

**A Head Start On Health:**  
The Benefits and Challenges of Implementing  
Wellness Policies in Los Angeles Head Start Preschools



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## Table of Contents

<b>Executive Summary</b>	<b>1</b>
<b>Introduction</b>	<b>2</b>
Health, Obesity, and Ideology	2
Research Question	3
Community Engaged Research Partner: Farm to Preschool	4
<b>Research Benefits and Personal Significance</b>	<b>6</b>
<b>Background Information</b>	<b>8</b>
Information on the Urban and Environmental Policy Institute	8
The Farm to Preschool Program and the Development of the PACE Wellness Policy	8
PACE Early Childhood Education Demographic Information	10
<b>Literature Review</b>	<b>12</b>
Risks of Poor Wellness Behaviors in Early Childhood	12
Importance of Schools, Preschools, and Childcare in Early Health	15
Overview of National Wellness Policy Implementation and Research	18
Alternatives to Wellness Policies	21
Local Wellness Policy Efforts in Los Angeles County	23
Preschool Licensing, Preschool Rating Systems and Wellness	26
California State Regulations on Wellness	27
Literature Review Summary and Conclusion	29
<b>Research Methods</b>	<b>31</b>
Surveys of Parents, Teachers, and Site Supervisors	33
Focus Group of Site Supervisors	34
Choice of Methods	35
<b>Research Findings</b>	<b>36</b>
Site Supervisor Survey Results	36
Teacher Survey Results	42
Parent Survey Results	47
Focus Group Results	53
Key Points Raised	54
Benefits of the Wellness Policy Observed by Site Directors	55
Limitations of the Wellness Policy Observed by Site Directors	58
Findings Conclusions	63

<b>Discussion and Recommendations</b>	<b>64</b>
Knowledge of the Wellness Policy Can Be Improved	65
Attitudes on the Wellness Policy Should Remain High	67
The Wellness Policy Can Be More Fully Implemented	69
Funding Is Necessary for the Success of the Policy	71
Wellness Policies Should Be Restructured, and Extend Beyond Head Start	74
Methodological Reflections and Further Research	75
<b>Conclusion</b>	<b>76</b>
<b>Bibliography</b>	<b>79</b>
<b>Appendices</b>	<b>84</b>
A. Survey Tools for Parents, Teachers, and Site Directors	84
B. Interview Questions for Site Director Focus Group	93
C. PACE ECE Head Start Wellness Policy	94

## Executive Summary

**Introduction:** This research project is an examination of wellness policies in Head Start preschools in Los Angeles, specifically looking at one Head Start agency (which licenses 26 preschool sites). This research is intended to answer two central research questions:

- 1. In the context of current policy structures and regulations, what are the benefits of wellness policies in Head Start preschools in Los Angeles as a mechanism to improve the education, nutrition, and physical wellness of children age 0-5?*
- 2. What might be the limitations of using wellness policies to improve the health and wellness of young children in Head Start preschools in Los Angeles?*

Literature on this topic affirms the importance of good nutrition and physical activity behaviors in children under five, and suggests that wellness policies may be some of the most effective policy mechanisms to change school environments and institute new behaviors. Because wellness policies show such promise as instruments of change, but are not yet required on a large scale in preschool or child-care environments for children under five, I chose to evaluate the benefits and limitations of a recently-implemented wellness policy in a preschool environment. This project fulfills the senior comprehensive requirement for the Urban and Environmental Policy Department at Occidental College, and is in partnership with Farm to Preschool at the Urban and Environmental Policy Institute.

**Methods:** This project utilized a mixed-methods approach to answer this research question, using surveys and a focus-group style interview, building on extensive background research to reach conclusions. I surveyed 20 Site Directors of preschools, 31 preschool teachers, and 14 preschool parents to understand their knowledge, attitudes, and practices surrounding the newly implemented wellness policy at PACE ECE Head Start. Additionally, I conducted a focus-group style interview with four Site Directors (preschool administrators) to better understand the perspective of administrators on a policy that is applicable on an administrative level.

**Findings:** My findings indicate that Site Directors, teachers, and parents have inconsistent knowledge, good attitudes, and varied implementation of the PACE ECE wellness policy. From 65 surveys and a focus group interview, this research found that all three groups had knowledge of some areas of the policy (active play requirements, menu-sharing requirements, incorporating nutrition into lesson planning, nutrition requirements and incorporating locally-produced produce) and not in others (junk food in the classroom, food from local farmers, and school gardens); consistently high positive attitudes toward the policy; and high implementation of the policy in some areas (not offering food as a reward, the opportunity for active play, and not watching TV for more than 30 minutes/week) and not in others (local food and school gardens).

**Recommendations and Conclusions:** My main recommendations to change knowledge, attitudes, practices, and funding include giving more training, support, and clarity to the PACE ECE wellness policy; keeping it in place for longer (to observe if there are different effects after the first year); ensuring funding mechanisms for the demands that wellness policies make; and extending policies to environments for young children (preschool or child care) outside of Head Start. Young children deserve happy, healthy early education environments that prepare them to live healthy, full lives. Implementing wellness policies in early education can help achieve this.

## Introduction

### Health, Obesity, and Ideology

We have culturally adjusted to the idea of obesity as a “social bad” in the United States. Childhood obesity specifically, so the narrative goes, is rampant, pervasive, must be stopped, and has detrimental health consequences later in life that take a toll on personal budgets as well as America’s healthcare system. American society has largely been convinced that steps can be taken to reduce the rate of obesity. This shift in perspective has enabled the government, schools, nonprofits, and concerned individuals to take forceful action towards ending childhood obesity and create effective ways for these ideas to manifest.

However, there are ideological flaws in how we perceive childhood obesity. Because there is social pressure to think about people who are overweight or obese as lacking control, as bringing their health problems on themselves, and as reaping the consequences of *individual* habits, we are apt to blame older children or teenagers, as well as adults, for making these mistakes. Many blame parenting, schools, Coca-Cola, or McDonalds for allowing “bad habits” in children but still position the majority of the “blame” for obesity squarely on individual behavior. In reality, social systems shape the nutrition opportunities and physical activity opportunities for individuals—including children.

One explanation for our powerful social need to position adults and children who are overweight or obese as culpable for their body size is a psychological theory called the Just World Hypothesis, which states:

...people have a strong desire or need to believe that the world is an orderly, predictable, and just place, where people get what they deserve. Such a belief plays an important function in our lives since in order to plan our lives or achieve our goals we need to assume that our actions will have predictable consequences. Moreover, when we

encounter evidence suggesting that the world is not just, we quickly act to restore justice by helping the victim or we persuade ourselves that no injustice has occurred.<sup>1</sup>

Because obesity is seen as the result of individual behavior within a just and orderly world, the gap in our nation's collective consciousness lies in understanding that there are systemic, not individual, causes and consequences of overweight and obesity in very young children or infants, who may be too young to make many of their own decisions about their health.<sup>2</sup> We don't often think of very young children as overweight or obese. For example, can you be "overweight" if you are 12 months old? Can you understand good nutrition when you are three? Can young children form habits that substantially impact adult health? Although America's ideological framework around childhood obesity is limiting, structured policy intervention for young children related to obesity-prevention, child and adult health, nutrition promotion, and healthy physical activity is necessary to promote healthy physical and cognitive development.

### **Research Question**

This research project is about the politics and policies of wellness as they apply to young children. This project aims to answer two central research questions about the implementation of wellness policies in Head Start Preschools in Los Angeles:

- 1.** In the context of current policy structures and regulations, what are the benefits of wellness policies in Head Start preschools in Los Angeles as a mechanism to improve the education, nutrition, and physical wellness of children age 0-5?
- 2.** What might be the limitations of using wellness policies to improve the health and wellness of young children in Head Start preschools in Los Angeles?

Using these questions as a guide, in this research I discovered and illustrated the opportunities and challenges of using local wellness policies as a tool to improve wellness behaviors in Head Start preschools. Because the Urban and Environmental Policy Institute's Farm to Preschool

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<sup>1</sup> Claire Andre and Manuel Velasquez, "The Just World Theory," Santa Clara University, 2010, <http://www.scu.edu/ethics/publications/ie/v3n2/justworld.html>.

<sup>2</sup> G L Maddox and V Liederman, "Overweight as a Social Disability with Medical Implications," *Journal of Medical Education* 44, no. 3 (March 1969): 214–20.



program (my partner and client in this research) works with Head Start agencies in Los Angeles, I bounded this research within the county of Los Angeles, and used Farm to Preschool's contacts with local Head Start preschools. In this paper, I examine and demonstrate the strengths and weaknesses of one particular wellness policy, which applies to 26 Head Start preschools. The significance of this research for my client, Farm to Preschool, lies in understanding the benefits and challenges of the implementation of preschool wellness policies in their first year. Through this research, they will better be able to understand the knowledge, opinions, and attitudes of parents, teachers, and administrators around wellness policies, and will better be able to model future research and modify implementation according to the results of this research.

### **Community Engaged Research Partner: Farm to Preschool**

Extensive research supports the claim that good physical activity and nutrition habits in very young children, as early as infancy, can impact obesity rates and overall health in both adolescence and adulthood.<sup>3</sup> The Urban and Environmental Policy Institute, affiliated with Occidental College in Los Angeles, has created an incredibly successful Farm to Preschool program, which has worked with licensing agencies and individual preschools to implement wellness policies. Through this outreach, Farm to Preschool sought to improve wellness in young children, even in environments where wellness policies are not mandated. Wellness policies are policies designed by and unique to Local Education Agencies (LEAs) focused on nutrition, physical activity, and overall wellness, and were federally mandated in 2004 in all local education agencies that receive federal money for meal programs. Wellness policies were generally left out of preschool, childcare, and other environments for children under five years

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<sup>3</sup> CDC, "Adolescent and School Health: Childhood Obesity Facts," *Centers for Disease Control and Prevention*, July 2013, <http://www.cdc.gov/healthyyouth/obesity/facts.htm>; Patricia M. Anderson and Kristin F. Butcher, "Childhood Obesity: Trends and Potential Causes," *The Future of Children* 16, no. 1 (April 1, 2006): 19–45, doi:10.2307/3556549.

old, but including wellness policies in preschools might be one way to extend large-scale policy intervention to very young children. Farm to Preschool saw the development of wellness policies in preschools as a key intervention for improving wellness in young children.

Farm to Preschool was both my partner and my client in this research project: in virtue of their unique connections to the Los Angeles community, I had the opportunity to do research with local preschools. In return, I produced data and information in order to help Farm to Preschool adjust their program to most benefit preschool children, understand the best strategies to implement their suggested wellness policies, and prepare them for a future of creating healthy habits in early childhood.

This project specifically addresses how the wellness policies that Farm to Preschool has developed with PACE ECE (Pacific Asian Consortium in Employment—Early Childcare Education) might improve the nutrition and physical activity of young children in Head Start preschools, and what the limitations of this strategy might be. PACE ECE is a Head Start licensing agency that comprises 26 preschools in Los Angeles, and implemented the wellness policy they developed in collaboration with Farm to Preschool in the beginning of the 2013-2014 school year.

I chose this subject matter as the focus of my senior comprehensive project because I plan to focus my future career around local food, and because policy that influences the health of vulnerable groups like very young children is particularly important. I also chose this project for the exciting opportunity that is possible because I am working with Farm to Preschool—engaging with a project that is actively addressing early childhood health guarantees that this research will be used by an organization that works toward goals that I value. I will elaborate more on the personal significance of this research in the following section.

## Research Benefits and Personal Significance

The greater significance of this project involves the complex process of charting a way forward with regard to health and wellness for children under five. Head Start or State preschools alone, while they account for about 9% of childcare for children under five in Los Angeles County (more than licensed family home care, but less than center-based child care), still *only* reach 9% of children.<sup>4</sup> Although Head Start preschools are key intervention environments and places of learning and growing for young children, promoting good wellness behaviors cannot stop with Head Start. The significance of this project will be understanding the opportunities and limits of the wellness policy approach in Head Start preschools, but subsequently, this research could be used to background or inspire future research about strategies to promote the development of good wellness habits in home care environments, in center-based childcare, or in district preschools like LAUSD childcare. Most immediately, this project benefits PACE Early Childhood Education and Farm to Preschool, and should provide insight into wellness strategies that are advantageous specifically to young children in Los Angeles.

Although the national consciousness (among general society as well as policymakers) is awakening to the importance of wellness in early childhood, making this belief tangible requires strong policies and the development of funding for these policies—particularly for wellness policy implementation. Operationalizing the attitudes present in current (albeit ineffective and underfunded) policies is important because nutrition and physical activity behaviors influence the health of young children as early as infancy—though policies around these topics, until recently, did not generally target very young children. The implementation of local wellness

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<sup>4</sup> California Food Policy Advocates, WIC, and Child Care Food Program Roundtable, *It's 12 O'clock... What Are Our Preschoolers Eating for Lunch?* (Los Angeles, CA: CFPA, July 2008), <http://cfpa.net/childnutrition/childnutritionchildcare/it%e2%80%99s-12-o%e2%80%99clock%e2%80%a6-what-are-our-preschoolers-eating-for-lunch>.

policies would provide a tool to fill in the gaps of existing policies that apply to children under five, and would reinforce or operationalize current policies that have similar intentions but lack tangible impact. Wellness policies in environments for children under five years old are very effective health interventions, and future research on how to maximize the benefits of this strategy is necessary. Funding for this research, and for the implementation of wellness policies on a local level, is the next requisite step toward inspiring wellness at an early age.

As well as having high expectations for the benefits this research academically, I am invested personally in the subject of wellness and education. This year, I lead a program at Occidental College called Peer Health Exchange, a national nonprofit that trains college students to teach health workshops in high schools lacking health curricula. One of thirteen workshops delivered to ninth-grade students includes a Nutrition and Physical Activity workshop, which I have had the opportunity to teach this year. Although this workshop is both helpful and necessary, it seems strange to begin educating students about physical and mental health when they begin high school, rather than when they begin preschool or kindergarten—surely forming good habits at age five, rather than 14, would have more and longer-lasting positive health impacts. This is one reason why I am enthusiastic about researching the development of habits in preschool-aged children, and why my personal values align with those of Farm to Preschool.

From this project, I hope that a greater understanding of the effects of food policy and school policy on young children will arise; support for the work of the UEPI to work with more preschools and food-based projects will be generated; knowledge about the benefits, implementation, and relevance of wellness policies will be made public; and the specific needs of children in Los Angeles with regards to wellness will receive greater attention and support.

## **Background Information**

### **Information on the Urban and Environmental Policy Institute**

The Urban and Environmental Policy Institute (UEPI) is “a social change organization at Occidental College that connects ideas and actions to create a more just, livable, and green society.”<sup>5</sup> Their projects fall under three main areas of study: food, the built environment, and transportation.<sup>6</sup> Farm to Preschool, Farm to WIC, and California Farm to School are all examples of projects that are in the food sector, however all of the project sectors are interlinked (for example, one project is specifically investigating Food and Transportation in Los Angeles). Farm to Preschool, my research client and partner, is a program incorporated with the UEPI.

### **The Farm to Preschool Program and the Development of the PACE Wellness Policy**

Farm to Preschool “began as a two-year pilot program in 2009 and is continuing to expand,” and has experience developing techniques to promote healthy eating, fruit/vegetable recognition, school-garden learning, and more with young children.<sup>7</sup> Farm to Preschool has valuable professional and personal relationships with local preschools, childcare centers, and communities, as well advocacy and community engagement groups, and preschool or childcare licensing agencies. They have collaborated with licensing agencies and individual preschools to implement wellness policies, fulfilling their mission to “influence early childhood eating habits through increased access to affordable local healthy food, nutrition education, trainings and workshops, and opportunities for hands-on learning experiences.”<sup>8</sup> Recently, the Farm to

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<sup>5</sup> UEPI, “Urban & Environmental Policy Institute, Occidental College,” *UEPI*, 2013, <http://www.uepi.oxy.edu/>.

<sup>6</sup> *Ibid.*

<sup>7</sup> UEPI, “Farm to Preschool,” *Urban and Environmental Policy Institute, Occidental College*, 2013, <http://www.uepi.oxy.edu/our-projects/farm-to-preschool/>.

<sup>8</sup> UEPI, “Farm to Preschool Fact Sheet” (Urban and Environmental Policy Institute, Occidental College, n.d.).

Preschool program has worked with PACE ECE (Pacific Asian Consortium in Employment—Early Childhood Education), a Head Start Preschool agency, to create a wellness policy that applies to the 26 Head Start sites they license. There are some existing policies that regulate wellness in preschools like Head Start Performance Standards, PACE ECE institutional policies, and other bills and laws. These policies were incorporated into the PACE ECE wellness policy, and new standards of wellness from Farm to Preschool were also included. The wellness policy that resulted is a blend of existing policies and new standards, as shown in the following table.

**Table 2.1: Typology of PACE Wellness Policy**

Type of Policy Included	Example
Head Start Performance Standards (regulations that Head Start Preschools already comply with, reemphasized in the policy)	Providing food substitutions for participants who have severe food allergies, special diets, or food restrictions.
Policies specific to PACE ECE	NOT providing pork, peanuts/nuts/seeds, or fish due to many food allergies and restrictions in children
Farm to Preschool Standards	Purchasing meals and snacks using locally produced fruits, vegetables, and other whole food items
Policies mandated through Assembly Bill 2084	Drinking water available to students is required both indoors and outdoors
Policies in the CACFP (Child and Adult Care Food Program) Administrative Manual	Requirement that playing be discouraged during mealtime <sup>9</sup>

Many requirements listed in this wellness policy fall under more than one of the entities listed in the above table. A wellness policy that combines existing and new policies like this one seems to present clear benefits for all involved. For teachers and administrators, it is a useful document that compiles all relevant food, nutrition, wellness, and physical activity policies in one place, and outlines very specific requirements for Head Start sites. This makes the policy

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<sup>9</sup> Pacific Asian Consortium in Employment and Urban and Environmental Policy Institute, Farm to Preschool, “PACE ECE Health/Wellness Policy (Head Start): Healthy Eating & Physical Activity (Draft Document),” 2013.

easy to observe, and informs teachers or administrators of specific areas in which they must improve to meet their students' needs. Likewise, because this document was made available to the public at PACE ECE's parent orientation and each parent received an English and Spanish copy, it is possible for parents to understand the policy and hold PACE ECE sites accountable to the regulations printed in the policy. Because these regulations come from various entities, organizations, and projects, they are backed with research and expert opinions on the rules and behaviors will most benefit young children. Because Farm to Preschool developed this policy with PACE ECE specifically, it is formulated in a way that takes into account the specific ages (generally between three and six) and capabilities of the sites that they license. Finally, the PACE ECE wellness policy aligns explicitly with many of the suggestions made in the Yale Rudd Wellness Policy Pre-K Evaluation Tool (a measurement tool for Pre-K Wellness Policies) in order to ensure the wellness policy is high-quality, strong, comprehensive, and effective.

This policy, to all casual appearances, is one that should be exceptionally successful with regard to its convenience for parents, teachers, and administrators, and the health and wellness benefits it will give to preschool students—one reason I am eager to study its implementation and effects.

### **PACE Early Childhood Education Demographic Information**

PACE (Pacific Asian Consortium in Employment) licenses 26 preschools for children in Los Angeles who qualify for PACE care.<sup>10</sup> Approximately 2,000 children receive care from PACE Head Start preschools, an average of about 73 children per site (however, sites may have

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<sup>10</sup> PACE ECE and Kellie Konysky,, “2013-2014 PACE Demographic Info” (PACE ECE, March 25, 2014).

as few as 24 children, or as many as 131).<sup>11</sup> 25% of children are 3-4 years old, 56% of children are 4-5 years old, and 19% of children are over 5 years.<sup>12</sup> No children are under three years old.

About 2% of PACE Head Start families receive Supplemental Security Income (SSI) benefits, and 91% of families receive or are eligible for the WIC (Women, Infants, and Children) Supplemental Nutrition Program.<sup>13</sup> 43% of PACE Head Start families make over \$15,000 annual income, while 57% of families make under \$15,000 annually.<sup>14</sup> About 38% of PACE ECE families make between \$0 and \$3000 annually.<sup>15</sup> 90% of children in PACE ECE are Hispanic/Latino, nearly 10% are White, and less than 1% are Asian, Black, Pacific Islander, Multi/Bi Racial, or Other.<sup>16</sup>

The Head Start preschools that are licensed by PACE ECE that I surveyed for this research include Magnolia Place, Highland Park, Christian Fellowship, Mariposa, and Villa Esperanza. All are preschools within the City of Los Angeles, and serve children between three and five years of age. Farm to Preschool has some relationships and contacts at these schools, and strong ones at those that participate in the Farm to Preschool program through their food/nutrition curriculum, or have developed school gardens.

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<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.



## Literature Review

This literature review will focus on the intersection between young children and wellness by looking at the connection between school wellness policies and Head Start preschools or childcare centers in Los Angeles. This review will consider the need for wellness policies in early childhood settings; how wellness policies in schools currently function in the United States; the diversity of environments for children between zero and five in Los Angeles (including Head Start); and how Head Start Performance Standards and other regulations and rating systems for preschools include aspects of wellness.

### Risks of Poor Wellness Behaviors in Early Childhood

In order to understand the benefits and improvements that wellness policies can offer, it is important to consider the health risks that wellness policies attempt to prevent. The consequences and impacts of poor nutrition and physical activity in early childhood are severe. Rates of obesity in children and adolescents have skyrocketed over the last 30 years, to the point where over one-third of children and adolescents in the United States are either overweight or obese.<sup>17</sup> Early childhood obesity impacts both adolescent and adult obesity, which are both associated with a slew of physical and psychological health risk factors. Children who become overweight or obese at as early an age as two years old stand a higher risk of being obese as adults.<sup>18</sup> Additionally, “if a child is obese at the age of four, he or she will have a 20 percent likelihood of being overweight as an adult.”<sup>19</sup>

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<sup>17</sup> Cynthia L Ogden et al., “Prevalence of Obesity and Trends in Body Mass Index among US Children and Adolescents, 1999-2010,” *JAMA: The Journal of the American Medical Association* 307, no. 5 (February 1, 2012): 483–90, doi:10.1001/jama.2012.40.

<sup>18</sup> David S. Freedman et al., “The Relation of Childhood BMI to Adult Adiposity: The Bogalusa Heart Study,” *Pediatrics* 115, no. 1 (January 1, 2005): 22–27, doi:10.1542/peds.2004-0220.

<sup>19</sup> Laure DeMattia and Shannon Lee Denney, “Childhood Obesity Prevention: Successful Community-Based Efforts,” *Annals of the American Academy of Political and Social Science* 615 (January 1, 2008): 83–99, doi:10.2307/25097977.

### *Health in Young Children is Relevant to Adult Health*

Initially it might seem irrelevant to consider obesity or overweight between the ages of zero and five relevant to adult health, but many studies find that it is an important determining factor. Researchers now know that a child who is obese at 1 year of age “is 3 times more likely to remain obese by the age 3 years. Obese 3-year-olds usually begin their increased adiposity between 3 and 6 months of age, with 50% already obese by age 2.”<sup>20</sup> This study and many others present strong evidence that good wellness behaviors between the ages of zero and five are crucial in order to lower the risks of adolescent and adult obesity and related teen and adult health problems, like pre-diabetes or diabetes. Other health problems in adulthood like heart disease, sleep apnea, stroke, hypertension, and many types of cancer correlate with childhood obesity.<sup>21</sup> Eventually, “as these overweight and obese children age, their health will continue to deteriorate and will further burden our health care system.”<sup>22</sup> There are broad, impactful individual and social consequences to behaviors that lead to obesity in early childhood.

### *Physical Activity in Children Under Five Leads to Long-Term Health*

Although the consequences of childhood obesity seem vast, there are many studies that detail the benefits of physical activity as a preventative measure in children aged zero to five. This means that if wellness policies succeed in increasing physical activity in young children, the physical and psychological problems caused by and correlated with obesity can be alleviated. One Australian study posits that obesity prevention efforts in the first five years of life are likely to be some of the most effective, because “physical activity, eating, and sedentary behaviors” are

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<sup>20</sup> Alan M. Lake, “Pediatric Obesity Preventive Measures in Early Childhood,” *Journal of Parenteral and Enteral Nutrition* 36, no. 1 suppl (January 1, 2012): 76S–80S, doi:10.1177/0148607111423915.

<sup>21</sup> Stephen R Daniels et al., “Overweight in Children and Adolescents: Pathophysiology, Consequences, Prevention, and Treatment,” *Circulation* 111, no. 15 (April 19, 2005): 1999–2012, doi:10.1161/01.CIR.0000161369.71722.10.

<sup>22</sup> DeMattia and Denney, “Childhood Obesity Prevention.”

learned in this time period.<sup>23</sup> Starting in infancy, nutrition and movement affect growth and ability. According to Sijtsma et. al, “more time spent moving unrestrictedly in infancy may contribute to a healthy growth pattern.”<sup>24</sup> A meta-analysis on the wellness habits of preschool children found that the total physical activity of preschool-aged children as well as the time spent sedentary (in this case, in front of a screen), was directly related to obesity rates in preschool-aged children, suggesting that interventions in the wellness of young children should focus on increasing physical activity and decreasing screen time.<sup>25</sup> The benefits to young children of engaging in physical activity are clear: children under five years of age experience inadequate physiological development if they are not given opportunities to exercise, and their motor abilities, cognitive function, and social development also suffer.<sup>26</sup>

#### *Good Nutrition Habits in Children Under Five Lead to Long-Term Health*

In addition to physical activity, nutrition in children between zero and five is crucial to obesity prevention, and wellness policies have been linked to improvements in nutrition (e.g. consumption of healthier foods and diversification of foods available in schools). There are well-researched “best practices” for feeding very young children (like breastfeeding)—but in some cases, healthy behaviors are not known or promoted, much less mandated. Nutrition between the ages of one and five is especially crucial, state Rosales et. al, because this is a crucial time for brain development, working memory, and attention—and both micro- and macro-nutrients that

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<sup>23</sup> Karen Campbell et al., “The Infant Feeding Activity and Nutrition Trial (INFANT) an Early Intervention to Prevent Childhood Obesity: Cluster-Randomised Controlled Trial,” *BMC Public Health* 8, no. 1 (March 31, 2008): 103, doi:10.1186/1471-2458-8-103.

<sup>24</sup> Anna Sijtsma et al., “Infant Movement Opportunities Are Related to Early Growth - GECKO Drenthe Cohort,” *Early Human Development* 89, no. 7 (July 2013): 457–61, doi:10.1016/j.earlhumdev.2013.04.002.

<sup>25</sup> S. J. te Velde et al., “Energy Balance-Related Behaviours Associated with Overweight and Obesity in Preschool Children: A Systematic Review of Prospective Studies,” *Obesity Reviews* 13 (2012): 56–74, doi:10.1111/j.1467-789X.2011.00960.x.

<sup>26</sup> Steve Stork and Stephen W. Sanders, “Physical Education in Early Childhood,” *The Elementary School Journal* 108, no. 3 (January 1, 2008): 197–206, doi:10.1086/529102.

children are given affect this type of development.<sup>27</sup> Furthermore, “Food insecurity and malnutrition have been linked to nutrient deficiencies leading to learning and developmental deficits amongst the most vulnerable, infants and toddlers.”<sup>28</sup> Pollitt and Brown noted that poor nutrition in very young children can disrupt cognition in this crucial state of development by presenting “permanent, structural damage” to the brain, and might lead to chronic health problems such as “stunted growth, weakened resistance to infection,” as well as lack of energy.<sup>29</sup>

### *Policies Should Address Physical Activity and Nutrition Habits in Young Children*

This data shows that forming healthy habits around both nutrition and physical activity in children between zero and five years of age is crucial for obesity prevention, disease prevention, and proper development. Supporting good wellness habits in any environment for children aged zero to five impacts healthy cognitive and physical development at this critical stage in a child’s maturation. Policies that address this time period in childhood, then, certainly make a difference, (and, according to some research, might make the biggest difference out of any age-range intervention) in long-term health.

### **Importance of Schools, Preschools, and Childcare in Early Health**

In this section, I will examine why it is important to conduct research on wellness policies within a preschool environment, rather than wellness practices in any other setting. Schools and preschools hold unique benefits and limitations as places to implement wellness policies, which I explored in this research. According to the Center for Disease Control, schools play a pivotal role in the prevention of obesity and related health conditions “by establishing a

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<sup>27</sup> Francisco J. Rosales, J. Steven Reznick, and Steven H. Zeisel, “Understanding the Role of Nutrition in the Brain & Behavioral Development of Toddlers and Preschool Children: Identifying and Overcoming Methodological Barriers,” *Nutritional Neuroscience* 12, no. 5 (October 2009): 190–202, doi:10.1179/147683009X423454.

<sup>28</sup> Ibid.

<sup>29</sup> E. Pollitt and J. L. Brown, “Malnutrition, Poverty and Intellectual Development.,” *Scientific American* 274, no. 2 (1996): 38–43, doi:10.1038/scientificamerican0296-38.

safe and supportive environment with policies and practices that support healthy behaviors. Schools also provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.”<sup>30</sup> Similarly, preschools play a key role in developing wellness habits for children aged zero to five and their families. Young children who eat more calorie-dense foods and sugary drinks at school, for example, are likely to see health impacts resulting from an environment.<sup>31</sup> Furthermore, good nutrition and opportunities for physical activity in preschools or childcare centers directly impact obesity rates in children, because “children who eat more ‘empty calories’ and expend fewer calories through physical activity are more likely to be obese than other children.”<sup>32</sup> Finally, since many children who attend childcare consume the majority of their daily calories in their childcare setting, childcare environments, in addition to preschools, are key places for intervention.<sup>33</sup>

#### *The “Triple Opportunity” of School/Preschool Intervention*

Demattia and Denney observe, “ethnicity, socioeconomic status, work demands, school lunch programs, school PE programs, neighborhood safety, accessibility to recreational facilities, and access to convenience foods and restaurants are factors that influence an individual child's weight.”<sup>34</sup> Some of these factors may or may not be modifiable, but the authors suggest that school- or community-based intervention is one of the most promising approaches or combating factors that contribute to obesity. They specifically point to the “triple opportunity” to intervene in the “classroom, gymnasium, and cafeteria” in school environments and recommend

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<sup>30</sup> CDC, “Adolescent and School Health: Childhood Obesity Facts.”

<sup>31</sup> Anderson and Butcher, “Childhood Obesity.”

<sup>32</sup> Ibid.

<sup>33</sup> Joyce Maalouf, “Nutrition Environment and Practices in Twenty-Four Childcare Centers in Georgia” (Public Health, Georgia State University, 2011),

[http://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1186&context=iph\\_theses](http://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1186&context=iph_theses).

<sup>34</sup> DeMattia and Denney, “Childhood Obesity Prevention.”

coordinated nutrition programs as a way to increase the amount of fruits and vegetables in children's diets.<sup>35</sup>

### *Preschools as Sites for Health Intervention*

Access to unhealthy food at school and preschool plays a significant role in obesity rates. Nutrition in very young children seems to be in crisis from the poor food options they are given in childcare or preschools. For example, "Preliminary data analysis unfortunately confirms that 32% of preschoolers, aged 2–4 years, do not consume a single vegetable most days, and of those who do, consumption is mostly white potato, with only 10% of the children consuming a green vegetable most days."<sup>36</sup> The same study asserts that the best policies in preschools for preventing obesity include explicit promotion of fruits, vegetables, and other healthy foods and consistent structured play. Preschools can also expose children between zero and five to new healthy foods and new ways to be active. Birch and Marlin examined the effects of exposing two-year-old children to a greater variety of new foods, and found that "preference is an increasing function of exposure," meaning that children are more likely to choose or prefer a food if they have tried it at least once already.<sup>37</sup>

### *Wellness Policies in Preschools are Promising Health Interventions*

Clearly, school and preschool environments are crucial intervention points for the prevention of obesity via the promotion and teaching of nutritious eating habits and health practices surrounding physical activity. Preschools and childcare centers for young children are especially important because the formation of healthy habits often starts at a very early age, and

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<sup>35</sup> Ibid.

<sup>36</sup> Lake, "Pediatric Obesity Preventive Measures in Early Childhood."

<sup>37</sup> Leann L. Birch and Diane W. Marlin, "I Don't like It; I Never Tried It: Effects of Exposure on Two-Year-Old Children's Food Preferences," *Appetite* 3, no. 4 (1982): 353–60, doi:10.1016/S0195-6663(82)80053-6.

their likelihood of obesity and related complications is often contingent on markers of health as early as infancy.

## **Overview of National Wellness Policy Implementation and Research**

In this section, I will further describe the history of wellness policies, why they are effective and important tools, and the research that has already been done on their efficacy (which backgrounds this research project).

### *WIC Reauthorization Act of 2004, the HHFKA, and Wellness Policies*

The Child Nutrition and WIC (Women, Infants, and Children) Reauthorization Act of 2004 required the design and implementation of local school wellness policies that address healthy eating and physical activity, as well as instituting other changes in the National School Lunch and Breakfast Program.<sup>38</sup> Every local education agency (LEA) receiving nationally sponsored school food programs was required to develop a wellness policy before the first day of school in the 2006-2007 school year.<sup>39</sup> The Healthy, Hunger-Free Kids Act (HHFKA) of 2010 reauthorized many child nutrition programs and strengthened requirements around school wellness policies, most notably requiring that school wellness policies include nutrition and physical activity goals, nutrition guidelines for the foods and drinks available at schools, plans for involving stakeholders and measuring effectiveness, and public notification and review of the policy.<sup>40</sup> Put another way, “The law requires every school district that participates in the National School Lunch Program to bring parents, teachers, and administrators together to adopt and

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<sup>38</sup> Food Research and Action Center, “Child Nutrition and WIC Reauthorization Act of 2004,” n.d., <http://frac.org/leg-act-center/legislative-successes/child-nutrition-and-wic-reauthorization-act-of-2004/>.

<sup>39</sup> Ibid.

<sup>40</sup> California Department of Education, “Child Nutrition and Women, Infants and Children’s Reauthorization Act of 2004,” California Department of Education, *Local School Wellness Policy*, August 7, 2013, <http://www.cde.ca.gov/ls/nu/he/wellness.asp>.

oversee a school wellness policy that addresses healthy nutrition and physical activity.”<sup>41</sup> There is an extended community focus on wellness policies in the 2010 Healthy, Hunger-Free Kids Act, important for more involving parents, teachers and administrators in student wellness.

*Wellness Policy Focus in K-12 Should Extend to Pre-K*

The 2004 WIC Reauthorization Act only required wellness policies to be implemented in K-12 schools accepting federal money for school food, and did not mandate that preschools, childcare centers, or other environments for children aged zero to five adopt wellness policies to promote nutrition or physical activity. Wellness policies have been broadly implemented in K-12 schools, but minimally and inconsistently in preschools, childcare, home care, or other environments for children under five. However, the Healthy, Hunger-Free Kids Act of 2010 confronted the need for better wellness practices in environments for young children on the national level, specifically stating that implementing and measuring wellness policies in home care and licensed child care environments are essential.<sup>42</sup> Believing that more research is warranted on the challenges and opportunities for wellness policies in child care, the Healthy, Hunger-Free Kids Act also called for a “nationally representative study of child care centers and family or group day care homes,” assessing nutrition and physical activity as well as “barriers and facilitators” to establishing good wellness practices.<sup>43</sup> Additionally, the act encourages state childcare licensing agencies to include wellness standards within state licensing requirements.<sup>44</sup> It is clear that while the national and state focus on wellness policies is in K-12 environments, important progress has recently been made regarding wellness policies in environments for young children as well.

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<sup>41</sup> DeMattia and Denney, “Childhood Obesity Prevention.”

<sup>42</sup> United States Department of Agriculture; the 111th Congress, *Healthy, Hunger-Free Kids Act*, 2010.

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*



### *The Implementation of Wellness Policies is Associated With Health Improvements*

Many studies have examined the efficacy of wellness policies, and have found that wellness policies in schools promote the tangible adoption of better nutrition and physical activity practices. Schwartz et. al found that out of 151 districts, school districts with “stronger, more comprehensive policies were more successful in implementing them at the school level.”<sup>45</sup> Additionally, schools with higher-ranking wellness policy scores (measured by Hood et. al) had a higher availability of low-fat and whole-grain foods, 1% milk, fruits, and vegetables, and fewer sugary beverages.<sup>46</sup> These findings are confirmed by an in-depth study by Barnes et. al of six school districts, which found that the complete or partial implementation of local wellness policies resulted directly in remarkable improvement in the nutritional quality of foods in the district schools, as well as a small improvement for physical activity.<sup>47</sup> Finally, Cullen and Watson found, in a study of 47 schools across 11 districts, that implementing wellness policies has “improved foods served or sold to students,” including fewer high-fat items. Implementing wellness policies in schools is linked with effective changes in types of foods that are available and consumed by students.

A 2009 study of 300 high schools examined factors that contribute to the successful implementation of wellness policies, and found that critical acknowledgement of challenges, clear goals, and excellent structure and organization reflected high-quality policy

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<sup>45</sup> Marlene B Schwartz et al., “Strength and Comprehensiveness of District School Wellness Policies Predict Policy Implementation at the School Level,” *The Journal of School Health* 82, no. 6 (June 2012): 262–67, doi:10.1111/j.1746-1561.2012.00696.x.

<sup>46</sup> Nancy E. Hood et al., “School Wellness Policies and Foods and Beverages Available in Schools,” *American Journal of Preventive Medicine* 45, no. 2 (August 2013): 143–49, doi:10.1016/j.amepre.2013.03.015.

<sup>47</sup> Seraphine Pitt Barnes et al., “Results of Evaluability Assessments of Local Wellness Policies in 6 US School Districts,” *The Journal of School Health* 81, no. 8 (August 2011): 502–11, doi:10.1111/j.1746-1561.2011.00620.x.

implementation.<sup>48</sup> A further study found that between locally developed policies and template-based wellness policies, locally developed policies were stronger and more comprehensive.<sup>49</sup> These trends suggest that locally developed, community-informed, organized, clear wellness policies create the most change and that these higher-ranking wellness policies make tangible changes in nutrition and physical activity behaviors and requirements in schools.

In summation, well-developed wellness policies have the potential to make positive, tangible differences—but are not yet required or widely implemented in environments for children aged zero to five.

### **Alternatives to Wellness Policies**

There are some alternatives to wellness policies aimed at increasing the wellness of K-12 students, but in this section I show that wellness policies are more effective interventions in terms of observed benefit. Many of these interventions take the form of “obesity interventions” or “wellness interventions” in individual schools, without a mechanism for supervision or evaluation. Individual school-based nutrition or wellness interventions can be difficult to implement without a framework, and require “flexibility in design, timing and personnel.”<sup>50</sup>

Another alternative to wellness policies include statewide policies on physical education and nutrition. In 2012, Kim’s comprehensive, multi-year study found that the physical education

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<sup>48</sup> Elizabeth L. Budd et al., “Factors Influencing the Implementation of School Wellness Policies in the United States, 2009,” *Preventing Chronic Disease* 9 (June 2012), doi:10.5888/pcd9.110296.

<sup>49</sup> Erin M. Smith, Kristen L. Capogrossi, and Paul A. Estabrooks, “School Wellness Policies Effects of Using Standard Templates,” *American Journal of Preventive Medicine* 43, no. 3 (September 2012): 304–8, doi:10.1016/j.amepre.2012.05.009.

<sup>50</sup> Anjali Jain and Casey Langwith, “Collaborative School-Based Obesity Interventions: Lessons Learned from 6 Southern Districts,” *The Journal of School Health* 83, no. 3 (March 2013): 213–22, doi:10.1111/josh.12017.

requirements of individual states are not associated with any measurable outcome in the actual physical education and health of students.<sup>51</sup>

Other independent school-based efforts might include limiting certain foods and beverages from being served or sold in schools. One eight-year study specifically looked at policies restricting competitive food and beverage sales in Los Angeles Unified School District (LAUSD) and the state of California, and noticed a small change in the overweight trend over time—though in some populations, differences before and after these policies were not apparent.<sup>52</sup> While these policies might be marginally effective as standalone regulations, limits on certain foods and beverages can be incorporated into wellness policies with even better results. Dority et. al examined wellness policies that prohibited competitive or a la carte junk food items sold during school meal times, and found that this reduced the likelihood of student overweight or obesity by 18 percentage points.<sup>53</sup> Wellness policies in schools can reform nutrition and physical activity more comprehensively than independent school approaches.

In addition to individual school-based efforts, there are already some programs relevant to childcare environments that explore healthy eating—namely, the Child and Adult Care Food Program (CACFP). Critics of the CACFP as an alternative to wellness policies posit that the program is limited by its complexity, and needs to be streamlined and simplified. The California Food Policy Advocates recommend that the CACFP should have reduced paperwork requirements, re-evaluate the foods they reimburse for, and “provide schools that operate both

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<sup>51</sup> Jinsook Kim, “Are Physical Education-Related State Policies and Schools’ Physical Education Requirement Related to Children’s Physical Activity and Obesity?,” *The Journal of School Health* 82, no. 6 (June 2012): 268–76, doi:10.1111/j.1746-1561.2012.00697.x.

<sup>52</sup> Emma V. Sanchez-Vaznaugh et al., “‘Competitive’ Food And Beverage Policies: Are They Influencing Childhood Overweight Trends?,” *Health Affairs* 29, no. 3 (March 1, 2010): 436–46, doi:10.1377/hlthaff.2009.0745.

<sup>53</sup> Bree L. Dority, Mary G. McGarvey, and Patricia F. Kennedy, “Marketing Foods and Beverages in Schools: The Effect of School Food Policy on Students’ Overweight Measures,” *Journal of Public Policy & Marketing* 29, no. 2 (FAL 2010): 204–18.

the National School Lunch Program and CACFP the authority to operate CACFP under NSLP rules and regulations.”<sup>54</sup>

In conclusion, although many alternatives to wellness policies exist, they are not as successful as well-designed wellness policies, with regard to improvements in measurable wellness behaviors. However, wellness policies *including* many of these alternative strategies have been measured as more successful. This is a further reason why this research is specifically targeted toward wellness policies as a mechanism.

### **Local Wellness Policy Efforts in Los Angeles County**

Because this research is situated within Los Angeles, and takes into account the current policy structures of the county, this section will discuss local efforts around wellness that may impact young children in LA. Encouraging wellness policies in Los Angeles preschools is especially important because of the high rate of regular childcare and Head Start enrollment. Nearly 38% of the county’s 916,000 children aged zero to five have regular childcare arrangements—9% in Head Start (or other State Preschool Programs), 17% in childcare centers, and 7% in home-based child care.<sup>55</sup> Of the children in Los Angeles, 13.5% of them are enrolled in CACFP, and 10% of them participate in CACFP on an average daily basis.<sup>56</sup>

#### *LAUSD Wellness Policy*

One example of wellness policy development in LA is the Los Angeles Unified School District (LAUSD), the second largest school district in the country. LAUSD’s wellness policy impacts over 640,000 students between kindergarten and 12<sup>th</sup> grade.<sup>57</sup> Although this policy

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<sup>54</sup> California Food Policy Advocates, WIC, and Child Care Food Program Roundtable, *It’s 12 O’clock... What Are Our Preschoolers Eating for Lunch?*.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Los Angeles Unified School District, “District Information,” *Los Angeles Unified School District*, 2013, [http://home.lausd.net/apps/pages/index.jsp?uREC\\_ID=178745&type=d&pREC\\_ID=371201](http://home.lausd.net/apps/pages/index.jsp?uREC_ID=178745&type=d&pREC_ID=371201).

should in theory apply to district-affiliated Early Childhood Education programs for children under five years, it is unclear whether this is enforced or has any impact on young children in the district. Although significant efforts are being made toward better wellness in LAUSD K-12 schools, children under five might still be left out of these crucial wellness regulations.

#### *County-Level Request for a Comprehensive Wellness Policy*

Outside of required wellness policies in Los Angeles school districts, a “Request to Approve a Child Wellness Policy for Los Angeles County” was approved on December 1, 2009.<sup>58</sup> This wellness policy for Los Angeles County was put forth by Chief Executive Officer William T. Fujioka in order to ensure “that nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are adhered to,” as well as to increase education and information about good wellness practices.<sup>59</sup> This request was in collaboration with many Los Angeles County departments, as well as First 5 LA, Best Start LA, Center for Disease Control guidelines, the American Academy of Pediatrics, Nutrition and Physical Activity Guidelines for Licensed Child Care Providers, and Title 15 Food Section 1461 (Minimum Diet).<sup>60</sup> The Los Angeles County Child Wellness Policy is meant to ensure that childcare providers (either center-based or family-based) comply with healthy recommendations for nutrition and physical activity. The gap that this policy fills is critical: to ensure that healthy behaviors are being promoted and communicated to parents, caregivers, and childcare centers.

#### *Wellness Policy Efforts at the LA County Department of Public Health*

Furthermore, the LA County Department of Public Health, in conjunction with the California Food Policy Advocates, is “developing a pilot to evaluate promising strategies for

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<sup>58</sup> William T. Fujioka, “Request to Approve a Child Wellness Policy for Los Angeles County” (County of Los Angeles Chief Executive Office, December 1, 2009), <http://file.lacounty.gov/bos/supdocs/52268.pdf>.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

improving nutrition and physical activity” in child care environments.<sup>61</sup> First 5 LA, the Parks Department, and Los Angeles County Office of Education (LACOE) have also implemented policies or programs supporting child wellness, both in schools and in zero to five environments. Also on a county level, the Department of Public Health has an initiative called Choose Health LA, which includes the four-year Early Childhood Obesity Prevention Initiative, funded by a grant from First 5 LA.<sup>62</sup> One of the initiative’s three key focus areas is LA ROCCS (Reducing Obesity in Child Care Settings), which is just beginning to do work to reduce obesity in a variety of environments for children under five.<sup>63</sup> A program called Eat Play Grow under Choose Health LA further encourages preschools to develop their own wellness policies by reaching preschools via the ten Resource and Referral Agencies (which license preschools) in Los Angeles County.<sup>64</sup>

*Los Angeles Efforts to Promote Wellness Policies Are Positive, But Fall Short*

The efforts happening in Los Angeles around child wellness policies in both school and childcare settings are positive and progressive in terms of promoting healthy habits and behavior. However, many recent policies have not been fully implemented in many environments for young children. Although increased policy attention has been put on establishing good wellness practices in some Head Start environments specifically, preschools and childcare centers are still largely excluded from the benefits generated by wellness policies, and might experience barriers to implementing healthy wellness practices like lack of community support or parent cooperation, lack of knowledge about nutrition or physical activity, or other miscellaneous constraints that childcare providers must deal with—budget, time, and resources.

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<sup>61</sup> Ibid.

<sup>62</sup> Choose Health LA, “Healthy Kids,” *ChooseHealthLA.com*, accessed October 21, 2013, <http://www.choosehealthLA.com/kids/>.

<sup>63</sup> Ibid.

<sup>64</sup> Ibid.

## **Preschool Licensing, Preschool Rating Systems, and Wellness**

Within existing policies and structures in Los Angeles Head Start preschools, it might be difficult to understand how to implement wellness policies. One way to incorporate wellness into preschools or childcare could be through commonly used preschool rating systems, standards, or licensing. These systems should include elements of wellness in order to make preschools healthy environments for young, developing children. A few common tools used for rating and licensing preschools include Quality Rating and Improvement System (QRIS), Environment Rating Scales (ECERS-R, etc.), and, in Head Start preschools, the Head Start Performance Standards. Many rating systems include nutrition or physical activity behaviors as components of excellent preschools or childcare. In this section, I will take a closer look at Head Start Performance Standards specifically, to understand if and how the preschools I am researching are required to provide nutritious food and physical activity.

### *Head Start Nutrition and Physical Activity Performance Standards*

The federal nutrition requirements for Head Start preschools include, first and foremost, that preschools must “design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities.”<sup>65</sup> Additionally, cultural and ethnic foods must be considered, and children between the ages of three and five must be served foods that are “high in nutrients and low in fat, sugar, and salt.”<sup>66</sup> A variety of food is required to be served to introduce children to new foods, “family style” eating is encouraged, and “food is not used as punishment or reward, and each child is encouraged, but not forced, to eat or taste his or her food,” among other requirements.

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<sup>65</sup> “§ 1304.23 Child Nutrition.,” accessed October 23, 2013, [http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head Start Requirements/1304/1304.23 Child nutrition..htm](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.23%20Child%20nutrition..htm).

<sup>66</sup> Ibid.

As far as physical activity requirements, each site must encourage physical activity for healthy development, by providing time, space, equipment, and guidance for active play, indoors and outdoors.<sup>67</sup> Additionally, television and computer time are both limited in federal requirements.<sup>68</sup> These requirements are to promote the healthy physical development, including motor skills, of young children.

### *Broad Head Start Performance Standards Cannot Specify Local Needs*

Head Start Performance Standards, then, provide a strong regulatory framework that sets up the importance of good nutrition and wellness—but without the implementation of wellness policies at schools or Head Start regulatory agencies, these regulations cannot be expanded upon or emphasized within a preschool. Serving local fruits and vegetables, or requiring 30 minutes of active play per day, for example, are local specifications that might not receive attention without the development of local wellness policies in preschools. Licensing standards are an important component of wellness—but do not mandate wellness policies or promote nutrition and physical activity to the same extent that they do.

### **California State Regulations on Wellness**

To understand how wellness policies might fit in to Los Angeles preschool environments, it is crucial to understand current policy structures—including state policies, and if these impact Head Start preschools in any way.

### *Assembly Bill 290*

In October 2013, Governor Brown signed AB 290 (Foundations for Healthy Nutrition in Child Care) into law. This bill is a significant contribution to the goal of better nutrition in

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<sup>67</sup> “§ 1304.21 Education and Early Childhood Development,” accessed October 23, 2013, [http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head Start Requirements/1304/1304.21](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.21)

<sup>68</sup> Ibid.



childcare, and will be implemented on January 1, 2016, changing Childcare Licensing Regulations.<sup>69</sup> According to California Food Policy Advocates, the sponsors of the bill, AB 290 will “educate child care providers about early childhood nutrition” and “ensure child care providers are informed about the federal resources of Child and Adult Care Food Program.”<sup>70</sup>

This bill will add to the childcare regulations already in place in the state of California. Currently under California State law, any caregiver who cares for children from more than one family not related to them *must* be a licensed childcare provider.<sup>71</sup> Additionally, child care centers must provide food, one person at each center must have health training involving food, providers are instructed that poisoning or withholding food is against the law, personnel must be given on-the-job training in nutrition and food preparation, and under Child Care Center regulation 101227, “Food Service,” there are strict requirements for how often and what to serve children.<sup>72</sup> Childcare licensing regulations, then, are realistic ways to regulate food and nutrition of young children, but there are no requirements listed for physical activity in the childcare handbook, other than outdoor activity space, toys, and equipment that are age-appropriate for the children being cared for.<sup>73</sup>

#### *Potential for Statewide Wellness Policy Implementation*

Because childcare licensing regulations are statewide, and all caregivers must meet certain requirements, childcare or preschool licensing regulations at the state level might be an effective place to provide a framework for the development of wellness policies (either optional or encouraged for sites or people getting certified, or required to an extent if adequate funding is

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<sup>69</sup> “AB 290 Signed by Governor Brown!,” *California Food Policy Advocates*, October 11, 2013, <http://cfpa.net/childnutrition/childnutritionchildcare/ab-290-signed-by-governor-brown>.

<sup>70</sup> *Ibid.*

<sup>71</sup> CA Department of Social Services, “Online California Code of Regulations, Title 22, Division 12 Only” (CA Department of Social Services, 2013), <http://www.cdss.ca.gov/ord/PG587.htm>.

<sup>72</sup> *Ibid.*

<sup>73</sup> *Ibid.*

provided). State regulations could be a way to provide an example for “best practices” in child nutrition and physical activity for particular age groups.

AB 290 and statewide childcare regulations are positive intervention points, but no state requirements currently mandate the development of wellness policies in preschools. Although there are performance standards involving nutrition and physical activity in Head Start and other state-run preschools, for example, wellness policies are left out of these requirements.

The path to implementing the sentiment that lies behind the policies and regulations discussed in this section and previously is most naturally the creation of local wellness policies. This is because, while there are “best practices” for nutrition and wellness on a national and state level, local policies are meant to incorporate the most current knowledge and practices with ideas that make sense in a specific school or community context. In this way, I see wellness policies as an opportunity to define the “best practices” for local areas individually, which ultimately provides a better avenue for change on a local level. Regulations about wellness from Head Start, from Los Angeles County, and state standards so far have been unclear and underfunded, though they still bring focus to the important issue of health and nutrition in young children.

### **Literature Review Summary and Conclusion**

In summation, the need for school wellness policies in preschools, childcare, and other zero to five environments is crucial because healthy nutrition and physical activity behaviors begin to impact a child’s life as early as infancy. Health between the ages of zero and five has long-term impacts on adolescent and adult health. Although there has been some national focus as well as directed focus in Los Angeles County on wellness policies in early childhood environments, the implementation of these is incomplete, and many preschools and childcare facilities face barriers to implementing wellness policies. In Los Angeles, significant efforts

toward wellness policies have been made in schools, including in many Head Start preschools, but the extent to which these have been developed is minimal, and the impacts they have on child wellness remain to be seen. Because so many young children attend preschool or childcare centers regularly (including a large percent in Head Start preschools), and consume significant calories and spend playtime in these environments, they are critical intervention sites for this age group. Finally, preschool or early education rating systems and licensing practices including Head Start Performance Standards could be a further tool to encourage and promote good wellness behaviors as a standard aspect of early childhood environments.

The 2004 WIC Reauthorization Act was very clear: it only required Wellness Policies to be implemented in K-12 schools, and did not mandate that preschools, childcare centers, or other environments for children aged zero to five adopt wellness policies to promote nutrition or physical activity. Although compulsory education doesn't begin until Kindergarten, this is no reason that pre-K children in structured care settings should fail to receive care including the same measures taken toward improving wellness, which research has consistently backed—especially for this age group. On the flip side, the fact that children do not universally access structured childcare or education before Kindergarten is an important limitation to the health benefits that implementing wellness policies in these environments might offer. It is unclear if any avenues of outreach or education would have an impact on wellness as large as the intervention into care or early education—for example through parents or doctors.

The implementation of local wellness policies would provide a tool to fill in the gaps of existing policies that apply to children under five, and would reinforce or operationalize current policies that have similar intentions but a lack of tangible impact. Preschool or childcare wellness policies are an extremely effective health intervention for young children in Los

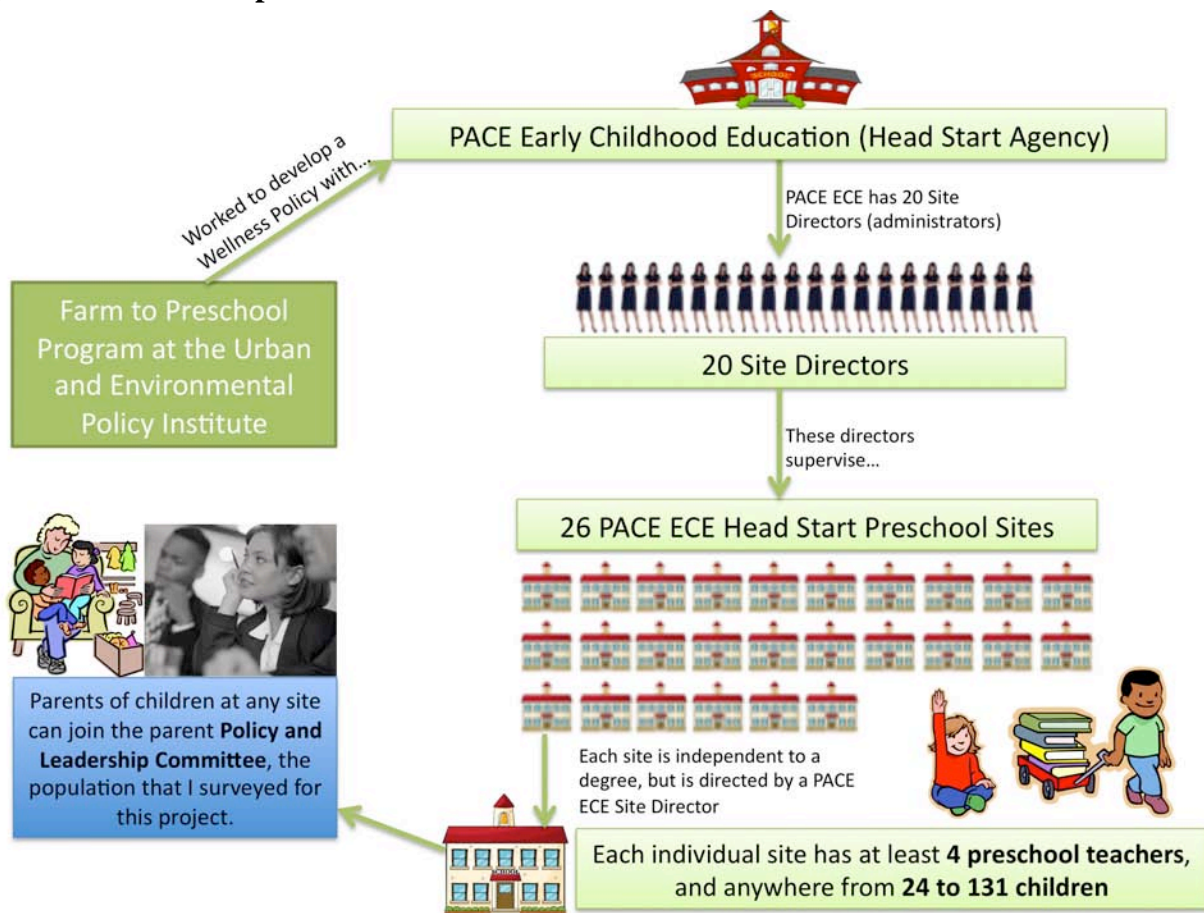
Angeles, and research needs to be done on how to make the largest and best impact using this tool. Funding for this research, and for the ultimate implementation of wellness policies on a local level, is necessary to create change in environments for young children.

## **Research Methods**

To answer my research questions about wellness policies in Head Start preschools, I collaborated with the UEPI Farm to Preschool program. I aimed to conduct research useful to their goals and aims revolving around nutrition and physical activity for young children. I gained access to parents, teachers, and Site Directors at preschools licensed by the Head Start agency that Farm to Preschool worked with to develop a wellness policy. Farm to Preschool particularly worked with the Head Start agency PACE ECE (Pacific Asian Consortium in Employment—Early Childhood Education) to craft a wellness policy that was adopted in each of the 26 preschool sites that they license. I surveyed 31 teachers, 20 Site Directors, and 14 parents (65 people in total) involved with PACE ECE Head Start in order to gather a variety of information and opinions on how wellness policies have been implemented in PACE ECE Head Start preschools. My primary research included a focus group of four Site Directors in addition to these surveys. Through these two methods, I strove to answer my two-part research question: what are the benefits and limitations of wellness policies, regarding the gaps they might be able to fill in Head Start preschools? Finally, this project was intentionally community-engaged, by which I mean that it was in partnership with an organization that does work involving and benefitting a specific community, and sought to do work relevant to members of Farm to Preschool and PACE ECE.

Before I discuss the methods I used for this particular project in detail, I will display a visual map of how PACE ECE is set up. First, I surveyed Site Directors; second, a sample of preschool teachers at individual sites; and third, parents on the Policy and Leadership Committee. A map of the agency is below.

**Figure 5.1: Visual Map of PACE ECE**



### Surveys of Parents, Teachers, and Site Supervisors

First, I used a very similar set of survey questions for each group that I surveyed: (1) Site Directors of PACE ECE Head Start centers, (2) preschool teachers, and (3) parents of preschool children. In these surveys, I used a straightforward Knowledge, Attitudes, and Practices (KAP)

model of questioning. First, I asked questions testing the knowledge of survey subjects on the wellness policy that applies to their preschool site (for example: The wellness policy in my child's preschool encourages school gardens, true or false?). Knowledge specifically measures how well survey respondents *know* about the wellness policy, Second, I asked questions about the attitudes of survey subjects toward wellness policies (for example: Wellness policies can make a difference in what my child eats at school, agree or disagree?). Attitude measures how positively respondents view wellness policies, and how much they believe in their efficacy. Third, I asked questions about the wellness policy in practice at the preschool site, inquiring about the actual effects of its implementation (for example: My child's food menus at preschool have been shared with me this year, agree or disagree?). Practice measures the tangible results of the policy, as it is implemented.

My aim in designing this survey was to address three groups with three types of questions in order to identify specific gaps in knowledge, attitude, or policy implementation that might limit how wellness policies in Head Start preschools can change behavior. Conversely, if subjects had strong knowledge, positive attitude, and favorable impressions of implementation in some areas, those areas might be identified as strengths of the wellness policy—ways in which it improves gaps in nutrition and physical activity in preschools.

In this research, I surveyed 14 parents, 31 teachers, and 20 supervisors at 6 different sites, including the PACE Main Office. Before I conducted surveys, I informed subjects about the purposes of the study, that responses would be reported anonymously, and that at no time would their name be shared or identified with their response.

I input each survey into the online survey model I designed in an online surveying/analytical tool called Qualtrics to correspond with the surveys I administered to my

population. This was useful because I could then use Qualtrics to analyze the raw data I input into its system. I used an anonymous link so that I could copy each survey response from the paper surveys to the online surveys in Qualtrics myself, repeatedly using the same computer for the purposes of both input and analysis.

### **Focus Group of Site Directors**

Second, I created a focus group of four Site Directors in order to gather some more qualitative information on this topic. This focus group of directors helped me to gather information about the attitudes of supervisors, as well as their opinions about implementation. I surveyed all 20 Site Directors a week before the Focus Group, asking directors to self-select into the group. I asked questions in the focus group that directly addressed my research questions. For example, I asked questions about how wellness policies might influence the nutritional environment of children, the educational environment of children, and the active play that children engage in. I also pushed Site Directors to tell me about the barriers to implementation that they might have experienced as site supervisors or witnessed in specific sites or classrooms—or those they might see as limitations in the future. I asked about the visible effects of the wellness policy, and if they thought that the knowledge or the attitudes of parents and teachers toward the policy might limit or amplify its effects in any way. Finally, I asked if they imagined the wellness policy could be implemented at other preschool sites, and what changes they would make to the policy, given the chance.

This focus group gave my research more comprehensive information about the perspective of people at the administrative level regarding a wellness policy that was just introduced this year. This focus group of four people lasted 60 minutes, in the format of an intense, thoughtful, and directed group discussion. Before the focus group, I informed all

subjects about the purpose of the research, that their participation was voluntary, that they would be recorded for note-taking purposes only, and that their opinions and responses would be reported only for this project, completely anonymously.

### **Choice of Methods**

These methods were appropriate for this research project because they combined quantitative and qualitative methods to approach the same research questions. Using mixed methods not only helped me understand the knowledge, attitudes, and practices around the implementation of a wellness policy in PACE ECE sites this year, but shed light on the reasoning of administrators, including their knowledge and attitudes about the PACE ECE wellness policy, and why this might have an impact on the policy's efficacy. Additionally, surveying three groups of people with three different experiences of the policy (three different "ways of knowing" or types of expertise) gave breadth to this study, and the responses could then be measured using the convergence of the three different survey groups around the same ideas. Using Qualtrics assisted me with the complicated analysis of three surveys given to three populations. Conversely, when I identified any gap in knowledge, unfavorable attitudes, or low perception of the practices between different survey groups, I explored this trend in my interviews of site supervisors, and in the recommendations of my research for Farm to Preschool.



## **Research Findings**

### **Site Director Survey Findings**

In order to survey Site Directors at PACE ECE Head Start Schools, I went to one monthly meeting of Site Directors at a PACE ECE training facility in February 2014. I surveyed all 20 of the directors in PACE ECE, who supervise 26 Head Start preschools between them. Two men and 18 women responded to the survey, with ages between 39 and 65, and a mean age of 43. 40% of Site Directors were Latino/a, 20% were Asian, 20% were White, 15% were Black, and one person (5%) was Armenian. All Site Directors had a college degree, and 40% had some form of postgraduate degree as well. Of the Directors, 60% supervise sites that participate in Farm to Preschool with the UEPI, while 40% of them do not.

Site Directors were a crucial group to interview because a significant part of my research included following up with a small group of Site Directors with a focus group style interview. At the initial survey, Directors self-selected whether they were interested in being a part of the focus group, and I followed up with them in order to have a longer conversation about their involvement with the PACE ECE wellness policy. The results of the surveys from all of the Site Directors helped me narrow down my focus group questions, and provided a framework through which to see the focus group interview results.

### ***Site Director Knowledge of Wellness Policy is Generally Good***

The knowledge of directors is important because they are in a unique position to influence how the wellness policy is carried out at their site(s) and how much emphasis is put on training and supporting teachers in order to change wellness behaviors or carry out goals that impact wellness. How much Directors know about the wellness policy may also impact how committed they feel to it, and vice versa. Certainly, a Director's knowledge of the wellness policy reflects the actions or changes they are able to take at their site (i.e. if they don't know

about it, they can't make changes). A lack of knowledge among the directors of 26 preschools might have far-reaching consequences. The benefits of the wellness policy are measured by the directors' knowledge of, attitude about, and implementation of the wellness policy.

The knowledge of directors was measured in the first section of the survey, comprising eight questions. The format of these questions was True or False—asking questions regarding the details of the existing wellness policy and whether or not directors grasped the specifics of it. In this survey, question 1 is false (diet soda, candy, and chips should *never* be given to children during preschool), and questions 2-8 are all true. Please refer to Table 6.1 (below) for a chart of the True or False questions and the Site Director responses. In this table, the “Total Responses” column varies because some survey respondents chose not to answer some questions.

**Table 6.1: Site Director Knowledge Questions**

#	Question	True	False	Total
1	The wellness policy says that diet soda, candy, and chips should only be eaten on special occasions	9	10	19
2	The wellness policy says that children should have 30-45 minutes of active play every day	19	1	20
3	The wellness policy says that food for meals and snacks should be from local farmers if possible	12	8	20
4	The wellness policy says that school food menus for children should be shared with parents every month	20	0	20
5	The wellness policy says that 100% juice is the <i>only</i> type of juice that should be served to children	15	5	20
6	The wellness policy says there should be school gardens if possible	12	7	19
7	The wellness policy says that nutrition and health lessons should be a part of class every week	20	0	20
8	The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks	15	2	17

*Site Director Knowledge is Excellent in Some Areas*

It is clear that in some areas, directors' knowledge of the wellness policy is excellent: questions 4 and 7, for example, were answered unanimously correctly, and only a few respondents answered questions 2 and 8 incorrectly. This suggests that directors are well aware

of requirements for active play, sharing menus with parents, incorporating nutrition into the classroom, and incorporating locally-produced fruits and vegetables into meals and snacks. 75% of directors understood that the wellness policy specifies that 100% juice is the only type of juice that should be served to children—not exemplary, but certainly a passing score indicating general understanding of the policy.

#### *Site Director Knowledge is Passable Even on Questions With Lowest Scores*

The three lowest scores were on questions 1, 3, and 6. Question 1 was a bit trickier than the other questions, but was taken directly from strong language in the wellness policy, stating that “Soda, diet soda, candy, chips, and otherwise unhealthy food will not be served to children while in PACE ECE’s care.”<sup>74</sup> This is clear language explicitly stating that children should *not* be served these foods, but 10 of 19 respondents stated that the wellness policy state that it is alright to serve these items on special occasions. This was the only question that had more incorrect responses than correct responses.

Question 3 was answered correctly by just over half of respondents—12 in 20, and states that the wellness policy says that food for meals and snacks should be from local farmers if possible. The low rate of correct responses to this question is surprising, especially because 15 out of 17 respondents correctly responded to question 8, which also deals with local food. The difference in question wording is minimal. I hypothesize that the phrase “from local farmers” was unclear to survey respondents, who might not know if food is from local farmers or not—and offer recommendations to further educate administrators about locally-sourced food in the next section.

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<sup>74</sup> Pacific Asian Consortium in Employment and Urban and Environmental Policy Institute, Farm to Preschool, “PACE ECE Health/Wellness Policy (Head Start): Healthy Eating & Physical Activity (Draft Document).”

Question 6 was answered correctly by 12 of 19 respondents, and states that “the wellness policy says there should be school gardens if possible.” Nine out of 11 directors with sites that participate in Farm to Preschool answered this question correctly, while only 3 of 8 respondents with sites that do *not* participate in Farm to Preschool answered correctly. This shows that directors whose sites participate in Farm to Preschool were more likely to know that the wellness policy suggests access to school gardens.

Excepting the last three questions, the questions meant to test knowledge generally show that directors are well informed and knowledgeable about the wellness policy that applies to their PACE ECE Head Start sites. Compared to teachers and parents, Site Directors did not have a significantly better or worse knowledge of the policy.

#### ***Site Director Attitudes About the Wellness Policy are Unanimously Positive***

The attitudes of Site Directors toward the PACE ECE wellness policy are similarly important to this study. If a Site Director thinks that a wellness policy is ineffective or a waste of time, for example, they may be less likely to put in effort to institute changes suggested in the policy, or give their teachers training or support to carry them out. A negative attitude of Site Directors, then, would be a clear limitation to this wellness policy as a method in the sense that it poses a challenge to the efficacy the policy.

Five questions in this survey were intended to measure the attitudes of Site Directors toward their wellness policy. Each was listed as a statement, and respondents were told to check one of six options: Agree, Somewhat Agree, Neutral, Somewhat Disagree, Disagree, or Not Applicable/Not Sure. The five “attitude” questions are listed below:

1. Wellness policies can make a difference in what children eat at school
2. Wellness policies can make a difference in children’s opportunities for physical activity at school
3. Wellness policies are worth the time and effort that is spent on them
4. I support the suggestions made in the wellness policy at the preschool where I work
5. I would tell other preschools to adopt a wellness policy like the one at the preschool where I work

Unanimously, all 20 respondents answered all five questions, and the answers for all of these questions were entirely Agree and Somewhat Agree. 20 respondents checked Agree on questions 2 and 3, while 19 checked Agree on questions 1 and 4, and 18 checked Agree on question 5. These results clearly indicated that directors unanimously have a positive, favorable attitude toward and a belief in the importance and efficacy of wellness policies. This is a clear benefit of either the wellness policy itself or the way it has been presented to administrators.

### ***Site Directors Observe Very Good Wellness Policy Implementation***

Eight questions in the survey were intended to measure the actual implementation of the wellness policy from the perspective of the directors. These answers are especially interesting to compare to teacher and parent surveys because these are not questions meant to measure opinions, but measurable implementation of the wellness policy at preschool sites. However, though I expected them not to vary between groups as much as other question sets, answers still vary from group to group considerably.

### ***Site Directors Agree on Most Practices***

The most uniformly answered question in this set was, “Food is sometimes offered as a reward to the children at my site,” to which directors unanimously responded with Disagree. This answer is in accordance with the wellness policy, which states that food is not to be used as a reward or denied as a punishment for children.

Two questions answered nearly unanimously were the last two questions. 17 of 20 respondents Agreed that “Children at my site have the opportunity to engage in active play for at least 30 minutes a day during preschool.” Similarly, 17 of 20 respondents Disagreed that “The children at my site sometimes watch TV for more than 30 minutes per week in preschool.” These are both also in accordance with the policy, which encourages active play and restricts TV.

Two questions answered in general agreement were the first two, about education and support given to preschool teachers. With a few exceptions, directors agreed that teachers have been educated and supported adequately to carry out the policy. In comparison, a lower proportion of teachers answered “Agree” on these two questions, but a comparable amount answered either “Agree” or “Somewhat Agree.” This suggests that both Site Directors and preschool teachers believe teachers are being supported to carry the wellness policy out—but directors may be slightly more optimistic about the level of support teachers receive. It is important to note that there was no definition or description of what “education” or “support” entails within this survey.

Question 3 was also answered in general agreement—with 18 respondents answering Agree or Somewhat Agree to “The children at my site eat enough fruits and vegetables during the day at preschool.”

#### *Site Directors Agree Less About School Gardens and Local Food*

Two questions that had a greater spread of answers were questions 4 and 6 in the table below. This was expected for question 6 (“Children at my site have access to a school garden”) because I surveyed all Site Directors, including those not participating in Farm to Preschool. Many answered at both ends of the spectrum (Agree and Disagree), as well as Not Applicable or Not Sure. For question 4 (“Sometimes, local food is served to the children at my site during preschool”) a large spread was less expected, but one can clearly see below that there were responses in each category (including N/A or Not Sure). This might be one place of improvement for PACE ECE, or one example of a better way to support them in carrying out their wellness policy: make local food more visible or channels to it more available. A chart detailing the responses to Site Director practices questions is below.

**Table 6.2: Site Director Practices Questions**

Question	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	N/A or Not Sure	Total
1. Preschool teachers have been adequately educated about what our wellness policy means	15	4	0	1	0	0	20
2. Preschool teachers have been adequately supported to achieve the goals laid out in our wellness policy	14	3	3	0	0	0	20
3. The children at my site eat enough fruits and vegetables during the day at preschool	12	6	1	1	0	0	20
4. Sometimes, local food is served to the children at my site during preschool	6	3	2	1	5	3	20
5. Food is sometimes offered as a reward to the children at my site	0	0	0	0	20	0	20
6. Children at my site have access to a school garden	8	1	1	0	7	3	20
7. Children at my site have the opportunity to engage in active play for at least 30 minutes a day during preschool	17	2	0	1	0	0	20
8. The children at my site sometimes watch TV for more than 30 minutes per week in preschool	0	1	1	0	17	1	20

**Teacher Survey Findings**

In order to survey teachers at PACE ECE Head Start Preschool sites, I traveled to preschools individually to distribute copies of the survey to teachers. I surveyed a total of 31 teachers at five different preschool sites: Magnolia Place, Christian Fellowship, Highland Park, Mariposa, and Villa Esperanza. Teacher input was of specific interest to this project because teachers are the ones who must actually ensure that the wellness policy is carried out on an everyday basis in preschool classrooms.

31 teachers, unanimously female, responded to the survey. Respondents had a wide range of ages between 23 and 72, with a mean age of 45. 68% of teachers identified as Latino/Latina,

13% as Asian, 10% as Black or African American, and 10% (3 people) responded Other (two of these specifically as Mexican-American, one unspecified). 43% of teachers primarily speak Spanish, 33% primarily speak English, 13% speak primarily English *and* Spanish, 7% primarily speak Tagalog, and one teacher primarily speaks English and Filipino. All teachers have graduated high school or earned their GED, 12 have an Associate's degree in addition, 15 have graduated from a four-year college, and one person has a postgraduate degree. 45% of teachers responded that their school was *not* involved in Farm to Preschool, 39% reported that their school *was* involved, and 16% reported that they were not sure if their school was involved.

***Preschool Teacher Knowledge of the Wellness Policy is Inconsistent***

The first set of questions in this survey again measured the respondents' knowledge of the wellness policy. This was measured in a series of eight True or False questions, where the correct answer for the first question was False, and the correct answer for the next seven questions was true. Preschool teachers demonstrated generally good but inconsistent knowledge of the PACE ECE wellness policy. Their answers are shown in a table below:



**Table 6.3: Teacher Knowledge Questions**

#	Question	True	False	Total
1	The wellness policy says that diet soda, candy, and chips should only be eaten on special occasions	15	15	30
2	The wellness policy says that children should have 30-45 minutes of active play every day	31	0	31
3	The wellness policy says that food for meals and snacks should be from local farmers if possible	12	14	26
4	The wellness policy says that school food menus for children should be shared with parents every month	26	4	30
5	The wellness policy says that 100% juice is the only type of juice that should be served to children	24	4	28
6	The wellness policy says there should be school gardens if possible	22	4	26
7	The wellness policy says that nutrition and health lessons should be a part of class every week	31	0	31
8	The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks	26	4	30

Questions 2 and 7 were answered in unanimous agreement, demonstrating that teachers have excellent knowledge of active play and nutrition lesson requirements. Questions 4, 5, 6, and 8 were answered in general agreement, showing that teachers have decent knowledge of menu sharing, nutrition requirements, school gardens, and locally-produced food requirements. Finally, two questions that were split down the middle were questions 1 and 3, showing that teachers have a poor knowledge of restrictions on unhealthy food, and sourcing food from local farmers. The discrepancy between question 3 and question 8 is interesting, because they both deal with the stipulation of providing children with local food. The term “local farmers” might have thrown some teachers off, and teachers might need more follow-up education on what “local food” really means for them and their classroom.

#### ***Preschool Teacher Attitudes Nearly as Positive as Site Director Attitudes***

Second, teachers’ attitudes regarding the PACE ECE wellness policy were measured with five questions asking about their own opinions and reactions toward the policy. The five questions are listed below:

1. Wellness policies can make a difference in what children eat at school
2. Wellness policies can make a difference in children’s opportunities for physical activity at school
3. Wellness policies are worth the time and effort that is spent on them
4. I support the suggestions made in the wellness policy at the preschool where I teach
5. I would tell other preschools to adopt a wellness policy like the one at the preschool where I teach

Teachers had extremely favorable attitudes toward the policy—nearly as favorable as those of Site Directors. In the first two questions, all teachers unanimously checked “Agree” with the exception of one “Somewhat Agree” in question 1. The next three questions were answered in general agreement, with 27, 24, and 25 respondents answering “Agree” respectively. There was only one “Disagree” response, to question 3, and there were no other “Disagree” or “Somewhat Disagree” responses. It is clear that the attitudes of teachers towards the wellness policies are significantly positive, a clear benefit to the policy and its implementation.

***Preschool Teacher Observe Moderate Implementation of the Wellness Policy***

Finally, the practices of preschool teachers were measured with 8 questions in the format of Agree/Somewhat Agree/Neutral/Somewhat Disagree/Disagree/Not Sure. Teacher responses to practice/implementation questions are shown in the table below:

**Table 6.4: Teacher Practice Questions**

#	Question	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	N/A Not Sure	Total
1	Preschool teachers including myself have been adequately educated about what our wellness policy means	19	7	2	0	1	2	31
2	Preschool teachers including myself have been adequately supported to achieve the goals laid out in our wellness policy	17	9	1	0	1	3	31
3	The children I teach eat enough fruits and vegetables during the day at preschool	16	9	3	1	0	2	31
4	Sometimes, local food is served to the children I teach during preschool	9	6	1	1	5	8	30
5	Food is sometimes offered as a reward to the children I teach in preschool	0	4	0	1	24	2	31
6	Children at my preschool where I teach have access to a school garden	9	7	0	2	9	4	31
7	Children I teach have the opportunity to engage in active play for at least 30 minutes a day during preschool	29	2	0	0	0	0	31
8	The children I teach sometimes watch TV for more than 30 minutes per week in preschool	2	3	0	2	20	4	31

From these results, one can see that teachers have less consistent responses for the “Practices” questions than in the other two question sets—a trend mirrored by both parents and Site Directors. Additionally, compared to those two groups, teachers have a slightly more varied spread of answers, but that may be expected because more teachers responded to the survey.

In this section of questions, preschool teachers show an excellent rate of alignment with the wellness policy’s requirements for active play and not using food as a reward. They show passable instances of being educated and supported (questions 1 and 2), passable instances of

children eating enough fresh foods, and generally good instances of not watching TV for more than 30 minutes a week. These behaviors are in alignment with the wellness policy.

Questions 3, 4, and 6 especially have a wide variety of responses, showing that teachers achieve or observe the behaviors discussed in those questions at a lower rate. Teachers are in general agreement about question 3 (that children eat enough fruits and vegetables during preschool), but a high number only “Somewhat Agree.” A better measure of the wellness policy might have been to ask about *opportunities* children have to eat produce. Or, teachers might feel that children need more exposure to different fruits and vegetables before eating them, or more opportunities to eat them. Questions 4 and 6 had the widest spreads, which was expected. This shows that at some sites, teachers know and recognize that children are served local food, and some teachers do not know, or teach at sites where local food is not stressed. This suggests that there should be more avenues through which local food is made available to preschool classrooms. Second, question 6 shows that some preschools have school gardens, some do not, and some teachers are not sure. This suggests that more education and resources must be made available for more sites to have school gardens.

### **Parent Survey Findings**

Surveying parents (though they were the smallest group surveyed) was key for this project because I wanted to understand their knowledge, attitudes, and perception of practices in the PACE ECE wellness policy. Parents have a different perspective on many issues than preschool teachers or Site Directors. For example, a director might Agree with a statement that parents at their sites have received a copy of the wellness policy, but parents, when asked directly, will provide a better barometer of if they actually got a copy of the policy or not. They

also receive direct input from their child, and have a particular interest in the health and wellness of their child, which makes them an excellent source to ask about the policy.

In order to survey parents of children who attend PACE ECE Head Start Preschools, I went to a monthly meeting of parents on the Policy and Leadership Committee at PACE. I surveyed all 14 parents at the meeting, whose children attend one of 26 Head Start sites that PACE licenses. One man and 13 women responded to the survey, with ages between 25 and 55, with a mean age of 35. 93% of the parents were Latino/a, and 7% (one person) was Black. Nine of the respondents (64%) primarily spoke Spanish, while three spoke primarily English, and two spoke both English and Spanish in their home. One respondent had completed grade school, two completed middle school, five were high school graduates or had their GED, and six had their associate's degree. No respondents were college graduates or had postgraduate degrees. Of the parents, nine of them (64%) did not know if their child participated in Farm to Preschool or not, four of them (29%) stated that their child did *not* participate in Farm to Preschool, and one person stated that their child *did* participate. This indicates that most parents do not know if their child's preschool participates in the Farm to Preschool program, with few exceptions.

One limitation of this particular survey population is that it is entirely comprised of parents who are already involved in policy and leadership efforts, which means that they might be more knowledgeable or more favorable attitudes towards the wellness policy than parents as a whole. This means that surveys were given to a group of parents that had already self-selected into a group that is related to policy and leadership. This research could be improved by extending the survey to parents outside of this particular group. The demographics of PACE ECE Head Start indicate that this is not an accurate representation of demographics for the whole group, and so this information cannot be extrapolated to parents at PACE ECE as a whole.

### ***Parent Knowledge is Nearly as Good as Site Director Knowledge***

The importance of educating parents about the wellness policy and involving them in wellness is explicitly stated within the policy, which says that all sites must post the policy so it is clearly visible, and make food menus and nutrition education available to families.

Additionally, according to PACE ECE, parents should have been provided with both English and Spanish versions of the policy at the beginning of the year. It is especially important to educate parents about wellness behavior because they should both understand the environment their child is in and be able to reflect wellness behaviors at home if they like. The table with the breakdown of parent knowledge survey questions is below.

**Table 6.5: Parent Knowledge Questions**

#	Question	True	False	Total
1	The wellness policy says that diet soda, candy, and chips should only be eaten on special occasions	7	6	13
2	The wellness policy says that children should have 30-45 minutes of active play every day	14	0	14
3	The wellness policy says that food for meals and snacks should be from local farmers if possible	9	3	12
4	The wellness policy says that school food menus for children should be shared with me every month	13	0	13
5	The wellness policy says that 100% juice is the only kind of juice that should be served to my child	11	1	12
6	The wellness policy says there should be school gardens if possible	8	3	11
7	The wellness policy says that nutrition and health lessons should be a part of class every week	12	0	12
8	The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks	11	1	12

### ***Parents Answer Most Knowledge Questions Correctly***

Of the eight True/False questions testing knowledge on the surveys, most were answered unanimously or nearly unanimously correctly. Questions 2, 4, 5, 7, and 8 were answered correctly by all parents who chose to answer the question, or all but one. This reflects a good

understanding of active play requirements, food menu sharing, nutrition (including nutrition as a part of lessons), and locally produced produce requirements.

*Parents Demonstrate Knowledge, Even on Low-Scoring Questions*

Questions 1, 3, and 6 were not answered in clear agreement as the above questions were, though in each case, the majority of respondents still answered the question correctly. Question 1, the only question that should have been answered “False” to be correct, was most frequently answered incorrectly by parents, with only seven of 14 answering correctly, six incorrectly, and one not at all. This indicates that it was either a trickier question than all of the others because it was a very specific question about language directly from the policy, or that parents are less informed about nutrition with regards to what their children are not allowed to eat in preschool. Similarly, in questions 3 and 6, there were several parents that answered incorrectly or not at all, but the majority were correct concerning local food and school gardens.

Parent answers to this survey reflect knowledge of the wellness policy that is equal to or greater than that of Site Directors and preschool teachers, showing that age and education do not correlate at all with knowledge of the policy. Overall, parent knowledge of the wellness policy was very good, and this might lead parents to have certain expectations of their child’s preschool experience, further pressuring sites and administrators to implement the policy.

*Parent Attitudes Are Lowest of Any Group, But Still Positive*

Second, parents’ attitudes about the policies were measured with 5 questions in the Agree/Somewhat Agree/Neutral/Somewhat Disagree/Disagree format, with a N/A or Not Sure column as well. Parent attitudes, if they are positive or negative to a high degree, could pose either opportunities for or limitations to implementation, even if they are not as directly involved in the implementation process as teachers and administrators.

Compared to Site Director responses, parents had less positive attitudes about the wellness policy, although their overall attitudes were still favorable. I was surprised to find any Disagree responses to the first two questions (“Wellness policies can make a difference in what my child eats at school” / “Wellness policies can make a difference in my child’s physical activity at school”). This shows that even though most parents agree that wellness policies make a difference, there *are* parents who are not sure, disagree, or are neutral on the issue. This could be a matter of following up with parents, tracking wellness habits in preschools, and directly showing parents that wellness policies can or cannot make a difference. As far as I know, parents have not seen much evidence of the benefits of wellness policies with any trainings, reports, or data. Additionally, parents might think that behaviors at home might have more influence than a school policy. The responses to the attitude questions from parents are listed below.

**Table 6.6: Parent Attitude Questions**

#	Question	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	N/A or Not Sure	Total
1	Wellness policies can make a difference in what my child eats at school	8	3	0	0	2	1	14
2	Wellness policies can make a difference in my child’s physical activity at school	9	1	1	0	1	2	14
3	Wellness policies are worth the time and effort that is spent on them	13	0	1	0	0	0	14
4	I support the suggestions made in the wellness policy	11	2	1	0	0	0	14
5	I would tell other preschools to get a wellness policy like the one at my child’s preschool	11	2	0	0	0	1	14

***Parents Observe Mixed Implementation of the Wellness Policy, Many are Unsure***

There were far more Not Sure/Not Applicable responses from parents on the practices/implementation section than from Site Directors, showing that though parents have



good knowledge of and generally favorable attitudes toward the wellness policy, they may not know if it is implemented. Teachers, however, also had many Not Sure/Not Applicable responses on this question—showing that to both parents and teachers, some aspects of wellness policy implementation may be unclear.

*Parents Unanimously Observe Menu-Sharing, But Inconsistently Observe Other Practices*

The only unanimously-answered question was question 2: “My child’s food menus have been shared with me this year,” showing that parents are certainly being informed of their children’s eating during preschool (although the survey does not ascertain if they are shared monthly or not, as stipulated in the wellness policy). Parents were generally in agreement that their children eat enough fruits and vegetables at school, food is not used as a reward, and children can play actively at preschool. Other questions were not as certain—the most disagreement can be seen in questions 1, 4, and 6. The disagreement on question 1 is minimal but still striking, because the six parents that did not answer “Agree” on the question “I have been told about the wellness policy at my child’s preschool” are not only on the parent Policy and Leadership Committee, but have just taken a survey about the specifics of the policy and scored generally very well. This is worrisome, because even these conscientious parents cannot recall, or *do* recall that they did *not* receive notice about the policy from their child’s preschool site. Parents may have also connected the details that they know to be true about their child’s preschool with the overarching wellness policy on “knowledge” questions.

On question 4, parent disagreement makes more sense—local food was not defined within this survey, and many parents might not know what it is, or if their child eats it or not. On question 6, the disagreement was expected, simply because some preschool sites participate in

Farm to Preschool and have gardens, and some do not. The full table of answers to parent practices/implementation questions is below.

**Table 6.7: Parent Practices Questions**

#	Question	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	N/A or Not Sure	Total
1	I have been told about the wellness policy at my child’s preschool	8	3	0	0	2	1	14
2	My child’s food menus have been shared with me this year	14	0	0	0	0	0	14
3	My child eats enough fruits and vegetables at preschool	10	2	1	0	0	1	14
4	I have heard about my child eating local food at preschool	5	1	1	0	2	5	14
5	Food is sometimes given as a reward to children in my child’s preschool	1	0	0	0	9	4	14
6	There is a school garden that my child uses	5	1	0	0	5	3	14
7	My child can play actively for 30 minutes every day at preschool	12	0	1	1	0	0	14
8	My child watches TV at preschool for more than 30 minutes in a week	1	0	0	0	8	5	14

**Focus Group Findings**

In order to host a focus group of Site Directors, I asked Site Director survey respondents to indicate if they were interested in participating in a Focus Group Interview, which I scheduled the following week during February 2014. Four of the 20 Site Directors at PACE ECE participated in the focus group (20%). Of the Site Directors, the four I interviewed in the focus group managed the largest sites, some with over 100 children attending. Questions that guided this focus group revolved around the benefits and opportunities of the policy, the challenges and limitations of the policy, how administrators and teachers can work to improve wellness generally, and Site Directors’ personal experiences with the policy.

### ***Key Points Raised***

The key findings from the focus group revolved around the benefits and limitations posed by wellness policies, which I will discuss in the subsequent two sections. One key finding I did not expect to find from the administrators was that there have been few noticeable changes since the wellness policy was implemented, *because* most of the things in it have were already regularly happening in all PACE ECE Head Start sites. To an extent, the implementation of this wellness policy was redundant in this specific Head Start agency—which can be extrapolated to other Head Start agencies as they have similar standards. However, the fact that Site Directors’ opinions were the highest of all survey populations (nearly unanimously agreeing with all statements about attitude toward the wellness policy) points to the fact that implementing a policy including many things that are already happening allows for administrative buy-in and support of the policy. This increases the institutional and administrative support it might have, but both resources and training are still an issue for demands that the policy that extend beyond things that are already happening. This was most evident in the focus group’s consideration of resources available for gardens: they were disturbed that although policy gardens are strongly encouraged wherever possible, there are limited resources actually available to start gardens. Many sites ask for donations from parents or businesses to begin and maintain gardens.

The literature on this topic suggests that wellness policies truly are some of the best methods to improve wellness in school or care environments, and nutrition and physical activity are most essential for the 0-5 age group. However, the wellness policy that applies to PACE ECE sites is largely redundant because the majority of it was already practiced before the policy was instituted. Where, then, is the real value of wellness policies in environments for children aged 0-5? Because wellness is so important in this age group, and wellness policies are shown to be

effective methods for improving wellness, this approach still has value—but not as much in Head Start preschools (which already have independent stringent standards on wellness) as in other care or school environments that might be less regulated.

I discuss further the benefits and limitations that the Site Directors in my focus group have seen with the PACE ECE wellness policy below.

### ***Benefits of the Wellness Policy Observed by Site Directors***

#### *I. Site Directors observe direct benefits to children that they connect to the policy*

First, each of the Site Directors in the focus group mentioned direct benefits to children in the classroom that relate to the policy. One director said, “We teach children about nutrition, teach them about fresh fruits, physical activities, health activities twice weekly.... Their teachers are constantly implementing these things, but the benefit is to the children directly, because we’re actually, you know, doing them with the children.” This type of information is encouraging to hear because it is a tangible example of wellness behaviors that mirrors directly the particulars listed in the wellness policy. In addition, these types of benefits often extend beyond the classroom, according to Site Directors. “Some of the children,” one director said, “go home to their parents, or some of the parents volunteer, or like in some of our classes, we have a physical health activity that we do every day before the parents sign the kids into eat, we actually do exercise.” If behaviors from the wellness policy are passed down the line of Site Directors to teachers to children to parents, the policy is having a beneficial effect not only on the young children it is intended towards, but a broader community reach.

#### *II. Teachers who know about the wellness policy will implement it*

The Site Directors were adamant that children receive a benefit from the way that the teachers straightforwardly pass good wellness behaviors onto the children in their classrooms.

One specifically stated, “The kids are *definitely* benefitting from it though, they’re benefitting from the wellness policy because those who know it are going to implement it, those who don’t know it should educate themselves on it.” This belief in the teachers’ ability to implement the policy and educate themselves about it is somewhat idealistic, but demonstrates the administrative faith that teachers are passionate and able to implement the things called for in the policy. On the flip side, however, even teachers that know about the policy can use more support. “My teachers know about the wellness policy,” said one Site Director, “but like I said before, we do have a need for more training, and follow-ups.”

### *III. Site Directors observe more fresh fruits and vegetables in the classroom*

A third benefit of the policy (and the main difference that directors have seen since it was implemented this year) is more fresh fruits and vegetables coming directly into the preschool sites. One Site Director stated, “One of the things that we did see from the wellness policy is that they were starting to do fresh vegetables to show the children, to eat inside of the classroom, so the children would see what grapefruits look like.” This is important for three reasons: first, children are being introduced to fresh food (excellent for the nutrition of young children); second, children are being introduced to new foods (making them more likely to choose those foods and foods like them in the future); and third, this is a large-scale change being made to the nutrition programs of 26 preschools, reaching thousands of children.

### *IV. Parents show interest in child wellness*

A fourth benefit related that Site Directors observed was demonstrable parent interest in child wellness—though they could not connect this benefit specifically with the implementation of the policy, but instead with an increased focus on school gardens and fresh food. Regarding gardens, one interviewee said, “We had parents who helped us maintain our garden... There

were parents who helped us grow it, helped us maintain it, helped us make meals and chicken soup. So there were parents involved.” However, Site Directors were reluctant to attribute this type of parent involvement to the wellness policy: “As far as saying ‘oh, you know teacher, this is part of the wellness policy, let’s do this, this, and that,’ no, we haven’t seen that. But as far as helping us maintain it or encouraging us to make different types of meals with [food from the garden] parents are engaged and participating in that way.” As I will discuss in the “Limitations and Challenges” section, the wellness policy has not been a tool that parents have utilized to push for change, because they have only been given surface information about it.

#### *V. Children have sufficient opportunities for active play*

A fifth benefit that directors identified within the policy was the opportunity for children to engage in active play. “We do have the opportunity to get out every day.... One of the things I see teachers are doing is some type of physical activity even before the kids play,” said one interviewee. However, directors say that all of these opportunities were present before the wellness policy was in place. Thus, though active play is a benefit to children, in reality is it not a benefit that resulted from the policy (similar to many other policy components). Through Head Start, yard size, space and equipment to play, and sufficient time for play is regulated.

#### *VI. Compared to other age groups, young children especially need wellness*

The last benefit that the directors specifically touched on in the focus group interview is the specific need that wellness policies fill for young children (as compared to other age groups). All of them are necessarily dedicated to child wellness, and have bought into the wellness policy partly because it emphasizes something they already care about (as well as calling for actions that are already in place). “I think the need is there,” said one Site Director, “whether they’re young or they’re older, it still needs to be out there. If it starts at an earlier age, they become

more aware of what's healthy, what's not healthy." An emphasis on using wellness policies as a foundation for the health of young children specifically was also mentioned: "This will be their foundation, as the younger ones. If you start them right, they will end up right also."

### ***Limitations of the Wellness Policy Observed by Site Directors***

Site Directors also identified some limitations of the wellness policy and challenges to carrying it out. However, they mentioned that since it is so recently implemented, more time would allow for a more accurate evaluation of it. While all agreed that they needed more time to properly understand the impact of the policy, there were still several preliminary challenges and limitations identified.

#### *I. Need for more training on the policy (especially for teachers)*

The most significant challenges that Site Directors identified was the need for more training on the wellness policy for administrators, and especially teachers. Of teacher training, one Site Director said, "What the challenge is, is that we're not necessarily the ones in the classroom, so the *teachers* are the ones that need more training on the wellness policy. Even though we are the site directors, and we have to make sure that they implement it and they adjudicate it at the sites, the only challenge I've faced is like, requesting that the teachers receive more training on it." This touches on two points: first, that both administrators and teachers are responsible for seeing the policy carried out, and second, the even greater need for teacher training because they are the ones who are actually in the classroom doing the wellness behaviors. "If the teachers aren't trained," one Site Director said, "you know it's a lot less likely for them to implement it. So that would be the only challenge I would face would be that—having much more training on it."

All of the Site Directors at the Focus group agreed on the need for further training, emphasizing the teacher reaction to the policy. When they received the policy, “the first thing they said was, ‘Well what is all this? I was never trained on this.’ And so, it’s all new to them. If we’re going to put something out there, you have to be trained on it. Before we can teach somebody, we have to be trained first.”

One Site Director also touched on the impact that training has on parents. “We were sent the policy to give to the parents,” she said, “but the parents didn’t receive any training, it was never brought up at a parents meeting, it’s just another piece of paper that the parents are going to put in another pile that they’re never going to read.” If parents do not know about or understand the policy, they cannot hold their child’s site accountable, mirror wellness behaviors at home, or understand the environment that their child is in. Site Directors said that teacher training has an indirect impact on parents too: “If the teachers are unable to explain it, or to go over it, like ‘we’re doing X, Y, and Z,’ to support [the parents] doing the same thing at home, that’s really challenging because neither the teachers nor the parents were really trained on the exact policy, and what it consists of.”

Site Directors maintained that training of administrators, teachers, and parents is directly related to the benefits and impact that comes out of the policy. “The amount that we can give them is the benefit that they are receiving. But for us to do it to the best of our ability, you know, we need more training.”

## *II. Lack of clarity about the policy*

A second challenge that the Site Directors mentioned was a lack of clarity about the wellness policy. “They just kind of threw it at us head first,” one director said. “It started with us doing it ourselves, and then it went out to giving it to the families.” Another director followed up



on this comment, saying, "...and then we don't even know where it turned out or even what the outcome was, because it was put out there and that was it. We never heard anything else about it, or any continuance or refreshers on it." Site Directors indicated that a lack of clarity about the policy and its importance, or any continued training made the policy seem surface-level rather than representing comprehensive, deliberate change. "It was just a surface type of training," one interviewee said. One director even mentioned not seeing the relationship between the training about wellness and the introduction of the policy—and the other directors agreed. "The [policy was sent out] so far later, that we were like, what is this? It was really difficult to see the connection between the two. There was no indication of their relationship, that they were the same thing." Of the connection between the wellness policy and the training about it, one Site Director concluded, "We have the policy, but we couldn't make the connection."

### *III. Lack of resources (especially for school gardens)*

A third limitation related to the policy that Site Directors identified was a lack of resources available for starting and maintaining school gardens. One director exclaimed, "The wellness policy says, right here, preschool gardens are strongly encouraged. But where are the resources to do that? And as of now, I put in a request for soil, and I haven't received any. That's why I have started looking for donations." This limitation is exceptionally important to consider, because the part of the wellness policy that suggested starting school gardens was one of the only major things that most sites were *not* already doing, so did not have the built-in infrastructure for via Head Start. This has implications for the way that wellness policies might translate to other preschool environments, because the only thing that was a struggle in the policy was a new item that called for resources—but resources were not available. This means that for wellness policies to be successful, any new demand made on preschools must have a funding mechanism. One

director commented, “When someone is going to go in and teach you how to do things the right way for vegetables to grow, for example, I’m all for it, if the resources are available. We just need someone out there, giving us the resources, and showing us how it’s done.” All of the Site Directors in the focus group agreed that making resources or grant money available in order to carry out aspects of the policy that do not already have funding mechanisms is important. One interviewee said, “Any demands that it makes on the school above and beyond what is already happening, I would say, you need to have the budget or resources.”

#### *IV. Lack of change resulting from the policy*

A fourth limitation that Site Directors identified was that the PACE ECE wellness policy does not represent a large change beyond what PACE ECE Head Start preschools already do.

One director commented, “I mean we can teach the children using the suggestions in the wellness policy because in the wellness policy it includes a lot of things that we already do.”

Directors struggled to come up with tangible changes at their sites they had seen since the policy has been implemented, and ultimately only described one change. One director said,

The only change [since the policy has been implemented] that we were able to see was them sending fresh fruit, fresh things from the office so we can have them with the kids. They did asparagus, they did grapefruits, the bell peppers. They started to send nice, fresh things from the kitchen. That was one of the things that I did see change. But other than that, there hasn’t been any change.

This change in climate, while the only noticeable one, is far-reaching in terms of child wellness.

Additionally, as noted previously, the large amount of items listed in the policy that PACE ECE sites were already doing allowed for more administrators to “buy in” to the policy, and have favorable impressions of it. They thus believe that everything in the policy is possible—perhaps because most of it is already happening. One director summarized, “All of [the items listed in the wellness policy] are possible at the sites, it’s just the gardens. Everything that’s on here, we’re already doing. All of these things are already being implemented.”

Although practices stated in the policy might already be happening, the PACE ECE wellness policy can still serve as an instrument to institutionalize these behaviors, which legitimizes funding diverted toward wellness efforts, and training and programming efforts of administrators, and allows parents to have a tool with which to demand change and better wellness behaviors from their child's preschool site. However, because many practices are already happening, the benefit of the wellness policy in this environment is less than it would be in another (non-Head Start) environment for young children. I elaborate more on the possible role for wellness policies in the Discussion and Recommendations section.

#### *V. Lack of teacher knowledge and implementation*

A fifth challenge that Site Directors recognized was a lack of teacher knowledge or any change in teacher behavior since the policy. One director said, "Most of this stuff, the teachers are just doing. So they're doing it, maybe not knowing that there's a policy that they're following or going along with, because a lot of this stuff, they're doing anyway in the classrooms and the lessons." It is heartening that teachers are already engaging in good wellness behavior in the classroom—but again begs the question: what is the purpose of the time and energy spent on implementing a wellness policy in this environment if it does not lead to substantial change? That this trend was noticed among teachers specifically is especially important, because teachers are the ones implementing behavioral changes in the classroom.

#### *VI. The wellness policy represents another restriction to Site Directors*

A final challenge of the policy (and of Head Start regulations in general, according to Site Directors) is its restrictiveness. "There are so many things that are mandated. There's instructions on everything," said one interviewee of Head Start standards generally. Site Directors specifically stated that they would like more freedom to bring food into the classroom,

in order to make meals and snacks with children. One director commented on this, saying, “Back in the day, years ago, we used to be able to buy things, make things every week with the kids... but we’re so restricted nowadays. You can only get food from the Central Kitchen.” The wish to be able to bring in food and make food dishes without restrictions stems from the want to expose children to new foods from different cultures. One Site Director explained, “There are so many different cuisines that we could probably have, that we could get our hands on, and before we were willing to take it out of our pockets and bring it in... but there is not the freedom to bring in outside food.” Another Site Director finished, “I’m not even from California or the U.S. so I definitely have things from the West Indies that I would want to bring in and show the children and expose them to. That would be something different. That’s not allowed.”

### **Findings Conclusions**

Each method utilized in this project has offered me singular insight into the benefits and limitations of wellness policies in Head Start preschools in Los Angeles, looking at the PACE ECE Head Start agency specifically. Site Directors have provided an administrative perspective on the uptake of a policy that applies broadly to sites that they supervise. Teachers can provide a better perspective on how the policy is operationalized in the classroom, while parents are a barometer of how deeply the policy is established, and if it trickles down from administrators to parents. In the next section, I further discuss the findings from the surveys and focus group I have laid out here, as well as my future recommendations for wellness policies in Head Start preschools in Los Angeles. I am especially interested in what might be needed for wellness policies to work at in Head Start settings as opposed to other environments for young children.

## Discussion and Recommendations

Chart 7.1: Project Recommendations

Topic	Findings Summary	Recommendations
<p><b>Changing Knowledge</b> Parents, teachers, and site directors can be better educated about the wellness policy.</p>	<p><b>Good or passable knowledge</b> of active play requirements, menu-sharing requirements, nutrition lesson plans, nutrition requirements, and locally-produced food. <b>Lack of knowledge</b> of junk food in the classroom, food from local <i>farmers</i>, and school gardens.</p>	<ul style="list-style-type: none"> <li>• More training, support, and clarity of the policy</li> <li>• Follow-up trainings on the policy, particularly for teachers</li> <li>• Knowledge about junk food, local food, and school gardens should be better emphasized</li> </ul>
<p><b>Changing Attitudes</b> Attitudes of parents, teachers, and site directors are already very positive.</p>	<p><b>Extremely positive attitudes</b> from all three survey groups show that administrators, teachers, and parents all “buy-in” to the policy, agreeing that it is both important and can be effective.</p>	<ul style="list-style-type: none"> <li>• Do not change the high rate of positive attitudes!</li> <li>• Continue to encourage beliefs about nutrition and physical activity that support the policy’s importance</li> <li>• Make changes in knowledge, practices, and funding that allow positive attitudes to be reflected</li> </ul>
<p><b>Changing Practices</b> Some practices related to the wellness policy need to be changed in order to make it more effective.</p>	<p>Site supervisors think teachers have been supported and educated more than teachers do. Only some parents have been told about the policy. <b>High implementation</b> of not offering food as a reward, children have the opportunity to engage in active play, and children do not watch TV for more than 30 minutes/week. <b>Low implementation</b> of local food and school gardens.</p>	<ul style="list-style-type: none"> <li>• Better education and support on the policy for everyone, especially teachers</li> <li>• Ensure parents know the policy and its importance</li> <li>• The importance of fresh fruits and vegetables should continue to be emphasized in the classroom, at an administrative level, and to parents</li> <li>• More education on local food and its importance</li> <li>• Ensure more reliable, routine pathways for local food to the classroom</li> <li>• More training opportunities and financial and material resources for beginning and maintaining small gardens</li> </ul>
<p><b>Changing Funding</b> More funding is necessary to implement wellness policies, and I recommend some avenues to accomplish this.</p>	<p><b>There is a clear, demonstrable lack of funding</b> that is a barrier to the implementation of wellness policies, even in relatively well-funded preschool environments like the Head Start program researched in this particular study.  This has serious implications for how similar wellness policies might translate to other Head Start agencies, or any preschools or child-care environments outside of Head Start.</p>	<ul style="list-style-type: none"> <li>• Independent donors</li> <li>• Government grants</li> <li>• Funding through invested nonprofit organizations or advocacy/research organizations</li> <li>• Grantmakers and community partners like First 5 LA</li> <li>• Donations of goods or money from local businesses</li> <li>• Fundraising efforts at either the administrative level or from teachers and parents at the grassroots level</li> <li>• In district preschools, money could come directly from the school or district</li> <li>• Use a sin tax (alcohol, cigarettes, lotteries, soda, plastic bags, coffee) to fund wellness policies</li> <li>• In center- or family-based childcare, channel money through licensing agencies to independent childcare sites that opt-in to a wellness policy</li> </ul>
<p><b>Changing Structure</b> The implementation of wellness policies should be restructured to extend them to more children.</p>	<p>Compared to other environments for young children, wellness policies are redundant in Head Start. A majority of the standards in the wellness policy were already happening in PACE ECE before the policy was implemented this year. Wellness policies should be extended to new environments.</p>	<ul style="list-style-type: none"> <li>• Divert more money toward wellness policies</li> <li>• Keep them in place for longer (to see how they stand over time)</li> <li>• Extend them to other environments for young children (outside of Head Start)</li> </ul>

In this section, I will discuss the implications of the findings of this research project (above) and the recommendations I have to alter the PACE ECE wellness policy as a mechanism for improving the wellness of young children. I will look at how to change knowledge, attitudes, and practices related to the policy in Site Directors, preschool teachers, and parents in order to make it more effective. Additionally, I offer suggestions for changing funding and structure related to the policy, and the implications this research has for wellness policies in environments other than Head Start. Finally, I reflect on my own methodology in this project, and how it could be improved in the future, as well as future research needed on this issue. A chart summarizing my project recommendations is shown below:

### **Knowledge of the Wellness Policy Can Be Improved**

In this section, I answer the question: How can we better educate parents, teachers, and administrators about the wellness policy, in order to make it more effective?

Parents, teachers, and administrators all answered extremely well on knowledge questions 2, 4, and 7, showing excellent knowledge across the board of active play requirements, menu-sharing requirements, and incorporating nutrition and health into lesson planning. All three groups answered moderately well (and parents very well) on knowledge question 5 and 8, showing passable knowledge of nutrition requirements and incorporating locally-produced fruits and vegetables. These are specific areas where knowledge of the subject can be considered good enough to the point where it does not inhibit the wellness policy's implementation. Excellent knowledge within the three groups is a clear advantage of the policy, and passable knowledge is not a challenge to the policy. Additionally, these results show that administrators, teachers, and parents have knowledge in the same areas—demonstrating that where information has been

shared, it has filtered through all of the groups. Teachers do not have wildly different knowledge of the policy than administrators, for example.

Challenges to the wellness policy's implementation lie in the lack of knowledge all three groups have about questions 1, 3, and 6 (however, parents did passably well on question 3). This demonstrates a lack of knowledge about junk food in the classroom, food from local farmers, and the strong encouragement of school gardens. These three areas, in particular, are ideas that are central to the wellness policy but require more training in order for all three groups to have adequate knowledge of them. Giving the three groups extended and explicit training about which foods are allowed and not allowed in the classroom, what local farmers are and what local food means, and the reasons behind why school gardens are encouraged is necessary in order to neutralize the challenge that a lack of knowledge in these areas poses to the wellness policy.

In terms of correcting and changing knowledge about the policy, my primary recommendation is for more training. In the focus group interview I conducted, one Site Director stated, "My teachers know about the wellness policy, but like I said before, we do have a need for more training, and more follow-ups." This means that in the opinion of administrators, even teachers and Site Directors who have already received training and have some knowledge of the policy need more training. Additionally, one Site Director said, "[The children] are benefitting from the wellness policy because those who know it are going to implement it." This quote directly ties teacher knowledge of the policy to the extent to which it gets implemented. When I collected surveys from teachers at various preschools, one teacher seemed to be struggling much more than others to answer the questions. Later, she related to me that she had started teaching at the site midway through the year, and had never heard of the policy except for the nutrition lessons she gave every week. This indicates a clear need for more training on the policy, because

a teacher who had been in the classroom for months already had not heard of the policy or received any sort of training on it. This lack of knowledge inhibited her ability to carry the policy out, or use it as a guideline to make changes in her classroom.

Changing the knowledge of administrators, teachers, and parents is one challenge that can be addressed directly with training, and can have a significant impact on wellness behaviors implemented in the classroom. In the focus group interview, Site Directors identified the lack of training and support around the policy *and* the lack of clarity about the policy as direct challenges to the policy's implementation. "If the teachers aren't trained," one Site Director said, "you know it's a lot less likely for them to implement it." Of the training on the policy, Site Directors stated, "It was just a surface type of training," and "We never heard anything else about it, or any continuance or refreshers on it." Changes must be made to the pedagogy of rolling out the policy, the training of parents, teachers, and administrators on the policy, or to the language of the policy itself, in order to limit the challenges posed by a lack of knowledge. In particular, knowledge about junk food, local food, and school gardens should be better emphasized. One helpful reference for looking in more detail at the suggestion of more training for teachers is Katie Sims' senior comprehensive project, "Farm To Preschool: A Study on Teacher Support in Nutrition Education." In her work, she looks at teacher training on nutrition specifically, and makes recommendations to improve this aspect of wellness in the classroom.

### **Attitudes on the Wellness Policy Should Remain High**

In this section, I answer the question: How can we better ensure positive attitude of parents, teachers, and administrators towards the wellness policy, in order to make it more effective?



Unlike knowledge, the attitudes of parents, teachers, and supervisors do not seem to pose any challenge to implementation. Rather, all three groups of survey respondents had highly positive attitudes about the wellness policy and the possibility of its impact. Site Directors had the most positive attitudes, teachers close behind them, and parents had less positive attitudes than both groups—but still very high overall. This suggests that this particular wellness policy, as well as the way it was presented to the groups, encouraged buy-in at all three levels: parents, teachers, and administrators.

I suggest a few different ways of looking at this information. First, I believe that Site Directors especially have exceptionally high buy-in because the wellness policy incorporates and standardizes most things they are *already* doing in the classroom. As one Site Director put it, “I mean we can teach the children using the suggestions in the wellness policy because in the wellness policy, it includes a lot of things that we already do.” Second, I believe that this high instance of repeating things in the policy that Head Start classrooms are already doing (because of mandates by the Head Start Performance Standards) contributes to teacher buy-in to the policy. However, I think teacher buy-in is also fueled by occupational/personal beliefs in the importance of healthy eating and physical activity in young children, and the higher instance of fresh fruits and vegetables that teachers might see in the classroom since the policy has been implemented encourage teacher buy-in as well. Third, I believe that parent buy-in to the policy is the direct result of parents having a vested interest in the health of their children, and their wish to believe that the administration of their child’s preschool implements policies to ensure that their children stay well.

The high rate of positive attitude among the three research populations is a clear benefit to the policy. This suggests that, if knowledge about the policy is fixed and increased, and

resources are available to make implementation possible, the policy could have even greater success because all groups already support it and believe in its importance. My recommendations for changing attitudes are not to change them at all—but rather to continue to encourage beliefs about nutrition and physical activity that support the importance of the policy, and make changes in knowledge, implementation, and funding that allow these positive attitudes to be reflected.

### **The Wellness Policy Can Be More Fully Implemented**

In this section, I answer the question: Which practices related to the wellness policy need to be changed in order to make it more effective?

Across the first two practices questions, Site Directors and teachers both responded with high rates of “Agree” that teachers have been 1) adequately educated about the policy and 2) adequately supported to achieve its goals. In both questions, directors had slightly higher rates of “Agree” than their teacher counterparts, showing that directors believe more strongly that teachers have been educated and supported than they actually have been. My recommendation for this parallels those I made above: better education and support on the policy for everyone (administrators, teachers, and parents), but especially teachers (as they carry out the policy daily in the classroom).

Parents were not asked the two questions above, but instead responded to two questions unique to parents: 1) I have been told about the wellness policy at my child’s preschool, and 2) My child’s food menus have been shared with me this year. Parents moderately agreed with the first question, and unanimously agreed with the second. This shows that in practice, menus are being shared with parents, in accordance with the policy. My second recommendation for practices applies to parent education: design a mechanism to ensure that parents know about the policy and what it contains, as well as the importance of it. This could be in the form of parent

meetings, optional take-home activities for children and their families, parent receipt of the policy at the beginning of each term, site-hosted parent conversations about wellness, or fun wellness activities for families where the policy is mentioned or emphasized.

Questions 3-8, asking about the policy implementation and practices, were the same for all three survey populations. Across the board, all three populations responded to questions 5, 7, and 8 with high instances of answers in alignment with the policy—demonstrating that food is not offered as a reward, children have the opportunity to engage in active play, and children do not watch TV for more than 30 minutes/week in school (parents were a bit less certain of question 8). These are all excellent behaviors in accordance with the wellness policy, which should be maintained. All groups answered in moderate agreement with the wellness policy in question 3, showing that most children eat enough fruits or vegetables during the day. I recommend, third, that the importance of fresh fruits and vegetables continue to be emphasized in the classroom, at an administrative level, and to parents.

Among all three survey groups, the answers to practice questions 4 and 6 had a wide spread of answers. Question 4 asked if local food was served to children in preschool, and responses from all three populations were inconsistent and mixed across all answer options. This demonstrates that some children are definitely getting local food, some are getting local food occasionally, some may not be getting local food, and some survey respondents are unsure what local food means, or if children get it or not. This is a practice that poses a challenge to the wellness policy, which encourages local food at preschool sites as much as possible. My recommendation for this challenge is twofold: first, that more education on local food and its importance is given to all groups, and second, that a mechanism be developed in order to ensure more reliable, routine pathways for local food to the classroom. This might look like a change at

the administrative level, in the form of contracts with the PACE ECE Central Kitchen and local farmers or suppliers. It could also look like making small changes to specific food items (for example, getting strawberries from farms in the area, instead of from Mexico) or swapping out some food items for other locally-sourced foods (for example, trading bananas grown far away for oranges grown in California). These changes can be small and can save money, while putting money into the local economy, and benefitting the environment as well as preschool children.

Question 6 (querying whether children have access to a school garden) also had a wide spread of answers from all three survey populations, but was more polarized as compared to question 4. Many children have access to school garden, but many do not, although they are explicitly and strongly encouraged in the wellness policy. Finally, I recommend that training opportunities and financial and material resources for beginning and maintaining small gardens be made available to Head Start, in order to benefit children with school gardens. This might look like independent donors giving to a fund to support wellness or gardens specifically, government grants at the federal, state, county, or local level to enable preschools to give children wellness resources, donations of goods from local business, or nonprofit programs to raise money for these goals. I discuss the need for funding further in the next section.

### **Funding Is Necessary for the Success of the Policy**

In this section, I address the question: Why is changing funding necessary, and what funding mechanisms might be available to better extend wellness policies to children?

There is a clear, demonstrable lack of funding that is a barrier to the implementation of wellness policies, even in relatively well-funded preschool environments like the Head Start program researched in this particular study. This has serious implications for how similar wellness policies might translate to other Head Start agencies, or any preschools or child-care

environments outside of Head Start. This is because Head Start is governed by federal Head Start Performance Standards, which are incorporated and funded within the Head Start program. Most of the objectives in the wellness policy are already stated in the Performance Standards, and are not new demands of teachers or administrators and do not require extra training or resources. However, as one Site Director said of the wellness policy in my focus group interview, “Any demands that it makes on the school above and beyond what is already happening, I would say, you need to have the budget or resources.” An example of this within the current policy, as I stated above, is school gardens. Gardens are not outlined, encouraged, or mentioned in the Head Start Performance Standards, so no funding mechanism for gardening supplies, resources, or training is given or expected within a Head Start setting. It follows, then, that this has been one of the most difficult aspects of the policy to implement.

Gardens cannot be implemented without funding to develop and maintain them, and similarly, each of my recommendations to change knowledge, attitudes, and practices of parents, teachers, and Site Directors around the wellness policy requires some degree of funding, time, or resources. To change knowledge, for example, I gave several recommendations: one of which was further training around “junk food” versus healthy food items that are allowed in preschools. Depending on who gives and receives this training, their time would have to be compensated, and teachers may have to be reimbursed for an extra training. Further, the new standards for junk food would have to be enforced or monitored somehow—and teachers already have demands on their time. Even for a simple training or policy follow-through effort, funding is required. Site Directors struggle to constantly update teachers on policies and regulations, and might not have an incentive to design or schedule trainings on this topic.

Above, I mentioned several options for school garden funding, and add to them here: Independent donors, government grants (for example, through LA County), funding through invested nonprofit organizations or advocacy/research organizations, grant-makers and community partners like First 5 LA, donations of goods or services from local businesses, or fundraising efforts at either the administrative level or from teachers and parents at the grassroots level—using the wellness policy to legitimize their financial need. In environments outside of Head Start, like district preschools, money could come directly from the school or school district the preschool is attached to, but this might put strain on local school districts that are already struggling. There have also been many instances of individual states using sin taxes (on cigarettes, alcohol, marijuana, lotteries, soda, etc.) to fund early education—in fact, First 5 LA (and the entire California First Five program) have been funded by a tobacco tax since 1998. Additionally, in March 2014, President Obama repeated his budget proposal for a federal tobacco tax to expand early education to more low-income families across the country.<sup>75</sup> A similar local sin tax specifically for child health and wellness policy funding could be effective.

Finally, extending funding for wellness policies to center- or family-based childcare would be especially difficult financially because they are often independent sites licensed through licensing agencies, and do not have money to spare to implement wellness programs. One idea might be to extend money to licensing agencies (in order to channel it to independent childcare sites that opt-in to a wellness policy and program) through any method I discuss above. No matter the funding source, it is crucial that funding accompany each demand that a wellness policy makes—both on Head Start preschools or other environments for young children.

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<sup>75</sup> Thomas A. Briant, “Obama 2015 Budget Repeats Proposal for Tobacco Tax Increase,” *CSPnet*, accessed March 16, 2014, <http://www.cspnet.com/category-management-news-data/tobacco-news-data/articles/obama-2015-budget-repeats-proposal-tobacco>.

## **Wellness Policies Should Be Restructured, and Extend Beyond Head Start**

In this section, I address the question: How can the implementation of wellness policies broadly be restructured or reconfigured in order to make them more effective in Head Start and other preschool or childcare environments?

The first important note on this subject is that a majority of the behaviors in the wellness policy were already happening in PACE ECE schools before the policy was implemented this year. This means that the time and money spent on wellness policies might be better used on putting wellness policies in place in environments other than Head Start Preschools (where nutrition is already strictly regulated in Head Start Performance Standards). For independent, local, or State preschools without regulations already pertaining to nutrition or wellness, wellness policies remain a very plausible solution for child wellness.

Compared to other environments for young children, wellness policies are comparatively redundant in Head Start environments, but still present a number of benefits. To Head Start, they better institutionalize attitudes about wellness, and could be a mechanism for funding or other support if there were grants or other resources to back them up. However, the real value of wellness policies is to environments where standards of wellness are not required if the funding and support is in place to back these policies up. Thus, not only the way policies are implemented in Head Start should be changed, but the care and school environments to which policies are extended should be carefully considered in terms of which will have the most impact on child wellness.

My final recommendations for operationalizing wellness policies can be summed up as: Give policies more money and support, keep them in place for longer (to see how they stand over time), and extend them to other environments for young children.

## **Methodological Reflections and Further Research**

My methods for this project included surveys of three groups within PACE ECE Head Start (administrator/Site Directors, teachers, and parents) as well as an in-depth focus group interview with four Site Directors who administer the four largest preschool sites. These methods shed light on my research question, which concerned the benefits and challenges of implementing wellness policies in Head Start preschools, but could be improved upon and can be expanded in future research.

One main weakness of my research methods was the small sample of PACE ECE parents I surveyed. Parents made up only 14 of my 65 survey respondents, and were all surveyed from one smaller population within PACE: the parent Policy and Leadership Committee. My data from these parents cannot be reliably extrapolated to cover all parents within PACE, and also may represent parents as having more knowledge or more positive attitudes about the wellness policy than parents generally—because these specific parents have self-selected to be involved in policy and leadership already.

Second, if possible, I would extend this research to have deeper follow-up conversations or focus-group interviews with teachers and parents, not only Site Directors. Teachers and parents offer an essential perspective to understanding the challenges and benefits of the policy. Another way to observe the policy in action would be to do systematic participant observation in preschools that have a wellness policy in place, and monitor its implementation in one or more sites. Additionally, repeating this research after it has been in place for future years, or after PACE has received follow-up trainings on it, would likely bring new information to light.

Incorporating research into wellness trainings for administrators, teachers, or parents would be a unique form of community-based research. For example, doing a training or group



discussion about wellness in preschools, and then following that up with surveys or interviews for research would help to discover the benefit of trainings on certain topics, and if the trainings were effective at changing knowledge, opinions, or behaviors related to wellness.

Finally, in addition to my own project on PACE ECE and wellness, my fellow student Katie Sims conducted research in the same field to fulfill her own senior comprehensive requirement at Occidental College. In her work, she looked at “the implementation of the Farm to Preschool nutrition curriculum in PACE’s Los Angeles Head Start preschools as well as perspectives of teachers at these preschools on nutrition education in the classroom.”<sup>76</sup> She considers the importance of nutrition education, and how to effectively educate about nutrition. For the bulk of her project, she “interviewed teachers at different PACE Los Angeles Head Start Preschools, employees at Farm to Preschool, and the PACE nutritionist... [and] compared lesson plans from the PACE nutritionist and Farm to Preschool curriculum.”<sup>77</sup> Finally, Katie makes suggestions for how to best implement the Farm to Preschool nutrition curriculum. I strongly recommend reading her research for a perspective on the state of nutrition education for young children at the same Head Start agency.

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<sup>76</sup> Katie Sims, “Farm To Preschool: A Study on Teacher Support in Nutrition Education” (Occidental College, 2014).

<sup>77</sup> Ibid.

## **Conclusion**

This research project represents an examination of wellness policies in Head Start preschools in Los Angeles, specifically looking at PACE ECE Head Start in particular (which licenses 26 preschool sites). Wellness policies may be some of the most effective policy mechanisms to change school environments and institute new behaviors, but are not yet required on a large scale in preschool or child-care environments for children under five. Wellness policies are demonstrated to be helpful in addressing obesity, diabetes, and other wellness-related issues in young children, which has demonstrable repercussions for adolescent and adult health.

This project was of particular personal interest to me because of my interest in food policy, my experience teaching nutrition in public schools, and my enthusiasm for the Farm to Preschool program at the Urban and Environmental Policy Institute linked to Occidental College, which served as a partner and client for this project. This research was important because Farm to Preschool has put in significant effort to develop a wellness policy with PACE ECE Head Start, and the policy is currently in its first year of impact. My hope was that this project could show both the importance and strengths of the wellness policy and pinpoint specific areas that could be changed in order to extend wellness benefits to more people.

The surveys and interviews I carried out for this project were intended to measure the knowledge, attitudes, and practices of administrators, teachers, and parents to discover benefits and challenges of implementing a wellness policy in PACE ECE Head Start. From 65 surveys and a focus group interview, this research found that all three groups had knowledge of some areas of the policy (active play requirements, menu-sharing requirements, incorporating nutrition and health into lesson planning, nutrition requirements and incorporating locally-produced fruits and vegetables) and not others (junk food in the classroom, food from local farmers, and school

gardens); consistently high positive attitudes toward the policy; and high implementation of the policy in some areas (not offering food as a reward, the opportunity to engage in active play, and not watching TV for more than 30 minutes/week) and not in others (local food; school gardens).

Following these findings, I stated several recommendations having to do with changing knowledge, attitudes, practices, funding, and structure around wellness policies in Head Start agencies and preschools. My main recommendations include giving more training, support, and clarity to the PACE ECE wellness policy; keeping it in place for longer (to observe if there are different effects after the first year); ensuring funding mechanisms for the demands that wellness policies make; and extending policies to environments for young children (preschool or child care) outside of Head Start. This research can be used to improve the current wellness policy in PACE ECE Head Start and extend wellness policies to other Head Start agencies and other early education and childcare efforts.

Finally—all young children deserve to have healthy, happy care and early education experiences that will enable them to live healthy lives and flourish as children and adults. Although the development and implementation of wellness policies in environments for children under five years is still in its early stages both in Los Angeles and across the country, it is imperative that adults, regulatory institutions like licensing agencies, and communities take responsibility for the health and development of young children through this method or others. Wellness policies, though not the only mechanism through which to operationalize positive attitudes about wellness, have high rates of successfully changing health behaviors in K-12 schools, and are an excellent starting point for changing the wellness behaviors of young children in childcare and preschools. However—this change can only happen with the training, support, and funding to support these efforts.

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# Appendices

## Appendix A: Survey Tools for Parents, Teachers, and Site Directors

### Parent Survey: Wellness Policies in Head Start Preschools in Los Angeles

**Directions:** For this survey, please answer each question to the best of your ability. If you are not sure about a statement, or it does not apply to you, please mark the N/A (Not Sure) box or leave the question blank. You can use X or ✓ to mark your answers. Please **do not** write your name on the survey.

#### **Survey Questions:**

**What is your age?** \_\_\_\_\_

**What is your gender?**

- Male
- Female

**What is your race?**

- White (non-Hispanic)
- Latino
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- Native American
- Other (Please Specify: \_\_\_\_\_)

**What is the primary language spoken in your home:**

- English
- Spanish
- Other  
(Please specify: \_\_\_\_\_)

**What is the highest level of school you have completed?**

- Some grade school (grade 5 or less)
- Completed grade school
- Completed middle school
- High school graduate or GED
- Associate's degree
- College graduate
- Postgraduate, masters, doctorate

**Does your child’s preschool participate in Farm to School?**

- Yes
- No
- I don’t know

**True Or False Questions**

**(These questions are about the Wellness Policy in your child’s preschool)**

Question	True	False
1. The wellness policy says that diet soda, candy, and chips should only be eaten on special occasions		
2. The wellness policy says that children should have 30-45 minutes of active play every day		
3. The wellness policy says that food for meals and snacks should be from local farmers if possible		
4. The wellness policy says that school food menus for children should be shared with me every month		
5. The wellness policy says that 100% juice is the <i>only</i> kind of juice that should be served to my child		
6. The wellness policy says there should be school gardens if possible		
7. The wellness policy says that nutrition and health lessons should be a part of class every week		
8. The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks		

**Agree or Disagree Questions**

Question	1 Agree	2 Somewhat Agree	3 Neutral	4 Somewhat Disagree	5 Disagree	N/A -- Not Sure
1. I have been told about the wellness policy at my child’s preschool						
2. Wellness policies can make a difference in what my child eats at school						

3. Wellness policies can make a difference in my child's physical activity at school						
4. Wellness policies are worth the time and effort that is spent on them						
5. I support the suggestions made in the wellness policy						
6. I would tell other preschools to get a wellness policy like the one at my child's preschool						
7. My child's food menus have been shared with me this year						
8. My child eats enough fruits and vegetables at preschool						
9. I have heard about my child eating local food at preschool						
10. Food is sometimes given as a reward to children in my child's preschool						
11. There is a school garden that my child uses						
12. My child can play actively for 30 minutes every day at preschool						
13. My child watches TV at preschool for more than 30 minutes in a week						

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### Teacher/Staff Survey: Wellness Policies in Head Start Preschools in Los Angeles

**Directions:** For this survey, please answer each question to the best of your ability. If you are not sure about a statement, or it does not apply to you, please mark the N/A (Not Sure) box or leave the question blank. You can use X or √ to mark your answers. Please **do not** write your name on the survey.

**Survey Questions:**

**What is your age?** \_\_\_\_\_

**What is your gender?**

- Male
- Female

**What is your race?**

- White (non-Hispanic)
- Latino
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- Native American
- Other (Please Specify: \_\_\_\_\_)

**What is the primary language spoken in your home:**

- English
- Spanish
- Other (Please specify: \_\_\_\_\_)

**What is the highest level of school you have completed?**

- Some grade school (grade 5 or less)
- Completed grade school
- Completed middle school
- High school graduate or GED
- Associate's degree
- College graduate
- Postgraduate, masters, doctorate

**Does the preschool where you teach participate in Farm to Preschool?**

- Yes
- No
- I don't know

**True Or False Questions**

<b>Question</b>	<b>True</b>	<b>False</b>
1. The wellness policy in the preschool where I teach says that diet soda, candy, and chips should only be eaten on special occasions		
2. The wellness policy says that children should have 30-45 minutes of active play every day		

3. The wellness policy says that food for meals and snacks should be from local farmers when possible		
4. The wellness policy says that school food menus for children should be shared with parents every month		
5. The wellness policy says that 100% juice is the <i>only</i> type of juice that should be served to children		
6. The wellness policy says there should be school gardens where possible		
7. The wellness policy says that nutrition and health lessons should be a part of class every week		
8. The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks		

**Agree or Disagree Questions (continued on next page)**

<b>Question</b>	<b>1 Agree</b>	<b>2 Somewhat Agree</b>	<b>3 Neutral</b>	<b>4 Somewhat Disagree</b>	<b>5 Disagree</b>	<b>N/A -- Not Sure</b>
1. Wellness policies can make a difference in what children eat at school						
2. Wellness policies can make a difference in a children's opportunities for physical activity at school						
3. Wellness policies are worth the time and effort that is spent on them						
4. I support the suggestions made in the wellness policy at the preschool where I teach						
5. I would tell other preschools to adopt a wellness policy like the one at the preschool where I teach						
6. Preschool teachers including myself have been adequately educated about what our wellness						

policy means						
7. Preschool teachers including myself have been adequately supported to achieve the goals laid out in our wellness policy						
8. The children I teach eat enough fruits and vegetables during the day at preschool						
9. Sometimes, local food is served to the children I teach during preschool						
10. Food is sometimes offered as a reward to the children I teach in preschool						
11. Children at the preschool where I teach have access to a school garden						
12. Children I teach have the opportunity to engage in active play for at least 30 minutes a day during preschool						
13. The children I teach sometimes watch TV for more than 30 minutes per week in preschool						

-----END-----

Site Director Survey: Wellness Policies in Head Start Preschools in Los Angeles

**Directions:** For this survey, please answer each question to the best of your ability. If you are not sure about a statement, or it does not apply to you, please mark the N/A (Not Sure) box or leave the question blank. You can use X or √ to mark your answers. Please **do not** write your name on the survey.

**Survey Questions:**

**What is your age?** \_\_\_\_\_

**What is your gender?**

- Male

- Female

**What is your race?**

- White (non-Hispanic)
- Latino
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- Native American
- Other (Please Specify: \_\_\_\_\_)

**What is the primary language spoken in your home:**

- English
- Spanish
- Other  
(Please specify: \_\_\_\_\_)

**What is the highest level of school you have completed?**

- Some grade school (grade 5 or less)
- Completed grade school
- Completed middle school
- High school graduate or GED
- Associate's degree
- College graduate
- Postgraduate, masters, doctorate

**Does your Head Start site participate in Farm to Preschool?**

- Yes
- No
- I don't know

**True Or False Questions**

Question	True	False
1. The wellness policy says that diet soda, candy, and chips should only be eaten on special occasions		
2. The wellness policy says that children should have 30-45 minutes of active play every day		
3. The wellness policy says that food for meals and snacks should be from local farmers if possible		
4. The wellness policy says that school food menus for children		

should be shared with parents every month		
5. The wellness policy says that 100% juice is the <i>only</i> type of juice that should be served to children		
6. The wellness policy says there should be school gardens		
7. The wellness policy says that nutrition and health lessons should be a part of class every week		
8. The wellness policy says that locally-produced fruits and vegetables should be part of meals and snacks		

**Agree or Disagree Questions (continued on next page)**

<b>Question</b>	<b>1 Agree</b>	<b>2 Somewhat Agree</b>	<b>3 Neutral</b>	<b>4 Somewhat Disagree</b>	<b>5 Disagree</b>	<b>N/A -- Not Sure</b>
1. Wellness policies can make a difference in what children eat at school						
2. Wellness policies can make a difference in a children's opportunities for physical activity at school						
3. Wellness policies are worth the time and effort that is spent on them						

4. I support the suggestions made in the wellness policy at the preschool where I work						
5. I would encourage other preschools to adopt a wellness policy like the one at the preschool where I work						
6. Preschool teachers have been adequately educated about what our wellness policy means						
7. Preschool teachers have been adequately supported to achieve the goals laid out in our wellness policy						



8. The children at my site eat enough fruits and vegetables during the day at preschool						
9. Sometimes, local food is served to the children at my site during preschool						
10. Food is sometimes offered as a reward to the children at my site						
11. Children at my site have access to a school garden						
12. Children at my site have the opportunity to engage in active play for at least 30 minutes a day during preschool						
13. The children at my site sometimes watch TV for more than 30 minutes per week in preschool						

-----END-----

## **Appendix B: Interview Questions for Site Director Focus Group**

### **Focus-Group Interview Questions (Site Supervisors ONLY)**

#### **Project Title: Wellness Policies in Head Start Preschools in Los Angeles**

Personal experience with the wellness policy: did you do any work on it? Do you agree with it? To what extent do you support the recommendations made in it?

***Knowledge: Do you feel that you and other supervisors have a clear understanding of the wellness policy and what its aims are?***

***Attitudes: What are supervisors' attitudes towards wellness policies?***

Are they beneficial from an administrative perspective? Do you think they are worth the time that is put into them? Why or why not?

Can wellness policies make a difference in the nutrition of preschool students? How?

Can WPs make a difference in the physical activity of preschool students? How?

Compared to other types of schools, like elementary schools, or other age groups, do you think that wellness policies are important in preschools specifically for any reason?

How do you think PACE ECE preschool teachers have responded to the wellness policy this year? Has it had an effect on them in any way?

How do you think parents of PACE ECE preschoolers have responded to the wellness policy this year? Do they know about it? Do they understand and support it?

Have you observed any limitations of this policy, either in the policy itself or in the actual implementation of it?

Follow-Up: Have there been barriers to implementing specific aspects of it? Do you see barriers in the future?

***Practices: Are wellness policies being implemented?***

To what extent are supervisors able to implement these policies within their sites? Do you feel empowered to make changes of the sort that are suggested in the wellness policy?

Follow up: what kind of support would you need to feel more empowered in this area?

What suggestions would you have for another Head Start agency that is creating a wellness policy? Implementing one?

What changes would you make to your wellness policy?

## Appendix C: PACE ECE Head Start Wellness Policy



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### PACE ECE HEALTH/WELLNESS POLICY (HEAD START) HEALTHY EATING & PHYSICAL ACTIVITY

#### **Importance:**

A healthy diet and adequate physical activity are essential for a child's learning, growth, development and overall health and happiness.

#### **Provider's Responsibilities:**

1. Meals and snacks will at minimum meet the requirements of the Child and Adult Care Food Program (USDA), including providing 1% or skim milk at meals. *HS Performance Standards: 1304.23(b)(1)(v); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.01(a); Assembly Bill 2084 adds Section 1596.808 to the Health and Safety Code*
2. PACE ECE will provide food substitutions for participants who have severe food allergies, special diets, or food restrictions. The appropriate documentation will be acquired for children requiring food substitutions and meal modifications. *HS Performance Standards: 1304.23(a)(2), 1304.23(b)(1)(2), 1304.23(c)(6); Title 7: Agriculture Code of Federal Regulations (7 CFR) § 226.20(h); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.01(b)*
3. As a policy, PACE ECE does not provide pork/pork products, peanuts/nuts/seeds, or fish/fish products due to the high number of food allergies and restrictions.
4. Meals and snacks will be purchased using locally produced<sup>1</sup> fruits, vegetables, and other whole food items to the maximum extent feasible.<sup>2</sup>
5. Meals and snacks will be purchased using locally produced fruits, vegetables, and other whole food items directly from farmers to the maximum extent feasible.<sup>3</sup>
6. Menus will be shared with parents on a monthly basis. In addition, menus will highlight local produce used and Harvest of the Month to the maximum extent feasible. *HS Performance Standards: 1304.23(b)(4)*
7. Soda, diet soda, candy, chips, and otherwise unhealthy food will not be served to children while in PACE ECE's care. *HS Performance Standards: 1304.23(b)(1)(vi)*
8. Drinking water will be available to children indoors and outdoors throughout the day. *Assembly Bill 2084 adds Section 1596.808 to the Health and Safety Code*
9. When juice is served to children older than 1, 100% fruit juice will be provided and only served during snack times. Water will be made available to children who are thirsty in between meals. *CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.01(a); Assembly Bill 2084 adds Section 1596.808 to the Health and Safety Code*
10. Adults will act as a role model to promote healthy eating behaviors by sitting down to eat with the children and eating healthy foods. Teaching Staff is required to participate in lunch/supper meals. Teaching staff have the option of participating in breakfast and snack meals only if enough food is available to provide the minimum amounts required for the children. *HS Performance Standards: 1304.23(c)(4)*
11. During meal time, adults will talk with children about positive conversation topics, including different types of healthy foods, healthy eating and different cultural foods. *HS Performance Standards: 1304.23(c)*
12. Small-sized, age appropriate portions will be placed on the table for family-style serving. Children should be allowed additional servings of nutritious foods. Serving utensils, eating



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- utensils, plates and cups will be child-sized and children will be encouraged to eat with utensils, not hands, when appropriate. *HS Performance Standards: 1304.23(c)*
13. Children will be encouraged to serve and feed themselves in a family-style environment with serving bowls, plates and pitchers all on the table. *HS Performance Standards: 1304.23(c); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.03(c)*
  14. Children will be seated at the table when eating meals and snacks. *HS Performance Standards: 1304.23(c)*
  15. Children will decide how much of a child-sized portion of food they will eat. Children will never be forced to eat or punished for not eating. *HS Performance Standards: 1304.23(c)(2)*
  16. Children should be given sufficient time to eat their meal or snack and will not be rushed during eating. Playing will be discouraged during meal time. *HS Performance Standards: 1304.23(c)(3); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.03(b)*
  17. Food will not be offered as a reward or denied as a punishment. *HS Performance Standards: 1304.23(c)(2)*
  18. Meals and snacks will be scheduled and provided at regular times. Children ages 2-5 years will have no more than 3 hours between two meals and no more than 2 hours between a meal and snack. *HS Performance Standards: 1304.23(c); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.03(b)*
  19. PACE ECE will limit TV time to no more than 30 minutes once a week of educational or physical activity programs for children greater than 2 years of age only while in the classroom. TV will not be used during meal or snack times. Computer time will be limited to 15 minute increments.
  20. Active play will be encouraged every day, such as running, climbing, dancing, skipping and jumping. Children get to be active outdoor at least once per day and I will provide one (1) structured activity during the school day. *HS Performance Standards: 1304.21(a)(5)*
  21. Children 1 year to six years will be allowed 30 to 45 minutes of active play per day.
  22. Physical activity will not be restricted as a punishment.
  23. Adults will model active behavior for children by participating in active play outdoors and indoors.
  24. Preschool gardens, including container gardens, are strongly encouraged and every child will be given the opportunity to garden where feasible.<sup>4</sup>
  25. Children will brush their teeth once during the day to help prevent cavities. *HS Performance Standards: 1304.23(b)(3)*
  26. Good health and eating habits will be promoted with toys, posters, lesson plans, etc.
  27. Nutrition and Health Education will be a part of my weekly lesson planning. At least one (1) nutrition lesson, at least one (1) Health lesson, and at least one (1) Physical Activity will be included on each of my weekly lesson plans.
  28. I will provide nutrition education that highlights local foods and may include hands on activities, such as taste tests of local fruits and vegetables, gardening, and visits to farms or farmers' markets or visits by local farmers.<sup>5</sup>
  29. Nutrition and Health Education classes will be made available to parents at least once per year at each of our PACE ECE sites. Additional trainings may be scheduled throughout the year as needed or requested. *HS Performance Standards: 1304.23(d)*
  30. Children will never be denied entry into this program because they are breastfeeding.



- utensils, plates and cups will be child-sized and children will be encouraged to eat with utensils, not hands, when appropriate. *HS Performance Standards: 1304.23(c)*
13. Children will be encouraged to serve and feed themselves in a family-style environment with serving bowls, plates and pitchers all on the table. *HS Performance Standards: 1304.23(c); CDE CACFP Administrative Manual for Child and Adult Care Centers Section 2.03(c)*
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  23. Adults will model active behavior for children by participating in active play outdoors and indoors.
  24. Preschool gardens, including container gardens, are strongly encouraged and every child will be given the opportunity to garden where feasible.<sup>4</sup>