

Preschool Food and Healthy Habits Initiative (PFI)

Final Report: 2011–2015



Hope 4 Kids Preschool & Infant Toddler Center

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Executive Summary

This report presents the encouraging story of a unique and innovative initiative of the Orfalea Foundation that successfully increased the focus on children's health and well being in early childhood programs across Santa Barbara County (the County). With an investment of \$1.5M over a five year period, staff of the Preschool Food and Healthy Habits Initiative (PFI) worked in-depth with approximately 100 of the 160 early childhood education (ECE) centers in this county located on the central coast of California. Addressing 10 separate subject areas and measuring center performance on over 50 separate evaluation points, the Initiative was able to manifest a county-wide improvement across all measurement areas of the PFI Matrix.

The five-year focus on PFI followed two years of Foundation funding of the SBC Outdoor Classroom Project (SBCOCP) which built the delivery system PFI used and created an established network of relationships. The Initiative used a project team of five, three of whom delivered services in the field.

Services included regional group workshops, center site visits for consultation and staff training, and additional regular contact via phone and email. Services included a 6-part regional workshop series offered in the north and south regions of the county. This series was offered twice. In addition approximately 5 on-site visits per center were conducted by field staff.

With the PFI Matrix as the lead measurement tool, a variety of other measures were used to guide the direction of the evolving Initiative and to measure progress. **At the conclusion of the 5 year project, the consensus among participants was that their programs had accomplished a permanent degree of positive change.**

The extended period of work initiated a conversation county-wide about what centers could do through envisioning themselves as "centers of wellness." This helped alter the ECE culture at participating centers. As a result of project training and consultation, as a whole, and on average, centers achieved progress in all Matrix categories. Of particular interest was the impact on family practices for eating and physical activity. While this was not a primary focus of the training efforts, the work done at centers appeared to have a significant effect on the behavior of families at participating centers. The two family-related categories improved by 72 and 73% respectively.

History of Development



Zaca Center Preschool - SBCEO

The Orfalea Foundation was established in 2000 by Paul and Natalie Orfalea. The Foundation was designed to operate for a limited lifetime of 15 years. One key area of focus was Early Childhood Education. For the first eight years, the Foundation provided funding for quality improvements at select centers around the state, and hosted an annual professional development retreat for directors of ECE programs statewide.

In late 2008, the Foundation and the Child Educational Center's Outdoor Classroom Project (OCP) began to work together to create an OCP Initiative in Santa Barbara County. It was modeled on the five year First 5 LA-funded project that reached over 600 centers in L.A. County from 2004 – 2008. With the successful implementation of the OCP in Santa Barbara County from 2009 – 2010 to nearly 150 centers in the county, a strong delivery infrastructure had been established.

It was at that point that the Foundation asked the OCP staff to design and implement the Preschool Food and Healthy Habits Initiative to “create centers of wellness & advocacy in harmony with the environment” among the child care centers in Santa Barbara County. Centers serving children ages 2-5 with some attached infant-toddler programs were included. It was funded with approximately \$1.5M between 2011 through 2015.

The vision for the Orfalea Preschool Food and Healthy Habits Initiative (PFI) was to develop and deliver a high quality, well-received early childhood education (ECE) quality improvement initiative focused on children's health to the full range of types of centers in the County. It was intended to establish new benchmarks for quality by creating the permanent transformation of healthy food and activity policies and practices in ECE centers in the county¹.

Note 1: Santa Barbara County Stats:

- Area – 2,735 sq. mi. (1/2 size of Connecticut)
- Population – 450,000
- People below poverty level – 14.2%
 - (CA – 14.4%; US 15%)
- Ethnicity breakdown:
 - 47% - White
 - 44% - Hispanic or Latino
 - 9% - Other

Goal of PFI

The primary goal of the Preschool Food and Healthy Habits Initiative (PFI) was “to create centers of wellness & advocacy, in harmony with the environment” by improving the nutrition and physical activity practices at early child care and education centers. This was accomplished by increasing the focus of early childhood educators and child care center support personnel on a spectrum of healthy practices that ranged from nutrition practices and gardening to children's physical activity and family practices at home. This focus included an increased understanding of what constitutes quality practices, why they are needed, and how to implement them.

Goal of PFI (continued)



Goleta Valley Nursery School

The goal included the following objectives that were intended to empower ECE centers in becoming leaders of wellness and change in their food and physical activity practices:

- Improving the quality of food children are eating; providing food that is healthy, nutritious and tasty
- Helping teachers become positive role models
- Establishing gardens that thrive and are rich, vibrant centers of curriculum
- Fostering more physically active behaviors among children; improving physical environments
- Providing policies and procedures to guide teachers and parents
- Providing informational materials in Spanish
- Supporting teachers and parents who are enthusiastic about healthy food and physical activity practices
- Supporting children to achieve their full potential by establishing patterns of healthy eating and physical activity that become lifelong habits
- Cultivating a population of families who will be primed for the philosophy and benefits of Orfalea's School Food Initiative in the K-12 education system.

Organization of Goals and Objectives: The PFI Matrix and Other Measures



Matrix Structure

These goals were organized into a scale labeled the PFI Matrix. The Matrix covered these 10 subject matter areas:

“

We encourage proper hydration with our children by incorporating a water break before transitioning to any activity throughout the day.

”

1. **Food Quality Standards** (minimally-processed, healthful)
2. **Mealtime Practices** (using meal time as teaching time; fostering environmental responsibility)
3. **Food Purchasing and Acquisition** (policies exist to ensure quality food)
4. **Staff Training** (PFI, Gardens, Curriculum Webbing, Communication)
5. **Educating Children** (teaching where food comes from)
6. **Physical Activity** – (program policies, yard design, teacher practices and children's activities that support movement throughout the day)
7. **Food Literacy** – (information provided to parents in English and Spanish)
8. **Gardens** – (center of children's education and source of food)
9. **Parents and Families** – (participation activities for parents and families)
10. **Nursing Mothers-Breastfeeding** – (encouraged, provided locations for expressing milk)

The Matrix provided both a guide and a target for child care centers that chose to improve the food and physical activity practices of their program.

Organization of Goals and Objectives: The PFI Matrix and Other Measures (continued)

“

We have made real change: making better choices about healthy food, encouraging children to eat and love healthy food, having good balanced meals, and exercise.

”



Allan Hancock College Children's Center Lab School

Rating Process

A combination six- and four-point rating scale allowed center staff or an outside evaluator to determine the level a center achieved on 50 separate items within the ten subject areas. Overall, depending on their point score, all centers could qualify for one of four levels of development: Participating, Developing, Intermediate, and Advanced.

How the Matrix was Used

The Matrix was intended to be used in several ways. Initially, it was used by center staff to identify their center's level of development and to identify areas they wished to develop further. The Matrix was also used by staff of the PFI Project to conduct similar evaluations and to better support that center's efforts by providing materials and resources at trainings.

Finally, the Matrix was used by PFI staff to determine the level of achievement by a center and acknowledge that level of achievement through a tiered recognition process similar to that of the Outdoor Classroom Demonstration Site process in that program. At various points in the project, Matrix scores were used as one measure of the Initiative's impact.

The Nutrition Guide

A leading focus of the Initiative was on increasing awareness of healthy nutrition and improving the nutrition practices of centers and families. Our one-page nutrition guide follows on page 7:



Orfalea Children's Center @ Santa Barbara Cottage Hospital

The Preschool Food Initiative Nutrition Guide

Introduction

The guide for determining what type of food should be provided to preschool children is intended to be as simple and straightforward as possible. The objective is to provide the children with as much food as possible that meets the following criteria:

Whole

Whole food is food that is in its most natural state. For instance, chicken parts from a whole chicken would be more desirable than chicken nuggets made out of parts of a chicken that have been pressed together and treated artificially. Whole grain bread would be better than bread made from refined flour. Fresh fruit would be better than cut up fruit from a can.

Unprocessed

Unprocessed means that the food has not been subjected to processing such as treatment with additives or preservatives, heat, cold, or pressure to change its natural form. Unsalted peanut butter with nothing added would be an example of an unprocessed food for children who are not allergic to it. Much peanut butter has added salt and sweetener as well as oils that are hydrogenated (treated with heat and chemicals). White rice is an example of a grain that has been processed by being stripped of its husk, bran, and germ. Bologna is an example of a processed meat that generally has fillers as well as additives. Oranges with dyed skin to make them appear riper or meat that has been dyed to make it appear fresher would be considered “processed”.

Unpackaged

Unpackaged is better both because of the negative impact packaging production and waste has on the environment and because usually something is added to lengthen the life of the product being packaged. Packaged usually means that product is less fresh.

No additives (no artificial anything)

If you can't pronounce it, you probably don't want to eat it. Chemical additives, usually provided to lengthen shelf-life or change appearance, are often linked to cancer, hyperactivity or both.

No added sugars / No added salt

Addition of sugars (high fructose corn syrup is very common) and salt both contribute to obesity and diabetes and high blood pressure (heart disease) respectively.

Locally grown

Locally grown improves the opportunity for freshness, greatly reduces “carbon imprint” (environmental impact), reduces the likelihood that the food comes from slave or mistreated labor, and helps support the economy of your friends and neighbors and, by extension, yourself.

Organic

Organic is both very important and tricky to be sure of. The intention of organic is to ensure that the food is pure and in its natural form, free of pesticides and other chemicals such as hormones or antibiotics. However, not all organic food is created equal. Some forms of organic farming are not good for the environment, even though the food, itself is free of undesired elements. Organic is particularly important for certain kinds of food consumed by children and women who are pregnant, both of whom are more susceptible to the impact of unhealthful elements.

Organization of Goals and Objectives: The PFI Matrix and Other Measures (continued)

“

Mastery is when you can teach someone else, so giving kids experience and info will help them be able to teach their families and make them more aware. Communication from a basis of understanding leads to new changes.

”



Cathedral Oaks Nursery School

Objectives in Teacher Training

PFI increased the knowledge of early childhood educators by providing relevant information and research, curriculum implementation tools, standards, best practices, and recognition that supported intentional policies and practices for permanent change and higher standards. Goals included building teacher:

- Awareness
- Enthusiasm
- Engagement
- Exploration
- Implementation
- Evaluation
- Sharing and acknowledgment of our successes!
- An additional goal was to create a foundation for the Orfalea Foundation's School Food Initiative.



Upward Bound Preschool

General Objectives for Centers

General objectives for each participating ECE center included establishing higher, written standards regarding:

- Food purchasing and preparation
- Food brought to the site by families (i.e. parent-provided lunches)
- Teachers modeling healthy food practices
- Regular daily physical activity for children for a significant period of time
- The establishment and operation of gardens as a learning practice
- Celebration/Food Policies

Initial Structure of Delivery Organization

“

Our PFI Training has encouraged me to shop in farmer's markets to get fresh produce, and add color to our snacks and meals.

”

The new PFI project was implemented by the same team that successfully implemented the Santa Barbara County Outdoor Classroom Project (SBCOCP) by using a similar delivery structure and tactics. The SBCOCP already had an established delivery system based on positive interactive relationships with the early childhood community. The new project, PFI, was marketed as a continuation of that initiative, with a deeper, focused look at the health policies and practices. The intention was to use the base of positive relationships established with the SBCOCP to cultivate the interest and involvement of early childhood professionals in these new standards and practices.

At the beginning of PFI in 2011, a 20% commitment of time and resources was retained to concurrently continue support of SBCOCP. Beginning in the second year, the commitment of staff to continuation of the SBCOCP was reduced from 20% to 10%. In 2013, the two initiatives were combined, with the focus on an expansion of PFI to reach more centers. Throughout this entire period (2011 forward), even as the focus shifted to PFI, steady attention was paid to addressing the SBCOCP-related needs and interests of the ECE centers that had continued participation with PFI.

The delivery team for PFI was initially comprised of a team of five with the occasional use of an outside presenter. The positions and the amount of time assigned to the project were:

Director (60%)
Project Coordinator (80%)
Administrator (70%)
Administrative Support (20%)
Other On-Call Delivery (25%)
Total Staff: 2.5 FTEs

About a year and a half into the Initiative (mid-2012), a third field-based staff person was added at 60% time to support the work. More time from each of the initial staff was committed to the Initiative and a small increase of time from other support staff was added to bring the total FTE count to 4.15.



Implementation, Approach and Practice

“

I enjoyed learning how to read labels on the different foods we eat. Listening to the other centers and what they are doing to make a difference was really helpful.

”

Initial Organization

Prior to the beginning of the Initiative in February 2011, a half-day meeting was convened in November 2010 with eight senior Santa Barbara County ECE center directors, Orfalea Foundation staff, and the SBCOCP Initiative Director, to discuss the proposed project, its vision, methodology and desired outcomes. There was widespread understanding that centers needed to play a greater role in shaping children's healthful practices. The overwhelming consensus of the group was an urgent request for center consultation and staff training including tools such as sample policies for birthday celebrations and parent-provided lunches.

There were two facets to the initial development of the PFI Initiative. One involved drawing on the existing content of the School Food Initiative, which was targeted to schools serving elementary-age children. The other required developing content and implementation techniques that were specific and unique to preschool children and the diversity of early childhood care and education centers.

Approach

The PFI Team's overarching philosophy and approach in working with ECE directors, site supervisors, teachers and staff included helping people to be comfortable with their own starting point. In the first regional trainings, the following concept was provided:



PFI Culinary Training

On beginning something new, remember ...

- Learning & progress is a process, not event
- Every step forward makes a difference
- It's not where you are, but what you are doing with where you are that matters
- With this initiative, there are dozens of "opportunity points" from which any ECE center can begin to make progress forward.

Implementation Strategies

The PFI implementation team used the following key implementation strategies in their regional approach to PFI enhancement in ECE programs:

- Begin with awareness building
- Use consistent message points
- Define and require a clear commitment on the part of centers
- Endeavor to establish one teacher as a primary liaison; get director support
- Be flexible and responsive; provide multiple ways to meet participation requirements and initiative objectives
- Keep it positive

Implementation, Approach and Practice (continued)

“

We can now educate parents to be more involved in the garden and things we can do, as teachers, to make healthier choices in nutrition and exercise at school and at home.

”

Implementation Activities

The team conducted workshops for centers that covered the following general areas: Staff, Program, and Environments. The team provided the following:

- An introductory “Introduction to PFI Initiative” three hour workshop to centers by region. Each workshop was conducted three times; two during the week (one in north county, one in south county) and one on Saturday. Initial vision and education to engage center directors was provided.
- A series of six trainings/workshops (description of trainings provided as Appendix).
- A Culinary “Boot Camp” for cooks from agencies that operate central kitchens, for centers that provide lunch, and for cooks from centers with onsite kitchens.
- Culinary workshops for teachers preparing healthy snacks.
- An Orfalea Foundation Retreat. The Retreat focused on PFI with inspirational speakers and workshops on healthy food and living practices for adults. Included were: discussion on the role of teacher as model for the children; updates from the School Food Initiative; and presentations from ECE centers that were already advanced in PFI practices.
- Garden workshops provided regionally to ECE staff.
- PFI workshops delivered at on-site center staff trainings.
- On-site center consultations for yard design and development.
- Agency related trainings.

In addition, PFI Consultants visited each center five times to perform center-site consultations, staff training and parent presentations.



Circle of Friends Children's Center

Implementation Practices

The activities of the PFI team were implemented by the full time Project Coordinator and the part-time Field Rep who expanded or contracted her schedule as the work load required. Both of them lived in the area. The other three members of the team worked out of separate offices, so much of the coordination of the project was virtual. The Project Director came from 90 minutes away once a week, on average, to participate in regional trainings, special site visits and for team meetings.

An unusual feature of this project was the close relationship between the funder, the Orfalea Foundation, and the project operator, the Child Educational Center. The Director of ECE for Orfalea and the Project Director met weekly at a minimum, usually in person, to discuss all aspects of the ongoing Initiative. This close working relationship enabled the funder to more closely monitor the project and influence its implementation. It also allowed the Project Director to best utilize the knowledge resources and creativity of the Foundation staff to enrich the program while most successfully meeting the Foundation's expectations.

Utilizing the Matrix: Results

“

It's amazing how much we really don't know what we're eating.

Loved the edible garden list and Organic Solution list.

”

The Participating Centers

Nearly 100 centers chose to participate in the Preschool Food Initiative and to engage in improvement in the initial 50-item Matrix measures. Ultimately, approximately 60 percent of the county's centers participated.

The 100 centers represented the full variety of center types found county-wide. A proportionate breakdown of all socio-economic groups of families and children were represented along with the centers serving them. A breakdown on the types of centers is as follows:

- State Preschools – 14
- For Profit Independent – 8
- Non Profit Faith-Based – 12
- Head Start – 26
- Non Profit / Independent – 7
- School District – 10
- University / College – 3
- For Profit / Corporate – 3

Note: 17 centers also have separately licensed infant centers.

Challenges and Adaptations

A project of this scope had a range of challenges for the ECE centers and their staff, as well as for the Initiative staff.



Gathering Herbs

ECE professionals unaware of the issues – We found that many early childhood educators were unaware of fundamental issues concerning the Initiative's subject matter. Initially, awareness had to be raised at basic levels. We could not presume it existed.

ECE professionals' lack of understanding of the issues – Even when professionals were aware of the issues, they needed assistance to articulate them to others as well as to effectively work with children and parents.

ECE professionals being involved with the project while in the context of other demands – Most participants carried very heavy workloads in their regular positions, so participating through attending meetings was always a stretch. Also challenging was taking the information learned and implementing it in programs that already had heavily scheduled classroom time. Considerable time had to be spent assisting programs in finding effective ways to integrate the new information and practices into their daily routines.

Center staff maintaining consistent focus over time – One of the ongoing challenges was getting the same staff person from a given center to attend each time we held a regional event. This was something that we could encourage, but not require. As a result, a certain amount of repetition was required for each regional meeting. The repetition did not seem to bother returning participants, a number of whom said they found the repetition to be valuable.

Utilizing the Matrix: Results (continued)

Bright Start Child Development Center

“

Preschool and elementary (students) are required to daily bring their (re-usable and labeled) full water bottle to school. Preschool children put their bottle in a “water bin”. It’s used inside, outside, and for snacks and lunches and any time in between. We also have a water dispenser so they can refill their bottles.

”

General level of staff turnover at centers – Even when the participant from a given center was consistent, staff turnover in that center’s program could make implementation over time more challenging. The site visits by Initiative staff provided an opportunity for providing training and update new center staff.

Introducing and communicating to new families the PFI philosophies, policies and practices – Bringing new information to parents was an intention of the Initiative. At one point, in year two, parents were included in a regional workshop. While this was a positive experience for the participants, it was decided that connecting to parents through teachers would be most effective. Later trainings provided teachers with strategies for working with parents.



Budgetary constraints – Budget constraints at the center level limited their ability to pay for substitutes who were necessary to enable regional training participants to attend. This was particularly true for government-funded programs. The Initiative did not provide funds for substitutes, although the idea was discussed.

Government/reimbursement rates – Government-funded programs have a budgetary constraint on how much they can spend on food. This limited the degree to which some centers could purchase food of higher quality. Time was spent in the workshops helping center staff be as effective as possible in food purchasing and in working with their central kitchens on meal preparation.

“

We now serve only water at snack time. After our “Rethink Your Drink” campaign, many more children are bringing water in their lunches.

”

Gathering Data

At every stage of implementation, data was gathered and used to measure the impact of the work and the effectiveness of the Initiative activities. All information about the project, no matter the form in which it came, was collected, tracked, recorded and analyzed. Forms of data which were collected included:

- Anecdotal reports from participants by email, over the phone, in person at the center site and in the regional training meetings
- Observations by Initiative staff
- Photographs and video obtained by teachers and Initiative staff
- Children’s documentation (art, constructions, writing)
- Written policies and procedures; parent boards
- Training evaluations
- Recorded PFI Matrix results
- Outside evaluation

Utilizing the Matrix: Results (continued)



Zaca Center Preschool –
SBCEO

“
*The nutrition guide
gave me a better idea
of how to look at foods
I buy when grocery
shopping. Also, it will
help me to be more
aware, more observant
of the food being
served to the children.*

”

Matrix and Other Data

The Matrix was created both to guide centers and assess their progress. The initial entry on the Matrix established a “baseline” from which all other entries and the progress of a center were measured. At intervals of 4-6 months, the Matrix was completed again. At periods of approximately one year, Matrix data was collected and results assessed so that collective progress could be reported.

At the end of the second year, the Foundation determined that the initial 50 item Matrix had too many elements to address effectively. It asked for a shorter Matrix with

some small changes in content. This allowed a narrower focus and additional subjects could be included. Some staff of client centers also expressed a wish for a shorter Matrix. Initiative staff was not similarly concerned but were willing to make the adjustment. All parties agreed to adopt the new Short Matrix to guide the reporting on the next two years’ activities while retaining the Long Matrix for completion on an annual basis.

Copies of the Long and Short Matrix measurement tools are in the Appendix.

Matrix Data Collection and Analysis

As part of the overall data gathering program for the Initiative, a staff person at each of the participating centers filled out a Long Matrix at selected intervals, usually at regional training sessions.

At the end of the first two years, matrix data was collected for the purpose of looking at progress made by a group of 56 centers that had initially participated in the PFI series of six regional workshops. The results from that set of data were that, on average, centers made progress in all 10 sections of the Matrix Long form.

The Foundation determined that they wanted to expand the number of participating centers to 90 and narrow the focus of the Matrix to deepen the quality of the work. At this juncture, the commitment was made to provide all 90 sites with a minimum of 5 site visits each over the two year period of 2013-2014. This decision was made in part because client center staff asked for it and Initiative staff felt it was the best way to assist centers in progressing.

As part of the assessment, it was identified that there was a problem with different staff completing the Matrix from one time to the next. This prompted Initiative staff to work more closely with the process of completing the Matrix to ensure that it was filled out appropriately even when the staff changed.

Results at the End of 2015

In late September 2015, project staff began collecting the final PFI Matrices from centers. 80 centers provided a fully completed Short Matrix, the data from which was input, organized, analyzed and summarized. The chart below shows the average level of improvement in each of the Matrix categories over baseline readings that were established four years ago for half the centers and two years ago for the rest. (See chart on next page.)

PFI Report, December 2015

Average Improvement on Matrix Measures From Baseline (mid-2011) to December 2015

The vast majority of centers achieved progress in nearly every category. Categories showing less average improvement generally were categories that started from a high baseline figure to begin with.

Children/Families home eating habits improve

73.1%

Children/Families spend more time outside

71.7%

Lunches/Meals primarily prepared off site (outside vendors) meet PFI standards

47.4%

Recyclable utensils & dishes used

46.7%

Lunches primarily brought prepared from home meet PFI standards

41.5%

Center-wide recycling program in place

36.6%

Staff are trained in PFI quality food standards

29.1%

Garden-related curriculum provided all year long

25.4%

Snacks (regardless of source) meet PFI standards

25%

Year round productive garden is in place

18.3%

Gardens (& soil) are pesticide/chemical free

13.5%

Lunches/Meals primarily prepared on site meet PFI standards

11.6%

Drinking water is readily available

4.4%

Policy/Practices about outdoor programming are established

4.3%

Drinking water is encouraged

3.5%

Percentage of Achievement by Matrix Item As of December 2015

Of particular interest were the two categories that showed the highest percentage of achievement. These impacts on families were not a primary target of PFI, but rather a byproduct of PFI activities that targeted all the other subject areas. This impact on family practices demonstrates the power that changing ECE center practices can have on the well-being of families.

Drinking water is readily available

3.87 of 4.00 (max) 97%

Drinking water is encouraged

3.78 of 4.00 (max) 95%

Poolicy/Practices about outdoor programming are established

3.77 of 4.00 (max) 94%

Staff are trained in PFI quality food standards

3.58 of 4.00 (max) 90%

Snacks (regardless of source) meet PFI standards

5.27 of 6.00 (max) 88%

Year round productive garden is in place

3.49 of 4.00 (max) 87%

Gardens (& soil) are pesticide/chemical free

3.45 of 4.00 (max) 86%

Lunches/Meals primarily prepared off site (outside vendors) meet PFI Standards

5.14 of 6.00 (max) 86%

Lunches primarily brought prepared from home meet PFI standards

5.06 of 6.00 (max) 84%

Garden-related curriculum provided all year long

3.29 of 4.00 (max) 82%

Children/Families home eating habits improve

3.26 of 4.00 (max) 82%

Children/Families spend more time outside

3.23 of 4.00 (max) 81%

Lunches/Meals primarily prepared on site meet PFI standards

4.54 of 6.00 (max) 76%

Recyclable utensils & dishes used

3.84 of 6.00 (max) 64%

Center-wide recycling program in place

3.49 of 6.00 (max) 58%

Appendix

Short and Long Matrixes with Instructions

Sample Food Policies

Description of PFI Trainings 1-6

For Further Information

Further information and the Appendices can be obtained at the Orfalea Foundation

Website: www.OrfaleaFoundation.org