Access to Quality Child Care and Healthy Eating/Active Living (AQC/HEAL)

BACKGROUND

The Access to Quality Child Care (AQC) Initiative was launched in July 2015 to address inequities in access to child care, improve quality in early care and education, and support social and economic self-sufficiency among underserved families in Marin County. AQC is implemented by the Marin Child Care Council (MC3) with funding support from the Buck Family Fund of the Marin Community Foundation (MCF). The Marin Child Care Council (MC3) is a resource and referral agency that provides personalized assistance for families to help find, fund, and choose child care. In addition to engaging as the lead agency providing services for this Initiative, they have also adopted HEAL policies and practices to guide their own agency and serve as a model to their constituents.

The Healthy Eating and Active Living (HEAL) Initiative was launched in May 2016, following the implementation of AQC as a complementary component to strengthen child care settings by instituting policies and practices that improve the food and physical activity environment. The HEAL Initiative is a voluntary program that is offered to child care sites currently participating in AQC.

Goals

The overall goal of AQC is to provide eligible families with high quality child care that includes support services and resources to help them reach self-sufficiency.

The goal of HEAL is to improve the nutrition and physical activity environment of child care settings through a multi-component approach focusing on improving policies and practices through training, one-on-one coaching, and resources to providers and engaging and educating children and parents in HEAL activities.

Findings

**AQC:** As of June 2017, a total of 56 families and 311 children have enrolled in AQC.

Most families are of Hispanic/Latino ethnicity (79%) and reported Spanish as the primary household language (69%). While most (52%) are from two-parent families, 42% constitute single parent female-headed household.

I have many more tools in my toolbox now to help children develop properly in the stages that they need to be in. It has mostly come from individual coaching as well as all the workshops that I’ve attended and all of the programs that are offered to us. — ECE Provider

Of the 24 providers participating in AQC (12 family childcare homes and 12 center-based facilities), all are working with AQC coaches. AQC funding helped to retain over $1,000,000 of State funding.

Quality assessment scores that evaluated the child care environments showed improvement in environmental quality assessment scores.

Over the course of 2 years, the average income for parents receiving child care more than doubled from $21,694 to $44,722.
**HEAL:** HEAL is being implemented in 14 of the participating 24 AQC sites. Participants have implemented new nutrition and activity policies and practices through one-on-one support with site visits from MC3 staff.

Collectively, these resources and supports allowed child care sites to make a variety of changes. These included the adoption and implementation of outdoor play space and activities, garden-based education, enhanced indoor learning areas, and Harvest of the Month. Examples of the types of policies adopted at AQC/HEAL sites included garden-based learning, breastfeeding, healthy celebration meals, and outside play.

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Parents were never involved until HEAL came. What actually opened that window for parents to participate and come into the classroom and work with the children. — *Provider*

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Workshops with child care providers and parents covered food demonstrations, healthy recipe and shopping lists, gardening, and ideas for incorporating physical activity into every day. Materials related to these topics were distributed during the workshops.

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My children didn’t like broccoli before and now they love it. Now I have to cook it every day. I always have to keep a bag of broccoli at home because they love it. — *Parent*

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**Conclusion**

Across all AQC and HEAL stakeholders, there is evidence that both initiatives are progressing towards their respective goals and are having a positive impact on moving parents towards self-sufficiency, building the capacity of providers to provide high quality care and implement HEAL practices and policies as part of their quality improvement work.

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For more information about MC3, visit [http://www.mc3web.org/](http://www.mc3web.org/)

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