

Nutrition and Physical Activity Environments in Licensed Child Care

A Statewide Assessment of California

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Table of Contents

Executive Summary	2
Project Overview	4
Licensed Child Care in California	7
Project Aims	9
Research Questions	9
Statewide Survey Findings	10
Summary of Key Findings from Stakeholder Surveys	31
Discussion	35
Policy Recommendations	38
References	46
Appendix A: Overview of CACFP	47
Appendix B: Statewide Survey Methods	51
Appendix C: 12/11/08, Stakeholder Meeting, Participant List	53
Appendix D: Survey Tool	57

Executive Summary

With almost one in four children aged two to five overweight or obese, it is clear that too many children are entering school at an unhealthy weight and with poor dietary and activity habits. Yet, compared to the school arena, child care has received much less research and policy attention regarding opportunities for the prevention of childhood obesity. California Food Policy Advocates, the Dr. Robert C. and Veronica Atkins Center for Weight and Health at UC Berkeley, and Samuels and Associates received funding from the Robert Wood Johnson Foundation to examine the nutrition and activity environments in licensed child care settings in California and to formulate effective policy strategies to promote healthy eating, increase physical activity, and, ultimately, reduce rates of childhood obesity.

To assess the nutrition and physical activity environments for 2 to 5 year olds in licensed child care facilities in California, surveys were mailed to ~1400 randomly selected child care sites. These child care sites were divided into various categories based on two factors hypothesized to influence nutrition and activity environments: (1) type of child care setting (center, home, State Preschool, Head Start¹) and (2) participation in the federal Child and Adult Care Food Program (CACFP). The categories were:

- 1) Head Starts
- 2) State Preschools
- 3) Centers participating in CACFP
- 4) Centers not participating in CACFP
- 5) Homes participating in CACFP
- 6) Homes not participating in CACFP

Key stakeholders were also surveyed to gauge opinions regarding the benefits and challenges of offering healthy foods and beverages and physical activity opportunities in child care settings, issues of program administration, and possible policy changes to address these concerns.

Survey responses revealed that sites participating in CACFP generally served more healthful foods and beverages than non-CACFP sites and generally had better physical activity environments. Head Starts generally provided higher quality nutrition than all other childcare categories. Meals brought from home were lower quality than meals

¹ All Head Start and State Preschool programs are required to participate in CACFP (or the National School Meal Program, as may be the case for State Preschools operated at school sites).

provided by childcare sites. While Head Starts and sites on CACFP served healthier foods and had better physical activity environments, survey results identified gaps across all settings and indicated clear opportunities for improving meal quality and activity opportunities at all sites, including those on CACFP. High food cost was identified by childcare providers as the greatest challenge to providing nutritious foods.

Stakeholders agreed that CACFP nutrition standards should be updated and strengthened and reimbursement rates increased. In addition, there was general agreement that state and local policies be enacted to improve the nutrition and activity environments in childcare facilities.

The findings of this research present clear policy solutions to encourage healthy eating and promote physical activity. Policies are recommended at the state, federal, and local levels that would create or raise the standards for the nutritional quality of meals and snacks served as well as the physical activity environment. In addition, greater investments are needed in training and resources for child care providers. For CACFP, nutrition standards must be updated and strengthened and greater reimbursements are needed to help providers purchase healthier food. Stronger standards, more training, and greater investments in child care can help ensure that children are cared for in healthy environments with nutritious foods and ample opportunity for activity.

Project Overview

According to the most recent data available, nearly one in four children aged two to five is overweight or obese. (Ogden et al, 2008) Data from two national surveys conducted from 1976 to 1980 and 2003 to 2004 confirm that the prevalence of obesity in children aged two to five has nearly tripled.² (CDC, 2009) Researchers have also found that a child who is overweight between the ages of two and four-and-a-half is five times more likely to be overweight at age twelve, when compared with children who are not overweight in their preschool years (Nader, 2006). Adolescent overweight, in turn, increases the likelihood of adult obesity, which is associated with a number of severe diseases and medical conditions including type 2 diabetes, high blood pressure, heart problems, and certain types of cancer. (Daniels, 2006) This link between early overweight and later obesity leads to the conclusion that successful obesity prevention strategies must begin at a very young age.

The prevalence of overweight and obesity, food insecurity, and poverty are all intertwined and affect each other in complex ways. Hunger and obesity coexist and recent data demonstrate that about 30% of households under 200% of the poverty line in California suffer from food insecurity – or struggle to put food on the table. (CHIS, 2005) The child poverty rate in California is 24% with over 595,000 children under the age of five living in poverty. (Kaiser, 2008; CA Child Care Resource and Referral Network, 2007) For too many low-income families, foods of poorer nutritional quality are often more affordable, easily accessible, and of greater convenience than healthier alternatives.

A growing body of research suggests that a child's dietary and health habits form at a young age – prior to entering elementary school. Although it is undeniably important to focus on the role schools can play in improving the health of children, it is also important to recognize that many children are entering kindergarten already at an unhealthy weight (as demonstrated with the statistics above) and having formed unhealthy habits relating to diet and physical activity. While researchers have focused attention upon school settings as important in the prevention of childhood obesity, the preschool child care setting has not received the attention that it merits in this context.

In California, almost two million children regularly spend time in child care facilities, with the time spent in these settings varying from as little as one hour per week to over 50 hours per week. Most of these children spend between 10 and 40 hours per week in

² For children and adolescents (aged 2-19) obesity is defined as a body mass index (BMI) at or above 95th percentile for children of the same age and sex. This definition is based on the 2000 CDC growth charts for the United States.

child care. (CHIS, 2005) About 37% of three and four year olds attend either Head Start or preschool. According to recent data, over 30% of children (or about 626,000) enrolled in child care live in households with an income under 200% of the poverty line. (CHIS, 2005)

However, despite the significant amount of time many children spend in child care, little is known about the nutrition and physical activity environments in these settings. The lack of information on the food environment and the nutritional quality of foods served in child care settings becomes more troubling in light of child care's continuing growth: nationally, the number of licensed child care facilities has increased 400% in the past three decades. Changes in demographics, family structure, gender roles, and employment demands for household economic security can explain the recent and projected growth in child care. This study provides an assessment of the quality of foods and beverages and physical activity opportunities provided in licensed child care in California.

Studies of food and beverages in child care settings are few in number and outdated. Given the age and paucity of these studies, there is a clear need for a reassessment of nutrition in child care settings, particularly since the literature demonstrates the key role early childhood plays not only in future adult body weight, but also in the development of lifelong eating habits. Children in this age group also are amenable to guidance and are effectively influenced by adults and role models. Intervention at this early age to promote healthy behaviors and taste development can encourage a lifetime of nutritious eating. Very recently more research attention has begun to be focused on this area and, slowly, a small amount of very interesting data is beginning to emerge (Ball, 2008; Padgett, 2005).

California Food Policy Advocates (CFPA), Public Health Foundation Enterprises-WIC, and the Child Care Food Program Roundtable recently completed research, based on observational data, on the quality of nutrition and physical activity environments in licensed child care settings in Los Angeles County. This research revealed a range of practices with respect to nutrition and mealtime behaviors. In general, locally-sponsored child care centers (defined in Appendix A) participating in CACFP and Head Start centers had the best meal quality. Food brought from home had the worst meal quality. On average, across all types of sites, lunches contained 1.43 servings of healthfully prepared³ fruits and vegetables. Nearly all (92%) of the sites served milk, with 80% serving reduced fat or skim milk, but few served water as well. Only 22% of sites served whole grains. Forty-seven percent of sites served higher-fat

³ Defined in this study as all fruits and vegetables except fruits canned in syrup and fried vegetables.

meats while 34% served leaner meats. In general, the sites in which providers and children participated in the preparation, serving, and consumption of lunches had a higher meal quality. (Whaley et al, 2008) The results of this Los Angeles study provided a foundation for the focus of the study described in this paper.

For the current study, California Food Policy Advocates (CFPA), the Dr. Robert C. and Veronica Atkins Center for Weight and Health at UC Berkeley (CWH), and Samuels and Associates (S&A) received funding from the Robert Wood Johnson Foundation (RWJF) to survey licensed child care providers in California and conduct key stakeholder interviews. The goal was to learn more about the nutrition and physical activity environments in licensed child care settings in California. The findings of this research were presented at a meeting on December 11, 2008 of key stakeholders from across the state and country with the goal of discussing key policy and program changes necessary to improve the nutrition and physical activity environments for children in child care. (For a list of the participants in this meeting, see Appendix C.)

The child care setting represents a valuable focus for obesity prevention because state licensing, federal nutrition standards, and entitlement funding provide excellent opportunities for nutrition policy reform. Moreover, with reauthorization of the federal Child and Adult Care Food Program (CACFP) scheduled for 2009 or 2010, policy recommendations resulting from this research study will coincide with the national debate on this program.

Licensed Child Care in California

Nationally, the child care landscape is fragmented and complex; California is no exception. This study chose to look exclusively at licensed child care facilities. While the focus on licensed facilities excludes the many children cared for in unlicensed settings, there is no feasible way to accurately gather information on the unlicensed child care population as most have no contact with state or local agencies. As the goal of this research is to inform policy change, the focus on licensed settings ensures that there is a ready venue for implementing policy recommendations; in the unlicensed child care world, the leverage points for policymakers are unclear and perhaps non-existent.

The complexity of the child care landscape makes it a particularly difficult environment to study. Even within the sub-group of licensed facilities, there is a good deal of variation. Licensed child care facilities can vary from small family child care homes, where one person cares for several children, to large preschools with professional staff and over a hundred children. Facilities can be for-profit or non-profit; they can derive the majority of their funding from parent fees or from state or federal funding. In the realm of nutrition, facilities can participate in the federal nutrition program targeted to child care, CACFP, or they can forgo this extra source of funding.

CACFP is a federal entitlement program providing reimbursement for meals and snacks served to nearly three million children in child care settings, emergency shelters, and after school programs and nearly 86,000 adults in nonresidential adult day care centers.⁴ The federal government funds the program with total costs for FY 2008 at approximately \$2.4 billion. In California, there is an additional state-funded supplement and the program is administered by the Department of Education's Nutrition Services Division.

Meals and snacks provided through CACFP must follow a food component-based meal pattern. The CACFP meal pattern has undergone only minor revisions since its creation in the 1960s. Thus, the meal pattern fails to specifically embrace relatively recent concerns about obesity prevention. While it is possible to serve very healthy meals within the CACFP guidelines, the meal patterns are so broad as to allow meals that do not comply with the Dietary Guidelines for Americans, including meals that provide too much fat, saturated fat, and sugar. More detailed information about CACFP is provided in Appendix A.

⁴ For further details on CACFP, see Appendix A.

At the time this paper is being written, the CACFP meal pattern is being reviewed by the Institute of Medicine (IOM). The IOM is to provide recommendations to USDA to update the meal pattern to reflect the Dietary Guidelines for Americans. While the implementation of any updated meal pattern is still many years away, USDA strongly encourages state agencies and sponsors to improve the nutritional quality of meals. Even though the IOM underwent a similar review process for school lunch and breakfast, USDA recently issued guidance to all state agencies encouraging all schools to begin to progressively adopt changes to incorporate the 2005 Dietary Guidelines for Americans into the school meals before the agency releases final regulations.

Project Aims

The aims of this project are to: 1) assess the foods and beverages served and the dietary and physical activity practices relating to 2 to 5 year olds in licensed child care facilities in California; 2) work with expert child care stakeholders to develop policy recommendations to improve the dietary and physical activity environments in child care; and 3) inform the public health, policy, and child care communities about these food and physical activity environments. The first aim was accomplished by distributing and analyzing a survey sent to a randomly selected sample of licensed child care facilities across the state of California as is described in this report. The second aim was accomplished at a December convening of experts. Activities to accomplish the third aim are ongoing.

Research Questions

- What foods and beverages are served to 2 to 5 year olds in licensed child care settings?
- Does participation in CACFP impact the nutrition quality of foods and beverages served in child care settings as well as food-related behaviors and physical activity practices?
- Does the type of licensed child care site impact the nutritional quality of foods and beverages served, as well as the food-related behaviors and physical activity practices?
- What are the opportunities for improving policies affecting the nutritional quality, food-related behaviors, and physical activity practices in licensed child care settings?

Statewide Survey Findings

The findings are reported in five sections:

- 1) Sample description
- 2) Detailed review of foods served the day prior to the completion of the survey
- 3) Foods brought from home
- 4) Reported food-related practices
- 5) Reported physical activity practices

A more detailed description of the methods is provided in Appendix B.

1) Sample Description

A total of 432 surveys were completed and returned for an average response rate of 31%. A total of 3 surveys (all from CACFP family homes) were excluded from analysis because only children under the age of 2 were in child care, resulting in an analytical sample size of 429 (**Table 1**). Approximately three-fourths of surveys used for data analysis were from centers, one-fourth from family homes. One limitation of the study is therefore that all 6 categories were not equally represented in the data. It should also be noted that the sample size for individual survey questions will not always total 429 because of an occasional missing or incomplete response.

The varied licensed child care settings were divided into 6 categories based on two factors hypothesized to influence the quality of the dietary and physical activity environments in child care: the type of facility (center versus home) and the facility's participation in CACFP:

- 1) Head Start programs⁵,
- 2) State Preschool programs⁶,
- 3) Centers that participate in CACFP⁷,
- 4) Non-CACFP participating child care centers,
- 5) CACFP participating family child care homes, and
- 6) Non-CACFP participating family child care homes.

⁵ All Head Start programs are federally-funded programs for 2-5 year old children primarily from low income families and are required to participate in CACFP.

⁶ State Preschool programs are state-funded programs for 3-5 year old children primarily from low income families and must follow CACFP guidelines but can choose whether to participate in this program or the National School Lunch Program.

⁷ Centers participating in CACFP exclude Head Start or State Preschool programs.

Table 1. Sample size by child care category

Child Care Category	Sample Size
Centers	326
1. Head Starts	66
2. State Preschools	68
3. CACFP Centers	104
4. Non-CACFP Centers	88
Family Homes	103
5. CACFP Family Homes	65
6. Non-CACFP Family Homes	38
TOTAL (Centers & Homes)	429

The facilities varied considerably in the number of children 5 years old and younger served, with the largest being a Head Start with 3300 children and the smallest being a non-CACFP home with 1 child. The surveys reporting the largest number of children encompassed more than one physical location. The centers (Head Starts, State Preschools, and centers on or not on CACFP) averaged a total of 105 children per site. Family homes averaged ~9 children per site. For all 6 child care categories combined, there were ~7 children for every staff person on site; this staffing ratio, however, does not include parents that might also be present (**Table 2**). The surveys collected represent data on approximately 32,000 California children 2 to 5 years of age, with more representation from centers than from homes.

Table 2. Numbers of children and ratio of children to staff by child care category

Child Care Category	Total children served (2-5 years)	Number of children (5 years and younger)		Total number of children per staff member	
		Mean	SD	Mean	SD
1. Head Starts	9,183	146.3	438.9	7.1	2.8
2. State Preschools	7,743	116.5	199.6	9.8	3.8
3. CACFP Centers	7,549	88.7	145.5	5.7	1.9
4. Non-CACFP Centers	6,936	85.8	102.1	7.7	3.5
5. CACFP Family Homes	388	9.3	5.2	5.8	2.4
6. Non-CACFP Family Homes	191	7.8	5.3	6.0	4.6
TOTAL	31,990	81.6	209.4	7.0	3.4

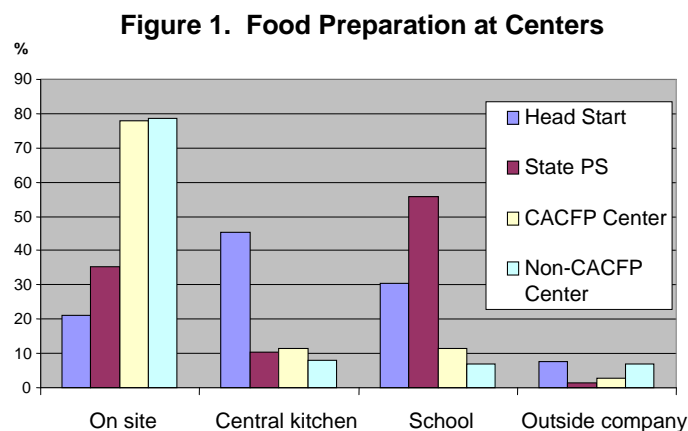
The majority of survey respondents (97%) were either a site supervisor/director or family home owner/provider. The remaining were child care teachers. Among the 103 family home respondents, 17 selected to complete the survey in Spanish.

Approximately half of Head Starts and more than 80% of State Preschools offered child care for half-day only. Full-day care was an option provided by most other sites. Lunch and afternoon snack were the most common eating occasions at which food was provided by sites; dinner and evening snack were infrequently provided. At most sites, meals and snacks were provided by the center or home. Food brought from home was the exception; parents usually brought lunch in 8% of sites, almost exclusively center not participating in CACFP, morning snack in 2% of sites and other meals and snacks at <1% sites.

2) Foods and Beverages Served

Survey respondents were given a list of 21 foods and beverages and asked to indicate which were provided to children 2 to 5 years of age the day prior to the survey (or the most recent day children were at child care). They were asked to include items provided by the center or home as well as those brought in by parents and to include foods used as treats or for parties. They were also asked to indicate if an item was provided at a meal (breakfast, lunch, or dinner) and/or at snack-time.

For homes, the child care giver was usually (92% of sites) the person responsible for menu planning. Meal preparation also differed substantially between centers and homes. Nearly all homes (95%) prepared food for children on site. While on-site preparation was also the most common source for centers, the most common source for Head Starts (nearly 50%) was a central kitchen and the most common source for State Preschools (slightly more than 50%) was a school food service. Use of an outside vendor or independent food service company was uncommon, reported by 3% of all sites (**Figure 1**).



Milk

Milk was served by a majority (93%) of sites the day prior to the survey with centers not participating in CACFP being least likely to serve milk. Most sites usually served low-fat milk (1% or 2%), while very few (<2%) usually served non-fat, and even fewer (<1%)

usually served flavored milk (**Figure 2**). However, many reported usually serving whole milk, with approximately 20% of centers and 40% of family day care homes doing so. Homes were more likely to serve whole milk than centers; Head Starts and State Preschools were the least likely to serve whole milk (**Figure 3**).

Figure 2. Type of Milk Usually Served

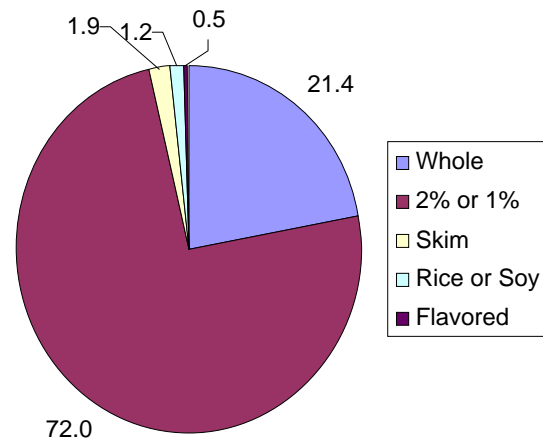
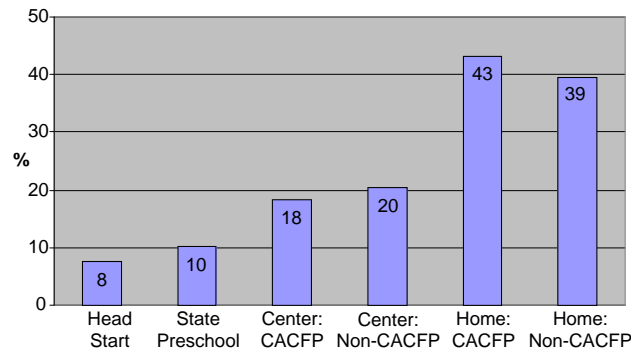


Figure 3. Whole Milk Usually Served



Water and Sweetened Beverages

Compared to milk, water was less frequently served. Only 28% of sites reported always serving water at meals and snack-times (**Figure 4**). The majority of centers had water easily available to children to serve themselves; however, in less than half of homes was this reported. Sweetened drinks were rarely served; however homes and centers not participating in CACFP tended to serve these more frequently than sites participating in CACFP (**Figure 5**).

In summary across all types of beverages, in comparison to family homes, centers tended to serve lower fat milk and have better access to water, while serving less 100% juice (discussed below) and less sweetened drinks.

Figure 4. Water Always Served

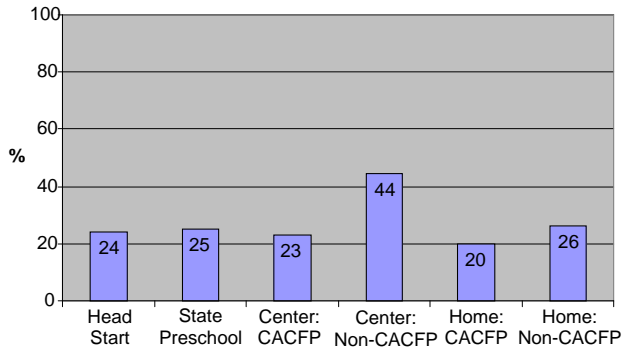
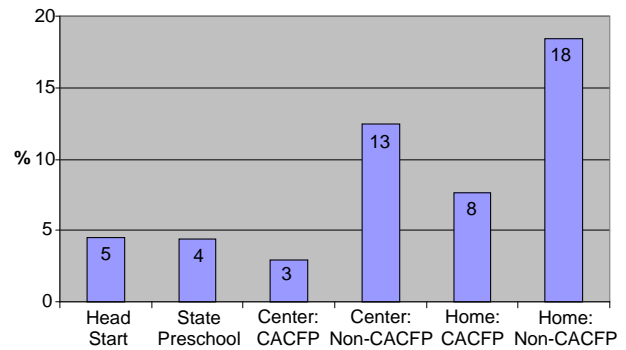


Figure 5. Served Sweetened Drinks



Fruits and Vegetables

Questions were asked about fruit canned in syrup (both heavy and light) as well as all other forms of whole fruit excluding fruit juice, but including fresh, canned in water or own juices, dried or frozen fruit. Nearly half (47%) reported serving fruit canned in syrup the day prior to completing the survey, a practice reported by more centers than homes and by more sites on CACFP than sites not on CACFP (**Figure 6**). Nearly all (90%) reported serving other kinds of whole fruit.

Excluding the dinner meal (which was provided by less than one-fifth of sites), only 4% of all sites served no whole fruit at breakfast, lunch, or snack-time on the day prior to the survey (ranging from 0% at Head Starts to 8% for State Preschools and homes not on CACFP). We also examined the breakfast and lunch meals (excluding snacks because the number of snacks provided varied across sites) and counted the number of times fruits were served. Using this approach a site could receive a maximum possible score of 4 (meaning both canned fruit in syrup and other fruits were served at both breakfast and lunch) and a minimum possible score of 0 (meaning neither type of fruit was served at breakfast or lunch). On average, Head Starts and centers and homes participating in CACFP served the most whole fruit, while centers not on CACFP served the least whole fruit (bars labeled with different letters are significantly different; bars sharing a letter are not significantly different) (**Figure 7**).

Figure 6. Served Fruit Canned in Syrup

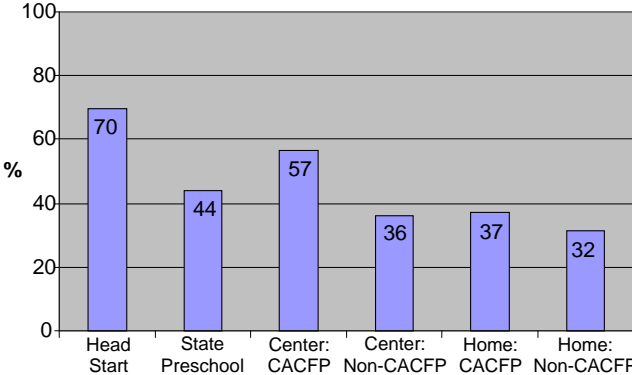
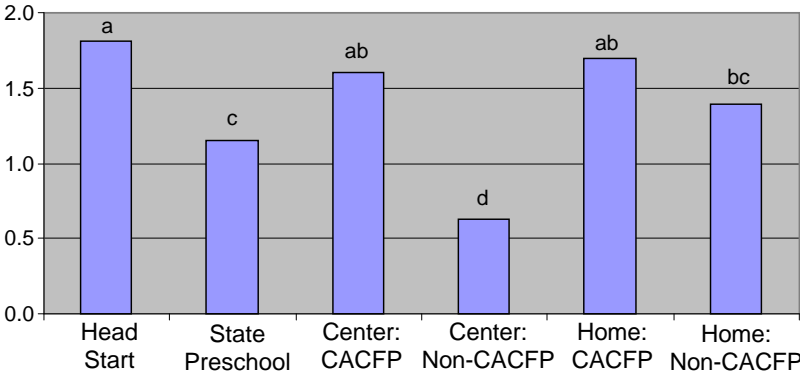
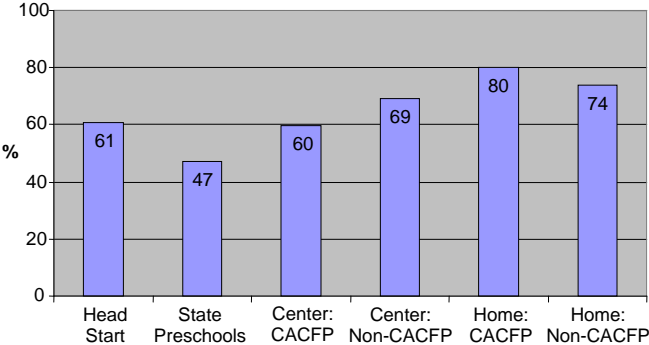


Figure 7. Total Servings of Whole Fruit at Breakfast & Lunch



Nearly two-thirds of sites served 100% juice the day prior to the survey (**Figure 8**), with homes tending to serve more than centers. Snack-time was when juice was most commonly served (by 51% of sites).

Figure 8. Served 100% Juice



Respondents were asked if they served vegetables in any of the following three categories: fried potatoes; beans/legumes⁸; and other vegetables, including fresh, frozen, or canned. French fries and other fried potatoes were served by one-quarter of sites, with slightly more CACFP centers and CACFP homes serving fried potatoes than other categories (**Figure 9**). Centers and homes on CACFP reported serving beans and legumes more frequently than their non-CACFP participating counterparts (**Figure 10**).

Figure 9. Served Fried Potatoes

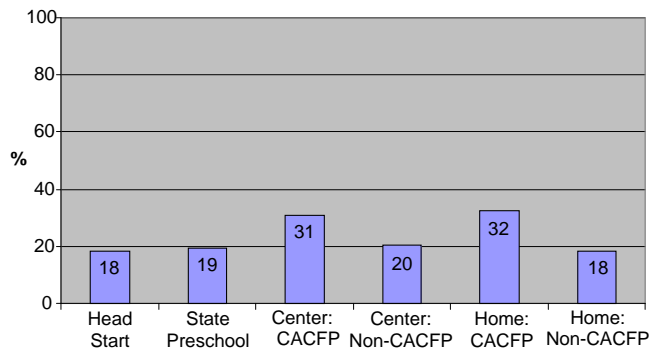
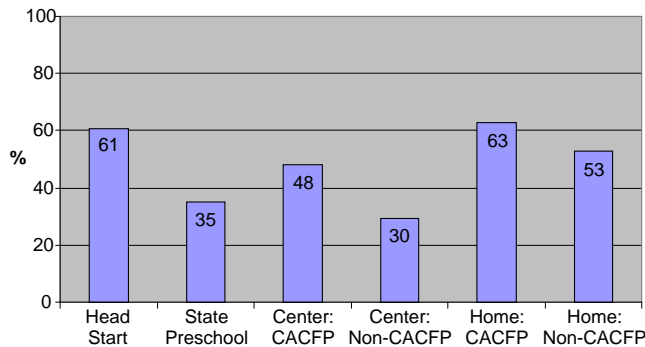


Figure 10. Served Beans/Legumes



Most sites (87%) served other types of vegetables the day prior to the survey (**Figure 11**). As with legumes, centers and homes on CACFP had higher rates of serving fresh, frozen, or canned vegetables than their non-CACFP participating counterparts. Only 8% of all sites served no vegetables at breakfast, lunch or snack-time on the day prior to the survey (ranging from 0% at Head Starts to 18%-19% for State Preschools and other centers not on CACFP).

⁸ According to MyPyramid, beans/legumes can be considered either part of the meat and beans group or part of the vegetable group.

To calculate total vegetables served, the number of times any type of vegetable was served at breakfast and lunch was counted (with a maximum possible score of 6 if fried potatoes, beans, and other vegetables were served at both breakfast and lunch and a minimum possible score of 0 if no vegetables were served at breakfast or lunch). On average, trends remained consistent with centers and homes that participate in CACFP serving more total vegetables than those not participating in CACFP. Centers not on CACFP served the lowest number of vegetables (bars labeled with different letters are significantly different; bars sharing a letter are not significantly different) (**Figure 12**).

Figure 11. Served Other Vegetables

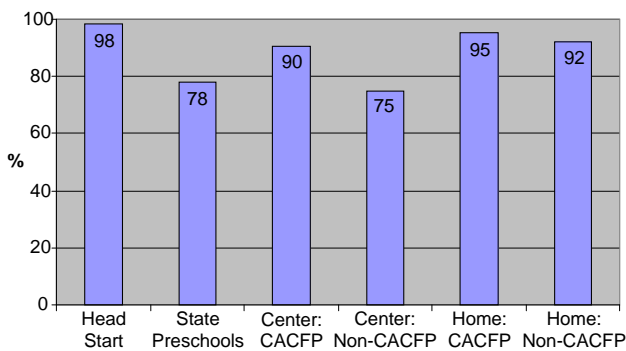
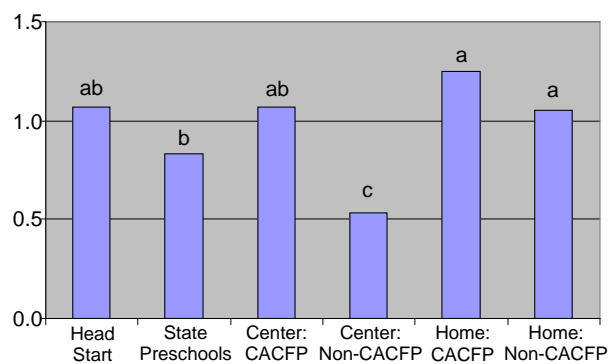


Figure 12. Total Servings of Vegetables at Breakfast & Lunch



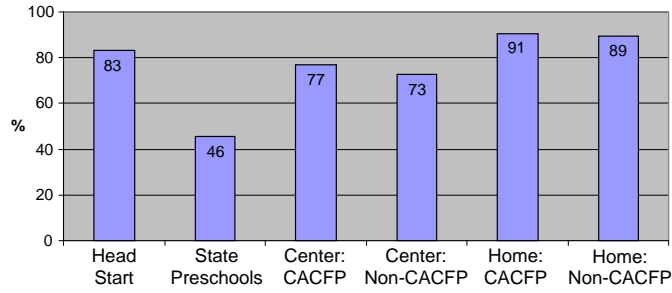
In sum, for fruits and vegetables, Head Starts and centers and homes participating in CACFP (when compared with their counterparts not participating in CACFP) tended to serve the most produce.

Grains

There is increasing focus on the importance of whole grains in the diet to improve health and prevent overweight.⁹ Whole grains were reported being served by 75% of sites, with a higher percentage of homes reporting this than centers (**Figure 13**). Among centers, State Preschools less frequently reported whole grains. In a recently completed observational study of child care nutrition in Los Angeles, only 22% of all sites served any whole grains. This observation, combined with the fact that consumers generally have difficulty identifying whole grains, makes our results difficult to interpret. It is likely that home providers were less knowledgeable about which grains are whole. A common misperception, for example, is that brown colored grain products are whole grain.

⁹ Whole grains are any cereal grain that contains the entire grain kernel – the bran, the germ and the endosperm. Examples include: whole wheat flour, bulgur, brown rice, whole cornmeal, and oatmeal.

Figure 13. Served Whole Grains



Over one in five (21%) of sites served sweetened cereals (e.g., Frosted Flakes, Apple Jacks, Froot Loops, Sugar Smacks), with fewer Head Starts (9%) reporting this practice than other categories of child care (21-28%) (**Figure 14**). A similar pattern was observed for sweet grains¹⁰ and pastries such as cookies, cake, donuts, and muffins (**Figure 15**).

Figure 14. Served Sweetened Cereals

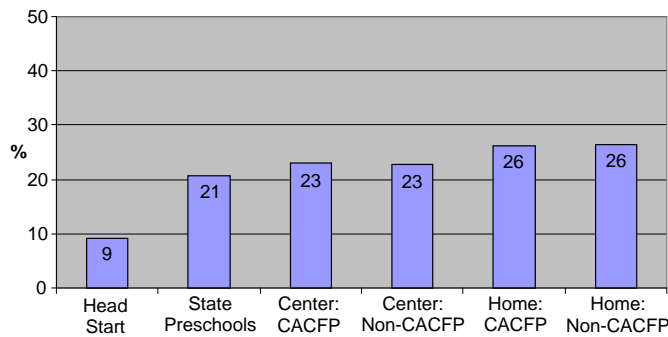
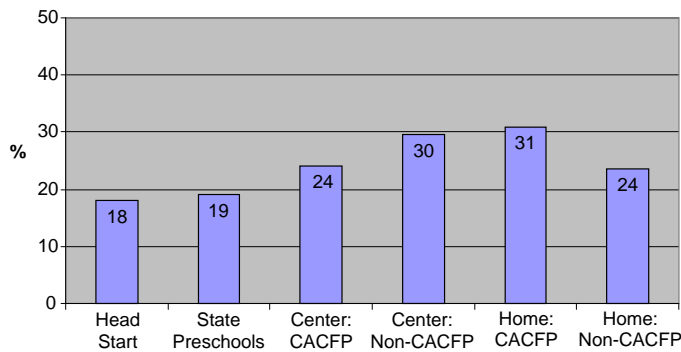


Figure 15. Served Sweet Grains/Pastries



Because of the likely confusion respondents had with the whole grain question as noted above, it is difficult to draw conclusions on whole grains. However, excluding Head

¹⁰ Certain types of sweet grains are reimburseable under CACFP guidelines.

Start, at least 20% of all other types of respondents reported serving sweetened cereals and sweet grains and pastries.

Meats/Protein

Respondents were asked about servings of 5 protein sources (not counting milk and beans): vegetarian meat substitutes (served by 17%), baked/broiled poultry or fish (served by 47%), other meats (including hot dogs, fish sticks, chicken nuggets, burgers, lunch meat and beef) (served by 59%), nuts/seeds (served by 44%), and cheese/yogurt (served by 74%). Approximately 14% of all sites served none of these protein sources at breakfast, lunch, or snack-time on the day prior to the survey (ranging from 3% for homes not on CACFP to 30% for centers not on CACFP). Baked/broiled poultry and fish are generally lower in total and saturated fat than other kinds of meats and were served more frequently than other kinds of meat only by Head Starts (**Figure 16 and 17**). Homes and centers on CACFP served baked/broiled poultry and fish more frequently than their counterparts not participating in CACFP.

Figure 16. Served Baked/Broiled Poultry/Fish

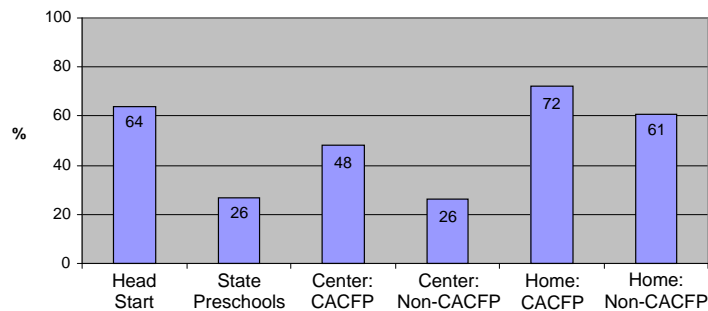
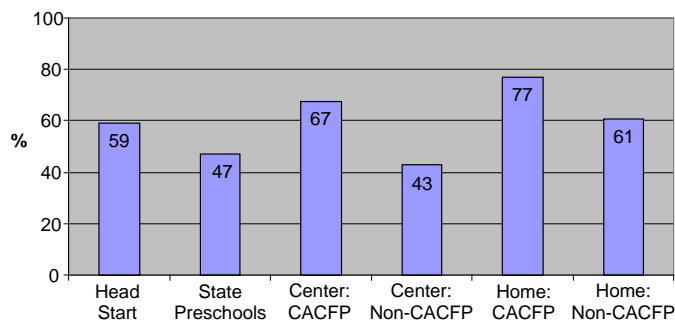
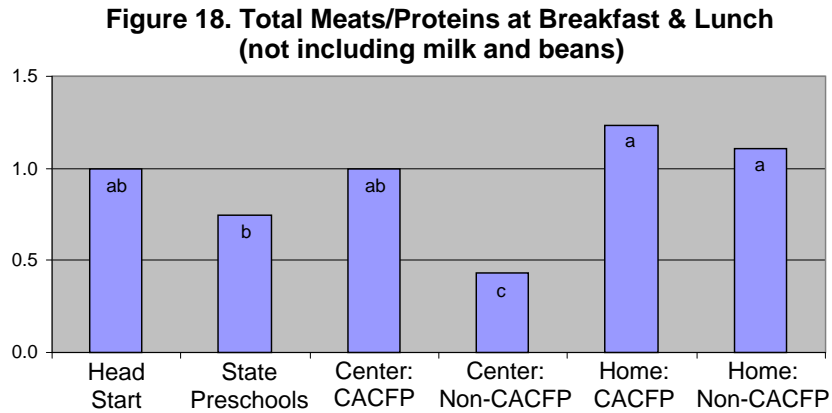


Figure 17. Served Other Meats



Examining the breakfast and lunch meals only and counting the number of times any type of meat/protein was served (with a maximum possible score of 8 if vegetarian meat substitutes, baked/broiled poultry/fish, other meat, and nuts/seeds were served at both breakfast and lunch and a minimum possible score of 0 if no meat/proteins were served

at breakfast and lunch), on average, centers and homes participating in CACFP served more total meat/meat alternates than their counterparts not participating in CACFP (bars labeled with different letters are significantly different; bars sharing a letter are not significantly different) (**Figure 18**). Over all settings, homes served the most meat/meat alternates.

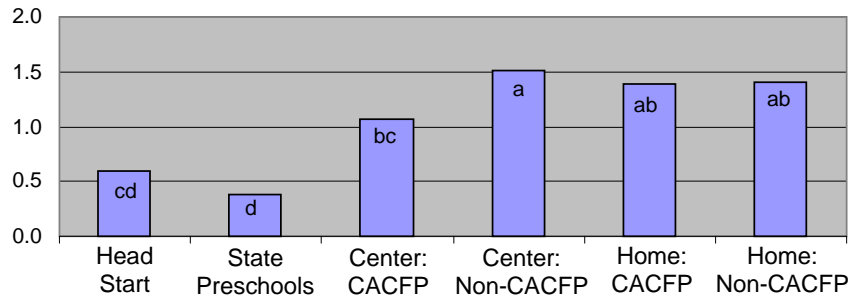


In sum, sites participating in CACFP served more meat/meat alternates than those not participating in CACFP. This meant more servings of healthier options in this category, such as baked/broiled poultry and fish, as well as protein sources considered less healthy, such as hot dogs and chicken nuggets.

Sweets and Snack-Type Food

Candy was served by only 7% of sites the day prior to completing the survey. However, other kinds of sweets were more common. Frozen treats, which included foods like ice cream, popsicles, and frozen yogurt, were served by 24% of sites, more frequently by homes than centers. Over one in five (21%) of sites served sweetened cereals (e.g., Frosted Flakes, Apple Jacks, Froot Loops, Sugar Smacks), with fewer Head Starts reporting this practice than other categories of child care (see above). A similar pattern was observed for sweet grains and pastries such as cookies, cake, donuts, and muffins (see above) and for non-baked chips and similar salty snack foods. Snack-time was the most typical eating episode at which sweets and snack-type foods were served. Combining all sweets and snack-type foods, including crackers, centers not participating in CACFP and homes generally tended to serve these more frequently than other types of sites (**Figure 19**).

Figure 19. Total Servings of Sweet & Snack-Type Foods at Snack Time



In sum, Head Starts reported the fewest servings of sweets and snack-type foods while centers and homes reported the most.

Overall Diet Quality

To compare overall diet quality of breakfast and lunch (dinner was excluded since so few sites offered this meal and snacks were excluded since sites varied on the number of snacks provided), a scoring system was developed in order to rank different types of child care facilities across all food types (**Table 3**).

Using this scoring system, Head Starts tended to serve the highest quality breakfast. Centers and homes participating in CACFP tended to have higher quality breakfasts than those not participating in CACFP, although none of the differences were statistically significant. A similar pattern was observed at lunch but the differences between centers on and off CACFP were statistically significant. Given the concern that whole grains were over-reported because of difficulty in distinguishing whole from refined sources, also examined was meal quality when grains were excluded from the scoring procedure. Using this approach, Head Starts served a significantly higher quality breakfast than centers not on CACFP (**Figure 20**). Excluding grains from the scoring criteria, Head Starts, CACFP centers and CACFP homes served significantly higher quality lunch than state preschools and centers not participating in CACFP (**Figure 21**).

Table 3. Quality Scoring for Breakfast and Lunch

Category	Points		
	0	1	2
Milk	None	Whole	2% or 1% OR rice or soy OR non-fat
Water at meals	Water served rarely or never	Water served some of time	Water served most or all of time
Fruits	None	100% juice	Other fruit
Vegetables	None	Beans OR other vegetables	Beans AND other vegetables
Meats/Proteins	None	Other meat	Peanut butter/nuts/seeds OR vegetarian substitute OR baked/broiled poultry/fish
Grains	None	White grain	Whole grain
Category	Points		
	0	-1	
Flavored milk	None	Flavored (of any % fat)	
Sweetened beverages	None	Any	
Frozen treats	None	Any	
Candy	None	Any	
Sweet cereals	None	Any	
Sweet grains/pastries	None	Any	
Chips	None	Any	
Fried potatoes	None	Any	
Fruit canned in syrup	None	Any	
Drinking water inside	Available for self-serve or upon request	Not easily available or only during breaks	

Figure 20. Breakfast Quality Score
(excluding grains)

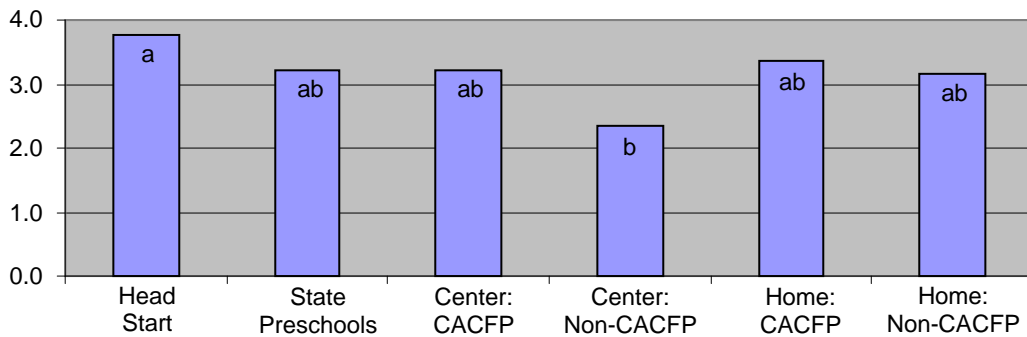
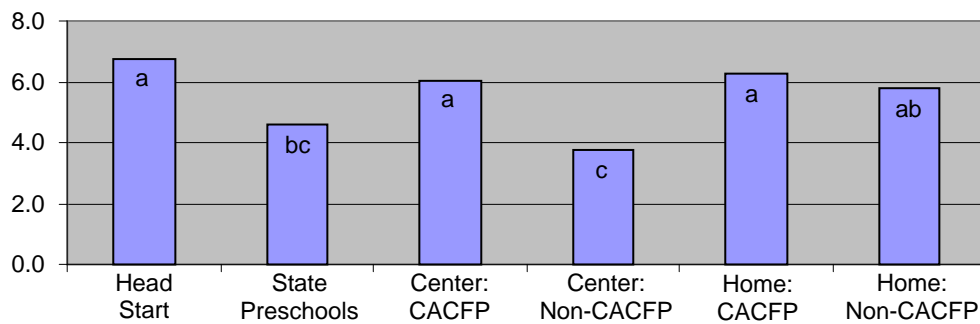


Figure 21. Lunch Quality Score
(excluding grains)



CACFP versus non-CACFP

Breakfast quality scores (excluding grains) were significantly higher for sites participating in CACFP (mean = 3.4) versus sites not participating in CACFP (mean = 2.8). Lunch quality scores (excluding grains) were also significantly higher for sites participating in CACFP (mean = 6.0) versus sites not participating in CACFP (mean = 4.5).

3) Food Brought from Home

Based on previous lunch observations conducted in Los Angeles, it was hypothesized that foods brought from home would have a lower quality than foods provided by child care sites. In this sample, there were very few sites at which lunches were brought from home (n=6), with the exception of centers not on CACFP, where lunches were usually brought from home at 29 out of 88 sites. The quality score for lunches provided by sites (mean = 7.1 or 6.0 when grains were included or excluded from scoring procedure, respectively) was significantly higher than for lunches brought from home (mean = 2.7 or 2.4 when grains were included or excluded from scoring procedure, respectively). This finding suggests that the lower quality score for centers not participating in CACFP may be due in part to the lower quality of lunches brought from home compared to when provided by the site.

4) Nutrition-Related Practices

Meal quality scores (excluding grains) were also examined in relation to nutrition-related practices. Having a dietitian responsible for menu planning was associated with a significantly higher quality lunch, but not breakfast. A higher quality breakfast was significantly associated with having a written policy to promote healthy foods and restrict unhealthy foods. Sites that practiced the following also had significantly higher quality breakfast and lunch scores:

- A clean plate not being a common topic during mealtime
- Training in the past year was provided to parents on promoting healthy weight in children
- Training in the past year was provided to staff on promoting healthy weight in children
- A nutrition professional was involved in training staff on childhood nutrition and food preparation at least a few times per year (versus rarely or never).

Nutrition Education and Training

Nutrition education and training were also important areas to explore – for children, staff, and parents. In general, more Head Starts reported training on food and nutrition than other categories of center, and more centers reported training than homes (Figures 22-24). Sites participating in CACFP (compared to non-CACFP sites) reported a significantly higher frequency of providing structured, staff-led nutrition activities for children.

Figure 22. Nutrition Activities for Children at Least Once a Month

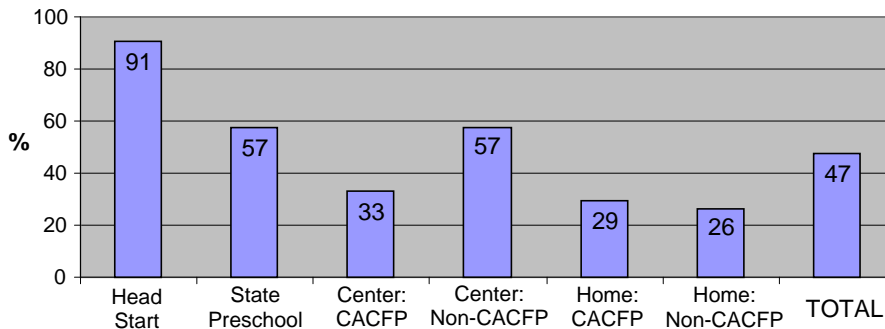


Figure 23. Nutrition Training for Parents Few Times a Year or More

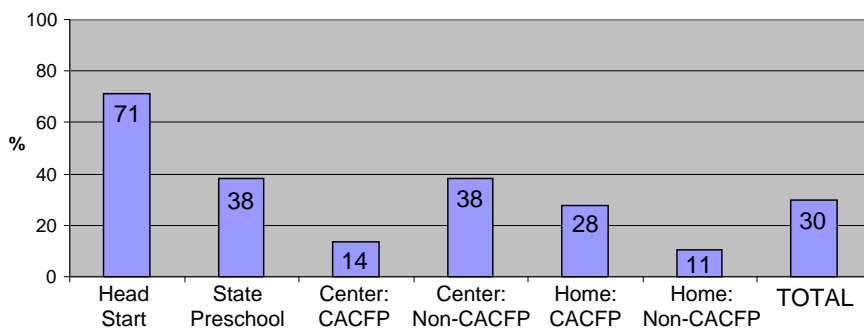
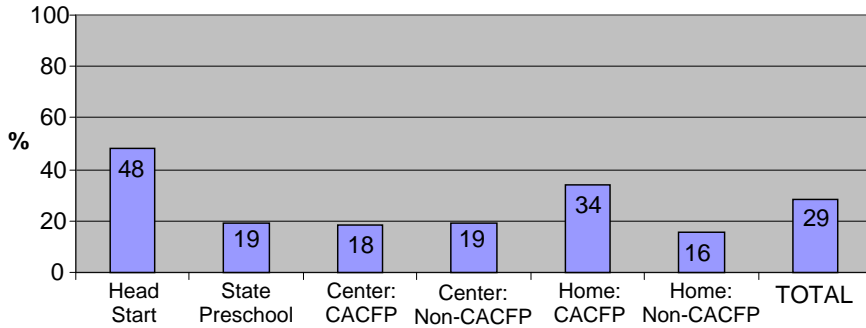
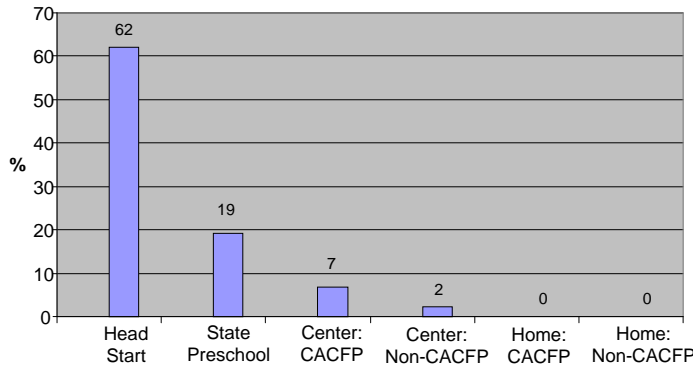


Figure 24. Nutrition Training for Staff Few Times a Year or More



Only 19% of sites used a dietitian for menu planning. Of these, Head Starts reported access to a dietitian most often (62% of sites), while none of the family homes used a dietitian¹¹ (Figure 25). For homes, the child care provider was usually (92% of sites) the person responsible for menu planning.

Figure 25. Use of Dietitian for Menu Planning



Training opportunities for staff and parents were less frequent, but followed the same trends as for children: more common at Head Starts, and more common at centers than at homes (Figures 22-24). Fewer than one-third (29%) of sites provided nutrition training for staff a few times a year or more, while nearly 21% rarely or never had opportunities for staff training on nutrition. At only 20% of all sites was a nutrition professional involved in training staff on child nutrition and food preparation. However, there was a huge range in this practice; nearly 80% of family home providers not on CACFP never or rarely had access to a nutrition professional, while 92% of Head Start staff consulted with a nutrition professional at least once a year. Sites

¹¹ Sponsors of family homes may use a dietitian even if the family home provider is not aware of this.

participating in CACFP (compared to non-CACFP sites) reported a significantly higher frequency of providing nutrition training for parents and for staff, and for involving a nutrition professional in staff training.

Challenges and Opportunities

Finally, sites were asked to report on a variety of factors influencing the nutrition environment in child care. When asked to choose from a list of the most important factors in deciding which foods to provide to children, the most commonly reported response was nutritional quality (selected by 80%). A similar proportion (81%) said that serving the most nutritious food possible was very important compared to other child care responsibilities. In order to improve nutrition in child care, parent education (selected by 35.9%) was reported as one of the greatest needs. Relatively few reported their biggest need was menu planning assistance from a registered dietitian (16%), better access to nutritious foods in the neighborhood (14%), or staff training (12%). The two biggest challenges to providing more nutritious foods to children were identified as the high cost of food (57%) and children’s dislikes (48%). Lack of control over food service (18%) and inadequate room for food preparation/storage (15%) were also reported as barriers. Lack of CACFP reimbursement was reported as a major challenge to providing more nutritious foods by 11% of homes not participating in CACFP and 9% of centers not participating in CACFP.

Table 4 summarizes nutrition and food related practices reported by less than 50% of sites compared to more than 50% of sites.

Table 4. Nutrition and food related practices

Less than 50% Report Practice	Greater than 50% Report Practice
Providing family style service ¹	Staff sitting with children while eating ²
Nutrition education for children at least monthly ¹	Staff frequently talk with children about healthy foods while eating
Nutrition training for staff at least a few times a year	Staff don’t use food as a reward
Nutrition training for parents at least a few times a year ¹	Seconds usually allowed
Policy on what staff eat with children ¹	Children not encouraged to clean plates
Policy on foods brought from home ¹	Traditional party foods not commonly used
Policy to promote healthy foods and discourage unhealthy foods ¹	No vending machines
More money for healthy foods	Written policy on foods and beverages ²
Appeal of healthy foods to children	Menus always posted ²
	Nutrition quality is a priority

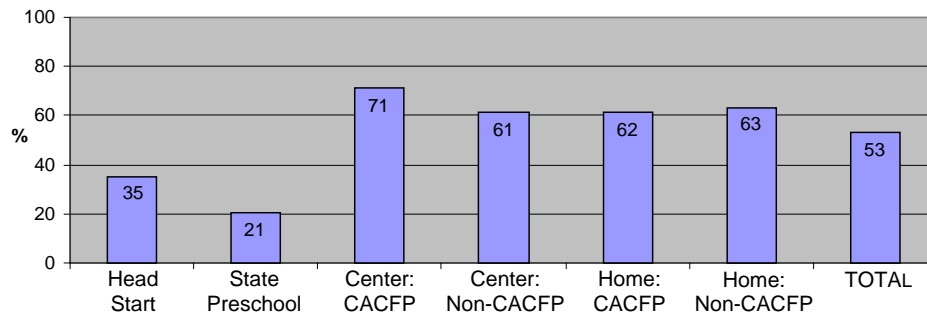
¹Except for Head Starts

²Except for family homes

5) Physical activity environment

While the primary focus of the survey was on the nutrition environment, questions were also asked about physical activity (PA). Providers estimated both the amount of time children spent being physically active as well as the amount of screen time at child care. It is recommended that young children engage in at least 60 minutes per day of unstructured PA and at least 60 minutes per day of structured PA¹². On average, 53% of sites reported providing more than 60 minutes per day of total PA (**Figure 25**). This mark was achieved by fewer Head Starts and State Preschools than other categories of centers or homes. It should be noted that 52% of Head Starts and 84% of State Preschools provided only half-day care, hence less time in the day for PA.

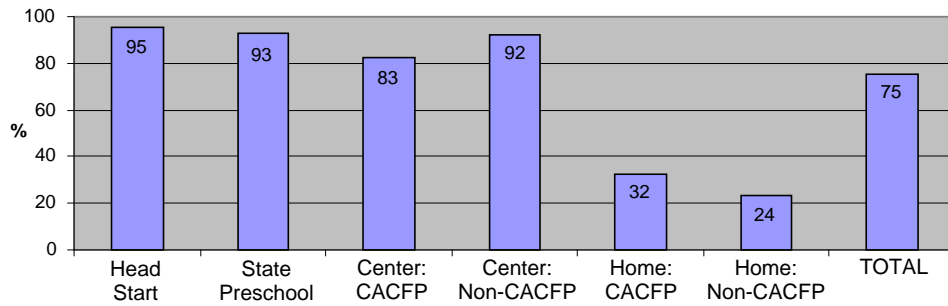
Figure 25. Daily PA More than 60 Minutes Each Day



In regard to screen time (children watching TV, videos or playing electronic games while at child care), 75% of all sites reported this rarely or never occurred (**Figure 26**). In 67% of family homes, children spent up to 2 hours each day on screen time, compared to only 8% of centers. Only 1% of all sites reported children spending 2 or more hours per day in front of a screen (<1% of centers and ~4% of homes).

¹² National Association for Sport & Physical Education. Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years. 2002 (<http://www.aahperd.org/naspe/>).

Figure 26. Screen Time Rarely or Never



In regard to training on PA, more staff at Head Starts and fewer at non-CACFP family homes received training than at other categories of child care. Over half (52%) of parents with children at family homes never or rarely received education on PA for children, compared to 38% of parents with children at centers (**Figure 27**). Half of child care providers at family homes never or rarely received training on PA for children, compared to 21% of staff at all types of centers combined (**Figure 28**).

Figure 27. PA Information for Parents at Least a Few Times Per Year

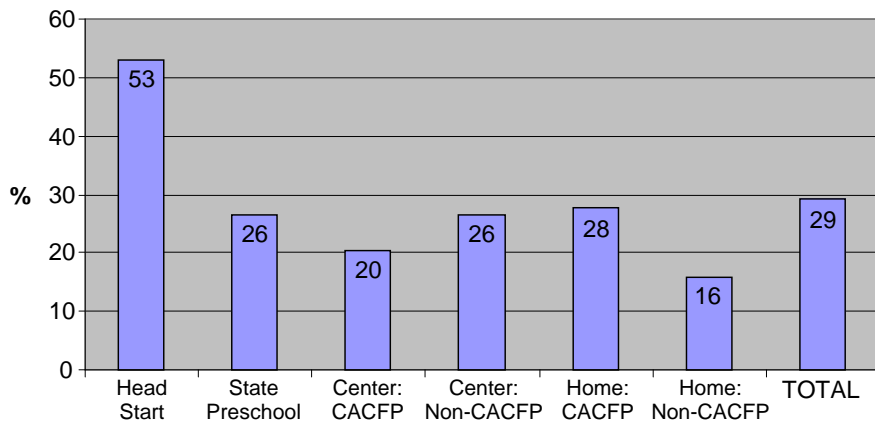
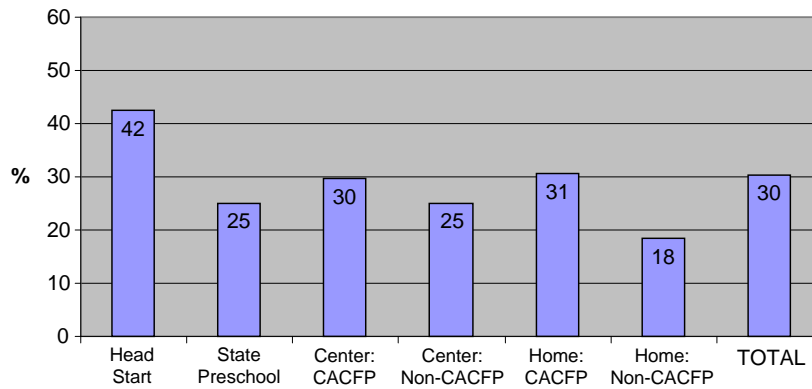


Figure 28. PA Training for Staff at Least a Few Times a Year



When given a list of challenges to providing more physical activity to children, the most common response was the weather (selected by 34% of sites), followed by children’s interest or skills (selected by 16% of sites). Inadequate time was the most common barrier reported by State Preschools and the second most common barrier reported by Head Starts, both with mostly half-day programs. Inadequate play equipment was the second or third most common barrier reported by State Preschools, other centers not on CACFP, and family homes on CACFP. Relatively few sites within any category reported an unsafe neighborhood, lack of policy on PA, or not enough knowledge about PA as being major barriers to children’s PA at child care.

In summary, Head Starts and State Preschools devoted the least amount of time to children being physically active (and also were most likely to have half-day programs), but tended to have better facilities and equipment and to have children spend the least amount of time watching TV than other categories of child care. In contrast, children in family homes reportedly spent the most time being physically active, but also spent more time watching TV and tended to have less in the way of PA facilities and equipment. Policy on physical activity and training for staff and parents on physical activity was more commonly reported by centers, especially Head Start centers, compared to family homes.

Limitations

This study is not without limitations. Sites were randomly selected to receive a survey, but response was completely voluntary resulting in possible selection bias. For example, sites with higher quality nutrition and physical activity practices may have been more likely to complete the survey than lower quality sites. Secondly, the survey involves self-reported measures introducing the possibility of reporting bias (for

example, over-reporting of practices considered favorable and under-reporting of unfavorable practices) and misreporting (for example, reporting errors due to faulty recall or knowledge). Also, surveys were distributed in the late spring and collected primarily in the summer, introducing the possibility of seasonal variation in reporting of foods served to children and time children spend being physically active. Although survey instructions specified providers to respond regarding practices specific to 2 to 5 year olds at child care, it is possible that some respondents generalized to younger and or older children as well. In addition, the survey results represent dramatically more children in centers than homes due to the fact that each center generally cares for many more children than does each home. Finally, causality cannot be inferred on the basis of significant associations, for example between meal quality and nutrition-related practices.

Summary of Survey Findings

Analyses in this study have revealed several interesting findings to inform policy recommendations for improving child care in California. In general, sites participating in CACFP served a higher quality breakfast and lunch than those not participating in CACFP. Although food brought from home was relatively rare, those foods were also generally of poorer quality than foods provided by the child care sites. When looking at specific types of foods, sites participating in CACFP generally served more fruits and vegetables than those not participating in CACFP. This pattern was true across all types of preparation, such as fresh, canned in syrup, fried, etc. Whole milk was more often served in homes than in centers. Sites participating in CACFP served more meat/meat alternates than those not participating in CACFP. As with fruits and vegetables, this pattern remained consistent across all methods of preparation.

In general, CACFP participating sites tended to serve more healthful options than non-CACFP sites. CACFP participating categories more frequently reported recommended food practices than did non-CACFP categories. In general, more Head Start centers reported training on food and nutrition than other center categories, and more centers reported training than homes. The same trend was observed for sites having written policies on nutrition and physical activity.

Compared to centers, family homes reported children spending more time watching TV. In general, family homes also had less facilities and equipment, less frequently had written policy on physical activity, and provided less training and education for staff and parents on physical activity compared to centers, particularly Head Starts.

Summary of Key Findings from Stakeholder Survey

Methods

A survey was developed to collect information on stakeholder opinions regarding the benefits and challenges of offering healthy foods and beverages and physical activity opportunities in child care settings, issues of program administration, and possible policy changes to address these concerns. Trained Samuels & Associates staff conducted 15 stakeholder interviews over the phone. Stakeholders were identified as individuals known to have an interest in child care programs and nutrition and/or physical activity. Those interviewed included state program administrators, state and national advocates, child care resource and referral representatives and leaders of sponsor organizations. The following section describes key findings and illustrative quotes from the interviews.

Key Findings

Foods and Beverages

Most stakeholders perceived that there were not adequate amounts of **fresh** fruits and vegetables offered in child care settings and that high-fat **prepackaged** foods were prevalent.

“There is a lot of work to be done to get high quality food into child care settings. My general impression is that it generally relies more on snack food and less on fresh food.”

Stakeholders discussed how the quality of foods and beverages varied depending on the type of child care setting and whether or not a program was participating in CACFP. Stakeholders described benefits to participating in CACFP, including nutrition education trainings and resources, setting meal patterns/standards, the additional cash/reimbursement, and additional monitoring and technical assistance.

“CACFP brings additional cash to the child care program and sets nutrition standards that the child care programs need to meet.”

Almost all respondents cited the administrative and paperwork burdens placed on providers as the greatest disadvantage to participating in CACFP.

“The facility is burdened by the paperwork. It is a huge deterrent. Many homes and centers drop out [of CACFP] due to the paperwork.”

Many stakeholders stated that child care programs could improve meals and snacks by offering more fresh fruits and vegetables and reducing or eliminating juices and increasing availability of water. Several stakeholders recommended introducing more

whole grain foods and providing lower fat dairy choices. Stakeholders suggested that some of these changes could be facilitated by establishing gardens at child care sites, entering into partnerships with local farmers markets, and establishing new child care meal patterns modeled on school food policies and changes made to the WIC food package.

Stakeholders most frequently discussed food costs as the key barrier to improving foods and beverages in child care settings.

"We're finding the food vendors are starting to default to really unhealthy food items due to rising food costs."

Food and Beverage Policy Changes

A number of stakeholders stated that increased federal funding for child care was crucial to helping child care programs offer healthier foods and beverages, and this increase in funding could be achieved through reauthorization of CACFP or through an overall increase in funding for child care. Stakeholders also mentioned other state and local policy recommendations such as stricter state child care nutrition standards and policies to improve access to fresh produce on a local level.

Stakeholders agreed that CACFP standards should be strengthened and that child care providers would need additional funding in order to meet stricter standards, but respondents were unable to estimate the magnitude of increased funding needs. Many stakeholders supported prohibiting certain foods and beverages in child care settings, particularly soda and candy, but there were concerns about monitoring compliance as well as defining which foods should be allowed or not allowed.

Stakeholders were divided about whether or not all child care facilities receiving state funding should be required to participate in CACFP. Those who supported this policy option believed CACFP should be required only if CACFP addressed the paperwork burden and/or improved their meal standards.

Physical Activity

Most stakeholders felt young children were not getting enough physical activity while in child care. A few respondents mentioned that children in child care centers had more opportunities for physical activity than children in family day care homes.

"It's generally fairly limited...there is a difference between child care centers and family child care and most kids are in family child care."

Many stakeholders stated that child care programs could improve opportunities for physical activity through either increased training on physical activity for staff, or by

changing state child care licensing requirements to include a physical activity component.

“This is an area where training and professional development could have a huge impact.”

Respondents most frequently mentioned a lack of equipment for physical activity, lack of adequate space for physical activity, lack of funding, and a lack of training and professional development for providers on physical activity as the major challenges to improving physical activity.

“Many providers don’t know what to do and how to provide structured physical activity for the kids...for example, imaginative play is not encouraged.”

“Adequacy of playgrounds and equipment is always a problem. You are trying to meet safety standards.”

Physical Activity Policy Changes

All stakeholders strongly stated that they would support limiting time spent watching television or time spent with the television turned on in licensed child care facilities; some stakeholders believed this to be a greater issue in family day care homes than in centers.

“In one study it was found that for two-thirds of family day care providers the TV was just left on all day.”

Stakeholders questioned the feasibility of monitoring compliance with TV related policies and how the appropriate number of television minutes allowed would be determined.

Most stakeholders supported requiring licensed child care facilities to meet a set minimum time for physical activity, such as one hour per day, but similar to limiting television time, several respondents questioned the feasibility of monitoring and enforcing a physical activity policy.

“Yes, but it is unenforceable, although that doesn’t mean we shouldn’t start there.”

Conclusions

Stakeholders agreed that child care facilities need to make improvements to offer healthier foods and beverages as well as increase opportunities for physical activity for children. Many respondents stated that children attending child care centers involved in CACFP benefited from the additional training, resources, reimbursement and monitoring offered by the program, but they agreed that the administrative and paperwork burden needs to be reduced. Most stakeholders stated that child care programs could improve opportunities for physical activity by increasing space,

equipment and training for staff on physical activity, and including a physical activity component in licensing requirements. The majority of stakeholders supported policies in child care settings to strengthen nutrition standards, prohibit certain foods and beverages, limit time spent watching television, and meet a set minimum time for physical activity.

Discussion

Researchers for this study hypothesized that two factors would influence the nutrition and physical activity environments of child care settings: the type of site (center/home) and whether the site received benefits through CACFP. The hypothesis was that centers would exhibit more health-promoting practices than homes and that sites participating in CACFP would generally have more health-promoting practices than sites not participating in CACFP. Moreover, because of its emphasis on health and nutrition, Head Start centers were also hypothesized to have healthier practices than other sites.¹³

In general, the study results prove this hypothesis. Findings described above demonstrate that Head Starts in general have a nutrition environment superior to all other sites and that centers and homes participating in CACFP provide healthier food than their counterparts not participating in CACFP. The overall breakfast and lunch quality scores further prove this point. (**Figures 20 and 21**) Finally, food brought from home is generally of the poorest nutritional quality. While certain settings (Head Starts and CACFP sites) had better nutritional quality than others, there was still found to be room for improvement in all settings.

When looking at individual meal components and other foods and beverages served, this pattern also remains largely constant. For milk, across all sites there is room for improvement with about 20% reporting that they usually serve whole milk. However, homes report this practice more frequently than centers.

For fruits and vegetables, sites participating in CACFP served more than their counterparts not participating in CACFP. Because the CACFP meal pattern requires fruits and vegetables with meals but does not specify nutrition standards for these foods, sites participating in CACFP generally serve more of all types of fruits and vegetables regardless of healthfulness of preparation style simply because they are required to do so. In fact, CACFP centers served more fruits and vegetables prepared in less healthy ways (fruits canned in syrup, fried potatoes) as well as in healthy ways.

Due to common misidentification of whole grains, it is hard to provide analysis for the whole grain data that will be useful. For other types of foods in the grains category, however, Head Start centers again proved superior. Head Starts demonstrated healthier practices by serving fewer sweetened cereals, sweet breads, and pastries than

¹³ Head Starts are considered both centers and sites participating in CACFP.

other sites. State preschools also reported fewer servings of these sweetened items; across all other sites, however, approximately 25% reported serving sweetened cereals and sweet breads, clearly indicating an area for improvement.

The pattern for foods served in the protein food group was similar to the pattern for fruits and vegetables. Sites on CACFP reported serving more total meat/protein sources than other sites, but this remained consistent across both the healthful preparations of meat (baked or broiled poultry and fish) and the less healthy meats (hot dogs, hamburgers, chicken nuggets, etc.) Because the CACFP meal pattern requires a serving from the meat/meat alternate food component but does not specify nutrition standards for these foods, sites participating in CACFP served more total foods from this category, regardless of preparation style.

Head Starts and State Preschools reported the fewest servings of sweets and salty snacks. Sites not participating in CACFP also reported serving more sweetened beverages than those participating in CACFP. Because CACFP does not reimburse for beverages not 100% juice (or milk), sites on CACFP serve these types of drinks at a lower rate. All sites reported relatively low rates of serving water (~25% at all sites, except 44% at non-CACFP centers).

CACFP provides a structure for meal components and requires that certain foods be served as part of meals and snacks. Survey results found that sites participating in CACFP served higher quality meals and served required components more frequently than those sites not participating in CACFP. This translated into more servings of healthfully prepared foods, such as lean meats, but also more servings of some less healthy foods, such as fruits canned in syrup. Because sites on CACFP had a higher overall quality score than those not on CACFP, it is likely that the nutrition benefits of CACFP in terms of greater servings of healthy foods outweighed the negatives of greater servings of less healthy foods.

Certain mealtime practices are considered to have benefits for healthy eating, such as staff sitting with children during meals, not encouraging children to clean their plates, and others. These practices are thought to help children learn how to self-regulate and respond to internal cues. Not encouraging a clean plate and training for staff and parents on promoting a healthy weight for children were associated with higher meal quality. Aspects of the food environment that are not adequately covered by the CACFP rules, such as mealtime practices, nutrition education, and water availability can have a positive nutritional impact. Policy recommendations made in these areas can apply to all licensed child care, regardless of participation in CACFP.

When asked what influenced their choice of foods to be served, child care providers most commonly cited nutritional quality. When asked how to best improve nutrition in child care, they called for more money for food and for parent education. When asked about the challenges to serving healthier foods, respondents cited cost and child preferences. Moreover, because the majority of centers (~80%) and homes (~95%) prepare food for children on site, child care providers and staff play a significant role in the selection and preparation of foods and beverages served. Thus, it appears that providers in all types of child care venues could benefit from increased education not just about what constitutes healthy food choices but also about economically feasible ways to serve these healthier choices. Young children in their formative years who are served healthful foods prepared and served in a healthful manner will likely benefit from these early influences throughout the course of their lives.

Policy Recommendations

Results from two recent studies completed in California on nutrition and physical activity environments in licensed child care identified key facts, data, and observations about nutrition and activity practices. Subsequent discussion at two key stakeholder meetings contributed to these policy recommendations, which are organized for federal, state, and local policymakers. The recommendations apply to:

- 1) The Child and Adult Care Food Program
- 2) Licensed child care sites not participating in CACFP
- 3) License-exempt child care and child care sites receiving public subsidy

Budget Implications

At the time of the writing of this report, the State of California is grappling with a severe budget deficit while the federal government has embarked upon historic investments in measures to stimulate a flagging economy. A number of the recommendations listed below call for greater state and federal investments in child care nutrition. While one can certainly make the case that greater investments in early childhood nutrition now will yield significant cost savings for the state and federal governments in the future, such arguments often fall on deaf ears. Rather than not including calls for greater investments in improving nutrition in child care, CFPA has created recommendations that can be adapted into no-cost proposals for the short term. For example, certain improvements to CACFP and licensing can be limited to those that have a net neutral (or very minimal) cost effect. Although the current economic outlook is bleak, not too long ago there were state and federal budget surpluses and it is likely that these will exist again in the future.

The Child and Adult Care Food Program (CACFP)

FEDERAL RECOMMENDATIONS

Priorities for Strengthening Nutrition

- 1) **Congress should provide a higher reimbursement for CACFP meals and snacks and should direct the USDA to prescribe stronger nutrition standards which bring meals and snacks into greater compliance with the Dietary Guidelines for Americans. Certain nutritional improvements could be achieved with no additional reimbursement.** Congress should act now to begin to improve the nutritional quality of meals and snacks served through CACFP. The Institute of

Medicine will begin to review the CACFP meal pattern in 2010; USDA will not likely implement changes until the middle of the next decade. A [December 2007 memorandum](#) from USDA to state agencies encouraged local school food service authorities to begin to implement changes prior to the completion of the IOM review process. Congress ought to require similar, expedited action on CACFP, beginning with changes most similar to WIC's recent update and changes considered by the California Department of Education's (CDE) stakeholder group described below. This should not preclude nor forestall the scheduled IOM process.

CDE convened a stakeholder group to discuss specific nutrition improvements to CACFP that could be implemented for little to no cost (such as a, d, e, and f). The California Legislature may pursue legislation to enact some of these no-cost improvements in the coming session. In addition, a number of these recommendations may be implemented with a small reimbursement rate increase of 5 to 10 cents per meal (such as b and c).

- a. Serve only lowfat milk to children two and older
- b. Require at least half of all grains be whole
- c. Serve more fresh fruits and vegetables
- d. Serve more lean meats and beans/legumes for proteins
- e. Limit fried foods
- f. Limit sweet grains, such as muffins, pastries, and donuts
- g. Limit fruits canned in syrup, especially heavy syrup

- 2) **Federal regulations, memoranda, training, and materials relating to nutrition for CACFP should align with WIC messages and guidelines.** Recent changes to the WIC food package will be implemented nationwide by October 2009. Many of the changes will result in greater availability (and, hopefully, affordability) of the nutritious foods that are often lacking in CACFP meals. WIC and CACFP serve largely similar populations and thus messages related to both programs ought to be consistent.
- 3) **Child care sites receiving reimbursement through CACFP should provide a healthier food environment and more physical activity.** The nutrition requirements of CACFP do not apply to any foods or beverages not reimbursed through the program. The nutrition and physical activity environments in child care ought to promote healthy choices beyond non-reimbursed items. Modeling on the "foods of minimal nutritional value" concept in school meals, CACFP can support healthier environments in child care settings by requiring the following improvements related to food and physical activity:

- Eliminating foods with minimal nutrition value, such as sodas, chips, and candy.
- Ensuring easy access to clean tap water and promoting water consumption.
- Promoting healthy food-related behaviors, such as serving family style meals, adults eating the same foods along with the children, including age-appropriate nutrition education, and others.
- Discouraging counterproductive food-related behaviors, such as using food as a reward or punishment, encouraging clean plates, and others.
- Placing limits on screen time, including computer and video games.
- Restricting unhealthy food from home.

Priorities for Increasing Resources

A recent snapshot of child care nutrition in California demonstrates that not only does CACFP result in higher quality meals but child care providers participating in CACFP charge parents significantly less per week than those not participating in CACFP (approximately \$80 per week or over \$4000 per year). In these difficult economic times, CACFP is a valuable nutritional and economic resource for low-income, working families. Yet, administrative and paperwork burdens are frequently cited as barriers to participation in CACFP. Administrators also spend too much money on paperwork, limiting investments in meal quality. Participation in the program is declining despite the clear fiscal and nutritional benefits of the program.

Program simplification

- Allow schools that operate both the National School Lunch Program and CACFP to operate CACFP under NSLP rules and regulations.
- Allow carryover funds so that CACFP sponsoring organizations can plan multiyear administrative budgets.
- Restore the right to advance funds for sponsors and child care centers to cover program costs upfront.
- Allow community based agencies that operate CACFP to administer SFSP under the same set of paperwork as their child care program.
- Allow family child care sponsoring organizations to keep their earned administrative reimbursement using a “homes multiplied by rates” system similar to the new system recently enacted in the Summer Food Service Program.

Paperwork reduction

- Eliminate the block claiming and five day reconciliation requirements.
- Reduce paperwork by extending CACFP categorical eligibility to children in family child care participating in other means-tested federally funded programs supporting working families.
- Establish area eligibility for child care centers.
- Eliminate separation of reimbursement claims into Tier 1 and Tier 2 rates and eligibility determinations.
- Increase flexibility and maximize technology and innovation to allow sponsoring organizations and providers to operate most effectively.
- Allow CACFP family child care providers to facilitate the return of participating children's family income forms.
- Remove a barrier to participation by eliminating the Social Security Number request on the application.
- Implement recommendations from USDA's recent Paperwork Reduction Initiative.

Additional Federal Actions to Strengthen Nutrition

- 1) **Congress should provide a higher administrative reimbursement for sponsors to offer nutrition education and training to providers.**
- 2) **Congress should appropriate more funding for State Administrative Expense so that independent CACFP centers, like other sponsored centers and homes, are monitored three times per year.**
- 3) **Congress should require certain minimum nutrition standards for child care sites that are attended by children receiving federal child care subsidies.**
- 4) **Congress should require the state agency to be the sponsor of last resort in areas where no other sponsor exists.**

STATE RECOMMENDATIONS

- 1) **The Legislature should appropriate a higher reimbursement for stronger nutrition standards for foods and beverages served through CACFP.** These stronger nutrition standards should include recommendations consistent with those produced by the California Department of Education stakeholder group that formulated stronger nutrition standards for CACFP and include many of the options listed in the Federal recommendations above. However, in the short run, certain no cost improvements to CACFP can be made without an increase in state reimbursement.

- 2) **Training, messages, and materials from state agencies relating to CACFP should be consistent with WIC guidelines and messages.**
- 3) **Paperwork and administrative requirements for state agencies, sponsors, and providers should be simplified while maintaining program integrity.**
- 4) **The Legislature should appropriate funding for CDE to provide training to sponsors who then disseminate training to providers.**
- 5) **Track and monitor the impact of any state or federal budget cuts on quality of CACFP meals.**

LOCAL RECOMMENDATIONS

As mentioned above, CFPA convened two stakeholder meetings to discuss the policy implications of this recent research on child care nutrition and physical activity. Many participants discussed the need for strengthening nutrition education for parents, sponsors, and providers and training to sponsors and providers for preparing healthier meals. CFPA's experience with school meal and food stamp policy demonstrates that large scale environmental change is best achieved and implemented through policy changes at the state and federal levels. However, many of these statewide and national policies began with local initiatives.

Local policy recommendations included in this report are targeted to county health departments, school districts, county offices of education, city governments, WIC agencies, and other local actors in the health and nutrition field, such as food security task forces and obesity working groups. For sponsors, providers, local advocates, and community groups interested in strengthening nutrition and physical activity for children in child care, there are a number of actions that can be taken at a local level. Funding may be available from private sources as well as grants from local government, public health agencies, First Five, or the Network for a Healthy California.

- 1) **CACFP sponsors should receive funding from local private and public sources to implement marketing plans for CACFP to encourage more providers to enroll in the program.**
- 2) **Support partnerships between sponsors and community colleges, cooperative extension, and higher education to provide joint training for child care providers on nutrition and physical activity.** Such partnerships could provide staff resources, training, and materials for nutrition education. Such materials could be sent home with children to provide instruction to parents on proper nutrition and healthful preparations of bag lunches. These organizations are also a source of interns who can provide valuable nutrition education and training.

- 3) **Develop and implement pilot sites blending state, local, and private funding that would establish and innovate stronger nutrition and physical activity standards than the state requirements.**
- 4) **Pilot the development of a standardized, peer-to-peer nutrition training for child care providers.**
- 5) **Coordinate nutrition and physical activity messages with existing local, state, and/or national campaigns in order to support healthier food and activity environments.** Public health campaigns around healthy eating and active living are already underway, or in planning, throughout the state. Examples include those by the Network for a Healthy California, Kaiser's "Thrive" campaign, and WIC's Sesame Street "Healthy Habits for Life" initiative. Efforts should be made to coordinate with these campaigns in order to maximize scarce resources and establish synergy with existing initiatives. Such messages should be used in the child care setting as well as in communications to parents and caregivers.
- 6) **Resource and Referral Networks should add to their list of choices for parents a question that asks if they would like their children in a facility with the Child and Adult Care Food Program.**

School Districts

- 7) **Include all their eligible pupils aged 0-5 in their Network for a Healthy California contracts, so that resources, materials and curricula can add support for the staff and students attending those sites.**
- 8) **Use bond funds to improve nutrition and activity environments for child care settings.**
- 9) **Prepare and deliver age-appropriate portion sized meals for children in child care and include more fresh fruits and vegetables for providers to offer nourishing meals and snacks.**

Licensed Child Care Not Participating in CACFP

While the financial and nutritional benefits to participation in CACFP are clear, many children in child care are in sites not participating in CACFP, but receive care in a facility licensed by the State of California. A logical conclusion would be to recommend that all licensed child care be required to participate in CACFP. However, due to some concerns over administering CACFP as well as income eligibility guidelines, CACFP is not a feasible option for all child care providers. Because many sponsors and providers reap great benefits from the program and are able to manage the program's

administrative requirements, the state should encourage all eligible providers to participate in the program.

Because child care providers already have their hands full with the requirements of licensure (not to mention caring for children), recommendations made in this section attempt to balance the desire of strengthening nutrition and physical activity environments in child care alongside the risk of placing undue burden on child care providers. An unintended consequence of additional requirements for licensure could compel more providers to forego licensure; that drop-off is avoidable.

State Recommendations

- 1) **Require certain minimum requirements for nutrition and physical activity as a condition of licensure.** Relatively simple, yet meaningful, improvements should be required as a condition of licensure. No-cost changes that can have a significant impact on children's health include:
 - Restricting milk to low-fat or nonfat for children over two years of age.
 - Limiting juice to one four to six ounce serving of 100% juice per day.
 - Limiting screen time to two hours per day of quality content that is educational or promotes activity.
 - Establishing physical activity minimums.
 - Making water easily available to children throughout time in care, including meals.
 - Limiting sugar to 6 grams per serving for both hot and cold cereals, thus aligning with WIC standards.
 - Restricting unhealthy foods and beverages, such as soda, candy, and chips.
- 2) **The Legislature should appropriate funding for increased monitoring of licensed child care facilities and enforcement of regulations.** According to state law, licensed child care centers (but not homes) are already supposed to follow CACFP guidelines. However, survey results described in this report demonstrate that this regulation is not strictly or uniformly followed. In order to ensure compliance with existing and future regulations, increased enforcement is necessary.
- 3) **The Legislature should include nutrition and physical activity criteria in quality rating systems for child care and publicize these rating systems.** Recent state legislation established a process to devise a rating system to indicate quality child care. However, criteria included in this process do not include nutrition or physical activity. Given the importance of nutrition to early childhood development, rating systems should include measures of nutrition

quality. Local rating systems should also pilot the inclusion of nutrition and physical activity criteria in rating systems in order to provide experience to inform their inclusion in the statewide process. Publicity of the rating systems and that they include nutrition and physical activity criteria could also be a teaching tool such that parents consider these important aspects of child care.

- 4) **The Legislature should appropriate funding to include training on nutrition and physical activity in mandatory curriculum to operate a licensed child care facility.**
- 5) **Extend the requirement that licensed child care centers follow the CACFP meal pattern to all licensed care.**

Local Recommendations

Because they deal with training, education, and other issues external to CACFP, many of the “Local Recommendations” provided in the section above apply to licensed child care sites not participating in CACFP.

License-exempt child care and child care sites receiving public subsidy

Federal and State Recommendations

- 1) **Child care sites serving children whose families receive federal or state child care subsidies should be required to meet certain minimum nutrition and physical activity standards.** Relatively simple, yet meaningful, improvements can be required as a condition of licensure that can have a significant impact on children’s health. Examples include:
 - Restricting milk to 2% fat or lower for children over two years of age
 - Limiting juice to one four to six ounce serving of 100% juice per day
 - Limiting screen time to two hours per day of quality content that is educational or promote activity
 - Establishing physical activity minimums
- 2) **Child care providers serving children whose families receive federal or state child care subsidies should participate in CACFP.**

Local Recommendations

Because they deal with training, education, and other issues external to CACFP, many of the “Local Recommendations” provided in the section above apply to licensed child care sites not participating in CACFP.

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Appendix A: Overview of CACFP

Started in 1968, the Child and Adult Care Food Program (CACFP) is an entitlement program providing reimbursement for meals and snacks served to nearly three million children in child care settings, emergency shelters, and after school programs and nearly 86,000 adults in nonresidential adult day care centers. The federal government funds the program, and there is an additional state supplement in California. In California, the Department of Education’s Nutrition Services Division administers the program.

Child care centers and day care homes are reimbursed for up to two meals and one snack per child per day. In child care centers a child’s meal is reimbursed based on family income level. For children in families living at or below 130% of the federal poverty line (FPL), about \$27,560 for a family of four, their meals are reimbursed at the full level so that their meals are free to them and their family. Children in families living above 130% of FPL but at or below 185%, about \$39,220 for a family of four, are eligible for meals reimbursed at heavily subsidized “reduced-price” levels. For meals served to all other children, the federal government pays only a low “base” level reimbursement. However, as most facilities use a “non-pricing” option and include the cost of meals and snacks in the overall fee they charge for care, most families do not pay for individual meals as they do in the school meal system.

Table 1. CACFP Federal Reimbursement Rates for Child Care Centers

	Free	Reduced-Price	Base
Breakfast	\$1.40	\$1.10	\$0.25
Lunch and Supper	\$2.57	\$2.17	\$0.24
Supplement	\$0.71	\$0.35	\$0.06

CACFP reimbursement levels for family child care homes are determined on a home-by-home basis rather than a child-by-child basis as is the case with child care centers. Homes located in low income areas, defined as neighborhoods where 50% or more of children at the nearest local elementary school receive free or reduced price meals, and day care home providers whose incomes are at or below 185% of the federal poverty line are reimbursed at the higher Tier I reimbursement rate. All other participating day care homes are reimbursed at the lower Tier II rate.

Table 2. CACFP Federal Reimbursement for Family Child Care Homes

	Breakfast	Lunch/Supper	Supplements (Snacks)
Tier I	\$1.17	\$2.18	\$0.65
Tier II	\$0.43	\$1.31	\$0.18

The state of California provides an additional supplement of \$0.1566 to the federal reimbursement for all free and reduced price meals served in child care centers and to 75% of meals served in family child care homes.

Table 3. State Meal Reimbursement for Child Care Centers

	Free	Reduced-Price	Base
Breakfast	\$0.1566	\$0.1566	Not Applicable
Lunch	\$0.1566	\$0.1566	Not Applicable

To participate in CACFP, day care homes must be enrolled with a local CACFP sponsoring organization. The sponsoring organization is responsible for reviewing the day care home's menus and attendance records monthly to verify that the home is compliant with all CACFP requirements. Sponsoring agencies also process the home's meal reimbursements. In addition, the sponsoring organization is required to make three monitoring visits to the home each year, two of which must be unannounced, to observe meals, provide trainings, and review paperwork. On top of these requirements, some sponsoring organizations also provide nutrition education to providers, children and parents.

For child care centers, the monitoring situation is more complex. At one end of the spectrum, centers can choose to be sponsored by independent local CACFP sponsoring organizations and be monitored in much the same way as homes. At the other end of the spectrum, centers with only one location can contract directly with the state Department of Education and will be monitored only once every two or three years. Falling in between these two extremes are centers with multiple locations that contract directly with the state. While the state only monitors these programs once every two or three years, the programs are responsible for monitoring their individual sites three times per year similar to the local CACFP sponsoring organizations. Programs such as Head Start and the State Preschool Program would fall into this category.

Table 4. California CACFP Enrollment and Participation

Total CACFP Enrollment	494,696
Free Enrollment	363,062
Reduced Price Enrollment	33,190
Paid Enrollment	98,444
Average Daily Participation	357,459

However, unlike the National School Lunch Program (NSLP), CACFP does not include nutrient-based standards. CACFP employs meal patterns, which were devised in the 1960s and have undergone minor revisions since. Thus, they fail to specifically embrace more recent concerns about obesity prevention. While it is possible to serve very healthy meals within the CACFP guidelines, the meal patterns are so broad as to allow meals that do not comply with the Dietary Guidelines for Americans and provide too much fat, saturated fat, and sugar. USDA recently contracted with the Institute of Medicine to revise the meal pattern to comply with the Dietary Guidelines for Americans. However, this process may not be complete for many years.

Table 5. CACFP Meal Pattern – Lunch or Supper

Child Meal Pattern Lunch or Supper			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12¹
1 milk fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice, ² fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/bread³ bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁴ or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁵ or yogurt ⁶	1 ounce 1 ounce 1 ounce 1/2 egg 1/4 cup 2 Tbsp. 1/2 ounce 4 ounces	1 1/2 ounces 1 1/2 ounces 1 1/2 ounces 3/4 egg 3/8 cup 3 Tbsp. 3/4 ounce 6 ounces	2 ounces 2 ounces 2 ounces 1 egg 1/2 cup 4 Tbsp. 1 ounce 8 ounces
<p>¹ Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.</p> <p>² Serve two or more kinds of vegetable(s) and/or fruit(s). Fruit or vegetable juice must be full-strength.</p> <p>³ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.</p> <p>⁴ A serving consists of the edible portion of cooked lean meat or poultry or fish.</p> <p>⁵ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.</p> <p>⁶ Yogurt may be plain or flavored, unsweetened or sweetened.</p>			

Appendix B: Statewide Survey Methods

- Survey developed: Survey instruments that had already been used to investigate child care food and physical activity environments were identified. Using existing tools as the starting point, survey was designed to meet project aims.
- Survey pilot-tested: The survey was pilot-tested by distributing it to facilities being observed in an on-going study in Los Angeles funded by the Gilbert Foundation. By comparing survey responses of site directors or owners to observed behaviors recorded in 2-hour meal observations, as well as obtaining direct feedback from respondents on survey readability and content, the survey was improved, the format, wording and directions were simplified and the length was reduced.
- IRB approval obtained: Research protocols and the survey tool were submitted and approved by the Committee for the Protection of Human Subjects at UC Berkeley.
- Sample selected: In order to collect contact information for all licensed child care centers and homes in California, as well as segregate into categories of interest, data sets were collected from two state agencies (Department of Education and Department of Social Services) and several county agencies. These disparate data sets were then merged and decision rules were created to as accurately as possible identify child care facilities within the initial 7 categories of interest. Using a random number generator, a random sample was then selected within each of the 7 categories for survey distribution.
- Initial sample contacted: A post card was sent to ~1400 randomly selected sites (~200 in each of 7 categories). The purpose was three-fold: 1) to identify incorrect addresses; 2) to inform sites that an important survey was coming; and 3) to generate interest in participation. For sites with post cards returned as undeliverable, new sites were randomly selected within the same category as replacement sites. For sites with post cards returned with a new address, the new address was recorded. Approximately 4% of postcards were returned as undeliverable.
- Surveys distributed: Packets (including a letter of introduction describing the project's importance and contact information, a consent letter, the survey, a return card with respondent's address for sending a \$5 Target gift card and entry into a raffle to receive a \$200 grocery store coupon as incentives, a handwritten note encouraging recipients to return the survey, a UC Berkeley pencil, and a stamped, addressed return envelope) were assembled and mailed to the selected sites. Each packet envelope was hand-addressed in order to encourage recipient interest. Materials sent to Head Starts, State Preschools, and other centers were in English. Materials sent to homes were provided in both English and Spanish.

- Participant tracking system developed: A participant tracking system was developed to note which sites returned completed surveys, and on rare occasions, which potential participants called for additional information or if survey packets were returned as undeliverable. Participants who returned a survey were sent a \$5 gift card and were entered into the raffle.
- Follow-up with non-responders: Several strategies were used to encourage participation in the study. A reminder post card (in English and Spanish) was sent to encourage survey return. A second survey was later mailed to 5 of the 7 categories with the lowest response rate (Head Starts, State Preschools, child care centers with CACFP local sponsorship, child care homes in CACFP, and child care homes not in CACFP). Second packet mailings included all of the items sent in the first survey packet plus the \$5 gift card as an additional incentive. Phone calls were subsequently made to as many non-respondents as possible to encourage return of surveys, with particular emphasis given to categories with the lowest response rate.
- Survey data coded: A data coding system was developed and a spreadsheet was created for data entry. Survey data were manually checked for completeness and rules were created to address missing, incomplete, or duplicate responses. Survey data were entered and routine assessments were made (of approximately every 10th survey) to check for accuracy of data entry. Data entry errors were corrected as needed.
- Survey data analyzed: Descriptive statistics (means and standard deviations or frequency distributions) were computed. When data were compared by category for statistical significance, analysis of variance (ANOVA) and Tukey's Honestly Significant Differences (HSD) follow-up test were used to evaluate differences in means. $P < 0.05$ was considered significant.

Appendix C: 12/11/08 Stakeholders Meeting, Participant List

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Survey of Child Care Providers of 2-5 Year Old Children

INSTRUCTIONS: Please read each statement or question carefully and mark the box that best fits your child care center or home. It is important that you answer each question. Mark only one answer box, unless otherwise indicated. If you mark a box incorrectly, please erase completely. There are no right or wrong answers – only what you think. We just want to learn more about nutrition and physical activity practices at child care facilities. Feel free to share any additional comments with us at the end of the survey.

SECTION A: About Your Child Care CENTER or HOME

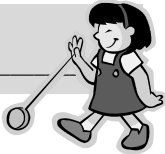


1. Total number of staff	_____				
2. Total number of children at your center/home	_____				
3. Number of child care children by age	0-23 months _____	24-35 months _____	3-5 years _____		
4. Child care offered	<input type="checkbox"/> ₁ Full-day	<input type="checkbox"/> ₂ Half-day	<input type="checkbox"/> ₃ Both full- and half-day		
5. Type of center/home (mark all that apply)	<input type="checkbox"/> ₁ Head Start	<input type="checkbox"/> ₂ State Preschool	<input type="checkbox"/> ₃ Center or other preschool	<input type="checkbox"/> ₄ Family child care home	
6. Job title of person completing survey (mark all that apply)	<input type="checkbox"/> ₁ Center or home owner	<input type="checkbox"/> ₂ Director or Site Supervisor	<input type="checkbox"/> ₃ Family child care-giver	<input type="checkbox"/> ₄ Teacher	<input type="checkbox"/> ₅ Other (specify) _____
7. Person(s) responsible for menu planning (mark all that apply)	<input type="checkbox"/> ₁ Center or home child care giver	<input type="checkbox"/> ₂ Director or Site Supervisor	<input type="checkbox"/> ₃ Cook or chef	<input type="checkbox"/> ₄ Dietitian	<input type="checkbox"/> ₅ Other (specify) _____
8. Participation in CACFP (Child and Adult Care Food Program, which provides reimbursement for foods served that meet specific meal pattern requirements)	<input type="checkbox"/> ₁ Don't know	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₃ Yes	<input type="checkbox"/> ₄ Through sponsoring agency <input type="checkbox"/> ₅ Through state sponsorship <input type="checkbox"/> ₆ Other (specify) _____	
9. Menus are reviewed by state, sponsoring agency or affiliated child care organization	<input type="checkbox"/> ₁ Does not apply	<input type="checkbox"/> ₂ Don't know	<input type="checkbox"/> ₃ 1 time every 3 years or less	<input type="checkbox"/> ₄ 1 or 2 times each year	<input type="checkbox"/> ₅ 3 times each year or more
10. Estimated cost for all food served by center/home that is reimbursed by CACFP	<input type="checkbox"/> ₁ None, do not participate in CACFP	<input type="checkbox"/> ₂ Less than 50%	<input type="checkbox"/> ₃ 50 to 74%	<input type="checkbox"/> ₄ 75 to 99%	<input type="checkbox"/> ₅ 100%

	Not provided	Usually provided by child care center/home	Usually brought from home by parents
a. Breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Lunch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Dinner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Mid-morning snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Mid-afternoon snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Evening snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



12. Food provided by center/home is	<input type="checkbox"/> ₁ Prepared on site (at child care center/home)	<input type="checkbox"/> ₂ Prepared at central kitchen operated by child care center(s)	<input type="checkbox"/> ₃ Prepared by school food service	<input type="checkbox"/> ₄ Pre-prepared by and purchased from independent food service company	<input type="checkbox"/> ₅ Other (specify) _____
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SECTION B: Think about the foods and beverages provided to 2-5 year old children at your center/home YESTERDAY (or the most recent day children were in your care). Include foods and beverage brought by parents as well as those your center/home provided. Include foods used as treats or for parties. All answers should be about 2-5 year old children ONLY. (For each row mark ALL the answers that apply.)

Which FOODS & BEVERAGES were provided YESTERDAY?	Not Provided	Provided at Breakfast	Provided at Lunch	Provided at Dinner	Provided at Snack-time
1. Fruit canned in syrup (heavy or lite)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Other fruit including fresh, canned in water or own juice, dried or frozen (do not include fruit juice)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. French fries, tater tots, hash browns or other fried potatoes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Beans like pinto beans, black beans, chili with beans, refried beans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Other vegetables including fresh, frozen or canned (do not include fried potatoes or cooked dry beans)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Vegetarian hot dogs or burgers, tofu, tempeh or other meat substitutes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Baked or broiled chicken, turkey, or fish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Other meats including chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, beef, hamburger, sausage, bacon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. Peanut butter, nuts or seeds	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. Cheese or yogurt (do not include frozen yogurt)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. Frozen treats like ice cream, shake, popsicle, Icee, frozen yogurt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. Candy like hard candy, chocolate, gum, fruit roll up, fruit gummies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. Sweet cereals like Frosted Flakes, Apple Jacks, Froot Loops, Sugar Smacks, Lucky Charms, Honey Nut Cheerios	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. Cupcakes, cookies, brownies, pies, pop tarts, sweet rolls, donuts, muffins and other sweet grains/pastries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. Crackers, pretzels, popcorn, baked chips	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. Regular potato chips , tortilla chips, corn chips, Cheetos, cheese puffs, pork rinds (do not include baked chips)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. Whole grain bread, oatmeal, brown rice, whole wheat tortillas, corn tortillas, whole grain cereal such as plain Cheerios (do not include Honey Nut Cheerios)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. White bread, white rice, pasta, noodles , cornbread, biscuits, rolls, bagels, pancakes, waffles and other grains (do not include whole grains)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
19. Sweetened drinks like soda, sports drinks, Kool-aid, Sunny Delight, Hawaiian Punch, lemonade, fruit drinks, aguas frescas, sweet tea (do not include diet drinks)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
20. 100% fruit or vegetable juice (do not include fruit-flavored drinks like Kool-Aid, Sunny Delight, Hawaiian Punch, lemonade, aguas frescas)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
21. Milk (including rice or soy milk)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



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SECTION C: In answering questions on FOOD-RELATED PRACTICES please think about children in your care who are 2-5 years of age ONLY. (Mark only one answer for each question unless instructed to mark all that apply.)

1. Type of milk MOST OFTEN provided at your child care (<i>mark only one</i>)	<input type="checkbox"/> ₁ Whole or regular	<input type="checkbox"/> ₂ 2% or 1% fat	<input type="checkbox"/> ₃ Skim or non-fat	<input type="checkbox"/> ₄ Rice or soy milk	<input type="checkbox"/> ₅ Flavored or sweetened (like chocolate, vanilla, horchata)
2. ALL of the types of milk provided at your child care (<i>mark all that apply</i>)	<input type="checkbox"/> ₁ Whole or regular	<input type="checkbox"/> ₂ 2% or 1% fat	<input type="checkbox"/> ₃ Skim or non-fat	<input type="checkbox"/> ₄ Rice or soy milk	<input type="checkbox"/> ₅ Flavored or sweetened (like chocolate, vanilla, horchata)
3. Drinking water is available outside (<i>mark only one</i>)	<input type="checkbox"/> ₁ Not easily available	<input type="checkbox"/> ₂ Available only during designated water breaks	<input type="checkbox"/> ₃ Given to children on request	<input type="checkbox"/> ₄ Easily and visibly available for self-serve	
4. Drinking water is available inside (<i>mark only one</i>)	<input type="checkbox"/> ₁ Not easily available	<input type="checkbox"/> ₂ Available only during designated water breaks	<input type="checkbox"/> ₃ Given to children on request	<input type="checkbox"/> ₄ Easily and visibly available for self-serve	
5. Drinking water is provided at the table at meals or snacks	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ Some of the time	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All of the time	
6. Meals and snacks are usually	<input type="checkbox"/> ₁ Portioned by parents who bring food in	<input type="checkbox"/> ₂ Presented family style (children serve selves with limited help)	<input type="checkbox"/> ₃ Portioned and served by staff	<input type="checkbox"/> ₄ Served in pre-packaged portions	
7. Staff sit with children at meals or snacks	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ Some of the time	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All of the time	
8. Topic(s) staff talk with children most frequently about at meal or snack times (<i>mark all that apply</i>)	<input type="checkbox"/> ₁ Table manners	<input type="checkbox"/> ₂ Finishing food/cleaning your plate	<input type="checkbox"/> ₃ Healthy eating	<input type="checkbox"/> ₄ Other (specify) _____	
9. Written policy or guidelines on food or beverages that staff can eat in front of children	<input type="checkbox"/> ₁ Does not apply	<input type="checkbox"/> ₂ Not available	<input type="checkbox"/> ₃ Available but not followed most of time	<input type="checkbox"/> ₄ Available and followed some of time	<input type="checkbox"/> ₅ Available and followed most of time
10. Children are encouraged to finish everything provided for meals and snacks (clean their plate)	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ Some of the time	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All of the time	
11. Additional servings (seconds) of food are given if a child requests them	<input type="checkbox"/> ₁ Does not apply	<input type="checkbox"/> ₂ Rarely or never	<input type="checkbox"/> ₃ Some of the time	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All of the time
12. Food is used to encourage desired behavior	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ Some of the time	<input type="checkbox"/> ₃ Most of the time	<input type="checkbox"/> ₄ All of the time	
13. Menus are posted for parents to see	<input type="checkbox"/> ₁ Does not apply	<input type="checkbox"/> ₂ Rarely or never	<input type="checkbox"/> ₃ Some of the time	<input type="checkbox"/> ₄ Most of the time	<input type="checkbox"/> ₅ All of the time
14. Written policy or guidelines for parents on the types of foods they can bring to child care	<input type="checkbox"/> ₁ Does not apply	<input type="checkbox"/> ₂ Is not provided	<input type="checkbox"/> ₃ Is provided but not followed most of time	<input type="checkbox"/> ₄ Is provided and followed some of time	<input type="checkbox"/> ₅ Is provided and followed most of time
15. Food children bring from home to eat at child care	<input type="checkbox"/> ₁ Does not apply – children don't bring food from home	<input type="checkbox"/> ₂ Is less healthy than food provided by center/home	<input type="checkbox"/> ₃ Is about as healthy as food provided by center/home	<input type="checkbox"/> ₄ Is more healthy than food provided by center/home	<input type="checkbox"/> ₅ Don't know





Survey of Child Care Providers of 2-5 Year Old Children



16. Holidays, birthdays and other parties are celebrated with **traditional 'party foods' (like cupcakes, cookies, chips, pizza, soda)** ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly ₅ Weekly or more
17. **Fundraising** includes selling food items like candy, cookie dough, pies/cakes, or popcorn ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly ₅ Weekly or more
18. Location of food and/or beverage **vending machines** ₁ No vending machines on site ₂ Out of sight of parents and children ₃ In public areas but not in entrance ₄ In entrance or front of building
19. **Written policy or guidelines** on foods and beverages include **(mark all that apply)** ₁ Does not apply, no written policy or guidelines available ₂ Foods to be avoided (such as peanuts) that are common food allergens ₃ Promotion of healthy options (like whole grains, sugar or fat content) provided by center/home ₄ Restriction on unhealthy options (like soda, candy) provided by center/home ₅ Other (specify) _____
20. **Structured, staff-led nutrition education** activities and materials (like books, cooking activities, food tasting) are used with **children** at child care ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly ₅ Weekly or more
21. **Promoting healthy weight** among child care children has been done **during the past year (mark all that apply)** ₁ Does not apply, did not take place ₂ Using lessons with children on nutrition ₃ Using lessons with children on gross motor activity ₄ Offering information to parents on child health ₅ Attending training by staff on child health
22. **Child care center/home staff** are trained on childhood nutrition and food preparation ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly or more
23. A **nutrition professional** is involved in staff training on childhood nutrition and food preparation ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly or more
24. Nutrition **materials or workshops** are provided to **parents/families** ₁ Rarely or never ₂ At least once a year ₃ A few times a year ₄ Monthly or more
25. **Most important** factor in deciding which foods are provided to children in child care ₁ Cost ₂ Convenience ₃ Availability ₄ Nutritional content ₅ Kids' preferences
26. **Most needed** to improve the nutrition for children in child care **(mark only one)** ₁ More nutrition education for staff ₂ More nutrition education for parents ₃ More money for food ₄ Menu planning assistance from dietitian ₅ Better local access to nutritious foods
27. When compared to my other responsibilities at child care, **servicing the most nutritious food** possible is ₁ Not important ₂ A little important ₃ Somewhat important ₄ Very important
28. **Major challenge(s)** to providing more nutritious foods to children **(mark all that apply)** ₁ No Child and Adult Care (CACFP) reimbursement ₂ Not enough room for food preparation and storage ₃ Lack of control over food service provider ₄ High food costs ₅ Children not liking them ₆ Parents not wanting them ₇ Not enough information on what foods to provide ₈ Other (specify) _____



Survey of Child Care Providers of 2-5 Year Old Children



SECTION D: In answering questions on PHYSICAL ACTIVITY PRACTICES, please focus on children in your care who are 2-5 years of age ONLY. (Mark only one answer for each question unless instructed to mark all that apply.)



1. Major challenge(s) to providing more physical activity to children at child care (<i>mark all that apply</i>)	<input type="checkbox"/> ₁ Not enough outdoor play area	<input type="checkbox"/> ₂ Not enough indoor play area	<input type="checkbox"/> ₃ Inadequate play equipment	<input type="checkbox"/> ₄ Lack of policy on physical activity
	<input type="checkbox"/> ₅ Liability concerns	<input type="checkbox"/> ₆ Unsafe neighborhood	<input type="checkbox"/> ₇ Weather is too hot or cold to go outside	<input type="checkbox"/> ₈ Not enough time
	<input type="checkbox"/> ₉ Children's interest or skills	<input type="checkbox"/> ₁₀ Not enough knowledge about physical activity	<input type="checkbox"/> ₁₁ Other (specify) _____	
2. Active playtime or physical activity (indoors or outdoors) is provided to children at child care	<input type="checkbox"/> ₁ Less than 30 minutes each day	<input type="checkbox"/> ₂ 31-45 minutes each day	<input type="checkbox"/> ₃ 46-60 minutes each day	<input type="checkbox"/> ₄ More than 60 minutes each day
3. Amount of physical activity that is structured/organized and staff-led at child care	<input type="checkbox"/> ₁ None	<input type="checkbox"/> ₂ About one-quarter of the time	<input type="checkbox"/> ₃ About half of the time	<input type="checkbox"/> ₄ Most or all of the time
4. Amount of physical activity that is outdoors at child care	<input type="checkbox"/> ₁ None	<input type="checkbox"/> ₂ About one-quarter of the time	<input type="checkbox"/> ₃ About half of the time	<input type="checkbox"/> ₄ Most or all of the time
5. Indoor active play space at child care is	<input type="checkbox"/> ₁ Not available	<input type="checkbox"/> ₂ Available for very limited movement (like walking)	<input type="checkbox"/> ₃ Available for some active play (like jumping, rolling and skipping)	<input type="checkbox"/> ₄ Available for all activities, including running
6. Fixed play equipment (like swings, slides, climbing equipment, overhead ladders) at child care is	<input type="checkbox"/> ₁ Not available	<input type="checkbox"/> ₂ Only one type of equipment is available (like swing set)	<input type="checkbox"/> ₃ Different equipment available that suits most children	<input type="checkbox"/> ₄ Wide variety of equipment available and accommodates needs of all children
7. Portable play equipment (like wheel toys, balls, tumbling mats, jump ropes) at child care is	<input type="checkbox"/> ₁ Not available	<input type="checkbox"/> ₂ Only one type of equipment is available (like balls)	<input type="checkbox"/> ₃ Different equipment available that suits most children	<input type="checkbox"/> ₄ Wide variety of equipment available and accommodates needs of all children
8. Staff restrict(s) active playtime for children who misbehave (for example, use sitting out time for misbehavior) at child care	<input type="checkbox"/> ₁ Never restrict	<input type="checkbox"/> ₂ Never restrict and provide more active playtime to reward good behavior	<input type="checkbox"/> ₃ Sometimes restrict	<input type="checkbox"/> ₄ Often restrict
9. Children watch TV, videos or play electronic games at child care	<input type="checkbox"/> ₁ Never or rarely	<input type="checkbox"/> ₂ Less than 2 hours a day	<input type="checkbox"/> ₃ 2-3 hours per day	<input type="checkbox"/> ₄ 4 or more hours per day
10. During unstructured, active free playtime, staff	<input type="checkbox"/> ₁ Rarely or never play with children (mostly supervise)	<input type="checkbox"/> ₂ Sometimes play with children	<input type="checkbox"/> ₃ Often or always play children	<input type="checkbox"/> ₄ Often or always play with children and verbally encourage them to be active
11. Written policy or guidelines on physical activity at your center/home are	<input type="checkbox"/> ₁ Not available	<input type="checkbox"/> ₂ Available but not followed most of the time	<input type="checkbox"/> ₃ Available and followed some of the time	<input type="checkbox"/> ₄ Available and followed most of the time
12. Staff are trained on physical activities appropriate for young children	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ At least once a year	<input type="checkbox"/> ₃ A few times a year	<input type="checkbox"/> ₄ Monthly or more
13. Information or workshops on physical activity are provided to child care parents/families	<input type="checkbox"/> ₁ Rarely or never	<input type="checkbox"/> ₂ At least once a year	<input type="checkbox"/> ₃ A few times a year	<input type="checkbox"/> ₄ Monthly or more



Survey of Child Care Providers of 2-5 Year Old Children



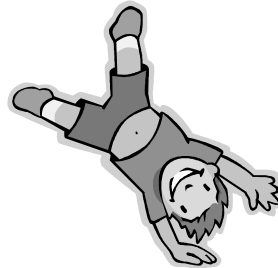
SECTION E: Please share any additional comments or suggestions.



Five horizontal lines for writing additional comments or suggestions.

THANK YOU FOR YOUR TIME!

- 1) ***Please check to make sure you have marked an answer for every question.***
- 2) ***Please fill out the contact information on the next page.***
- 3) ***Please return this survey in the postage-paid envelope provided within 2 weeks and receive a \$5 Target gift card and be entered into the prize drawing.***



For more information on this survey, contact Lorrene Ritchie at 510-642-0535 or lorrene_ritchie@sbcglobal.net.

Return survey to: **The California Child Care Food Assessment Study**
Center for Weight and Health - UC Berkeley
2180 Dwight Way - Suite C
Berkeley, CA 94704

Survey ID

