

INTERVENTION

ABC Grow Healthy (South Carolina)

South Carolina Department of Health and Environmental Control &
South Carolina Department of Social Services



OVERVIEW

Intent of the intervention:

The ABC Grow Healthy Initiative, designed to promote healthy eating and physical activity in the child care setting, is an emerging intervention.

To promote health and well-being among children, the South Carolina Department of Health and Environmental Control (DHEC) partnered with the South Carolina Department of Social Services (DSS) to develop and enhance nutrition and physical activity-related standards for incorporation into the existing statewide ABC Child Care Quality Rating and Improvement System (ABC Quality).

The nutrition and physical activity standards are named ABC Grow Healthy, in recognition of the ABC Quality's ultimate ownership of the standards. The purpose of the ABC Grow Healthy standards is to increase children's physical activity and consumption of healthy foods, while in the child care setting. The focus of this document is the development, implementation, and evaluation of the ABC Grow Healthy standards.

The integration of new nutrition and physical activity standards into the ABC Quality system for child care centers was an administrative policy change. The policy seeks to create change in behaviors and health status via organizational policy changes as well as changes in staff practices.

The components of the ABC Grow Healthy administrative policy are:

- ABC Grow Healthy Best Practices: Nutrition Standards
- ABC Grow Healthy Best Practices: Physical Activity Standards

The standards adopted by ABC Quality are on a 5 level continuum, from A+ to C quality levels. Checklists that show the nutrition and physical activity standards are available in the Intervention Materials section of the template.

The targeted outcomes for ABC Grow Healthy are:

1. Increased number of centers with nutrition and physical activity policies.
2. Healthier environments in child care centers as a result of implementation of nutrition and physical activity policies.
3. Behavioral outcomes for children in participating child care centers:
 - a. Increase in child consumption of fruits and vegetables and other healthy foods (i.e., lean meats, whole grains, etc.), while in care of provider over long term.
 - b. Increase in child physical activity while in care of provider over long term.

Intended Population: The primary audience for this policy intervention is children attending child care programs. Children range in age from birth through 12 years.

Setting(s): The setting for this intervention is child care centers.

Background:

ABC Quality, established in 1993, is a voluntary program. ABC Quality is part of the Division of Early Care and Education at DSS, which also includes the Child and Adult Care Food Program (CACFP), ABC Child Care Voucher System, Child Care Licensing, and the SC Center for Child Care Career Development. Centers apply to participate in ABC Quality and strive to achieve compliance across the comprehensive quality standards, which now include nutrition and physical activity. By participating in ABC Quality, providers agree to unannounced reviews by ABC Quality monitors to assess compliance with the comprehensive standards. Comprehensive standards include some that are mandatory and others that are scored as part of a classroom observation. Participating providers receive public recognition of their quality rating and the option to participate in the ABC Child Care Voucher System to serve families receiving child care vouchers. If serving families that receive child care vouchers, providers receive higher reimbursements at higher levels of quality and lower reimbursements at lower levels of quality. The highest level of reimbursement goes to Level A+ centers and descending levels of reimbursement are provided to A, B+, B, and C level centers.

In 2008, a South Carolina team participated in the Southern Collaborative on Obesity Reduction Efforts Leadership Summit. This spurred a planning effort focused on integrating nutrition and physical activity into the ABC Quality system. South Carolina also received funding from the Council of State Governments to pilot a small initiative with five child care sites to improve quality related to nutrition and physical activity.

In 2010, DHEC received a Communities Putting Prevention to Work (CPPW) grant from CDC to collaborate with ABC Quality to create and implement a state-level policy centered on establishing and implementing nutrition and physical activity standards in the state's quality rating and improvement system. A pilot of the proposed standards was conducted from February 1 – June 30, 2011 in 19 child care centers serving over 3,500 children ages birth to 12 years. Based on feedback received from providers and experts during the pilot, the wording of standards was modified and the number of standards was reduced. This pilot evaluation, conducted by DHEC, was part of the state's CPPW project; more information about this evaluation is available throughout this template. After the pilot, the nutrition and physical activity standards (ABC Grow Healthy) were adopted by the ABC Quality system in January 2012 with an effective date of October 1, 2012. In advance of the effective date, DHEC and DSS representatives conducted workshops and discussions with child care providers around the state to increase awareness of the standards and expected compliance.

Length of time in the field: The ABC Grow Healthy standards became effective October 1, 2012 with the potential to impact approximately 1,100 child care centers in the state.

HEALTH EQUITY CONSIDERATIONS

Once enrolled in ABC Quality, legally operating centers can opt to participate in the ABC Child Care Voucher System to serve families receiving child care vouchers. Families who meet income qualifications based on gross family income and are working, in school, or in training may choose a child care provider enrolled in the ABC Child Care Voucher System. For entrance to the program, the income criteria are no more than 150% of the federal poverty level. Once enrolled, when the gross family income exceeds 175% of the federal poverty level, the family is

no longer eligible for a child care voucher. Children served by these centers statewide range in age from birth through 12 years (up through age 18 for children with special needs). There are no restrictions based on gender, race/ethnicity, or urban/rural location. Priority of funding is based partially on socioeconomic status, but in South Carolina, child care subsidy is extremely limited. Other priorities include those who have child protective services or foster care cases, and special needs children. ABC Quality standards are applied program wide; all children attending a child care center enrolled in the quality rating and improvement system are impacted by the ABC Grow Healthy Standards.

IMPLEMENTATION

The main components in the development of the ABC Grow Healthy Standards are:

- 1. Decision to integrate nutrition and physical activity standards into system with existing reimbursement protocol (financial incentive for participation).** Once enrolled in the ABC Quality system, centers can opt to participate in the ABC Child Care Voucher System to serve families receiving child care vouchers. Families who meet income qualifications based on gross family income and who are working, in school, or in training may choose a child care provider enrolled in the ABC Child Care Voucher System. For entrance to the program, the income criteria are no more than 150% of the federal poverty level. Once enrolled, when the gross family income exceeds 175% of the federal poverty level, the family is no longer eligible for a child care voucher. Child care providers are reimbursed for ABC children they serve based on the center's actual weekly rate not to exceed the established maximum amount for the quality level the provider is enrolled. Providers at Level B or above also receive a quality incentive award per week per ABC child enrolled. The incentive award ranges from \$5 per week per child for Level B centers to \$20 per week per child for Level A+ centers. No change was made to the reimbursement system with the addition of the ABC Grow Healthy Standards.
- 2. Review existing standards for healthy eating, physical activity, and screen time, and develop final list of standards for each level of ABC Grow Healthy.** DHEC and DSS contracted with the University of South Carolina Arnold School of Public Health (USC) to create a crosswalk of national recommendations and state level requirements for both nutrition and physical activity in the child care setting. Based on their expert opinion, USC recommended standards the ABC Quality system should consider for adoption. Upon conclusion of the evaluation pilot (see Evidence Summary section for more on the pilot evaluation), the standards were further refined by the ABC Grow Healthy team and adopted by the ABC Quality system for implementation across the quality levels. The crosswalk and the final standards are available in the Intervention Materials section.
- 3. Conduct presentations and share information about the adoption of nutrition and physical activity standards with key stakeholders (e.g, child care center directors, child care technical assistance providers, other early care and education partners).** To create awareness of forthcoming standards, DHEC and DSS staff presented at early childhood professional conferences, communicated with child care center directors, and shared information with early care and education partners from the onset of the initiative. The goal of this process was to build familiarity with the intent to introduce new standards and lay the groundwork for a successful implementation.

4. **Integrate adopted ABC Grow Healthy standards into existing overall assessment tools used by ABC assessors to review ABC Child Care Centers.** The tools used for quality assessment vary across quality level, as described below.

Levels A+ and A: South Carolina uses the Environmental Rating Scales (ERS) tool applicable for the age group(s) the provider serves. The ERS tools are recognized internationally as reliable and valid classroom observation instruments. Completing the tool requires approximately 3 hours of observation per classroom. There are three tools, used for different age groups:

- Infant/Toddler Environment Rating Scale (ITERS)
- Early Childhood Environment Rating Scale (ECERS)
- School-age Care Environment Rating Scale (SACERS)

A sample of 1/3 of the classrooms in the center per age group is chosen randomly for review. Additionally, these centers are reviewed for compliance to South Carolina-specific standards, which were expanded to include the mandatory ABC Grow Healthy standards. The ERS tools are not available as part of this intervention package, but the South Carolina developed tool is available in Intervention Materials.

Levels B+ and B: South Carolina uses a state-developed tool that includes all ABC Child Care standards for Level B, including the Grow Healthy standards. The advantage of using the state-developed tool for this group of centers is that this tool does not require the observer to be in the classroom for 3 hours (as the ERS tools mentioned above do), thereby allowing the observer to see a larger sample of classrooms to be more reflective of quality differences across classrooms. The ABC Grow Healthy standards for Level B are embedded into the mandatory standards as well as classroom observation standards.

Level C: At this level, South Carolina uses a state-developed tool that includes the mandatory ABC Child Care standards and Grow Healthy standards. This tool is formatted similarly to the Level B tool but it addresses basic health and safety standards based on child care licensing only.

5. **Train the ABC Quality assessors to reliably use the assessment tools with the embedded ABC Grow Healthy standards.** The assessors are staff of ABC Quality in the Division of Early Care and Education, housed within DSS. The assessors received training on how to complete sections added to the monitoring tools specific to ABC Grow Healthy. For example:

- Sessions were held with the assessors to talk through the meaning and intent of each standard and to create a common understanding.
- Staff collectively discussed measurability of each standard and created examples of compliant actions.
- CACFP staff provided training to familiarize the assessors with CACFP requirements.
- During meetings, assessors participated in activities to informally assess inter-rater reliability. For example, assessors were given a sample center menu and asked to assess compliance ABC Grow Healthy standards.

- Monthly staff meetings provide an ongoing opportunity for ABC assessors to address questions raised by child care center staff, as well as learn how other assessors are measuring compliance with specific standards.

Achieving inter-rater reliability is an ongoing challenge, and discrepancies continue to be addressed as they arise.

- 6. Communicate the revised ABC Quality Standards for child care centers at all quality levels.** Information sessions were held across the state to introduce the new standards and allow child care providers the opportunity to ask questions. All enrolled centers were notified in writing that the new standards had been embedded in the existing ABC Quality levels. All materials, standards, website information, and information sheets were revised accordingly in preparation for the date of compliance.
- 7. Child care centers implement standards.** The child care centers developed their own center-level physical activity and nutrition policies and implemented the standards through those policies. Technical assistance, such as menu review, assistance re-arranging classrooms to promote movement among infants, etc., was made available from the ABC Quality assessors, DHEC staff, and other ABC Quality partners including the South Carolina Child Care Resource and Referral Network and the South Carolina Program for Infant Toddler Care Specialist Network.
- 8. Assess enrolled centers for implementation and compliance with standards.** With the new nutrition and physical activity standards embedded in the existing ABC Quality system, unannounced site visits were conducted to assess compliance. In the first year of implementation, only Level B centers were assessed due to the very small number Level A centers and the few new standards for Level C centers.
- 9. Provide a grace period to allow providers the opportunity to take corrective action for non-compliance prior to financial sanctions.** As the nutrition and physical activity standards were embedded into the existing ABC Quality standards and levels, there was no change in reimbursement policy. However, since provider performance and payment were impacted by non-compliance with mandatory standards, providers were given the opportunity to take corrective action with no financial consequence within a limited time frame if they did not meet the new nutrition and physical activity mandatory standards on the date of their unannounced review.

Keys to Success:

- Conducting a pilot implementation and evaluation period uncovers discrepancies, inconsistencies, and/or misunderstandings about the standards and improves clarity and implementation.
- Hiring a position in the public health agency dedicated to coordinating obesity prevention efforts and supporting partners in the early care and education setting.
- Listening carefully to feedback from early implementers can frame key issues and “selling points” for other providers.
- Reviewing pilot feedback on the proposed standards in the context of cost, feasibility, and impact on children results in compelling discussions about the rationale for adopting the standards.
- Incorporating a communications period helps to get the word out about the new standards before they are fully rolled out, which allows centers to begin planning for how to meet the new standards.

- Providing a financial incentive (i.e., higher reimbursement than normal for qualifying children, implementation grants) for center participation in the ABC Quality system, which includes nutrition and physical activity standards, may improve adoption and reach. The financial incentive also provides the potential for this policy to reach children with the highest need.
- Reaching out to health-related groups and other partners within the early childhood community for support and using common messaging expands the reach of the intervention and creates shared ownership.

Barriers to Implementation:

- The assessors with early childhood backgrounds who appraise compliance and implementation at the child care sites need significant training to reliably monitor implementation and compliance of nutrition and physical activity standards. Even with training, achieving reliability is challenging. Without reliable monitoring, it is challenging to assess the public health impact.
- Development and availability of sufficient number of training opportunities to meet staff training requirements.
- Centers may see participation in this voluntary program as cumbersome, expensive, and/or resource-intensive; whether their perceptions are true or not, this might be a barrier to participation/adoption.
 - *Technical assistance:* Assessors need to be responsive to provider concerns to ensure that applicable technical assistance is made available promptly. In most cases, the provider concerns result from misunderstandings about the assessment item(s) in question.
 - *Cost:* Some providers may express concerns about the cost of implementing the nutrition standards. Centers are encouraged to explore enrolling in CACFP, which has similar nutrition standards. CACFP participation can provide another source of funds to offset food costs.
- Interpretation of the standards was an issue revealed in the pilot evaluation, which could still be an issue now that the standards are finalized and integrated into the ABC Quality system.
- Change to daily practices, habits, and cultural traditions is challenging. Continuing national media attention on childhood obesity has been positive in reinforcing the nutrition and physical activity standards.

RESOURCES REQUIRED

Staff: One full-time equivalent (FTE) early care and education coordinator was hired with CPPW grant funds to coordinate the ABC Grow Healthy Initiative. DHEC recognized the importance of maintaining a dedicated position to provide the public health expertise for the early care and education setting. Subsequently, an early care and education coordinator continues to be funded by DHEC. This position supports the ABC Quality system and child care programs implementing the standards and collaborates with partners for additional obesity prevention efforts. DSS committed in-kind staff support, including the ABC Quality Program Manager and program assessors, during the development, pilot, and evaluation of the ABC Grow Healthy Standards. By adopting and embedding the nutrition and physical activity standards into their existing infrastructure ABC Quality took ownership of the standards. Efforts related to overseeing compliance and providing technical assistance to child care providers were incorporated into ABC Quality staff responsibilities.

Training: The assessors need to be trained in order to ensure reliable and consistent monitoring across staff so that they are fairly assessing each center. Child care directors need training to understand the new standards and how a center will be assessed for compliance. Because many of the standards are implemented at the classroom level, classroom staff need training on the standards and how to implement them. Statewide training infrastructure is necessary to meet ongoing training needs.

Materials: Few materials were needed to implement this administrative policy. The ABC assessors utilize an electronic data tablet to assess compliance during unannounced reviews. A test platform of the proposed standards was created and used by assessors during the pilot. The review tools on the electronic data tablet were updated to include the standards once finalized. Once the standards were adopted by the ABC Quality system, communication materials were developed for child care providers. These communication materials can be found in the Intervention Materials section: the ABC Grow Healthy Best Practices Checklists, invitation letter to overview sessions for Level B providers, a letter sent to Level B providers announcing the standards, and the Level B assessment tool, with changes highlighted, with the embedded standards.

Funding: DHEC received approximately \$700,000 through the CPPW grant to implement this initiative. Funds were used to support project staff, contract with nutrition and physical activity experts, as an incentive for child care providers participating in the pilot, for evaluation efforts, and to update the review tools on the electronic data tablet. While DHEC received this substantial grant to establish and implement nutrition and physical activity standards, the initiative can be adopted with minimal funding as it is an administrative change above all, and maintained through existing DSS staff and capacity. However, a dedicated position in the public health agency to support obesity prevention efforts and partners in the early care and education setting is crucial to long-term success.

Other costs: A variety of outreach strategies, such as training and marketing incentives, have been used to increase awareness of ABC Grow Healthy. Promotional items, such as tote bag with partner logos, water bottles, magnets, and lunch bags, were purchased for distribution at conferences for providers, as well as community events for parents and children. DSS, DHEC, and other partners, including municipalities, have shared costs for local events.

UNDERLYING THEORY/ EVIDENCE

Evidence Review Summary

Underlying Logic: Nearly 60% of children two to five years of age spend an average of 33 hours a week in a child care setting. Most of their daily food intake is consumed in this setting, making it an important environment to target with policies and programs that improve access and availability of healthy foods. Such administrative policies would have the potential to reach a large number of children with evidence-based strategies that are shown to not only improve the nutritional quality of foods consumed, but also prevent the onset of childhood obesity, especially when combined with efforts to increase physical activity. The ABC Grow Healthy administrative policy change includes both nutrition and physical activity standards in its efforts to improve the quality of care provided to children in South Carolina's child care programs.

Strategies Used:

- **Decreasing Screen Time and Other Sedentary Behaviors** – To improve weight-related outcomes, this strategy targets reducing the amount of time spent in sedentary behaviors. The ABC Grow Healthy policy specifically limits the amount of time children 2 years of age or younger spend in front of a screen (computer, TV, video, and DVD), in addition to increasing the standards for physical activity for all children through age 12.
- **Changing Access and Availability to Favor Healthy Foods and Beverages** – This strategy focuses on improving the access and availability of healthy foods. In this policy, the standards encourage offering more variety in vegetables, more daily offerings of fruits, and serving whole grains and skim or 1% milk. It also limits fried vegetables, high-fat meats, fruit juices, sugar-sweetened beverages, and other sweets. With these changes, children are exposed to healthier food choices, while decreasing the availability of unhealthy foods.
- **Comprehensive Nutrition Programs in a Single Setting** – This strategy uses multiple components in a single setting to target knowledge, skills, and/or attitudes to improve healthy behaviors. The ABC Grow Healthy policy targets child care centers (single setting) and includes nutrition components directed at both providers and children. For the child care providers, the policy includes requirements for annual nutrition training, and standards targeting the use of food as reward or punishment. Nutrition targets for the children include weekly opportunities for children to learn about nutrition and improving the offerings of healthier foods and beverages.
- **School-Based Physical Activity and Physical Education** – Although this strategy focuses on schools, the child care setting where the ABC program is implemented can be viewed in the context of schools. The physical activity standards in this policy target increasing the amount of time children are allowed to/encouraged to engage in active play (both indoors and outdoors). Standards for child care provider training in promoting movement and physical activity in children and having planned physical activities for children to engage in on a daily basis are also included.

Research Findings or Evaluation Outcomes: The South Carolina ABC Grow Healthy Initiative represents a partnership between two state agencies, DHEC and DSS. ABC Quality is a state-level child care quality rating and improvement system which includes programs that help eligible families pay for child care services so that they can work, attend school, or receive career training. As of this review, there were two phases where data was collected for this policy initiative – a formative phase which included a pilot implementation of the proposed nutrition and physical activity standards and a subsequent implementation phase of the revised and adopted standards. Findings and outcomes from each phase are summarized below:

Initial Implementation Phase (Year 1 of implementation, 2012-2013): A total of 518 child care centers, 93 with B+ and 425 with B rating, were reviewed to evaluate the extent of compliance with mandatory nutrition and physical activity standards. Because the total number of child care centers with a B+ or B level – or any other level – rating may fluctuate over the course of the year due to the voluntary nature of the program, the findings are based on the number of centers enrolled at the time of data collection. The nutrition and physical activity standards for centers at Level B+ and Level B are the same; however, centers cannot maintain or achieve B+ status if not compliant with *all* mandatory standards during the unannounced

review. The following results are available based on the unannounced site visits conducted during year one of implementation:

- Physical activity policy – note that this is the only mandatory physical activity standard:
 - Physical activity policies existed in 85% of B+ centers and 60% of B level centers. Overall, 65% of centers reviewed had physical activity policies.
 - 69% of B+ centers and 47% of B centers had a physical activity policy that met the ABC Grow Healthy requirement. Overall, 51% of centers reviewed met the physical activity policy standard.
- Nutrition policy:
 - Nutrition policies existed in 88% of B+ centers and 62% of B centers. Across B+ and B centers, 67% of reviewed centers had nutrition policies.
 - 77% of B+ centers and 52% of B centers had a nutrition policy that met ABC Grow Healthy requirements. Overall, 56% of centers reviewed met the nutrition policy standard.

Below are data on the compliance of components of the nutrition policy:

- Beverages:
 - Skim or 1% milk was served to children 2 years and older in 81% of B+ centers and 72% of B level centers.
 - Sugar sweetened beverages were not served in 83% of both B+ centers and B level centers.
 - Juice was only served once per day in a serving size tailored to the age group's needs or less in 80% of B+ centers and 82% of B level centers.
- Fruits, Vegetables, and Grains:
 - Fruit was served at least two times a day in 73% of B+ centers and 64% of B level centers.
 - Vegetables other than white potatoes were served at least once a day in 73% of B+ centers and 71% of B level centers.
 - Fried or pre-fried vegetables were served once a week or less in 83% of B+ centers and 85% of B level centers.
 - Whole grain foods were served at least once a day in 72% of B+ centers and 60% of B level centers.
- High-Fat Meats and Sweet Foods:
 - High-fat meats were served two times a week or less in 77% of B+ centers and 71% of B level centers.
 - Sweet food items were served two times a week or less in 75% of B+ centers and 76% of B level centers.

Formative Phase (pilot evaluation): This initial phase included the development and refinement of the ABC Grow Healthy standards. Focus groups were conducted with center directors and other key stakeholders before and after implementation of the pilot with 19 Level B centers to assess the feasibility, clarity, and understanding of the standards. Each of the 19 participating child care centers received one unannounced monitoring visit, during which compliance with the piloted standards was assessed. Qualitative findings from the pilot evaluation showed:

- Many centers were not meeting existing meal pattern requirements.
- The language of some standards needed modification to be specific, actionable, and measurable.

- Staff assessing the centers for implementation of the standards needed better training to understand what the standards were and how to properly assess for compliance during monitoring visits.

These qualitative findings significantly informed the refinement of standards that were ultimately adopted and implemented after the pilot phase.

POTENTIAL PUBLIC HEALTH IMPACT

- REACH – The potential reach for this administrative policy is moderate to strong. While the ABC Grow Healthy standards are comprehensive as they target both nutrition and physical activity environments within child care centers, where approximately 85,000 children attend, the participation in the ABC Quality system is voluntary, thus likely limiting its potential for reach.
- EFFECTIVENESS – While no outcome data on behavior change or health status were available to support this administrative policy (as of this review), based on the evidence from similar policies and given that the strategies are evidence-based, there is considerable potential for effectiveness in changing the nutrition and physical activity behaviors of the children attending child care centers, ultimately influencing health status.
- ADOPTION - Based on the number of Level B+ and B centers reviewed (518 centers) during Year 1 (2012-2013) of the standards, the rate of adoption appears to be relatively high as it ranged between 52% and 77% for the mandatory nutrition policy and 47% and 69% for the mandatory physical activity policy. The rate of adoption for components of the nutrition policy also appears to be relatively high as it ranged between 60% and 85% compliance. There are currently no available data related to Level B+ and B classroom observation standards. Also, no data are currently available for A and C-level centers. Based on available data, the potential for adoption across various child care centers appears high due to the feasibility of the standards, and the relatively high percentage of child care centers complying with the nutrition and physical activity standards in year one. Additionally, while no specific details are available, financial incentives for participation are significant, thus the potential and motivation for child care centers to adopt the policy is further increased.
- IMPLEMENTATION – Prior to finalizing the standards, an extensive pilot evaluation was conducted in 2011 to assess feasibility of implementing the standards. The final standards adopted by the ABC Quality system were carefully selected based upon provider input and expert opinion, thus one may conclude the administrative policy could be feasibly implemented. While the pilot evaluation was only conducted with B+ and B level centers, its potential for adoption across various child care centers appears high due to the systematic process of determining what standards may be most feasible for the given environment. Similar to adoption, the reimbursement incentive may further increase likelihood of implementation. Additionally, ABC Quality assessors complete unannounced site visits to monitor implementation of the ABC Grow Healthy standards, which can help ensure ongoing implementation and compliance.
- MAINTENANCE - Once implementation of the administrative policy is complete, maintenance seems feasible since the components do not necessarily require extensive

resources for sustainability. Furthermore, the reimbursement incentive is likely to encourage maintenance. In addition, the ABC Quality system that the ABC Grow Healthy nutrition and physical activity standards are integrated into, has been in existence for 20 years. Taking all these points into consideration, the potential for maintenance of this administrative policy is high.

INTERVENTION MATERIALS

Materials for Download

The Intervention Materials available for download with this template are:

Formative work:

- **PA crosswalk** – Created by researchers at Univ. of South Carolina as a starting point for developing the ABC Grow Healthy standards, this crosswalk shows standards for physical activity for child care from various sources.
- **Nutrition crosswalk** – The nutrition equivalent for the crosswalk described above for physical activity.

Communications to providers about ABC Grow Healthy:

- **ABC Grow Healthy Overview Invitation Letter for Level B providers** – This is the letter that ABC sent to all Level B Providers to attend an overview session of the new standards before the official rollout.
- **Letter sent to Level B providers** – This letter was sent to all Level B providers announcing the new Grow Healthy B-level standards upon rollout.
- **Director Letter to Level C providers** – This letter was sent to all Level C providers announcing the new Grow Healthy C-level standards upon rollout.

Final Standards:

- **Checklists of nutrition standards** – Final nutrition standards for each quality level.
- **Checklist of PA standards** – Final physical activity standards for each quality level.

Monitoring and assessment:

- **Level A assessment tool – mandatory standards** – This is the assessment tool that South Carolina developed to assess the mandatory standards for Level A centers.
- **Level B Assessment Tool** – This is the assessment tool for Level B centers. Grow Healthy changes are highlighted in yellow. **Age specific** Level B tools are available for ages 0-2, 3-5 and 6-12.
- **Level C assessment tool** – This is the South Carolina-developed Level C assessment tool. Changes for Grow Healthy are *not* highlighted in this tool.

EVALUATION MATERIALS

For new adopters wishing to implement and evaluate an intervention similar to this one, Center TRT has developed an evaluation logic model and an evaluation plan.

ADDITIONAL INFORMATION

ABC website: <http://abcqualitycare.org/>.

After September 30, 2014 ABC Quality information will be located at: <http://scchildcare.org>

Altarum Institute's compilation of Quality Rating and Improvement Systems, including ABC Grow Healthy: http://altarum.org/sites/default/files/uploaded-related-files/QRIS-Report-22Feb12-FIN_0.pdf

Training/Technical Assistance available:

There is currently no formal training or technical assistance available to outside groups. However, please see below for program contacts to inquire further.

Program Contacts:

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