

# Let's Move! Child Care Quiz

*Results of a Survey of Alaska's Early Care and Education Providers*



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Division of Public Health  
Section of Chronic Disease Prevention and Health Promotion  
Obesity Prevention and Control Program

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## Introduction

Across the country, 6 out of 10 children under the age of 6 are being cared for outside the home each week.<sup>1</sup> They're attending child care centers, day care homes, Head Start programs, preschool and pre-kindergarten programs; programs commonly called early care and education, or ECE, programs.

These programs can provide a healthy environment for children to eat, play, grow, and develop healthy habits for life. When kids are physically active and eating nutritious foods, they are healthy, ready to learn, and more likely to be at a healthy weight.<sup>2</sup> With so many children attending ECE programs each week, they are a good place to focus on obesity prevention efforts. More than one out of three Alaska 3-year-olds is overweight or obese.<sup>3</sup> This puts them at increased risk for weight-related diseases, like type 2 diabetes. Children with obesity are more likely to become adults with obesity, which means many of these young children will be obese their entire lives. The younger you are when you become obese, and the longer you are obese, the greater your risks for having health problems, chronic diseases, and dying at a young age.

Let's Move! Child Care (LMCC) is a national initiative focused on preventing childhood obesity through ECE programs.<sup>4</sup> The LMCC initiative is a voluntary program that encourages and supports ECE providers to make positive changes in their programs in order to help improve the health of children across the United States. The LMCC program recommends ECE providers address the following 5 areas to help cultivate healthy environments for children to eat, play, and grow:

1. Nurture healthy eaters
2. Provide healthy beverages
3. Increase physical activity
4. Reduce screen time, including TV, computers & hand-held devices
5. Support breastfeeding

Addressing all 5 areas is important to creating a healthy environment. Research has found that diet, physical activity and sedentary behaviors (such as TV viewing and gaming) may combine in complex ways that have a cumulative effect on the development of obesity during childhood.<sup>5,6</sup>

The Alaska Obesity Prevention and Control Program (OPCP) targets ECE programs through support of the LMCC initiative and uses the data obtained through the online LMCC Child Care Checklist Quiz to strategize how to best support ECE providers across the state of Alaska.

This report presents the results of the LMCC survey of providers that serve children in Alaska. The purpose of this report is to assess which of the LMCC five areas ECE providers may need additional support or technical assistance to fully meet best practices, while also identifying areas where best practices are being met by a majority of Alaska ECE facilities.

## Methods

The LMCC initiative asks ECE providers to register online and take the LMCC Child Care Checklist Quiz. The Checklist Quiz asks providers to rate the progress of their child care facility toward meeting up to 15 LMCC best practices for nutrition and physical activity on a four-point scale:

- **Yes! Fully meeting this**
- **Making progress on this**
- **Ready to start on this**
- **Unable to start on this**

During 2012-2017, OPCP promoted LMCC to ECE providers through various venues. These included the annual meetings for the Association of the Education of Young Children (AEYC) in Anchorage and Fairbanks, the Alaska Head Start Association, Alaska Family Child Care Association, and the Alaska Child and Adult Care Food Program (CACFP). The OPCP program also partnered with the Alaska Child Care Resource & Referral Network, Thread, to provide an intensive training on LMCC to 28 ECE sites throughout Alaska.

At each of these contacts, ECE providers were given the opportunity to complete hard copies of the LMCC Facility Information Sheet (registration questions) and the LMCC Child Care Checklist Quiz. The pen and paper surveys were collected by the presenters and the information was manually entered into the LMCC website.<sup>4</sup> Participants were told before completing the survey that their information would be entered into the LMCC website and they would be registered with the program. The results of the survey were sent directly to their email address. (The LMCC Facility Information Sheet and Checklist Quiz can be found in Appendix 1.)

At any time providers could go to the LMCC website on their own to enter their information and take the quiz. These providers may have participated in any of the OPCP training opportunities, but did not complete the pen and paper surveys, or may have learned about LMCC from another source.

The responses included in this report were collected between February 1, 2012 and January 31, 2017. The Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity & Obesity (CDC DNPAO) provided annual LMCC data analysis for all providers in Alaska that completed the LMCC quiz. These data were utilized to write this report.

Some best practices are only relevant to specific age groups and providers are asked on the LMCC Facility Information Sheet if they serve infants, toddlers, and/or preschool-age children (0 months to 60 months). The ECE scores are calculated based on the relevant best practices for the age group(s) they serve.

## Findings

It's important to note that the data do not reflect unique ECEs and duplicates are highly likely. The LMCC registration system requires ECEs to retake the quiz annually. In addition, every effort was made to include only one quiz per ECE site in the reported data; however, multiple staff from the same ECE may have completed the quiz.

### ECE Facility Information Sheet

Between February 1, 2012 and January 31, 2017, 236 responses to the 'Let's Move! Child Care Checklist Quiz' were captured from ECE providers across the State of Alaska. The majority of responses (47%) came from the Anchorage/Mat-Su Economic Region. The region with the least amount of responses was the Northern Economic Region with only 1% (n=3) responses (see Figure 1).

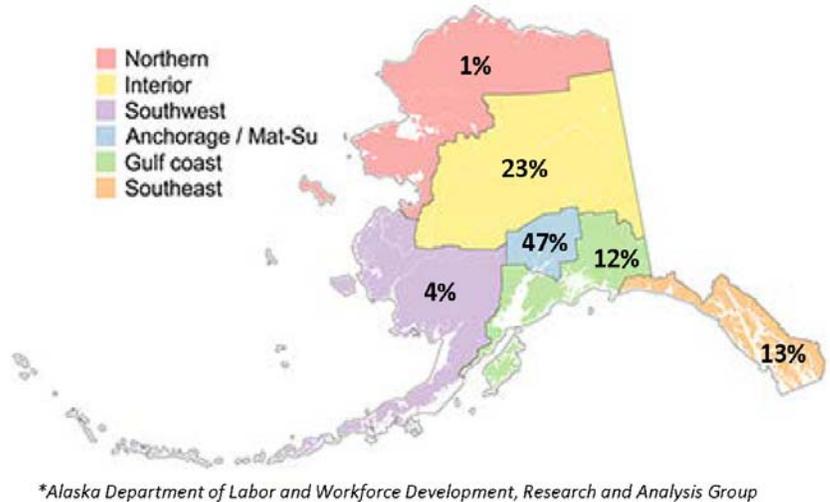


Figure 1. Responses to LMCC Checklist Quiz by Economic Regions in Alaska, 2012-2017

A total of 12,844 Alaskan children were served by responding providers during the 5 year period. During this period, 54% of responses to the survey came from ECE facilities that serve infants, toddlers and preschool-age children (0 months to 60 months); 17% of respondents served only toddler and preschool age children (13 months to 60 months); and 16% served preschool age only (36 months to 60 months).

Of the 236 responses received:

- 7% identified as a Head Start program
- 4% identified as a Faith Based program
- 11% identified as a Military program
- 2% identified as a Native American/Tribal program
- 18% identified as a CACFP participants
- 11% identified their program as more than one of the previous listed program types
- 47% did not identify with any of the previous programs listed

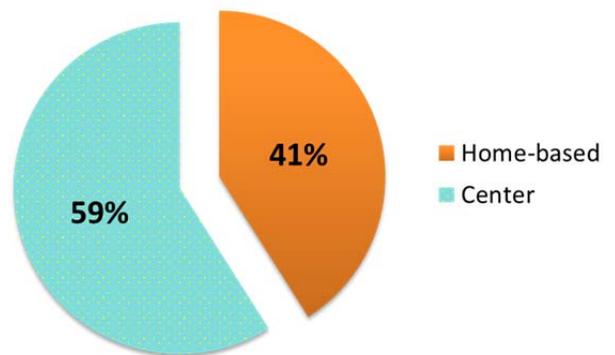


Figure 2. Responses to LMCC Checklist Quiz by Type of Child Care Program in Alaska, 2012-2017

The majority of responding programs were child care centers (59%) vs. home-based programs (41%)

(see Figure 2); provided a full day of care (86%) vs. half day of care (13%); and served meals and snacks during the day (98%).

## Meeting LMCC Best Practices

The findings of the LMCC Checklist Quiz provide a useful overview of current practices in nutrition and physical activity in ECE facilities across Alaska. The survey results highlight where best practices are being met by a majority of providers, as well as areas of weaknesses that may require additional technical assistance and support to achieve best practices.

Of the 236 responses, 20% reported that their ECE facility met 100% of all the LMCC best practices. Looking at the physical activity and nutrition best practices separately, 33% reported meeting 100% of the physical activity best practices and 28% reported meeting 100% of the nutrition best practices. The remaining are categorized as meeting 75-99%, 50-74%, or <50% of the LMCC best practices (see Figure 3).

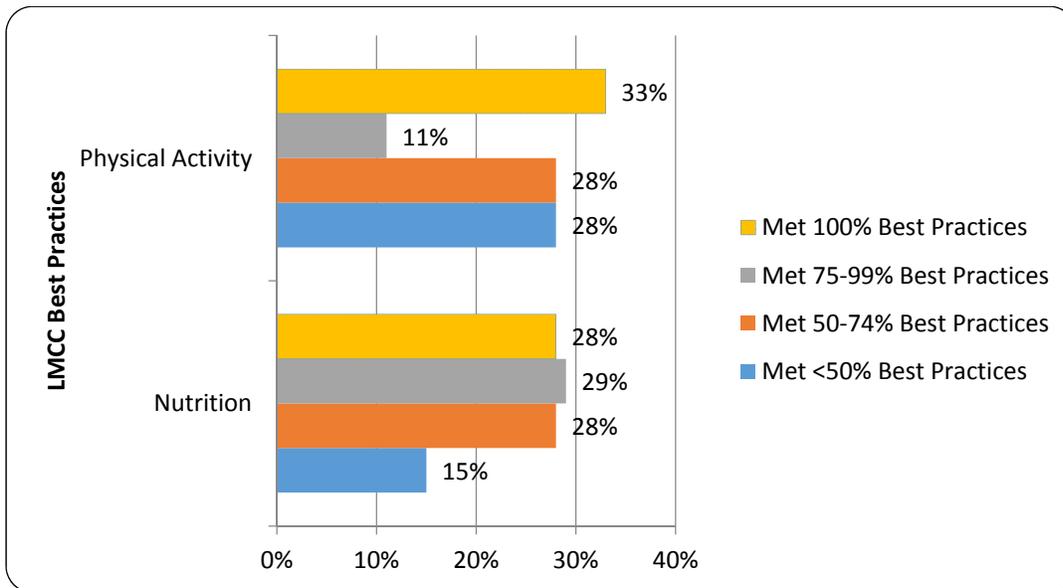


Figure 3. Percent ECE Programs Meeting LMCC Nutrition and Physical Activity Best Practices, 2012-2017

## Individual LMCC Best Practices

As discussed earlier, for each LMCC best practice, quiz responders indicated that their child care facility was fully meeting, making progress on, ready to start, or unable to start on meeting that best practice.

### Best Practices Identified as ‘Most Implemented’ Among Alaska ECEs

The following are the top three individual best practices the greatest percent of survey respondents reported their ECE facility was already meeting (see green highlight in Table 1).

- **Short supervised periods of tummy time are provided for all infants, including those with special needs several times each day**  
92% of respondents reported that their facility was fully meeting this best practice

- **Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda, are never offered**  
91% of respondents reported that their facility was fully meeting this best practice
- **Fruit (not juice) and/or a vegetable is served to toddlers and preschoolers at every meal (French fries, tator tots, and hash browns don't count as vegetables)**  
83% of respondents reported that their facility was fully meeting this best practice

### **Best Practices Identified as 'Least Implemented' Among Alaska ECEs**

The following are the top three best practices that the smallest percent of survey respondents reported their child care facility was already fully meeting (see red highlight in Table 1).

- **Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year**  
45% of respondents reported that their facility was fully meeting this best practice
- **All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help**  
64% of respondents reported that their facility was fully meeting this best practice
- **Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once a month**  
65% of respondents reported that their facility was fully meeting this best practice

### **Best Practices Identified as 'Making Progress' Among Alaska ECEs**

The following are the top three best practices the greatest percent of survey respondents reported their ECE was making progress on meeting (see blue highlight in Table 1).

- **Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once a month**  
23% of respondents reported that their facility was making progress on meeting this best practice
- **French fries, tator tots, hash browns, potato chips, or other fried or pre-fried potatoes are offered to toddlers and preschoolers no more than once a month (Baked fries are okay)**  
22% of respondents reported that their facility was making progress on meeting this best practice
- **Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year**

**20%** of respondents reported that their facility was making progress on meeting this best practice

### **Best Practices Identified as ‘Ready to Start’ Among Alaska ECEs**

The following are the top three best practices the greatest percent of survey respondents reported their ECE was ready to get started on meeting (see orange highlight in Table 1).

- **Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year**  
**17%** of respondents reported that their facility was ready to start meeting this best practice
- **Preschoolers, including children with special needs, are provided with 120 minutes or more of active play time every day, both indoor and outdoor (for half-day programs, 60 minutes or more is provided for active play every day)**  
**13%** of respondents reported that their facility was ready to start meeting this best practice
- **All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help**  
**10%** of respondents reported that their facility was ready to start meeting this best practice

### **Best Practices Identified as ‘Unable to Work On’ Among Alaska ECEs**

The following are the top three best practices the greatest percent of survey respondents reported their ECE was unable to start working on meeting (see purple highlight in Table 1).

- **Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year**  
**18%** of respondents reported that their facility was unable to start working on meeting this best practice
- **All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help**  
**8%** of respondents reported that their facility was unable to start working on meeting this best practice
- **Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy**  
**5%** of respondents reported that their facility was unable to start working on meeting this best practice

Table 1. Implementation of LMCC Best Practices Among Alaska Providers, 2012 - 2017

■ 3 most implemented 
 ■ 3 least implemented 
 ■ 3 most 'making progress' 
 ■ 3 most 'ready to start' 
 ■ 3 most 'unable to work on'

#	Question	Yes! Fully meeting	Making progress	Ready to start	Unable to start	Total response
February 1, 2012 – January 31, 2017		%	%	%	%	n
1	Drinking water is visible and available inside and outside for self-serve	74%	18%	6%	2%	234
2	100% fruit juice is limited to no more than 4-6 oz. per day per child and parents are encouraged to support this limit	77%	18%	2%	3%	229
3	Sugary drinks, including fruit drinks, sports drinks, sweet tea, and soda, are never offered	91%	6%	1%	2%	233
4	Children 2 years and older are served only 1% or skim/non-fat milk (unless otherwise directed by the child's health provider)	80%	10%	7%	3%	233
5	Fruit (not juice) and/or a vegetable is served to toddlers and preschoolers at every meal (French fries, tator tots, and hash browns don't count as vegetables)	83%	11%	3%	3%	231
6	French fries, tator tots, hash browns, potato chips, or other fried or pre-fried potatoes are offered to toddlers and preschoolers no more than once a month (Baked fries are okay)	70%	22%	5%	3%	232
7	Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once a month	65%	23%	9%	4%	233
8	All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help	64%	18%	10%	8%	207
14	Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy	69%	17%	9%	5%	132
9	Preschoolers, including children with special needs, are provided with 120 minutes or more of active play time every day, both indoor and outdoor (for half-day programs, 60 minutes or more is provided for active play every day)	68%	16%	13%	3%	205
10	Toddlers, including children with special needs, are provided with 60-90 minutes or more of active play time every day, both indoor and outdoor (for half-day programs, 30 minutes or more is provided for active play every day)	79%	15%	5%	1%	193
11	We strive to limit total screen time (e.g., TV and DVD viewing, computer use) to no more than 30 minutes for preschoolers at child care per week or never, and we work with parents/caregivers to ensure that children have no more than 1-2 hours per day (for half-day programs, we strive to limit total screen time to no more than 15 minutes per week or never)	72%	17%	9%	3%	200
12	Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year	45%	20%	17%	18%	206
13	Screen time for toddlers and infants is limited to no more than 3-4 times per year or is never allowed	70%	18%	8%	5%	196
15	Short supervised periods of tummy time are provided for all infants, including those with special needs several times each day	92%	3%	2%	3%	96

## Comparison of LMCC Best Practices in Alaska and the United States, 2016 - 2017

Alaskan ECEs are similar to ECEs in the rest of the nation. From February 1, 2016 – January 31, 2017, the top 3 LMCC best practices ‘most implemented’ and ‘least implemented’ nationally were the same top 3 LMCC best practices reported by Alaska respondents (see Figures 4 and 5).

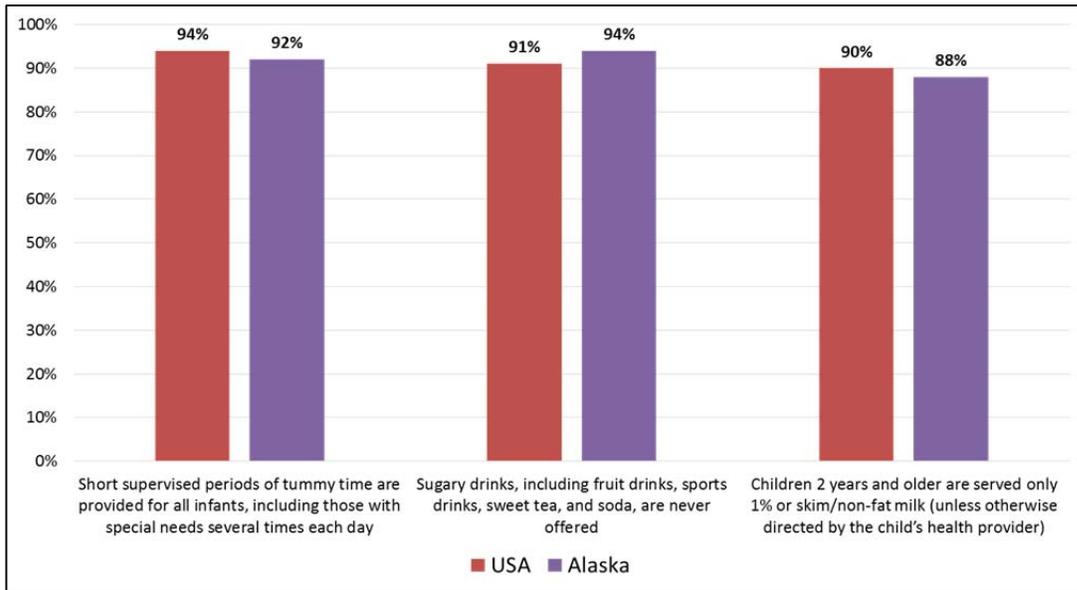


Figure 4. Comparison of Top 3 Most Implemented LMCC Best Practices, USA & Alaska, February 2016 – January 2017

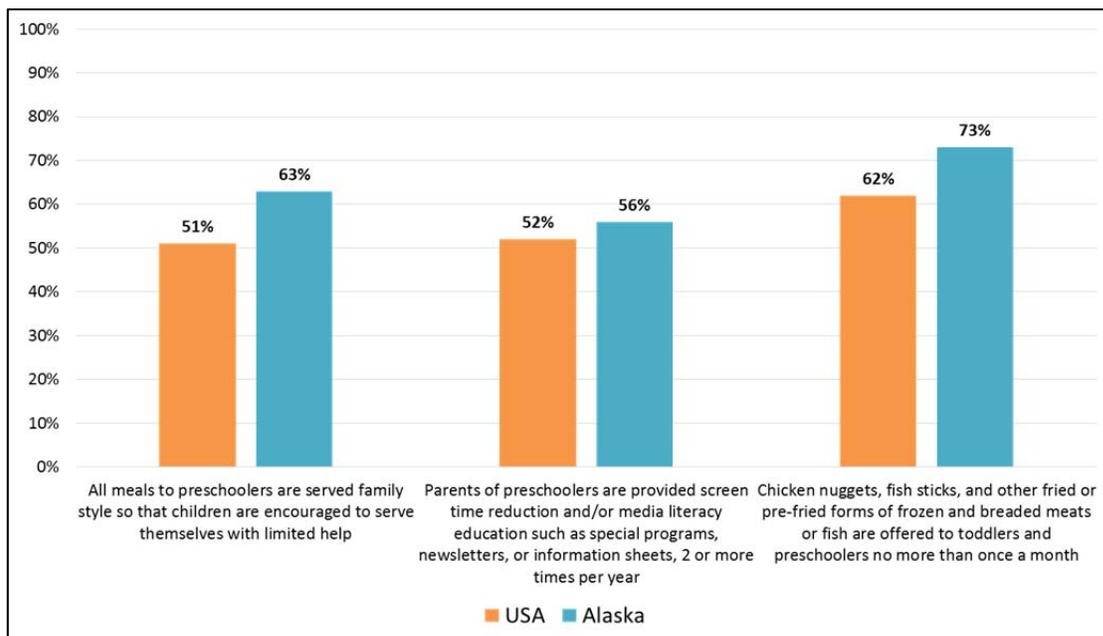


Figure 5. Comparison of Top 3 Least Implemented LMCC Best Practices, USA & Alaska, February 2016 – January 2017

## Discussion

This report has provided an overview of the implementation of the LMCC best practices in nutrition and physical activity in ECE facilities across the state of Alaska. Many of the practices are already widely implemented. The very high proportion of facilities meeting best practices (sugary drinks, supervised tummy time, and offering a fruit or vegetable at every meal) suggests that these best practices may be easily achievable for other child care facilities. The 3 best practices identified as ‘least implemented’ (fried or pre-fried meats, family style meals, and screen time education for parents) are those that the greatest percent of ECE providers indicated they are making progress on or are ready to start. These are practices that can be addressed through education, resources and technical assistance immediately. Those practices ECE providers feel they are unable to start (screen time education for parents, family style meals, and breastfeeding support) indicate real or perceived barriers. Identifying and addressing these barriers will help these ECEs in moving towards implementation of these best practices.

Based on the responses provided by ECE providers over the 5 year period, and the comparison to ECE programs across the United States, the following are recommendations focused on the areas where the greatest proportion of facilities may require additional support and/or technical assistance.

- **Parents of preschoolers are provided screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets, 2 or more times per year.** Of the 206 survey respondents on this best practice, 47% reported making progress or are ready to start working on; 18% reported being unable to start working toward making improvements. Providing ECE facilities with ready to go, Alaska-specific parent educational materials could be a way to support facilities interested in fully adopting this best practice.
- **Chicken nuggets, fish sticks, and other fried or pre-fried forms of frozen and breaded meats or fish are offered to toddlers and preschoolers no more than once a month. French fries, tater tots, hash browns, potato chips, or other fried or pre-fried potatoes are offered to toddlers and preschoolers no more than once a month (Baked fries are okay).** Many ECE providers (45%) reported making progress on these best practices. Providing training on healthier preparation of meats and potatoes and distributing the Alaska-specific cookbook, “Make It Local: Recipes for Alaska’s Children”, may be helpful to move providers to fully implement this best practice.
- **All meals to preschoolers are served family style so that children are encouraged to serve themselves with limited help.** Many respondents (28%) reported they are making progress or ready to start on this best practice; 8% indicated they are unable to start. Providing training and technical assistance on implementing family meal service and encouraging participation in the Child and Adult Care Food Program (CACFP) could help providers move toward implementing this best practice.
- **Breastfeeding mothers are provided access to a private room for breastfeeding or pumping, other than a bathroom, with appropriate seating and privacy.** Many providers (26%) reported making progress or ready to start on this best practice; 5% were

unable to start. Support could be provided in this area by connecting ECEs with worksite breastfeeding resources that could aid agencies in acquiring or developing separate and private lactation spaces. Also, sample policies and examples from similar agencies that include low-cost ideas and strategies for providing lactation support to breastfeeding mothers could also be useful to these agencies.

- An overall recommendation is continued promotion of the LMCC best practices and resources. The LMCC Quiz findings are useful in understanding where resources and support are most needed for Alaska ECE providers. It would also be useful to conduct qualitative research to explore the reasons that child care workers feel they are ‘unable to start’ best practices.

\*This report was modeled after “Evaluation Results of the Let’s Move Child Care Checklist with Hawaii’s Early Child Care Providers.” Report by Healthy Hawaii Initiative Evaluation Team, University of Hawaii Manoa.

## References

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<sup>1</sup>Early Childhood Program Participation Survey of the National Household Education Surveys Program (ECPN-NHES:2005). National Center for Education Statistics Web site. Accessed June 21, 2016.

<sup>2</sup> U.S. Department of Health and Human Services. The Surgeon General’s Vision for a Healthy and Fit nation. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010.

<sup>3</sup>Alaska Department of Health and Social Services, Section of Women’s, Children’s and Family Health. Alaska CUBS (Childhood Understanding Behaviors Survey) Results – Health & Development Data Sheet. 2013.

<sup>4</sup> <https://healthykidshealthyfuture.org/>

<sup>5</sup> Leech, R.M., Mcnaughton, S.A., & Timperio, A. (2014). The clustering of diet, physical activity and sedentary behavior in children and adolescents: a review. *International Journal of Behavioral Nutrition and Physical Activity*, 11(1), 4. Doi:10.1186/1479-5868-11-4

<sup>6</sup> Sanchez, A., Norman, G.J., Sallis, J.F., Calfas, K.J., Cella, J., & Patrick, K. (2007). Patterns and Correlates of Physical Activity and Nutrition Behaviors in Adolescents. *American Journal of Preventive Medicine*, 32(2), 124-130. Doi:10.1016/j.amepre.2006.10.012