Staff trainings around I am Moving I am Learning and trainings around what we are trying to accomplish by being involved with the program."
- "IMIL, and targeted need area"
- "Grocery store tours on healthy eating on a budget and a personal trainer will be doing some physical activity trainings"
- "Staff trainings to help them with addressing PAN issues with parents."
- "Motivational and behavioral coaching; nutrition and PA education and hands on demonstrations"
- "None done yet - looking to assist with tips sheets"
- "IMIL at staff day, parent group and fatherhood group"

b. If yes, who did you (or will be) trained?

- "Head Start Staff"
- "Staff"
- "Head Start staff and parents"
- "Staff"
- "Staff, parents"
- "All staff, and as many parents as possible"

8. Would you be interested in any help developing or implementing trainings? Yes **86%** No **14%**

a. If yes, what types of trainings would you like help developing or implementing?

- "Head Start Staff training around their own self-care and talking with parents about these issues."
- "Implementation, talking with families"
- "It would be good to have training modules to go along with the talking points created by the MNN staff."
- "All of the above"
- "Child behavior management - staff & parents"
- "Implementation for staff, and how to talk to parents for teachers and advocates."

9. Have you made any policy changes (either new policies or changes to existing policies) based, at least in part on this assessment process? Yes **14%** No **86%**

a. If yes, please tell us which policies?

- "Not Yet..."
- "Looking at written nutrition policy & more PA support for staff"

10. Did you make any other plans based on (or, in part based on) the assessment data?

Yes **71%** No **29%**

a. If yes, please tell us what they are.

- **"Provided resources around nutrition, physical activity, tobacco, sun safety, distribution of MNN talking points for staff when meeting with parents. Provided pedometers with the 10,000 step model to head start staff to begin role modeling for their students."**
- **"Classroom activities, small adjustments(seating arrangements) etc."**
- **"Plans to work with the worksite wellness team."**
- **"Continued training and parent involvement in the process"**
- **"Supported the work in process around employee wellness & a walking program for staff"**
- **"Implementing some changes in the classrooms. PA as part of the curriculum, nutrition activities as part of the menu, staff lead activity on the playground."**

11. Please tell us how you spend the funds you were provided for this project through MCPH.

- **"We collaborated with the Penquis Administrative Staff to purchase resources to assist them in promoting the IMIL program. Provided prizes for staff and parents completing the surveys."**
- **"We are buying materials for props for the fatherhood initiative and parent groups to build to be used in the classroom for increased activity."**
- **"Books on physical activity and nutrition, exercise equipment, gardening supplies, posters on healthy foods, color me healthy curriculum, motivational interview training, stuffed fruits and veggies for games."**
- **"Our Head Starts have not decided yet how to spend the money."**
- **"We had the agencies invoice us for the dollars to use for incentives for staff and parents to complete the surveys; food and incentives for subsequent trainings."**
- **"Resources for classrooms - PA - happy hooper balls/scooters, etc. to support gross motor skills. Nutrition -cookbooks or books with food activities with kids. Make & Take kits for families who attend ""Good Guys Events"**
- **"Targeting classrooms needs first & foremost. Then seeking ways for the messages to be reinforced in the home."**
- **"We are making props to be used in the classrooms with the parent groups and the fatherhood group."**

12. Do you feel this process fit with I Am Moving I Am Learning?

Yes **100%** No

13. Do you feel this process could stand on its own without I Am Moving I Am Learning?

Yes **71%** No **29%**

a. If not, please tell us why.

- "I think it could potentially stand on its own, but there would need to be some form of training for staff."
- "We had already started to initiate the IMIL principles."
- "We have already had the IMIL training and have started to adopt the practices. It is very similar."

14. Have you used the assessment data/information in any other areas within Head Start?

Yes **57%** No **43%**

a. If yes, please tell us what areas?

- "Nutrition, classroom environment"
- "Worksite Wellness"
- "The homestart and daycare programs, the food service staff"
- "Agency Safety Committee to work on a wellness program"

15. Have you used the assessment data/information in any other areas outside of Head Start?

Yes **71%** No **29%**

a. If yes, please tell us what areas?

- "With the Piscataquis County Youth Overweight Collaborative."
- "safety and wellness teams for agency staff"
- "General coalition and EMHS reporting"
- "Another childcare setting"
- "CAP Agency staff for wellness"

16. What activities do you envision we could work with clinical practice sites on?

- "Continue the MYOC. Continue to engage new practices."
- "screen time, and tv out of the bedroom"
- "We could certainly do a lot with the 'talking points' in terms of bulletin boards and handouts for clinicians to use."
- "Reinforcing the communication of the importance of PAN in early childhood; limiting sweetened beverages, switching to skim milk at 2 years of age, limiting screen time, and ROLE MODELING."
- "Renewed interest with collaboration in our work as CCHC/HMP to further raise awareness and assist them in providing patient educational opportunities"
- "Sharing results from Head Start & connecting practices with Head Start for input & ideas on addressing childhood obesity in the early years - ie Head Start activities that parents (even non-Head Start parents) could use with their children - book lists fro reading, book list for resources on activities, tip sheets, activity sheets - description of an easy at home activity that can be done as a family, how to make an inexpensive proper for an activity, etc."

17. Are there any other stakeholders that should be involved? Yes **71%** No **29%**

- **"Potentially other partners could be involved."**
- **"Community areas visited by these folks; i.e. grocery stores."**
- **"PCPs, WIC"**
- **"Other daycare and early child care providers, teachers, and WIC"**
- **"Other early childhood intervention agencies"**

Are you planning to use the assessment again in the spring of 2009 as a POST assessment?

Yes **71%** No **29%**

18. Do you have any other ideas for conducting future evaluation? Yes **57%** No **43%**

- **"Conduct a shorter version already incorporated in the paperwork we already do."**
- **"It would be great to have a survey designed to go through their policies so that some environmental changes could be made."**
- **"Evaluation on staff development and overall policy evaluation"**
- **"Nutrition & PA Messaging & agency practices comparison between WIC, Head Start, & Public Schools - what is in common/ what is different & why, how is it received by families, which is most effective for families. How can families be supported during the transition from program to program"**

19. Would you be interested in working with us again in 2009? Yes **100%** No

## **APPENDIX 4**

### **I Am Moving I Am Learning Training Assessments**

1. Classroom Physical Activity Survey (PRE)
2. Home Visitor Physical Activity Survey (PRE)
3. Classroom Physical Activity Survey (POST)
4. Home Visitor Physical Activity Survey (POST)

## PRE CLASSROOM PHYSICAL ACTIVITY SURVEY (Classroom Staff Only)

Program \_\_\_\_\_ Site \_\_\_\_\_

Position: (check one) Teacher \_\_\_\_\_ Aide \_\_\_\_\_ FSA \_\_\_\_\_ Other [please specify] \_\_\_\_\_

**Please circle the number that describes best your facility.**

<b>A. Play Environment</b>	Strongly Disagree				Agree
1. Fixed play equipment (swings, slides, climbing equipment, overhead ladders) is available at our site	1	2	3	4	5
2. Safety checks on equipment occur once a week	1	2	3	4	5
3. Portable play equipment for gross motor skill development (wheels, toys, balls, tumbling mats) is available at the Center.	1	2	3	4	5
4. When the weather is not suitable for outdoor play, indoor play space is available	1	2	3	4	5
5. Indoor activity and play areas are free from clutter	1	2	3	4	5
<b>B. Physical Activity (Full Day __or Part Day __programming)</b>	Rarely				Always
6. Children have 60 minutes of active (free) play time each day	1	2	3	4	5
7. Children have 60 minutes of structured (staff-led) activity each day	1	2	3	4	5
8. Children go outdoors to play 2 or more times each day	1	2	3	4	5
9. Staff do not withhold play time for children who misbehave	1	2	3	4	5
<b>C. Supporting Physical Activity</b>	Rarely				Always
10. During active (free) play time, staff join children in active play	1	2	3	4	5
11. Posters, books, and pictures about physical activity are displayed in the center.	1	2	3	4	5
12. Staff lead structured activities that teach physical activity skills, such as "Simon Says," jumping rope, throwing and catching balls	1	2	3	4	5
<b>D. TV USE AND VIEWING</b>	Rarely				Always
13. The TV is used for educational purposes	1	2	3	4	5
14. Children are not allowed to watch TV, videos, or play video games	1	2	3	4	5
<b>E. PHYSICAL ACTIVITY EDUCATION</b>	Rarely				Always
15. Staff receive training on physical activity	1	2	3	4	5

16. Children are taught about the benefits of physical activity	1	2	3	4	5
17. Head Start newsletters inform parents about physical activity in the classroom	1	2	3	4	5
18. Physical activity education is included in parent trainings	1	2	3	4	5

## PRE HOME VISITOR PHYSICAL ACTIVITY SURVEY (Home Visit Staff Only)

Program \_\_\_\_\_

Site \_\_\_\_\_

**Please circle the number that describes best your home visits.**

### During Home Visits:

	Rarely				Always
1. Do you talk with parents about children going outdoors to play each day?	1	2	3	4	5
2. Do you talk with parents about the importance of physical activity for their children?	1	2	3	4	5
3. Do you talk with parents/caregivers about not withholding play time for children who misbehave?	1	2	3	4	5
4. Do you talk with parents about joining children in active play?	1	2	3	4	5
5. Do you talk with parents about the importance of restricting television and/or screen time to 2 hours or less per day?	1	2	3	4	5
6. Do you talk with parents about the importance of getting the TV out of the room where their child sleeps?	1	2	3	4	5
7. Do you train parents on physical activity?	1	2	3	4	5
8. Do you encourage parents to teach their children about the benefits of physical activity?	1	2	3	4	5

## POST CLASSROOM PHYSICAL ACTIVITY SURVEY (Classroom Staff Only)

Program \_\_\_\_\_

Site \_\_\_\_\_

Position: (check one) Teacher \_\_\_\_\_ Aide \_\_\_\_\_ FSA \_\_\_\_\_ Other [please specify] \_\_\_\_\_

**Please circle the number that describes best your facility.**

<b>A. Play Environment</b>	Strongly Disagree				Agree
1. Fixed play equipment (swings, slides, climbing equipment, overhead ladders) is available at our site	1	2	3	4	5
2. Safety checks on equipment occur once a week	1	2	3	4	5
3. Portable play equipment for gross motor skill development (wheels, toys, balls, tumbling mats) is available at the Center.	1	2	3	4	5
4. When the weather is not suitable for outdoor play, indoor play space is available	1	2	3	4	5
5. Indoor activity and play areas are free from clutter	1	2	3	4	5
<b>B. Physical Activity (Full Day __or Part Day __programming)</b>	Rarely				Always
6. Children have 60 minutes of active (free) play time each day	1	2	3	4	5
7. Children have 60 minutes of structured (staff-led) activity each day	1	2	3	4	5
8. Children go outdoors to play 2 or more times each day	1	2	3	4	5
9. Staff do not withhold play time for children who misbehave	1	2	3	4	5
<b>C. Supporting Physical Activity</b>	Rarely				Always
10. During active (free) play time, staff join children in active play	1	2	3	4	5
11. Posters, books, and pictures about physical activity are displayed in the center.	1	2	3	4	5
12. Staff lead structured activities that teach physical activity skills, such as "Simon Says," jumping rope, throwing and catching balls	1	2	3	4	5

<b>D. TV USE AND VIEWING</b>	Rarely					Always				
13. The TV is used for educational purposes	1	2	3	4	5					
14. Children are not allowed to watch TV, videos, or play video games	1	2	3	4	5					
<b>E. PHYSICAL ACTIVITY EDUCATION</b>	Rarely					Always				
15. Staff receive training on physical activity	1	2	3	4	5					
16. Children are taught about the benefits of physical activity	1	2	3	4	5					
17. Head Start newsletters inform parents about physical activity in the classroom	1	2	3	4	5					
18. Physical activity education is included in parent trainings	1	2	3	4	5					

## POST HOME VISITOR PHYSICAL ACTIVITY SURVEY (Home Visit Staff Only)

Program \_\_\_\_\_

Site \_\_\_\_\_

Please circle the number that describes best your home visits.

### During Home Visits:

	Rarely				Always
1. Do you talk with parents about children going outdoors to play each day?	1	2	3	4	5
2. Do you talk with parents about the importance of physical activity for their children?	1	2	3	4	5
3. Do you talk with parents/caregivers about not withholding play time for children who misbehave?	1	2	3	4	5
4. Do you talk with parents about joining children in active play?	1	2	3	4	5
5. Do you talk with parents about the importance of restricting television and/or screen time to 2 hours or less per day?	1	2	3	4	5
6. Do you talk with parents about the importance of getting the TV out of the room where their child sleeps?	1	2	3	4	5
7. Do you train parents on physical activity?	1	2	3	4	5
8. Do you encourage parents to teach their children about the benefits of physical activity?	1	2	3	4	5