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Food and Nutrition Service, Child Nutrition Programs

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## ***FORMATIVE RESEARCH ON NUTRITION, PHYSICAL ACTIVITY, AND ELECTRONIC MEDIA USE IN THE CHILD AND ADULT CARE FOOD PROGRAM***

### **Appendix 3: Focus Groups**

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## I. Appendix A: Telephone Focus Group Screeners

### State Agencies

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. May I speak with [INSERT NAME]?  
WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	<b>CONTINUE</b>
No, that is not correct	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your agency will be identified. Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	<b>CONTINUE</b>
No, not interested	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

May I ask you a few questions to see if you qualify to participate in this research?

#### 1. RECORD:

Male	<input type="checkbox"/>	<b>CONTINUE</b>
Female	<input type="checkbox"/>	<b>CONTINUE</b>

#### 2. To confirm, do you work at [INSERT STATE AGENCY/DIVISION FROM SAMPLE]?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>
<b>IF NOT CONTACT FROM SAMPLE, ASK TO SEE IF RESPONDENT HAS CONTACT INFORMATION FOR NAME ON LIST OR FOR AN ALTERNATIVE CONTACT WHO HAS RESPONSIBILITY FOR ADMINISTERING THE CACFP</b>		

3. Have you previously or do you currently work for any of the following? **[READ LIST]**

	YES	NO
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO ANY OF ABOVE.</b>		

4. To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
18 - 20	<input type="checkbox"/>	
21 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

5. What is your job title or role?

Director/Chief	<input type="checkbox"/>	<b>CONTINUE</b>
Program Manager/Supervisor/Administrator	<input type="checkbox"/>	<b>CONTINUE</b>
Nutritionist	<input type="checkbox"/>	<b>CONTINUE</b>
Program Specialist	<input type="checkbox"/>	<b>CONTINUE</b>
Education/Training Specialist	<input type="checkbox"/>	<b>CONTINUE</b>
Field Staff/Monitor	<input type="checkbox"/>	<b>CONTINUE</b>
Secretary	<input type="checkbox"/>	<b>TERMINATE</b>
Other	<input type="checkbox"/>	<b>TERMINATE</b>

6. Does your agency or division work with sponsoring organizations, child care centers and/or day care homes to administer the Child and Adult Care Food Program, or CACFP in your state or tribe?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

7. Are you responsible for administering the CACFP in your state or tribe?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

8. What is the total number of child care centers and day care homes enrolled in the CACFP in your state or tribe? **[READ LIST AND RECORD NUMERIC RESPONSE.]**

	NUMERIC RESPONSE	None
a. Child care centers	_____	<input type="checkbox"/>
b. Day care homes	_____	<input type="checkbox"/>

9. What is the total number of sponsoring organizations that you work with to administer CACFP?

NUMERIC RESPONSE	_____	<b>CONTINUE</b>
------------------	-------	-----------------

10. Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Some university/college or vocational school	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

11. Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background?

Hispanic or Latino	<input type="checkbox"/>	<b>CONTINUE</b>
Not Hispanic or Latino	<input type="checkbox"/>	

12. **[IF NOT HISPANIC OR LATINO IN Q11]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

13. **FAMILIARITY WITH DIETARY GUIDELINES: RECORD FROM PHASE 1 SURVEY SAMPLE (Q23), DO NOT ASK**

Very familiar	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Somewhat familiar	<input type="checkbox"/>	
Not too familiar	<input type="checkbox"/>	
Not at all familiar	<input type="checkbox"/>	
Never heard	<input type="checkbox"/>	

**INVITATION:**

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on \_\_\_\_ from \_\_\_\_ to \_\_\_\_ p.m.?

Yes	<input type="checkbox"/>	<b>CONFIRM DATE &amp; TIME</b>
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

---

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

## Sponsoring Organizations

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. May I speak with [INSERT NAME]?  
WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	<b>CONTINUE</b>
No, that is not correct	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your organization will be identified. Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	<b>CONTINUE</b>
No, not interested	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

May I ask you a few questions to see if you qualify to participate in this research?

1. **RECORD:**

Male	<input type="checkbox"/>	<b>CONTINUE</b>
Female	<input type="checkbox"/>	<b>CONTINUE</b>

2. Have you previously or do you currently work for any of the following? **[READ LIST]**

	<b>YES</b>	<b>NO</b>
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO ANY OF ABOVE.</b>		

3. To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	<b>TERMINATE</b>
18 - 20	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
21 - 34	<input type="checkbox"/>	

35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

4. What is your job title or role?

Executive Director	<input type="checkbox"/>	<b>CONTINUE</b>
Assistant Director/Supervisor	<input type="checkbox"/>	<b>CONTINUE</b>
Food Program/Nutrition Manager	<input type="checkbox"/>	<b>CONTINUE</b>
Food Program Specialist/Monitor	<input type="checkbox"/>	<b>CONTINUE</b>
Education Specialist/Trainer	<input type="checkbox"/>	<b>CONTINUE</b>
Board Member	<input type="checkbox"/>	<b>TERMINATE</b>
Finance Director	<input type="checkbox"/>	<b>TERMINATE</b>
Human Resources Director	<input type="checkbox"/>	<b>TERMINATE</b>
Community Operations Director	<input type="checkbox"/>	<b>TERMINATE</b>
Other	<input type="checkbox"/>	<b>TERMINATE</b>

5. If you sponsor centers, are they affiliated, that is sponsor-owned, or unaffiliated, that is not sponsor-owned, or both?

Affiliated	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Unaffiliated	<input type="checkbox"/>	
Both	<input type="checkbox"/>	

6. What is the total number of child care centers and/or day care homes that your organization sponsors: **[READ LIST AND RECORD NUMERIC RESPONSE.]**

	<b>NUMERIC RESPONSE</b>	<b>None</b>
a. Child care centers	_____	<input type="checkbox"/>
b. Day care homes	_____	<input type="checkbox"/>

7. Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Less than high school	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
High school or GED	<input type="checkbox"/>	

Some university/college or vocational school	<input type="checkbox"/>	
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

8. Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background?

Hispanic or Latino	<input type="checkbox"/>	<b>CONTINUE</b>
Not Hispanic or Latino	<input type="checkbox"/>	

9. **[IF NOT HISPANIC OR LATINO IN Q8]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

10. **FAMILIARITY WITH DIETARY GUIDELINES: RECORD FROM PHASE 1 SURVEY SAMPLE (Q23), DO NOT ASK**

Very familiar	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Somewhat familiar	<input type="checkbox"/>	
Not too familiar	<input type="checkbox"/>	
Not at all familiar	<input type="checkbox"/>	
Never heard	<input type="checkbox"/>	

**INVITATION:**

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ p.m.?

Yes	<input type="checkbox"/>	<b>CONFIRM DATE &amp; TIME</b>
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

---

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b><i>THANK &amp; TERMINATE</i></b>

**Child Care Centers**

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. May I speak with [INSERT NAME]?  
 WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	<b>CONTINUE</b>
No, that is not correct	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your organization will be identified.

Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	<b>CONTINUE</b>
No, not interested	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

May I ask you a few questions to see if you qualify to participate in this research?

1. **RECORD:**

Male	<input type="checkbox"/>	<b>CONTINUE</b>
Female	<input type="checkbox"/>	<b>CONTINUE</b>

2. Have you previously or do you currently work for any of the following? **[READ LIST]**

	<b>YES</b>	<b>NO</b>
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO ANY OF ABOVE.</b>		

3. To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	<b>TERMINATE</b>
18 - 20	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
21 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

4. Do you currently work at a child care center?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

5. What is your job title or role?

Director or Site Supervisor/Manager	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Assistant Director	<input type="checkbox"/>	
Food Service Director or Manager/Cook	<input type="checkbox"/>	
Teacher	<input type="checkbox"/>	
Graduate Assistant	<input type="checkbox"/>	<b>TERMINATE</b>
Teacher Aid or Volunteer	<input type="checkbox"/>	<b>TERMINATE</b>
Other		<b>TERMINATE</b>

6. Which of the following describes the type of center you work at? **[READ LIST]**

	<b>YES</b>	<b>NO</b>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>
State-run preschool	<input type="checkbox"/>	<input type="checkbox"/>
Center or other preschool	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO HEAD START, STATE PRESCHOOL, OR OTHER.</b>		

7. Approximately, how many children are there in the following age groups under your care: **[READ LIST ONE AGE RANGE AT A TIME AND RECORD NUMERIC RESPONSE.]**

	<b>NUMERIC RESPONSE</b>	<b>None</b>
a. Ages 0 to 12 months	_____	<input type="checkbox"/>
b. Ages 1 and 2	_____	<input type="checkbox"/>

	<b>NUMERIC RESPONSE</b>	<b>None</b>
c. Ages 3, 4 and 5	_____	<input type="checkbox"/>
d. Ages 6+	_____	<input type="checkbox"/>
<b><i>TERMINATE IF "NONE" TO A-C; MUST HAVE SOME CHILDREN UNDER AGE 6 TO CONTINUE.</i></b>		

8. Does your center offer full-day child care for at least nine months out of the year?

Yes	<input type="checkbox"/>	<b><i>CONTINUE</i></b>
No	<input type="checkbox"/>	<b><i>TERMINATE</i></b>

9. Does your center participate in CACFP (Child and Adult Care Food Program), which provides reimbursement for foods served that meet specific meal pattern requirements?

Yes	<input type="checkbox"/>	<b><i>CONTINUE</i></b>
No	<input type="checkbox"/>	<b><i>TERMINATE</i></b>

10. What is the total number of children at your center? **[RECORD NUMERIC RESPONSE]**

NUMERIC RESPONSE	_____	<b><i>CONTINUE</i></b>
------------------	-------	------------------------

11. How would you describe the area in which your center is located – urban, suburban, small town, rural, or tribal community?

Urban	<input type="checkbox"/>	<b><i>RECRUIT A MIX</i></b>
Suburban	<input type="checkbox"/>	
Small town	<input type="checkbox"/>	
Rural	<input type="checkbox"/>	
Tribal community	<input type="checkbox"/>	

12. Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Less than high school	<input type="checkbox"/>	<b><i>RECRUIT A MIX</i></b>
High school or GED	<input type="checkbox"/>	
Some university/college or vocational school	<input type="checkbox"/>	
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

13. Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background?

Hispanic or Latino	<input type="checkbox"/>	<b>CONTINUE</b>
Not Hispanic or Latino	<input type="checkbox"/>	

14. **[IF NOT HISPANIC OR LATINO IN Q13]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

15. **FAMILIARITY WITH DIETARY GUIDELINES: RECORD FROM PHASE 1 SURVEY SAMPLE (Q23), DO NOT ASK**

Very familiar	<input type="checkbox"/>	<b>RECRUIT FOR 4/15, 5PM</b>	<b>OR RECRUIT FOR 5/15, 6:30PM</b>
Somewhat familiar	<input type="checkbox"/>		
Not too familiar	<input type="checkbox"/>	<b>RECRUIT FOR 4/17, 7:30PM</b>	
Not at all familiar	<input type="checkbox"/>		
Never heard	<input type="checkbox"/>		

**INVITATION:**

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on \_\_\_\_ from \_\_\_\_ to \_\_\_\_ p.m.?

Yes	<input type="checkbox"/>	<b>CONFIRM DATE &amp; TIME</b>
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

---

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>
No	<input type="checkbox"/>	



## Family Day Care Homes

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. May I speak with [INSERT NAME]?  
WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is \_\_\_\_\_. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	<b>CONTINUE</b>
No, that is not correct	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your home will be identified. Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	<b>CONTINUE</b>
No, not interested	<input type="checkbox"/>	<b>THANK AND TERMINATE</b>

May I ask you a few questions to see if you qualify to participate in this research?

1. **RECORD:**

Male	<input type="checkbox"/>	<b>CONTINUE</b>
Female	<input type="checkbox"/>	<b>CONTINUE</b>

2. Have you previously or do you currently work for any of the following? **[READ LIST]**

	<b>YES</b>	<b>NO</b>
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
<b>TERMINATE IF YES TO ANY OF ABOVE.</b>		

3. To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	<b>TERMINATE</b>
18 - 20	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
21 - 34	<input type="checkbox"/>	

35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

4. Do you currently work at a family day care home?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

5. What is your job title or role?

Owner/Co-Owner/Operator	<input type="checkbox"/>	<b>CONTINUE</b>
Assistant	<input type="checkbox"/>	<b>TERMINATE</b>
Teacher	<input type="checkbox"/>	<b>TERMINATE</b>
Volunteer	<input type="checkbox"/>	<b>TERMINATE</b>
Other	<input type="checkbox"/>	<b>TERMINATE</b>

6. Approximately, how many children are there in the following age groups under your care:  
**[READ LIST ONE AGE RANGE AT A TIME AND RECORD NUMERIC RESPONSE.]**

	NUMERIC RESPONSE	None
a. Ages 0 to 12 months	_____	<input type="checkbox"/>
b. Ages 1 and 2	_____	<input type="checkbox"/>
c. Ages 3, 4 and 5	_____	<input type="checkbox"/>
d. Ages 6+	_____	<input type="checkbox"/>
<b>TERMINATE IF "NONE" TO A-C; MUST HAVE SOME CHILDREN UNDER AGE 6 TO CONTINUE.</b>		

7. Does your day care home offer full-day child care for at least nine months out of the year?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

8. Does your day care home participate in CACFP (Child and Adult Care Food Program), which provides reimbursement for foods served that meet specific meal pattern requirements?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

9. What is the total number of children at your day care home? **[RECORD NUMERIC RESPONSE]**

NUMERIC RESPONSE	___	<b>CONTINUE</b>
------------------	-----	-----------------

10. How would you describe the area in which your home is located – urban, suburban, small town, rural, or tribal community?

Urban	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Suburban	<input type="checkbox"/>	
Small town	<input type="checkbox"/>	
Rural	<input type="checkbox"/>	
Tribal community	<input type="checkbox"/>	

11. Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Less than high school	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
High school or GED	<input type="checkbox"/>	
Some university/college or vocational school	<input type="checkbox"/>	
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

12. Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background?

Hispanic or Latino	<input type="checkbox"/>	<b>CONTINUE</b>
Not Hispanic or Latino	<input type="checkbox"/>	

13. **[IF NOT HISPANIC OR LATINO IN Q12]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

14. **FAMILIARITY WITH DIETARY GUIDELINES: RECORD FROM PHASE 1 SURVEY SAMPLE (Q23), DO NOT ASK**

Very familiar	<input type="checkbox"/>	<b>RECRUIT FOR 4/17, 7:30PM</b>
Somewhat familiar	<input type="checkbox"/>	
Not too familiar	<input type="checkbox"/>	<b>RECRUIT FOR 4/15, 7:30PM</b>
Not at all familiar	<input type="checkbox"/>	
Never heard	<input type="checkbox"/>	

**INVITATION:**

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on \_\_\_\_ from \_\_\_\_ to \_\_\_\_ p.m.?

Yes	<input type="checkbox"/>	<b>CONFIRM DATE &amp; TIME</b>
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

---

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>THANK &amp; TERMINATE</b>

## II. Appendix B: Focus Group Participants

### State Agencies

		State Agencies
Participants		9
Male		1
Female		8
18-20		0
21-34		1
35-44		0
45-54		3
55-64		4
65+		1
Director/Chief		4
Program Manager/Supervisor		2
Nutritionist		1
Program Specialist		2
Education/Training Specialist		0
Field Staff/Monitor		0
Non-College		0
College		9
White		6
Black		2
Hispanic		1
Asian		0
American Indian or Alaska Native		0
Native Hawaiian or Other Pacific Islander		0
Familiar with Nutrition Guidelines		7
Somewhat familiar		2
Not too familiar		0
Not at all familiar		0
Never heard		0
Mountain Plains		1
Northeast		2
Mid-Atlantic		1
Mid-West		1
Southeast		1
Southwest		2
Western		1

## Sponsoring Organizations

	Sponsoring Organizations
Participants	6
Male	1
Female	5
18-20	0
21-34	1
35-44	1
45-54	2
55-64	2
65+	0
Food Program/Nutrition Manager	2
Executive Director	1
Food Program Specialist/Monitor	2
Assistant Director	1
Non-College	1
College	5
White	2
Black	1
Hispanic	2
Asian	0
American Indian or Alaska Native	0
Native Hawaiian or Other Pacific Islander	0
Familiar with Nutrition Guidelines	3
Somewhat familiar	3
Not too familiar	0
Not at all familiar	0
Never heard	0
Affiliated Centers	6
Unaffiliated Centers	0
Both	0
Mountain Plains	0
Northeast	1
Mid-Atlantic	0
Mid-West	1
Southeast	1
Southwest	2
Western	1

## Providers

	Child Care Centers			Family Day Care Homes	
	Higher Familiarity	Lower Familiarity	Mixed Familiarity	Higher Familiarity	Lower Familiarity
Participants	6	3	6	5	5
Male	2	2	0	0	0
Female	4	1	6	5	5
18-20	0	0	0	0	0
21-34	1	0	1	1	1
35-44	1	0	0	0	1
45-54	2	0	5	2	2
55-64	1	3	0	2	1
65+	1	0	0	0	0
Owner/Co-Owner/ Operator	1	0	1	5	5
Director or Site Supervisor/Manager	5	1	4	-	-
Assistant Director	0	1	1	-	-
Food Service Director or Manager/Cook	0	1	0	-	-
Teacher	0	0	0	-	-
Urban	2	2	4	2	2
Suburban	1	1	1	1	2
Small Town	3	0	0	1	1
Rural	0	0	1	1	0
Tribal Community	0	0	0	0	0
Non-College	0	0	1	1	1
College	6	3	5	4	4
White	1	2	5	2	1
Black	2	1	0	2	3
Hispanic	1	0	1	1	1
Asian	1	0	0	0	0
American Indian or Alaska Native	1	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Familiar with Nutrition Guidelines	2	-	3	4	-
Somewhat familiar	4	-	2	1	-
Not too familiar	-	1	0	-	3
Not at all familiar	-	1	1	-	0
Never heard	0	1	0	-	2
Less than 185% FPL	1	0	1	3	2
185% FPL or Above	5	3	3	2	2
DK/Refused	0	0	2	0	1

**Child Care Centers**

**Family Day Care Homes**

	Higher Familiarity	Lower Familiarity	Mixed Familiarity	Higher Familiarity	Lower Familiarity
Mountain Plains	0	2	0	0	0
Northeast	1	1	1	1	0
Mid-Atlantic	2	0	1	1	1
Mid-West	1	0	1	1	2
Southeast	1	0	1	0	1
Southwest	1	0	1	1	0
Western	0	0	1	1	1

### III. Appendix C: States Represented

	Child Care Centers					Family Day Care Homes		
	Total Participants	State Agencies	Sponsoring Organizations	Higher Familiarity	Lower Familiarity	Mixed Familiarity	Higher Familiarity	Lower Familiarity
Alabama	1						1	
Delaware	2	1						1
California	2		1			1		
Georgia	2		1					1
Hawaii	1							1
Illinois	3					1		2
Idaho	1	1						
Iowa	1				1			
Indiana	1	1						
Kansas	2	1			1			
Kentucky	2			1		1		
Maryland	1					1		
Michigan	2			1			1	
New Mexico	2	1				1		
New Jersey	1			1				
New York	5	1	1	1	1		1	
Ohio	1		1					
Oklahoma	1	1						
Pennsylvania	2			1			1	
Rhode Island	1	1						
South Carolina	1	1						
Texas	4		2	1			1	
West Virginia	1					1		
<b>TOTAL</b>	<b>40</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>5</b>

## IV. Appendix D: Focus Group Discussion Guides

### State Agencies

#### I. INTRODUCTION

10 minutes

- Moderator introduction:
  - My name is **[INSERT]** and I'm with KRC Research. Thank you so much for agreeing to participate in our small group discussion.
  - KRC is an independent research firm. We are conducting interviews on behalf of the U.S. Department of Agriculture Food and Nutrition Service.
  - You have all been selected to participate in this discussion based on a survey on similar topics a few months ago. Today's conversation is a follow-up to that survey and will take approximately 90 minutes. As a reminder, your answers are anonymous and neither you nor your organization will be identified in the final report for this study.
- To get started, let me explain how our discussion will work today. **EXPLAIN THE FOLLOWING:**
  - Discussion is audio-taped to create an accurate transcript
  - There will be no identifying information in the transcript or final report
  - Speak one at a time; be respectful/mindful when others are speaking
  - No wrong answers—we want to hear what you personally think
- Participant introductions:
  - First name
  - Where you live
  - Length of time with current organization

## II. HEALTHY HABITS IN YOUNG CHILDREN

10 minutes

*Moderator's goals: To better understand the importance placed on promoting healthy habits in young children*

- A. Today's discussion is focused on promoting certain habits in children. To start, I would like to get your perspective on promoting healthy habits in infants and young children. When I say, "healthy habits," what comes to mind that is age appropriate for children as young as infants and toddlers?
1. How important, if at all, is it to promote healthy habits in children this young?
    - a. **IF IMPORTANT:** What is important about it? What's the impact?
    - b. **IF NOT/LESS IMPORTANT:** What makes this not as important for younger children? At what age does this start to become important?
- B. How, if at all, has the attention given to promoting healthy habits in young children changed over the last few years?
1. **PROBE:** How would you describe changes that have taken place – are they positive, negative or neutral? And what makes you describe them as positive/negative/neutral?
  2. What factors have influenced changes you have seen? (**PROBE IF NEEDED:** What about parents? How, if at all, have parents influenced what is happening where you work related to promoting healthy habits?)
- C. What is the role of child care providers [Note that use of the term "provider" in this discussion includes both child care centers and day care homes] in promoting healthy habits among children?
1. How, if at all, has the role of child care providers in promoting healthy habits changed over the past few years?
    - a. How would you describe these changes?
    - b. How, if at all, have they affected your work?

*Moderator's goals: To better understand attitudes about nutrition guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. We've talked generally about healthy habits in children. For the rest of today's discussion, I want to focus on specific topics, starting with nutrition.
1. Have you received any information about nutrition guidelines and recommendations for children recently?
    - a. **IF YES:** What have you received and from where?
- B. How can child care providers help promote better nutrition habits for children?
1. Is this something child care providers should be doing? What makes you think that?
  2. What could make it easier for them to promote better nutrition habits? (**PROBE IF NEEDED:** What, if any, specific types of information could make this easier for them?)
  3. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How does your agency help child care providers implement guidelines?
  4. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What, if anything, are you currently doing to help child care providers promote better nutrition habits for children?
- C. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How frequently do you advise or provide information to child care providers about recommended beverages for children under their care?
- D. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** Do you counsel child care providers and sponsors about menu planning? What about counseling them about reading nutrition labels?
1. **IF YES TO EITHER:** How do you provide counsel?
    - a. How closely do your recommendations follow the Dietary Guidelines for Americans and/or IOM's guidelines and recommendations?
  2. How frequently do you monitor or talk to child care providers and sponsors in your area about age-specific nutrition guidelines and recommendations as they relate to menu planning/actual meals and snacks served to children under their care?

3. From your experience and perspective, what factors most influence the healthfulness (or lack thereof) of meals and snacks served in child care settings?
  - a. What sense, if any, do you have about whether or not child care providers are modeling healthy eating habits?
- E. What would help child care providers make changes to the meals and snacks served so that they more closely followed nutrition guidelines and recommendations?
  1. What about [whole grains/fruits/vegetables]? On the recent survey, this was among the most commonly served foods. (**FOLLOW-UP:** How do children react to these types of foods? Are they eating them?)
  2. What about [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese]? According to the survey, child care providers are less likely to serve this. What are some reasons that this is not included more frequently as a part of meals and snacks in child care settings?
    - a. What are some other reasons that foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] are not served more frequently?
    - b. What would allow child care providers to serve foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] more often?
- F. In the recent survey, the following were among the top barriers to greater adoption of nutrition guidelines and recommendations [cost of food/lack of staff knowledge/skills required to prepare nutritious meals and snacks/convenience of using processed and pre-prepared foods/time needed to prepare more nutritious meals and snacks]. Please tell me your own experience with each of these and the providers and sponsors you work with, and how this specifically presents challenges?
  1. **FOR EACH:** What specifically could help your providers and sponsors overcome this barrier?
  2. What additional barriers or challenges do you face when working with providers and sponsors that have not already been discussed?
- G. Let's spend a few minutes talking about what might be useful and helpful to providers, like information or training related to learning more about nutrition guidelines.

1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What will make it easier for you to promote nutrition guidelines at centers and homes? What training do you need?
2. In the survey, the following were among the top preferences [cost-effective ways to integrate more nutritious options into meals and snacks/best practices to encourage children ages 0 to 5 to eat more nutritious meals and snacks/preparing meals and snacks that meet nutritional guidelines/menu planning]. Would these work for you?
3. What format would you like to receive information or training in for each of these topics **(probe each topic specifically if time)** – is paper best? **(PROBE IF NEEDED:** What specific types of assistance in a paper format would be helpful related to nutrition and nutrition guidelines?) Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

#### IV. PHYSICAL ACTIVITY

15 minutes

*Moderator's goals: To better understand attitudes about physical activity guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to physical activity.
  - a. How useful is it to have physical activity guidelines and recommendations that are specific to children of certain ages?
- B. What, if any, information have you received recently about physical activity guidelines and recommendations for infants and young children?
  1. What did it include? How helpful was the information you received?
- C. How can child care providers help promote physical activity in infants and young children?
  1. Is this something child care providers should be doing? Why or why not?
  2. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How can your agency help child care providers with this effort?
  3. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What, if anything, are you currently doing to help child care providers promote better physical activity habits for children?
  4. What are the biggest barriers to following physical activity guidelines? In what ways are each of these a barrier?
- D. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** Do you counsel child care providers to encourage them to make ample time for physical activity during the day?
  1. **IF YES:** In what ways do you offer counsel?
    - a. Are your recommendations age-specific?
  2. From your experience and perspective, what factors most influence the amount of time provided for physical activity during a typical day at a child care center or day care home?
    - a. Is it your sense that there is a difference in these factors between child care centers and day care homes? Why or why not?
    - b. What sense, if any, do you have about whether or not child care providers are modeling healthy physical activity habits?

- E. What would help child care providers make changes during a typical day to allow more time for physical activity?
1. What about [safety concerns/caregiver to child ratio/children wearing inappropriate clothing and/or footwear/space or equipment limitations]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of physical activity guidelines and recommendations [lack of knowledge about ways to engage infants and young children in physical activity/limitations with indoor or outdoor space/staff resistance to or discomfort with physical activity]. Please tell me your own experience with each of these and the providers and sponsors you work with, and how this specifically presents challenges.
1. **FOR EACH:** What specifically could help your providers and sponsors overcome this barrier?
  2. What, if anything, makes this even more of a challenge for you when working with providers and sponsors?
  3. What additional barriers or challenges do you face when working with providers and sponsors that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to physical activity. Let's start with information and training related to learning more about physical activity guidelines.
1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]**  
What will make it easier for you to promote physical activity guidelines at centers and homes? What training do you need?
  2. In the survey, the following were among the top preferences [best practices to encourage children ages 0 to 5 to be more physically active/training staff members about how to lead structured play/ideas for both structured and free play in indoor settings/planning physical activity for infants and children of different ages/physical activity guidelines and recommendations for children ages 0 to 5]. Would these work for you?
  3. What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What format will make the training more useful or easier to implement?



*Moderator's goals: To better understand attitudes about electronic media use guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to electronic media use. By electronic media use, I'm referring to TV, computers, computer games, educational videos, and so forth. How important is it to have electronic media use guidelines and recommendations that are specific to children of certain ages?
- B. In what instances, if any, is it appropriate for children to use electronic media?
1. How, if at all, can electronic media be considered educational? [**PROBE IF NEEDED:** What are the specific educational benefits of electronic media use for children age 0 to 5?]
- C. What, if any, information have you received recently about electronic media use guidelines and recommendations for infants and young children?
1. What did it include? How helpful was this information?
- D. How can child care providers help discourage and/or limit electronic media use in infants and young children?
1. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] How can your agency help child care providers with this effort?
  2. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] What, if anything, are you currently doing to help child care providers limit electronic media use for children under their care?
- E. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] Do you counsel child care providers to limit electronic media use during a typical day?
1. **IF YES:** What kind of counsel do you give—in what form do you give it?
  2. Are your recommendations age-specific?
  3. From your experience and perspective, what factors most influence the amount of time children are using electronic media during a typical day at a child care center or day care home?
  4. Is it your sense that there is a difference in these factors between child care centers and day care homes? Why or why not?

5. What sense, if any, do you have about whether or not child care providers are modeling good electronic media use habits?
- F. What would help child care providers make changes during a typical day to limit or eliminate electronic media use all together?
1. What about [lack of staff knowledge about the need to limit electronic media use and/or more age-appropriate activities/staff breaks or needing to leave children without direct supervision/convenience/time spent on other activities]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- G. In the recent survey, the following were among the top barriers to greater adoption of electronic media use guidelines and recommendations [perceptions that electronic media use is educational/lack of staff training about age-appropriate electronic media use guidelines and recommendations/staff resistance to reduced/limited electronic media use/lack of clear definition and guidelines for electronic media use]. Please tell me your own experience with each of these and the providers and sponsors you work with, and how this specifically presents challenges.
1. **FOR EACH:** What specifically could help your providers and sponsors overcome this barrier?
  2. What additional barriers or challenges do you face when working with providers and sponsors that have not already been discussed?
- H. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to electronic media use. Let's start with information and training related to learning more about electronic media use guidelines.
1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What will make it easier for you to promote electronic media use guidelines at centers and homes? What training do you need?
  2. In the survey, the following were among the top preferences [best practices to encourage children ages 0 to 5 to be more physically active/training staff members about how to lead structured play/ideas for both structured and free play in indoor settings/planning physical activity for infants and children of different ages/physical activity guidelines and recommendations for children ages 0 to 5]. Would these work for you? What's your preferred format for training?

3. For all of the topics we've talked about today – nutrition, physical activity and electronic media use: What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What online format would make the training more useful or easier to implement?
  - a. What are some areas where you would prefer training presented off-line, so either in person or via print materials? Why?

*Moderator's goals: To collect any final thoughts on nutrition, physical activity and electronic media use, including asking if there are any areas that have not been covered that participants would like to discuss*

- A. We've talked about three different topics today – nutrition, physical activity and electronic media use – and different guidelines and recommendations for each. In your opinion, thinking about children ages 0 to 5, is any one of these topics more important?
1. **IF YES:** What about that is so important?
  2. **IF NO:** Why are they equally important?
  3. Which of the three areas, if any, pose the biggest challenges for child care providers? Why?  
[**FOLLOW-UP:** In which of these areas do child preferences present the biggest challenge? And in which of these areas do parental preferences present the biggest challenge?]
- B. Is there anything you would like to add about how USDA/FNS can assist you in your work to follow guidelines related to nutrition, physical activity, and media use? If so, what?

Thank you for your participation.

## Sponsoring Organizations

### I. INTRODUCTION

10 minutes

- Moderator introduction:
  - My name is **[INSERT]** and I'm with KRC Research. Thank you so much for agreeing to participate in our small group discussion.
  - KRC is an independent research firm. We are conducting interviews on behalf of the U.S. Department of Agriculture Food and Nutrition Service.
  - You have all been selected to participate in this discussion based on a survey on similar topics a few months ago. Today's conversation is a follow-up to that survey and will take approximately 90 minutes. As a reminder, your answers are anonymous and neither you nor your organization will be identified in the final report for this study.
- To get started, let me explain how our discussion will work today. **EXPLAIN THE FOLLOWING:**
  - Discussion is audio-taped to create an accurate transcript
  - There will be no identifying information in the transcript or final report
  - Speak one at a time; be respectful/mindful when others are speaking
  - No wrong answers—we want to hear what you personally think
- Participant introductions:
  - First name
  - Where you live
  - Length of time with current organization

## II. HEALTHY HABITS IN YOUNG CHILDREN

10 minutes

*Moderator's goals: To better understand the importance placed on promoting healthy habits in young children*

- A. Today's discussion is focused on promoting certain habits in children. To start, I would like to get your perspective on promoting healthy habits in infants and young children. When I say, "healthy habits," what comes to mind that is age appropriate for children as young as infants and toddlers?
1. How important, if at all, is it to promote healthy habits in children this young?
    - a. **IF IMPORTANT:** What is important about it? What's the impact?
    - b. **IF NOT/LESS IMPORTANT:** What makes this not as important for younger children? At what age does this start to become important?
- B. How, if at all, has the attention given to promoting healthy habits in young children changed over the last few years?
1. **PROBE:** How would you describe changes that have taken place – are they positive, negative or neutral? And what makes you describe them as positive/negative/neutral?
  2. What factors have influenced changes you have seen? (**PROBE IF NEEDED:** What about parents? How, if at all, have parents influenced what is happening where you work related to promoting healthy habits?)
- C. What is the role of child care providers [Note that use of the term "provider" in this discussion includes both child care centers and day care homes] in promoting healthy habits among children?
1. How, if at all, has the role of child care providers in promoting healthy habits changed over the past few years?
    - a. How would you describe these changes?
    - b. How, if at all, have they affected your work?

*Moderator's goals: To better understand attitudes about nutrition guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. We've talked generally about healthy habits in children. For the rest of today's discussion, I want to focus on specific topics, starting with nutrition.
1. How useful is it to have guidelines and recommendations that are specific to children of certain ages?
  2. Have you received any information about nutrition guidelines and recommendations for children recently?
    - a. **IF YES:** What have you received and from where?
- B. How can child care providers help promote better nutrition habits for children?
1. Is this something child care providers should be doing? What makes you think that?
  2. What could make it easier for them to promote better nutrition habits? (**PROBE IF NEEDED:** What, if any, specific types of information could make this easier for them?)
  3. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How does your organization help child care providers implement guidelines?
  4. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What, if anything, are you currently doing to help child care providers promote better nutrition habits for children?
- C. Thinking now about what children drink while in a child care setting (at centers or homes under your sponsorship), what drinks are typically served throughout the day?
1. What types of milk are typically provided?
  2. What about water? Is water available throughout the day? At meals and snacks? (**PROBE QUICKLY IF NEEDED:** If water is served throughout the day, are you less likely to offer it specifically at meals and snacks?)
  3. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How frequently do you advise or provide information to child care providers about recommended beverages for children under their care?

- D. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** Do you counsel child care providers about menu planning? What about counseling them about reading nutrition labels?
1. **IF YES TO EITHER:** How do you provide counsel?
    - a. How closely do your recommendations follow the Dietary Guidelines for Americans and/or IOM's guidelines and recommendations?
  2. How frequently do you monitor or talk to child care providers in your area about age-specific nutrition guidelines and recommendations as they relate to menu planning/actual meals and snacks served to children under their care?
    - a. **[SPONSORING ORGANIZATIONS ONLY]** Thinking about the child care providers you work with directly, how would you rate the healthfulness of meals and snacks they serve? How closely did they follow nutrition guidelines and recommendations as you understand them?
  3. From your experience and perspective, what factors most influence the healthfulness (or lack thereof) of meals and snacks served in child care settings?
    - a. What sense, if any, do you have about whether or not child care providers are modeling healthy eating habits?
- E. What would help child care providers make changes to the meals and snacks served so that they more closely followed nutrition guidelines and recommendations?
1. What about [whole grains/fruits/vegetables]? On the recent survey, this was among the most commonly served foods. (**FOLLOW-UP:** How do children react to these types of foods? Are they eating them?)
  2. What about [nuts and seeds/lean meats/low-fat or non-fat dairy products like yogurt and cheese]? According to the survey, child care providers are less likely to serve this. What are some reasons that this is not included more frequently as a part of meals and snacks in child care settings?
    - a. What are some other reasons that foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products like yogurt and cheese] are not served more frequently?
    - b. What would allow child care providers to serve foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products like yogurt and cheese] more often?

- F. In the recent survey, the following were among the top barriers to greater adoption of nutrition guidelines and recommendations [cost of food/time needed to prepare more nutritious meals and snacks/convenience of using processed and pre-prepared foods/child preferences] Please tell me your own experience with each of these and the providers you work with, and how this specifically presents challenges?
1. **FOR EACH:** What specifically could help your child care providers overcome this barrier?
  2. What additional barriers or challenges do you face when working with child care providers that have not already been discussed?
- G. Let's spend a few minutes talking about what might be useful and helpful to providers, like information or training related to learning more about nutrition guidelines.
1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What will make it easier for you to promote nutrition guidelines at centers and homes? What training do you need?
  2. In the survey, the following were among the top preferences [cost-effective ways to integrate more nutritious options into meals and snacks/best practices to encourage children ages 0 to 5 to eat more nutritious meals and snacks/menu planning]. Would these work for you?
  3. What format would you like to receive information or training in for each of these topics (probe each topic specifically if time) – is paper best? (**PROBE IF NEEDED:** What specific types of assistance in a paper format would be helpful related to nutrition and nutrition guidelines?) Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

*Moderator's goals: To better understand attitudes about physical activity guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to physical activity.
- a. How useful is it to have physical activity guidelines and recommendations that are specific to children of certain ages?
- B. What, if any, information have you received recently about physical activity guidelines and recommendations for infants and young children?
1. What did it include? How helpful was the information you received?
- C. How can child care providers help promote physical activity in infants and young children?
1. Is this something child care providers should be doing? Why or why not?
  2. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** How can your agency/organization help child care providers with this effort?
  3. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What, if anything, are you currently doing to help child care providers promote better physical activity habits for children?
- D. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** Do you counsel child care providers to encourage them to make ample time for physical activity during the day?
1. **IF YES:** In what ways do you offer counsel?
    - a. Are your recommendations age-specific?
  2. **[SPONSORING ORGANIZATIONS ONLY]** Thinking about the child care providers you work with directly, how would you rate the amount of time for physical activity during a typical day?
  3. From your experience and perspective, what factors most influence the amount of time provided for physical activity during a typical day at a child care center or day care home?
    - a. Is it your sense that there is a difference in these factors between child care centers and day care homes? Why or why not?

- b. What sense, if any, do you have about whether or not child care providers are modeling healthy physical activity habits?
- E. What would help child care providers make changes during a typical day to allow more time for physical activity?
  1. What about [safety concerns/caregiver to child ratio/children wearing inappropriate clothing and/or footwear/staff interest in physical activity]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of physical activity guidelines and recommendations [limitations with indoor or outdoor space/cost of purchasing large or small equipment/staff resistance to or discomfort with physical activity/lack of knowledge about ways to engage infants and young children in physical activity]. Please tell me your own experience with each of these and the providers you work with and how this specifically presents challenges?
  1. **FOR EACH:** What specifically could help your providers overcome this barrier?
  2. What, if anything, makes this even more of a challenge for you when working with providers?
  3. What additional barriers or challenges do you face when working with providers that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to physical activity. Let's start with information and training related to learning more about physical activity guidelines.
  1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]**  
What will make it easier for you to promote physical activity guidelines at centers and homes? What training do you need?
  2. In the survey, the following were among the top preferences [ideas for both structured and free play in indoor settings/training staff members about how to lead structured play/planning physical activity for infants and children of different ages]. Would these work for you?
  3. What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What format will make the training more useful or easier to implement?



**V. ELECTRONIC MEDIA USE****15 minutes**

*Moderator's goals: To better understand attitudes about electronic media use guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to electronic media use. By electronic media use, I'm referring to TV, computers, computer games, educational videos, and so forth.
- a. How important is it to have electronic media use guidelines and recommendations that are specific to children of certain ages?
- B. In what instances, if any, is it appropriate for children to use electronic media?
1. How, if at all, can electronic media be considered educational? [**PROBE IF NEEDED:** What are the specific educational benefits of electronic media use for children age 0 to 5?]
- C. What, if any, information have you received recently about electronic media use guidelines and recommendations for infants and young children?
1. What did it include? How helpful was this information?
- D. How can child care providers help discourage and/or limit electronic media use in infants and young children?
1. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] How can your organization help child care providers with this effort?
  2. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] What, if anything, are you currently doing to help child care providers limit electronic media use for children under their care?
- E. [**STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY**] Do you counsel child care providers to limit electronic media use during a typical day?
1. **IF YES:** What kind of counsel do you give—in what form do you give it?
  2. Are your recommendations age-specific?
  3. [**SPONSORING ORGANIZATIONS ONLY**] Thinking about the child care providers you work with directly, how much time, on average, do children have to use electronic media in a typical day?

4. From your experience and perspective, what factors most influence the amount of time children are using electronic media during a typical day at a child care center or day care home?
  5. Is it your sense that there is a difference in these factors between child care centers and day care homes? Why or why not?
  6. What sense, if any, do you have about whether or not child care providers are modeling good electronic media use habits?
- F. What would help child care providers make changes during a typical day to limit or eliminate electronic media use all together?
1. What about [lack of staff knowledge about the need to limit electronic media use and/or more age-appropriate activities, staff breaks or needing to leave children without direct supervision, caregiver to child ratio]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- G. In the recent survey, the following were among the top barriers to greater adoption of electronic media use guidelines and recommendations [perceptions that electronic media use is educational/lack of staff training about age-appropriate electronic media use guidelines and recommendations/lack of clear definition and guidelines for electronic media use]. Please tell me your own experience with each of these and the providers you work with and how this specifically presents challenges?
1. **FOR EACH:** What specifically could help your providers overcome this barrier?
  2. What additional barriers or challenges do you face when working with providers that have not already been discussed?
- H. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to electronic media use. Let's start with information and training related to learning more about electronic media use guidelines.
1. **[STATE AND TRIBAL AGENCY STAFF AND SPONSORING ORGANIZATIONS ONLY]** What will make it easier for you to promote electronic media use guidelines at centers and homes? What training do you need?
  2. In the survey, the following were among the top preferences [ideas for both structured and free play in indoor settings/training staff members about how to lead structured

play/planning physical activity for infants and children of different ages] Would these work for you? What's your preferred format for training?

3. For all of the topics we've talked about today – nutrition, physical activity and electronic media use: What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What online format would make the training more useful or easier to implement?
  - a. What are some areas where you would prefer training presented off-line, so either in person or via print materials? Why?

*Moderator's goals: To collect any final thoughts on nutrition, physical activity and electronic media use, including asking if there are any areas that have not been covered that participants would like to discuss*

- A. We've talked about three different topics today – nutrition, physical activity and electronic media use – and different guidelines and recommendations for each. In your opinion, thinking about children ages 0 to 5, is any one of these topics more important?
  4. **IF YES:** What about that is so important?
  5. **IF NO:** Why are they equally important?
  6. Which of the three areas, if any, pose the biggest challenges for child care providers? Why?  
[**FOLLOW-UP:** In which of these areas do child preferences present the biggest challenge? And in which of these areas do parental preferences present the biggest challenge?]
- B. Is there anything you would like to add about how USDA/FNS can assist you in your work to follow guidelines related to nutrition, physical activity, and media use? If so, what?

Thank you for your participation.

## Child Care Centers

### I. INTRODUCTION

10 minutes

- Moderator introduction:
  - My name is [INSERT] and I'm with KRC Research. Thank you so much for agreeing to participate in our small group discussion.
  - KRC is an independent research firm. We are conducting interviews on behalf of the U.S. Department of Agriculture Food and Nutrition Service.
  - You have all been selected to participate in this discussion based on a survey on similar topics a few months ago. Today's conversation is a follow-up to that survey and will take approximately 90 minutes. As a reminder, your answers are anonymous and neither you nor your organization will be identified in the final report for this study.
- To get started, let me explain how our discussion will work today. **EXPLAIN THE FOLLOWING:**
  - Discussion is audio-taped to create an accurate transcript
  - There will be no identifying information in the transcript or final report
  - Speak one at a time; be respectful/mindful when others are speaking
  - No wrong answers—we want to hear what you personally think
- Participant introductions:
  - First name
  - Where you live
  - Length of time with current organization

## II. HEALTHY HABITS IN YOUNG CHILDREN

10 minutes

*Moderator's goals: To better understand the importance placed on promoting healthy habits in young children*

- A. Today's discussion is focused on promoting certain habits in children. To start, I would like to get your perspective on promoting healthy habits in infants and young children. When I say, "healthy habits," what comes to mind that is age appropriate for children as young as infants and toddlers?
1. How important, if at all, is it to promote healthy habits in children this young?
    - a. **IF IMPORTANT:** What is important about it? What's the impact?
    - b. **IF NOT/LESS IMPORTANT:** What makes this not as important for younger children? At what age does this start to become important?
- B. How, if at all, has the attention given to promoting healthy habits in young children changed over the last few years?
1. **PROBE:** How would you describe changes that have taken place – are they positive, negative or neutral? And what makes you describe them as positive/negative/neutral?
  2. What factors have influenced changes you have seen? (**PROBE IF NEEDED:** What about parents? How, if at all, have parents influenced what is happening where you work related to promoting healthy habits?)
- C. What is the role of child care providers in promoting healthy habits among children?
1. How, if at all, has the role of child care providers in promoting healthy habits changed over the past few years?
    - a. How would you describe these changes?
    - b. How, if at all, have they affected your work?

*Moderator's goals: To better understand attitudes about nutrition guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. We've talked generally about healthy habits in children. For the rest of today's discussion, I want to focus on specific topics, starting with nutrition.
- a. How useful is it to have guidelines and recommendations that are specific to children of certain ages?
  2. Have you received any information about nutrition guidelines and recommendations for children recently?
    - a. **IF YES:** What have you received and from where?
- B. How can child care providers help promote better nutrition habits for children?
1. Is this something child care providers should be doing? What makes you think that?
  2. What could make it easier for them to promote better nutrition habits? (**PROBE IF NEEDED:** What, if any, specific types of information could make this easier for you?)
- C. Thinking now about what children drink while under your care/in a child care setting, what drinks are typically served throughout the day?
1. What types of milk are typically provided?
  2. What about water? Is water available throughout the day? At meals and snacks? (**PROBE QUICKLY IF NEEDED:** If water is served throughout the day, are you less likely to offer it specifically at meals and snacks?)
  3. [**CHILD CARE PROVIDERS ONLY**] What types of beverages do children typically ask for while under your care?
  4. [**CHILD CARE PROVIDERS ONLY**] What are the biggest barriers to getting children to drink healthy beverages? Tell me more about that. How do you overcome that barrier?
- D. [**CHILD CARE PROVIDERS ONLY**] Now, I want to move to food served during meals and snacks, starting with menu planning each week. Is menu planning something your center regularly does? Tell me how this usually works.
1. **IF YES:** How often – daily? Weekly? Monthly?
  2. **IF NO:** How are meals and snacks planned?

3. What factors influence any formal or informal menu planning? (**PROBE IF NEEDED:** How much of a role do child preferences play in menu planning? Parental preferences?)
  - a. **PROBE:** To what degree do you usually follow age-specific nutrition guidelines and recommendations when you are planning? Tell me more about that.
  - b. What, if anything, would help ensure that nutrition guidelines are reflected in meal planning? (**PROBE IF NEEDED:** How would training around menu planning be helpful? What specifically would you want to learn about menu planning to help you?)
4. I also want to hear more about food preparation at your center. Do you prepare food every day or less frequently than that?
  - a. Does the person or people preparing food follow recipes most of the time? Do they regularly measure ingredients?
  - b. How mindful are you or those preparing food of the quality and nutritional value of ingredients used in food preparation?
  - c. **PROBE:** What foods, if any, do you try to limit the use of during food preparation?
  - d. Let's talk about specific ingredients, starting with salt. When salt is added during food preparation, how frequently is the amount of salt that is added measured or limited?
  - e. What about fat, such as butter or oil? How frequently is the amount of fat that is added measured or limited?
  - f. What about sugar? How frequently is the amount of sugar that is added measured or limited?
  - g. What would help you make sure that the use of some of the ingredients we just discussed was limited during food preparation?
  - h. How often are you or the person responsible for purchasing and preparing food using and looking at nutrition labels? Overall, how helpful are nutrition labels when purchasing, preparing or serving food to children in your care?
- E. **[PROVIDERS ONLY]** In a typical day, what's going on at your center when you serve a meal or snack? What does that look like?
  1. When you are serving a meal or snack, what makes it easier to encourage the children in your care to eat more nutritious foods?
  2. What about mealtime or snack time makes this more difficult?

3. Do you serve meals family-style? If yes, describe your set-up – what does family-style dining mean to you? Does family-style dining make it easier or harder to encourage healthy eating?
- F. What would help you make changes to the meals and snacks you serve so that they more closely followed nutrition guidelines and recommendations?
1. What about [whole grains/fruits/vegetables]? On the recent survey, this was among the most commonly served foods. (**FOLLOW-UP:** How do children react to these types of foods? Are they eating them?)
  2. What about [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese]? According to the survey, child care providers are less likely to serve this. What are some reasons that this is not included more frequently as a part of meals and snacks in child care settings?
    - a. What are some other reasons that foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] are not served more frequently?
    - b. What would allow child care providers to serve foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] more often?
- G. In the recent survey, the following were among the top barriers to greater adoption of nutrition guidelines and recommendations [cost of food/child preferences including those related to culture/time needed to prepare more nutritious meals and snacks/convenience of using processed and pre-prepared foods]. Please tell me your own experience with each of these and how this specifically presents challenges.
1. **FOR EACH:** What specifically could help you overcome this barrier?
  2. What additional barriers or challenges do you face that have not already been discussed?
- H. Let's spend a few minutes talking about what might be useful and helpful to providers, like information or training related to learning more about nutrition guidelines. What kind of training are you interested in? What would be most helpful to you?
1. In the survey, the following were among the top preferences [cost-effective ways to integrate more nutritious options into meals and snacks/best practices to encourage children ages 0 to 5 to eat more nutritious meals and snacks/preparing meals and snacks that meet nutritional guidelines]. Would these work for you?

2. What format would you like to receive information or training in for each of these topics **(probe each topic specifically if time)** – is paper best? **(PROBE IF NEEDED:** What specific types of assistance in a paper format would be helpful related to nutrition and nutrition guidelines?) Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

#### IV. PHYSICAL ACTIVITY

15 minutes

*Moderator's goals: To better understand attitudes about physical activity guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to physical activity.
  - a. How useful is it to have physical activity guidelines and recommendations that are specific to children of certain ages?
- B. What, if any, information have you received recently about physical activity guidelines and recommendations for infants and young children?
  1. What did it include? How helpful was the information you received?
- C. How can child care providers help promote physical activity in infants and young children?
  1. Is this something child care providers should be doing? Why or why not?
- D. **[CHILD CARE PROVIDERS ONLY]** What opportunities are there for physical activity at your center during a typical day?
  1. What kinds of physical activity do you typically offer at your center? For example, tell me about what yesterday looked like. If it is helpful, please break this out by different age groups.
  2. **PROBE FOR THREE AGE GROUPS (0-12 months; 1-2 years; 3, 4 & 5):** How much time is structured play with an adult supervisor? How much time is free play?
    - a. What, if anything, goes into your thinking about whether to have structured or free play?
    - b. How much training or experience does the staff at your center have related to age-appropriate physical activity?
  3. Overall, how enthusiastic are children under your care about physical activity?
    - a. What makes some children more excited?
    - b. Thinking about the children you care for and what they enjoy doing over the course of a typical day, how does time for physical activity compare to time for other activities? Would you say it is more popular? Less popular?
    - c. What prevents children from engaging in physical activity/being interested in it and how serious of a problem/challenge is this?

- d. **PROBE:** Roughly what percentage of children you care for are less interested or disinterested in physical activity?
- E. What would help you make changes during a typical day to allow more time for physical activity?
  - 1. What about [safety concerns/caregiver to child ratio/children wearing inappropriate clothing and/or footwear/weather]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of physical activity guidelines and recommendations [cost of purchasing large or small equipment/limitations with indoor or outdoor space/staff resistance to or discomfort with physical activity]. Please tell me your own experience with each of these and how this specifically presents challenges.
  - 1. **FOR EACH:** What specifically could help you overcome this barrier?
  - 2. What, if anything, makes this even more of a challenge for you?
  - 3. What additional barriers or challenges do you face that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to physical activity. Let's start with information and training related to learning more about physical activity guidelines. What kind of training are you interested in? What would you find most helpful?
  - 1. In the survey, the following were among the top preferences [training staff members about how to lead structured play/ideas for both structured and free play in indoor settings/planning physical activity for infants and children of different ages]. Would these work for you?
  - 2. What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

**V. ELECTRONIC MEDIA USE**

**15 minutes**

*Moderator's goals: To better understand attitudes about electronic media use guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to electronic media use. By electronic media use, I'm referring to TV, computers, computer games, educational videos, and so forth. How important is it to have electronic media use guidelines and recommendations that are specific to children of certain ages?
- B. In what instances, if any, is it appropriate for children to use electronic media?
  - 1. How, if at all, can electronic media be considered educational? [**PROBE IF NEEDED:** What are the specific educational benefits of electronic media use for children ages 0 to 5?]
  - 2. [**CHILD CARE PROVIDERS ONLY**] How do others that you work with view electronic media – do they see it as educational?
    - a. What about the parents of the children you care for?
- C. What, if any, information have you received recently about electronic media use guidelines and recommendations for infants and young children?
  - 1. What did it include? How helpful was this information?
- D. [**CHILD CARE PROVIDERS ONLY**] What electronic media use opportunities do you offer at your center during a typical day?
  - 1. What electronic media use was used at your center yesterday and for how long? If it is helpful, please break this out by different age groups.
    - a. What are some examples of unsupervised electronic media use [**INSERT AGE GROUP**]?
    - b. How much training or experience does the staff at your center have related to age-appropriate electronic media use?
  - 2. Overall, how difficult is it to control the amount of electronic media use at your center?
    - a. What makes this difficult?
    - b. **PROBE:** What would help overcome some of these difficulties?
- E. What would help you make changes during a typical day to limit or eliminate electronic media use all together?
  - 1. What about [lack of staff knowledge about the need to limit electronic media use and/or more age-appropriate activities/caregiver to child ratio/Staff breaks or needing to leave children without direct supervision/weather/parental preferences]? On the recent

- survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of electronic media use guidelines and recommendations [perceptions that electronic media use is educational/challenges with finding activities for mixed age groups/child resistance to reduced/limited electronic media use/challenges with finding activities for mixed age groups]. Please tell me your own experience with each of these and how this specifically presents challenges?
1. **FOR EACH:** What specifically could help you overcome this barrier?
  2. What additional barriers or challenges do you face that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to electronic media use. Let's start with information and training related to learning more about electronic media use guidelines. What kind of training are you interested in? What would be most helpful to you?
1. In the survey, the following were among the top preferences [best practices to encourage children ages 0 to 5 to choose alternatives to electronic media/planning activities that do not involve electronic media/electronic media use guidelines and recommendations for children ages 0 to 5]. Would these work for you? What's your preferred format for training?
  2. For all of the topics we've talked about today – nutrition, physical activity and electronic media use: What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What online format would make the training more useful or easier to implement?
    - a. What are some areas where you would prefer training presented off-line, so either in person or via print materials? Why?
    - b. **[PROVIDERS ONLY]** To confirm, do most of you have access to the Internet during the day? And, if yes, how do you access the Internet (computer, tablet, and/or smartphone)?

**VI. WRAP-UP**

**5 minutes**

*Moderator's goals: To collect any final thoughts on nutrition, physical activity and electronic media use, including asking if there are any areas that have not been covered that participants would like to discuss*

- A. We've talked about three different topics today – nutrition, physical activity and electronic media use – and different guidelines and recommendations for each. In your opinion, thinking about children ages 0 to 5, is any one of these topics more important?
7. **IF YES:** What about that is so important?
  8. **IF NO:** Why are they equally important?
  9. Which of the three areas, if any, pose the biggest challenges for you? Why? [**FOLLOW-UP:** In which of these areas do child preferences present the biggest challenge? And in which of these areas do parental preferences present the biggest challenge?]
- B. Is there anything you would like to add about how USDA/FNS can assist you in your work to follow guidelines related to nutrition, physical activity, and media use? If so, what?

Thank you for your participation.

## Family Day Care Homes

### I. INTRODUCTION

10 minutes

- Moderator introduction:
  - My name is **[INSERT]** and I'm with KRC Research. Thank you so much for agreeing to participate in our small group discussion.
  - KRC is an independent research firm. We are conducting interviews on behalf of the U.S. Department of Agriculture Food and Nutrition Service.
  - You have all been selected to participate in this discussion based on a survey on similar topics a few months ago. Today's conversation is a follow-up to that survey and will take approximately 90 minutes. As a reminder, your answers are anonymous and neither you nor your organization will be identified in the final report for this study.
- To get started, let me explain how our discussion will work today. **EXPLAIN THE FOLLOWING:**
  - Discussion is audio-taped to create an accurate transcript
  - There will be no identifying information in the transcript or final report
  - Speak one at a time; be respectful/mindful when others are speaking
  - No wrong answers—we want to hear what you personally think
- Participant introductions:
  - First name
  - Where you live
  - Length of time with current organization

## II. HEALTHY HABITS IN YOUNG CHILDREN

10 minutes

*Moderator's goals: To better understand the importance placed on promoting healthy habits in young children*

- A. Today's discussion is focused on promoting certain habits in children. To start, I would like to get your perspective on promoting healthy habits in infants and young children. When I say, "healthy habits," what comes to mind that is age appropriate for children as young as infants and toddlers?
  - 1. How important, if at all, is it to promote healthy habits in children this young?
    - a. **IF IMPORTANT:** What is important about it? What's the impact?
    - b. **IF NOT/LESS IMPORTANT:** What makes this not as important for younger children? At what age does this start to become important?
- B. How, if at all, has the attention given to promoting healthy habits in young children changed over the last few years?
  - 1. **PROBE:** How would you describe changes that have taken place – are they positive, negative or neutral? And what makes you describe them as positive/negative/neutral?
  - 2. What factors have influenced changes you have seen? (**PROBE IF NEEDED:** What about parents? How, if at all, have parents influenced what is happening where you work related to promoting healthy habits?)
- C. What is the role of child care providers in promoting healthy habits among children?
  - 1. How, if at all, has the role of child care providers in promoting healthy habits changed over the past few years?
    - a. How would you describe these changes?
    - b. How, if at all, have they affected your work?

*Moderator's goals: To better understand attitudes about nutrition guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. We've talked generally about healthy habits in children. For the rest of today's discussion, I want to focus on specific topics, starting with nutrition.
- a. How useful is it to have guidelines and recommendations that are specific to children of certain ages?
  2. Have you received any information about nutrition guidelines and recommendations for children recently?
    - a. **IF YES:** What have you received and from where?
- B. How can child care providers help promote better nutrition habits for children?
1. Is this something child care providers should be doing? What makes you think that?
  2. What could make it easier for them to promote better nutrition habits? (**PROBE IF NEEDED:** What, if any, specific types of information could make this easier for you?)
- C. Thinking now about what children drink while under your care/in a child care setting, what drinks are typically served throughout the day?
1. What types of milk are typically provided?
  2. What about water? Is water available throughout the day? At meals and snacks? (**PROBE QUICKLY IF NEEDED:** If water is served throughout the day, are you less likely to offer it specifically at meals and snacks?)
  3. [**CHILD CARE PROVIDERS ONLY**] What types of beverages do children typically ask for while under your care?
  4. [**CHILD CARE PROVIDERS ONLY**] What are the biggest barriers to getting children to drink healthy beverages? Tell me more about that. How do you overcome that barrier?
- D. [**CHILD CARE PROVIDERS ONLY**] Now, I want to move to food served during meals and snacks, starting with menu planning each week. Is menu planning something your day care home regularly does? Tell me how this usually works.
1. **IF YES:** How often – daily? Weekly? Monthly?
  2. **IF NO:** How are meals and snacks planned?

3. What factors influence any formal or informal menu planning? (**PROBE IF NEEDED:** How much of a role do child preferences play in menu planning? Parental preferences?)
  - a. **PROBE:** To what degree do you usually follow age-specific nutrition guidelines and recommendations when you are planning? Tell me more about that.
  - b. What, if anything, would help ensure that nutrition guidelines are reflected in meal planning? (**PROBE IF NEEDED:** How would training around menu planning be helpful? What specifically would you want to learn about menu planning to help you?)
4. I also want to hear more about food preparation at your home. Do you prepare food every day or less frequently than that?
  - a. Does the person or people preparing food follow recipes most of the time? Do they regularly measure ingredients?
  - b. How mindful are you or those preparing food of the quality and nutritional value of ingredients used in food preparation?
  - c. **PROBE:** What foods, if any, do you try to limit the use of during food preparation?
  - d. Let's talk about specific ingredients, starting with salt. When salt is added during food preparation, how frequently is the amount of salt that is added measured or limited?
  - e. What about fat, such as butter or oil? How frequently is the amount of fat that is added measured or limited?
  - f. What about sugar? How frequently is the amount of sugar that is added measured or limited?
  - g. What would help you make sure that the use of some of the ingredients we just discussed was limited during food preparation?
  - h. How often are you or the person responsible for purchasing and preparing food using and looking at nutrition labels? Overall, how helpful are nutrition labels when purchasing, preparing or serving food to children in your care?
- E. **[PROVIDERS ONLY]** In a typical day, what's going on at your home when you serve a meal or snack? What does that look like?
  1. When you are serving a meal or snack, what makes it easier to encourage the children in your care to eat more nutritious foods?
  2. What about mealtime or snack time makes this more difficult?

3. Do you serve meals family-style? If yes, describe your set-up – what does family-style dining mean to you? Does family-style dining make it easier or harder to encourage healthy eating?
- F. What would help you make changes to the meals and snacks you serve so that they more closely followed nutrition guidelines and recommendations?
1. What about [whole grains/fruits/vegetables]? On the recent survey, this was among the most commonly served foods. (**FOLLOW-UP:** How do children react to these types of foods? Are they eating them?)
  2. What about [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese]? According to the survey, child care providers are less likely to serve this. What are some reasons that this is not included more frequently as a part of meals and snacks in child care settings?
    - a. What are some other reasons that foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] are not served more frequently?
    - b. What would allow child care providers to serve foods like [nuts and seeds/lean meats/low-fat or non-fat dairy products, like yogurt and cheese] more often?
- G. In the recent survey, the following were among the top barriers to greater adoption of nutrition guidelines and recommendations [cost of food/child preferences including those related to culture/time needed to prepare more nutritious meals and snacks/convenience of using processed and pre-prepared foods]. Please tell me your own experience with each of these and how this specifically presents challenges.
1. **FOR EACH:** What specifically could help you overcome this barrier?
  2. What additional barriers or challenges do you face that have not already been discussed?
- H. Let's spend a few minutes talking about what might be useful and helpful to providers, like information or training related to learning more about nutrition guidelines. What kind of training are you interested in? What would be most helpful to you?
1. In the survey, the following were among the top preferences [cost-effective ways to integrate more nutritious options into meals and snacks/best practices to encourage children ages 0 to 5 to eat more nutritious meals and snacks/preparing meals and snacks that meet nutritional guidelines]. Would these work for you?

2. What format would you like to receive information or training in for each of these topics **(probe each topic specifically if time)** – is paper best? **(PROBE IF NEEDED:** What specific types of assistance in a paper format would be helpful related to nutrition and nutrition guidelines?) Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

#### IV. PHYSICAL ACTIVITY

15 minutes

*Moderator's goals: To better understand attitudes about physical activity guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to physical activity.
  - a. How useful is it to have physical activity guidelines and recommendations that are specific to children of certain ages?
- B. What, if any, information have you received recently about physical activity guidelines and recommendations for infants and young children?
  1. What did it include? How helpful was the information you received?
- C. How can child care providers help promote physical activity in infants and young children?
  1. Is this something child care providers should be doing? Why or why not?
- D. **[CHILD CARE PROVIDERS ONLY]** What opportunities are there for physical activity at your day care home during a typical day?
  1. What kinds of physical activity do you typically offer at your day care home? For example, tell me about what yesterday looked like. If it is helpful, please break this out by different age groups.
  2. **PROBE FOR THREE AGE GROUPS (0-12 months; 1-2 years; 3, 4 & 5):** How much time is structured play with an adult supervisor? How much time is free play?
    - a. What, if anything, goes into your thinking about whether to have structured or free play?
    - b. How much training or experience does the staff at your day care home have related to age-appropriate physical activity?
  3. Overall, how enthusiastic are children under your care about physical activity?
    - e. What makes some children more excited?
    - f. Thinking about the children you care for and what they enjoy doing over the course of a typical day, how does time for physical activity compare to time for other activities? Would you say it is more popular? Less popular?
    - g. What prevents children from engaging in physical activity/being interested in it and how serious of a problem/challenge is this?

- h. **PROBE:** Roughly what percentage of children you care for are less interested or disinterested in physical activity?
- E. What would help you make changes during a typical day to allow more time for physical activity?
  - 1. What about [safety concerns/caregiver to child ratio/children wearing inappropriate clothing and/or footwear/weather]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of physical activity guidelines and recommendations [limitations with indoor or outdoor space/cost of purchasing large or small equipment/number and varied ages of children]. Please tell me your own experience with each of these and how this specifically presents challenges.
  - 1. **FOR EACH:** What specifically could help you overcome this barrier?
  - 2. What, if anything, makes this even more of a challenge for you?
  - 3. What additional barriers or challenges do you face that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to physical activity. Let's start with information and training related to learning more about physical activity guidelines. What kind of training are you interested in? What would you find most helpful?
  - 1. In the survey, the following were among the top preferences [ideas for both structured and free play in indoor settings/cost-effective ways to integrate more physical activity into the day/planning physical activity for infants and children of different ages/best practices to encourage children ages 0 to 5 to be more physically active]. Would these work for you?
  - 2. What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What format will make the training more useful or easier to implement?

## V. ELECTRONIC MEDIA USE

15 minutes

*Moderator's goals: To better understand attitudes about electronic media use guidelines and recommendations for children ages 0 to 5, including developing a clearer picture of how these guidelines and recommendations can be adopted/operationalized in child care settings*

- A. Let's turn now to electronic media use. By electronic media use, I'm referring to TV, computers, computer games, educational videos, and so forth.
  - b. How important is it to have electronic media use guidelines and recommendations that are specific to children of certain ages?
  - c. Do you see physical activity and electronic media use guidelines and recommendations going hand-in-hand or are they separate?
- B. In what instances, if any, is it appropriate for children to use electronic media?
  1. How, if at all, can electronic media be considered educational? [**PROBE IF NEEDED:** What are the specific educational benefits of electronic media use for children ages 0 to 5?]
  2. [**CHILD CARE PROVIDERS ONLY**] How do others that you work with view electronic media – do they see it as educational?
    - a. What about the parents of the children you care for?
- C. What, if any, information have you received recently about electronic media use guidelines and recommendations for infants and young children?
  1. What did it include? How helpful was this information?
- D. [**CHILD CARE PROVIDERS ONLY**] What electronic media use opportunities do you offer at your day care home during a typical day?
  1. What electronic media use was used at your day care home yesterday and for how long? If it is helpful, please break this out by different age groups.
    - a. What are some examples of unsupervised electronic media use [**INSERT AGE GROUP**]?
    - b. How much training or experience does the staff at your day care home have related to age-appropriate electronic media use?
  2. Overall, how difficult is it to control the amount of electronic media use at your day care home?
    - a. What makes this difficult?
    - b. **PROBE:** What would help overcome some of these difficulties?
- E. What would help you make changes during a typical day to limit or eliminate electronic media use all together?

1. What about [weather/caregiver to child ratio/parental preferences]? On the recent survey, this was among the things most frequently selected. Why do you think this is so important?
- F. In the recent survey, the following were among the top barriers to greater adoption of electronic media use guidelines and recommendations [challenges with finding activities for mixed age groups/child resistance to reduced/limited electronic media use/perceptions that electronic media use is educational]. Please tell me your own experience with each of these and how this specifically presents challenges?
1. **FOR EACH:** What specifically could help you overcome this barrier?
  2. What additional barriers or challenges do you face that have not already been discussed?
- G. I want to spend a few minutes talking about the information and training that would be of most use to you when it comes to electronic media use. Let's start with information and training related to learning more about electronic media use guidelines. What kind of training are you interested in? What would be most helpful to you?
1. In the survey, the following were among the top preferences [best practices to encourage children ages 0 to 5 to choose alternatives to electronic media/planning activities that do not involve electronic media/electronic media use guidelines and recommendations for children ages 0 to 5]. Would these work for you? What's your preferred format for training?
  2. For all of the topics we've talked about today – nutrition, physical activity and electronic media use: What format would you like to receive information or training in – is paper best? Online resources? Videos? Something else? What online format would make the training more useful or easier to implement?
    - a. What are some areas where you would prefer training presented off-line, so either in person or via print materials? Why?
    - b. How do you prefer to receive print materials? Postal mailings from sponsor, or delivered during on-site visits? Other?
    - c. **[PROVIDERS ONLY]** To confirm, do most of you have access to the Internet during the day? And, if yes, how do you access the Internet (computer, tablet, and/or smartphone)?

*Moderator's goals: To collect any final thoughts on nutrition, physical activity and electronic media use, including asking if there are any areas that have not been covered that participants would like to discuss*

- A. We've talked about three different topics today – nutrition, physical activity and electronic media use – and different guidelines and recommendations for each. In your opinion, thinking about children ages 0 to 5, is any one of these topics more important?
1. **IF YES:** What about that is so important?
  2. **IF NO:** Why are they equally important?
  3. Which of the three areas, if any, pose the biggest challenges for you? Why? [**FOLLOW-UP:** In which of these areas do child preferences present the biggest challenge? And in which of these areas do parental preferences present the biggest challenge?]
- B. Is there anything you would like to add about how USDA/FNS can assist you in your work to follow guidelines related to nutrition, physical activity, and media use? If so, what?

Thank you for your participation.

## V. Appendix E: Focus Group Report

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## EXECUTIVE SUMMARY

### *Background*

KRC Research conducted original formative research for the USDA to inform the development and implementation of training, technical assistance, guidance, and education materials for the Child and Adult Care Food Program (CACFP) related to nutritional requirements and wellness recommendations in three technical areas: nutrition, physical activity, and electronic media use.

Phase 1 of the research included a national survey of providers in child care centers and family day care homes, sponsoring organizations, and State agencies. Phase 2 of the research involved seven follow-up focus groups among the same audiences to elaborate and explore unanswered questions.

In each focus group, KRC explored the three technical areas in detail, including the utility of existing recommendations or guidelines, challenges related to promoting favorable nutrition and wellness practices, and areas of interest for guidance and assistance. KRC explored these topics generally as well as specific questions that arose in Phase 1 research.

This report summarizes results from Phase 2.

### *Nutrition and Wellness in Child Care Settings*

Audiences defined “healthy habits” in terms of nutrition, physical activity, and what one child care provider characterized as “self-health” behaviors (primarily tied to hygiene, such as hand washing). Nutrition, in particular, was seen as integral to “healthy habits,” and was mentioned by all audiences. Electronic media was mentioned with less frequency; it was only raised in the focus group among sponsoring organizations and in two of the five groups of providers which had higher levels of familiarity with nutrition guidelines.

Audiences primarily agree on the role of providers in promoting healthy habits, but they do *not* agree on how well this role is being performed.

- Across groups, there is agreement that providers have a role to play around nutrition and wellness habits. These audiences focus on how providers can educate the children they care for and encourage them to adopt healthy habits, including modeling healthy habits.

- Providers also see educating and encouraging parents as a large part of their role in promoting healthy habits so that positive nutrition and wellness behaviors are reinforced outside of the child care setting.
- Views among the different audiences diverge not on the role of providers but rather on assessments of providers' actual practices. State agencies believe that some providers are doing a poor job adopting and modeling healthy habits for the children they care for, while providers in our research spoke in detail about the importance of favorable nutrition habits, in general, and the different ways they model healthy eating to make it appealing to children.

### *Nutrition*

All audiences are supportive and appreciative of having nutrition guidelines and recommendations that are specific to particular age groups. These guidelines and recommendations inform the food and beverage decisions of many providers and sponsoring organizations.

Further, while some providers say they are comfortable with their own knowledge of how to feed the children they care for, they like being able to reference the guidelines when communicating with parents. The guidelines serve as support for the choices that they are making when talking to parents as well as a way to educate parents about good nutrition habits.

Despite providers reporting practices that seem in compliance with nutrition guidelines in the Phase 1 and Phase 2 research, staff representing State agencies were concerned that providers may not be aware of or utilizing the guidelines in an appropriate manner. These findings are consistent with learnings from Phase 1, which revealed a perception gap between what State agency staff believe is taking place and impacting food and beverage choices and what providers report they are doing on the topic. In contrast to the views of State agency staff, providers' self-reported obstacles do not center on knowledge of the guidelines. Instead, some providers discuss difficulties relative to the practical realities of adopting them with an audience like young children, who may be picky or averse to certain foods. Thus, more education about the guidelines is *not* a topic of interest for the providers in our groups. Providers are more interested in overcoming barriers to implementation of guidelines they feel they know fairly well.

To meet the guidelines, providers are mostly serving milk and water to the children in their care. Providers seem to align the type of milk (whole, low-fat, fat-free) with a child's age. Fluid milk substitutions are used for children with allergies. Providers encourage children to drink water by making it accessible and, for some, more appealing (such as by adding pieces of fruit to it). Those serving juice say they only make 100% juice available and report trying to limit it to small amounts once a day because of the sugar content.

Providers in our groups talked about their experiences serving meals either family style or pre-plated. They said that meals and snacks served family style present an opportunity to model appropriate behavior and for children to try a bit of each food, practice table manners, and learn how to eat a balanced meal. Some of those who serve pre-plated meals are eager for guidance on how to get past challenges related to portion size or messiness when serving family style, but only a few participants actually expressed concerns about or challenges related to family style meals.

Other methods providers use to encourage children to eat more nutritious foods include a two-bite rule, having children harvest vegetables from an onsite or home garden, and field trips to farmers markets. Gardens, in particular, are considered a teaching opportunity that also promotes healthy habits. More generally, providers try to make the food healthier by avoiding extra sugar and salt, and they also make an effort to avoid nuts, seeds, and oils that trigger allergies in some children.

Cost is a factor for child care providers, even though it is not always mentioned unprompted as an obstacle to meeting nutrition guidelines. As such, addressing cost is seen as a way to help providers meet nutrition guidelines. State agencies recommended increasing the reimbursement rate, while sponsoring organizations drew out the intersection between cost and convenience, as foods that are easier and faster to make are likely to be less expensive. Providers also pointed out that fresh produce may be particularly expensive and is sometimes unavailable depending on the season and their location. Some providers were particularly interested in recipe ideas that would help them both control cost and meet nutrition guidelines.

All audiences also identified assistance in menu planning as a key opportunity, as well as training on how to speak to parents to encourage healthy eating at home. Providers are especially interested and enthusiastic about tools and information, including recipe ideas to facilitate menu planning and allow for greater diversity of food served. Guidance about how to communicate and

work with food vendors may also be useful, as some providers and State agency staff recognize that vendors can often make meeting nutrition guidelines difficult by advertising unhealthy foods as healthy. Lastly, State agencies suggested the USDA address food marketing of unhealthy products by educating providers about the marketing used to encourage the purchase of unhealthier foods over healthier options.

## *Physical Activity*

As with nutrition guidelines, the different audiences in our groups believe physical activity guidelines for specific ages are beneficial. Some providers are not very familiar with what children are capable of at each point in their development. Guidelines also make it easier to impose structure in provider environments, with physical activity regularly part of a daily routine.

Sponsoring organizations are particularly concerned that providers may not have enough information about what is possible and acceptable for younger children under their care. State agencies point out that classes within child care centers are usually separated by age so having separate guidelines is practical.

Providers feel confident about their ability to provide opportunities for structured and unstructured play to children.

When providers are asked about the kind of physical activities occurring in their centers and homes, they usually mention outdoor activities. All providers say that weather is the primary barrier to encouraging increased physical activity, although homes see this as more of a barrier than centers because centers report having more indoor space to encourage physical activity in the case of inclement weather. Homes get around this space issue by encouraging dancing, an activity that is reportedly both common and popular with the children in their care.

Given the barriers associated with limited space for indoor physical activity, centers and homes both requested additional training on how to run structured physical activity indoors (including ideas for games in general and age-appropriate games), with State agencies agreeing that this was an opportunity for improvement. Providers could also benefit from activity modifications for less able-bodied children (due to special needs or weight concerns), or training to learn how to modify those activities.

State agencies and sponsoring organizations are concerned that ability or embarrassment may be keeping providers from personally modeling the activity for the children in their care. On the other hand, providers in our groups did not bring up this issue at all.

### *Electronic Media Use*

Views about the acceptability and importance of electronic media use for young children are considerably varied. State agency staff tend to fall on one end of the spectrum, saying that young children of any age should not be exposed to electronic media at all. They are resistant to electronic media because they are not convinced it is appropriate or necessary and because they are concerned about it serving as a “secondary caregiver.”

Providers’ views are more nuanced, noting the importance of exposure and access to electronic media among the children they care for so that the children, particularly those in lower income brackets, are not at a disadvantage when they get to school. At the same time, they do recognize they need to prevent against too much electronic media use and be deliberate about how and why it is used. Child care providers and sponsoring organizations noted educational benefits to electronic media use as well but share State agency staff concerns about electronic media replacing actual social interaction.

Providers and sponsors are open to receiving more guidelines about the appropriate use of electronic media for different age groups, but they are less interested in information on this topic than they are in certain kinds of information related to nutrition and physical activity. Some State agency staff do not believe this is an area of their CACFP-related responsibilities, and so might benefit from more information about how this topic, along with physical activity, relates to their CACFP responsibilities.

### *Technical Assistance and Training*

There was no clear consensus among audiences about the most challenging technical assistance area, and all seemed to understand the relationship between the three. Some representing State agencies, however, were less clear on why physical activity and electronic media use were in their purview. They point out that their already-strained resources are directed towards nutrition and food practices and, more personally, they lack the formal training on these topics.

There is also no consensus over a preferred format for receiving information, assistance, and training on these technical areas. Rather, all agree that receiving information in a variety of formats is key to ensure that training and assistance are accessible, socialized, and digestible--not just to providers but parents as well. All audiences like interactive, discussion-based trainings

involving demonstrations, because it allows for questions and more effective transmitting of information.

Videos (via a DVD or accessible online), webinars, and in-person trainings all are all useful in different circumstances. Videos seem particularly instructive for information about physical activity, especially when trying to demonstrate specific activity types (rather than communicating this via written materials). Print materials in various formats were considered valuable by most audiences. Providers can share brochures or handouts with parents and can hang posters within their facilities. Still, there is some concern among State agencies that print materials are not read by provider staff, confirmed by some of the providers themselves, suggesting the need to provide information via a medium that is more likely to be consumed. Providers also mention social media as a way to pass along information as well as encourage more favorable nutrition and wellness practices.

### *Conclusion*

Among the three technical areas, nutrition presents the greatest opportunities for providing information and training to providers, sponsors, and State agency staff. These audiences are interested in some physical activity and electronic media use topics, but nutrition-related topics are where interest and need seem to be most in sync.

Among all three areas, though, there is a significant disconnect between State agency staff and providers on the success of providers' nutrition and wellness practices. State agency staff assessments of providers' activities do not align with what providers say they are doing. There is an opportunity for USDA to close this gap so that training provided by states can be improved.

Relatedly, providers see their role as extending outside the child care setting and into the child's home to support nutrition and wellness practices. Far more than in our structured qualitative interviews, parents came through as a key obstacle to the promotion of these practices in the home. Despite the perceptions of State agencies, the providers we spoke with are eager for opportunities to educate parents and support the children they care for even outside of the child care setting.

## INTRODUCTION AND METHODOLOGY

USDA’s Child and Adult Care Food Program (CACFP) commissioned FCB<sup>1</sup>, Weber Shandwick, and KRC Research to conduct original formative research to inform the development and implementation of its training, technical assistance, guidance, and education materials for CACFP related to nutritional requirements and wellness recommendations in three technical areas: nutrition, physical activity, and electronic media use.

Specifically, the purpose of the formative research is to:

Overall	Nutrition	Physical Activity	Electronic Media
<ul style="list-style-type: none"> <li>Determine attitudes, perceptions, knowledge, experience, skills, and available resources that may either promote or inhibit successful implementation of the three key technical assistance areas</li> <li>Determine the most effective ways to overcome barriers within targeted audiences, and associated needs for doing so</li> <li>Identify best practices and helpful resources</li> <li>Determine the preferred communications and delivery channels</li> </ul>	<ul style="list-style-type: none"> <li>Determine the extent to which providers’ menus, use of food labels, food preparation, and food purchasing reflect:               <ul style="list-style-type: none"> <li>Meals and snacks that are consistent with Dietary Guidelines and recommendations by the IOM, especially foods and food components that need to be (a) increased and (b) limited</li> <li>Meals and snacks that promote this population’s health through a feeding environment that reflects best practices and recommendations for infants and children</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Determine the extent to which opportunities for play time and physical activity are available several times per day, both structured and unstructured</li> </ul>	<ul style="list-style-type: none"> <li>Determine the extent to which the amount of time children spend with electronic media (TV, DVD, video games, recreational computer use, cell phones) is limited to appropriate levels</li> </ul>

This report summarizes results from Phase 2 of this formative research. As part of Phase 2, KRC Research conducted seven focus groups. The groups explored the three technical areas in detail, including the utility of existing recommendations or guidelines, challenges related to promoting favorable nutrition and wellness practices, and areas of interest for guidance and assistance. Additional questions raised during the groups were based on hypotheses that came out of the Phase 1 research.

<sup>1</sup> At the time of contract award, FCB was known as DraftFCB.

There are four key audiences for the formative research, and both Phases 1 and 2 included these four audiences: child care centers, family day care homes, sponsoring organizations, and State and tribal agency staff. Throughout this report, child care centers and family day care homes are referred to as “child care providers” or “providers.”

The following table outlines parameters set prior to conducting the research to ensure that we achieve a diverse mix of each key audience.

Criteria	Provider Groups		Sponsoring Organizations	State and Tribal Agency Staff
	Child Care Centers (CCC)	Family Day Care Homes		
<b>Language(s)</b>	Both primarily English- and primarily Spanish-speaking		Both primarily English- and primarily Spanish-speaking	English
<b>Ethnicity/Race</b>	Diverse populations		Diverse populations	
<b>Communities</b>	Urban, suburban, and rural, including tribal communities			
<b>Regions/States</b>	Multiple, to include each of the seven FNS regions		Seven FNS regions	All states, DC, and territories
<b>Income of Providers</b>	Varying, to include those of low income (185% of the poverty level or less)			
<b>Education of Providers</b>	Varying, to include those with a high school diploma or less			
<b>Enrollment</b>	Varying numbers of children enrolled (small to large)		Various sizes, based on number of centers and homes	
<b>Other</b>	Representatives of both foodservice and non-foodservice staff (directors, assistant directors, teachers), where differentiated		Affiliated (sponsor-owned) and unaffiliated (not sponsor-owned)	
	Independent vs. associated with sponsoring organizations			

### Focus Group Methodology

KRC Research conducted seven 90-minute focus group discussions by telephone between April 15<sup>th</sup> and May 15<sup>th</sup>, 2014. One focus group each was conducted with State agencies and sponsoring organizations. Two were conducted with family day care home providers with varying degrees of familiarity with the *2010 Dietary Guidelines*, and three were conducted with child care center providers with varying degrees of familiarity with the *2010 Dietary Guidelines*.

Audience	Date of Group	Time of Group
State Agency and Tribal Organization staff	April 17, 2014	1:00 pm ET
Sponsoring Organizations	April 15, 2014	2:00 pm ET
Child Care Centers, higher familiarity with <i>Dietary Guidelines</i>	April 15, 2014	5:00 pm ET
Child Care Centers, lower familiarity with <i>Dietary Guidelines</i>	April 17, 2014	7:30 pm ET
Child Care Centers, mixed familiarity with <i>Dietary Guidelines</i>	May 15, 2014	6:30 pm ET
Family Day Care Homes, higher familiarity with <i>Dietary Guidelines</i>	April 17, 2014	7:00 pm ET
Family Day Care Homes, lower familiarity with <i>Dietary Guidelines</i>	April 15, 2014	7:30 pm ET

Groups were scheduled to encourage as much participation as possible.

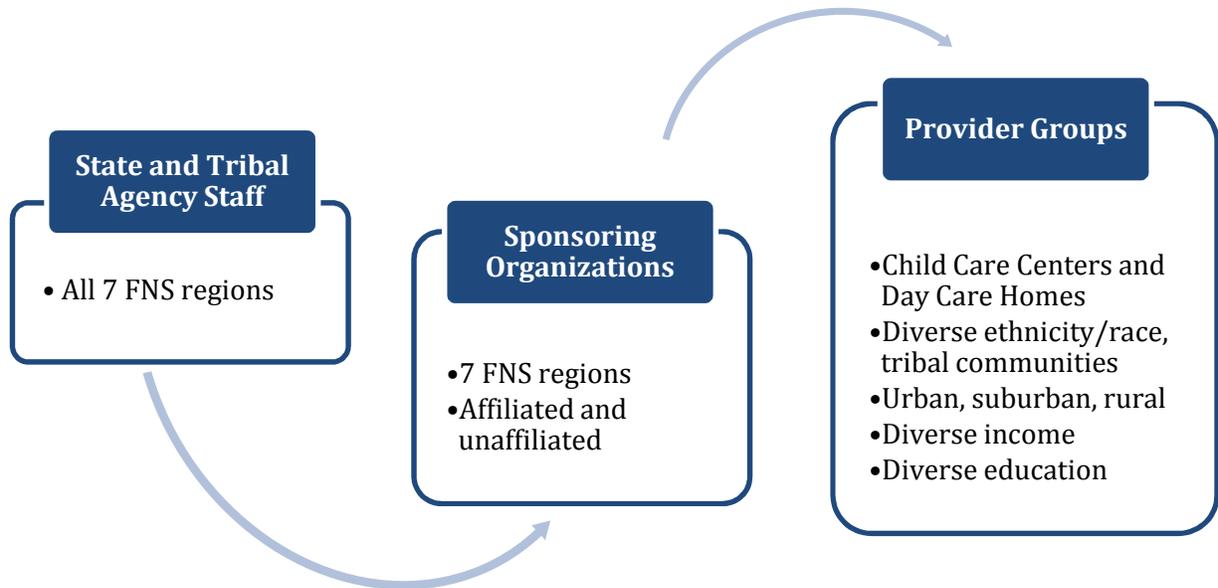
### Focus Group Recruiting

Nine participants were recruited for each focus group. Recruitment occurred out of the pool of Phase 1 respondents who responded “yes” to question 65 in the research instrument, asking respondents if they would be willing to be contacted and asked to participate in future research.

One more thing. In the future, if we would like to include you in follow-up research on this topic, would you be willing to be contacted and asked if you would like to participate?

	State Agency Staff %	Sponsoring Organizations %	Child Care Centers %	Family Day Care Homes %
Yes, please	77	68	62	58
No, thank you	23	32	38	42

Within each group, participants were recruited to reflect a demographic mix:



To qualify for focus group participation, participants responded to a screening questionnaire to confirm they were members of the appropriate audience group.

To participate in the groups, recruits were asked to dial a particular phone number approximately five to 10 minutes before the group was scheduled to begin and provide a code to the operator. Participants were kept on muted hold until the start of the group, at which time, they were able to interact with each other and the moderator. At that start time, recruits who had not dialed in were contacted by KRC Research to remind them that the group was about to begin. Several recruits were unable to participate for the full-length of the group or at all, often due to unforeseen obligations or last-minute scheduling conflicts. Ultimately, 40 people participated in these groups.

Audience	Recruited	Total Participating in Some or All of Focus Group
State Agency Staff	9	9
Sponsoring Organizations	9	6
Child Care Centers, higher familiarity with <i>Dietary Guidelines</i>	9	6
Child Care Centers, lower familiarity with <i>Dietary Guidelines</i>	9	3
Child Care Centers, mixed familiarity with <i>Dietary Guidelines</i>	9	6
Family Day Care Homes, higher familiarity with <i>Dietary Guidelines</i>	9	5
Family Day Care Homes, lower familiarity with <i>Dietary Guidelines</i>	9	5
<b>Total Number of Phase 2 Participants</b>	<b>63</b>	<b>41</b>

Because they are qualitative rather than quantitative, the conclusions drawn from these focus groups are descriptive. While they do not help us answer questions that require measurement, they have helped us understand the kinds of ideas and concerns audiences have in greater depth, allowing us to answer questions that start with “how” and “why.” Additional details on the methodology for both phases of the formative research are provided in Appendix 2 and 3.

## KEY FINDINGS

This section summarizes perceptions and current practices in child care centers and family day care homes for children age 5 and under as reported and discussed by child care providers, State agency staff, and sponsoring organizations. It also identifies areas where these audiences can benefit from guidance and assistance in the successful implementation of federal nutritional requirements and wellness recommendations in nutrition, physical activity, and electronic media use.

### *Nutrition and Wellness in Child Care Settings*

#### **1. Providers define “healthy habits” as activities tied to nutrition, hygiene, and physical activity.**

- Nutrition is most likely to be top of mind when all audiences are asked to define “healthy habits.”
- Hygiene usually centers around hand-washing.
- Both sponsors and providers discuss the importance of a “routine” relative to promoting healthy habits.
- Managing electronic media use is mentioned far less frequently.
- Among the audiences included in the research, sponsoring organizations are the most likely to take a holistic view to this term.

#### **2. All audiences believe child care providers have a role to play in promoting good nutrition and wellness habits.**

- This role centers on education, exposure, and modeling for children as well as encouraging healthy habits.
- Providers were particularly discouraged that their efforts to encourage healthy eating, physical activity, and limited screen time were not reinforced in the children’s homes. As a result, they see their role as extending beyond their interactions with children in a child care setting to educating and encouraging parents about good nutrition and wellness practices.

## Nutrition

### **3. Participants characterize nutrition guidelines and recommendations as useful.**

- All audiences appreciate the guidelines and recommendations because they clarify what and how much children of different ages should be served.
- Secondly, providers and sponsoring organizations view this information as an opportunity to communicate with parents about how their children are being fed throughout the day.

### **4. Providers feel confident about their ability to meet nutrition guidelines. In contrast, State agency staff have little faith in providers' abilities.**

- Providers and sponsors identify practical challenges related to implementing the nutrition guidelines, such as child aversions to new foods or menu planning fatigue.
- In contrast, State agency representatives are more likely to think providers are either not aware of the nutrition guidelines or not implementing and modeling them consistently and effectively.

### **5. Family-style meal service appears preferable, but some providers are concerned about meeting the nutrition guidelines with this type of service and therefore default to pre-plating.**

- All groups acknowledge the benefits of family style service, which include encouraging independence, curiosity, and exposure to new foods.
- Those providers who serve pre-plated meals primarily do so because they feel as though they have more capacity to ensure nutrition guidelines are being met, but they are interested in guidance to implementing family style service.

### **6. Providers welcome the opportunity to learn more about menu planning.**

- Additional menu planning options will help break the monotony of tried, tested, and often overused recipes while at the same time making it easier for providers to follow nutrition guidelines and recommendations and control costs.
- Providers are interested in meal ideas as well as new snack ideas.

- There is also an interest in linking recipes with nutrition guidelines to facilitate compliance.
- Given the interest in, and benefits of, gardens, it may be beneficial to tie menu planning and/or recipe trainings to gardening curricula instructions or recommendations.

**7. Audiences say they would also benefit from training and information on the availability of fresh produce, cost-effective recipes, and managing children’s preferences.**

- State agency staff emphasize the cost issue, which sponsoring organizations note intersects with issues of convenience, as more convenient food items tend to cost less.

*Physical Activity*

**8. Providers say that most children enthusiastically participate in physical activities. However, guidelines by age and ideas to help providers identify appropriate physical activities for the youngest children and children with special needs would be useful.**

**9. Limited indoor space presents the most significant barrier to physical activity when the weather prohibits outdoor activities.**

- Providers typically envision physical activity taking place outdoors, so when there is bad weather and providers and children are stuck inside, there are often more limitations around opportunities for physical activity.
- Indoor physical activity is easier for child care centers than for family day care homes due to space limitations, but both would benefit from guidance to accommodate physical activity during inclement weather.
- Dancing is a popular option for providers looking to encourage physical activity while indoors. Dancing is possible in small spaces in both centers and homes, and providers are looking for similar activities that are possible in small spaces.

**10. State agency staff and sponsoring organizations believe some providers themselves can be a limiting factor in promoting physical activity in child care settings because they are not modeling the physical activity behavior in which they want the children to participate. Providers, however, do not raise themselves or their staffs as a barrier.**

- 11. The content of information and trainings related to physical activity should include not just ideas but tactics; specifically, what activities to implement and how to do so.**

*Electronic Media Use*

- 12. There is limited interest in electronic media guidelines among all audiences.**
- There is greater interest in information and training related to nutrition and physical activity than there is in information and training about electronic media use.
  - A relatively lower prioritization of this technical area may be influenced by current views among State agency staff that electronic media is beyond their purview, and by providers' perceptions that electronic media use practices are both positive and already controlled appropriately.
- 13. Audiences have conflicting views on electronic media use: providers see a need to familiarize children with electronic media use while State agency staff tend to reject this viewpoint. Sponsoring organizations' views align more closely with providers.**
- Providers report using electronic media in moderation and almost exclusively for educational purposes. They also discuss limiting electronic media use by setting time limits in daily schedules, alternating days on which children use computers, displaying nametags near computers to show who has used them, and computer software with individual log in information that tracks usage and sets time limits.
  - Providers want to expose low-income children to electronic media before they reach school age so that they do not fall behind their peers who may be more familiar with computers.
  - Most State agency staff have a more concrete position on electronic media use among young children, insisting that they should not be using it at all.

*Technical Assistance and Training*

- 14. All audiences like interactive trainings because they can ask questions and learn from the group. They also like having access to trainings in multiple formats so they can use them with staff and parents.**

- Participants said they like learning from each other and would like to be able to communicate with their peers.
- Social media was one suggested option for distributing information and allowing participants to interact.

**15. There is no single preferred training method across audiences or within audiences. Thus, offering a variety of formats and channels is very important.**

- Webinars were well-received but will not be useful for those who are not proficient in computer use.
- Video trainings (whether via a DVD or online as both are useful for different reasons) were appreciated for their convenience and for the ability to show instead of tell; however, they do not allow for interaction or the ability for providers to ask questions. For videos posted online, it may be advisable to post them on a website other than YouTube, which may be blocked by some providers' Internet security settings.
- In-person trainings allow interaction between providers and between providers and sponsoring organizations and State agencies, also creating opportunities to demonstrate activities or require participation from providers. Convenience and scheduling present challenges to this type of training.
- Demonstrations are preferred, but this does not mean all trainings have to be in-person. For example, a video that demonstrated how to garden or involve children in preparing meals would be valuable. Similarly, a video that gives examples and ideas related to physical activity would be preferable to a printed document with the same information.

## KEY INSIGHTS BASED ON RECOMMENDATIONS FROM PHASE 1

Based on Phase 1 research, we sought to answer the following questions:

- **How frequently is water served or made available?**

*Providers report serving water at meals and snacks far less frequently than milk. If providers are offering water to children in their care throughout the day, they may be less likely to serve it specifically at meals and snacks, but asking providers explicitly in the telephone focus groups can help validate this hypothesis.*

Focus group insights: Providers appear to be making water available for the children in their care throughout the day, rather than explicitly serving it. Some had solutions for encouraging children to drink more water and for making it more accessible by allowing children to serve it to themselves.

- **What are the impacts of nut allergies on food service?**

*It is assumed that child care providers are not serving foods containing nuts and seeds with much regularity because of food allergies.*

Focus group insights: Allergies seem to be the primary reason that foods containing nuts and seeds are not being served.

- **What causes the disconnect between these three audiences with regard to the barriers to encouraging healthy habits?**

*Across all three technical areas, there are gaps in what State agency staff and providers identify as factors that play a role in decisions related to nutrition, physical activity, and electronic media use. This includes State agency staff being less likely to cite child and parental preferences as an important factor.*

Focus group insights: State agency staff continue to be significantly more likely to be concerned about the participation and knowledge of providers than they are about parent and child preferences, confirming the disconnect in perceptions about barriers to greater promotion of favorable nutrition and wellness practices. State agency staff participating in the focus groups show greater awareness about the role of parents, but much less than the providers, who know they are ultimately responsible to these parents.

- **What is the impact of parental preferences?**

Focus group insights: In Phase 1, the challenge presented by parents was framed around parental preferences. The Phase 2 focus groups revealed that while parents do present a challenge, the issue is less tied to their preferences. Rather, parents appear to be a barrier because they are either not reinforcing habits promoted by providers, supporting conflicting (less healthy) habits, or both.

- **What is the parental role in promoting healthy lifestyles?**

*In the environmental scan, it was assumed that because parents perceive educational institutions as playing an important role in fostering good habits among children, they would not seem to be a major barrier to promoting healthier eating or physical activity in child care settings. The Phase 1 insights on parental preferences are more mixed and depend on audience.*

Focus group insights: Parents' perceptions of educational institutions are neither a barrier nor an opportunity around promoting healthier eating or physical activity in child care settings. While not the focus of the research, parents' behaviors and choices at home are a barrier as their actions can conflict with what is promoted by providers in child care settings. Additionally, that providers request print materials to share with parents suggests that providers are struggling to explain nutrition guidelines to them and they may be a barrier in implementing these guidelines or increasing physical activity.

- **What are children's responses to nutrition and wellness practices?**

*There is widespread interest in best practices to promote favorable nutrition and wellness practices, but it is unclear how well children are currently responding to the foods served by child care providers or to the existing practices related to physical activity and electronic media use.*

Focus group insights: Child preferences play a big role in how child care providers approach food service, but most have viable solutions to encourage children to eat healthfully. Physical activity is apparently even less of a challenge as children under the care of those recruited for the focus groups are enthusiastic about participating. Parental preferences are still a challenge for providers, though, who report that parents are not reinforcing healthy habits at home.

- **How do child and parental preferences compare across technical areas?**

*While the Phase 1 survey instrument was designed to explore the three technical areas generally, it does not do so in a comparative fashion, so the findings do not reveal if child and parental preferences present a greater obstacle relative to one of the three technical areas.*

Focus group insights: Neither child nor parental preferences appear to be a limiting obstacle in promoting favorable practices in any of the three technical areas. Relatively speaking, child preferences appear to be a bigger obstacle around nutritional practices. Parental habits, not preferences, seem to be an obstacle around all three technical areas.

- **Is electronic media use seen as educational?**

*The environmental scan showed that since both parents and teachers may see benefits to electronic media, child care providers could be unclear about best or recommended practices. The generally widespread interest in these topics among Phase 1 respondents may indicate lack of knowledge and/or misinformation, making technical assistance and training on these two technical areas quite invaluable. It will be instructive, therefore, to discuss whether or not each of the focus group audiences sees perceived educational benefits of electronic media as outweighing concerns about limiting its use for children 0 to 5.*

Focus group insights: While providers are aware that too much screen time is problematic, they do see an educational benefit to electronic media. In fact, many providers believe that they should be exposing younger children, especially those from low-income families, to electronic media so that they are not at a disadvantage when they go to school. Importantly, interest in training and technical assistance on this topic lags compared to interest in training and technical assistance on nutrition and physical activity.

- **Do providers have Internet access? What technology are they using to access the Internet?**

*While Internet access seems almost universal among child care providers, the upcoming telephone focus groups should include questions about how providers are accessing the Internet during the day – are they using PCs or laptops, tablets or smartphones?*

Focus group insights: Providers are using computers, tablets, and smartphones to access the Internet during the day. Internet access does not appear to be a barrier to sharing and circulating information and technical assistance materials with providers.

- **What is the best way to share information with providers?**

*Additionally, while many providers say they would prefer receiving information via email, postal mail has utility (especially for family day care homes), so the telephone focus groups can be used to understand how much and when providers are willing to receive information via email versus postal mail.*

Focus group insights: Providers seemed willing to receive most information through email, sometimes preferring electronic communication to letting a mass of paper pile up in their offices or living rooms. Preferences for postal mail are not validated by the Phase 2 research, though it is evident that providers are open to and interested in receiving information in different modes.

## DETAILED FINDINGS

### *Nutrition and Wellness in Child Care Settings*

#### **Nutrition and Wellness in Child Care Settings: At a Glance**

- “Healthy habits” are primarily tied to nutrition, physical activity, and hygiene. Nutrition, in particular, is the connective theme across audiences.
- Creating and enforcing a routine are also important.
- Audiences agree that providers play a role in promoting healthy habits among young children in their care. This includes educating the children they care for about healthy habits and encouraging their adoption, as well as modeling healthy behaviors. Providers participating in the research report doing all of these activities. However, State agency staff are less confident about how well providers are modeling healthy behaviors and, more generally, adopting practices that promote favorable nutrition and wellness.
- Audiences also agree that parents are important in promoting lifelong healthy habits, and that parents may be falling short. Providers see themselves as having a responsibility to educate parents about favorable nutrition and wellness practices.

#### ***Defining Healthy Habits***

State agency staff, sponsoring organizations, and providers have three primary associations when asked about “healthy habits” in children ages zero to five: nutrition, hygiene, and physical activity. Nutrition is most likely to be top of mind among these audiences, which includes making and encouraging good food choices, learning appropriate food consumption, and identifying and listening to hunger cues. Conversely, electronic media use is mentioned less frequently as a factor related to “healthy habits.” Hygiene tends to be framed around hand-washing and tooth-brushing (described by one provider as “self-health” habits), while physical activity is described relative to opportunities for exercise. Sponsoring organizations spoke about healthy habits as the “total package” of nutrition, physical activity, hygiene, and electronic media use, but this audience and some providers also spoke to the importance of providing structure via a routine for children throughout the day.

	<i>Healthy Habits: Mentions of _____</i>				
	<i>Nutrition</i>	<i>Physical Activity</i>	<i>Hygiene</i>	<i>Electronic Media Use</i>	<i>Structure in the Day</i>
State Agency Staff	x	x	x		
Sponsoring Organizations	x	x	x	x	x
Child Care Centers	x	x	x	x	x
Family Day Care Homes	x	x	x		

All audiences agree that the attention around healthy habits in children ages zero to five has increased in the past several years, with almost all identifying increased training and regulatory compliance factors as the primary drivers. Some State agency staff were eager to note that their states are offering more trainings than they were six or seven years ago, in part due to increased regulatory attention, resulting in “mandates that compel all of us to focus on healthy habits.”

*“I think the regulatory attention is much more robust than it was just six or seven years ago. So the mandates that compel all of us to focus on healthy habits have increased.”*

- State Agency

Sponsoring organizations almost exclusively responded with federal initiatives; they were notably the only group to mention the Healthy, Hunger-Free Kids Act of 2010 by name. Sponsoring organization participants also identified the First Lady’s *Let’s Move* campaign as a variable in promoting the subject, along with the change to MyPlate, noting that it provides a good visual for children, parents, and providers alike. Many

providers also mention that there is increased training, regulation, and attention from the government, and that providers are being educated on topics related to promoting healthy habits with greater regularity.

Parent education and habits at home frequently came up during the discussion of healthy habits, as well. All provider groups noted that they are working to educate parents about healthy habits, as well as to educate parents about how their children are educated on and how they adopt favorable nutrition and wellness behaviors while in a child care setting. Overall, providers participating in this research are unlikely to see parents as an ally in promoting healthy habits. In some instances, providers discuss how the children they care for are exposed to entirely

conflicting practices when at home. State Agency staff also expressed a need for a focus on parent education.

### ***Role of Child Care Providers in Promoting Healthy Habits***

All audiences take a comprehensive approach to child care providers' role in promoting healthy habits with the children in their care. At a minimum, there is consensus among the different audiences that providers play an integral role on this topic. Recognizing that it is important to expose children at a young age to healthy habits, educating children about favorable nutrition and wellness behaviors and encouraging them to try and adopt them are undisputed responsibilities. Additionally, providers should be modeling healthy habits, which State agency staff are less confident is taking place, but providers report doing during meals, in particular.

Since parents appear to be lacking when it comes to complementing providers' efforts in promoting healthy habits, *and* given the importance of structure and exposure to consistent behaviors for young children, educating parents about healthy habits is also described as falling under providers' purview. All audiences believe parents should be emphasizing mutually reinforcing behaviors. However, because this does not appear widespread among the experiences of those participating in this research, providers describe themselves trying to explain their efforts to parents and educate them about what should be considered healthy habits – from what their children eat to turning off the TV and getting the family moving outside in the evenings. More generally, providers believe they can play a role in suggesting how favorable nutrition and wellness activities in a child care setting can be extensible at home.

All provider groups see educating children about healthy habits as a large part of their role as providers, particularly regarding healthy eating habits. Providers discuss how they are often the primary source of nutrition for the children under their care, either due to family circumstances or just the absolute number of hours they spend with the children. As a result, they characterize their efforts as not just about food served but good nutrition. Providers instruct the children they care for about which foods

*"It's important that we provide a really good, healthy food service to the kids we serve because, for a lot of our kids, we're their primary source of nutrition, and we want to make sure we're giving them the best options we can."*

- Child Care Center, lower familiarity with *Dietary Guidelines*

are healthy and, among those who do some type of family style food service, will help children learn which foods to put on their plates. On the whole, providers and sponsoring organizations want to make any exposure to food positive but structured, so they describe trying to create a positive environment around meals and snacks as well as trying to make the actual food and beverages served more appealing. Ensuring that exposure to food is diverse is important to both providers and sponsors, too. This includes exposing children to different types of food and different aspects of food (from color, texture, and taste to different sourcing of foods via gardens and farmers markets).

Unaided, modeling healthy behavior was identified as a role of child care providers among the family day care home providers and one of the child care center provider groups. They defined “modeling” as providers making healthful food choices for themselves while with the children in their care. While specific nutrition and physical activity topics were being discussed, center providers also emphasized that they make an effort to model healthy eating and participate in eating with the children. Additionally, while discussing physical activity specifically, both kinds of providers noted that they make an effort to involve children by participating in physical activities with them, particularly during structured play. Providers often eat with the children they care for, and some actively talk about how delicious their vegetables are or how strong the healthy foods will make them. Or, when it comes to physical activity, they discuss dancing and moving alongside the children under their care.

## Modeling Healthy Behavior

*"I don't think that the centers and the homes understand how important it is for them to model the behavior that they want to see. Like when they sit with children and they're drinking soda or they're not partaking of the meal, it sends a very strong message to the kids. The way to develop those habits is to model the behavior."*

- State Agency

*"I let them see me eat what they are going to see and eat. Sometimes it's challenging because we don't like what they're going to do. I don't like fixing before I eat it, but because I know little ones...are watching what I'm doing."*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

*"One thing we do is the teachers eat with the children. They talk throughout the meal. They talk about how good the whatever they're eating that day is and how it helps them and what part of the body it helps. The kids want to be strong. 'Well, will this make me strong? Will this make my muscles?' So we encourage the teachers to eat it as well as the children and they eat with the children so that helps."*

- Child Care Center, higher familiarity with *Dietary Guidelines*

*"So if the teacher is sitting there with them and encouraging them, it does help."*

- Child Care Center, mixed familiarity with *Dietary Guidelines*

Educating parents about promoting healthy habits for their children was identified by most

*"I'm trying to care for the child and the parent. It's crazy."*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

provider groups as a primary child care role. Burdened with time constraints and other realities of daily life, parents are sometimes presented as neutrally unhelpful participants in their children's development. Simply stated, they are not doing anything to undo favorable practices introduced by child care providers. In other

instances, though, parents are presented as stumbling blocks to the promotion of healthy habits,

letting their children eat whatever they want, sit in front of the television, or use a smartphone for long periods of time. As a result, providers see educating parents as a primary opportunity to further promote healthy habits among the children under their care.

Across all audiences, suggestions around what to communicate to parents include:

- Teaching parents how to cook healthy foods in an appealing manner;
- Encouraging outdoor physical activity for children while they are at home;
- Asking parents to encourage their children to try healthy foods; and
- Reminding parents of the dangers of unhealthy food.

State agency participants see the role of child care providers in much the same way the providers themselves do, with introducing and modeling healthy nutrition and physical activity habits as

*“It seems to be just an activity that will allow them to get to the next activity, which routinely, if it’s lunch, it’s just going to be a step to get them to nap time.”*

- State Agency

the primary role of providers. This is best described as centers and homes using nutrition and wellness to create “learning centers” on these particular topics within a child care center or day care home. These participants, however, do not feel as though providers are doing as much as they can to appropriately adopt and model favorable behaviors.

In particular, State agency staff believe that child care providers are not modeling appropriate behavior during mealtimes, seeing it as “just an activity that will allow them to get to the next activity.” Some representing State agencies are uncertain child care providers recognize the importance of promoting healthy habits. This is likely a factor in their assessment of how well providers are modeling and implementing positive nutrition and wellness practices in their centers and homes.

## Summary of the Role of Providers in Promoting Healthy Habits

<p><b>1. Mainstreaming healthy habits</b></p>	<p>Age is important in these conversations: the sooner positive nutrition and wellness behaviors are adopted by children, the more likely they will be to both maintain and understand their importance.</p>
<p><b>2. Exposing children to new foods/activities</b></p>	<p>To successfully promote healthy habits among children, providers use their experience to creatively integrate new healthy foods and physical activities that the children may not have tried before.</p>
<p><b>3. Providing daily structure for healthy habits</b></p>	<p>For both meal times and activities but also in terms of limiting electronic media consumption and factoring in early childhood development, providing a daily routine is a key role of child care providers to promote healthy habits.</p>
<p><b>4. Modeling behavior for a healthy lifestyle</b></p>	<p>Child care providers are expected to lead by example by embracing healthy habits, particularly around nutrition, but also physical activity, so that children bring healthy habits home and have the building blocks for a healthy lifestyle later in life.</p>
<p><b>5. Working with parents on healthy habits</b></p>	<p>Providers also say that keeping parents aware of healthy habits promoted by centers and homes and encouraging the adoption of similar practices at home are part of their role in promoting healthy habits.</p>

### **Nutrition: At a Glance**

- Recognizing that nutrition needs change as a child ages, nutrition guidelines and recommendations are viewed as both necessary and helpful because they take the guesswork out of identifying healthy, age-appropriate food and drink. Guidelines also give providers an opportunity to communicate with parents about the way their children are being fed throughout the day.
- There is a large gap between what State agency staff believe providers need to meet nutrition guidelines and what providers themselves think they need, anecdotally confirming a disconnect that was apparent in the Phase 1 research. Providers feel much more confident than State agencies do about their ability to meet nutrition guidelines.
- Providers would greatly benefit from technical assistance in meal planning. This could include ideas for recipes and snacks that meet nutrition guidelines as well as a technology-enabled application to facilitate meal planning, among other information to ease both meal planning and preparation in centers and homes.
- Providers would also benefit from training and information on the availability of fresh produce, cost-effective and diverse recipes, snack ideas, implementing family style meal service, and managing children's food preferences.
- State agency staff emphasize concerns related to cost, which sponsoring organizations note intersects with nutrition practices that tend to favor convenience.
- Vendors are a barrier raised by multiple audiences (but not among the barriers respondents could select in the Phase 1 research). Guidance about how to communicate and work with food vendors while at the same time meeting nutritional guidelines may be another topic for training and technical assistance.

### ***Nutrition Guidelines and Recommendations***

Participants are very receptive to having nutrition guidelines specific to different age groups.

Sponsoring organization and provider participants alike acknowledge that children cannot eat the same foods, or the same amount of food, at every point in their development, and having nutrition guidelines that are broken down by age takes out much of the guesswork of determining what they can and should serve to the children in their care. In addition to educating themselves, providers are able to use the guidelines to

*"I think that's extremely important, because we know as children are developing that their bodies require different nutrients or different amounts of nutrients."*

- Sponsoring Organization

communicate to parents that they are meeting the nutritional needs of their children as well as educate and remind parents how to continue nutritional habits at home. For the most part, participants did not recall having received recent changes or clarifications to any of the guidelines, although some of State agency staff were expecting changes in the near future.

State agencies and sponsoring organizations know that their providers need help to implement the nutritional guidelines. To aid this effort, they describe a series of efforts, including:

- Providing a wide variety of optional and mandatory trainings for caregivers (both in-person and through online modules);
- Distributing toolkits and templates for recipes; and
- Offering assistance with meal planning and reading nutrition labels and specific feedback related to the menus and food of individual centers and homes.

Additionally, sponsoring organizations say they are communicating with their providers generally about nutrition guidelines, either by giving them printed training materials, sending a newsletter with guideline updates, or going to centers and homes to check in.

Providers, however, indicate that they could use even more assistance in meeting the guidelines they have already identified as valuable and important, particularly around menu planning and specific recipe creation. This gap is not around awareness of understanding the guidelines. Rather, they could use more guidance and suggestions that help them actualize the guidelines, including diversifying what they serve to the children in their care. Providers note that they are recommended to create cycle menus, but they often feel as though they get “stuck in a rut” and need fresh ideas so that they, and the children they care for, do not become bored with healthy food options.

### Assistance Meeting Nutrition Guidelines

*“It would be almost like if we could come up with a program or an app that would have creditable foods in the database and then you could put in a search for chicken or a vegetable or whatever and it would plug in options for you so you could put together rotating menus easily with approved items...”*

- Child Care Center, lower familiarity with *Dietary Guidelines*

*“I am always looking for something new, and I’ll go through different things. Every once in a while, my sponsor will send out different ideas that I think are wonderful and we’ll try those. That’s why I thought of, if we could send different menus out with different ideas...because it’s hard. You’re right. We get in a rut and it’s like, ‘Okay, we just serve the same old thing.’ And I hate it.”*

- Child Care Center, higher familiarity with *Dietary Guidelines*

*“I think different ideas for when we do cooking projects, quick and simple that would help educate the children as well, that would be great.”*

- Child Care Center, mixed familiarity with *Dietary Guidelines*

*“I think the recipes have to tell providers exactly what portion sizes and how it meets the requirements so that they don’t have to wonder after they put together, say, this casserole, if it meets this one and a half ounces of a meat alternative or how much to serve to be able to do that.”*

- State Agency

Several providers recommended the creation of an app that suggests a variety of recipes built around the foods that are inputted by the user. Other specific requests, unaided, included simple menus with quick, easy recipes and recipes that reflect different cultures (to match the diversity of children in their care but also to expose children to foods from different cultures). There was also a request to tie recipe ideas to specific guidelines, so providers did not have to worry about taking the extra step of matching what is in a recipe to nutritional requirements.

### ***Nutrition in Practice***

Beverage service is one of the few areas in which providers and State agency staff appear to be in sync: State agency staff report that they are making progress in limiting the amount of juice served and increasing the amount of water readily available to children. Almost universally, providers report following CACFP guidelines for beverage consumption in children ages 0 to 5. This is consistent with results from Phase 1 of the research. Most providers serve milk and water most frequently to children in their centers and homes. The table that follows outlines the information collected about type of milk served by age of child and how it corresponds with CACFP guidelines.

<b><i>Milk Consumption Among Children 0 to 5 in Child care Settings</i></b>			
	<b>USDA CACFP Guidelines</b>	<b>Child Care Centers</b>	<b>Family Day Care Homes</b>
<b>Infants 0 to 11 months</b>	Breast milk and/or formula	Formula	Formula
<b>Children Age 1</b>	Whole or reduced-fat milk	Whole milk	Whole milk
<b>Children Ages 2 - 5</b>	Fat-free or low-fat milk	Fat-free or low-fat milk	Fat-free or low-fat milk
<b>Lactose intolerant children</b>	Lactose free or soymilk	Soy milk or rice milk	- <sup>2</sup>

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<sup>2</sup> Dairy-free milk was not discussed in the groups among day care homes.

Water availability seems frequent during the course of day, with most providers suggesting that any beverage requested above and beyond juice or milk is supplied in the form of water.

Mainstreaming water may have presented some challenges. Some sponsors discuss difficulties related to accessibility and appeal. Their solutions to overcoming these barriers include:

- Introducing a water dispenser that was easy for children to use;
- Assigning and labeling water bottles, which are filled at the beginning of the day and then allowing children to carry them throughout the day; and
- Adding ice and pieces of fruit to make water more interesting and appealing to children.

*“They get their serving of juice and then we give them water and we encourage them to drink water because they need the hydration, especially with summer coming on... And we don’t serve anything but 100% juice but it’s only one time a day and we limit how much they get.”*

- Child Care Center, higher familiarity with *Dietary Guidelines*

Juice service is far less common. Those who report serving juice at all say they serve only 100% juice and that juice is served in limited quantities (four or five ounces) and only once a day. Providers are cognizant of how much sugar is in even 100% juice and report that they would rather serve fresh fruit instead. To replace juice and to make water just as appealing, one sponsoring organization reported that they “would put a fruit or vegetables, like cut up cucumber slices or peaches or whatever was in season, in the water, so the kids would have flavored water.”

## Beverage Service

*"We limit our juices. We try to serve 100% juice. We serve apple and orange juice...Other than that, it's strictly milk. And then it's water."*

- Child Care Center, higher familiarity with *Dietary Guidelines*

*"At breakfast, lunch and dinner, it's always half a percent or 1% milk. And then in between meals, I always have little cups in the bathroom, where they can go and drink water. And sometimes, with snacks, it's 100% juice or it's milk. I don't do a lot of juices and things like that in between, unless it's something special...like [if] we're having a little party and it's St. Patrick's Day, I might serve green Kool-Aid as an extra thing. But it's very, very rare."*

- Family Day Care Home, higher familiarity with *Dietary Guidelines*

*"We do milk, a lot of water- and they want ice in their water...If I want kids to drink you put magic ice in their water. They'll drink water all day long."*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

While not perfect, beverage service does not appear to be an area requiring a tremendous amount of training or technical assistance. From planning to preparation, service of meals and snacks also seems to be a positive experience, but there are areas where increased information would make connecting food served with guidelines easier for providers. Center participants report working with their cooks to plan a month or two in advance, while family day care home providers say they usually plan for each week. Where possible, family day care homes also try to incorporate children into menu planning and meal preparation, even if the latter is as simple as connecting what is grown in a garden with the food served.

Still, while most providers discuss serving meals and snacks that meet nutritional guidelines, this is not always easy or straightforward. Even providers who describe menu planning as a consistent and deliberate process struggle to incorporate diversity and new foods into their meals and snacks. Providers note that incorporating diversity into their menus can be difficult because they have to deal with the limited seasonal availability of fresh fruits and vegetables.

Some of the other challenges associated with menu planning include the cost of food, managing children’s preferences, and dealing with food allergies. Center providers who work with vendors spoke to the need to encourage the vendors to include healthier food and replace juices or juice cocktails with actual fresh fruit.

As discovered in the survey in Phase 1 of this research, a large gap exists between what providers see as factors and barriers influencing their attempts to meet the nutrition guidelines and what State agency staff think plays a role. State agency staff generally agreed that cost and convenience, rather than actually meeting the guidelines, were the primary factors for providers, and agreed that providers “have an issue with our vendors because...they’re pushing things like chicken nuggets and they put a whole grain exterior on it and they call it healthy.” Coincidentally, in two separate provider groups, chicken nuggets were used as the example of an unhealthy food that is rarely served, and multiple participants reported pushing back on vendors if what is supplied is too unhealthy.

*“I try not to add anything in there that’s fattening or oily. I try to either boil or bake or broil whatever it is I’m making...it’s not always easy. But it’s that I’m mindful of....”*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

Providers report making an effort to incorporate whole grains, fruits, and vegetables while at the same time avoiding several key ingredients they view as unhealthy or problematic, with sugar topping the list as an ingredient to be avoided both in foods and in beverages. Foods considered “fattening or oily” tend to be avoided by, for example, baking

potatoes instead of making French fries. Nuts and seeds, including peanuts and peanut products (like peanut butter and peanut oils), seem to be avoided due to allergy risk. Notably, allergies were raised early on in some of the focus group discussions as a variable related to health and wellness that seems to have changed in recent years, with greater attention and sensitivity to food allergies required by those in centers and homes.

Each provider group identified certain benefits to family style eating and acknowledged that while this practice may not necessarily directly impact healthy eating in children, it can create an environment in which healthy eating practices can be applied. These benefits include: allowing for active caregiver role-modeling; facilitating discussion about the food and nutrition; promoting

independence and involvement by setting the table and serving oneself; teaching children to understand their food cues; and ensuring children have gotten enough to eat.

Most providers report serving meals family style and that the children they care for like the sense of independence they get from taking their own food. Some providers will serve their children what is within the recommended guidelines once everyone is seated at the table, allowing them to take more if they would like. This was a popular solution for several center providers who said they would like to serve family style but that they needed a way to ensure the children in their care were eating the minimum in fruits and vegetables. One center provider said that her teachers have measuring cups and spoons to help ensure that correct portion sizes are met. Both center and family day care home providers who report more familiarity with the *Dietary Guidelines* were more likely to have nutrition-based reasons for serving family style (it is easier to encourage healthy eating, children actually see the healthy food being put on their plates, children stop eating when they are full). Family day care home providers who reported lower familiarity with the guidelines were the least comfortable with the idea of serving food family style.

<i>Serving Family Style Meals</i>	
Implementation Questions	Participant Strategies
How to control serving sizes and ensure portions are correct?	<ul style="list-style-type: none"> <li>• Use measuring cups to serve recommended portions first, then children can ask for a second serving</li> <li>• Use this as a means to encourage independence</li> </ul>
Are young children able to serve themselves?	<ul style="list-style-type: none"> <li>• Guide young children as they serve themselves</li> <li>• Accept messes early on as children become more familiar with this type of service</li> </ul>
Will children only choose foods they recognize?	<ul style="list-style-type: none"> <li>• Encourage children to try servings of all food items in the meal</li> <li>• Have providers try the food to model positive behaviors around trying new or unfamiliar foods</li> </ul>

***Information and Assistance Gaps and Needs***

Across groups, providers report that assistance in menu planning would be a great help. Providers are looking for ways to diversify their meal options, rather than serving the same items week after week, and to ensure that these meals fall within nutrition guidelines. Recipe ideas that also overcome other barriers like cost and child preferences while still meeting guidelines are particularly appealing. When possible, recipe ideas that include information about how certain nutrition requirements are met as part of a single serving would make this type of assistance even more useful to providers. Discussions around meal planning during the focus groups prompted the following suggestions related to training and technical assistance:

- Smart-phone based tools that facilitate menu planning, including ones that provide recipe and snack ideas based on inputting specific foods available;
- Hard-copy menu-cycling tools;
- Greater diversity of recipes that meet guidelines (that are also easy/convenient to prepare);
- Video or written training for cooks that would not require providers to find replacements while they were gone for the trainings; and

- Recommendations on how to incorporate the children being fed into the menu planning activity.

Food costs present another training opportunity. Cost was identified as a primary barrier to meeting nutrition guidelines by State agency staff, sponsoring organizations, and some child care providers. Unaided, most providers did not raise cost as a concern. Once prompted, however, providers acknowledge that food costs can make it difficult to meet nutrition guidelines, especially when trying to purchase fruits and vegetables. Sponsoring organizations, in particular, noted that cost intersects convenience as a major barrier to providing nutritious options in child care settings, as processed foods are likely to be less expensive than fresher items and require less time to prepare. Sharing cost-effective ways to source and prepare meals that meet nutrition guidelines and offering training in preparing inexpensive and quick meals from fresh ingredients would help sponsoring organizations and providers overcome these barriers. In particular, providers would benefit from information about cost-effective seasonal produce options for regions throughout the United States. State agency staff recommended increasing the reimbursement rate from CACFP.

## Cost as a Barrier

*"You can feed almost a whole class with a bag of apples for \$3...a box of blueberries to introduce them to something new would be, like, \$3 or \$4, and you can only serve one or two kids with that box of blueberries."*

- Sponsoring Organization

*"Yes, [cost is a challenge]...they're wanting us to do more fresh fruits, more fresh vegetables, more fresh produce as opposed to canned fruit and canned vegetables, etc. Or replacing the use of juice with more fresh fruit and things like that. That tends to be a lot more expensive to try to do it at the frequency and extent that the food program person wants you to do."*

- Child Care Center, lower familiarity with *Dietary Guidelines*

*"Definitely, cost is a factor in what I prepare. But it's not really a big deal. I may have to spend a few extra dollars. Because I do whole wheat pasta as opposed to enriched pasta. So, I may spend a few extra dollars, but I know it makes me feel really good that these kids eat well at my day care."*

- Family Day Care Home, higher familiarity with *Dietary Guidelines*

*"Everything is expensive, and I shop at a farmers market...for the vegetables and the fruit. So I try to get everything fresh at the farmers market. It is supposed to be cheaper than the supermarket, and it is sometimes. But sometimes it's running neck and neck. The prices are the same. Most everything is just creeping up."*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

*"Basically, it just comes down to money... The cost of the food that we know that we want to serve. You know, it would be great if we could have fresh fruit every day. It would be great to throw the juice away. It would be great to serve different foods that we know the kids would like and that are healthy for them."*

- Child Care Center, mixed familiarity with *Dietary Guidelines*

Participants from sponsoring organizations and across provider groups reported that they could also gain from additional training on ways to manage children's unique food preferences, including those related to allergies. Some providers encourage children to eat foods they would

not normally try by implementing a “two-bite rule” or “two-bite club,” requiring the child to take at least two bites of a food before saying she does not like it. For those providers who do not implement this strategy, however, and for those whose children still do not eat a wide variety of foods, additional training is wanted on managing preferences and allergies so that providers do not have to develop multiple meals for children. Strategies or existing practices to overcome such challenges that were shared in these focus groups include:

- Cutting up fruits and vegetables into shapes to make them more appealing;
- Repeating foods children are not used to seeing as well as modeling by providers to create familiarity and comfort with the food and make the children more likely to eat or at least try it; and
- Creating gardens and having the children help with harvesting the vegetables, to increase their involvement in food preparation and, in turn, increase their willingness to try different vegetables they have had a hand in growing.

*“[A] lot of times caregivers get stressed out when a child won’t eat or if they’re very picky about what they eat. So, I think it’s very important to have some guidelines to those child care providers, to remind them different ways to encourage children to eat, but to not make it a stressful situation.”*

- Sponsoring Organization

Outside of simply meeting nutrition guidelines when serving meals and snacks to children in their care, all audiences are interested in guidance on how to encourage healthy habits outside of their centers and homes. Recognizing parental disinterest and often conflicting nutrition patterns at home, providers say that parents can be barriers to encouraging these healthy habits. To counter or at least try to mitigate unhealthy food patterns outside of centers and homes, providers requested print materials that they could hand off to parents describing what children are being fed and why and how to continue these practices at home. Encouraging these healthy habits benefits both the children in their care and the providers themselves, since ultimately, a child familiar with favorable nutrition habits will be more willing to eat healthy food in the provider’s care. Some providers also requested lesson plans to teach young children about healthy eating and add it directly into the curriculum. A few also suggested the distribution of toys representing

nutritious food to encourage play surrounding healthy food instead of ice cream or hamburgers, a concern that came up among State agency participants, as well.

*“Vendors will advertise something as meeting meal pattern requirements and it does not.”*

- State Agency

The aforementioned challenges align with insights from the Phase 1 research, confirming and adding more context to the types of information that will help child care providers meet nutrition guidelines and recommendations. The focus groups revealed two other barriers around nutrition that were not raised in the survey: food vendors and unhealthy food marketing.

Providers and State agency staff discuss that the products food vendors typically supply (within their cost constraints) can be unhealthy and incompatible with nutrition guidelines. Unhealthy food marketing or false marketing of some foods as “healthy” from vendors and food companies are also concerns. Providers, themselves, did not suggest they needed additional assistance in managing their relationships with vendors or identifying healthy versus unhealthy food options, but some did note that they occasionally do go back to vendors to ask for meal plan revisions.

Suggested solutions to these obstacles include:

- Ways to work with food vendors in a way that is more supportive of the nutrition practices providers are trying to adopt/have adopted;
- Counter-advertising strategies directed at providers to help them more clearly identify healthy foods;
- Education about unhealthy food marketing; and
- Establishing a system to oversee products that vendors claim meet meal pattern requirements.

### **Physical Activity: At a Glance**

- All audiences recognize the benefits of information about physical activity that is specific to different age groups, particularly because it is difficult to identify good physical activities for the youngest children.
- As with nutrition practices, there are gaps between State agency staff and providers around physical activity. Specifically, some representing State agencies are uncertain that providers understand the importance of physical activity or if they are doing enough to encourage it among children in their care. On the other hand, providers in these focus groups both acknowledge the importance of physical activity and describe how they regularly incorporate it into the day.
- Physical activity primarily takes place outside, and offering opportunities for outdoor physical activity does not appear to be difficult for either type of provider. On bad weather days, however, indoor activities tend to be difficult. Child care centers will often let children run around in hallways, while family day care homes are limited to activities like dancing and stretching.
- Providers are also fairly confident that they know how to get the children in their care to be active, and child resistance to physical activity does not appear to be a barrier. Still, providers could benefit from learning new indoor activities and games and modified activity options for children with special needs.
- Sponsoring organizations believe that guidance on integrating physical activity into providers' curriculum could be useful.
- Some representing State agencies discuss their agency limitations related to this technical area; the limitations are related to knowledge about guidelines and recommendations and personnel available to work with providers on this topic.

### ***Physical Activity Guidelines and Recommendations***

Sponsoring organizations and providers agree that having guidelines and recommendations specific to different age groups are useful. Sponsoring organizations think that providers need specific examples of structured, age-appropriate physical activity so that they know what they

can do with each age group without being worried about children getting hurt. Some providers mirror this perspective; taking the guesswork out of how providers are supposed to be leading physical activity is extremely helpful, particularly when it comes to infants and the youngest children.

### Guidelines and Recommendations Specific to Age Groups

*"[Physical activity guidelines] would be useful because it takes the guesswork out of what you are otherwise doing...they need to have explanations and examples of what they mean so that it is clear to a teacher or to an administrator what types of things you need to build into your schedule."*

- Child Care Center, lower familiarity with *Dietary Guidelines*

*"I think what would help more is giving actual examples of structured activity that the kids can do and of course, like previously stated, we don't want the kids to get hurt or they might be afraid to do it. But if it's something age appropriate to where we can find a way to get the kids all involved, then that way, we're incorporating the physical activity as part of their routine, as something that they just do normally."*

- Sponsoring Organization

State agency staff agree that there is at least some utility to having guidelines and recommendations for physical activity that are specific to children of certain ages, especially for encouraging physical activity in the youngest children. One participant noted that the center classes are usually organized by age, anyway, and that having guidelines on how to modify an activity by age for family day care home providers would be exceptionally helpful. They discussed the difference between a guideline or regulation as compared to a recommendation: the latter is viewed as a suggestion so it does not necessarily compel providers to take certain actions, so a guideline or regulation would be more likely to promote widespread behavioral changes in support of increased physical activity. Some State agency staff were also concerned about the time they had available to train child care providers and whether they would really have the opportunity to speak to guidelines specific to certain age groups. There are also concerns among this audience about personal knowledge or expertise in this technical area.

### ***Physical Activity in Practice***

All providers report creating opportunities for physical activity, but typical activities seem to vary by provider type. Center providers report having playground equipment and outdoor space for children to run around, while family day care home providers report encouraging tag, hopscotch, and playing with chalk in relatively smaller outdoor spaces. When it is too cold or rainy to go outside, most child care centers report a significant advantage over family day care home providers: centers often have long hallways or big indoor spaces where children can run around and play tag or catch inside, while family day care homes are limited to smaller indoor spaces (with little or no formal indoor physical activity equipment). Even with indoor space differences, a common activity in both types of provider settings is dancing. Both center providers and family day care home providers describe turning on music for the children in their care, especially audio and video recordings that include lyrics encouraging active participation in particular stretches or movements.

*“The guidelines are extremely helpful and they can be very supportive of the nutrition guidelines. But we have so much trouble carving out a little time to talk about the food programs with all the regulatory information that we have to cover on reviews and so forth, that we really don’t have time to add other topics.”*

- State Agency

## Specific Opportunities for Physical Activity

*“Whether they’re upstairs running, jumping, hopping, skipping, riding a tricycle, the kids have to get out and have that 60 minutes. Most of the children do. When the weather permits, they’re outside. And if not, we don’t have a gym at our site so they’re in the classrooms doing different types of activities or we have a very long hallway where the kids have an opportunity to run up and down. But the Department of Health says 60 minutes and that’s what they get.”*

- Child Care Center, lower familiarity with *Dietary Guidelines*

*“We have a basketball court and bikes and cars and things out there and they do different relay games or the teachers shoot the baskets with the kids and encourage them to bounce the balls and take turns on the bikes and climbing. They just encourage them to not just hang around outside but to physically do things.”*

- Child Care Center, mixed familiarity with *Dietary Guidelines*

*“Because it’s cold now. We started - before we do circle time, we have to stretch. We have to reach to the clouds. Then we do our circle time. And then after circle time, then we do - usually we put some music on. Sometimes we have instruments and we play follow the leader, that kind of thing. And then we dance. We dance for about 30 minutes. Almost daily, until we can start going outside. Now, I go outside every day. The kids are outside at least 2 hours when it’s warm”*

- Family Day Care Home, higher familiarity with *Dietary Guidelines*

*“When they hear any kind of music, they like to dance. They love music.”*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

Beyond limitations due to weather, some providers discuss physical activity challenges for children who are overweight or have special needs. There is a small subset of children they care for, though, who find physical activity demanding or uncomfortable. As a result, engaging these children often requires different strategies or activity types. On the whole, though, providers do not report difficulties in encouraging children to engage in physical activity.

Most providers are encouraging a mix of structured and unstructured play while outside. The balance of structured and unstructured play can be upset by weather, though. Indoor activities

discussed in the focus groups are more likely to be led by a provider, which may also be attributed to space limitations or increased safety concerns. Again, there is a disconnect in how State agency staff perceive the balance on this and what providers report about actual practices.

### ***Information and Assistance Gaps and Needs***

Existing trainings focused on physical activity in child care settings seems to be inconsistent, or, at best, not well advertised to providers. Some providers talked about training they already get, which appears to be state-mandated and varies in length. Some State agencies noted that some training in physical activity is already available to child care providers, including training that confirms that there is not a tremendous amount of space needed for actually participating in physical activity. Among sponsoring organizations, a few discuss providing curriculums for their centers and encouraging guidelines in states that already have them. One sponsoring organization participant said that the USDA provider handbook, *Nutrition and Wellness Tips for Young Children*, has been well-received by and very useful for providers.

Providers are generally confident that they are providing ample opportunity for physical activity even with acknowledged limitations, but they also admit to facing some barriers. Weather comes up the most frequently. All provider groups defaulted to the outdoors as the location where most physical activity can and should occur, and in all of these groups, when asked what physical activity occurred in their centers or homes the previous day, at least a few participants noted that it had been too cold, rainy, or snowy to go outside. Most had solutions for indoor days; dancing came up in almost every group among providers. Still, child care centers often had the added advantage of large, open spaces or hallways in which they could let children run around. Family day care homes indicated the need for more indoor activities that would be feasible with limited space, while some child care providers showed interest in game ideas, including age-appropriate games that would help them promote physical activity while indoors. State agencies agreed that there are activities that can be done in limited space and that providers should have more opportunities to be trained or get information on this topic.

## Indoor Activity Barriers and Solutions

*“At my center, we try to go out at least twice a day. Of course, if the weather is inclement, what my teachers do which is really – there are certain songs on YouTube or certain sites that they go to that are action songs where there is one particular person leading. And that’s something that works out well as far as them getting the opportunity to...in the same room as the computer, and it’s on, but they’re also following instructions like doing jumping jacks or doing certain action songs that they love to sing.”*

- Child Care Centers, higher familiarity with *Dietary Guidelines*

*“I’m glad you didn’t ask what we did on Monday because we got up Monday and we had snow...our teachers have to be really creative in terms of what you do in the indoor space that gets kids moving with some type of physical activity.”*

- Child Care Centers, lower familiarity with *Dietary Guidelines*

*“It rained here today so what it looked like today was - we’re blessed to have a big gym in our center - so the teachers have two different plans, a plan for outside and a plan for inside.”*

- Child Care Centers, mixed familiarity with *Dietary Guidelines*

*“We do have movement to music in the morning and when we are not able to go outside, we get pretty inventive around here...when I was listening to the lady saying seven to nine motor skills, we do that regularly, just doing relays up and down the classroom, because we have a lot of winter – a lot of snow days here in Michigan. We had to do events where we put out just regular laundry baskets and gave the kids plastic balls. They look like little baseballs with the holes in them. And they played basketball. It was like the neatest thing. You know, we had to invent other ways for them to get exercise because that same video or that same song gets boring. We were just trying to think of some different ways for the kids.”*

- Family Day Care Home, higher familiarity with *Dietary Guidelines*

Providers generally stated that children are very enthusiastic about participating in physical activity, and they do not struggle with getting most children to be active. They do have trouble, however, with children who cannot participate in all of the activities, either because they are overweight or because they have other special

*“For the most part, they’re all really enthusiastic about exercise...I have one that is resistant. And she, physically, she’s restricted.”*

- Family Day Care Home, higher familiarity with *Dietary Guidelines*

needs. Along with modified physical activity recommendations by age, providers would benefit from having modified physical activity recommendations for children within the same age groups who are unable to participate. Sponsoring organizations noted that some providers worry about children’s safety during physical activity; recommending modified activities may give some of the providers the peace of mind they need to encourage increased physical activity.

A few participants identified electronic media use as a barrier in its own right to increasing the amount of time spent on physical activity. Several caregivers also noted that parents were sending conflicting messages by picking children up from child care and immediately putting them in front of a screen, like a television or a tablet, instead of engaging in activity that involves movement. Overall, though, among the providers participating in the research, electronic media is not characterized as an overwhelming or insurmountable barrier to physical activity. Among

*“I honestly don’t do a lot of electronics in my daycare. I am more hands on. The puzzles, the play dough- I think because I have families that- they go home, and that’s what they do. So I try to stay away from that during daycare hours.”*

- Family Day Care Home, lower familiarity with *Dietary Guidelines*

some State agency staff, there is a concern that electronic media has evolved into a “secondary caregiver,” particularly in family day care homes.

State agencies and sponsoring organizations cite caregiver involvement as a barrier to more time spent on physical activity among child care centers and family day care homes. This validates some findings from the Phase 1 research about perceptions among these two audiences about challenges to promoting more physical activity in centers and homes. As with modeling healthy

*"Maybe they're embarrassed or shy, but something that they're not used to doing. Even the hula hoops or jump ropes or stuff like that. 'They go, no, we're too old for that.' And they don't want to participate."*

- Sponsoring Organization

eating, both of these audiences believe that providers need to do more to lead or be a part of the physical activity that they want the children to participate in. State agencies and sponsoring organizations believe that providers may feel as though they are not physically capable themselves, or that they think children are automatically going to participate in physical activity without any prompting. They also want to be able to monitor children to ensure that they are not hurt.

### Electronic Media Use: At a Glance

- Information about electronic media use is seen as helpful, but there tends to be lower levels of utility for guidance on this topic as compared to nutrition and physical activity.
- Even though this technical area tends to fall into a second tier of importance, there is interest in electronic media use recommendations that can be easily shared with parents and staff.
- Many providers reported using electronic media in moderation for educational purposes among children of different ages.
- Unlike some State agency staff, who reject that electronic media is appropriate for any reason among young children, most providers emphasize their role in exposing children to electronic media and offering them access to it. Sponsoring organizations are more closely aligned with providers in this view.

### Electronic Media Use Guidelines and Recommendations

State agencies, sponsoring organizations and child care providers agree that electronic media use guidelines are important and useful. However, the discussion on electronic media use among all audiences reveals interest in guidance on this technical area lags behind nutrition and physical activity. Providers describe how they are already balancing electronic media during the day, namely by limiting electronic media use among children of different ages. This use is characterized as almost exclusively educational. More generally, introducing and using electronic media are almost accepted as a responsibility because they believe children need exposure to it before starting elementary school, especially children who might not have access to computers or tablets at home.

*"I think that's kind of like a double edged sword. You kind of want to use it, but we don't want to promote it too much. So, there's a fine line there of what's too much and what's not enough. I do think technology and media have its place, but not to the point where we have to rely on it so much."*

- Sponsoring Organization

*“Even though I think [electronic media is] wonderful and very useful, I don’t think they should be the emphasis of learning. I think that children still need those old-fashioned experiences of hands-on, to go out and get dirty and to touch things and to experience things.”*

- Sponsoring Organization

In practice, many child care providers describe trying to avoid electronic media as much as possible for young children, citing that children already have plenty of access to television, video games, computers, and mobile devices at home. Providers also have concern that the children can get too engrossed in it and miss out on hands-on social activities while under their supervision. Providers generally say that parents are supportive of

their children getting computer exposure in moderation for educational purposes, though sometimes hear that their children are not getting *enough*, rather than too much, exposure.

Most State agency staff participating in this research take an entirely contrasting view. They reject even limited exposure to electronic media. Their position on electronic media use is not varied by age. Rather, they insist that electronic media is not appropriate for young children, so it should not be used in child care settings. And, while they recognize that managing electronic media use (including limiting it altogether) is tied to early childhood development, some are unclear about their responsibility (or that of the USDA) to provide assistance on this technical area. Unlike assistance on nutritional guidelines and topics like menu planning, which they accept, understand, have the technical expertise on, and support, there is some push back on the role they have to play in mainstreaming electronic media use guidelines among child care providers.

### ***Electronic Media Use in Practice***

There do not appear to be differences in how electronic media is used and the frequency of its use by provider type. Most centers and homes say they use it in moderation and primarily for educational purposes. They describe what they believe to be effective techniques for integrating time-limited activities into the week, particularly for computer use. Common techniques for moderating computer use include:

- Setting time limits in daily schedules;

- Promoting a daily routine (that may or may not include screen time) so that children are accustomed to a specific schedule;
- Alternating days on which children use computers;
- Displaying nametags near computers to show who has used them; and
- Introducing computer software with individual log in information that tracks usage and sets time limits.

In addition to computers, providers commonly utilize videos, and some incorporate other technology, such as electronic reading pens, in to their lesson plans.

Summary of Electronic Media Use at Centers and Homes	
<b>Educational computers and games</b>	Computer hardware and software designed specifically for young children that feature educational games and built in time limits are a typically cited use of electronic media in child care settings.
<b>Videos to supplement learning or physical activity</b>	Providers play videos for young children that supplement a topic they are learning about or demonstrate exercises or physical activities that the children participate in while watching.
<b>Non-educational videos for special occasions</b>	Non-educational videos are typically reserved for special occasions such as on snow days or as a reward at the end of the week.
<b>Digital reading pens</b>	Handheld digital reading pens that children can use to hear how words are pronounced on a page are another use of technology that providers say is useful in teaching reading skills.

### ***Information and Assistance Gaps and Needs***

With many providers comfortable with their current practices around using and limiting electronic media, information and assistance needs are not top of mind. In addition to USDA guidelines, providers also say they are familiar with Department of Health and Department of Education recommendations on electronic media use, and perhaps look more to these sources for recommendations on the subject. Notably, barriers to moderating electronic media use are not a pressing concern among providers, who say they have identified ways to set time limits and move on to other activities during the day. There is some interest among child care centers in information to pass on to parents about the warnings related to too much

*“Parents don’t want their kids parked in front of a TV for four hours in the morning and you don’t want a kid on the computer for four hours. So you want to talk about what is an age appropriate time frame. So that would be good to see - what is a reasonable expectation for how you use it in the classroom and an expectation for how long you let a child use it.”*

*- Child Care Center, lower familiarity with Dietary Guidelines*

electronic media use. Overall, though, providers are more interested in tailored recommendations from State agencies on nutrition and menu planning, but say that it would be useful to have concise written guidelines and suggested alternatives to electronic media that they can share with parents and staff to encourage more physical activity. State agencies report already providing USDA guidelines, as well as tailored recommendations in the form of newsletters and tool kits across topics, but without an emphasis on electronic media.

### **Technical Assistance: At a Glance**

- Audiences welcome getting more practical guidance on the three technical areas, though information and training on nutrition and physical activity topics are higher priorities than any types of assistance related to electronic media use.
- Topics of greatest interest tend to align with reported barriers. For example, the monotony of menu planning and the challenges of connecting it to nutritional guidelines seem to prompt widespread interest in information and training on this topic. Similarly, regular experience trying to promote physical activity indoors when the weather is bad seems to generate higher levels of interest in ways to make this easier for providers.
- There is no single method of training preferred by all audiences or even within audiences. Offering information and trainings in various ways can help ensure that technical assistance is accessible, sharable, and memorable.
- Videos, webinars, and in-person trainings are all popular.
- Trainings – both in-person or otherwise – that allow for interaction and questioning as well as offer demonstrations are described as especially beneficial.
- Audiences recognize that there are scheduling and financial constraints related to providing training and technical assistance, so they understand that they cannot and will not always be interactive (or in-person). Further, sometimes print materials are best so that information can be displayed around a center (such as posters describing and encouraging physical activity) as well as shared with parents.

### *Information and Training Topics of Interest*

As previously noted and reflected in the tables that follow, the kind of information and training that participants would like to receive varies by audience and by technical assistance area, with these opportunities generally reflecting the barriers that participants see in implementing guidelines. Accordingly, the text and tables that follow are organized by audience and technical area.

When reflecting on how to better promote nutrition guidelines and recommendations, **State agency staff** would like to:

- Expand their available menu planning trainings and trainings on reading nutrition labels;
- Increase CACFP reimbursement rates;
- Offer recipes for providers that require few ingredients;
- Establish a system to oversee products that vendors claim meet meal pattern requirements; and
- Educate providers about advertising so they can better identify characteristics of healthy food (from vendors and within food marketing, more generally).

With regard to physical activity, State agencies would like to communicate the importance and structured play and strategies to supervise physical activity while ensuring safety. While some are uncertain of how electronic media use falls under their purview, State agency staff are supportive of regulations and guidelines on electronic media use. This audience is also supportive of increased efforts to educate parents about nutrition and wellness topics, though they do not necessarily describe this type of training or public education campaign as part of their agency's responsibilities.

Like State agency staff, **sponsoring organizations** are also interested in ways to better communicate with parents about healthy habits. When thinking about the guidance they can offer to child care providers, sponsoring organizations would like to give providers additional training to manage child food preferences, including training on programs like a "two-bite rule" or other food preparation or presentation techniques that can encourage children to eat a variety of food. To manage the overlap of cost and convenience, sponsoring organizations are interested in

sharing cost-effective ways to prepare quick, easy recipes from scratch. Sponsoring organizations also noted that not all providers are fluent in English and that all guidelines should be available in other languages.

Sponsoring organizations expressed concern that providers are not participating in physical activity and thought there may be opportunities to train providers to become more comfortable leading structured play or to encourage them to participate in physical activity with the children. Given safety concerns, sponsoring organizations think providers would benefit from more specific structured and unstructured activities that are age-appropriate as well. Agreeing with providers that weather is a big barrier to providing opportunities for physical activity, sponsoring organizations would like to be able to offer indoor alternatives to outdoor activities. Given their view that electronic media use is important for promoting skills children will need later in life, sponsoring organizations would like electronic media guidelines that take into account differences in age and skill, as well as alternatives to screen time.

Recognizing that menu planning and preparation that complies with nutritional guidelines requires knowledge and time, assistance around menu planning would be particularly well-received among **providers**. The availability and cost of fresh produce is a barrier for providers, so training about the cost-effective seasonal options available in different regions would be welcome. In a similar vein, they note that nutritious foods cost more, so they would like to receive more cost-effective recipes that meet guidelines. Most providers feel as though they have been successful in encouraging children to eat a variety of nutritious foods but would still like the opportunity to share strategies with and learn from other providers. This includes guidance around how to effectively implement family style food service. Finally, knowing that their jobs become more difficult when these habits are not reinforced at home, providers would like a way to share nutrition information with parents.

The primary barrier to providers in creating opportunities for physical activity was weather. In turn, many asked for alternative activities and game ideas that can be led indoors and for children of different ages, and for family day care homes, in a small space. These activities should be adaptable for children with physical limitations and limited mobility, due to age or other restrictions. Similar to sponsoring organizations, providers want to ensure that children have enough exposure to electronic media to be adequately prepared for elementary school, while

cognizant of the need to limit screen time and still looking for alternatives to electronic media use. They would be receptive to information on both of these electronic media use topics. Providers would also like materials to help communicate the importance of physical activity and electronic media use limits to parents. This will give providers greater confidence that the habits and structure they impose while children are in their care continue at home.

**State Agency Staff**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Healthy Habits</b>		
<p><b>Parental involvement:</b></p> <ul style="list-style-type: none"> <li>• Obstacle to provider efforts to instill healthy behaviors in children</li> <li>• Concern that nutritious practices are not reinforced in the home</li> <li>• Parents an important element in creating healthy patterns that will continue later in a child’s life</li> </ul>	<p><i>“I don’t know if we notice parents playing a greater role, but I think they are certainly a key element and maybe the most crucial component to ultimately achieving lifelong healthy behaviors.”</i></p> <p><i>“I think that that’s where we need to focus—parent education.”</i></p> <p><i>“I agree with all of that but we’re also seeing a little bit [of] a trend with the parent requests in some of the centers who do request healthier options for their children...”</i></p>	<ul style="list-style-type: none"> <li>• Educate and increase awareness among parents about healthy habits</li> </ul>
<b>Nutrition</b>		
<p><b>Caregiver skill and awareness:</b></p> <ul style="list-style-type: none"> <li>• Providers are not modeling healthy eating</li> <li>• Providers’ skill level is a factor in determining the healthfulness of the meal</li> </ul>	<p><i>“When they sit with children and they’re drinking soda or they’re not partaking of the meal, it sends a very strong message to the kids.”</i></p> <p><i>“[T]he ability—the skills—of the person who is actually preparing the food.”</i></p>	<ul style="list-style-type: none"> <li>• Expand menu planning and food preparation training</li> <li>• Expand training on reading nutrition labels</li> </ul>
<p><b>Cost:</b></p> <ul style="list-style-type: none"> <li>• CACFP reimbursement is not high enough</li> </ul>	<p><i>“I think it would be really helpful if we could increase the reimbursement rate from CACFP. I think that would make a big impact.”</i></p>	<ul style="list-style-type: none"> <li>• Increase CACFP reimbursement rate</li> </ul>

**State Agency Staff**

<b>Barriers and Concerns</b>	<b>Comments</b>	<b>Information and Training Recommendations</b>
<p><b>Convenience:</b></p> <ul style="list-style-type: none"> <li>Ease of preparation is perceived to be a significant factor for family day care homes in deciding what to prepare and serve</li> </ul>	<p><i>“If a provider is preparing in her home in her care, she can’t leave them to tend to food preparation duties. She has to have something quick and easy to stir up while she’s watching them.”</i></p>	<ul style="list-style-type: none"> <li>Provide easy recipes that require few ingredients and meet nutritional guidelines</li> </ul>
<p><b>Influence of food marketing:</b></p> <ul style="list-style-type: none"> <li>Providers can be persuaded by food advertised as healthy regardless of whether it meets nutrition standards</li> </ul>	<p><i>“We have an issue with our vendors because a lot of times, they’re pushing things like chicken nuggets and they put a whole grain exterior on it and they call it healthy...it’s still a chicken nugget at the end of the day...”</i></p> <p><i>“I think that the home providers and also the centers have a tendency to buy into the advertisement when the manufacturers are promoting all of these items that are processed but they’re promoting them as if they’re going to meet some type of nutritional need for anyone...”</i></p>	<ul style="list-style-type: none"> <li>Establish a system to oversee products which vendors claim meet meal pattern requirements</li> <li>Counter-advertise to identify characteristics of healthy food choices</li> <li>Educate providers about unhealthy food marketing</li> </ul>

**State Agency Staff**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Physical Activity</b>		
<p><b>Caregiver involvement:</b></p> <ul style="list-style-type: none"> <li>Providers are not always willing to engage in physical activity</li> </ul>	<p><i>“They don’t play a vital role either because they feel that children are going to automatically do what children do and be active and they have no responsibility to engage the children or be active along with them. Or it’s because they just don’t know exactly how to do that and also be available to monitor the children to ensure that they are not getting hurt.”</i></p>	<ul style="list-style-type: none"> <li>Communicate the importance of structured and unstructured play with examples of each</li> <li>Provide strategies to supervise physical activity to ensure child safety while conducting structured play</li> </ul>
<p><b>Space limitations:</b></p> <ul style="list-style-type: none"> <li>Do not have the equipment or space to organize indoor structured play that could require equipment</li> </ul>	<p><i>“I think with a home provider, it’s a completely different matter. A woman has five children and she’s cooking and she’s doing all the other things and she has limited space.”</i></p>	<ul style="list-style-type: none"> <li>Circulate strategies for offering physical activity in small spaces and without large equipment</li> </ul>
<b>Electronic Media Use</b>		
<p><b>Role in guiding providers about electronic media use:</b></p> <ul style="list-style-type: none"> <li>Do not feel equipped to advise sponsors or providers on acceptable screen time guidelines</li> </ul>	<p><i>“I don’t believe this is an area where I’m trained to know and make decisions. I know what I have seen in the media and from research but I have no training in what is appropriate and not appropriate.”</i></p>	<ul style="list-style-type: none"> <li>Communicate how electronic media use is one of three technical areas that fall under Healthy, Hunger-Free Kids Act</li> <li>Share ideas on alternatives to electronic media use and the importance of limiting it so that State agency staff can pass that information along to sponsors and providers</li> </ul>

**Sponsoring Organizations**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Healthy Habits</b>		
<p><b>Parental roles:</b></p> <ul style="list-style-type: none"> <li>• Parents can present obstacles to behaviors providers are trying to promote</li> <li>• Aware that simply sharing information with parents does not mean parents will apply healthy behaviors in the home</li> </ul>	<p><i>“I think the guidelines are very useful, not only for in the centers or homes, but also for us to pass it on to the parents as well, so that they know...the guidelines that we’re following. That way, they can continue at their own personal home.”</i></p> <p><i>“We have cook demonstrations for our parents to try different things that we’re going to give the kids and that really helps.”</i></p> <p><i>“I think it’s hard to get them to accept some of those guidelines. A lot of times, when their children are picked up, they’re rushing home...and it’s the application of the guidelines, as opposed to getting the information to them.”</i></p>	<ul style="list-style-type: none"> <li>• Communicate the benefits of healthy eating, physical activity, and limited electronic media use in children</li> <li>• Provide information on ways to encourage parents to adopt these practices at home</li> </ul>

**Sponsoring Organizations**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Nutrition</b>		
<p><b>Child preferences:</b></p> <ul style="list-style-type: none"> <li>• Difficulty in encouraging children to eat healthy foods and try new foods, especially foods that may be unfamiliar to them</li> </ul>	<p><i>“[A] lot of times caregivers get stressed out when a child won’t eat or if they’re very picky about what they eat.”</i></p> <p><i>“In the very beginning, some of them that weren’t used to seeing brown rice or something that’s a different color. It took a couple of weeks for them to see it a couple of times and then finally start accepting it.”</i></p>	<ul style="list-style-type: none"> <li>• Implement a two-bite rule</li> <li>• Train providers in techniques that encourage children to eat a variety of foods, whether in preparation or presentation of food</li> <li>• Encourage repetition and modeling the behavior</li> </ul>
<p><b>Cost and convenience:</b></p> <ul style="list-style-type: none"> <li>• Cost hinders the quality and variety of foods served</li> <li>• Providers can be forced to serve more convenient foods according to the amenities of their facilities (providers may lack kitchens and rely on other facilities)</li> <li>• Cost and convenience intersect as barriers: processed foods are likely to be less expensive and also require less time to prepare</li> </ul>	<p><i>“Not being able to serve a variety of fruits and vegetables. I also see providers stick with...the same old apples, oranges...You can feed almost a whole class with a bag of apples for \$3 when a box of blueberries...would be like \$3-\$4 and you can only serve one or two kids with that box of blueberries.”</i></p> <p><i>“It all has to do with we don’t have kitchens in our centers. So everything has to be either packaged or refrigerated.”</i></p> <p><i>“We tend to buy more processed things because it’s cheaper and faster.”</i></p>	<ul style="list-style-type: none"> <li>• Share cost-effective ways to source and prepare meals that can meet nutrition guidelines</li> <li>• Offer training in preparing food from scratch that could serve multiple purposes, work in different preparation environments, and save providers time</li> </ul>

## Sponsoring Organizations

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Language:</b></p> <ul style="list-style-type: none"> <li>Not all providers are fluent in English</li> </ul>	<p><i>“A lot of time [nutrition information] is not in a different language, only in English. So that’s kind of discouraging, because then I have to translate and it takes me so much time to translate it.”</i></p>	<ul style="list-style-type: none"> <li>Have nutritional guidelines and other handbooks available in commonly-used languages</li> </ul>
<b>Physical Activity</b>		
<p><b>Caregiver involvement:</b></p> <ul style="list-style-type: none"> <li>Not all providers participate in physical activity</li> </ul>	<p><i>“Maybe they’re embarrassed or shy, but something that they’re not used to doing. Even hula hoops or jump rope or stuff like that. They go, ‘No, we’re too old for that.’”</i></p> <p><i>“And one of our first thing—problems or hurdles—was getting the teachers moving. Because if we could get the teachers moving, then we could get the kids. But we often found the teachers wanted to sit and watch the kids.”</i></p>	<ul style="list-style-type: none"> <li>Train providers to become more comfortable with leading structured play</li> <li>Encourage providers to get their own physical activity with the children during the day, including offering ideas for activities they could easily do as well</li> </ul>
<p><b>Child’s age and safety concerns:</b></p> <ul style="list-style-type: none"> <li>Provider concern for child safety can hamper physical activity</li> </ul>	<p><i>“And depending on the child’s age, too, a lot of them think they’re going to get hurt or break something. So, some I see do stay away from that. They don’t have any physical activity at the day care home.”</i></p>	<ul style="list-style-type: none"> <li>Give examples of age-appropriate structured and unstructured activities that can be done safely in different settings</li> </ul>
<p><b>Weather:</b></p> <ul style="list-style-type: none"> <li>Inclement weather limits opportunities for physical activity in child care settings</li> </ul>	<p><i>“But we had most of the year where the kids couldn’t go outside. So, we had to create some kind of indoor planned play area.”</i></p>	<ul style="list-style-type: none"> <li>Offer alternatives to outdoor physical activity in case of inclement weather</li> </ul>

**Sponsoring Organizations**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Clothing or footwear:</b></p> <ul style="list-style-type: none"> <li>Lack of proper clothing and footwear can interfere with a provider’s planned physical activity</li> </ul>	<p><i>“[S]ometimes the parents don’t actually prepare the children when they come into the daycare. They’re wearing inappropriate clothing or footwear...That’s just another little obstacle.”</i></p>	<ul style="list-style-type: none"> <li>Provide ideas for physical activity that children could do regardless of clothing/footwear</li> </ul>
<b>Electronic Media Use</b>		
<p><b>Educational value:</b></p> <ul style="list-style-type: none"> <li>Electronic media is seen to have educational value, especially for children without access to such devices at home</li> <li>See a need to prepare children for elementary school</li> </ul>	<p><i>“[W]e really need to look at that individual child’s experiences at home and if they have computers and iPhones and all of those things at home, then we really don’t have to expose them to that at school. But if they have never experienced a computer at home, we want them to be comfortable with it by the time they get to elementary school.”</i></p>	<ul style="list-style-type: none"> <li>Establish electronic media recommendations by age and include recommendations about not just usage time but also device and activity type</li> </ul>
<p><b>Varying age levels:</b></p> <ul style="list-style-type: none"> <li>In settings with varying ages of children, there is difficulty limiting screen time due to different child interests</li> </ul>	<p><i>“Now, the providers, to me, will be more difficult because they provide child care for different age groups...because you have little ones who want to be watching for example Sponge Bob and then you have the 12 or 13 year olds who want to play video games. So it’s like, how can you give a certain time for each?”</i></p>	<ul style="list-style-type: none"> <li>Share solutions to manage screen time for children of varying ages and in different settings</li> <li>Promote alternatives to screen time, such as physical activities, that can accommodate children of different ages</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Healthy Habits</b>		
<p><b>Parental involvement:</b></p> <ul style="list-style-type: none"> <li>• Concern that healthy habits fostered in the child care facility are not reinforced in the home</li> <li>• Providers view themselves as a conduit through which parents can become aware of healthy behaviors</li> <li>• Optimistic that parents can also positively influence healthy habits in their children</li> </ul>	<p><i>“[I]f I leave it up to the parents, they won’t- they don’t enforce [guidelines] like I do. It’s like the kids are totally different when they’re with me as opposed to at home.”</i> Family Day Care Homes, lower familiarity with <i>Dietary Guidelines</i></p> <p><i>“A lot of my parents, because they see how their children eat and what they like and what they don’t like, adopt some of the meals at home as well as here.”</i> Child Care Centers, higher familiarity with <i>Dietary Guidelines</i></p> <p><i>“By giving the parents information concerning healthy habits. Because sometimes you do things at the daycare and you don’t know if it’s being followed through at home. But if you give them - educate the parents as well, that makes a difference as well.”</i> Family Day Care Home, higher familiarity with <i>Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Communicate the benefits of healthy eating, physical activity, and limited electronic media use in children</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Nutrition</b>		
<p><b>Menu Planning:</b></p> <ul style="list-style-type: none"> <li>• Excessive repetition of recipes with which providers are comfortable and which providers know meet CACFP requirements</li> <li>• Recipes require too many complicated ingredients and do not reflect what providers actually purchase</li> <li>• Menu options do not mirror cultural options at home</li> </ul>	<p><i>“You get into a rut and if we had some new menus that they could come up with, it could help us to stretch our brains a little bit and get some more ideas going.” – Child Care Center, higher familiarity with Dietary Guidelines</i></p> <p><i>“Coming up with submenus or rotating menus...makes it easier for the cook and takes the guesswork out of it...then you don’t have to worry about the cook deciding if they want to do this or that and not checking back with either the coordinator or me to see if that is an allowable food that would still give some diversity for that cook to work with.” – Child Care Center, lower familiarity with Dietary Guidelines</i></p> <p><i>“Especially with different cultures, if we could have different recipes available to us...because a lot of them [are] from all over the world.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Supply new, simple, and diverse recipes with explanations of how each ingredient meets CACFP requirements</li> <li>• Develop mobile- or tablet-based application that builds recipes based on available foods inputted by provider</li> <li>• Offer recipe options that reflect cultural influences</li> <li>• Offer new snack ideas</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Family Style Food Service:</b></p> <ul style="list-style-type: none"> <li>• Difficult to control serving sizes and ensure correct portions</li> <li>• Young children may not be able to serve themselves</li> <li>• Children may not choose foods with which they are unfamiliar or foods they know they do not like</li> <li>• Can be messy</li> </ul>	<p><i>“It’s very hard when we try family style at age one because their hands are everywhere.” – Child Care Center, mixed familiarity with Dietary Guidelines</i></p> <p><i>“I don’t believe it makes it easier because they want to refuse the meal or the vegetables...” – Child Care Center, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Provide measuring tools that can be used to provide the first serving while allowing children to take the second on their own</li> <li>• Support for providers to model appropriate eating so children try new foods</li> <li>• Encourage providers to accept messes as children become familiar with this style</li> </ul>
<p><b>Availability:</b></p> <ul style="list-style-type: none"> <li>• Fresh produce tends to be more expensive and require more time to source and prepare</li> <li>• Difficulty in sourcing seasonal ingredients</li> </ul>	<p><i>“Cost is a huge factor. And availability. Because you want to serve a variety, but like, especially here, living in Michigan, there’s not always like a variety of fresh fruits and vegetables that I can get that aren’t shipped in from another country.” –Family Day Care Home, higher familiarity with Dietary Guidelines</i></p> <p><i>“The menus may not jive necessarily with what’s available in terms of fresh produce and fresh fruits and those types of things. So it gets a little challenging to keep your menus fresh but still easy and readily able for cooks to do...” – Child Care Center, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Provide a variety of cost-effective and seasonal produce options for regions throughout the US</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Cost:</b></p> <ul style="list-style-type: none"> <li>Nutritious foods/foods that meet nutrition guidelines often cost more</li> </ul>	<p><i>“For me, definitely cost is a factor in what I prepare. But it’s not really a big deal. I may have to spend a few extra dollars. Because I do whole wheat pasta as opposed to enriched pasta...it makes me feel really good that these kids eat well at my day care.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p> <p><i>“Like I mentioned earlier, they’re wanting us to do more fresh fruits, more fresh vegetables...That tends to be a lot more expensive to try to do it at the frequency and extent that the food program person wants you to do.” –Child Care Center, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>Provide cost-effective recipes</li> <li>Share strategies on how to buy food that meets nutrition guidelines in a cost-effective way</li> </ul>
<p><b>Caregiver knowledge:</b></p> <ul style="list-style-type: none"> <li>Interest in practical cooking instruction</li> </ul>	<p><i>“I need some information on how to use some vegetables that you prepare.” – Child Care Center, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>Expand recipes that meet nutrition guidelines to include step-by-step preparation instructions (that can be adapted in different preparation environments)</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Child preferences:</b></p> <ul style="list-style-type: none"> <li>• Children who are not exposed to a variety of fruits and vegetables at home are particularly resistant</li> <li>• Providers with lower familiarity struggled more with child preferences</li> </ul>	<p><i>“Now, the problem I have is not with the kids that have been with me for a while, but the new kids that come in. They’re not accustomed to eating vegetables.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p> <p><i>“I have a challenge with the children that I serve. There are maybe one or two that might eat vegetables. They don’t like vegetables at all. I’d rather give them fruit because I know that they’re going to eat that, and they don’t like all kinds of fruit either.” – Family Day Care Home, lower familiarity with Dietary Guidelines</i></p> <p><i>“There’s something about the greens that nobody likes. If you scrape something red and orange in them, they will say okay, let me try it. But greens, no.” – Family Day Care Home, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Share strategies that have been successful in encouraging picky eaters to adopt healthy eating practices</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Parental involvement:</b></p> <ul style="list-style-type: none"> <li>• Healthy food habits not reinforced at home</li> </ul>	<p><i>“I think if their parents got on the same page, it would be a lot easier.” – Family Day Care Home, lower familiarity with Dietary Guidelines</i></p> <p><i>“So I think our role is keeping parents aware of the importance of healthy habits and then exposing the kids to things that instill healthy habits in the center that they can duplicate at home.” – Child Care Center, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Increase communication between parents and providers regarding nutrition practices at the child care facility</li> <li>• Share nutrition information with parents to generate awareness of the importance of healthy eating</li> <li>• Share healthy eating ideas and tips with parents</li> </ul>
<p><b>Vendor Provision of Food:</b></p> <ul style="list-style-type: none"> <li>• Vendors may try to mask unhealthy foods as healthier options or may make it more difficult (based on what they offer) to meet nutritional guidelines</li> </ul>	<p><i>“We have somebody that caters our food...They serve a lot of - I want to say grains, but it’s not good grains. It’s like macaroni, chicken noodles - things like that that, to me, are wasted calories. I know it helps the children but if they were using whole wheat . . . I don’t really think of mashed potatoes and French fries and stuff like that as a vegetable. I don’t like it when they use that for a vegetable.” – Child Care Center, mixed familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Provide training on how to communicate with vendors</li> <li>• Establish a system that oversees the products vendors claim meet meal-pattern requirements</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<b>Physical Activity</b>		
<p><b>Weather:</b></p> <ul style="list-style-type: none"> <li>• Inclement weather can force caregivers to lead structured activity indoors</li> </ul>	<p><i>“We still have snow and it’s wet and muddy right now...it’s tough. But we still do what we can. And I do have a large living room, so we’re able to do activities indoors when we can’t get outdoors.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p> <p><i>“Everything was covered in snow again...That is an area where our teachers have to be really creative in terms of what you do in the indoor space that gets kids moving with some type of physical activity.” – Child Care Center, lower familiarity with Dietary Guidelines</i></p> <p><i>“Probably more age-appropriate games for our children would help a lot because sometimes we’re limited on what types of games we can play.” – Child Care Center, mixed familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Offer alternative examples for structured physical activity and game ideas that can be conducted indoors</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Child involvement:</b></p> <ul style="list-style-type: none"> <li>• Children with physical limitations may be less inclined to participate in physical activity</li> </ul>	<p><i>“For the most part, they’re all really enthusiastic about exercise...I have one that is resistant and she, physically, she’s restricted. She has asthma. She’s overweight.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p> <p><i>“You’ve got some children who might be a little bit overweight and you have some children who have special needs and you have the children who might not even want to participate who you have to coax...” – Child Care Center, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Provide examples of structured and unstructured play that can be adapted for children with physical limitations (including overweight children and those with special needs)</li> <li>• Share strategies that encourage reluctant children to become active</li> </ul>
<p><b>Space:</b></p> <ul style="list-style-type: none"> <li>• Physical space and specific amenities determine what types of indoor and outdoor activities are possible</li> </ul>	<p><i>“We don’t have an indoor gym in either one of our sites so that’s a little bit trickier as far as physical activity within the confined space.” – Child Care Center, lower familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Adapt examples of structured and unstructured play to situations in which space or equipment is limited</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Parental Involvement:</b></p> <ul style="list-style-type: none"> <li>• Parents are not reinforcing physical activity practices at home</li> </ul>	<p><i>“I have one in my day care that she eats at McDonalds on a regular basis and she does not move very much at home. So, it is definitely undoing some of those unhealthy habits.” – Family Day Care Home, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Increase communication between parents and providers regarding physical activity practices at the child care facility</li> <li>• Share health information with parents to generate awareness of the importance of physical activity</li> <li>• Share ideas and tips with parents about easy ways to incorporate more physical activity at home (both indoors and out)</li> </ul>
<b>Electronic Media Use</b>		
<p><b>Educational:</b></p> <ul style="list-style-type: none"> <li>• Children need to be familiar with electronic media to be adequately prepared for elementary school</li> </ul>	<p><i>“I believe that children have to be exposed. I mean, there is a difference between exposed and then overusing...They have to have experience so they’re not terrified when they get into the elementary school because not all children that are in low to moderate income families have an iPad at home that our children are accessing.” – Child Care Center, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Share recommendations for screen time which are cognizant of differing levels of access to electronic media outside the child care setting</li> <li>• Provide examples of electronic media that is educational so there is less individual interpretation of this</li> </ul>

**Providers**

<i>Barriers and Concerns</i>	<i>Comments</i>	<i>Information and Training Recommendations</i>
<p><b>Parental involvement:</b></p> <ul style="list-style-type: none"> <li>• Parents can hinder their efforts to limit screen time</li> </ul>	<p><i>“I have parents that come in and tell me, ‘My child wants to watch TV this morning.’” – Child Care Center, higher familiarity with Dietary Guidelines</i></p> <p><i>“For me, it’s for our parents because video games and the TV takes over when they get home from school.” – Child Care Center, higher familiarity with Dietary Guidelines</i></p>	<ul style="list-style-type: none"> <li>• Communicate to parents the need to limit electronic media use with children</li> <li>• Provide information to parents about the risks/warnings associated with too much screen time</li> </ul>

## ***Delivery***

There is no clear preference for how State agency staff, sponsoring organizations, and providers would like to receive information and assistance.

Video (both DVD and streaming<sup>3</sup>), in-person trainings, webinars, print materials, and sometimes mobile phone and tablet applications, among other formats, were all evaluated for their benefits and drawbacks. There are merits to each of these, and no clear preference on format. Many participants said they would want videos in DVD format so that they could watch it on a television while others prefer streaming video so that they can watch the videos no matter where they are; even within a single method, there is no consensus on delivery type.

*“I have a large number of staff that are not very computer-savvy and they are not going to go online and pull down training programs to do...I’ve got to get them online on a computer that we have available here and basically show them how to use it.”*

- Child Care Center, lower familiarity with *Dietary Guidelines*

Where possible, offering information and trainings in multiple formats can help ensure it is widely accessible, consumed, usable, shareable (among other staff as well as parents), and operational. It is important to offer technical assistance solutions that do not require technology use so that older providers, who are less comfortable with computers and tablets, do not require an initial training to increase comfort level with these devices. Similarly, there are some cautions against print materials. As one child care provider described, “We find that the teachers aren’t learning much from paperwork because they’re really not reading them.” Conversely, a video that is shared to a group of providers in a center or home is a medium they would have to listen to and see, thereby increasing the likelihood of learning.

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<sup>3</sup> For streaming video, it may be beneficial to use websites other than YouTube, as YouTube may be blocked by a provider’s Internet security settings.

The table below outlines preferred delivery formats by audience and technical area.

<i>Preferred Delivery of Technical Assistance</i>			
	<i>Nutrition</i>	<i>Physical Activity</i>	<i>Electronic Media Use</i>
<b>State agencies</b>	<ul style="list-style-type: none"> <li>• Webinars</li> <li>• Online training modules</li> <li>• In-person</li> <li>• Print materials</li> </ul>	<ul style="list-style-type: none"> <li>• Webinar</li> <li>• Video</li> <li>• In-person</li> </ul>	-
<b>Sponsoring organizations</b>	<ul style="list-style-type: none"> <li>• Video</li> <li>• Email and listservs</li> </ul>	<ul style="list-style-type: none"> <li>• Video</li> <li>• Posters</li> </ul>	<ul style="list-style-type: none"> <li>• Video</li> </ul>
<b>Child care centers</b>	<ul style="list-style-type: none"> <li>• Social media</li> <li>• Peer-to-peer interaction</li> <li>• Video</li> <li>• Mobile/tablet apps</li> </ul>	<ul style="list-style-type: none"> <li>• Video</li> <li>• Print or email to give to parents</li> <li>• In-person</li> </ul>	<ul style="list-style-type: none"> <li>• Video</li> <li>• Print or email to give to parents</li> </ul>
<b>Family day care homes</b>	<ul style="list-style-type: none"> <li>• In-person</li> <li>• Video</li> <li>• Webinar</li> </ul> <p>X <i>Not print</i></p>	<ul style="list-style-type: none"> <li>• Peer-to-peer interaction</li> <li>• Print materials in the form of posters</li> <li>• Webinar</li> </ul>	<ul style="list-style-type: none"> <li>• In-person</li> <li>• Webinar</li> </ul>

For topics related to nutrition and physical activity, many participants were partial to video or in-person training. Videos can be shared with other staff while in-person trainings allow for questioning and interaction. Both delivery modes present opportunities for information to be relayed to providers via demonstrations (in real-time or recorded). On the nutrition side, videos and in-person training could feature cooking demonstrations, taste tests, and interactive menu planning activities. For physical activity, getting providers up and moving during in-person trainings, or at least showing how a physical activity should look on a video, would be well-received. Video was slightly more popular than paper because it seemed more efficient: sponsoring organization and center participants said they could have teachers watching the videos during children's nap times or show it during a staff meeting. Family day care home providers also mentioned viewing videos during nap time.

*"If you have examples of things that they can do, I think that would be wonderful to...actually show them how to do it, because sometimes, if you give them something like an information sheet or a sheet that's just going to say, 'this is an activity that you...'...even though you may have a picture of whatever it turns out to be, to be able to have a video to show how somebody actually did it and how they used it and how much fun it is, I think that would be a bit more engaging."*

- State Agency

*"I personally like...sitting in the room and being able to ask a question and get an answer at the time...I would like to have the opportunity, too, if I get an answer and maybe I've got another question that comes with that, that I can shoot it back."*

- Child Care Center, higher familiarity with *Dietary Guidelines*

The primary drawback to videos is that they do not provide opportunities for asking questions and discussion. Asking questions ensures clarity of instruction. Discussion among peers on any topic offers an opportunity to share and learn from others. In-person training promotes interaction and the primary benefit of videos, which is the ability to show demonstrations of nutritious foods and physical activities. It also allows the addition of taste testing and even more interactive,

personalized activities, and providers, especially those who work in family day care homes, like having the opportunity to speak to adults. Relatedly, some providers suggested development of a mobile or tablet application that could be used for recipe and meal planning. It also indicated a desire for interaction with the guidelines and a personalized experience using materials, which is somewhat reflected in participants' desire to engage in discussion and ask questions while they are being trained.

As noted by every audience, in-person trainings are difficult because they either pull providers out of classrooms, which may not be an option (particularly for family day care home providers). They tend to require that providers travel to trainings, which has cost and scheduling implications. In regions that are sparsely populated or in particularly big states, making trainings local or accessible without creating a tremendous cost for providers may be difficult. And, since State agencies and sponsoring organizations often run these trainings, the scheduling limitations of providers, who must care for children during normal working hours, require State agency and sponsoring organization staff to work after hours or on weekends. Webinars are also a popular option and alternative to in-person trainings, but this solution will not work with providers who are less comfortable or familiar with computers and tablets.

Some providers spoke to the utility of email and newsletters, with some noting that they send out newsletters to parents by email and that "you can't miss an email. They know it's coming." Creating provider trainings that matched monthly parent newsletters was also suggested, because the two "reinforce each other" and allows parents to know about the focus in their children's classrooms that month while providing suggestions to both parents and providers about how to create a healthier environment and support healthier habits.

Print materials have utility, too, serving as quick-reference materials, recipe instructions,

*“You can read it and you go, ‘Oh, I’d like to tell parents” and it has all the pretty letterheads from you all and then you can hand it out and say, ‘This is what they say. It’s not just me.’ That’s what we’re wanting. It’s not just me telling you but then that way we’ve got it where we can just say print.”*

- Child Care Center, higher familiarity with *Dietary Guidelines*

giveaways to parents, and posters that can be displayed throughout a center or home to promote specific nutrition or physical activity habits.

Occasionally, getting binders of material and shorter pamphlets for quick reference was a well-received option. Going forward, recipes or meal planning instructions in print should be constructed to withstand spills (potentially by laminating). State agencies, however, questioned whether print materials were being reviewed or used by providers, noting that, “too often, we don’t physically even see things, even sitting on a shelf

and not being used.” Most provider groups liked the idea of being able to hand off information to the parents of the children they care for, which means that print can be a popular delivery mechanism because it is easily sharable. One of the family day care home groups was adamantly opposed to print materials, confirming the concerns of some State agency participants that “they don’t read it.” This group was also unhappy with the mass of paper they already have to manage, saying they have “enough papers to last me until the year 2020.”

Social media may present a communications opportunity around providing information and promoting information-sharing among providers. This delivery mode was raised in one of the child care center groups as a means to promoting interaction and to meeting the target audiences where they already are. All of the providers participating in the research seem to have regular Internet access, so social media could also be a way to relay simple tips and ideas as well as connect providers to each other for knowledge and idea sharing. Finally, it could be used to relay information to parents via a provider’s digital properties (such as a website). Given their size and available resources, this may be a more popular option among centers.

## ***Languages***

When possible, focus group participants were asked about the importance of supplying information and training materials in languages other than English, though this topic was not raised in all the focus groups. Unaided, sponsoring organizations report that not all providers are fluent in English and recommend that nutritional guidelines and handbooks are available in several commonly-used languages. In the groups that were directly asked about what languages could make information and training materials more accessible, Spanish, Arabic, and Japanese were mentioned.