



National Kidney Foundation of Michigan

PEACH Evaluation Report

Year 3 United Way Social Innovation Fund Grant

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Table of Contents

• <u>Executive Summary</u>	<u>1</u>
• <u>Section I: Introduction</u>	<u>3</u>
○ Problem Definition	
○ Prior Research	
○ Program Background	
○ Program Development	
○ Contribution of the Study	
▪ Overview of the Study	
▪ Previous and Target Level of Evidence	
▪ Level of Evidence Achieved	
▪ Strengths and Limitations to the Study	
○ Research Questions	
▪ Impact Questions	
▪ Implementation Questions	
▪ Findings to Date	
• Year 1	
• Year 2	
▪ Program Changes	
▪ Use of Previous Findings to Evolve Evaluation	
• <u>Section II: Study Approach and Methods</u>	<u>16</u>
○ Implementation Evaluation Design	
○ Impact Evaluation Design	
○ Sampling	
▪ Selection	
▪ Baseline Equivalence Analysis	
○ Measures and Instruments	
▪ Regie’s Rainbow Adventure Parent Surveys	
▪ Regie’s Rainbow Adventure Teacher Surveys	
▪ The NAP SACC	
▪ Healthy Families Start with You Chats	
▪ Media Toolkit Analytics	
▪ Data Collection	
• Regie’s Rainbow Adventure	
• NAP SACC and HFSY	
▪ RRA Data Collection Timing	
▪ HFSY and NAP SACC Data Collection Timing	
▪ Secondary Data Sources	
▪ Data Protocol	
• RRA Data	
• NAP SACC and HFSY Data	
○ Response Rates	
○ Sample Retention and Attrition	
▪ Addressing Attrition and Treatment of Missing Data	

- **Section III: Statistical Analysis of Impacts** **31**

 - Analysis Approach
 - Unit of Assignment and Analysis
 - Formation of Matched Groups
 - Analysis Model
 - Coding of Variables
 - Assumptions
 - Power Analyses

- **Section IV: Findings, Lessons Learned, and Next Steps** **34**

 - Fidelity
 - Satisfaction with Program Delivery
 - Media Toolkit
 - Monthly Trends
 - General Page Analysis
 - RRA Effect Sizes
 - Previous Program Analysis Approaches
 - Year 1
 - Year 2
 - Program Implications
 - Lessons Learned and Next Steps

- **Section V: Study Logistics and Updates** **43**

 - SEP Amendments
 - IRB
 - Evaluation Staff
 - Funding
 - Current Study Timeline
 - Year 3 Study Budget

- **Appendix A: Tables and figures**
- **Appendix B: Year 3 Survey Instruments**
- **Appendix C: References**

Executive Summary

The National Kidney Foundation of Michigan's (NKFM) Project for EARly Childhood Health (PEACH) programs are a group of initiatives focused on families with young children in low-income, vulnerable communities in Michigan. These initiatives include: Regie's Rainbow Adventure[®] (RRA), which provides nutrition and physical activity education to children aged 2-5, Healthy Families Start with You (HFSY), in which family members of young children are coached on adopting healthier eating habits, Nutrition and Physical activity Self-Assessment for Child Care (NAP SACC), which promotes nutrition and physical activity environmental change within childcare centers, and the Media Toolkit (MTK) which supplements RRA curriculum and promotes healthy living on a budget for early childhood families. For Year 3, programming was conducted in 6 the United Way for Southeastern Michigan Social Innovation Fund (SIF) target regions: Northwest Detroit, River Rouge, Inkster, Southwest Detroit, Hamtramck, and Pontiac. During the program year 2014-2015, the following number of day care centers were reached: 27 centers through RRA, 9 through HFSY, and 2 through NAP SACC. Across all centers, 2,181 preschool aged children were reached with PEACH programming and 986 children were included in evaluation activities.

Overall, the final evaluation study aim is to investigate the relationships between PEACH programs and kindergarten readiness and health behaviors. The Year 3 evaluation will contribute to this process through assessing both impact and implementation results of the RRA program. This report will focus on the following research questions:

Impact:

- Primary: Children who have participated in RRA will have significantly higher fruit and vegetable consumption.
- Secondary: Children who have participated in RRA will engage in significantly more physical activity and significantly less screen time.

Implementation:

- Were the interventions implemented with fidelity?
- What types of RRA content are most liked by participants?

To maximize the ability to make causal inferences about PEACH and observed outcomes, the evaluation design incorporates: pre-post testing, matched comparison groups, and triangulation of data sources. The impact evaluation draws from a quasi-experimental pre-test/post-test evaluation design where both quantitative and qualitative data were collected from parents and teachers using a Parent/Guardian Survey and Teacher/Parent Child Behavior Checklists. In order to isolate the program effect on the participants, the evaluators assigned centers to the comparison and intervention groups to analyze the counterfactual. To ensure that the comparison group and intervention groups were similar, centers were matched based on sociodemographic proxies known to influence nutrition, physical activity, and kindergarten readiness. The intervention group conducts RRA between the pre and post periods, while the comparison group

receives a delayed intervention. The implementation evaluation design was conducted to answer questions pertaining to program fidelity, program satisfaction, and aspects of the Media Toolkit through both focus groups and survey measures of fidelity and dosage of the program.

Previously, there has been no rigorous evaluation of the PEACH program. Though the PEACH programs have shown preliminary evidence with regard to impact on kindergarten readiness, this study aims to achieve moderate levels of evidence. Additionally, this study aims to show a moderate level of evidence of RRA, NAP SACC, and Healthy Families Start with You with regard to nutrition and physical activity. The Media Toolkit is a new program and has not been evaluated, so a pre-preliminary level of evidence is sought by the evaluation.

PEACH is on target for achieving a moderate level of evidence for fruit and vegetable intake and screen time outcomes. The PEACH team calculated effect size statistics to determine if the RRA program showed a generally positive effect on the study population and that the study is in alignment with the power analysis. Low- and mid-range effect sizes were seen when comparing the comparison group to the intervention group with the greatest effects being in reducing total hours spent playing video games and total screen time hours (0.37 and 0.34 respectively). These results illustrate that the PEACH project is having a positive effect on the study population.

The implementation analysis aimed to answer if the interventions were implemented with fidelity and satisfaction with program delivery. An average of 91% of the RRA program was completed during the intervention. Overall, the data revealed that teachers are satisfied with the program and that their students “love Regie Rainbow.” Teachers reported that their students tried and were able to identify more fruits and vegetables. Over half of the RRA teachers talked about Regie helping with literacy skills such as letter recognition, reading, and writing. These qualitative data help illuminate how our Lay Health Educators receive the program and give them the opportunity to share ideas and feedback, as well as triangulate quantitative findings.

In response to the preliminary impact findings of Year 2, several strategies were employed in Year 3 to increase the likelihood of observing behavior change. Teacher trainings were redesigned, the Media Toolkit component was rolled out, active consent forms were replaced with passive consent forms, and changes were made to increase response rate. These strategies included increasing incentives and NKFM staff hosting events at the centers to distribute and collect surveys. These strategies helped increase the response rate from Year 2.

United Way of Southeastern Michigan (UWSEM) was not approved for SIF continuation funds for Year 5; therefore Year 4 will be the last year of the PEACH SIF project. This change has affected the projected sample size, however these changes have already been accounted for in power analyses so should not impact projected statistical outcomes.

There was a transition in the NKFM internal evaluator at the end of Year 3 and previous SIF program coordinator at NKFM, Nicole Waller became the new NKFM internal evaluator in August 2015. In Year 3, PEACH also enlisted the help of three key part-time staff to assist in SIF evaluation: two graduate students at the University of Michigan School of Public Health and a recent graduate of the University of Michigan with a Bachelor’s in Statistics.

Section I: Introduction

The following annual report summarizes impact and implementation evaluation results of the third year of the Social Innovation Fund grant. This Year 3 Evaluation Report is intended to inform stakeholders of interim results.

Through the SIF initiative, PEACH strives to ensure that children are more ready to learn, parents and caregivers are more equipped to nurture child's development, and that childcare centers have tools to promote preschoolers' well-being. This project touches three domains of school readiness: literacy, health, and social emotional skills. These outcomes will be achieved based on three common indicators as proposed by the intermediary; United Way for Southeastern Michigan:

1. Children are ready for kindergarten;
2. Families promote literacy; and
3. Caregivers promote healthy development through one or more of the following policies: healthy meals and snacks, healthy physical activity, and reduced screen time.

B. Problem Definition

Overweight and obesity are among the most challenging health issues of our time. Overweight and obesity are associated with adverse health consequences, such as type 2 diabetes, hypertension, hyperlipidemia, sleep apnea, and psychosocial issues even in childhood and overweight children are more likely to become obese adults (CDC, 2014). A recent MetroNet Study in Detroit reported that 48% of children were overweight or obese (BMI the 85th percentile) as were 56% of mothers and 77% of fathers (BMI 25 kg/m²) (Young, Schwartz, Monsur, West, & Neale, 2008). Unfortunately, many people are not taking the necessary steps to be healthy. A study that used accelerometers to measure the physical activity levels of 247 children found that 54.7% of children aged 3-5 years old do not engage in the recommended amount of physical activity (Pate et. al., 2004). An alarming 25% of children 2-19 years old do not regularly eat fruit, according to data from a 2009-2010 The National Health and Nutrition Examination Survey (NHANES) report (Nielsen, Rossen, Harris, Ogden, 2014). A "Vital Signs" report trends analysis on 2003-2010 NHANES data discovered that, children's vegetable intake has not increased at all over the study time period (CDC 1, 2014).

Overweight children are more than five times as likely as their healthy counterparts to have a lower health-related quality of life (Schwimmer, Burwinkle, & Varni, 2003). Several studies found that 3-year-olds associate overweight children with the characteristics of being mean, selfish, stupid, ugly, dishonest, unhappy, lazy, and having few friends (Cramer & Steinwert, 1998; Brylinsky & Moore, 1994; Wardle, Volz, & Golding, 1995). As a result, overweight children tend to withdraw from others and exhibit lower self-esteem, increased levels of fear, sadness, nervousness, and loneliness.

A child who is experiencing poor physical or mental health may not be able to concentrate or attend to tasks in preschool. If kept home to recover, he or she may miss out on key educational

and social milestones. In the first study to examine health status and its effect on academic achievement among Head Start children, using data from the National Public School-Head Start Transition Demonstration Study, researchers found poor child health status to be an independent risk factor for lower academic achievement among former Head Start children as they began formal school (Spernak et al., 2006). In other words, sick, overweight, and/or sedentary children are not as ready for kindergarten as they could be. Two notable research studies that observed children's dietary behaviors discovered that children who ate higher amounts of fruits and vegetables were more likely to score higher on academic performance measures (Florence, Asbrige, Veugelers, 2008; Neumark-Sztainer et al., 1996).

The PEACH programs aim to increase healthy behaviors that have been shown to reduce the risk of chronic conditions such as obesity and type 2 diabetes and improve academic outcomes. These behaviors will be evaluated alongside externalizing behaviors in the classroom and at home, which the PEACH evaluation team defines as factors that play an essential role in a child's kindergarten readiness. In addition, family members' health behaviors and childcare providers' practices and policies will be evaluated as the home and school are dimensions of a larger system of a child's behavioral choices.

C. Prior Research

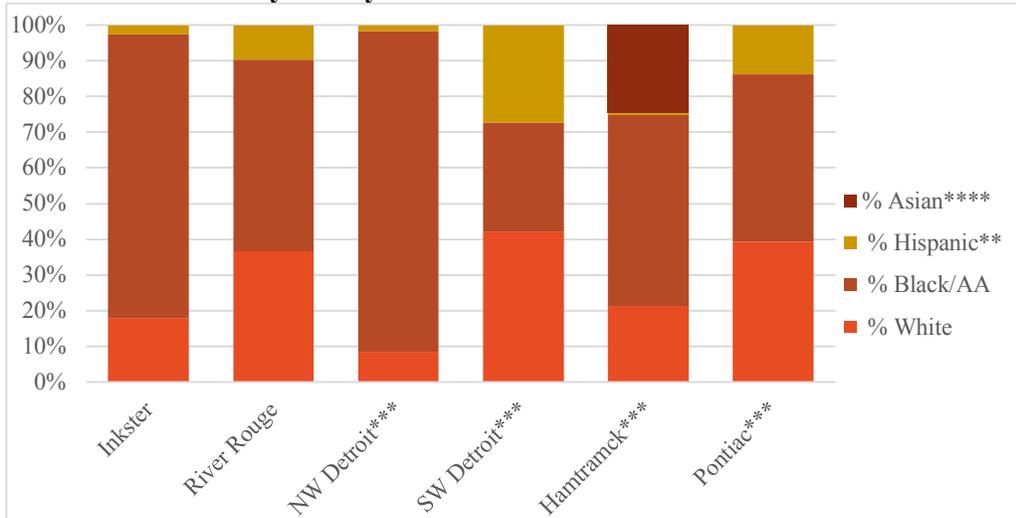
Considerable research corroborates the importance of proper nutrition, adequate physical activity, and access to basic primary care for healthy physical, cognitive, and emotional development among children (Ginsburg et al., 2007; O'Conner et al., 2013; Chaddock et al., 2011). Further, studies have demonstrated that overweight children have significantly lower math and reading test scores compared with non-overweight children in kindergarten (Chaddock et al., 2011). Therefore, interventions to improve levels of physical activity and proper nutrition among young children (ages 0 to 5) have great potential to create positive long-lasting impacts on children's health and academic potential (Ginsburg et al., 2007; Burdette & Whitaker, 2005). In addition, child care centers have been recognized as a critical, but under-utilized, setting for implementing obesity prevention programs for pre-school aged children in the U.S. (Ginsburg et al., 2007).

D. Program Background

The Project for EARly Childhood Health (PEACH) programs were implemented in early childhood education sites during the program year 2014-2015: Regie's Rainbow Adventure[®] (RRA), Nutrition and Physical Activity Self-Assessment for Childcare Centers (NAP SACC), and Healthy Families Start with You (HFSY). The following number of childcare centers were reached this year by program: 27 centers through RRA, 9 through HFSY, and 2 through NAP SACC. Across all centers, 2,181 preschool aged children were reached with PEACH programming and 986 children were included in evaluation activities. The number of children included in evaluation activities is significantly smaller because a random sample of children are selected and children who have received programming in previous years are excluded. NKFM implemented the interventions in child care centers in zip codes with high African American and Hispanic/Latino and low-income families. Regions that were touched by the PEACH interventions in Year 3 were Inkster, River Rouge, Northwest Detroit, Southwest Detroit,

Pontiac, and Hamtramck. Proportions of each region’s reported racial composition are illustrated in Figure 1, and reported average incomes are shown in Figure 2 (U.S. Census Bureau 2009-2013; U.S. Department of Health and Human Services).

Figure 1: Race Proportions of PEACH Regions Reported* from U.S. Census Bureau 2009-2013 American Community Survey



*Race alone or in combination with other races

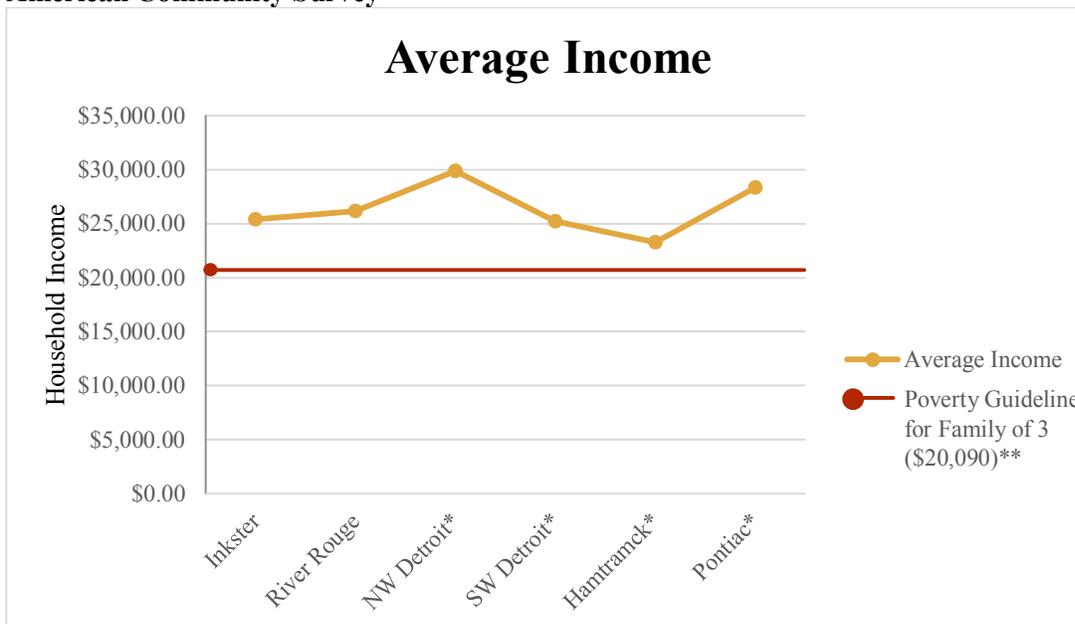
**Hispanic or Latino (of any race)

***Averages from multiple Zip Codes

****Asian added to this region for high proportion reported

Graph shows proportions of races with highest averages in that region

Figure 2: Average Income of PEACH Regions Reported from U.S. Census Bureau 2009-2013 American Community Survey



*Averages from multiple Zip Codes

**Average household size in Detroit is 2.71 (U.S. Census Bureau, 2015)

1. Program Descriptions

Each of the three programs addresses different components of early childhood education sites and complement each other's target outcomes. The programs are briefly summarized below. Please refer to Figure A in Appendix A for the logic model.

Regie's Rainbow Adventure[®]

Regie's Rainbow Adventure[®] is a seven week nutrition and physical activity education program geared toward 3-5 year old children in Head Start Programs or other early childhood education settings. The program follows a superhero broccoli character named Regie as he travels to islands of the color of the rainbow, tries fruits and vegetables of that color and earns 'power stripes' from the healthy food he tried. The books include opportunities to learn colors and new vocabulary words, practice counting, and engage in physical activity. A riddle and a song at the end of the books provide fun, age-appropriate language development skills. Each lesson is about 20 minutes long and the core program consists of reading a book, tasting a fruit or vegetable sample and sending home a parent education handout. This program is offered once a week for seven weeks. Optional activities encouraging physical activity and nutrition are included in a teacher's implementation manual.

National Kidney Foundation of Michigan (NKFM) staff provide materials and train teachers who implement the program in their classrooms. Program materials include a set of 7 books, a Regie puppet, classroom posters, fruit and vegetable cards in English and Spanish, a teacher manual, and weekly parent handouts. The classroom posters allow students to track Regie's travels from week to week, color in his power stripes earned in his adventures, and also place a sticker by their own name for each week to show that they, too, joined the Regie's Rainbow Adventure[®]. Nutrition education is provided to the parents as well through take-home handouts. These handouts include a recipe and a list of fruits and vegetables for that week's color. They also include a copy of the story that the children read with their teacher in class that day to encourage a shared reading experience with parent and child at home.

Central to the program is a food tasting of that week's themed color. Students were able to sample a fruit or vegetable in the classroom. Twice during the program, whole produce items are provided to take home with a recipe for children to share with their families. Using the recipe included on the take-home handout, families can experience together a fruit or vegetable they may not have tried or may not be likely to buy themselves. The last week of programming focuses on physical activity and screen time reduction; therefore, there is no food tasting that week.

NAP SACC

NAP SACC (Nutrition And Physical activity Self-Assessment for Child Care) is an evidence-based program that assesses and aims to improve the child care environment to promote healthy eating and physical activity. The program uses a tool to identify the strengths and limitations of the child care facility in its ability to promote nutrition and physical activity and includes components for goal setting and education. In addition, NKFM provides resources to achieve the

goals set by providers so that if a provider set a goal to provide water to children while playing outside, NKFM may purchase a large water cooler for the site. The program consists of a pre-assessment meeting at which point a childcare provider completes the assessment and creates goals, a post-assessment meeting at program conclusion and targeted assistance in goal achievement in between. NAP SACC is an environmental intervention so although only two centers received this program this grant year, a total of 332 children who attended these centers were reached.

Healthy Families Start with You

Healthy Families Start with You (HFSY) is a lay health educator based program involving parents and caregivers through individualized coaching and targeted group nutrition and physical activity education sessions. After receiving a standardized training from NKFM, staff within the site conduct two health chats with participating parents. As part of these chats, parents complete a health assessment form (at two time points), set health related goals, and discuss nutrition and health messages. Group educational classes such as nutrition and physical activity demonstrations are also offered at participating sites. Through educating parents about nutrition and physical activity, HFSY aims to improve parents' behaviors so that they can ultimately serve as positive role models for their children. In this grant year, 55 parents and caregivers were reached through this program by 12 trained lay health educators.

The evaluation design varied greatly by type of program and will be described in more detail in Section II. To evaluate the effect of RRA, childcare centers were selected to serve as intervention and comparison centers. Centers serving as comparison centers received a delayed intervention so that after the evaluation activities had concluded, they received the program. Parent, teacher, and child level information was collected. All 27 centers received programming and evaluation.

HFSY and NAP SACC were conducted at both implementation and comparison sites but only the data from the implementation sites will be analyzed. This data will be used to compare the effect of receiving: 1) RRA, 2) RRA and NAP SACC and 3) RRA, NAP SACC and HFSY. HFSY was conducted at 24 centers. NAP SACC was conducted at 2 of the centers. Because of the considerably smaller sample size for HFSY and NAP SACC, the data will not be analyzed until the end of the grant period.

Media Toolkit

The Media Toolkit (MTK) supplements the RRA curriculum and is provided to promote healthy living and development on a budget for early childhood families. It consists of a website with free downloadable parent and teacher resources such as games, handouts, and additional curriculum components. The Media Toolkit also contains an RRA Facebook page that shares local community events, posts, and photos dedicated to nutrition, physical activity, and literacy for early childhood families. The toolkit encourages families to bring RRA out of the classroom and into the home. Data to evaluate this component include the number visits to the full website and measuring user engagement of the Facebook page throughout the year.

2. Program Development

The PEACH programs were developed using the Social Ecological Model and the Social Cognitive Theory as a theoretical framework. The Social Ecological Model issued by the Dietary Guidelines for Americans provides a framework for nutrition and physical activity programs. It recognizes that an individual's physical activity and food choices are impacted by individual factors, environmental settings, sectors of influence and social and cultural norms and values (USDA, 2010). The programs use this multi-level approach to communicate nutrition education messages of increased fruit and vegetable consumption and physical activity every day. Our programs reach the individual, their families, and the early childhood education environment and early childhood governing bodies that enforce licensure regulations.

Behavior change approaches used within the programs are based on Social Cognitive Theory, developed by Albert Bandura. Research in the fields of social learning/cognitive theory and social influence support the repeated use of consistent messages via multiple avenues as a way to create dialogue in the community (i.e., within the early childhood settings) and to encourage changes in behavior (Bandura, 1998). These theories emphasize the importance of providing multi-level programming and activities such as health knowledge to individuals, families, schools, and communities, in addition to developing incentive systems, self-management capabilities, and strong family support.

Since the approval of the SEP, the project has undergone several changes which will be noted in this report.

E. Contribution of the Study

1. Overview of Study

The following report summarizes the impact and implementation results of the third year of the Social Innovation Fund grant. See Table A in Appendix A for the full list of early childhood centers implementing PEACH program in this grant year. The impact evaluation draws from a quasi-experimental pretest/posttest evaluation design, and quantitative and qualitative data collection from parents and teachers. As seen in the logic model (Figure A in Appendix A), short term outcomes for RRA include increased exposure to fruits and vegetables and increased collaboration and partnership and long term outcomes include increased healthy food choices, increased time spent being physically active, and decreased problem behaviors in addition to several others. The implementation evaluation consists of focus groups with teachers in addition to survey measures of fidelity and dosage of the program.

Overall, the final evaluation study aim is to investigate the relationships between PEACH programs and kindergarten readiness and health behaviors. The Year 3 evaluation will contribute to this process through assessing effect sizes of confirmatory program outcomes of Regie's Rainbow Adventure[®], which are fruit and vegetable consumption and physical activity. These preliminary outcome results will illuminate these aspects of the study population's school readiness. Once the final sample size has been achieved at the end of Year 4, the study team anticipates achieving the target level of evidence.

2. Previous and Target Level of Evidence

Regie's Rainbow Adventure® (RRA), Nutrition and Physical activity Self-Assessment for Child Care (NAP SACC), and Healthy Families Start with You (HFSY) have been studied for their effect on nutrition and physical activity. The primary focus of the overall evaluation study is on PEACH's effect on kindergarten readiness. The program has shown preliminary levels of evidence with regard to impact on kindergarten readiness; this study aims to achieve moderate levels of evidence. The MTK is a new program and has not been evaluated; a pre-preliminary level of evidence is sought by the evaluation.

Additionally, this study aims to show a moderate level of evidence of RRA, NAP SACC, and HFSY with regard to nutrition and physical activity. The study will advance the evidence base via the careful steps taken in preserving internal validity through demonstrating a strong conceptual basis; preceding observed outcomes; ruling out other explanations for outcomes; capturing statistically significant associations; and utilizing reliable and valid measures. It is important to note however that this document will only report on program outcomes of RRA, specifically the confirmatory research questions which have previously shown preliminary levels of evidence.

3. Level of Evidence Achieved

PEACH is on target for achieving a moderate level of evidence for fruit and vegetable intake and screen time outcomes. The effect sizes calculated show the overall magnitude and direction that was desired based on power analyses. Efforts to maintain internal validity will continue to strengthen and support the PEACH study's level of evidence achieved. PEACH projects that the study will be able to fulfill this 2014 Notice of Funds Available (NOFA) criteria for achieving a moderate level of evidence provided in the SIF Reporting Guidance: "at least one well-designed and well-implemented experimental or quasi-experimental study supporting the effectiveness of the practice, strategy, or program, with small sample sizes or other conditions of implementation or analysis that limit generalizability."

4. Strengths and Limitations to the Study

The current quasi-experimental design which aims to assess impacts and implementation of the PEACH programs shows strength in its steps taken to address common threats to internal validity, the accumulation of three years of pre and post cohort data, differentiation between effects of program dosage on study outcomes, and the statistical analysis of program effect sizes on the study population. Maintaining internal validity facilitates the ability to make causal references to program outcomes. Having a large dataset of pre and post time points allows the evaluation to determine baseline characteristics which also opens up the ability to assess differences between study groups. Assessing effect sizes strengthens the study's ability to determine not only the statistically significant changes that appear, but also the magnitude of PEACH programs on affecting change. A limitation to the study is its low generalizability, as our population is specific to socioeconomic status, location, age, and enrollment in the Head Start (or GSRP) program. It is imperative to illuminate the conditions under which PEACH functioned in evaluation dissemination.

F. Research Questions

This project has both impact and implementation research questions for all four programs. This interim evaluation report seeks to preliminarily address some of the questions, while the final report will address all research questions. Impact evaluation questions address outcome measures related to school readiness, nutrition, and physical activity. Process measures center around program dosage, fidelity and the evaluation of the MTK. Program satisfaction will also be measured via focus groups and web-based analytics for the MTK. Please refer to the tables below for specific question details.

1. Impact Questions

Impact evaluation questions center around outcomes of fruit and vegetable consumption, physical activity and screen time, and externalizing behaviors at home and in the classroom.

Tables 1, 2, & 3: Impact Questions

<i>Regie's Rainbow Adventure® (RRA):</i>		
Type of Research Question	Method of Analysis	Research Question
Confirmatory Primary Question	<ul style="list-style-type: none"> • Time component: post test analysis adjusting for baseline values • Comparison Groups: Intervention vs. Comparison • Instrument: RRA Parent Survey • Reporting: Analyzed for Annual and Final Reports 	Children who have participated in RRA will have significantly higher fruit and vegetable consumption.
Confirmatory Secondary Question	<ul style="list-style-type: none"> • Time component: post test adjusting for baseline values • Comparison Groups: Intervention vs. Comparison • Instrument: RRA Parent Survey • Reporting: Analyzed for Annual and Final Reports 	Children who have participated in RRA will engage in significantly more physical activity and significantly less screen time.
Exploratory Question	<ul style="list-style-type: none"> • Time component: post test analysis adjusting for baseline values • Comparison Groups: Intervention vs. Comparison • Instrument: Child Behavior Checklist 1.5-5 and the Caregiver-Teacher Report Form 1.5-5 • Reporting: Analyzed for Final Report* 	Children who received RRA programming will have significantly lower externalizing behaviors (and sub scale scores within externalizing behaviors).
Exploratory Question	<ul style="list-style-type: none"> • Time component: post test analysis adjusting for baseline problem behaviors • Comparison Groups: Intervention vs. Comparison • Instrument: classroom level problem behavior survey 	Children who received RRA programming will have significantly decreased classroom level problem behaviors.

	<ul style="list-style-type: none"> • Reporting: Analyzed for Final Report* 	
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**Analyzed for Final Report only due to exploratory nature*

Healthy Families Start with You:		
Type of Research Question	Method of Analysis	Research Question
Confirmatory Primary Question	<ul style="list-style-type: none"> • Time component: Comparison of Pre and Post • Comparison Groups: None • Instrument: Pre and post chat instrument • Reporting: Analyzed for Final Report* 	Parents who participate in the program will display significantly higher levels of positive health behaviors.

**Analyzed for Final Report only due to smaller sample size at time of Year 3 Report*

NAP SACC:		
Type of Research Question	Method of Analysis	Research Question
Confirmatory Primary Question	<ul style="list-style-type: none"> • Time component: Comparison of Pre and Post • Comparison Groups: None • Instrument: Pre and Post Center Nutrition and Physical Activity Practices survey • Reporting: Analyzed for Final Report* 	Centers that complete making improvements in nutritional and physical activity offerings will offer healthier food options and more physical activity opportunities.

**Analyzed for Final Report only due to smaller sample size at time of Year 3 Report*

2. Implementation Questions

Process measures center around program dosage, fidelity and the evaluation of the newly developed intervention, the Media Toolkit (MTK). Program satisfaction will also be measured via focus groups and web-based analytics for the MTK.

Table 4: Implementation Questions

Type of Research Question	Method of Analysis	Research Question
Process Question	<p>Numbers of parents and caregivers who access the web-based programming will be measured and reported based on web-based analytics</p> <ul style="list-style-type: none"> • Time component: Cumulative analysis from the beginning of Year 3 to end of Year 3 (September 01-August 31). • Instrument: Google Analytics 	How many people are reached through the Media Toolkit: NKFM.org Early Childhood page?

	<ul style="list-style-type: none"> • Reporting: Annual and Final Report. Final report will show cumulative data. 	
Process Question	<p>Numbers of parents and caregivers who access the web-based programming will be measured and reported based on web-based analytics that capture page views, likes, and post engagement.</p> <ul style="list-style-type: none"> • Time component: Analyzed by month, showing growth throughout the Year 3. (September 01-August 31) • Instrument: Facebook Insights • Reporting: Annual and Final. Final report will show cumulative data. 	How many people are reached through the Media Toolkit: Regie’s Rainbow Adventure® Facebook page?
Process Question	<p>Parents and caregivers interact via comments, likes and visits with certain themes of web-based programming therefore indicating satisfaction with this type of content.</p> <ul style="list-style-type: none"> • Time component: Analyzed within Year 3. • Instrument: Facebook Insights • Reporting: Annual and Final. Final report will show cumulative data. 	What types of MTK content are most “liked”, “shared”, and “commented” on by Facebook participants?
Process Question	<p>Teachers provide feedback in focus groups about components of the programs that are most liked and beneficial to children’s learning.</p> <ul style="list-style-type: none"> • Time component: Analyzed within Year 3. • Instrument: Focus Groups • Reporting: Annual and Final. Final report will show cumulative data. 	What types of RRA content are most liked by participants?
Process Question	<p>Teachers and center staff implemented RRA with fidelity as reported in key informant interviews and the implementation checklist.</p> <ul style="list-style-type: none"> • Time component: Analyzed within Year 3. • Instrument: Implementation Checklist and Focus Groups. 	Were the interventions implemented with fidelity?

	<ul style="list-style-type: none"> • Reporting: Annual and Final. Final report will show cumulative data. 	
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3. Findings to Date

a) Year 1

During the first program year (2012-2014) of Social Innovation Fund implementation and evaluation, three Project for EArly Childhood Health (PEACH) programs were implemented: RRA, HFSY and NAP-SACC. In the first year of programming, 2,239 were reached in Northwest Detroit and River Rouge, two of the ten identified service regions. In addition, 999 participants received SIF programming at Hartford Head Start which served as a pilot, who did not receive all evaluation tools, only retrospective post parent and teacher surveys and implementation checklist. There were 903 children participating in the program in the intervention sites (New St. Paul Head Start, Rising Advocates for Young Children, and The Guidance Center River Rouge Head Start) and 274 children in the comparison sites (The Guidance Center Ecorse Head Start, and The Children’s Center Head Start Academy).

Due to logistic constraints and the desire to foster relationships with community partners, it was not feasible to randomly assign comparison groups. Therefore, propensity score matching was used based on household income, average MEAP scores, racial/ethnic comparison, center type, availability of transportation, access to local food stores, neighborhood safety, and access to parks. Several data measures were used in order to collect data for all of the outcomes measured. Data was collected from parents, teachers, and in some cases administrators. Parents completed a Fruit & Vegetable Questionnaire, Physical Activity Questionnaire, and a retrospective post parent survey. Teacher’s completed an Implementation Checklist, retrospective post teacher survey, as well as participated in key informant interviews. Both outcome and process related data was collected and analyzed.

After the first year, promising preliminary data about the effects of Regie’s Rainbow Adventure® on children and parent’s health and kindergarten readiness. After the program, 94% of teachers who completed the survey agreed or strongly agreed that their student understood the benefits of eating fruits and vegetables. Improvements in parental behavior were also seen: 85% of parents agreed or strongly agreed that they ate more fruits while 79% said that they eat more vegetables. Finally, 63% of teachers agreed or strongly agreed that after implementing the RRA curriculum, their students were better prepared for the next grade level.

This first year of SIF programming was used as more of an implementation evaluation to explore which domains of kindergarten readiness to focus on, and which measures were effectively capturing fruit and vegetable consumption.

b) Year 2

In the second year of programming, 4,278 children were reached in four of the identified ten regions: Northwest Detroit, River Rouge, Inkster and Southwest Detroit. The two additional

regions of Inkster and Southwest Detroit were added for Year 2. A total of 43 Head Start centers were involved, 24 as implementation centers and 19 as comparison centers.

Implementation findings from Year 2 show that across all classrooms that implemented the program, 91% of the components were completed with a minimum of 74% of components and a maximum of 100% of components.

Instruments that were used to collect data on RRA comprised of a Parent/Guardian survey, height and weight measurements, Implementation Checklist, Key Informant Interviews, Teacher Classroom Level Problem Behaviors, Caregiver-Teacher Report Form (Teacher CBCL), Child Behavior Check List 1.5/5 (CBCL), and the Weekly Attendance sheet.

An optimistic outcome finding from Year 2 showed several statistically significant differences in the parent’s perceived report of child fruit and vegetable consumption in the implementation vs. the comparison group when adjusting for baseline level of the variable and clustering of children in the same classroom. Parents were asked the grade they gave their child regarding several health behaviors (Table 5). Parents could select any grade from A-F for behaviors such as physical activity/exercise, eating fruits, and drinking sweetened beverages. A grade of ‘A’, like an academic grade, was a positive score and corresponded with a healthy behavior while a grade of ‘F,’ corresponded with an unhealthy behavior.

Table 5. Year 2 Parental Perceived Intake of Fruit and Vegetables

Comparison	Odds of Reporting A or Not A for Fruit Consumption Odds Ratio (95% C.I.)	Odds of Reporting A or Not A for Vegetable Consumption Odds Ratio (95% C.I.)
Implementation vs. control	1.64 (1.06, 2.53)*	1.53 (1.07, 2.19)*
Implementation low dose vs. control	1.08 (0.58, 2.01)	1.14 (0.68, 1.91)
Implementation high dose vs. control	1.96 (1.20, 3.19)*	1.77 (1.19, 2.63)*
Implementation high dose vs. low dose	1.81 (0.96, 3.43)	1.55 (0.90, 2.69)
*p < .05		
^a Odds ratio calculated based on generalized linear mixed effect model adjusting for baseline level and clustering of students in the same classroom.		
^b The variable was collapsed so that grade ‘A’ was given a value of 1 and grades B-F were given a value of 0		

A significant dose effect with internalizing behaviors was found among children who received the program in Year 2. Higher attendance was significantly associated with parents reporting that their child was less likely to be unhappy at post test when controlling for race, parent’s education and baseline level of this variable (p value = 0.0595). Year 3 evaluation does not report on these behaviors. A decrease in externalizing behaviors is an exploratory outcome for the SIF Project and the Final Report will focus on all confirmatory and exploratory outcomes to maximize sample size and level of evidence.

4. Program Changes

The Media Toolkit program component experienced a major change from Years 1 and 2 to Year 3. Years 2 and 3 were spent planning and developing the MTK. In Year 3, NKFM launched the MTK by posting resources for teachers and parents on the NKFM website at

www.nkfm.org/regierainbow and developing the Regie Rainbow Facebook (www.facebook.com/regie.rainbow). This component was then added to RRA teacher trainings at intervention sites.

One component of the RRA program is fruit or vegetable tastings within the classroom. In previous years, children received tasting bags of the item tasted to take home to share with their family six of the seven weeks of the program. Parents receive a handout with storage and preparation tips for the produce, and an easy family friendly healthy recipe. In an effort to increase the sustainability of the program and program replication, NKFM decreased the number of tasting bags that are sent home with the child from six to two, which take place on survey completion event days. Typical weekly sampling within the classroom continued.

Several programmatic strategies were employed in Year 3 to increase the likelihood of observing behavior change. First, changes were implemented to the actual RRA program, including a redesign of teacher trainings, increased efforts of data dissemination to teachers, and updated RRA story books and parent handouts. A dissemination flyer that was distributed to the PEACH SIF site administrators and teachers is included in Appendix A (Figure B), along with samples of the change in RRA illustrations (Figure C).

5. Use of Previous Findings to Evolve Evaluation

Changes to evaluation efforts were made in order to increase the response rate and validity of the data. NKFM staff hosted events at the childcare center during child pick up and drop off where they asked parents to complete surveys, offer incentives, distribute health information and provide a food sample. The teachers were still responsible for distributing surveys to parents not reached at these events but it removed a large portion of the work they did in Year 2. In Year 1 and Year 2, teachers were responsible for asking all parents of children in their classroom to complete surveys. In Year 3, a smaller random sample of 50 children per center was selected for survey distribution with a target of 30 completed surveys by both parents and teachers. This was a change from Year 2 where we did not have a sample of children, except for a subsample of 20 children for the Child Behavior Checklist instrument. The addition of a random sample and elimination of a small subsample for the instrument were implemented to increase response rates.

More substantial teacher and parent incentives in the form of gift cards were distributed in Year 3. It was hoped that the ability to tell parents that they will receive an incentive when returning a survey would increase the likelihood that parents return completed surveys. Two of the survey instruments were also slightly modified. The implementation checklist was changed in order to collect more accurate data. Language was added to this survey to decrease social desirability effects and to encourage teachers to report the actual percentage of the program they were able to implement. In addition, in response to parent feedback, positive behaviors were added to the CBCL 1.5/5 to increase the likelihood that parents will complete the survey. The original version of this survey only includes negative behaviors. Teachers reported in key informant interviews in Year 2 that these negative items frustrated parents. By adding items such as ‘plays well with others’ and ‘does something you are proud of’, parents were given an opportunity to also describe positive characteristics about their child.

The total average response rate for child level data did indeed increase following the evaluation changes to Year 3, as illustrated below:

Program Year	Pre Survey Response Rate	Post Survey Response Rate
Year 2	40%	33%
Year 3	61%	43%
Difference	21% increase	10% increase

Focus group methodology was also changed in Year 3. In Year 2, focus groups were conducted with all intervention sites (implementation centers). However, information collected from groups showed content saturation so in Year 3, only new implementation centers were included in focus group efforts.

As the MTK was a new program component in Year 3, evaluation efforts were also newly developed and implemented. In efforts to maintain a true quasi-experimental design with implementation and comparison groups, the MTK was only promoted within implementation sites, and during regular RRA programming within comparison sites after evaluation was completed.

A final change to the evaluation process in Year 3 was the use of passive consent forms instead of active consent forms. This requires parents to sign the passive consent form only if they do not consent to their child’s data being used in the SIF study. When the consent form is not signed and given back to NKFM, consent is assumed. If parents did not consent their child for the study, NKFM did not use any of the data from the individual level survey instruments including those completed by teachers about individual children. However, NKFM still collected the height and weight data of all children as this practice is a part of regular programming at the center. This practice was adopted in Year 3 to reduce the amount of paperwork required for parents to send in to participate in the study. For more detailed information on this, please refer to an amendment to the SEP that was sent in June 2015.

Section II: Study Approach and Methods

The Year 3 SIF evaluation focuses on both impact results and implementation results. Both are included in the evaluation to illuminate how the study population received the programs as well as how the programs left an impact on participants in regards to kindergarten readiness. PEACH has taken careful steps in order to retain internal validity by addressing these common threats (Grembowski, 2001):

- *History*: The use of comparison groups represents a key strategy for minimizing threats to history. By observing a comparison group, which will be exposed to the same external events as the treatment group over the course of the program, evaluators can better attribute observed outcomes in the treatment group to PEACH programming. Additionally, children who have received the programs in the past are screened out of the evaluation.

- *Maturation:* The use of matched comparison groups will control for maturation threats by limiting the extent to which PEACH effects can be attributed to the natural maturation of children over time.
- *Testing:* Treatment and comparison groups will receive the same tests and data collection assessments at pretest. Administration of the same tests to both groups will increase the likelihood that, if testing effects exist (e.g. participants' outcomes are exaggerated or understated), they will apply to both groups, maintaining their comparability. Further, several of the measures utilized for the PEACH evaluation will rely on data collection already taking place at the child care centers (e.g. BMI measurement) and, thus, should have limited testing threats to the internal validity of this study.
- *Instrumentation:* The proposed evaluation will further preserve internal validity by employing common tools across programs as well as at pre- and posttest. The use of consistent assessments at pre and post and with comparison groups will support evaluators' ability to draw conclusions about the programs themselves, rather than the instruments, as well as make viable comparisons across PEACH programs. The set of pre-post assessment tools include: 1) parental/caregiver survey to measure children's physical activity and diet, 2) BMI measurement, 3) measures of kindergarten readiness (Child behavior checklist and Caregiver-Teacher Report form), 4) chat forms to measure parent/caregiver health behaviors in Healthy Families Start with You and 5) childcare center practices with respect to diet and nutrition in NAP SACC.
- *Statistical regression effects:* Regression threats to PEACH evaluation findings will be reduced because participants have not been selected for PEACH participation based on specific pretest scores. Further, if regression effects do occur, they will likely occur in both treatment and comparison groups. The use of reliable and validated instruments, where possible, will further control for regression threats. This will be especially true when measuring the primary outcome of interest, kindergarten readiness, utilizing the Child Behavior Checklist and Caregiver-Teacher Report Form.
- *Attrition:* The evaluation will utilize child care centers, which are already intact groups. While attrition cannot be controlled for exactly, comparing "natural" groups will minimize the likelihood of unequal attrition between groups and related threats to internal validity. Missing data analysis will be conducted on intervention and comparison groups to assess the likelihood that data is missing at random and that the patterns of missingness are equivalent across groups.
- *Differential selection:* The evaluation will minimize threats to selection, or the possibility that differences in intervention and comparison treatment groups account for observed outcomes, and its potential interaction with maturation, history and instrumentation by matching treatment and comparison groups on several characteristics and by employing a pre-/posttest design.

Given these strengths, the study still has certain limitations:

- *Selection bias:* With a nonequivalent comparison group design, there exists the possibility that comparison and treatment groups will still vary on some unmeasured characteristics (Rossi et al., 2004).
- *External validity:* Because our target populations for the SIF are made of predominantly low income and high African American and Latino communities, study findings cannot be generalized unless the data are weighted.

- *Repeated programming sites*: Even though the evaluation study follows a comparison/implementation group model, PEACH is unable to control for sites with returning teachers that may carry over nutrition education practices that they learned during previous Regie’s Rainbow Adventure® programming, either during SIF or before SIF began. Because PEACH strives to benefit the at-risk population it serves as much as possible, sites are not withheld the program but instead offered a delayed intervention.

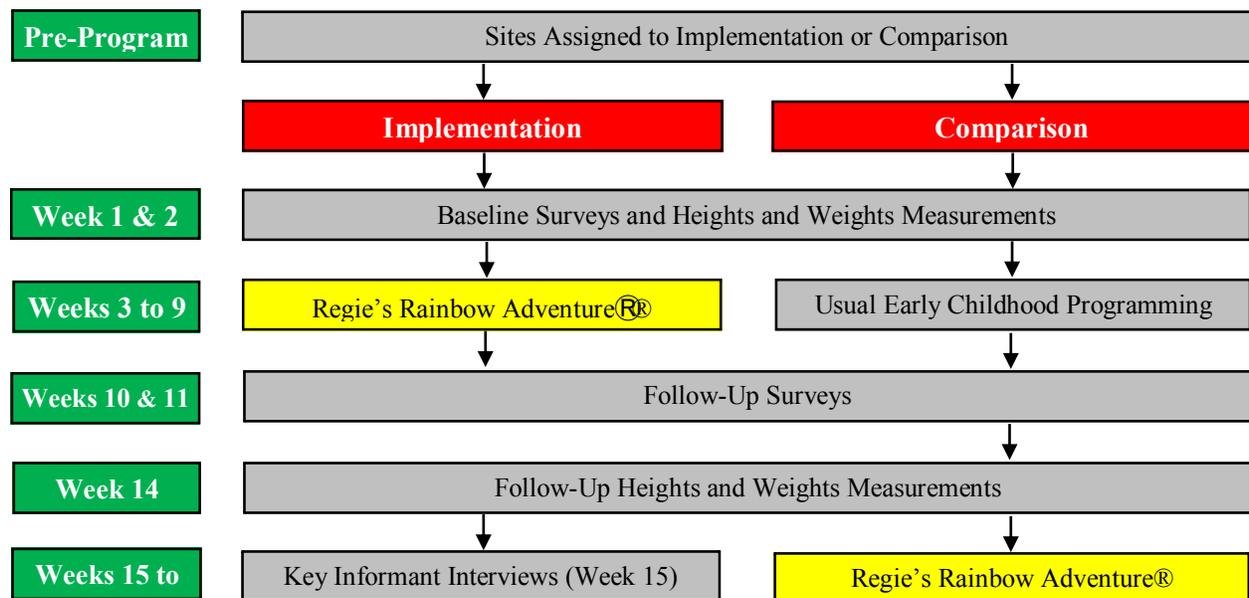
A. Implementation Evaluation Design

The implementation evaluation in Year 3 of the SIF PEACH project was conducted to answer questions pertaining to program fidelity, program satisfaction, and aspects of the Media Toolkit implementation through both qualitative and quantitative approaches.

B. Impact Evaluation Design

The evaluators draw from a quasi-experimental design to analyze program effects. In order to isolate the program effect on the participants, the evaluators assigned centers to the comparison and intervention group to analyze the counterfactual. As seen in Figure 3, the intervention group conducts Regie’s Rainbow Adventure® between the pre and post periods, and the comparison group conducted a delayed intervention after all data collection is finished.

Figure 3. Year 3 Impact Evaluation Design and Timeline- Regie’s Rainbow Adventure®



After one year of being in the comparison group and receiving the delayed intervention, children are no longer eligible to be in the comparison group. In addition, there is not adequate power for children across both the implementation and comparison group to analyze whether or not there is an increase in positive outcomes when children receive more than one year of the program. Therefore, children are excluded from the evaluation after receiving one year of RRA.

Due to logistical constraints and the desire to foster relationships with community partners for future work, it was not feasible to randomly assign sites to serve as comparison groups for the program. Therefore, to increase the internal validity of the evaluation (the selection threat) and to ensure that the comparison group and intervention groups were similar, centers were matched based on demographics known to affect the variables of interest. The program is delivered at a center level. An entire childcare center implements the core program (and in some instances only some of the teachers participate in the evaluation, based on the randomization process). Therefore, we were unable to match individuals in this evaluation because we treat each school as a center. To obtain as much matching equivalency as possible, we use sociodemographic proxies known to influence nutrition, physical activity and kindergarten readiness such as racial/ethnic composition, size of the population, and median family income for matching. In some cases, centers within the same region were able to serve as comparison which further increased the internal validity of the data. For example, Matrix Human Services Vista Nuevas Head Start was able to serve as their own comparison center by randomly delegating some of their sites to be implementation sites and comparison sites. Peer-reviewed public health literature corroborates the use of this model of matching groups based on demographic characteristics when evaluating the effectiveness of health and nutrition based interventions (Veugelers & Fitzgerald, 2005; Swinburn et al., 2014; Hoelscher et al., 2015; Cloutier et al., 2015).

To maximize the ability to make causal inferences about PEACH and observed outcomes, the evaluation design incorporates pre-post testing, matched comparison groups, and triangulation of data sources. Through these mechanisms, the evaluation will strive to satisfy five requirements of internal validity: that PEACH demonstrates a strong conceptual basis (see logic model and discussion), PEACH precedes observed outcomes, other explanations for observed outcomes have been ruled out, a statistically significant association exists between PEACH and observed outcomes, and outcome measures are reliable and valid. These five requirements are described in detail in the report's Introduction.

C. Sampling

1. Selection

Program participants at each center were selected through a randomization process, using the same process for both implementation and comparison groups. There were 27 centers selected for evaluation in Year 3, with 30-50 children selected at random for evaluation which added up to a total of 2091 children. The number of children selected was determined by how many children are enrolled when the selection process began, and how many children had previously participated in the intervention. At the end of data collection, there were 986 children in the final sample: 430 of these participants were in the comparison group and 556 were in the implementation group. Data may not have been collected for the entire sample due to absence, non-consent, or incomplete data. Focus group participants were selected based on new intervention center status.

As seen in Table 6, demographic data were collected on 718 children. The average age of children receiving the program was 4 years. The sample was predominantly Black or African American (62%), with 24% of participants reporting they were Hispanic/Latino, 2% reporting

they were white and 2.7% described themselves as Arab/Arab American. Other parents reported their children to be part of an ‘other’ category which predominantly consisted of Bengali and Asian families. Almost three quarters of the parents completing the survey reported an annual household income of less than \$20,000 (76%), 24% reported an annual household income between \$20,000 and \$35,000, and 5% reported an annual household income above \$35,000.

Table 6: Description of Study Participants (n = 718)

Age (mean, sd)	4.09 (0.54)
Gender (%)	
Female	50.35
Male	49.65
Race/Ethnicity (%)	
Black	62.62
White	2.00
Hispanic/Latino	24.39
Arab	2.71
Other	8.27
Parental Education (%)	
Less than HS	23.22
HS to some college	68.82
College or above	7.96
Annual Household Income (%)	
Less than 20K	71.23
20K to 35K	23.63
35K and above	5.14

2. Baseline Equivalence Analysis

Please refer to Table 7 for a comparison of demographics of study participants in the implementation and comparison groups. There were statistically significant differences in race/ethnicity and annual household income between the implementation and comparison. In order to account for these differences, race/ethnicity and annual household income were included in all analyses.

Table 7. Baseline Equivalence Analysis (Between Study Groups) (n = 718)

	Comparison (n=297)	Implementati on (n=421)	p-value
Age (mean, sd)	4.08 (0.52)	4.09 (0.55)	0.7476
Gender (%)			0.4916
Female	48.82	51.43	
Male	51.18	48.57	
Race/Ethnicity (%)			7.4988E-10*
Black	75.60	53.41	
White	1.03	2.68	
Hispanic/Latino	15.81	30.49	
Arab/Arab American	4.12	1.71	
Other	3.44	11.71	

Parental Education (%)			0.7615
Less than HS	24.59	22.28	
HS to some college	68.03	69.36	
College or above	7.38	8.36	
Annual Household Income (%)			0.0180*
Less than 20K	75.85	68.10	
20K to 35K	17.80	27.59	
35K and above	6.36	4.31	
*p < .05			

D. Measures and Instruments

The evaluation of the PEACH programs includes the collection of qualitative and quantitative data, outcome and process data and data from the parent, teacher and child. See Table B in Appendix A for details about each survey instruments and measures by program. Please refer to Appendix C for all Year 3 survey instruments.

1. Regie’s Rainbow Adventure® Parent Surveys

One of the main sources of outcome data for the evaluation, and particularly nutrition and physical activity related outcomes is the parent/guardian survey. This survey is completed by parents and caregivers about their child’s eating habits at baseline and follow-up. This survey also asks basic demographic information and measures of internalizing behaviors such as sleep quality and mood. Internalizing behaviors form another domain of kindergarten readiness and have been found in nationally representative samples to be related to children’s health and success in school (Datar & Sturn, 2004; Romano et al., 2010). Parents also complete the CBCL 1.5/5, a survey about the frequency of their child’s externalizing behaviors at baseline and follow-up (Achenbach, 2014). The externalizing behaviors scale is made up of two subscales: the child’s ability to pay attention at school, and the child’s level of aggression at school. This survey replaced the data that would have been collected through the Early Development Instrument (EDI). An SEP amendment documenting this change was submitted in August of 2013.

Fruit and vegetable intake are PEACH’s primary outcomes for Regie’s Rainbow Adventure®. Numerous articles have been published in scholarly manuscripts that have either utilized a parent report of child food consumption or have validated the parent report of child food consumption (Bjelland et al., 2013; Taveras et al, 2011; Resnicow et al, 2011; Blum et al., 1993; Rifas-Shirman et al., 2001; Parris et al., 2003; Byers et al., 1993). These studies support the reliability, validity and precedence of use requested for the NKFM’s choice of measures for fruit and vegetable and sugar sweetened beverage consumption.

2. Regie’s Rainbow Adventure® Teacher Surveys

Teachers complete several classroom level surveys including the classroom level problem behaviors and implementation checklist. The classroom level problem behaviors survey is

completed at baseline and follow-up and asks teachers about the percentage of children in the class who exhibit behaviors such as being unable to sit still, or obey class rules. This survey is used as another measure of kindergarten readiness in order to increase the reliability of data collected for this construct and maximize the ability to make causal inferences about the programs and observed outcomes. The implementation checklist is a program fidelity measure that describes the extent to which the program is being implemented as intended. Each week, teachers track the number of components in the program that they actually implemented in their classroom.

The teachers also complete two individual level measures: the Weekly Attendance Sheet and the C-TRF. The C-TRF is identical to the CBCL 1.5/5, except that it includes questions about behaviors that would occur in the classroom and does not include questions about behaviors that would occur at home. The Weekly Attendance Sheet is completed by the teacher during the course of the program. Each week the teacher marks child attendance on the sheet so that program dosage can be calculated. The Weekly Attendance Sheet and Implementation Checklist are for implementation centers only, and are only completed once per year.

Finally, process data were collected from 8-10 teachers at new implementation centers in key informant interviews. These took place after the end of program implementation and evaluation activities. In these interviews, teachers were asked about a) program satisfaction, b) program implementation, and c) if there was any parental confusion regarding survey questions or surveys.

3. The NAP SACC

The evaluation measures for the NAP SACC program consist of a pre and post self-assessment completed by the center administrator or lead teacher. The assessment measures 21 areas of nutrition and physical activity policy, practices and environments to identify the strengths and limitations of the child care facility. Regarding nutrition, providers ask questions about practices such as the number of fruits, vegetables, lean meats and whole grains served to the children each day. Providers are also asked about their center's physical activity practices such as the time children of each age range spend engaging in supervised and unsupervised play. They are also asked if they have specific policies in place to encourage an increase in physical activity and nutritious food, and a decrease in screen time. The self-assessment answers also help childcare providers set goals for change, and develop plans to improve practice. These data were collected in Year 3, however will not be reported on until the final report.

4. Healthy Families Start with You Chats

The evaluation for HFSY consists of the two Health Chat forms used to facilitate the program. The first health survey form, completed at the first chat, helps focus and tailor the session to the participant while collecting baseline and demographic data. The form also collects baseline data about key health and nutrition behaviors such as high fat and salt foods, whole grains, fruits and vegetables, and physical activity. In this session, the participant also sets health related goals that will be discussed in the second chat session. The second chat session and the corresponding chat form are designed to measure improvement towards the participants' goals and improved health behaviors. To this end, the participant is asked some of the same questions about the types of

food that they eat and how often they engage in physical activity in order to measure behavior change between the two chat sessions. These data were collected in Year 3, however will not be reported on until the final report.

5. Media Toolkit Analytics

The NKFM website and Facebook page offer a wide variety of data to analyze the reach and satisfaction of this component. Specifically, NKFM will measure the number of people reached through the website and Facebook page in addition to types of posts that created the most engagement with program participants. NKFM will analyze the themes of the most liked Facebook posts and use this data to tailor the content to program participants. These metrics are available through Google Analytics and Facebook Insights.

6. Data Collection

NKFM staff were trained in all data collection processes at the beginning of Year 3 and were provided with technical support throughout the year by the evaluation team. Teachers and site administrators were also given information about activities and processes pertaining to consent, data collection, and programming. Feedback from staff, teachers, and administrators was collected throughout the year via informal and formal communication on the processes. Any challenges to the process were addressed and positive feedback was shared with the team to maintain morale and ensure successes could be repeated. An example of a challenge was from one center who found that the random selection of children made it difficult to communicate to parents that only some children were chosen for evaluation, as they wished to be able to offer incentives to all parents.

a) *Regie's Rainbow Adventure*®

Data for RRA were collected through a series of events and activities. Initially, demographic data from national census sources were collected on zip codes of the SIF regions and comparison regions to determine matching eligibility. Next, survey data were collected through the new process of hosting “Regie Paloozas” (for implementation sites) and “Parent Paloozas” (for comparison sites) at each center. These events were specifically developed to aid in the parent and teacher survey collection process. NKFM staff arrive at the school before children are dropped off at the preschool, and set up a table with resources, a snack, survey materials, and coloring materials for children. Parents are given a gift card and a raffle ticket for completing the survey. NKFM staff are available to help with survey comprehension, questions, and communication about the PEACH programs with parents. Items offered vary based on the type of event. These events are held at both pre and post time points (weeks 1-2, and 10-11, respectively). Whereas these events are focused on increasing parent involvement in the evaluation, they also allow staff to distribute surveys to teachers, which are left with the teachers at the end of the event and picked up at a later date. Additionally, teachers from intervention sites are given the Implementation Checklist and Attendance Sheet that they fill out during RRA implementation. These forms are then collected at the end of the centers’ evaluation timeline. Please refer to Table 8 for an illustration of survey events held in Year 3.

Table 8: Survey Collection Events in Year 3

Type of Event	Resources Offered	Tasting/Snack	Parent Incentive
Pre Regie Palooza	<ul style="list-style-type: none"> • Nutrition education • Sweet Potato take home • Recipe for making sample dish at home 	“Warm Sweet Potato and Apple Bake”	<ul style="list-style-type: none"> • \$5 Gift Card • Raffle ticket for \$500 prize
Post Regie Palooza	<ul style="list-style-type: none"> • Nutrition education • Apple take home • Recipe for making sample dish at home 	“Pumpkin Applesauce”	<ul style="list-style-type: none"> • Nutrition-themed kid’s puzzle toy • Raffle ticket for \$1,000 prize or \$750 prize
Pre Parent Palooza	<ul style="list-style-type: none"> • Health (non-nutrition) education, such as child vaccine and chronic disease information. 	Trail mix	<ul style="list-style-type: none"> • \$5 Gift Card • Raffle ticket for \$500 prize
Post Parent Palooza	<ul style="list-style-type: none"> • Safety education, such as car seat and accident information 	Trail mix	<ul style="list-style-type: none"> • Flashlight pen • Raffle ticket for \$1,000 prize or \$750 prize

Heights and weights data were also collected in Year 3 for both groups at all centers at both baseline and follow-up time points, with 12 weeks in between. NKFM staff collected these measurements in the schools, and shared results with center administrators as requested for school records. These data are not included in this or future reports as BMI is no longer a component of PEACH’s SIF evaluation focus. An SEP amendment with research questions was submitted in September 2015 which is awaiting official approval as of 10/31/2015.

Additionally, passive consent forms were collected in the SIF PEACH evaluation study. NKFM staff distributed the passive consent forms to teachers at SIF centers and collected any that were sent back by parents. If any came back, those participants were noted and left out of data entry and evaluation. At survey collection events, parents were reminded that the surveys were optional and they were under no obligation to answer any question that they did not want to.

b) NAP SACC and Healthy Families Start with You

Data for NAP SACC were collected via the MIHealthTool resource that is managed by the Michigan Healthy Communities Collaborative (mihealthtools.org/) that captures pre and post assessments and actions towards the selected goals. Participants of the program were invited to create an account or log into an existing account to complete this tool, with NKFM technical support available to guide them along the process. Participants who do not have access to this technology were offered a paper survey that could be mailed back or picked up by a NKFM staff member. When data are exported for the final report, SIF specific center IDs will be attached to each participant’s data.

Healthy Families Start with You participants filled out the two Health Chat surveys with guidance from the Lay Health Educator conducting the chats. Health Chats were collected at the

end of the program once participants completed the second health chat. NKFM staff received these chats either by mail or picking them up at the centers. This program’s data will be analyzed at the center level, therefore the data will be extracted from the database at the end of the grant period.

7. RRA Data Collection Timing

Data collection for RRA follows four time points. This process is illustrated in Figure 3 in the Impact Evaluation Design section. First, the baseline survey event (Pre Paloozas) took place during the school day. The baseline heights and weights were taken during this same day in Year 3. A series of seven weeks passed where either the RRA program was implemented for implementation centers, or no programming took place for comparison centers. Next, a follow-up survey event took place to collect follow-up data. Four weeks later, follow-up heights and weights were taken. After follow-up heights and weights data were taken, new implementation centers completed key-informant interviews. At that point, other implementation centers had completed all evaluation and programming which completed their participated with PEACH for the year. Comparison centers were then free to implement RRA at any time.

Please refer to Table 9 which is a list of all centers that participated in Year 3 RRA evaluation and their respective evaluation timelines.

Table 9: Timeline of RRA Evaluation and Programming by Center

Name of site	Implementation /Comparison*	Dates of Baseline**	Dates of Follow-up	Post Heights &Weights
New St. Paul Head Start				
Bibleway I	Implementation	2/23 - 3/2/2015	4/27 – 5/8/2015	5/27/2015
Citadel	Implementation	2/25 - 3/2/2015	4/27 – 5/8/2015	5/27/2015
Metro	Implementation	2/24 - 3/2/2015	4/27 – 5/8/2015	5/28/2015
Third New Hope	Implementation	2/24 - 3/2/2015	4/27 – 5/8/2015	5/28/2015
NSP St. Timothy’s	Implementation	2/25 - 3/2/2015	4/27 – 5/8/2015	5/27/2015
The Guidance Center Head Start				
River Rouge	Implementation	1/13 – 1/23/2014	3/17 – 4/30/2015	4/7/2015
Starfish Family Services Head Start				
Inkster – Hively	Implementation	10/9 – 10/17/2014	12/9 – 12/15/2014	1/12/2015
Matrix Human Service Agency				
Eternal Rock	Implementation	3/19 – 3/25/2015	5/18 – 5/29/2015	6/10/2015
Manuel Reyes Center	Implementation	3/19 – 3/25/2015	5/18 – 5/29/2015	6/3/2015
Fiore Center	Implementation	3/18 – 3/25/2015	5/18 – 5/29/2015	6/10/2015
St. Stephen	Implementation	3/17 – 3/25/2015	5/18 – 5/29/2015	6/3/2015
Word of Truth	Implementation	3/16 – 3/25/2015	5/18 – 5/29/2015	6/9/2015
Lighthouse	Implementation	3/20 – 3/25/2015	5/18 – 5/29/2015	6/9/2015
Hernandez	Comparison	12/15 – 1/5/2015	3/6 - 3/9/2015	3/20/2015
Holy Redeemer	Comparison	12/16 – 1/5/2015	3/5 - 3/9/2015	3/18/2015
SS Peter & Paul	Comparison	12/14 – 1/5/2015	3/3 - 3/9/2015	3/19/2015
Cecil Center	Comparison	12/18 – 1/5/2015	3/3 - 3/9/2015	3/16/2015

United Children and Family Head Start				
Charity	Comparison	1/12 – 1/23/2015	3/16 – 3/27/2015	4/13/2015
Mt. Calvary	Comparison	1/15 – 1/23/2015	3/19 – 3/27/2015	4/14/2015
Mt. Zion	Comparison	1/14 – 1/23/2015	3/18 – 3/27/2015	4/14/2015
Kids-in-Zion	Comparison	1/16 – 1/23/2015	3/20 – 3/27/2015	4/13/2015
Wayne Metro Community Action Agency Head Start				
Hamtramck Mitchell	Implementation	3/2 – 3/6/2015	4/27 – 5/1/15	5/28/15
Highland Park Cortland	Comparison	10/20 – 10/24/2014	12/17 - 12-19/2014	N/A
Wayne County RESA- Great Start Readiness Programs (GSRP)				
Ecorse GRSP	Comparison	12/10 - 12/18/2014	2/11 – 2/22/2015	3/10/2015
Hanley International GSRP	Comparison	11/18 – 11/26/2014	1/12 – 1/26/2015	2/9/2015
Oakland Livingston Human Agency Head Start				
Pontiac Head Start	Implementation	1/14 – 1/23/2015	3/24 – 4/1/2015	4/22/2015
Southwest Solutions Head Start				
Mark Twain	Comparison	1/7 – 1/15/2015	3/11 – 3/23/2015	4/8/2015

*Implementation sites receive the intervention between the Baseline and Follow-up time points.

Comparison sites receive the intervention after the Post Heights and Weights time point.

**Baseline dates are initiated based on centers' availability with programming and participating in the survey collection events.

8. HFSY and NAP SACC Data Collection Timing

HFSY and NAP SACC data are collected at two time points. Outcome evaluation for HFSY consists of Chat 1 and Chat 2 data, which are collected from participants whenever the lay health educator conducts each chat. After the lay health educator collects both chats from all participants, they are given to the program coordinator for that center either by mail or in person at the center. Timing for HFSY is documented in Table 10 below as baseline and follow-up. Baseline is the time that Lay Health Educators were trained in the chat instruments, and follow-up is the time that NKFM received the centers' Chat 2s, to account for the entire centers' respective time points. Individual Chat dates are noted in the database so exact time frames can be distinguished for analyses. NAP SACC data are entered into the online database at the times of each assessment. Both NAP SACC and HFSY programs have more flexible timelines than RRA due to the nature of the programs' implementation process. For instance, an optimal timeline is suggested of HFSY chats of 4-6 weeks in between, however many times lay health educators cannot conduct a Chat 2 in that timeframe given the availability of the parent.

Table 10: Timeline of HFSY and NAP SACC Evaluation and Programming by Center

Name of site	HFSY: Baseline	HFSY: Follow-up	NAP SACC: Baseline	NAP SACC: Follow-up
Starfish Family Services Head Start				
Inkster Head Start	1/30/2015	4/16/2015	-	-
New St. Paul Head Start				

Metro	2/13/2015	4/2/2015	-	-
NSP St. Timothy's	2/13/2015	4/2/2015	-	-
United Children and Family Head Start				
Charity	11/7/2014	4/7/2015	-	-
Mt. Calvary	11/7/2014	4/7/2015	-	-
Mt. Zion	11/7/2014	4/7/2015	-	-
Kids-in-Zion	11/7/2014	1/16/2015	-	-
Wayne Metro Community Action Agency Head Start				
Hamtramck Mitchell	2/17/2015	5/1/2015	11/4/2014	8/13/2015
Highland Park Cortland	2/17/2015	5/1/2015	11/1/4814	6/11/2015

9. Secondary Data Sources

The matching design utilized data from the national consensus database to determine matching eligibility between centers. Income and racial composition data were analyzed by zip code when new SIF regions were added to the evaluation study. The most recent data available online were used.

10. Data Protocol

a) RRA Data

After RRA survey events, surveys are brought back to the NKFM's office in a secured lockbox and stored in a locked cabinet. Surveys are securely kept for seven years from collection date. If capacity in the office is not available, data are moved to a secure offsite storage location. Any other information on participants and centers is shredded and disposed of. Survey data are entered electronically by specially trained staff into internal databases using Access and ADM software in a HIPAA-complied electronic drive. Once surveys are entered, data are validated to ensure accuracy. At the end of the grant year, data are analyzed by internal staff and external contracted specialists. Staff who cleaned, analyzed, and interpreted data after it has been entered in Year 3 are as listed:

- NKFM Staff
 - Brian Bellville, BS in Statistics and Physics (cleaned and analyzed)
 - Lauren Nichols, MPH in Health Behavior and Education (interpreted)
 - Nicole Waller, MPH in Health Behavior and Education (interpreted)
- External Consultants
 - Ken Resnicow, BA in Psychology; Ph.D. in Health Psychology (analyzed and interpreted)
 - Nanhua Zhang, Ph.D. in Biostatistics (analyzed)

Before initializing the analysis phase, steps are taken to ensure valid and clean data are available to be analyzed. First, the data were exported from ADM and Microsoft Access into Excel documents separated into each form distributed by NKFM: Parent Guardian Surveys/Attendance Sheet, Parent Child Behavior Checklist, Teacher Child Behavior Checklist, Classroom Behavior, and Implementation Checklist. These Excel documents were imported into SPSS and merged

with premade templates. These templates ensure variable names, lengths, and types are consistent across not only each form, but each year as well. Lastly, the SPSS databases were merged together to create two final databases: Child Merged and Classroom Merged. As the names suggest, Child Merged consists of any data pertaining to an individual child (Parent Guardian Surveys/Attendance Sheet, Parent Child Behavior Checklist, and Teacher Child Behavior Checklist) and Classroom Merged contains data generalized to a classroom (Classroom Behavior and Implementation Checklist). Each merge done was a simple join using the primary key of Child ID or Classroom ID for Child Merged and Classroom Merged, respectively.

Once the data have been merged into the final databases, the data can be cleaned. The cleaning process consisted of calculating composite variables and creating cutoff values for variables to avoid extreme outliers. See Tables C, D, and E in Appendix A for more information on composite variables and how variables were combined and recoded.

b) NAP SACC and HFSY Data

When participants complete the pre and post assessments, they enter their own survey responses in the MIHealthTools resource and data are kept there until the end of Year 4 when they will be exported and analyzed. HFSY data are entered and validated by specially trained NKFM staff and kept in a HIPAA-complied electronic drive.

E. Response Rates

See Table 11 below for the response rate by survey type in Year 3. There was a noteworthy increase in response rate from Year 2 to Year 3 due to the increased funds spent on survey incentives and increased presence of survey staff at the early childhood centers during the pre and post time frames. In Year 2, there was a 37.5% response rate for the baseline parent/guardian surveys, a 22.7% response rate for the follow-up parent/guardian surveys and a 14.8% response rate for matched pairs compared to 63.5% 46.0% and 36.8%, respectively in Year 3.

Table 11: Year 3 Response Rate

Survey	Pre	Response Rate	Post	Response Rate	Matched Pairs	Response Rate
Regie's Rainbow Adventure®						
Child Level Information						
Parent Guardian Survey	626	63.5%	454	46.0%	363	36.8%
Parent CBCL/1.5-5	569	57.7%	421	42.7%	303	30.7%
Teacher C-TRF	609	61.8%	407	41.3%	371	37.6%
Body mass index data	529	47.0%	461	41.0%	342	30.4%
Classroom Level Surveys						
Classroom Behaviors	76	75.2%	43	42.6%	34	33.7%
Implementation Checklist*	N/A	N/A	31	57.4%	N/A	N/A
Weekly Attendance Sheet*	N/A	N/A	35	64.8%	N/A	N/A

Healthy Families Start with You						
Parent Level Surveys						
Chats	55	78.6%	51	72.3%	51	72.3%
NAP SACC						
Center Level Surveys						
Self-Assessments	2	100%	1	50%	1	50%
* There is no post assessment for this survey because it is completed throughout the program						

The response rate analysis shows that for RRA, about a third (30-37%) of all child level survey data were a matched pre and post pair (the parent or teacher filled out both pre and post surveys for a single child). These rates may be lower than others due to the nature of data collection in a school: children may be absent on some data collection days and not others. Post survey rates were uniformly lower than pre survey rates, which could be due to challenges that accrue throughout the year such as illness, weather, paperwork, responsibility, and morale. NKFM recognizes the hard work that teachers undergo as a part of typical teacher duties, and asking them to complete PEACH evaluation activities are an added burden even when incentives are offered. Additionally, PEACH does not have the funds for the traditional methods such as reminder postcards and phone calls which may serve to increase post survey response rates.

F. Sample Retention and Attrition

Due to the nature of working with a transient population (Head Start families) and the barriers previously discussed, sample retention is a challenge in a pre/post cohort study. The PEACH team took proactive measures to attempt to retain as many participants as possible in Year 3. Survey collection events were designed to help with sample retention, as they allowed NKFM to have a physical presence in the schools. At follow-up events, all parents chosen for evaluation were invited to fill out surveys, not just the parents who filled out baseline surveys. Raffle tickets for a cash prize of a higher value was available at the follow-up event for parents who filled out follow-up surveys to encourage completion of the evaluation. NKFM staff who were present at the events were available to answer questions that parents had to ensure participants did not drop out of the study due to lack of understanding of questions or literacy difficulties. An added barrier to retention was that surveys that were not filled out at survey events were left with teachers to be sent home, sent back by parents, to be given to NKFM staff by the teachers. The many steps needed for these surveys to be used in PEACH evaluation made it difficult to retain participants who were absent on days of survey events or did not have time to fill them out. To help mitigate this, NKFM program coordinators of their respective sites made many phone calls, emails, and extra trips to the schools to pick up surveys and distribute gift cards to ensure that these participants did not drop out of the study.

Total attrition was calculated and differential attrition was analyzed based on program outcomes measures, shown in Table 12 below. More participants who dropped out of the study were in the intervention group. Differential attrition results (analysis on participants lost to follow-up) show that there was a significant difference between the comparison group and intervention group in

terms of the outcome measure for actual screen time reported at baseline. Refusal-to-consent rate was also a small factor of study attrition. Out of all participants selected for evaluation, 29 were not consented. This was 1.4% of the total selection.

	% Drop Out
Comparison	29.29
Intervention	43.06

Table 12: Differential Attrition Analysis (Between Study Groups) (n = 267)

	Comparisonⁱ (n = 87)	Implementationⁱ (n = 180)	P value
Fruit & Veg. (actual)ⁱⁱ	5.46 (2.16)	5.51 (2.10)	0.8685
Fruit & Veg. (perceived)ⁱⁱⁱ	0.71 (0.89)	0.55 (0.79)	0.1460
Physical Activity (actual)^{iv}	19.74 (8.34)	18.02 (8.72)	0.1474
Physical Activity (perceived)³	0.53 (0.78)	0.64 (0.80)	0.3017
Screen time (actual)⁴	30.08 (12.72)	26.34 (12.28)	0.0335*
Screen time (perceived)³	1.49 (1.01)	1.51 (1.05)	0.9142
* p < 0.05			

ⁱ Given as mean (sd)

ⁱⁱ Number of Fruit and Vegetable servings on a typical day

ⁱⁱⁱ Grade given by parent (0 = A, 1 = B, 2 = C, 3 = D, 4 = F)

^{iv} Measured in hours per a typical week

The evaluation team also investigated study participants by groups of drop outs and matched pairs, in order to ensure that no particular demographic group was more likely to drop out of the study. Table 13 below illustrates that no particular demographic group had a higher tendency to drop out, although there was a difference when comparing intervention groups to comparison groups.

Table 13: Description of Study Participants in Year 3 (n = 627)

	Drop Outs (n=264)	Matched Pairs (n=363)	p-value
Age (mean, sd)	4.12 (0.55)	4.09 (0.54)	0.4925
Gender (%)			0.8849
Female	49.62	49.04	
Male	50.38	50.96	
Race/Ethnicity (%)			0.3297
Black	62.36	63.43	
White	1.90	1.94	
Hispanic/Latino	27.00	22.16	
Other	8.75	12.47	

Parental Education (%)			0.4297
Less than HS	21.57	24.43	
HS to some college	69.02	68.68	
College or above	9.41	6.90	
Parental Income (%)			0.2631
Less than 20K	73.98	69.23	
20K to 35K	20.33	26.04	
35K and above	5.69	4.73	
Group (%)			0.0003*
Comparison	32.95	47.38	
Intervention	67.05	52.62	
*p < .05			

1. Addressing Attrition and Treatment of Missing Data

The dataset for Year 3 evaluation did not have any major problematic issues. Most missing data were left missing, however in order to minimize missing demographic data, variables were pulled from multiple sources. For instance, where gender was missing from a teacher survey, but indicated on a parent survey, the gender was pulled from the parent survey to analyze the teacher survey data. Additionally, PEACH included all baseline surveys and all follow-up surveys in analyses instead of using only matched pairs in order to increase sample size and power. To maximize sample size, analyses were made on all data instead of only including matched pairs.

Missing data may need to be considered in future analyses, however based on years of experience and theoretical knowledge, the PEACH statistical team has determined imputation to be an ineffective method for the current level of missingness. Imputation relies on the assumption that data are missing at random, and is only appropriate when missing data rates are below rates that PEACH experiences. For the current study, attrition analysis was conducted and will continue to be conducted in future analyses to control for any baseline differences.

Section III. Statistical Analysis of Impacts

A. Analysis Approach

Year 3 preliminary impact analyses focused on these confirmatory research questions:

- Children who have participated in RRA will have significantly higher fruit and vegetable consumption.
- Children who have participated in RRA will engage in significantly more physical activity and significantly less screen time.

The PEACH study addresses these questions through calculating effect size statistics to determine if the RRA program is showing a generally positive effect on the study population and that the study is in alignment with the power analyses. PEACH statistical consultants in Year 3 are confident that effect size analyses are a better metric of interim success than measuring p-values. Final analyses will indicate p-value findings.

Most of the PEACH evaluation impact variables are continuous, which will require statistical analyses methods of ANOVA and regression, and binary outcomes will be analyzed via logistic regression. The PEACH evaluation team has committed to running p-value analyses on effect sizes only when the final sample is reached.

For this year's effect size analyses, new variables were calculated for the difference between follow-up and baseline outcome variables. The Cohen's d statistic was chosen because two means are being compared. SPSS was then used to acquire the mean, standard deviation, and n of each new variable grouped by comparison (1) and intervention (2). Using these values, the Cohen's d effect sizes were calculated for each outcome variable using the formula below:

$$d = \frac{\bar{x}_1 - \bar{x}_2}{s}, \text{ where } s = \sqrt{\frac{(n_1 - 1)s_1^2 + (n_2 - 1)s_2^2}{n_1 + n_2 - 1}}$$

Baseline data was used for adjustment. Low-range (or small) program effects will be classified as anything between .1-.3, and .3-.5 will be classified as mid-range program effects. Above a .5 will be considered a large program effect size.

B. Unit of Assignment and Analysis

Year 3 evaluation assigned the individual as the unit of analysis, and individuals were randomly assigned to the evaluation within centers. However, the unit of assignment for the SIF study is the center. The final report will compare effects on centers. Analyses for the final report will nest the child within the classroom and the classroom within the school.

C. Formation of Matched Groups

As centers are unable to be randomly assigned, nonrandom differences may exist between the treatment and control group. This was confirmed via baseline equivalence wither differences between implementation and comparison groups in household income and race/ethnicity. There could be several reasons that differences may occur between any groups could be that even though groups were matched based on demographic data by region. The PEACH study includes two Great Start Readiness Programs (GSRP) centers, with the rest being Head Starts. GSRPs are different than Head Starts in that they have a different income requirement and their age group is for age four only, where Head Starts accept children aged three to five. In two instances in the PEACH study, a Head Start and GSRP were matched together. PEACH has justified these matched pairs by investigating characteristics at the center level. Further investigation revealed that the educational framework is similar for both systems, and that income levels for the pairs were similar despite different income requirements. For the age disparity, even though the age requirement is four only, children still varied within the school on age throughout the year. Therefore, for some known characteristics, the centers were matched to the best of the study's ability. However, as they are different educational systems, there is still the chance that differences exist between the two. In future studies of matched pairs, PEACH suggests the use of this center-specific matching method instead of using zip code level data.

Another reason differences may exist between matched groups is that PEACH assigns NKFM program coordinators to centers during SIF programming, and in many instances different program coordinators may be leading each center within a matched pair. Program coordinators train teachers on program implementation and evaluation processes. For example, one coordinator may train a comparison site and another coordinator may train its matched implementation site. This causes a difference in how matched sites may be treated. As in many quasi-experimental study designs, some aspects of a project are designed to fit the needs of the community. In this case, many program coordinators already had positive working (and sometimes long-term) relationships with sites, which facilitate rapport and trust, ultimately leading to a smoother evaluation particularly when troubleshooting is necessary.

When matching groups, more characteristics may remain unknown (such as religious propensity, household sizes, and parent vs. grandparent guardianship). Given these limitations to matched group formation, the statistical analyses will control for any demographic differences and also use effect size analysis to further standardize program effects.

D. Analysis Model

The Year 3 analysis model includes effect size calculations without p-values and power analyses to determine how much power is needed to detect even small program effects.

1. Coding of Variables

Reported variables within this analysis were physical activity and screen time amount, and fruit and vegetable consumption. Physical activity was created by generating means of weekday and weekend hours of physical activity and then weighted to create a combined variable. Screen time was created through the same method, plus creating a composite variable of TV, video game, and computer screen times. Fruit and vegetable measures were created into a composite variable of the number of servings of fruits and vegetables. If the child drinks juice, up to one extra serving is added to this variable. See tables C, D, & E in Appendix A for more details on this information.

2. Assumptions

Effect size analyses rely on the assumption that there is low intraclass correlation. In Year 2, the assumption was made that there was a large ICC (intraclass correlation coefficient) of .05. In Year 3 evaluation, specific analysis was conducted to determine the estimate ICC to ensure that current power analyses are an accurate projection. An ICC of .1 or higher would require larger sample sizes and warrant efforts of over recruitment.

3. Power Analyses

Power analyses were run along with the ICC. Our power calculations focus on our primary outcome, posttest fruit and vegetable intake. Across the five years of RRA program implementation, we estimated there will be 3,000-4,000 students from 100-140 centers included in the evaluation (although some centers will receive more than one round of programming). Because this is a cluster randomized design we must account for the similarity of responses within center. Based on our baseline and follow-up data to date, our estimate ICC (which accounts for said clustering) is between .03 and .05. With 3,000-4,000 students there will be

adequate power to detect even small differences in the main outcome of fruit and vegetable servings. Specifically, based on our first three years of data, we know the mean intake of fruit and vegetables is 5.6 servings per day, and the standard deviation of fruit and vegetable servings is 2.1. With these assumptions, we have .80 power to detect differences as small as ½ serving between groups with and ICC of .05 and ¼ serving difference between groups with an ICC of .03. These equate to effect sizes of .12 to .24. Similarly, for externalizing behaviors, there will be power to detect effects in the range of 0.2-0.4 standard deviation units.

To calculate the ICC, a one-way ANOVA of FVComposite grouped by school was run using SPSS. Then using the equation (provided by a document written by Pierre Foy, noted in the references) shown below, the ICC was calculated by hand.

$$IC = \frac{MS_B - MS_W}{MS_B + (n' - 1) MS_W}$$

Section IV: Findings, Lessons Learned, and Next Steps

A. Fidelity

1. Research Question: Were the interventions implemented with fidelity?

Based on a question from the Implementation Checklist, an average of 91% of the program was completed with a maximum of 100% and a minimum of 50%.

B. Satisfaction with Program Delivery

1. Research Question: What types of RRA content are most liked by participants?

All teachers reported that their students enjoyed RRA and “love Regie Rainbow.” Students were excited about the books and trying the new fruits and vegetables. One teacher said that “some kids were not familiar with some of the fruits and vegetables so they enjoyed the taste test” while another said that the kids were willing to try new foods because they “want to be strong like Regie.” Many teachers talked about how their students were excited to tell them what fruits and vegetables they ate the night before and how they told their siblings and parents about Regie.

There were a few changes to program implementation this year. Staff members held paloozas (survey collection events) to hand out surveys and provide a food tasting to parents and students. Teachers felt that these events “were helpful to get them [parents] to fill out the surveys” and “showed parents that their kids would eat it [food sample].” From this teacher feedback, we will be continuing these events next year. In addition, a graphic designer was hired this year to change the look of Regie and teachers and students overall really liked it. One teacher stated that the kids, “like the new style of Regie Rainbow coming across as a comic hero...they really related to that.” Another teacher talked about a student who would draw Regie with Spiderman every day. When asked why he drew Regie with Spiderman he said, “Because Regie is going to make sure Spiderman eats right because Spiderman needs his energy to fight the bad guys!”

Besides teaching the importance of fruits and vegetables, teachers felt that RRA helped students with other skills. Over half of the teachers talked about RRA helping with literacy skills such as letter recognition, reading and writing. One teacher told students, “If Regie can write a book, so can you!” while other teachers had their students write letters to Regie. Teachers agreed that the children really love the books, and will talk about them in class. One teacher felt that the books “open up a dialog and makes them [students] want to talk more.” These statements qualitatively describe the effect of RRA on several domains of kindergarten readiness.

Teachers provided staff with valuable feedback to improve the program. Over half of the teachers felt that it would be beneficial to start RRA programming in the fall. They recognize the importance of getting children on a schedule and believe that this program can help them, “set up a healthy pattern of eating from the very start.” Though all programming cannot be moved to the fall, staff are working with sites who are interested in starting RRA earlier in the school year. Teachers would also like to see more opportunities for parent education and engagement. They presented our staff with many great ideas including having RRA staff come to parent meetings to talk about the program and give health/nutrition information. Finally, teachers also gave feedback on how to improve our online resources. They would like to see more recipes, pictures of Regie interacting with the community as well as more games for kids. This suggests that teachers are interested in interacting with the program beyond reading the books and doing the fruit and veggie tasting. The feedback gathered from these interviews will be discussed at future internal program planning meetings.

C. Media Toolkit

The Media Toolkit (MTK) is comprised of a PEACH resource page found at nkfm.org/kids-teens/early-childhood-elementary-education-programs and a Regie’s Rainbow Adventure® Facebook page at [facebook.com/Regie.Rainbow](https://www.facebook.com/Regie.Rainbow). The evaluation of the MTK used web-based analytics to determine quantity and quality of use.

1. Research Question: How many people are reached through the MTK via Regie’s Rainbow Adventure® Facebook Page?

This research question is answered through Facebook Insights to determine how many people are reached and what types of content experience the highest user engagement from the beginning of Year 3 to the end of Year 3 (September 2014 through August 2015). PEACH initiated implementation efforts for this component of the MTK at the beginning of Year 3, which is illustrated through the growth of engagement numbers throughout the year. Specifically, the months of September and October have no engagement, and beginning in August the data begin to increase.

a) Monthly Trends

Table 13: Reach and Engagement by Month

Month	Engaged Users	Total Reach
September	0	0
October	0	4
November	61	498

December	22	180
January	76	484
February	76	518
March	110	1067
April	86	719
May	94	890
June	80	1163
July	96	1027
August	91	961
Total	792	7511

“Engaged Users” is defined as the number of unique people who “like”, click, comment, and share posts. For instance, in November, 61 different people interacted with the RRA Facebook Page. “Total Reach” is the number of unique users who visited the page or saw content on their home page. For instance, in August, 961 different users saw RRA Facebook content on their newsfeed or while visiting the RRA Facebook page. The total value is the sum of all engaged users for September through August.

b) General Page Analysis

Table 14: Total Counts for Page-Level Metrics

Metric	Description	Total
Total Likes	Users who have “Liked” page	124
Unlikes	Users who have “Unliked” page	3
Daily Total Reach	Unique users who have seen content related to page	7511
Daily Organic Reach	Unique users who visited page or saw content on their home page	7511
Daily total impressions	Number of times page posts are displayed	22010
Daily total consumers	Unique users who clicked on any post content	462

Daily metrics measure a certain value that is calculated per day. The total value was calculated by adding all daily values. For instance, by August 31, 2015 (the last day of the evaluation year), there were 462 different users who clicked on any page content since September 1, 2014.

2. Research Question: What types of MTK content are most “liked”, “shared”, and “commented” on by Facebook participants?

The top 25 posts (with the most likes, shares, and comments) were coded into three themes to answer this research question: Child Health and Development Information, Events, and Recipes. These are comprised of photos, links, post shares from external pages, and posts written by the NKFM Facebook team.

Table 15: Total Counts for Post-Level Metrics

Metric	Total
Comments on posts	19
Likes of Posts	189
Shares of Posts	16

Top “Child Health and Development Information” posts:

1. Why are kids more likely to eat what they make? (See Figure 4)
2. If your child isn't in a classroom this summer, keep their minds growing by talking together about things that interest them. Ask them real questions that get them thinking, and talk about their responses with them. Here are some examples: "Why are flowers different colors?" "What do worms do in the ground?" "Why does it rain?"
3. When teaching your child about new foods, use questions like: "How does it feel in your hand?", "What color is it?", and "If it made a noise, what would it sound like"? This way, trying something new is more than just about a new taste and your child can discover many aspects of the food before they try it!
4. Tips to Boost Baby Language Skills: Add expressive emotions, gestures and movements to words! <http://bit.ly/1NOxvMP>
5. NEW: 10 Food Safety Tips for Preschoolers [PDF] go.usa.gov/3wxXb FoodSafety.gov
6. Over the weekend, show your child that cooking can be fun! Let him or her help you cut fun shapes out of bread after toasting and create this filling breakfast!
7. Do you have an infant at home? Let's talk Tummy Time! Giving your baby the chance to safely spend time on their tummies allows them to explore their surroundings, strengthen their neck, and practice rolling over and crawling.

Figure 4: “Why are kids more likely to eat what they make?” (<http://on.fb.me/1O1WLU>)



Top “Event” posts:

1. Come stop by Southwest Solutions health fair today for some healthy family nutrition education! (See Figure 5)
2. Regie is here at Matrix Head Start's Celebration of Cultures today- stop by and say hi!
3. Summer Meet Ups and Eat Ups are all over Michigan! Find a location near you.
4. Regie's Rainbow Adventure had a table at the Zoo Walk with The National Kidney Foundation of Michigan last weekend!
5. Free fitness classes for National Kidney Awareness Month- check it out!

Figure 5: “Come stop by Southwest Solutions health fair today for some healthy family nutrition education!” (<http://on.fb.me/1KRPZc2>)



Top “Recipe” posts:

1. For a colorful weekend breakfast, try this out! (See Figure 6)
2. Ever heard of a Broccoli Forest? What about a Stop Light Snack? Doesn't a Fruit Bug sound delicious?
3. This recipe is a healthy alternative to the deep fried French fries many children enjoy. You can also try baking yams and sweet potatoes!
4. Check out Regie Rainbow's favorite smoothie! What are your favorite frozen fruits?

Figure 6: “For a colorful weekend breakfast, try this out!”



3. Research Question: How many people are reached through the Media Toolkit: NKFM.org Early Childhood page?

The Early Childhood Resources page was evaluated using Google Analytics to determine how many people were reached throughout the year via this component of the MTK. Once users enter the webpage, they have the option of following several links that offer handouts, games, recipes, and other resources. At the time of evaluation, due to recent Google Analytics limitations, the NKFM does not have the capability of measuring reach of these individual items however the organization is currently working on gaining access to those metrics.

Table 16: Website Page Metrics

Metric	Description	Total
Total Page Views	Number of times page was viewed by any user	1,315
Unique Page Views	Number of times page was viewed by unique users	973

D. RRA Effect Sizes

Year 3 evaluation reports on the confirmatory research questions pertaining to main program outcomes.

1. Research Question: Children who have participated in RRA will have significantly higher fruit and vegetable consumption.
2. Research Question: Children who have participated in RRA will engage in significantly more physical activity and significantly less screen time.

Table 17: Baseline Adjusted Posttest Effect Sizes for Year 3

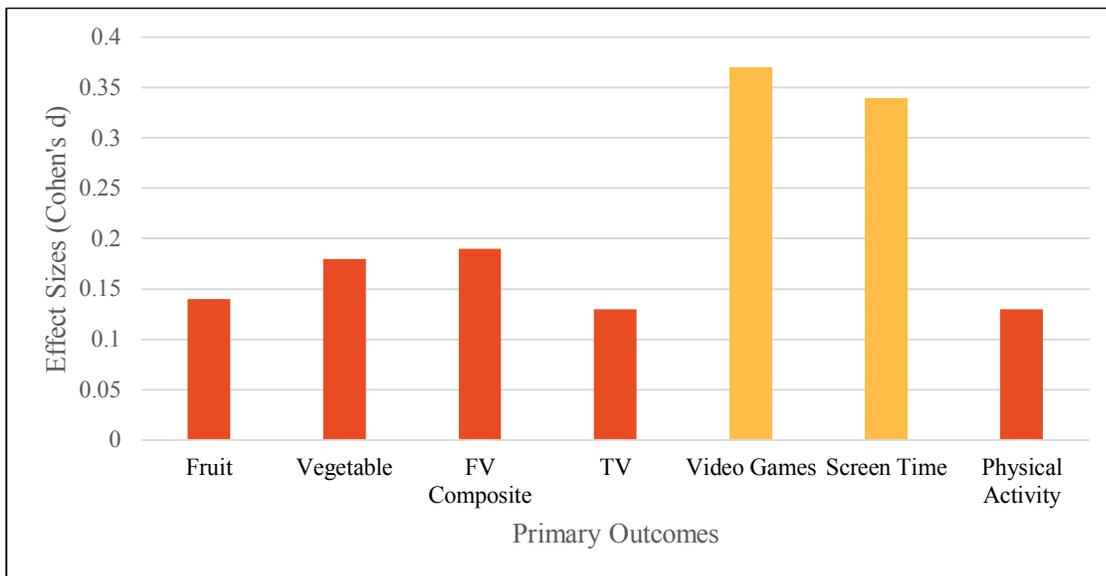
Variable Name	Variable Description	Comparison			Intervention			Pooled s	Cohen's d
		Mean	SD	n	Mean	SD	n		
Amt_Fru	Servings Fruit	0.01	1.22	167	0.18	1.12	189	1.16	0.14*

Amt_Veg	Servings Vegetable	0.01	1.08	167	0.21	1.08	189	1.08	0.18*
FVComposite	Total fruit and vegetable, plus up to one serving juice	0.02	2.04	167	0.40	1.96	189	2.00	0.19*
Totaltvhrs	Total hours watching TV	0.18	8.04	149	-0.76	6.55	164	7.29	0.13*
Totalgame	Total hours video games	1.87	9.48	138	-1.25	7.20	156	8.35	0.37**
Totalscreentime	Total screen time hours	2.07	15.21	137	-2.29	10.62	151	13.00	0.34**
PA_week	Total hours of physical activity	-0.31	9.61	146	0.90	8.44	153	9.03	0.13*

*Low-range program effects

**Mid-range program effects

Figure 7: Baseline Adjusted Posttest Effect Sizes for Year 3



As is seen in Table 17 and Figure 7, low- and mid-range posttest effect sizes were seen when comparing the comparison group to the intervention group. The greatest effects were seen in reducing total hours spent playing video games and total screen time hours. Vegetable intake effects increased more than fruit intake. There was a slight increase in effects of total fruit and vegetable intake than in individual fruit intake and vegetable intake.

These results illustrate that the PEACH project is having a positive effect on the study population. It was ethically important to the evaluation team to determine there were no negative effects. All effects were demonstrated in the appropriate direction (such as decreased screen time and increased fruit intake). Given these positive results, the evaluation team is confident that

once the final sample has been reached, PEACH will be able to report significant p-values of program effects on these confirmatory outcomes.

E. Previous Program Analysis Approaches

a) Year 1

It should be noted that there have been numerous approved changes to the evaluation since the original SEP was approved. To capture all changes in a clear and comprehensive format, PEACH is submitting a document to UWSEM and CNCS in December, 2015.

Year 1 evaluation used a different set of instruments to collect program data, so analysis approaches also differed from Year 3. The power analyses conducted in Year 1 concluded that a much smaller number of observations (240) were needed to achieve significant findings, with an assumed ICC of .03. T-tests were used to analyze the outcomes in the intervention group compared to the comparison group. Paired t-tests analyzed outcomes from baseline to follow up in the intervention group.

b) Year 2

Year 2 power analyses differed from Year 3 because the research/evaluation focus had evolved and the targeted outcomes changed. Specifically, BMI decrease was a targeted outcome from the original SEP which has since been eliminated from the SIF PEACH study (pending approval of the September 2015 Amendment). There were also more students projected (target number of 4,000) as the SIF evaluation was planned to run for 5 years instead of 4. An ICC of .05 was assumed.

Linear and logistic regression were employed that adjusted for baseline values and covariates consistent with clinical trial methodology. Based on the power analyses, statistical analyses were underpowered at that time.

Missing data was an issue with Year 2 analyses as many participants were lost to follow up. This was a motivating factor in developing future efforts for improving response rates. However, within Year 2, several statistical techniques were also employed to maximize the sample size. First, when scales were created, participants for whom at least half the scale was completed were included. Second, an overlapping cross sectional design was used so that all baseline and all follow-up surveys were included in the analyses instead of only the surveys for which there were matched baseline and follow-up pairs. This means that data were able to be used when there was just a follow-up survey and no baseline data.

F. Program Implications

Based on effect size findings and alignment of internal validity requirements discussed, the PEACH evaluation team is confident in making causal inferences in regards to the RRA program. As each confirmatory outcome was analyzed via effect sizes, it is apparent that the program shows additional preliminary evidence. This project has helped the NKFM conduct a rigorous evaluation that preserves internal validity which will ultimately allow PEACH to demonstrate a moderate level of evidence that the programs have a significant effect on health and social emotional aspects of school readiness.

As the study has a limited degree of external validity; findings will not be not generalizable to populations that are not similar to the PEACH study without weighting data. However, findings can be appropriately applied to similar populations. Characteristics that PEACH deems appropriate for generalizing findings to are predominately low income and high African American and Latino populations. For these populations, the RRA program may be beneficial in increasing fruit and vegetable intake, increasing physical activity, and reducing screen time in preschool aged children. This could be particularly beneficial in areas where there are efforts to increase school readiness, such as the Detroit area and a call for innovative solutions.

G. Lessons Learned and Next Steps

NKFM implemented several new strategies in Year 3 that were successful in increasing the response rate, reducing the amount of missing data in the sample, and increasing the response rate for the Child Behavior Checklists (CBCL). During Year 3, staff held paloozas (survey collection events) at centers to pass out surveys and answer questions in order to reduce the burden on teachers. In addition, incentives were given at the pre and post events. Both paloozas and incentives will continue to be used in Year 4. NKFM has also adjusted the incentive budget so that gift cards will be given out at both the pre and post paloozas, since the gift cards were the best received by parents (versus the non-cash gift for post surveys). In addition, giving the CBCL to the entire sample of evaluated participants and attaching it to the Parent Guardian survey was effective in increasing the sample size.

Where these steps were successful in increasing overall survey response rates, the evaluation team is hoping to increase survey response rates from teachers. In an effort to facilitate this, NKFM program coordinators will offer “survey help days” for teachers where the NKFM staff member coordinates a morning or afternoon (typically Fridays when preschool teachers may not have class) to specifically provide an opportunity to be physically present at the center, help answer questions about surveys, and bring refreshments such as coffee or tea while teachers fill out surveys. In previous years, teachers were responsible for filling out evaluation instruments during their free time either at school or home, so this is hoped to provide a dedicated time to complete the evaluation.

Adding an in-house statistical analyst was also a benefit to the SIF project. This allowed for enhanced communication between the evaluation team and statistical consultants and increased the capacity for NKFM to analyze the data quickly and efficiently.

Next steps in the PEACH evaluation study include collecting the final dataset, which will comprise of Years 2, 3, and 4. Data collection in Year 4 takes place during the school year, so final survey data will be collected around May 2016. Statistical analyses for the final evaluation report will focus on the center as the unit analysis and report on all research questions.

Section V: Study Logistics and Updates

A. SEP Amendments

1. August 2013

Key changes to the research team (hiring of an internal evaluator and academic assistance) and the change in the kindergarten readiness instrument from the EDI to the CBCL 1.5/5 were described.

2. June 2014

Updated consent process from active to passive consent, development of survey collection events, and a decrease of family take-home produce items for implementation sites from six times to two times per program year were described.

3. December 2014

Updates to evaluation sample size and power analysis are described. Additionally, the end of the IRB and evaluation partnership with MPHI was noted.

4. June 2015

Updates to the Media Toolkit and the evaluation questions to the project were described.

5. September 2015 (pending approval as of 10/31/2015)

A comprehensive list of research questions, analysis methods plan, updates to the evaluation of the Media Toolkit, and literature support for utilizing a parent reported fruit and vegetable metric were provided.

B. IRB

In November of Year 3, PEACH experienced a switch in IRBs. Previously, Michigan Department of Community Health (MDCH) served as PEACH's IRB, however a change in administration brought about a new policy that prevented MDCH from serving as an IRB for projects that it does not fund. As a result, PEACH applied for a new IRB with Argus. Argus was chosen because they were already familiar with the structure of SIF. Refer to Figure D in Appendix for the letter of approval from Argus.

C. Evaluation Staff

There was a transition in evaluator at the end of Year 3. A previous program coordinator at NKFM, Nicole Waller became the new NKFM internal evaluator for the SIF PEACH project in August 2015. In Year 3, PEACH also enlisted the help of three key part-time staff to assist in SIF evaluation. These part-time staff members comprised of two graduate students at the University Of Michigan School Of Public Health who helped with data entry, evaluation survey preparation, and key informant interviews. The third was a recent graduate of the University of Michigan with a Bachelor's in Statistics to help with data entry and statistical analyses. Since Year 1, there have been other changes and additions to the evaluation staff. In Year 1, the project manager changed to Crystal D'Agostino. Since then, many people have been added to help take on this major evaluation project such as attending survey collection events at centers. No changes have affected the timeline of evaluation.

D. Funding

United Way of Southeastern Michigan was not approved for continuation funds for Year 5; therefore Year 4 will be the last year of the PEACH SIF project. This change has affected the projected sample size, however these changes have already been accounted for in power analyses so should not impact projected statistical outcomes.

E. Current Study Timeline

See timeline below for current study plan. Final report of findings will occur after Year 4 programming.

- **April 2012: Funding Initiated**
- **Year 1**
 - January 2013: Final SEP Approval, Initiation of Programming and Evaluation
 - SIF Regions:
 - Northwest Detroit
 - River Rouge
- **Year 2**
 - September 1 2013-August 31 2014: Programming and Evaluation
 - Added Regions:
 - Inkster
 - Southwest Detroit
- **Year 3**
 - September 1 2014- August 31 2015: Programming and Evaluation
 - Added Regions:
 - Hamtramck
 - Pontiac
- **Year 4**
 - September 1 2015-August 2016: Final Year of Programming and Evaluation
 - Added Regions:
 - Northeast Detroit
 - South Oakland

F. Year 3 Study Budget

Refer to Figure 6 for Year 3 SIF Budget details. In Year 3, a portion of the budget was spent on center implementation only. All centers who implement PEACH through SIF participate in the evaluation process, so implementation resources ultimately contribute to the overall evaluation mission. A portion of the Year 3 staff budget was spent on measuring heights and weights of the study participants, as this is a process that includes frequent staff and travel time. Pending the approval of the September 2015 Amendment, heights and weights will not be measured therefore a portion of the staff budget will change for Year 4.

Figure 8: Year 3 NKFM SIF PEACH Budget

SIF EVALUATION DETAILS												
	Implement		Analysis		Data Entry		Meeting		Other		Cost	Hours
	Cost	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost	Hours	TOTALS	TOTALS
Evaluator	8,373.94	418.7	4,186.97	209.3	4,186.97	209.3	5,582.63	279.1	5,582.63	279.1		
Data Entry	517.92	43.2	2,118.28	179.0	15,817.09	1,039.1						
Staff	59,656.58	4,794.5	-				18,172.71	316.0	48,160.37	1,150.0		
Salaries	68,548.44	5,256.4	6,305.25	388.3	20,004.06	1,248.4	23,755.34	595.1	53,743.00	1,429.1	172,356.08	8,917.30
Fringe	21,935.50		2,017.68		6,401.30		7,601.71		17,197.76		55,153.95	
Matls/Supplies	14,149.23										14,149.23	
Grant Consultant			11,000.00		1,922.75						12,922.75	
Postage	17.95										17.95	
Mileage & Auto	2,367.09										2,367.09	
	107,018.21		19,322.93		28,328.11		31,357.05		70,940.76		256,967.05	
Indirect	45,241.97		4,161.46		13,202.68		15,678.52		35,470.38		113,755.01	
TOTAL	152,260.18		23,484.39		41,530.79		47,035.57		106,411.14		370,722.06	

The National Kidney Foundation of Michigan would like to acknowledge the childcare providers' contribution in this rigorous evaluation of the PEACH project. The PEACH team is pleased to report these positive preliminary findings of the Regie's Rainbow Adventure program.

Appendix A: Tables and Figures

Table A: Year 3 Centers

Grantee	Center	Implementation/ Comparison	RRA	HFSY	NAPSACC
New St. Paul Tabernacle Head Start					
	Bibleway I	Implementation	X		
	Citadel	Implementation	X		
	Metro	Implementation	X	X	
	Third New Hope	Implementation	X		
	NSP St. Timothy's	Implementation	X	X	
The Guidance Center					
	River Rouge	Implementation	X		
Starfish Family Services					
	Inkster – Hiveley	Implementation	X	X	
Matrix Human Services Vista Nuevas Head Start					
	Eternal Rock	Implementation	X		
	Manuel Reyes Center	Implementation	X		
	Hernandez	Comparison	X		
	Holy Redeemer	Comparison	X		
	Fiore Center	Implementation	X		
	St. Stephen	Implementation	X		
	SS Peter & Paul	Comparison	X		
	Cecil Center	Implementation	X		
	Word of Truth	Implementation	X		
	Lighthouse	Implementation	X		
United Children and Family Head Start					
	Charity	Comparison	X	X	
	Mt. Calvary	Comparison	X	X	
	Mt. Zion	Comparison	X	X	
	Kids-in-Zion	Comparison	X	X	
Wayne Metro Community Action Agency					
	Mitchell Head Start	Comparison	X	X	X
	Cortland Head Start	Comparison	X	X	X
Wayne County Regional Educational Service Agency Great Stat Collaborative Program (GSRP)					
	Ecorse GRSP	Comparison	X		
	Hanley International GSRP	Comparison	X		
Oakland Livingston Human Service Agency Head Start					
	Pontiac Head Start	Implementation	X		
Southwest Solutions					
	Mark Twain	Comparison	X		

Table B: Year 3 Evaluation Measures for PEACH Programs

Construct	Respondent	Data Instrument	Time Point
Regie's Rainbow Adventure®			
Nutrition outcomes, physical activity, screen time, internalizing behaviors	Parent/guardian	Parent/Guardian Survey	Pre and post
Body Mass Index for age for sex	Child	Height and Weight Measurements	Pre and post
Program fidelity	Teacher	Implementation Checklist	Post
Program implementation process and satisfaction	Teacher	Key Informant Interviews	Post
Classroom level kindergarten readiness-externalizing problem behaviors	Teacher	Teacher Classroom Level Problem Behaviors	Pre and post
Individual level kindergarten readiness- externalizing problem behaviors	Teacher	C-TRF	Pre and post
Individual level kindergarten readiness- externalizing problem behaviors	Parent/guardian	CBCL 1.5/5	Pre and post
Program dosage	Teacher	Weekly Attendance Sheet	Post
NAP SACC			
Self assessment tool for nutrition and physical activity policies, practices and procedures	Teachers/administrators	Self assessment tool	Pre and post
Healthy Families Start with You!			
Health and nutrition outcomes, smoking and other correlates to chronic diseases	Parent/guardian	Chat 1 and Chat 2	Pre and post

Table C: Description of Composite Response Variables

Response Variables			
Composite Variable Name¹	Variables Used	Variable Location² (#³)	Description
PA_weekx	ACTWEEKx ACTWENDx	PG Survey (4) PG Survey (4)	The number of hours a child is physically active each week
Totalvhrrsx	TV_WEEKx TVWKENDx	PG Survey (7) PG Survey (7)	The number of hours a child watches TV each week
Totalgamex	GameWekx GameWenx	PG Survey (8) PG Survey (8)	The number of hours a child plays video games each week
Totalscreentimex	Totalvhrrsx Totalgamex	See above See above	The number of hours a child spends in front of a screen each week
totalsweetdrinksnochocmilzx	AMTFrudx AMTSPORx AMTREGSx AMTSTEAx	PG Survey (1b) PG Survey (1c) PG Survey (1d) PG Survey (1e)	The number sweet drinks a child consumes on a typical day, not including chocolate milk
totalsweetdrinksyeschocmilzx	AMTFrudx AMTSPORx AMTREGSx AMTSTEAx AMTCMLKx	PG Survey (1b) PG Survey (1c) PG Survey (1d) PG Survey (1e) PG Survey (1h)	The number of sweet drinks a child consumes on a typical day, including chocolate milk
FVCompositex	AmtJuicx Amt_Fruvx Amt_Vegx	PG Survey (1a) PG Survey (2) PG Survey (3)	The number of servings of fruits and vegetables. If the child drinks juice, one serving is added to this variable.

¹ Both Baseline and Follow-up composite response variables were created; only Baseline are shown here.

² All response variables can be located in the Parent Guardian Survey, which can be found in the Appendix in Section 1A (Section 1B for corresponding Follow-up variables).

³ If a variable is used from the Parent Guardian Survey, the following number will indicate which question the variable represents.

Table D: Description of Composite Covariate Variables

Covariate Variables				
Composite Variable Name	Variables Used	Variable Location (#)	Location in Appendix	Description
Sex ⁴	Gender genderp gendert	H&W Parent CBCL Teacher CBCL	N/A 1C 1D	The gender of the child
age2 ⁴	ChildDOB ⁵ Date_Comp dfopx dfotx Wexdate	School Rosters PG Survey ⁶ Parent CBCL Teacher CBCL H&W	N/A 1A 1C 1D N/A	The age of the child at the beginning of the program
race ⁴	Whitex Blackx Hispanicx Asianx Nathawx Arabx Amerindx Race_othx ethniccodep ethniccodet	PG Survey (19) PG Survey (19) Parent CBCL Teacher CBCL	1A 1A 1A 1A 1A 1A 1A 1A 1C 1D	The race of the child grouped into Black, White, Hispanic, and Other

⁴ In order to minimize missing data, these variables were pulled from multiple sources and each source was accessed in the ordered listed.

⁵ Date of Birth (ChildDOB) was used to calculate age2, using the dates listed below it. Since ChildDOB had no missing data, there was no need to pull from the Parent and Teacher CBCL (dobp and dobt, respectively).

⁶ Date_Comp ("Today's date") is found in the General Information section of the Parent Guardian Survey.

Table E: Description of Combined Variables

Construct	Question Numbers	Survey
Screen time	#7 & 8	Parent/Guardian Survey
Physical activity	#4	Parent/Guardian Survey
Fruit and vegetable consumption	#1a & #3	Parent/Guardian Survey
Sugar sweetened beverage consumption with chocolate milk	#1b, c, d, e, h	Parent/Guardian Survey
Sugar sweetened beverage consumption without chocolate milk	#1b, c, d, e,	Parent/Guardian Survey
Parent reported externalizing behaviors percentile score	#4, 5, 6, 8, 10, 11, 13, 14, 16, 17, 18, 19, 22, 23, 25, 27, 29, 31, 32, 34, 35, 37, 38, 39 were combined then compared to previous samples of children	Parent Child Behavior Checklist
Parent reported attention problems subscale percentile score	#4, 5, 25, 29, 38 were combined then compared to previous samples of children	Parent Child Behavior Checklist
Parent reported aggressive behavior subscale percentile score	#6, 8, 10, 11, 13, 14, 16, 17, 18, 19, 22, 23, 27, 31, 32, 34, 35, 37, 39 were combined then compared to previous samples of children	Parent Child Behavior Checklist
Teacher reported externalizing behaviors percentile score	#1-33 were combined then compared to previous samples of children	Teacher Child Behavior Checklist
Teacher reported attention problems subscale percentile score	#1, 2, 11, 18, 19, 21, 23, 24, 32 were combined then compared to previous samples of children	
Teacher reported aggressive behavior subscale percentile score	#3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 20, 22, 25, 26, 27, 28, 29, 30, 31, 33 were combined then compared to previous samples of children	

Figure A: PEACH SIF Logic Model

National Kidney Foundation of Michigan: Project for EARly Childhood Health (PEACH) Logic Model



Figure B: Year 2 Findings Dissemination Flyer

National Kidney Foundation of Michigan

SOCIAL INNOVATION FUND GRANT



Year 2 Results

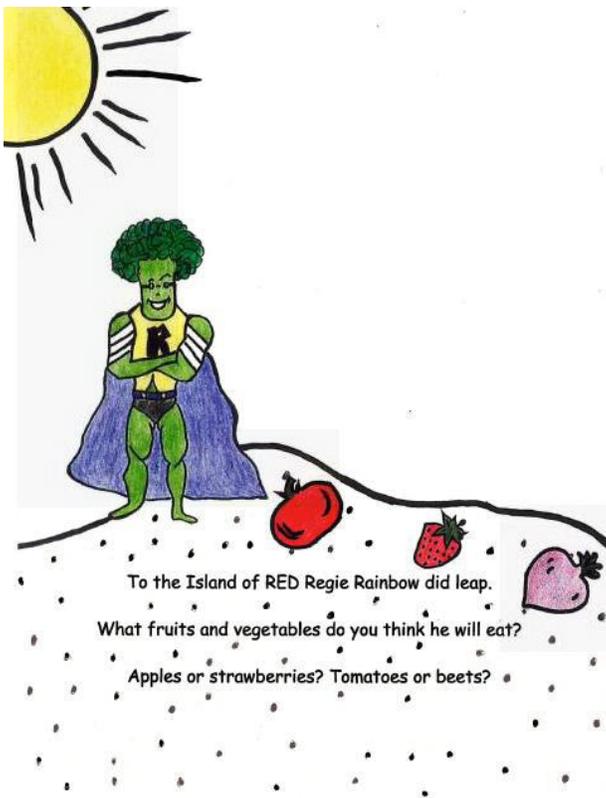
Through their three PEACH programs: Regie's Rainbow Adventure®, Healthy Families Start with You and NAP SACC, National Kidney Foundation of Michigan reached **4,278 children** in year 2. These programs took place in Northwest Detroit, River Rouge, Inkster and Southwest Detroit.

Healthy Habits are Forming

Children who received Regie's Rainbow Adventure® (RRA) were found to be healthier than children who did not. Parents were asked to grade their child's fruit and vegetable consumption from an 'A' which would be great/healthy to an 'F' which would be poor/unhealthy. Children who went on Regie's Rainbow Adventure in school were more likely to have their parents report an 'A' about their fruit and vegetable consumption (compared to not an 'A') than children who did not. Children who received a high dose of the program were almost two times more likely to have their parent give them an 'A' about their vegetable and fruit consumption than children who did not receive the program. **These data show that Regie is linked with kids eating more fruits and vegetables and therefore improving kids' health!**



Figure C: Old and New RRA Illustrations



To the Island of RED Regie Rainbow did leap.
What fruits and vegetables do you think he will eat?
Apple or strawberries? Tomatoes or beets?



Figure C: IRB Confirmation Letter

Argus Independent Review Board

6668 S. Hidden Flower Way

Tucson, AZ 85756-5111

520-298-7494

argusirb@juno.com

www.argusirb.com

From: Argus Independent Review Board (AIRB)
To: Crystal D'Agostino
Subject: PEACH
Sponsor: National Kidney Foundation of Michigan, Inc.

On December 1, 2014, AIRB performed a review of the above protocol, consent forms, and attachments.

This letter is to inform you that Argus has approved these items and has indicated same by its stamp of approval.

The FDA requires you to notify the IRB of any new advertisements or recruiting material, **serious** adverse events, amendments or changes to the protocol, significant protocol deviations, patient death or termination of study. Please note that you must submit all protocol amendments and/or advertisements to Argus for review, and await a response from the Board prior to implementing the amendments and/or advertisements.

AIRB requires a copy of the first questionnaire by the first subject in the study.

ARGUS requires periodic reports as well as a final report. A copy of the report submitted to the National Kidney Foundation will serve as your report to Argus IRB, Inc.

Argus Independent Review Board is in compliance with the regulations of the Food and Drug Administration as described in 21CFR parts 50 and 56.

Sincerely,



Valerie Golembiewski
Chairperson

Thank you for agreeing to take part in this important survey about you and your child!

The information you provide us will help us to understand the nutrition and physical activity needs of preschool aged children in the Detroit area. This survey is voluntary and all responses are confidential. If you have any questions or concerns, please contact Theresa Tejada (734-222-9800).

General Information

Today's date ____/____/____

Parent/Guardian Name: _____

Child's Name: _____

Child's Date of Birth ____/____/____

Teacher's name: _____

Type of class (circle one): AM PM FULL DAY GSRP Blend

Drinks

1. For each of the following drinks, **circle** the number of servings your child drinks **on a typical day**.
Please circle only one answer for each type of drink listed.

1 serving = 8 ounces = ¾ can = 2 juice boxes

	Type of drink	Number of servings					
a.	Juice (such as 100% juice; orange/apple/grape etc)	0 or less than 1/day	1	2	3	4	5+
b.	Fruit drinks (such as Hi-C, Hawaiian punch, lemonade, Koolaid, Capri-Sun)	0 or less than 1/day	1	2	3	4	5+
c.	Sports drinks (such as Gatorade)	0 or less than 1/day	1	2	3	4	5+
d.	Regular Soda (pop)	0 or less than 1/day	1	2	3	4	5+
e.	Sweetened Tea	0 or less than 1/day	1	2	3	4	5+
f.	Water	0 or less than 1/day	1	2	3	4	5+
g.	Skim (fat-free), 1-2% milk	0 or less than 1/day	1	2	3	4	5+
h.	Chocolate/flavored milk	0 or less than 1/day	1	2	3	4	5+

Fruits & Vegetables

2. How many servings of fruit (fresh fruit, frozen fruit, canned fruit, but NOT including juice) does your child eat on a typical day? A serving is about 8 oz, or one medium piece of fruit, or one half-cup of raw fruit.

Please circle only one answer below.

Type of food	Servings/day					
Fruit:	Less than 1/day	1	2	3	4	5+

3. How many servings of **vegetables** (fresh, frozen or canned, but NOT including potatoes) does your child eat on a typical day? A serving is about 8 oz, or one half-cup of cooked vegetables, or one cup of raw vegetables.

Please circle only one answer below.

Type of food	Servings/day					
Vegetables:	Less than 1/day	1	2	3	4	5+

Activity

4. How many hours is your child involved in sports or active play on a typical weekday or weekend?

Please circle only one answer for weekday and one answer for weekend.

Day	Hours/day					
Active play/sports on a typical weekday :	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours
Active play/sports on a typical weekend :	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours

5. Compared to other children of the same age and sex, how would you rate your child's activity level? Circle one answer below:

Much less active	Somewhat less active	About the same	A little more active	Much more active
------------------	----------------------	----------------	----------------------	------------------

6. During a typical week, how many hours do **you** exercise (for example: walk, run, play ball) with your child?
_____ hours per week.

Television and Screen Time

7. How many hours of TV does your child watch on a typical weekday/ weekend day including evenings?
Please **circle** only one answer for weekday and one answer for weekend.

Day	Hours/day					
TV on a typical weekday:	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours
TV on a typical weekend:	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours

8. How many hours of games (computer, iPod, iPad or other tablet, Xbox, Wii, PlayStation and internet games) does your child play on a typical weekday/weekend day including evenings?
Please **circle** only one answer for weekday and one answer for weekend.

Day	Hours/day					
On a typical weekday:	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours
On a typical weekend:	Less than 1 hour/day	1-2 hours	2-3 hours	3-4 hours	4-5 hours	5+ hours

Current Eating/Exercise Habits

9. Does your child usually eat breakfast?

- No
 Yes

10. For each of the behaviors below **grade** how well your child is doing from A (great/healthy) to F (poor/unhealthy) in terms of how much or how often they are doing each thing. **Circle the response.**

	Great/Healthy			Poor/Unhealthy	
a. Snack foods	A	B	C	D	F
b. Drinking sweetened beverages	A	B	C	D	F
c. Eating out/ carry out dinners	A	B	C	D	F
d. Eating fruits	A	B	C	D	F
e. Eating vegetables	A	B	C	D	F
f. Watching TV/ screen time	A	B	C	D	F
g. Playing video games/ internet	A	B	C	D	F
h. Physical activity/ exercise	A	B	C	D	F

Your Child's Health

11. On the scale below of 0-10, where 0 = very unhappy and 10 = very happy, select the answer that best represents your child's general mood.

Please circle only one option below.

		Very unhappy			In between				Very happy			
My child's mood:	Don't know	0	1	2	3	4	5	6	7	8	9	10

12. How often was your child unhappy, sad or depressed **in the past month?**

Circle only one answer below.

Never	Rarely	Sometimes	Usually	Always	Don't know
-------	--------	-----------	---------	--------	------------

13. How often did your child have trouble falling or staying asleep **in the past month?**

Circle only one answer below.

Never	Rarely	Sometimes	Usually	Always	Don't know
-------	--------	-----------	---------	--------	------------

14. **In the past month**, how often was your child tired during the day?

Circle only one answer below.

Never	Rarely	Sometimes	Usually	Always	Don't know
-------	--------	-----------	---------	--------	------------

15. How would you rate the quality of your child's sleep?

Circle only one answer below.

Very good	Fairly good	Fairly bad	Very bad
-----------	-------------	------------	----------

School

16. For the following statements where 0 = strongly disagree and 10 = strongly agree, **circle only one answer that best represents** your child's participation in school or daycare activities.

	Strongly Disagree				Neutral				Strongly Agree			
a. My child is not interested in school	0	1	2	3	4	5	6	7	8	9	10	
b. My child tries his/her best at school	0	1	2	3	4	5	6	7	8	9	10	
c. My child enjoys school	0	1	2	3	4	5	6	7	8	9	10	
d. My child gets good grades at school	0	1	2	3	4	5	6	7	8	9	10	
e. My child dreads going to school	0	1	2	3	4	5	6	7	8	9	10	
f. My child gets teased at school	0	1	2	3	4	5	6	7	8	9	10	
g. My child has trouble finding friends to play with	0	1	2	3	4	5	6	7	8	9	10	
h. My child joins in with family activities	0	1	2	3	4	5	6	7	8	9	10	

Your Family History

This is the last section. We are required to ask these questions. **Your answers will not be shared with your child's preschool or Head Start and will not in any way affect your eligibility for services.**

17. What is your relationship to the child you care for?

- Mother
- Father
- Grandparent
- Other family member
- Foster Parent/ Adoptive Parent
- Other: _____

18. Who lives with you other than your child/children? (**Check all that apply**)

- No one
- My male or female partner (husband, wife, boyfriend or girlfriend)
- Grandparent(s)
- Other relative(s)
- Other nonrelative(s)

19. What is your child's race? (Check all that apply)

- White
- Black or African American
- Hispanic/ Latino
- Asian
- Native Hawaiian or other Pacific Islander
- Arab/Arab American OR Middle Eastern/Middle Eastern American
- American Indian or Alaska Native
- Other (fill in) _____

20. What is the highest level of school that you have completed?

- Some grade school
- Some high school
- High school diploma or GED
- Trade or training certificate
- Some college
- Bachelor's degree
- Graduate degree

21. What is your annual household income?

Please check only one answer below

- | | | |
|--|----|-----------------------------------|
| <input type="checkbox"/> Less than \$10,000 per year | or | about \$800 per month |
| <input type="checkbox"/> \$10,001 to \$15,000 per year | or | about \$801-\$1,250 per month |
| <input type="checkbox"/> \$15,001 to \$20,000 per year | or | about \$1,251- \$1,600 per month |
| <input type="checkbox"/> \$20,001 to \$25,000 per year | or | about \$1,601 - \$2,000 per month |
| <input type="checkbox"/> \$25,001 to \$35,000 per year | or | about \$2,001 - \$2,900 per month |
| <input type="checkbox"/> \$35,001 to \$45,000 per year | or | about \$2,901 - \$3,750 per month |
| <input type="checkbox"/> \$45,001 to \$60,000 per year | or | about \$3,751 - \$5,000 per month |
| <input type="checkbox"/> \$60,001 and above per year | or | \$6,600 or more per month |

22. What type of health insurance or health care coverage does your child have?

- Private health insurance
- Medicaid
- SCHIP (CHIP – Children's Health Insurance Program)
- Military Healthcare (TRICARE/VA/CHAMP-VA)
- Indian Health Service
- Other government Program
- Single Service Plan (e.g. Dental, Vision, Prescriptions)
- No health insurance

23. Over the past 12 months, about how many of the following types of health care visits has your child had?

Type of visit	Number of visits
a. Emergency room visits	
b. Sick visits to a physician for a new illness/problem	
c. Sick visits to a physician for a chronic illness/problem (asthma etc.)	
d. Check-up visits to a physician	

24. Are you on any of the following public assistance programs? **(Check all that apply)**

- WIC
- SNAP (Bridge Card, Food Stamps)
- FIP (Cash Assistance)
- Other: _____
- I am not on public assistance

Thank you! Please return this form to your child's school.

NAPSACC PHYSICAL ACTIVITY SECTION

Introduction:

The Physical Activity Section of the online Nutrition and Physical Activity Self-Assessment for Child Care is comprised of 33 questions organized into 9 sub-sections or subject areas. Each question represents a best practice. The online assessment saves the child care center's or home's responses and when the assessment is submitted, the online system provides a customized feedback report. The report shows which best practices the child care center or home is

- Achieving
- Nearly achieving
- Started but more effort is needed to achieve
- Not achieving at all

The feedback report is used to help the child care center or home build an action plan for improvement.

This document provides a print version of the Physical Activity Section of NAPSACC , listing the questions and response options, and organized in the same subject area groups as the online version.

- Active Play Time & Inactive Time
- Play Environment
- Support for Physical Activity
- Physical Activity Education
- Physical Activity Policy
- Screen Time Use
- Screen Time Provider Behaviors
- Screen Time Education
- Screen Time Policy

PHYSICAL ACTIVITY SECTION

Active Play Time & Inactive Time

1. Short supervised periods of tummy time are provided for ALL infants, including those with special needs:
 - Less than once per day or no daily schedule
 - At least once per day, every day
 - At least twice per day, every day
 - More than twice per day, every day
 - There are no infants in our care

2. Active play time (indoor and outdoor) is provided to ALL toddlers, included those with special needs.
 - Less than 30 minutes each day or no routine daily active play time
 - 30 to 45 minutes each day, every day
 - 46 to 60 minutes each day, every day
 - More than 60 minutes each day, every day
 - There are no toddlers in our care

3. Active play time is provided to preschool children:
 - 45 minutes or less each day
 - 46 to 90 minutes each day
 - 91 to 120 minutes each day
 - More than 120 minutes each day

4. Structured physical activity is provided to all children:
 - 1 time per week or less
 - 2 to 4 times per week
 - 1 time per day
 - 2 or more times per day

5. Outdoor active play is provided for ALL children:
 - 1 time per week or less
 - 2 to 4 times per week
 - 1 time per day
 - 2 or more times per day

6. When outdoors, infants are provided opportunities for exploration, such as rolling, scooting, crawling, walking:
 - Rarely/never or Infants are not given outdoor time
 - Sometimes
 - Usually
 - Always
 - There are no infants in our care

7. Active play is withheld for children who misbehave:
- Often
 - Sometimes
 - Never
 - Never and we provided more active play for good behavior
8. Children are seated (excluding naps and meals) more than 30 minutes at a time:
- 1 or more times per day
 - 3 to 4 times per week
 - 1 to 2 times per week
 - Less than once a week or never
9. Swings and infant seats, such as exersaucers, car seats, molded seats are used:
- More than 15 minutes at a time or more than 4 times per day for ANY child
 - 3 to 4 times per day, less than 15 minutes per time for ANY child
 - 2 times per day, less than 15 minutes per time for ANY child
 - 1 or fewer times per day, less than 15 minutes per time for ANY child

Play Environment

1. Fixed play equipment (tunnels, balancing equipment, climbing equipment, overhead ladders) is:
 - Unavailable at our site
 - Only one type of equipment is available
 - Different equipment available that suits most children
 - Wide variety of equipment available and accommodates the needs of all children

2. Portable play equipment (wheel toys, balls, hoops, ribbons) consists of:
 - Little variety and children must take turns
 - Some variety but children must take turns
 - Good variety but children must take turns
 - Lots of variety for children to use at the same time

3. Outdoor portable play equipment is:
 - Available during special times only
 - Located out of child sight and reach; caregivers must access
 - In child sight but not reach; caregivers must access
 - Freely available by children at all time

4. Outdoor play space includes:
 - No open running spaces or track/path for wheeled toys
 - Very limited open running space; no track/path for wheeled toys
 - Plenty of open running space; no track/path for wheeled toys
 - Plenty of open running space and a track/path for wheeled toys

5. Indoor play space is available:
 - For quiet play only
 - For limited movement (jumping and rolling)
 - For some active play (jumping, rolling and skipping)
 - For all activities, including running

Support for Physical Activity

1. During active play time, caregivers:
 - Supervise play only (mostly sit or stand)
 - Sometimes encourage children to be active
 - Sometimes encourage children to be active and join children in active play
 - Often encourage children to be active and join children in active play
2. Support for physical activity is visibly displayed in common areas by:
 - No posters, pictures or books about physical activity displayed
 - Visual support for physical activity is available for lessons or upon request
 - Posters, pictures or books about physical activity displayed in some areas
 - Posters, pictures or books about physical activity displayed in all areas where children spend most of their time.

Physical Activity Education

1. Training opportunities are provided to caregivers on physical activity (not including playground safety):
 - Rarely or never
 - Less than 1 time per year
 - 1 time per year
 - 2 or more times per year
2. Physical activity education for children (motor skill development) is provided:
 - Rarely or never
 - 1 time per month
 - 2 to 3 times per month
 - 1 time or more per week
3. Physical activity information is offered to parents (workshops and take home materials):
 - Rarely or never
 - Less than 1 time per year
 - 1 time per year
 - 2 or more times per year

Physical Activity Policy

1. We have a physical activity policy which includes most of the topics covered in the physical activity sections of this assessment, including active play time, play equipment and space, provider behaviors, support and education:

- No such policy exists
- Informal policy, not written
- Written policy, but not always followed
- Written policy that is regularly followed

2. Our physical activity policy is communicated to parents, families and visitors.

- Rarely or never OR No such policy exists
- Sometimes
- Usually
- Always

Screen Time Use

1. Toddlers and infants are allowed:

- 1 or more hours per week of total screen time
- 30 to 59 minutes per week of total screen time
- Fewer than 30 minutes per week of total screen time
- No screen time ever
- There are no toddlers and infants in our care

2. Preschool children are allowed:

- More than 2 hours a week of total screen time
- 1 to 2 hours per week of total screen time
- 31 to 59 minutes per week of total screen time
- 30 minutes or less per week of total screen time

3. Televisions are:

- Located in every room where children spend their time
- Located in most rooms where children spend their time
- Located in some rooms where children spend their time
- Stored outside of rooms where children spend their time/No televisions onsite

4. For preschool children, television/DVD viewing includes:

- All types of programming and videos
- Mix of educational and commercial programming
- Mostly educational programming
- All education, noncommercial programming, or no TV/DVD viewing

5. Television/DVD are turned on during meals or snacks:

- All the time
- Most of the time
- Some of the time
- Rarely or never

6. Television/video watching is used as a reward:

- All the time
- Most of the time
- Some of the time
- Rarely or never

7. Computers are available to preschool children:

- All the time and there are few or no limits on duration
- Several times per day and/or more than 30 minutes per day
- At one set time per day for 15 to 30 minutes
- At one set time per day for 15 minutes or less or not available

Screen Time Provider Behaviors

1. During screen time activities with preschool children, providers supervise and watch with the children:

- Rarely or never
- Some of the time
- Most of the time
- All of the time/There are no screen time activities

Screen Time Education

1. Providers are offered training opportunities on screen time reduction and/or media literacy:

- Rarely or never
- Less than once per year
- Once per year
- Two or more times per year

2. Parents are offered screen time reduction and/or media literacy information, such as special programs, newsletters, or information sheets:

- Rarely or never
- Less than once per year
- Once per year
- Two or more times per year

Screen Time Policy

1. We have a screen time policy which includes screen time use, provider behaviors and education:

- No such policy exists
- Informal policy, not written
- Written policy, but not always followed
- Written policy that is regularly followed

2. Our screen time policy is communicated to parents, families and visitors.

- Rarely or never OR No such policy exists
- Sometimes
- Usually
- Always



Health Chat Survey #1

Date: _____

Early Childhood Site: _____

Family Service Coordinator/Family Advocate Name: _____

Parent/Caregiver Name: _____

Child/Children's Name(s): _____

Home Address: _____

City, State, Zip: _____

Telephone: _____

Email address: _____



Are you at risk for type 2 diabetes? One in four Americans with diabetes is undiagnosed. Take this test to learn more about your risk for developing type 2 diabetes.

Diabetes Risk Test	Write your point score in the box
How old are you? a. Less than 40 years (0 points) b. 40-49 years (1 point) c. 50-59 years (2 points) d. 60 years or older (3 points)	
Are you a man or a woman? a. Man (1 point) b. Woman (0 points)	
Are you a woman who has ever been diagnosed with gestational diabetes or given birth to a baby weighing 9 pounds or more? a. Yes (1 point) b. No (0 points)	
Do you have a mother, father, sister or brother with diabetes? a. Yes (1 point) b. No (0 points)	
Have you ever been diagnosed with high blood pressure? a. Yes (1 point) b. No (0 points)	
Are you physically active? a. Yes (0 points) b. No (1 point)	
What is your weight status? (Look at the chart to the right)	
TOTAL (add up your score)	

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 point)	(2 points)	(3 points)
You weigh less than the amount in the left column (0 points)			

The higher your score, the higher your risk.

- If you scored **below 5 points**: Even if you scored below 5, you may be at an increased risk for pre-diabetes. Talk to your doctor about your risk for diabetes and small steps you can take to prevent or delay type 2 diabetes.
- If you scored **5 or more** points, you are at a higher risk for having diabetes. Check with your doctor as soon as possible to learn if you have diabetes.



Find out if you are at risk for having high blood pressure. Circle the number for each answer. When you are done, add up the numbers to get your total score.

High Blood Pressure Risk Assessment	Yes	No
Does anybody in your family have high blood pressure?	1	0
Are you 50 years old or older?	1	0
Are you African American?	1	0
Do you have diabetes?	1	0
Do you or someone else add salt to the food that you eat?	1	0
Are you overweight? (Also circle 1 for 'yes' if you got 2 or 3 points on the scale above for your weight status.)	1	0
Do you do less than 25 minutes of physical activity per day??	1	0
Do you smoke cigarettes?	1	0
Do you regularly have more than two alcoholic drinks* each day?	1	0
TOTAL (add up the values you circled)		

*NOTE: one alcoholic drink = a shot (1oz); a glass (4oz) of wine; or a can (12oz) of beer

The more numbers that you have circled, the greater your risk for having or developing high blood pressure.

If you do have a high risk, go to your doctor regularly to get it checked. He/she can also talk to you more about ways to prevent high blood pressure.

1.	Has a doctor ever told you that you have:			
	a. Diabetes?	Yes	No	Don't Know
	b. High Blood Pressure?	Yes	No	Don't Know
	c. Kidney Disease (reduced kidney function)?	Yes	No	Don't Know
	d. Kidney Failure (requires dialysis or kidney transplant to live)?	Yes	No	Don't Know
	e. Heart Disease?	Yes	No	Don't Know
	f. Stroke?	Yes	No	Don't Know

2.	Has a biological parent, child, brother, or sister ever been diagnosed with:			
	a. Diabetes?	Yes	No	Don't Know
	b. High Blood Pressure?	Yes	No	Don't Know
	c. Kidney Disease (reduced kidney function)?	Yes	No	Don't Know
	d. Kidney Failure (requires dialysis or kidney transplant to live)?	Yes	No	Don't Know
	e. Heart Disease?	Yes	No	Don't Know
	f. Stroke?	Yes	No	Don't Know

3.	Has your doctor prescribed medications for any of the above conditions? (If No, please skip to Question 5)	Yes	No
4.	Are you taking prescription medications the way they were prescribed? (e.g., same amount, number of times/day as written on the prescription label)	Yes	No

5.	Do you limit the amount of salt in your diet?	Yes	No
6.	Do you usually choose foods that are low in fat?	Yes	No
7.	Do you currently smoke cigarettes or cigars?	Yes	No

The next few questions ask about the number of times you do something in an average day.

8.	How many cups of pop do you drink per day? 1 cup = 8 ounces OR $\frac{3}{4}$ can		0	1	2	3	4	5 +
9.	How many hours of TV do you watch per day?		0	1	2	3	4	5 +
10.	How many servings of fruit do you eat per day? (NOTE: one serving = $\frac{1}{2}$ cup fresh, frozen or canned fruit; medium-sized fruit; $\frac{1}{4}$ cup dried fruit; $\frac{1}{2}$ cup 100% fruit juice)	1	0	1	2	3	4	5 +
11.	How many servings of vegetables do you eat per day? (NOTE: one serving = $\frac{1}{2}$ cup cut-up raw or cooked vegetable; raw leafy vegetable; $\frac{1}{2}$ cup vegetable juice)	1 cup	0	1	2	3	4	5 +
12.	How many servings of whole-grain foods do you eat per day? (NOTE: one serving = 1 slice whole-grain bread; 1 cup dry cereal; $\frac{1}{2}$ cup cooked rice, pasta or cereal)		0	1	2	3	4	5 +
13.	How many servings of low-fat or fat-free dairy products do you eat and/or drink? (NOTE: one serving = 1 cup low-fat/fat-free milk or yogurt; $\frac{1}{2}$ cup low-fat/fat-free cottage cheese; 1 $\frac{1}{2}$ ounces low-fat/fat-free natural cheese; 2 ounces low-fat/fat-free processed cheese (e.g., Velveeta, Kraft singles))		0	1	2	3	4	5 +

The next few questions ask about the number of times you do something in an average week.

14.	How many times do you eat fast food in an average week?	0	1	2	3	4	5 +
15.	How many days do you exercise for at least 30 minutes in an average week?	0	1	2	3	4	5 +

16.	What is your current age?
	<input type="checkbox"/> 18 – 30 years <input type="checkbox"/> 61 – 75 years <input type="checkbox"/> 31 – 45 years <input type="checkbox"/> 76 years or older <input type="checkbox"/> 46 – 60 years

17.	What is your gender?	Female	Male
-----	----------------------	--------	------

18.	Do you currently have health insurance?	Yes	No
-----	---	-----	----

19.	What is your race?
	<input type="checkbox"/> White / Caucasian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> American Indian or Alaskan Native

20.	Are you Hispanic?	Yes	No
-----	-------------------	-----	----

21.	During the past month:
	<input type="checkbox"/> I have not been concerned about my health <input type="checkbox"/> I have had some concerns about my health, but have not thought about changing my lifestyle <input type="checkbox"/> I have thought about making changes in my lifestyle to improve my health <input type="checkbox"/> I have made healthy changes in my lifestyle

22.	Based on today's chat, which of the following steps do you plan to take to improve your health?
	<input type="checkbox"/> Eat healthier meals and snacks <input type="checkbox"/> Take prescription medicine as prescribed <input type="checkbox"/> Exercise regularly <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Stop smoking <input type="checkbox"/> Change my food shopping habits <input type="checkbox"/> Change my cooking methods

Thank you!

**Please remember to complete Health Chat Survey #2
about 4 -6 weeks from today**

OFFICE USE (Do Not Complete)	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
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Chat Form #2

Today's Date: _____

FSC / FA Name: _____

1.	Do you limit the amount of salt in your diet?	Yes	No
2.	Do you usually choose foods that are low in fat ?	Yes	No
3.	Do you currently smoke cigarettes or cigars?	Yes	No
4.	Has your doctor prescribed medications for diabetes, high blood pressure, kidney disease/failure heart disease or stroke? If No, please skip to Question 7)	Yes	No
5.	Are you taking your prescription medications as prescribed? (e.g., same amount, number of times/day as written on the prescription label)	Yes	No
6.	Do you currently have health insurance?	Yes	No

The next few questions ask about the number of times you do something in an average day.

7.	How many cups of pop do you drink per day? 1 cup = 8 ounces OR $\frac{3}{4}$ can							
		0	1	2	3	4	5 +	
8.	How many hours of TV do you watch per day?	0	1	2	3	4	5 +	
9.	How many servings of fruit do you eat per day? (NOTE: one serving = $\frac{1}{2}$ cup fresh, frozen or canned fruit; medium-sized fruit; $\frac{1}{4}$ cup dried fruit; $\frac{1}{2}$ cup 100% fruit juice)	0	1	2	3	4	5 +	1
10.	How many servings of vegetables do you eat per day? (NOTE: one serving = $\frac{1}{2}$ cup cut-up raw or cooked vegetable; raw leafy vegetable; $\frac{1}{2}$ cup vegetable juice)	0	1	2	3	4	5 +	1 cup
11.	How many servings of whole-grain foods do you eat per day? (NOTE: one serving = 1 slice whole-grain bread; 1 cup dry cereal; $\frac{1}{2}$ cup cooked rice, pasta or cereal)	0	1	2	3	4	5 +	
12.	How many servings of low-fat or fat-free dairy products do you eat and/or drink? (NOTE: one serving = 1 cup low-fat/fat-free milk or yogurt; $\frac{1}{2}$ cup low-fat/fat-free cottage cheese; $1\frac{1}{2}$ ounces low-fat/fat-free natural cheese; 2 ounces low-fat/fat-free processed cheese (e.g., Velveeta, Kraft singles)	0	1	2	3	4	5 +	

The next few questions ask about the number of times you do something in an average week.

13.	How many times do you eat fast food in an average week?	0	1	2	3	4	5+
14.	How many days do you exercise for at least 30 minutes in an average week?	0	1	2	3	4	5+

15.	Since Chat 1:
	<input type="checkbox"/> I have not been concerned about my health <input type="checkbox"/> I have had some concerns about my health, but have not thought about changing my lifestyle <input type="checkbox"/> I have thought about making changes in my lifestyle to improve my health <input type="checkbox"/> I have made healthy changes in my lifestyle

16.	Since Chat 1, which of the following steps did you take to improve your health?	
	<input type="checkbox"/> Eat healthier meals and snacks <input type="checkbox"/> Exercise regularly <input type="checkbox"/> Stop smoking <input type="checkbox"/> Change my food shopping habits <input type="checkbox"/> Change my cooking methods	<input type="checkbox"/> Take prescription medicine as prescribed <input type="checkbox"/> Other (specify): _____

17.	Did anyone else in your household make changes in their behavior because of the information provided by your Family Service Coordinator / Family Advocate?	Yes	No
	If yes, please list those individuals by relationship (<u>not</u> name) and the changes they made: <u>(Example = child)</u> _____ <u>(Example = plays outside more)</u> _____ _____ _____ _____		

18.	Have you seen a primary care doctor since the first health chat?
	<input type="checkbox"/> Yes (Go to Question #19) <input type="checkbox"/> No, but I did make an appointment (Skip to Question #21) <input type="checkbox"/> No (Skip to Question #21)



19.	If you saw a primary care doctor since the first chat, did you discuss diabetes, high blood pressure, or kidney disease with your doctor during your visit?
	<input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to Question #21)

20.	If you answered yes to the above question, tell us whether you were tested for the following disease or diagnosed with the disease.				
		Tested for the disease		Diagnosed with the disease	
	a. Diabetes (e.g., drew blood or checked urine)	Yes	No	Yes	No
	b. High Blood Pressure (e.g., used blood pressure cuff)	Yes	No	Yes	No
	c. Kidney Disease (e.g., drew blood or checked urine)	Yes	No	Yes	No

21. Please tell us how the *Healthy Families* Program helped you:

Thank you for completing this survey!





Encuesta #1 de Las Charlas De Salud

Fecha: _____

Local De La Edad Temprana: _____

Nombre de la Coordinadora De Servicios Familiares/Apoyo De Familias: _____

Nombre del Padre(s)/Cuidador: _____

Nombre del Niño/Niños: _____

Dirección del hogar: _____

Ciudad, Estado, Código Postal: _____

Teléfono: _____

Correo electrónico: _____



¿Está en riesgo de tener diabetes tipo 2? Uno de cada cuatro Americanos con diabetes no está diagnosticado. Tome este examen para aprender más sobre su riesgo de desarrollar diabetes tipo 2.

Examen de riesgo de diabetes	Escriba su puntuación en la casilla
¿Cual es su edad? a. Menos de 40 años (0 puntos) b. 40-49 años (1 punto) c. 50-59 años (2 puntos) d. 60 años o más (3 puntos)	
¿Es hombre o mujer? a. Hombre (1 punto) b. Mujer (0 puntos)	
¿Es usted una mujer que alguna vez ha sido diagnosticada con diabetes gestacional o ha dado a luz a un bebe que pesó 9 libras o más? a. Sí (1 punto) b. No (0 puntos)	
¿Tiene una madre, padre, hermana o hermano con diabetes? a. Sí (1 punto) b. No (0 puntos)	
¿Alguna vez ha sido diagnosticado/a con presión alta? a. Sí (1 punto) b. No (0 puntos)	
¿Usted está activo/a físicamente? a. Sí (0 puntos) b. No (1 punto)	
¿Cual es el estatus de su peso? (Mire la grafica a la derecha)	
TOTAL (añada su puntuación)	

Altura	Peso (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 punto)	(2 puntos)	(3 puntos)
Si pesa menos que la cantidad en la columna de la izquierda (0 puntos)			



-
- Si su puntuación fue **menos de 5 puntos**: Aun si su puntuación fue menos de 5, puede estar en riesgo de pre-diabetes. Hable con su doctor sobre su riesgo de diabetes y sobre pequeños pasos que usted puede tomar para prevenir o atrasar el diabetes tipo 2.
- Si su puntuación fue **más de 5 puntos**, está en riesgo alto de tener diabetes. Haga cita con su doctor lo más pronto posible para saber si tiene diabetes.

Conozca si está en riesgo de tener presión alta. Circule el número para cada contestación. Cuando haya terminado, añada los números para obtener su puntuación total.

Evaluación de riesgo de presión alta	Sí	No
¿Alguien en su familia tiene la presión alta?	1	0
¿Tiene 50 años de edad o más?	1	0
¿Es usted africano-estadounidense?	1	0
¿Tiene diabetes?	1	0
¿Usted u otra persona le añade sal a la comida que usted come?	1	0
¿Esta sobrepeso? (Favor circule 1 para 'sí' si sacó 2 o 3 puntos en la escala arriba sobre el estatus de su peso.)	1	0
¿Usted hace menos de 25 minutos de actividad física por día?	1	0
¿Usted fuma cigarrillos?	1	0
¿Usted bebe más de dos tragos alcohólicos* regularmente cada día?	1	0
TOTAL (añada los valores que usted circuló)		

Mientras más alta su puntuación, más alto su riesgo

*NOTA: un trago alcohólico = un trago (1oz); una copa (4oz) de vino; o una lata (12oz) de cerveza

Mientras más números usted haya circulado, más alto su riesgo de tener o desarrollar presión alta.

Si usted tiene alto riesgo, vaya a su doctor regularmente para verificarlo. El/Ella también le puede hablar más sobre maneras de prevenir la presión alta.

1.	Alguna vez un doctor le ha dicho que usted tiene:			
	a. ¿Diabetes?	Sí	No	No se
	b. ¿La presión alta (hipertensión)?	Sí	No	No se
	c. ¿Enfermedad del riñón (función reducida de su riñón)?	Sí	No	No se
	d. ¿Insuficiencia renal (requiere diálisis o un trasplante de riñón para vivir)?	Sí	No	No se
	e. ¿Enfermedad del corazón?	Sí	No	No se
	f. ¿Derrame cerebral?	Sí	No	No se

2.	Alguna vez sus padres biológicos, hijos, hermanos, o hermanas han sido diagnosticado con:			
	a. ¿Diabetes?	Sí	No	No se
	b. ¿Presión alta?	Sí	No	No se
	c. ¿Enfermedad del riñón (función reducida de su riñón)?	Sí	No	No se
	d. ¿Insuficiencia renal (requiere diálisis o un trasplante de riñón para vivir)?	Sí	No	No se
	e. ¿Enfermedad del corazón?	Sí	No	No se
	f. ¿Derrame cerebral?	Sí	No	No se

3.	¿Su doctor ha recetado medicamentos para alguna de las condiciones listadas arriba? (Si No, por favor brinque a la Pregunta 5)	Sí	No
4.	¿Está tomando los medicamentos recetados de acuerdo a la manera en que fueron recetados? (ej., la misma cantidad, cantidad de veces al día como está escrito en la etiqueta de la receta)	Sí	No

5.	¿Usted limita la cantidad de sal en su dieta?	Sí	No
6.	¿Usualmente escoge comidas que son bajas en grasa?	Sí	No
7.	¿Actualmente fuma cigarrillos o cigarros?	Sí	No

19.	¿Cual es su raza?
	<input type="checkbox"/> Blanca <input type="checkbox"/> Negra o africana americana <input type="checkbox"/> India americana o nativa de Alaska <input type="checkbox"/> Asiática o de las islas del pacifico <input type="checkbox"/> Otro (especifique): _____

20.	¿Es usted hispano?	Sí	No
-----	--------------------	----	----

21.	Durante el mes pasado:
	<input type="checkbox"/> No he estado preocupado sobre mi salud <input type="checkbox"/> He tenido algunas preocupaciones sobre mi salud, pero no he pensado sobre cambiar mi estilo de vida <input type="checkbox"/> He pensado en hacer cambios a mi estilo de vida para mejorar mi salud <input type="checkbox"/> He hecho cambios saludables a mi estilo de vida

22.	¿Basado en la charla de hoy, cuales de los pasos siguientes planifica ejecutar para mejorar su salud?
	<input type="checkbox"/> Comer comidas y meriendas más saludables <input type="checkbox"/> Hacer ejercicios regularmente <input type="checkbox"/> Parar de fumar <input type="checkbox"/> Cambiar la manera en que acostumbro a comprar comida <input type="checkbox"/> Cambiar mis métodos de cocinar <input type="checkbox"/> Tomar mis medicamentos recetados de la manera recetada <input type="checkbox"/> Otro (especifique): _____

¡Gracias!

Por favor recuerde completar la Encuesta #2 de Las Charlas De Salud en 4 -6 semanas del día de hoy

PARA USO DE LA OFICINA (No Complete)	Diabetes <input type="checkbox"/> <input type="checkbox"/>	Presión alta <input type="checkbox"/> <input type="checkbox"/>
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¡Gracias por tomar parte en esta encuesta importante sobre usted y su niño!

La información que usted nos proporcione nos ayudará entender las necesidades de nutrición y actividad física de niños de edad preescolar en el área de Detroit. Si usted tiene alguna pregunta o preocupación, por favor no dúde en contactar a Theresa Tejada (734-222-9800).

Información General

Fecha: ____/____/____

Nombre del cuidador/padre: _____

Nombre del niño: _____

Fecha de nacimiento del niño: ____/____/____

Nombre del/la maestro/a del niño: _____

Tipo/hora de clase (marque uno): AM PM Día completo GSRP Mixto

Bebidas

1. Para cada una de las siguientes bebidas, marque un círculo para **el número de porciones** que su niño toma en **un día típico**.

Por favor elija una respuesta para cada tipo de bebida en la lista (a – h).

1 porción = 8 oz = ¾ lata = 2 pequeñas cajas de jugo

	Tipo de bebida	Porciones					
a.	Jugo (100% jugo; por ej. naranja/manzana/tropical/uva)	Ninguna / menos de 1 por día	1	2	3	4	5+
b.	Bebidas de fruta (por ej. Hi-C, Hawaiian Punch, limonada, Koolaid, Capri-Sun)	Ninguna / menos de 1 por día	1	2	3	4	5+
c.	Bebidas deportivas (por ej. Gatorade, Poweraid)	Ninguna / menos de 1 por día	1	2	3	4	5+
d.	Soda regular (no light odiet; por ej. Coca-Cola, Pepsi, Sprite)	Ninguna/ menos de 1 por día	1	2	3	4	5+
e.	Té Endulzado (no light odiet)	Ninguna/ menos de 1 por día	1	2	3	4	5+
f.	Agua	Ninguna/ menos de 1 por día	1	2	3	4	5+
g.	Leche descremada o con 1-2% grasa	Ninguna/ menos de 1 por día	1	2	3	4	5+
h.	Leche con chocolate u otro sabor	Ninguna/ menos de 1 por día	1	2	3	4	5+

Frutas & Vegetales

2. ¿Cuántas porciones de **frutas** su niño come en un día típico – incluyendo fruta entera, congelada o enlatada pero no incluyendo jugo? Una porción pesa aproximadamente 8 oz, o es equivalente a una fruta de tamaño mediano o media taza de fruta fresca.

Por favor marque un círculo para una sola respuesta a continuación.

Tipo de comida	Porciones					
Fruta:	Menos de 1 por día	1	2	3	4	5+

3. ¿Cuántas porciones de **vegetales** su niño come en un día típico – incluyendo vegetales frescos, congelados o enlatados pero no incluyendo patatas/papas o yuca? Una porción pesa aproximadamente 8 oz, o es equivalente a media taza de vegetales cocinados o una taza de vegetales crudos.

Por favor marque un círculo para una sola respuesta a continuación.

Tipo de comida	Porciones					
Vegetales:	Menos de 1 por día	1	2	3	4	5+

Actividad

4. ¿En **un día** de una semana típica, cuántas horas está involucrado su niño en deportes o juego físico? ¿Y por cuántas horas en **un día** típico del fin de semana?

Por favor marque un círculo para una sola respuesta para cada una.

Día	Horas por Día					
Juego físico/deportes por día: durante una semana típica:	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas
Juego físico/deportes por día: fin de semana típica	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas

5. ¿En comparación a otros niños de la misma edad y sexo, como usted calificaría el nivel de actividad física de su niño? **Por favor marque un círculo para una sola respuesta a continuación.**

Mucho menos activo	Un poco menos activo	Mas o menos igual	Un poco más activo	Mucho más activo
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6. ¿Durante una semana típica, por cuántas horas usted hace ejercicios (caminar, correr, jugar con la pelota) con su niño?

_____ horas por semana

Televisión y Tiempo Frente A La Pantalla

7. ¿Cuántas horas de TV mira su niño en **un día** de una semana típica? ¿Y por cuántas horas en **un día** del fin de semana típico, incluyendo las noches?

Por favor marque un círculo para una sola respuesta para cada una.

Día	Horas por Día					
TV por día: durante una semana típica:	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas
TV por día: fin de semana típico:	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas

8. ¿Cuántas horas de videojuegos (computadora, iPod, iPad u otra tableta, Xbox, Wii, PlayStation y/o juegos en el internet) juega su niño en **un día** durante una semana típica, incluyendo las noches? ¿Y cuantas horas durante el día de un fin de semana típico, incluyendo las noches?

Por favor marque un círculo para una sola respuesta para cada una.

Día	Horas por Día					
Videojuegos por día: durante la semana	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas
Videojuegos por día: el fin de semana	Menos de 1 hora por día	1-2 horas	2-3 horas	3-4 horas	4-5 horas	5+ horas

Costumbres de Comida y Ejercicio

9. ¿Su niño come desayuno usualmente?

- No
 Si

10. Para cada uno de los siguientes comportamientos (líneas a-h) , califique como su niño se comporta desde A (muy bien/saludable) hasta la F (mal/no saludable) en términos de CUANTO o que tan cuan FRECUENTEMENTE su niño hace cada uno.

Por favor marque un círculo para una sola respuesta para cada una.

	Muy Bien / Saludable			Mal/ No Saludable		
a. Comer comida chatarra/basura	A	B	C	D	F	
b. Tomar bebidas endulzadas	A	B	C	D	F	
c. Comer en lugares fuera de la casa o pedir comida para llevar/llamar comida al domicilio	A	B	C	D	F	
d. Comer frutas	A	B	C	D	F	
e. Comer vegetales	A	B	C	D	F	
f. Mirar TV o pasar tiempo frente a la pantalla	A	B	C	D	F	
g. Jugar videojuegos (cualquier tipo) o usar el internet	A	B	C	D	F	
h. Hacer actividad física/ ejercicios	A	B	C	D	F	

La Salud De Su Niño

11. En una escala de 0 a 10, donde 0 = muy infeliz/descontento y el 10 = muy feliz/bien contento, elija la respuesta que mejor representa el estado de ánimo general de su hijo. **Por favor marque un círculo para una sola respuesta a continuación.**

	Muy infeliz/descontento contento			Entre Medio				Muy feliz/bien				
El estado de animo de mi niño:	No se	0	1	2	3	4	5	6	7	8	9	10

12. **¿En el mes pasado,** cuántas veces estuvo su niño descontento, triste y/o deprimido?
Por favor marque un círculo para una sola respuesta a continuación.

Nunca	Casi nunca	Algunas veces	Usualmente	Siempre	No se
-------	------------	---------------	------------	---------	-------

13. **¿En el mes pasado,** con qué frecuencia su niño tuvo problemas quedándose dormido y/o hiendo a dormir?
Por favor marque un círculo para una sola respuesta a continuación.

Nunca	Casi nunca	Algunas veces	Usualmente	Siempre	No sé
-------	------------	---------------	------------	---------	-------

14. **¿En el mes pasado,** con qué frecuencia estuvo su niño cansado durante el día?
Por favor marque un círculo para una sola respuesta a continuación.

Nunca	Casi nunca	Algunas veces	Usualmente	Siempre	No sé
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15. ¿Cómo calificarías la calidad del sueño de su niño?
Favor de marque un círculo para una sola respuesta a continuación.

Muy bien	Mas o menos bien	Mas o menos mal	Muy mal
----------	------------------	-----------------	---------

Escuela

16. Para **cada una** de las siguientes declaraciones (a – h) donde 0 = muy en desacuerdo y 10 = muy de acuerdo, por favor elija **la respuesta que mejor representa** la participación de su niño en la escuela o actividades durante el cuidado de niños.

	Muy en Desacuerdo			Neutral						Muy en Acuerdo	
	0	1	2	3	4	5	6	7	8	9	10
a. Mi niño no esta interesado en la escuela	0	1	2	3	4	5	6	7	8	9	10
b. Mi niño intenta lo mejor que puede en la escuela	0	1	2	3	4	5	6	7	8	9	10
c. Mi niño disfruta la escuela	0	1	2	3	4	5	6	7	8	9	10
d. Mi niño recibe buenas calificaciones en la escuela	0	1	2	3	4	5	6	7	8	9	10
e. A mi niño no le gusta ir a la escuela	0	1	2	3	4	5	6	7	8	9	10
f. Mi niño es intimidado por otros en la escuela	0	1	2	3	4	5	6	7	8	9	10
g. Mi niño tiene problemas haciendo amigos con quien puede jugar	0	1	2	3	4	5	6	7	8	9	10
h. Mi niño comparte en actividades junto a la familia	0	1	2	3	4	5	6	7	8	9	10

Su Historial Familiar

Esta es la ultima sección. Estamos requeridos hacer estas preguntas. **Sus respuestas no serán compartidas con la escuela preescolar o el Head Start de su niño y no afectarán en ninguna manera la elegibilidad para servicios.**

17. ¿Cuál es su relación con el niño que usted cuida?

- Madre
- Padre
- Abuelo/a
- Otro familiar
- Padre adoptivo
- Otro: _____

18. ¿Quién vive con usted aparte de sus niños? (Marque todas que apliquen.)

- Nadie
- Mi pareja (esposo/a, novio/a, conviviente)
- Abuelo(s)
- Otro pariente(s)
- Otra persona no pariente(s)

19. ¿Cuál es la raza de su niño? (Marque todas que apliquen.)

- Blanco
- Negro o Africano Estadounidense
- Hispano/Latino
- Asiático
- Hawaiano Nativo u otro Isleño Del Pacifico
- Árabe/Árabe Americano O Personas del Oriente Medio/Personas del Oriente Medio Americano
- Indio Americano o Nativo de Alaska
- Otro (llene) _____

20. ¿Cuál es el nivel escolar más avanzado que usted cumplió?

- Parte de la escuela primaria
- Parte de la escuela secundaria
- Diploma de escuela secundaria o GED
- Certificado en algún tipo de comercio o de entrenamiento
- Parte del colegio/universidad
- Bachillerato
- Postgrado (Maestría o Doctorado)

21. ¿Qué es el ingreso anual de su hogar (en total)?

Por favor marque una sola respuesta a continuación.

- | | | |
|--|-----------------------|--------------------------------|
| <input type="checkbox"/> Menos de \$10,000 anual | <input type="radio"/> | casi \$800 mensual |
| <input type="checkbox"/> \$10,001 a \$15,000 anual | <input type="radio"/> | casi \$801-\$1,250 mensual |
| <input type="checkbox"/> \$15,001 a \$20,000 anual | <input type="radio"/> | casi \$1,251- \$1,600 mensual |
| <input type="checkbox"/> \$20,001 a \$25,000 anual | <input type="radio"/> | casi \$1,601 - \$2,000 mensual |
| <input type="checkbox"/> \$25,001 a \$35,000 anual | <input type="radio"/> | casi \$2,001 - \$2,900 mensual |
| <input type="checkbox"/> \$35,001 a \$45,000 anual | <input type="radio"/> | casi \$2,901 - \$3,750 mensual |
| <input type="checkbox"/> \$45,001 a \$60,000 anual | <input type="radio"/> | casi \$3,751 - \$5,000 mensual |
| <input type="checkbox"/> \$60,001 o más anual | <input type="radio"/> | \$6,600 o más mensual |

22. ¿Qué tipo de seguro médico o plan/programa médico tiene su niño? (Marque todas las que apliquen)

- Seguro privado
- Medicaid
- SCHIP (CHIP – Children’s Health Insurance Program, Programa De Seguridad De Salud De Niños)
- Seguridad militar (TRICARE/VA/CHAMP-VA)
- Servicios Médicos Para Indígenas
- Otro programa del gobierno
- Plan de servicio individual (ej. Dental, Visión, Recetas)
- Sin seguro médico o plan/programa médico

23. ¿En los últimos 12 meses, cuantas veces visitó su niño a un una clínica, hospital etc.? Por favor llene un número para cada tipo de visita (a-d).

Tipo de visita	Número de visitas
a. Visitas a la sala de emergencias	
b. Visitas a un doctor para una nueva enfermedad y/o problema médica	
c. Visita a un doctor para una enfermedad y/o problema crónica (por ej. asma, diabetes etc.)	
d. Visitas de seguimiento/rutinarias a un doctor	

24. ¿Usted está parte de algunos de los siguientes programas de asistencia pública? (Marque todas que apliquen)

- WIC
- SNAP (Asistencia Alimenticia)
- FIP (Asistencia en efectivo)
- Otra: _____
- No estoy recibiendo asistencia pública

¡Gracias! Por favor devuelva esta encuesta al maestro/a de su niño.



شكر لكم على الموافقة في مشاركتكم ال هامة في هذا المسح عي وعظفلك!

المعلومات التي يتقدم اليها لتس اعني اعرف مهم لك غنية وان شاطليني التي تحتاجها الالف في سن ماقبل لل مدرس في فاطوي ترويت. ل المسح طوعا وال اجبة في غيل ل سيرة. إذا كان ليك مسوال اوليتفس اري رجى للاتص الفيني يزلني ج ادا 7342229800

معلومات ع امة

تأريخ اليوم ____/____/____

اسم الاب لولي الامر

اسم لطفلك

تأريخ يلال لطفلك ____/____/____

اسم ل معلم / ل معلمة:

نوع الفصل (ضع دائرة) صباحا مساء يوم كامل مريج

المشروبات

1 لكلمن المشروبات التي تضع نظري على كل حصة مشروبات عطي لطفلك في اليوم العادي.

الرجاء إختيار جواب واح لي كل نوع من المشروبات ال مدرجة

تقري م = 8 قيرة = 3/4 لجة = لبعين صير

عدد حصص في اليوم

نوع المشروبات

5+	4	3	2	1	0 او أقل من 1 باليوم	
5+	4	3	2	1	0 او أقل من 1 باليوم	a. 100% عصائر بتيق ال بهفاح / عيب / عصائر اخرى
5+	4	3	2	1	0 او أقل من 1 باليوم	b. مشروبات الفواكة (مثل بيش آسي , موزين شلي مون كولايت , لبري سن)
5+	4	3	2	1	0 او أقل من 1 باليوم	c. مشروبات ياضية نحل اجاتويد)
5+	4	3	2	1	0 او أقل من 1 باليوم	d. مشروبات غافية بهآب)
5+	4	3	2	1	0 او أقل من 1 باليوم	e. الشاي ال محلاة
5+	4	3	2	1	0 او أقل من 1 باليوم	f. الماء
5+	4	3	2	1	0 او أقل من 1 باليوم	g. الحلي بل خالي مزل دسم 2%
5+	4	3	2	1	0 او أقل من 1 باليوم	h. الحلي بين كاتقش وكلاة



تالفزي ونو وقت المشاهدة

7 كم عدد ساعات مشاهدتك لفيديو لطفلك في يوم من أيام الأسبوع لعادي / اوقين فية الأسبوع بطفلك الممساء ؟
من فضل كضع نظرة إجابة واحققق لايام الأسبوع لعادي وإجب لطفلك عن فية الأسبوع

الساعات لايوم						اليوم
5+ ساعات	4-5 ساعات	3-4 ساعات	2-3 ساعات	1-2 ساعات	أقل من ساعة فقط لايوم	تلفزي وورفي فيام الأسبوع لعادي
5+ ساعات	4-5 ساعات	3-4 ساعات	2-3 ساعات	1-2 ساعات	أقل من ساعة فقط لايوم	تلفزي وورفي مجلة نايية الأسبوع

8. كم ساعات مرال لعب (لعبوت, بلاد, لعبوت لمرس, كسباكص, وي بلاي اسيتشن, لأعاب الإنترنت) لطفلك في فيام الأسبوع لعادي اوفي
محلل عن فية الأمو بطفلك في ذالك لمرس. فيفضل كضع نظرة إجابة واحققق لايام الأسبوع لعادي وإجب لطفلك عن فية الأسبوع

ساعات لايوم						اليوم
5+ ساعات	4-5 ساعات	3-4 ساعات	2-3 ساعات	1-2 ساعات	أقل من ساعة فقط لايوم	في فيام الأسبوع لعادي
5+ ساعات	4-5 ساعات	3-4 ساعات	2-3 ساعات	1-2 ساعات	أقل من ساعة فقط لايوم	في مجلة نايية الأسبوع

الكل الحللي / عادات ممارسة الرياضة

9. طفل كفيين اول وجة في طور ؟

- لا
 نعم

10. لكل من سألوكي ات لمذكورة أناه لفيفس وقتق يطفلك كبه من ألى اف جيث أ) عظيم/صحي (و افي يتقور/غير صحي (من جيث و لفي ففي لفيير
من الاي فيي لون كل شي بضع لوزرة في الاستجابة.

يتقور/ غير صحي

عظيم/صحي

F	D	C	B	A	الوجع البلي خفيفة	.a
F	D	C	B	A	شرب المشروبات المحلاة	.b
F	D	C	B	A	الأكل خارج / طب عش لوفري	.c
F	D	C	B	A	أكل فوكة	.d
F	D	C	B	A	أكل الخضروات	.e
F	D	C	B	A	مشاهدة تلفزيون/ وقتل شرة	.f
F	D	C	B	A	في عال بلي فيديو لانتنت	.g
F	D	C	B	A	انشاط الهنيء/ الرياضة	.h



صحتطفلك

11 على المقياس أناه من 0 إلى 10 حيث 0 = غير شجع و 10 شجع جدا, أضر أحسن إجابة تشمل المزاج الـطفلك.
ضع علامة على إجابة واحدة.

10	9	8	7	6	5	4	3	2	1	0	أعرف	لا	وضع مزاج طفلي
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12. كم مرة كإطفلك يحرس عيـد, حزين او ملئ بـفـيـلـش مرال طفلي
ضع علامة على إجابة واحـتـقـط أناه

بدا	نادرا	بعض الأحيان	عادة	ظاما	لا أعرف
-----	-------	-------------	------	------	---------

13. كم مره يواجة ظلك صعب في النوم او ليقا عن ظم في للش هـلـمـاضـي
ضع علامة على إجابة واحـتـقـط أناه

بدا	نادرا	بعض الأحيان	عادة	ظاما	لا أعرف
-----	-------	-------------	------	------	---------

14. في للش مرال طفلي, كم كان فطلك يتبعها خلال النهار
ضع علامة على إجابة واحـتـقـط أناه

بدا	نادرا	بعض الأحيان	عادة	ظاما	لا أعرف
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15. لـيـفـتـقـم نـوعـة نـوـطـفـلك ؟
ضع علامة على إجابة واحـتـقـط أناه

مجد جدا	مجد	سيئ	سيئ جدا
---------	-----	-----	---------

المدرس
16.

في البيان التالي حيث 0 = أولقشدة = 10 لا أولقشدة ووضع لئرة واحقق على أفضل إجبتتمثل مشاركتطفل لفسينأشطة لمدرس أو الحاضرة.

	وأفقسشدة										مع تدل										لأافقسشدة												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
a.	فطلي ليرغبني للموسة																																
b.	لفلي يح اولأوتح اولباريكون فلاضلفي للمدرسة																																
c.	يتبع فطلي في للموسة																																
d.	فطلي يحصل على درجات جيدفي للمدرسة																																
e.	فطلي يوشى الذى اذهاب إلى للمدرسة																																
f.	فطلي يمزح																																
g.	فطلي يمشى لثفتي إي جانطدق اءل عب مع																																
h.	فطلي يضم لى عن أشطة ال علكة																																

تأريخ عائلتك

في هذا لجزء الأخير. نحن نطلب فينا طرح هذه الأسئلة. الأجابة لانتكون مشتركة مع فطلي في مرحلة قبل لدراسة اولاحضارة ولني وثر على كباي شكل من الاشكال على لعتك للخدمة.

17.

ماهى عائلتك ال ذيق ووبر عيلة

- أم
- أب
- جد / جدة
- آخر من فئراد الأسرة
- الوالدال معضن الوالد البنين
- آخر

18.

من الذوي يمشى معك بخل فطلك او فطالك (علم على يان طبق) 18.

- لا أحد
- ذكر أو أنثى (زوج، زوجة، صاحب، صاحبة)
- جدي / جدي
- قارب أخوين
- أخوين غير أقارب



23 على مدى 12 شهراً لمضريه كم نوع من أنواع الخزيات الصحية كالتالى ذلك ؟

عدد لزيارات	نوع لزيارة
	a. زيارة غفلة لطوارئ
	b. زيارة طبيبل مرض جيد أو متكلمة
	c. زيارة طبيبل مرض جيد مزمن أو مشلطة (يو أو أشياء أخرى)
	d. زيارة طبيبل فحص عام

24.

هل أنت في برن امجن المساعده لاعامة ؟ (ضع علامة عاى الذى ينطبق)

- وك
- بطقه الحسرر (طولع الغداء فودأستام
- المساعدهات القوية الاجتماعيه
- أخرى _____
- نألس على المساعدهات العامه

شكرا ! لرجاء إعادة هذه الإبتماره الى مدرس طفلك !

Parent Child Behavior Checklist

BASELINE

Child's Full Name				
First	Middle	Last		
Child's gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl		Child's age		
Today's Date Mo. _____ Day _____ Year _____		Child's Birthdate Mo. _____ Day _____ Year _____		
Child's ethnic group or race				
Name of preschool				
This form filled out by: (print your full name)				
Your relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____				
Does the child have any illness or disability? (Either physical or mental)? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please describe:				
Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. Be sure to answer all items.				
Below is a list of items that describe children. For each item that describes the child now or within the past 2 months , please circle the 2 if the item is very true or often true of the child. Circle the 1 if the item is somewhat or sometimes true of the child. If the item is not true of the child, circle 0. Please answer all items as well as you can, even if some do not seem to apply to the child.				
0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very true or Often True				
1.	0	1	2	Plays well with others
2.	0	1	2	Enjoys preschool/child care
3.	0	1	2	Is good at 'make believe' play
4.	0	1	2	Can't concentrate, can't pay attention for long
5.	0	1	2	Can't sit still, restless or hyperactive
6.	0	1	2	Can't stand waiting; wants everything now
7.	0	1	2	Dresses him/herself
8.	0	1	2	Defiant
9.	0	1	2	Enjoys listening to/reading books
10.	0	1	2	Demands must be met immediately
11.	0	1	2	Destroys things belonging to his/her family or other children
12.	0	1	2	Expresses joy
13.	0	1	2	Disobedient
14.	0	1	2	Doesn't seem to feel guilty after misbehaving

PLEASE FLIP OVER

Parent Child Behavior Checklist

BASELINE

				0 = Not True (as far as you know)	1 = Somewhat or Sometimes True	2 = Very true or Often True	
15.	0	1	2	Does something you are proud of			
16.	0	1	2	Easily frustrateds			
17.	0	1	2	Gets in many fights			
18.	0	1	2	Hits others			
19.	0	1	2	Hurts animals or people without meaning to			
20.	0	1	2	Enjoys learning letters and words			
21.	0	1	2	Does chores without complaining			
22.	0	1	2	Angry moods			
23.	0	1	2	Physically attacks people			
24.	0	1	2	Goes to bed when asked			
25.	0	1	2	Poorly coordinated or clumsy			
26.	0	1	2	Can play by him/herself			
27.	0	1	2	Punishment doesn't change his/her behavior			
28.	0	1	2	Laughs			
29.	0	1	2	Quickly shifts from one activity to another			
30.	0	1	2	Shares			
31.	0	1	2	Screams a lot			
32.	0	1	2	Selfish or won't share			
33.	0	1	2	Is appreciative/says thank you			
34.	0	1	2	Stubborn, sullen or irritable			
35.	0	1	2	Temper tantrums or hot temper			
36.	0	1	2	Can express him/herself well			
37.	0	1	2	Uncooperative			
38.	0	1	2	Wanders away			
39.	0	1	2	Wants a lot of attention			
40.	0	1	2	Cleans up his/her mess			
41.	0	1	2	Does something fun with a parent/caregiver			

Teacher Child Behavior Checklist BASELINE

Child's Full Name First	Middle	Last		
Child's gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Child's age	Child's ethnic group or race		
Today's Date Mo. ____ Day ____ Year ____	Child's Birthdate Mo. ____ Day ____ Year ____	Name of preschool		
How many hours does the child spend at the facility? _____ hours per week				
Has he/she ever been referred for a special education program or special services? <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Yes – what kind and when?				
This form filled out by (print your full name):				
Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. Be sure to answer all items.				
Below is a list of items that describe children. For each item that describes the child now or within the past 2 months , please circle the 2 if the item is very true or often true of the child. Circle the 1 if the item is somewhat or sometimes true of the child. If the item is not true of the child, circle 0. Please answer all items as well as you can, even if some do not seem to apply to the child.				
0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very true or Often True				
1.	0	1	2	Can't concentrate, can't pay attention for long
2.	0	1	2	Can't sit still, restless or hyperactive
3.	0	1	2	Can't stand waiting; wants everything now
4.	0	1	2	Cruel to animals
5.	0	1	2	Defiant
6.	0	1	2	Demands must be met immediately
7.	0	1	2	Destroys his/her own things
8.	0	1	2	Destroys property belonging to others
9.	0	1	2	Disobedient
10.	0	1	2	Cruelty, bullying or meanness to others
11.	0	1	2	Difficulty following directions
12.	0	1	2	Doesn't seem to feel guilty after misbehaving

PLEASE FLIP OVER

Teacher Child Behavior Checklist **BASELINE**

0 = Not True (as far as you know)				1 = Somewhat or Sometimes True				2 = Very true or Often True			
13.	0	1	2	Disturbs other children							
14.	0	1	2	Easily frustrated							
15.	0	1	2	Gets in many fights							
16.	0	1	2	Hits others							
17.	0	1	2	Angry moods							
18.	0	1	2	Fails to carry out assigned tasks							
19.	0	1	2	Fidgets							
20.	0	1	2	Physically attacks people							
21.	0	1	2	Poorly coordinated or clumsy							
22.	0	1	2	Punishment doesn't change his/her behavior							
23.	0	1	2	Quickly shifts from one activity to another							
24.	0	1	2	Inattentive, easily distracted							
25.	0	1	2	Screams a lot							
26.	0	1	2	Selfish or won't share							
27.	0	1	2	Not liked by other children							
28.	0	1	2	Stubborn, sullen or irritable							
29.	0	1	2	Teases a lot							
30.	0	1	2	Temper tantrums or hot temper							
31.	0	1	2	Uncooperative							
32.	0	1	2	Wanders away							
33.	0	1	2	Wants a lot of attention							
Does the child have any illness or disability (either physical or mental)?				<input type="checkbox"/> No				<input type="checkbox"/> Yes – Please describe:			
Please describe the best things about the child:											

Teacher Classroom Behaviors Questionnaire

BASELINE

Teacher Name: _____

Classroom Name (ex: 1 or red): _____

Type of class (circle one): AM PM FULL DAY GSRP Blend

Center Name: _____

Today's Date: _____

Below is a list of statements about children. **Please circle the response that indicates the percentage of children in your classroom that can be described by the statement.** Please answer all items as well as you can, even if some do not seem to apply to your classroom.

What percentage of children in your classroom can be described by this statement?

1.	0-25%	26-50%	51-75%	76-100%	Are fidgety and have difficulty sitting still
2.	0-25%	26-50%	51-75%	76-100%	Pay attention
3.	0-25%	26-50%	51-75%	76-100%	Are unhappy
4.	0-25%	26-50%	51-75%	76-100%	Talk out of turn
5.	0-25%	26-50%	51-75%	76-100%	Obey class rules
6.	0-25%	26-50%	51-75%	76-100%	Pout and sulk
7.	0-25%	26-50%	51-75%	76-100%	Do not cooperate
8.	0-25%	26-50%	51-75%	76-100%	Work hard
9.	0-25%	26-50%	51-75%	76-100%	Break rules
10.	0-25%	26-50%	51-75%	76-100%	Take turns and play fair
11.	0-25%	26-50%	51-75%	76-100%	Fight

Thank you!



Implementation Checklist

Please fill this checklist out honestly each week so that we can improve our program and training.

Early Childhood Site: _____

Teacher Name: _____

Classroom Name (ex: 1 or red): _____ Classroom type: AM / PM / Full Day / GSRP Blend

Some teachers find that they only have time to read the story to their class and sample the fruit or vegetable. There are other parts to the lesson:

- Introducing the color of the week and describing fruit/ vegetables of that color
- Encouraging students to share their favorite fruit/vegetable of that color
- Reading the riddle in the book
- Asking students to describe their senses during the sampling
- Giving the parent handouts to the children
- Additional activities in the manual

The questions below ask how much of each lesson you were able to do.

Week 1 – RED WEEK

Today's Date: ____ / ____ / ____

How much of the **red** lesson were you able to do?

None Some Most All

Week 2 – ORANGE WEEK

Today's Date: ____ / ____ / ____

How much of the **orange** lesson were you able to do?

None Some Most All

Week 3 – YELLOW WEEK

Today's Date: ____ / ____ / ____

How much of the **yellow** lesson were you able to do?

None Some Most All

Week 4 – GREEN WEEK

Today's Date: ____ / ____ / ____

How much of the **green** lesson were you able to do?

- None Some Most All

Week 5 – BLUE/WHITE/BROWN WEEK

Today's Date: ____ / ____ / ____

How much of the **blue** lesson were you able to do?

- None Some Most All

Week 6 – PURPLE WEEK

Today's Date: ____ / ____ / ____

How much of the **purple** lesson were you able to do?

- None Some Most All

Week 7 – PHYSICAL ACTIVITY WEEK

Today's Date: ____ / ____ / ____

How much of the **physical activity** lesson were you able to do?

- None Some Most All

The Entire Program

When you think about the seven weeks of the Regie's Rainbow Adventure program and the seven lessons, what percentage of the **whole program** do you think you completed?

____%

Thank you very much for your help with Regie's Rainbow Adventure®!



Weekly Attendance & Time Worksheet

Regie's Rainbow Adventures

Mark the weekly attendance of the children in your class with this worksheet. For each week that you did the Regie lesson, **put an A if the child is absent and a ✓ if the child is present.** Thank you very much!

Site: _____

Teacher's Name: _____

Circle one: AM / PM / Full Day / After School Program

Classroom name (ex: 1 or red): _____

Start date: _____ / _____ / _____

Child's Name	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

NAPSACC NUTRITION SECTION PRINT VERSION

Introduction:

The Nutrition Section of the online Nutrition and Physical Activity Self-Assessment for Child Care is comprised of 49 questions organized into 12 sub-sections or subject areas. Each question represents a best practice. The online assessment saves the child care center's or home's responses and when the assessment is submitted, the online system provides a customized feedback report. The report shows which best practices the child care center or home is

- Achieving
- Nearly achieving
- Started but more effort is needed to achieve
- Not achieving at all

The feedback report is used to help the child care center or home build an action plan for improvement.

This document provides a print version of the Nutrition Section of NAPSACC, listing the questions and response options, and organized in the same subject area groups as the online version.

- Fruits & Vegetables
- Meats, Fats & Grains
- Beverages
- Menus & Variety
- Feeding Practices
- Foods Offered Outside of Regular Meals & Snacks
- Support for Healthy Eating
- Nutrition Education
- Nutrition Policy
- Breastfeeding Support
- Breastfeeding Education
- Breastfeeding Support Policy

NAPSACC NUTRITION SECTION

Fruits & Vegetables

1. Fruit (not juice) is offered:
 - 3 times a week or less
 - 4 times per week
 - 1 time per day
 - 2 or more times per day

2. Fruit is offered canned in its own juice (no syrup), fresh or frozen:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

3. Vegetables, (not including French fries, tater tots, hash browns or dried beans) are offered:
 - 2 times a week or less
 - 3 to 4 times per week
 - 1 time per day
 - 2 or more times per day

4. Vegetables, other than potatoes, corn and green beans are offered:
 - Less than 1 time per week
 - 1 to 2 times per week
 - 3 to 4 times per week
 - 1 or more times per day

5. Cooked vegetables are prepared with added meat fat, margarine, or butter:
 - All of the time
 - Most of the time
 - Some of the time
 - Rarely or never

Meats, Fats & Grains

1. Fried or pre-fried potatoes (French fries, tater tots, hash browns) are offered:
 - 3 or more times per week
 - 2 times per week
 - 1 time per week
 - Less than once a week or never

2. Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered:
 - 3 or more times per week
 - 2 times per week
 - 1 time per week
 - Less than once a week or never

3. High-fat meats (sausage, bacon, hot dogs, bologna, ground beef) are offered:
 - 3 or more times per week
 - 2 times per week
 - 1 time per week
 - Less than once a week or never

4. Beans or lean meats (baked or broiled chicken, turkey or fish) are offered:
 - Less than 1 time per week
 - 1 to 2 times per week
 - 3 to 4 times per week
 - 1 or more times per day

5. High-fiber, whole grain foods (whole wheat bread, oatmeal, brown rice, Cheerios, etc.) are offered:
 - 1 time per week or less
 - 2 to 4 times per week
 - 1 time per day
 - 2 or more times per day

6. Sweets or salty foods (cookies, cakes, muffins, chips, etc.) are offered:
 - 1 or more times per day
 - 3 to 4 times per week
 - 1 to 2 times per week
 - Less than once a week or never

Beverages

1. Drinking water outside is:

- Not visible
- Visible but only available during designated water breaks
- Easily visible and available on request
- Easily visible and available for self serve

2. Drinking water inside is:

- Not visible
- Visible but only available during designated water breaks
- Easily visible and available on request
- Easily visible and available for self serve

3. 100% fruit juice is offered:

- 2 or more times per day
- 1 time per day
- 3 to 4 times per week
- 2 times per week or less

4. Sugary drinks (Kool-Aid, sports drinks, sweet tea, punches, soda) other than 100% juice are offered:

- 1 or more times per week
- Less than 1 time per week
- Less than 1 time per month
- Rarely or never

5. Milk served to children ages 2 years and older is usually:

- Whole or regular
- 2% reduced fat
- 1 to 2% reduced fat
- Always 1% or Skim/Nonfat

6. Soda and other vending machines are located:

- In the entrance or front of the building
- In public areas, but not at the entrance
- Out of sight of parents and children
- No vending machines on site

Menus & Variety

1. Menus used are:
 - 1-week cycle or no menus used
 - 2-week cycle
 - 3-week cycle or more without seasonal changes
 - 3-week cycle or more with seasonal changes

2. Weekly menus include a combination of both new and familiar foods:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

3. Weekly menus include food from a variety of cultures:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

Feeding Practices

1. When children eat less than half a meal or snack, caregivers help determine if they are full before removing the plate:

- Rarely or never
- Some of the time
- Most of the time
- All of the time

2. When children request seconds, caregivers help determine if they are still hungry before serving additional food:

- Rarely or never
- Some of the time
- Most of the time
- All of the time

3. Children are encouraged by caregivers to try a new or less favorite food:

- Rarely or never
- Some of the time
- Most of the time
- All of the time

4. Food is used to encourage positive behavior:

- All of the time
- Most of the time
- Some of the time
- Rarely or never

Foods Offered Outside of Regular Meals & Snacks

1. Guidelines provided to parents for food brought in for holidays or celebrations are:
 - Not available
 - Loose guidelines with healthier options encouraged
 - Written guidelines for healthier options that are not always enforced
 - Written guidelines for healthier options that are usually enforced

2. Holidays are celebrated with mostly healthy foods or non-food treats, like stickers:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

3. Fundraising consists of selling only non food items (like wrapping paper, coupon books, magazines):
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time OR We do not conduct fundraising activities

Support for Healthy Eating

1. Caregivers join children at the table for meals:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

2. Meals are served family style (children serve themselves with limited help):
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

3. Caregivers consume the same food and drinks as the children:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

4. Caregivers eat or drink less healthy foods (especially sweets, soda and fast food) in front of the children:
 - All of the time
 - Most of the time
 - Some of the time
 - Rarely or never

5. Caregivers talk informally with children about trying and enjoying healthy foods:
 - Rarely or never
 - Some of the time
 - Most of the time
 - All of the time

6. Support for good nutrition is visibly displayed in common areas by:
 - No posters, pictures or books about healthy foods displayed
 - Visual support for healthy eating is available for lessons or upon request
 - Posters, pictures or books about healthy foods displayed in some areas
 - Posters, pictures or books about healthy foods displayed in all areas where children spend most of their time.

Nutrition Education

1. Training opportunities on nutrition (other than food safety and food program guidelines) are provided for caregivers:

- Rarely or never
- Less than 1 time per year
- 1 time per year
- 2 or more times per year

2. Nutrition education for children is offered:

- Rarely or never
- 1 time per month
- 2 to 3 times per month
- 1 time or more per week

3. Nutrition information is offered to parents (workshops, activities, and take home materials):

- Rarely or never
- Less than 1 time per year
- 1 time per year
- 2 or more times per year

Nutrition Policy

1. We have a nutrition policy which addresses all key nutrition areas: food/beverages offered, menu variety, feeding practices, provider behaviors, healthy eating support and education:

- No such policy exists
- Informal policy, not written
- Written policy, but not always followed
- Written policy that is regularly followed

2. Our nutrition policy is communicated to parents, families and visitors.

- Rarely or never OR No such policy exists
- Sometimes
- Usually
- Always

Breastfeeding Support

1. A designated area for mothers to breastfeed their infants, other than a bathroom, is:
 - Not available
 - Only available upon request
 - Always available, but lacks one or more of these: appropriate seating, privacy, or electrical outlet
 - Always available, with appropriate seating, an electrical outlet, shielded from view and free from intrusion

2. Culturally appropriate breastfeeding support materials, such as pictures, posters, pamphlets and other print/media resources, are: *(Do not include materials produced by commercial entities, such as manufacturers of infant formulas):*
 - Not displayed
 - Available but not displayed
 - Displayed and include at least one of the following: pictures, posters, pamphlets, other print/media resources
 - Displayed and include all of the following: pictures, posters, pamphlets, other print/media resources

3. Our childcare facility provides sufficient refrigerator/freezer space for mothers to store expressed milk:
 - Never/not provided
 - Limited or occasional availability
 - Available space most of the time
 - Always available

4. Our childcare program provides learning and play materials that normalize breastfeeding, including books with pictures of breastfeeding and baby dolls that are nursing:
 - No such toys and books are available
 - Available for lessons or upon request
 - Available in some areas
 - Available in all areas where children spend most of their time

5. A feeding plan filled out by the parent/guardian and/or healthcare provider is:
 - Not posted /No feeding plan
 - Posted but not regularly updated
 - Posted and regularly updated
 - Posted, regularly updated, with a daily report made to parents

6. Explicit support for breastfeeding is included in the feeding plan completed by the parents/caregivers. Plan includes age-appropriate introduction of solid food, feeding in response to baby's cues, and inviting the mother to nurse her baby onsite.

- Support not explicitly included or There is no feeding plan
- Sometimes included or only some of the topics covered
- Usually included and most of the topics covered
- Always included with all topics covered

Breastfeeding Education

1. Caregivers obtain training on age-appropriate infant feeding practices and safe handling and storage of human milk.

- Rarely or never
- Once as part of new staff orientation or less than once per year
- At least once per year on some topics
- At least once per year on all these topics

2. Caregivers obtain training on promoting and supporting breastfeeding, including exclusive breastfeeding:

- Rarely or never
- Once as part of new staff orientation or less than once per year
- Once per year
- Two or more times per year

3. Breastfeeding families are instructed on how to properly label and store human milk for use in the child care facility:

- Instruction rarely or never provided
- Most/all instruction is informal/not in writing
- Most/all instructions are written guidelines provided to some but not all families
- Written guidelines provided to all families

Breastfeeding Support Policy

1. We have a breastfeeding policy which includes both promotion of breastfeeding and support of breastfeeding families:

- No policy exists
- Informal policy, not written or not followed
- Written policy, but not always followed
- Written policy that is regularly followed

2. Our breastfeeding policy is communicated to expectant mothers, families of infants and visitors.

- Rarely or never OR No such policy exists
- Sometimes
- Usually
- Always

Appendix B: Year 3 Survey Instruments

- 1. RRA PG Survey English***
- 2. RRA PG Survey Spanish***
- 3. RRA PG Survey Arabic***
- 4. RRA Parent CBC***
- 5. RRA Teacher CBC***
- 6. RRA Classroom Level Measure Problem Behaviors Teacher***
- 7. RRA Implementation Checklist**
- 8. RRA Weekly Attendance Sheet**
- 9. NAP SACC Nutrition Section**
- 10. NAP SACC Physical Activity Section**
- 11. HFSY Chat 1 English**
- 12. HFSY Chat 2 English**
- 13. HFSY Chat Spanish**

***Only pre surveys are included. All post surveys are available upon request.**

Appendix C: References

References

- Achenbach, T.M. (2014). Preschool (Ages 1.5-5) Assessments. Retrieved from <http://www.aseba.org/preschool.html>.
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