EARLY CARE AND EDUCATION
GRASSROOTS AMBASSADOR TOOLKIT
INTRODUCTION

Few individuals understand the early care and education (ECE) landscape better than those who are caring for children every day. Families and child care providers have the most to gain by creating healthier child care settings. They also face a lot of competing needs and concerns that can push topics like nutrition, active play, and screen time lower on their priority lists. That doesn't mean they don't care about healthy eating and active play. It does mean that campaigns need to take time to listen to ideas, opinions, and concerns these critical stakeholders have about changing policies.

We are all more likely to get involved when we see the direct impact an issue has on our lives. We are also more inclined to listen to our peers—the people who know what it means to care for young children every day under often challenging conditions. They can tell us what it really takes to meet higher standards for nutrition, active play, and screen time. They can also tell us what a difference it makes for themselves, their staff, and the children and families in their care.

Throughout the toolkit, we highlight child care resource and referral agencies (CCR&Rs) as critical campaign partners that can contribute key institutional knowledge of the state’s ECE system and history, and also support meaningful connections between the campaign and the ECE community.

This Grassroots Ambassador Toolkit is designed to help Voices for Healthy Kids ECE campaigns genuinely engage the ECE community, cultivating ECE providers and families as campaign champions.
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TOOLS FOR BUILDING THE ECE COMMUNITY INTO YOUR COALITION
BUILDING YOUR ECE CAMPAIGN COALITION AND ENGAGING ECE STAKEHOLDERS

Successful campaign coalitions must engage specific ECE stakeholders in order to fully understand practices, priorities, and policies that affect decision-making in the ECE field. Child Care Resource and Referral Networks are a critical first point of contact, as they have direct knowledge, influence, and access to the other essential stakeholders. Coalitions must engage the two groups whose lives are most affected by ECE policy change — child care providers and the children and families they care for. State agency staff responsible for writing, changing, and implementing licensing rules are vital stakeholders as well.

CHILD CARE RESOURCE AND REFERRAL NETWORKS

Child Care Resource and Referral Networks (CCR&Rs) play a central role in the ECE landscape of every state. CCR&Rs serve working families by providing child care referrals and other important information to families about how to identify, access, and afford child care.

CCR&Rs also work directly with child care providers by offering trainings, providing technical assistance, and connecting providers to resources that help them run more successful child care programs. They are often the agencies that help child care providers meet state and local program requirements — and are key in helping with rule implementation.

CCR&Rs advocate for state and local policies that support young children, child care providers, and working families. Because they work with parents and providers, they have a great sense of assets and challenges across the child care spectrum. Because of this, CCR&R staff and leadership frequently sit on influential advisory councils and workgroups regionally and throughout the state.

Finally, CCR&Rs collect detailed information about the supply and demand of child care, as well as contact information for child care providers. Some states have a single CCR&R that manages services statewide, while other states have network of regional or local CCR&Rs that deliver services to different parts of the state. Campaigns can locate agencies using Child Care Aware of America’s searchable database.

Note: in some locations, CCR&Rs do one or all of the above-mentioned tasks. The Child Care Aware database links customers to the agencies that help parents look for care. These may or may not be the same agencies that are responsible for statewide training. It’s best to connect with your TA provider, Child Care Aware® of America, if you need to be connected to other agencies in your state.

CHILDCARE PROGRAM OWNERS, DIRECTORS AND STAFF

Few understand the ECE landscape better than those who are caring for children every day. Child care program owners, directors, and staff have a deep knowledge and understanding of barriers, facilitators, and real-world implications of child care policies. In some areas, child care providers organize associations and collaborative groups that communicate regularly. In both urban and rural areas, Head Start/Early Head Start programs provide a significant proportion of the center-based child care available to children from low-income families. Engaging the large nonprofits or community action corporations that sponsor and manage groups of Head Start/Early Head Start centers is one way to reach this subset of the provider community. As Head Starts have standards and resources that set them apart from the larger provider community outreach to non-Head Start providers is essential to understanding the practical implications of ECE policy change. In areas where formal provider groups are weak or absent, CCR&Rs may still be able to connect campaigns with the child care provider community.
PARENTS AND FAMILIES

Some states have organized groups of family advocates that campaigns can engage. To gather input and generate buy-in from families around health and wellness issues, campaigns should consider holding focus groups. Stipends or other participation incentives are critical recruitment tools and should be included in a campaign budget. CCR&Rs will be valuable partners in recruiting and supporting logistics for these sessions.

STATE AGENCY THAT ADMINISTERS CHILD CARE LICENSING

The state child care licensing agency is responsible for writing licensing rules, processing child care licensing applications, and monitoring compliance. It is essential to build relationships with agency leadership and understand the priorities and strategic goals of those leaders. More often than not, the head of this agency is a political appointee who is subject to change with the political winds. As such, engaging career agency staff who are insulated from political turnover is a crucial campaign strategy. These staff wield significant influence over how regulations are written, implemented, and enforced. Career staff can also offer important insight into the decision-making process within the agency and can anticipate barriers to change. While government staffing differs from state to state, it is important for coalitions to engage department directors and managers who oversee specific pieces of policy implementation.

STATE AGENCIES TO CONSIDER INCLUDING IN YOUR COALITION

As is the case with the child care licensing agency, it is important to engage both agency leadership and career staff.

- State agency that oversees QRIS and/or voluntary recognition programs
  - QRIS are a set of quality standards for child care with tiered achievement levels. Most states have QRIS and participation may be mandatory or voluntary. Licensure is often the first tier in QRIS, and the two systems may be managed by the same department.
  - State agency that administers Child Care Development Fund (child care subsidy)
    - This agency determines the eligibility of child care programs to receive child care subsidies and is responsible for implementing the CCDF State Plan. Eligibility is dependent upon meeting health, safety, training, and quality requirements.
  - Agency or organization that monitors exempt or unlicensed subsidy recipients (may be a community-based organization)
    - As CCDF recipients are not required to be licensed, a state agency or another designated organization must determine whether unlicensed child care providers meet the health, safety, training, and quality requirements to receive federal subsidy.
  - Agency that oversees Tribal CCDF
    - The rules for CCDF in Tribal communities differ from the rules for states, although the emphasis on health, safety, and quality remains. Tribal CCDF is likely administered by Tribal leadership, and the size of the CCDF grant a Tribe receives determines the extent to which it must comply with CCDF requirements.
  - State agency that administers 1807 funds
    - This Centers for Disease Control and Prevention (CDC) funding stream supports state physical activity and nutrition projects. Agency staff may be aware of ongoing ECE initiatives and opportunities to overlap with other chronic disease prevention programs and advocacy.
  - State agency that oversees state-funded Pre-K programs
    - State-funded pre-Kindergarten programs are often exempt from child care licensing and managed through separate channels. The standards required for state-funded pre-K are different than those required for licensed child care programs.
  - State agency responsible for IDEA Part C
    - Part C funds programs that serve infants and
toddlers through age 2 with or at high risk for developmental delays. Part C administrators and funding recipients can provide information about creating inclusive environments and promoting developmentally-appropriate physical activities for very young children.

- State agency that administers ESSA
  - Inclusion of early childhood in ESSA state plans is at the discretion of the lead agency. ESSA highlights the opportunities that exist for strengthening the transition from ECE settings to elementary school and states may use ESSA funds for early childhood initiatives.

- State agency that administers CACFP
  - The Child and Adult Care Food Program reimburses child care providers for the cost of providing nutritious meals to children who meet income eligibility requirements. State agency staff may lead nutrition trainings or offer technical assistance to child care providers.

STATE AND LOCAL ASSOCIATIONS TO CONSIDER INCLUDING IN YOUR COALITION

- State Advisory Council on Early Childhood Care and Education
  - Formed under the Improving Head Start for School Readiness Act of 2007, each state has an advisory council to guide development of comprehensive early childhood systems for children from birth to school entry. The level of coordination and influence that these councils exhibit varies widely from state to state.

- Statewide Head Start Collaboration Office
  - Every state has a Head Start Collaboration Office that serves as the interface between Head Start providers and state government, promoting collaboration to benefit children from low-income families.

- Statewide and/or regional provider networks and associations (centers and family child care)
  - In some regions, child care providers come together formally to discuss the issues that affect their child care programs. They present an excellent opportunity for outreach and relationship building with an engaged group of providers.

- State Alliance of YMCAs
  - YMCAs are prominent providers of ECE and out-of-school time care. The state alliance may be actively involved in health-related and/or ECE advocacy at the state level. Outreach to the state alliance may also help you connect with local YMCA ECE providers.

- State and local Association for the Education of Young Children affiliates (AEYC)
  - The National AEYC is an accrediting body for ECE centers and advocates high quality standards nationally. State and local AEYC affiliates engage early childhood educators, support quality improvement, and offer networking opportunities for ECE providers.

COMMUNITY-BASED ORGANIZATIONS TO CONSIDER INCLUDING IN YOUR COALITION

- Child care professional development and technical assistance providers
  - In addition to CCR&Rs, University Cooperative Extensions, local public health agencies, and other community-based agencies offer health-related trainings and support to child care providers. Accessing the statewide or local professional development calendar can be a helpful way of identifying which groups offer nutrition and physical activity related trainings.

- CACFP sponsor organizations
  - CACFP sponsors are community-based organizations that oversee CACFP in family child care homes and centers. These organizations promote CACFP, support providers in meeting the program requirements, and monitor compliance. They have a keen understanding of what it takes to meet CACFP requirements and the barriers to serving healthy food in child care.

- Statewide or local foundations that fund early childhood and/or health initiatives
  - These funders understand and often have relationships with key organizations, coalitions, and influencers in the state or local early
childhood and/or health community. They also understand ongoing and emerging trends in those communities and past/current initiatives to address those trends.

- Organizations involved in farm-to-preschool initiatives (may include state agency)
  - These groups may be involved in food access and food policy advocacy while also having an interest in and understanding of issues specific to ECE, such as: procurement, food costs, CACFP reimbursement for local foods, gardening, and nutrition education.

- University Cooperative Extension
  - Extension health educators may develop and deliver nutrition and physical activity professional development to child care providers. They tend to have a strong focus on agriculture, gardening and nutrition. They may also have strong working relationships with state agencies and academics.

- Local Head Start/Early Head Start sponsor organizations
  - Large nonprofits and community action corporations sponsor networks of Head Start and Early Head Start centers. In some cases, sponsor organizations fund Head Start or Early Head Start slots in community-based child care programs. In both urban and rural areas, sponsored Head Start networks provide a lot of the high-quality care available to children from low income families.

- Home visiting organizations
  - These organizations work with parents and very young children in their homes to support positive early development. Home visiting programs may operate through school districts or as stand-alone organizations.

OTHER ASSOCIATIONS TO CONSIDER INCLUDING IN YOUR COALITION

- Child Care Health Consultants (CCHC)
  - These medical professionals, typically nurses or doctors, provide health-related training and consultation to child care providers. CCHCs may be employed by local public health agencies, community-based organizations, or may operate as independent consultants. Some states require regular CCHC visits to child care programs.

- State child care accrediting body
  - States may offer their own form of child care accreditation independent of national accrediting organizations. State accrediting organizations have relationships with high-performing child care programs and may be involved in quality advocacy.

- University, college, community college and vocational schools that have ECE degree or credentialing programs
  - These programs train the state’s early childhood workforce. Faculty is likely involved in ECE-related research and frequently sit on advisory committees for ECE issues.

- WIC
  - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal nutrition program that provides nutrition education, health referrals, and food to low-income mothers and young children who qualify as at nutritional risk. WIC staff understand the nutritional needs and systemic barriers that children in low income families face.
ECE CAMPAIGN COALITION PARTNER CHECKLIST

The best way to connect with ECE providers and families is to partner with the organizations that they already trust for information and support. If these organizations aren't currently involved in your campaign coalition, they probably should be. Building your ECE Campaign Coalition and Engaging Stakeholders can give you more detailed information about what these organizations are and how they can support your coalition.

The checklist below can help you keep track of your partners and the relationships that they have with ECE providers and families. As your campaign progresses, you might ask your partners to help you recruit different groups of providers and families to get involved in the campaign.

Here are some important questions to ask as you’re getting to know these organizations and partner with them:

- Do they work directly with child care providers and/or families?
- What kinds of ECE providers do they work with?
- What kinds of services do they offer?
- What geographic areas do they operate in?
- Do they have contact information for child care providers and/or families that they can use to reach out with important information?

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<thead>
<tr>
<th>Type of Organization</th>
<th>Organization Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>CACFP Sponsor</td>
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<td>Organizations</td>
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<td>Parent Organizations</td>
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<td>Child Care Health Consultant</td>
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<td>State Agency that Administers CACFP</td>
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<td>Child Care Licensing Monitors</td>
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<td>State Alliance of YMCAs</td>
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<td>Child Care Provider Unions</td>
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<td>State Child Care Accrediting Organization</td>
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<td>Child Care Resource and Referral Agencies</td>
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<td>State &amp; Local Association for the Education of Young Children (AEYC) affiliates</td>
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<td>Family Child Care Networks</td>
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<td>State Head Start Agencies</td>
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<td>Head Start Collaboration Offices</td>
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<td>Training/ Professional Development Providers</td>
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Note: There may be overlap (e.g. the CCR&R may also be a CACFP sponsor or oversee child care health consultants).
In order to create a Voices for Healthy Kids ECE Campaign that truly respects and reflects the contributions of the ECE community, campaigns must reach out to the community from the very beginning with a variety of opportunities to get involved. At the same time, campaigns should be prepared to share resources, tools, and supports that make it easier for the ECE community to contribute. This section outlines a number of ways for child care resource and referral agencies (CCR&Rs), ECE providers and parents to get involved in a campaign, along with some tips and tools to help them participate.

### CHILD CARE RESOURCE AND REFERRAL AGENCIES

<table>
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<tr>
<th>Get Involved</th>
<th>Resources, Tools and Support</th>
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<tr>
<td><strong>Lead the Way</strong></td>
<td><strong>Advocacy and CCR&amp;Rs Slide Deck</strong></td>
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<tr>
<td>Lead or join the coalition</td>
<td>Payment for space/supplies</td>
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<tr>
<td>Host coalition meetings</td>
<td><strong>Tips for Planning an ECE Provider Focus Group</strong></td>
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<tr>
<td>Coordinate, recruit, host focus groups</td>
<td><strong>Moderator’s Guide for ECE Provider Focus Groups</strong></td>
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<tr>
<td>Contribute to an ECE needs assessment</td>
<td><strong>Payment for time/space/supplies</strong></td>
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<tr>
<td>Recruit grassroots ambassadors</td>
<td><strong>Opportunities to give feedback on survey questions and process Voices for Healthy Kids ECE Needs Assessment Template</strong></td>
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<tr>
<td>Identify providers for decision-maker, media, or peer site visits</td>
<td><strong>Tips for ECE Provider Surveys</strong></td>
</tr>
<tr>
<td>Coordinate site visits to child care programs</td>
<td><strong>List of criteria for providers (provider type, location, experience level, activities/age groups to show)</strong></td>
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<tr>
<th>Spread the Word</th>
<th><strong>Tips for Setting Up Site Visits</strong></th>
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<tr>
<td>Help develop and review campaign messages and communications materials so they make sense for providers and communities</td>
<td><strong>Values-Based Messaging Tool</strong></td>
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<tr>
<td>Promote campaign communications through email, newsletters, social media, website, action alerts and other methods</td>
<td><strong>Communications plan that includes CCR&amp;R</strong></td>
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<td>Educate your staff about the campaign and identify opportunities for them to share info during interactions with providers or parents</td>
<td><strong>Social media graphics and text</strong> they can easily amplify</td>
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<td><strong>Action Alerts samples and tips</strong></td>
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<td><strong>Communications content that can easily be adapted and shared (e.g. Child Care Aware of America Social Media Share Kit)</strong></td>
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<td><strong>ECE Fast Facts</strong> connecting nutrition/physical activity to other priority areas such as quality or school readiness</td>
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### Meet with agency leaders and legislators

- Voices for Healthy Kids ECE Key Messages
- Child Care Aware of America State Fact Sheets

### Share Your Voice

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<th>Draft or add organization’s name to a sign-on letter</th>
<th>Opportunity to draft letter and/or offer feedback</th>
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<th>Write an op-ed or Letter to the Editor</th>
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<tr>
<td>LTE template</td>
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<td>Instructions for what an op-ed is, why it matters, where/how to submit it</td>
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<tr>
<th>Participate and recruit others to participate in public comment periods</th>
<th>Sample comment text to adapt, submit, and share with their networks</th>
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<tr>
<td>The Regulatory Rulemaking Process</td>
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<td>Examples from Child Care Works including templates for advocates and CCR&amp;Rs from below</td>
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<th>Attend public meetings, town halls or hearings</th>
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<td>Campaign talking points</td>
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<td>Public Hearing Tips</td>
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### EARLY CARE AND EDUCATION PROVIDERS

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<th>Get Involved</th>
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<th>Lead the Way</th>
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<td>Lead or join the coalition</td>
<td>Schedule meetings in a way that allows providers to participate (e.g. evenings, weekends, or have a remote option mid- afternoon during nap time)</td>
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<td>Secure sponsorships for local organizations to fund transportation, food, or compensation for their time</td>
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<td>Campaign Goals We Can All Understand</td>
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<th>Host coalition meetings</th>
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<tr>
<th>Become an ambassador</th>
<th>Child Care Works Advocacy 101 Webinar</th>
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<td>Lobbying/Non-Lobbying Checklist</td>
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<tr>
<th>Partner with the coalition and other providers or businesses in your community to plan a community event that raises awareness for the campaign issue</th>
<th>Payment for space/supplies if provider is hosting</th>
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<td>List of ideas for community events</td>
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### Spread the Word

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<th>Follow us on social media or share your contact info for email updates</th>
<th>Recruitment Tips</th>
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<p>| Help develop and review campaign messages and communications materials so they make sense for providers and communities | Values-Based Messaging Tool |</p>
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• Child Care Aware of America Social Media Share Kit  
• Values-Based Messaging Tool  
• Campaign Goals We Can All Understand  
• Social Media 101 and 201 Webinars  
• How to host a Facebook Live Q&A, plus questions to pose to participants |
| Host a site visit for peers, decision-makers or media so they can see what it takes to meet proposed standards | • Support coordinating logistics of visits  
• Tips for Hosting Elected Official Visits |
| Share Your Voice | Opportunity to draft letter and/or offer feedback |
| Draft or add organization’s name to a sign-on letter | Participant stipend or incentive |
| Participate in focus groups | Opportunity to give feedback on survey questions and process  
• Voices for Healthy Kids ECE Needs Assessment Template  
• Tips for ECE Provider Surveys |
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• Social Media Image and Video Tips  
• Effective Storytelling in Advocacy Webinar |
| Share your story | • Campaign talking points  
• Public Hearing Tips  
• Planning Constituent Visits Webinar  
• Information from Town Hall Project |
| Attend public meetings, town halls or hearings | • Sample comment text to adapt, submit, and share with their networks  
• The Regulatory Rulemaking Process  
• Example from Child Care Works, including templates for advocates and CCR&Rs |
| Participate and recruit others to participate in public comment periods | |
### Participate in media events as a host, speaker, media spokesperson or attendee

- Payment for space/supplies if provider is hosting
- Media Training Tips
- Sample social media posts and graphics to promote the event; video clips or photos to share after (Social Media Image and Video Tips)

*Note: Many of the Voices for Healthy Kids tools hyperlinked here may need to be adapted to reflect ECE provider perspectives.*

### FAMILIES

**Get Involved**

**Resources, Tools and Support**

#### Lead the Way

- Schedule meetings in a way that allows working families to participate. Allow families to bring children to coalition meetings or arrange for child care during meetings, if possible.
- Secure sponsorships for local organizations to fund transportation, food, or compensation for their time
- Campaign Goals We Can All Understand
- Glossary of Important Policy Process Terms
- The Legislative Process
- The State Budget Process
- The Regulatory Rulemaking Process

#### Become an ambassador

- Child Care Works Advocacy 101 Webinar
- Advocacy 101
- Lobbying/Non-Lobbying Checklist
- Values-Based Messaging Tool
- Campaign Goals We Can All Understand

#### Work with the coalition to plan a community event that raises awareness for the campaign issue

- List of ideas for community events

### Spread the Word

- Follow us on social media or share your contact info for email updates
- Recruitment Tips
- Help develop and review campaign messages and communications materials so they make sense for providers and communities
- Values-Based Messaging Tool
- Campaign Goals We Can All Understand
- Spread the word to your networks — in person and online and recruit other providers to join the coalition with providers or parents
- Communications plan that includes grassroots ambassadors
### Early Care and Education Grassroots Ambassador Toolkit

**Spread the word to your networks — in person and online and recruit other providers to join the coalition**

- Communications plan that includes grassroots ambassadors
- Social media graphics and text they can easily amplify, and campaign hashtags
- Child Care Aware of America Social Media Share Kit
- Voices for Healthy Kids Key Messages
- Social Media 101
- How to host a Facebook Live Q&A, plus questions to pose to participants

**Host a site visit for peers, decision-makers or media so they can see what it takes to meet proposed standards**

- Support coordinating logistics of visits
- Tips for Hosting Elected Official Visits

### Share Your Voice

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<th>Activity</th>
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<td>Tips for ECE Provider Surveys</td>
</tr>
<tr>
<td>Contact decision-makers (legislators, administrative agencies)</td>
<td>Email and letter templates, basic phone scripts</td>
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<td></td>
<td>Legislator Look-Up</td>
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<td>Write an op-ed or Letter to the Editor</td>
<td>Op-ed template</td>
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<td>LTE template</td>
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<td></td>
<td>Instructions for what an op-ed is, why it matters, where/how to submit it</td>
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<tr>
<td>Share your story</td>
<td>ECE Advocate Storytelling Guide</td>
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<td>Social Media Image and Video Tips</td>
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<td>Effective Storytelling in Advocacy Webinar</td>
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<td>Attend public meetings, town halls or hearings</td>
<td>Campaign talking points</td>
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<td>Public Hearing Tips</td>
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<td>Planning Constituent Visits Webinar</td>
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<td>Information from Town Hall Project</td>
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<tr>
<td>Participate and recruit others to participate in public comment periods</td>
<td>Sample comment text to adapt, submit, and share with their networks</td>
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<td></td>
<td>The Regulatory Rulemaking Process</td>
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<td></td>
<td>Example from Child Care Works, including templates for advocates and CCR&amp;Rs</td>
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<tr>
<td>Participate in media events as a host, speaker, media spokesperson or attendee</td>
<td>Payment for space/supplies if provider is hosting</td>
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<td>Media Training Tips</td>
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<td>Sample social media posts and graphics to promote the event; video clips or photos to share after (Social Media Image and Video Tips)</td>
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</table>

*Note: Many of the Voices for Healthy Kids tools hyperlinked here may need to be adapted to reflect ECE provider perspectives.*
BUILDING ECE PROVIDER SUPPORT FOR HEALTHY STANDARDS

Child care professionals want to do what is best for children. Establishing consistent standards for nutrition, physical activity, and screen time in child care is one way to ensure all child care settings can help children grow up healthy.

Child Care Aware of America conducted focus groups with child care professionals in six states in order to develop messages that: 1) resonate with child care providers by stressing the important role they play in children’s health, 2) motivate providers to use the messages in their programs, and 3) encourage providers to support strong, consistent statewide standards on nutrition, active play, and screen time.

Overall, the majority of our focus group participants agreed that:

- Teachers and providers play an important role in helping children learn healthy habits; having messages that acknowledge they are important makes them feel valued.
- Active play is important, helps children build healthy habits, and can potentially lead to improved focus and attention during other activities.
- Overall, most children have too much screen time. Participants felt that, if there is screen time in child care, it should be supervised, related to the curriculum, and time-limited.
- Health standards are important in making sure all children have access to healthy food and opportunities for active play.

We incorporated the feedback from all six groups to develop messages for use nationwide.

NUTRITION
You are important — because kids are with you most of the day, the food experiences you share can influence what they eat. Nutrition standards in child care make sure that all children have the opportunity to develop healthy eating habits.

ACTIVE PLAY
You are important — you help children learn healthy habits they’ll keep through their lives. Standards that incorporate one hour of active play with you and their friends help kids have fun and stay healthy.

SCREEN TIME
You are important — you help children balance their day with many activities. Technology can be a great teaching tool, but time spent using tablets, computers, TVs or smart phones should be limited and used appropriately. Standards help children learn how to be smart with screen time.

Advocates: You can use these messages to increase support for healthier standards among child care professionals in your state. Child care program administrators and owner/operators: Use these messages with your staff to encourage buy-in or support for implementing these policies in your program.

We found some differences in teacher and provider responses, based on geography. These are described further in the state briefs. Responses differed on certain aspects of the messages—specifically, regarding the terms “provider” and “active play.” Also, the message that some screen time is good triggered varying responses based on geographic region and on whether the state already has strong standards on nutrition, active play, and screen time.
VALUE-BASED MESSAGING TOOL

Our three main messages (found on Building ECE Provider Support for Healthy Standards) are based on focus groups we conducted in six states. Because they’re research-based they should be broadly useful, but no message is universal. When creating messages for your population, do some research — discussions with local allies, or even polling or focus groups — to make sure you use terms that resonate with your community of child care professionals.

To create our messages, we used Spitfire Strategy’s approach for building messages. Below, we’ll walk you through our message creation process, and you can build your own message as you go!

1. STATE YOUR VALUES
Start by talking about values that you and your audience share. The values implicit in our messages are the importance of the health and safety of the children, as well as the significance and responsibility of the teachers/providers.

- Values that we used and that resonated with most groups were:
  - Children rely on teachers/providers to learn healthy habits
  - Teachers/providers make a big difference in the lives of the children they care for
  - Healthy eating, active play and limited screen time are important for children’s development

2. OVERCOME THE BARRIERS
Our barrier is that child care has a lot of rules, and it’s hard to get teachers/providers to want more rules. They’re already busy and have to remember so many things. We tried to overcome that barrier by appealing to the idea of equity and fairness, and by focusing on the benefit for the child, not the impact of the new standards on the teacher/provider.

For example: many child care professionals think that there is a special skill set they have to learn to do active play activities with toddlers — but really, they’re probably already leading them. The barrier is that the professional does not believe they have the knowledge needed to meet the standard.

   Use this space to state your biggest barrier

The overcoming barrier statement would remind them that they have the skills we’re looking for.

Overcoming barrier statement: You already have what it takes to help toddlers be active — you help them climb, run and jump and push all day long.

   Without naming the barrier, think of a statement that helps the listener move past the barrier:

3. NAME THE SOLUTION—CALL TO ACTION
Our solution is to recommend that child care settings have standards that help make sure all children have access to healthy food and active play, and have limited access to screen time.

We did not use words like require, dictate, govern, rules, or regulations. We ended up saying “Standards that incorporate one hour of active play with you and their friends help kids have fun and stay healthy.”

We also heard that phrases or words like: food experiences, incorporate, active play is fun, gives opportunity, guided experiences or guided interactions
(with technology/screen time) resonated with our intended audience. They illustrate the solution without feeling overbearing to your audience.

4. STATE YOUR VISION AND ECHO YOUR VALUES

Write your call to action — what do you want the listener to do or think based on your message?

Our vision is that child care settings will help children develop healthy eating, movement, and screen habits that help them lead the healthiest lives possible. This echoes our values because we believe providers are important role models that can help children develop healthy eating, movement, and screen time habits. Following our example through, the ultimate vision there is that “kids have fun and stay healthy.”

So, keeping your values in mind, state your vision:

Once you have all of the pieces, put them together and tidy it up:

VOILA — YOU HAVE A MESSAGE!

It will take a few drafts to get it right, so keep working on it. If you’d like to dig deeper into the message building process, we encourage you to use Spitfire’s Smart Chart 3.0.

In addition to the messaging we have developed, research conducted by Voices for Healthy Kids, a joint initiative of the Robert Wood Johnson Foundation and the American Heart Association, provides a handy list of words to use when creating messages about healthy eating, active play, and screen time standards. Be sure to use them when developing your messages.

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1. Adapted from Spitfire Communication Smart Chart: https://smartchart.org/
TOOLS FOR LISTENING TO THE ECE COMMUNITY
TIPS FOR PLANNING AN ECE PROVIDER FOCUS GROUP

One of the most important steps an ECE campaign can take is to listen to the experts — the ECE program directors, teachers, and other staff who work with children every day. These are the people who will be responsible for putting new policies into practices, and their voices are often left out of policy decisions. This guide provides step-by-step tips for planning, recruiting, and hosting focus groups with ECE providers.

FOCUS GROUP PLANNING

- Coordinate with Child Care Resource and Referral Agencies or other partners who work directly with ECE providers to recruit participants and handle session logistics. Pay them for this service.
- Plan your session for a date/time that is most convenient for providers. Sessions during weekday business hours may work for center directors, while teachers and family child care providers may need evening or weekend sessions.
- Choose a location that:
  - Comfortably seats at least 15 people.
  - Has ample parking and is easily accessible by public transportation, if possible. Offer a participation incentive (cash stipends, parking and public transit passes, gift cards).
- If possible, work with partners to arrange for child care during the session.
- Design a flyer with key details about the session (topic, date, time, location, provider type, incentive, snacks, and/or child care provided).

OUTREACH AND RECRUITMENT

- Determine target provider population (family child care, center directors/owners, center teachers, licensed, exempt, other)
  - Tip: It may be helpful to hold separate groups for teachers and directors to encourage candid responses and avoid unhelpful power dynamics.
- Work with partners to determine the best approach to recruiting a diverse group of providers
- Aim to recruit 12 providers per session. Ideally you will have 8-10 participants, but make sure to budget for 12 per session just in case they all attend. Send providers a map of the session location and/or written directions via car and public transit
- One week prior to the session, call all confirmed participants to make sure they are still planning to attend and know where to go.

Sample e-mail/direct mail text:
Please Join Us for a PAID Focus Group

Every child deserves a healthy start in life. No matter where children live or go for early care and education, they all deserve healthy food and physical activity. We want to learn more about what you’re doing to give kids a healthy start and the challenges you face.

[Your coalition] and [partner organization] are looking for [ECE provider type] to participate in a focus group about healthy eating and physical activity in early care and education.

You will receive [incentive] for participating and you will get a chance to make a difference in the health and wellbeing of children in early care and education programs.

This session will take place on [date and time] at [location] and will last no more than two hours.

If you are interested in participating, please contact [person] at [email address and phone].

SETUP AND PREP

- Post signs and/or volunteers to direct participants to the meeting space.
- Room set-up:
  - Arrange seats in a circle/rectangle so participants are facing one another
- Each participant gets a nametag and/or table tent
- Post-its or note cards for each participant
- Flipchart/sticky wall chart with ground rules, introduction question
- Flipchart sheet with definitions of common words/acronyms that may be used during the session

• If you are recording the session, test the recorder and make sure it can pick up audio from all seats in the room.
• Staff the session with both a moderator and a note-taker.
• Provide healthy snacks and water to all participants.
• Bring incentives to the session and hand out at the end. Do not mail incentives out after the session, if possible.
WELCOME

Hello and welcome to our focus group. Thank you for taking the time out of your busy day to join our group. My name is [NAME] and I work for [ORGANIZATION]. I will be moderating the session, and my colleague [NAME] will be taking notes. We are joining you on behalf of [COALITION NAME], a group of individuals and organizations who are committed to helping [STATE]'s youngest children get a healthy start in life. The purpose of today's session is to learn from all of you about the food and drinks you serve and how you keep kids moving in your program.

WHAT IS A FOCUS GROUP?

A focus group is an opportunity for us to hear, first hand, about your experiences on a specific topic. Today we are focusing on healthy eating and active play. We do this by asking you questions about what you know and what you see every day in your work and in your community. Specifically, we want to know what you have heard, seen, or done to serve healthy food and drinks, keep kids physically active, and use TV and computers in your program. We understand that some of you might not feel like you are doing a lot on these topics, and that's completely fine. It's important you share not only your good opinions or experiences, but also the bad. We will use your input to help us identify ways to make it easier for early care and education providers to promote healthy eating, active play, and limited screen time.

HOUSEKEEPING

Before we begin, I'd like to take care of some housekeeping items. This discussion will last no longer than two hours. My primary job is to keep us on track. There may be times when I will ask for more details about a comment or a topic, but other times I will try to speed us up or I might wrap up a conversation to keep us from going over time. You are welcome to eat or drink as we chat. Please take breaks as you need them! We are going to record this discussion so that we don't miss any of your comments. This is a voluntary activity — you can skip any questions that you do not want to answer, and you can opt out of the session at any time. Any final reports that are made about this discussion will be kept confidential — we will not use any names or information that would identify you or might let people know what you said. Also, we ask you to keep the information you hear from others confidential. It's important to protect everyone's privacy.

INTRODUCTIONS

First, let's get to know each other. Going around the room, I'd like each of you to share: [refer to chart paper that lists these questions as a “cheat sheet”]

- First name
- Whether you are a center director, teacher, or family child care provider How many years you have been working with children?
- What was your favorite outdoor activity when you were a child?

Thanks so much for sharing and welcome again!

INITIAL QUESTIONS

- How would you define healthy eating? How would you define active play?
- When you think about healthy eating and active play in child care, what excites you? When you think about healthy eating and active play in child care, what makes you worried or hesitant?

NUTRITION AND SUGARY DRINKS

- If you look in front of you, you will see different colored post-it notes. We want you to think about how healthy the food in your care setting is, and put it on a scale from 1-7, where 1 is the lowest and 7 is the highest. Write that number down on [COLOR 1].
• On the other [COLOR 2] post it, rate how healthy you would like the food in your child care setting to be, again using the 1 to 7 scale.

Now, let’s take the time to go around the room; can you explain why you picked that first number?

• What would it take to get to that second, higher number?
• When I say healthy food in child care, what does that mean? What does it make you think?
• What about healthy drinks?
• Does juice count as a healthy drink? What about flavored milk?

I’d like you to raise your hand if your program participates in the Child and Adult Care Food Program, also known as the USDA Food Program. If so, tell me about your experience with that program.

• What factors do you consider when choosing your menus? Take a post-it and jot down three things that are important to you when figuring out what foods to serve.

Share out lists [MODERATOR WRITES ON FLIPCHART AND TALLIES REPEAT ANSWERS]

• How do your staff, parents, and students influence your decisions about what foods to serve?
• How often do have celebrations, like holidays or birthdays, when you serve less healthy food and drinks?

Thank you. Now that we know a little more about the foods you serve, we’d like to switch gears and hear about how you get kids moving in your program.

ACTIVE PLAY

• I’d like you to think about how much time the kids in your program spend in active play — running, jumping, climbing, dancing. Write down roughly what percentage of each day kids spend in active play each day on [COLOR 1].

Let’s go around the room and share what you wrote down. Does it feel like too much time, too little time, or just about right? Why?

• Do you think there should be a minimum amount of time that all children get for active play every day? If so, what should it be?
• What are some of the things that make it easier to get kids moving?
• What makes it harder? [PROBE FOR CHALLENGES AROUND WEATHER, SAFETY, AND ADEQUATE SPACE IF THOSE ISSUES DO NOT COME UP ORGANICALLY]
• What do you think are some of the benefits of allowing kids active play time?
• What do you think are some of the drawbacks?
• For those of you who take care of infants, what does active play look like for them? How would you describe your role in how active or not the children in your care are?

Great, thank you. Now I’m going to ask a few questions about how you use TV, movies, computers, and other digital devices in your program. I’ll be referring to these activities as “screen time.” Whether you use these devices a lot or a little in your program, we still want to hear from you.

SCREEN TIME

• I’d like you to think about how much time the kids in your program spend watching shows, videos, or playing on games or apps. Write down roughly what percentage of each day kids spend in active play each day on [COLOR 2].

Let’s go around the room and share what you wrote down. Does it feel like too much time, too little time, or just about right? Why?

• What are some of the benefits of screen time in child care?
• What are some of the drawbacks?
• Do you think that there should be a maximum amount of screen time that children have per day? If so, what should it be?
• What are some of the challenges to cutting back on screen time?
PEER NETWORKS/ADVOCACY

Thank you so much for all that you've shared so far. I want to take the next few minutes to ask you some questions about how you and other child care providers get information, resources and support to make your programs healthier.

• If you had to cut back, what kinds of activities would you do in place of shows, videos, or digital games?

• Please tell us about any trainings, either online or in person, that taught you a lot about healthy eating, active play, or screen time.

• Have you ever gotten one-on-one assistance or coaching to help you follow healthier practices in your child care program? If so, please describe the experience.

• If you could change one thing to make healthy eating easier in your program, what would it be?

• If you could change one thing to make physical activity easier in your program, what would it be?

• If you could change one thing to make reducing screen time easier in your program, what would it be?

• Who do you rely on for information and resources about healthy eating, active play, and screen time? Is there an agency, person, or website you turn to for this kind of information?

• Do you ever reach out to other child care providers for support, information, or as a chance to share ideas [e.g. online/social media groups, at trainings, directors’ groups, etc.]? Please explain.

• In your own words, how would you encourage other providers to serve healthy foods and set aside more time for active play?

• How would you feel if there were new standards [in licensure or QRIS] that required healthy meals, more physical activities, and less screen time?

FINAL QUESTIONS

Thank you so much for sharing your thoughts and experiences with us today. Before we wrap up, I'm going to ask [NOTE TAKER] to give us a quick summary of what he/she heard and some key takeaways from the entire session.

• Note taker gives a brief summary of what he/she heard/key takeaways from the entire session, then asks “Does that sound right?”

• What else do you have to share that you haven’t had a chance to share already?

Well, that is the end of our time together. I would like to thank everyone for sharing and being polite to one another during this discussion. We appreciate you teaching us more about your experiences with healthy eating and active play. We know that you help kids develop habits that affect their lifelong health and wellbeing. With these thoughts in mind we are very thankful that everyone took the time out of their busy schedules to join our discussion today.

Please remember to fill out the sign in sheet if you haven’t done so already to receive your [INCENTIVE].

Post-session debrief: After the focus group have the administering team regroup and talk about how the session went:

• What went well?

• What went poorly?

• Did the conversation lose sight of the goal at any point?

• If it did, how can we prevent that at the next session? What specific topics spurred discussion?

• Can that topic be used to spur conversation at other listening sessions when participants struggle to keep the conversation going?

• Were there any points made that were not considered before?

• Did you run out of time? Do we need to have a longer session next time?
TIPS ECE PROVIDER SURVEYS

While it is important for campaigns to focus on what it takes to get a policy “win,” it is just as important to understand what communities most impacted by that “win” will need in order to adopt new policies. In Voices for Healthy Kids ECE campaigns, outreach and engagement with the ECE provider community is critical to building grassroots support and understanding the implications of any policy changes.

Surveying ECE providers is a great opportunity to learn more about what providers are already doing to support children’s nutrition and physical activity. At the same time, a survey of providers can help campaigns anticipate what kinds of training, technical assistance, or other resources providers will need in order to comply with higher nutrition, physical activity, sugary drink, and screen time standards.

This tip sheet guides you through the process of conducting an ECE needs assessment in your state, using the Voices for Healthy Kids ECE Provider Needs Assessment Template. Many of the suggestions here can be applied to other surveys of ECE providers.

DEFINE YOUR AUDIENCE

Different ECE settings are regulated differently. Voices for Healthy Kids ECE campaigns can pursue a number of policy options, each affecting different groups of providers. This table describes the types of providers you may want to include in your survey, based on your campaign’s policy goals.

<table>
<thead>
<tr>
<th>Voices for Healthy Kids ECE Campaign</th>
<th>Provider group(s) Impacted</th>
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<tbody>
<tr>
<td>Technical Assistance Appropriations</td>
<td>All providers who receive subsidy through the Child Care and Development Fund. This will differ from state to state.</td>
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<tr>
<td>Licensing Regulations — Child Care Centers*</td>
<td>All licensed child care centers</td>
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<tr>
<td>Licensing Regulations — Family Child Care Homes*</td>
<td>All licensed family child care homes</td>
</tr>
<tr>
<td>Quality Rating and Improvement Systems</td>
<td>All providers who are eligible to participate in QRIS. This will differ state to state. The QRIS Compendium contains information about which programs are eligible to participate in each state.</td>
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*Additional settings may be covered by licensing regulations. For example, a state’s licensing regulations for child care centers may also cover licensed afterschool programs. All providers affected by a regulatory change should be considered part of the audience for the survey.

SURVEY DEVELOPMENT

The Voices for Healthy Kids ECE Provider Needs Assessment Template was developed based on two well-known self-assessments: the Healthy Kids, Healthy Futures Quiz and the Nutrition and Physical Activity Self-Assessment (NAP SACC).

Make sure that the survey you send out reflects the ECE community in your state. Work with partners who are knowledgeable of ECE in your state to modify the template to meet the needs of your campaign and resonate with ECE providers.

• Modify needs assessment based on what you hear in provider focus groups.
• Make sure the demographic section of the needs assessment reflects all of the provider types in your target audience.
• Confirm that language and answer options are consistent throughout the survey.
• Ask providers and CCR&Rs to give feedback on the survey.
• Pilot test the survey with a small group of providers and others (coalition partner staff, perhaps) who do not have in-depth knowledge of the campaign issues.
OUTREACH AND PLANNING

Once your survey is pilot-tested, consult with the ECE experts in your coalition to determine the best way to reach as many ECE providers as possible.

- Ask the ECE providers and CCR&Rs in your coalition:
  - What is the best way to reach providers?
  - How can we phrase/frame the survey in a way that will get their attention?
  - What is an incentive that will excite providers to participate?
- Think about timing:
  - Avoid summertime surveys since providers close, change hours, take vacation, etc.
  - Find out if there any other big surveys going out to providers at the same time (put feelers out with state agencies, CCR&Rs, research institutions).
- Who should send out the survey and be the point of contact for providers who have questions?
  - Choose a person or organization that has a supportive role in working with child care providers, like training or technical assistance staff from a CCR&R.
  - Avoid having staff from a state agency send out the survey.
- Get the word out:
  - Create a social media post and newsletter blurb announcing that the survey is coming. Ask your coalition partners to share the information with providers.
  - Ask the state child care subsidy, licensing, and CACFP agencies to post information about the survey on their websites.

SURVEY DISTRIBUTION

- What is the best way to reach all providers?
  - Direct mail and paper surveys are much more costly and time-consuming to input, but may be the only way to reach providers who do not list an email address.
  - If there is a specific group of providers that you want to reach with the survey, you may want to administer the survey in person. If there are providers in a key legislative district that you want to hear from, for example, you could ask CCR&R staff to administer the survey during trainings held in that district.
  - A combination of methods (direct mail, in person, email) may be the best option.
- If you choose to distribute the survey by direct mail:
  - Send out the survey with pre-addressed stamped envelopes and instructions to return within one month. Include contact information for a point person in the campaign who can answer questions.
  - Include the URL to your online survey on the paper version and give people the option of completing either the paper or online version.
- If you choose to distribute the survey by email:
  - Start with a teaser email to briefly introduce the purpose of the survey and let providers know it is coming, sent about one week prior to distributing the survey.
  - Give providers one month to complete the survey, sending reminders two weeks, one week, and two days prior to the closing date.

Sample teaser email text:

Dear ECE provider,

[COALITION NAME] believes that all children, no matter where they live or go for child care, deserve healthy food and time for active play. [SENDER’S ORGANIZATION] is partnering with [COALITION NAME] to learn more about what early care and education providers in [STATE] are already doing to keep our youngest kids healthy and active every day. We also want to know about what your challenges are and how additional training, coaching, and resources could help you make the kids in your program even healthier.
Next week, I will be sending you another email with a link to an online survey. It should take about [TIME] to complete and you can do it on your computer, phone, or tablet. Your responses will be kept private. If you complete the survey by [DEADLINE], you be eligible to win [INCENTIVE].

Too often, the state makes decisions about early care and education without listening to the people who know the most about it—providers just like you. [COALITION NAME] wants to make sure your voice is heard.

If you have any questions about the survey, please feel free to contact [SURVEY POINT PERSON] at [CONTACT INFORMATION] for more information.

SURVEY ANALYSIS

Depending on your survey objectives and how many responses you get, you may want to conduct a fairly simple analysis (e.g. counts, percentages) or more complex statistical analysis using statistical software (e.g. regression analysis).

As you plan for analysis, think about how you plan to use the data to inform your campaign. If you are running an appropriations campaign, for example, you may want to look at the data broken out by ECE setting so you can understand the needs and practices of providers in center-based programs versus family child care homes.

Consider what types of analysis might be most meaningful for different audiences, including policymakers, campaign partners, parents, and ECE providers.

SHARING RESULTS

Once you have analyzed the results of your survey, you need to determine how you want to share them with other stakeholders. Use the Voices for Healthy Kids ECE Messaging Tools and Values-Based Messaging tool from this toolkit to help you communicate your results to different audiences.
VOICES FOR HEALTHY KIDS ECE NEEDS ASSESSMENT TEMPLATE

All children, no matter where they live or go for child care, deserve healthy food and time for active play. It will help them grow up healthier and children learn better in healthy environments. [COALITION NAME] wants to learn more about the food and drinks you serve and how you keep kids moving in your child care program. With your help, we can find ways to make it easier for child care providers like you to give kids a healthy start in life.

DEMOGRAPHICS
1. Provider type (checklist, select one):
   - [revise based on provider types in state]
     - Licensed Family Child Care Home
     - Licensed Group Child Care Home
     - Licensed Child Care Center
     - License-Exempt Family Child Care Home
     - License-Exempt Child Care Center
     - Unlicensed Child Care Provider
2. Zip code where your child care program is located: ______________
3. Does your child care program participate in the USDA Child and Adult Care Food Program (CACFP)?
   - Yes, we currently participate
   - If yes, do you work with a CACFP sponsor organization [list of sponsors in state, select one]
   - No, we do not currently participate but we have in the past
   - No, we have never participated
   - I’m not sure
5. Does your child care program participate in your states Quality Rating and Improvement System? [IF APPLICABLE]
   - Yes, we currently participate
     - If yes, what is your QRIS level? [list of QRIS levels, select one]
   - No, we do not currently participate but we have in the past
   - No, we have never participated
   - I’m not sure
6. How are meals and snacks provided to children in your program?
   - All meals and snacks are provided by my child care program
   - All meals and snacks are provided by a caterer/K-12 school district
   - All meals and snacks are brought from home
   - All meals are brought from home and snacks are provided by my child care program
   - All meals are brought from home and snacks are provided by a caterer/K-12 school district
   - Other (describe)_____________________________

ATTITUDES
7. On a scale of 1 to 5, how important is it to serve healthy food in child care? Healthy foods include fruits and vegetables, 100% whole grains, and little/no added sugar.
   - Not Important  1  2  3  4  5  Very
8. On a scale of 1 to 5, how important is it to serve healthy drinks in child care? Healthy drinks include water, unflavored milk, and 100% fruit juice.
   - Not Important  1  2  3  4  5  Very
9. On a scale of 1 to 5, how important is it for children to have active play time in child care? Active play is any movement that increases heart rate and breathing above what it would be if the child was sitting or resting. Examples include walking, running, crawling, climbing, jumping, or dancing.

   Not Important  1  2  3  4  5 Very

10. On a scale of 1 to 5, how important is it to limit how much time screen time children get in child care? Screen time is any time spent watching shows or using a device with a screen (including television, movies, cell phone, video games, computer, or other digital device)

   Not Important  1  2  3  4  5 Very

HEALTHY FOOD AND DRINK PRACTICES

If you do not serve any food or drinks to children in your program, please skip to Question 19.

11. How often do you serve fruits and vegetables to children in your program?
   - Less than one time per week
   - At least one time per week
   - At least one time per day
   - We serve fruits or vegetables at every meal and snack

12. How often do you serve foods that are 100% whole grain?
   - Less than one time per week
   - At least one time per week
   - At least one time per day
   - All of the grain-based foods we serve are 100% whole grain

13. How often do you serve sweetened cereal?
   - One time per day or more
   - 3-4 times per week
   - 1-2 times per week
   - Rarely or never

14. How often do you serve sugary drinks (Kool-Aid™, soda, sweet tea, sports drinks)?
   - One time per month or more
   - 3-4 times per year
   - 1-2 times per year
   - Rarely or Never

15. What type of milk do you serve to children over age two?
   - Whole or regular milk
   - Reduced fat or 2% Low-fat or 1%
   - Fat-free or Skim

16. How often do you serve flavored milk?
   - One time per day or more
   - 3-4 times per week
   - 1-2 times per week
   - Rarely or Never

17. How often do you serve 100% fruit juice to children under age 2?
   - 3 times per month or more
   - 1-2 times per month
   - Rarely or never
   - I do not serve children under age 2

18. How often do you have celebrations like holidays or birthdays when you let children eat treats or less healthy food or drinks?
   - One time per month or more
   - 3-4 times per year
   - 1-2 times per year
   - Never
ACTIVE PLAY PRACTICES
Active play is any movement of the body that increases heart rate and breathing above what it would be if a child was sitting or resting. Examples include walking, running, crawling, climbing, jumping, and dancing.

19. How much active play time do preschoolers get indoors and outdoors each day, including preschoolers with disabilities?
- 0-30 minutes
- 30-60 minutes
- 60-90 minutes
- More than 90 minutes

20. How often do infants get supervised play time on their bellies (“tummy time”)?
- Less than once per day
- 1-2 times per day
- 3 or more times per day
- We do not serve infants in our program

21. What do toddlers and preschoolers usually do if the weather is cold, rainy, snowy, or hot (excluding extreme or dangerous weather)?
- Stay inside for quiet time
- Stay inside for light activity, such as stretching or floor games
- Stay inside for vigorously active play, such as dancing, jumping, or running
- Go outside anyway, with proper clothing and protection from the weather

SCREEN TIME PRACTICES
Screen time is any time spent watching shows or using a device with a screen (including television, movies, cell phone, video games, computer, or other digital device).

22. How much screen time do preschoolers in your program get each day?
- More than 90 minutes
- 60-90 minutes
- 30-60 minutes
- 0-30 minutes

23. How much screen time do children age 2 and under get each day?
- More than 30 minutes
- 16-30 minutes
- 0-15 minutes
- None
- We do not serve children two and under in our program

24. How often do you have celebrations like holidays or birthdays when you let children watch a movie or extra shows?
- Once a month
- 3-4 times per year
- 1-2 times per year
- Never

NEEDS
25. Which resources would help you serve healthier food and drinks in your child care program? Rank the options from 1 to 10 (1 is the most helpful, 10 is the least helpful):
- Healthy recipes and sample menus
- Large kitchen equipment (e.g. refrigerator, freezer)
- Small kitchen equipment (e.g. pots and pans, slow cooker)
- More space for storing and preparing food
- More time to prepare healthy food
- Training about nutrition and how to cook healthy food that kids will eat
- Training about how to build support from staff and parents for serving healthy food and drinks
- 1-on-1 coaching from someone who can help me plan and prepare healthy meals
- Healthy food and drinks that cost less
- More healthy food and drinks sold in stores/markets nearby
- Other (please describe)__________________________
26. Which resources would help increase physical activity in your child care program? Rank the options from 1 to 10 (1 is the most helpful, 10 is the least helpful):

___ Activity ideas for different age groups, indoors and outdoors
___ Appropriate clothing or shoes for children to play outdoors (e.g. rain boots, hats, snow pants)
___ Large play equipment (e.g. swing set, playground structure)
___ Small play equipment (e.g. tricycles, balls, scarves)
___ More indoor play space
___ Training about how to lead physical activities for all children, including children with disabilities
___ 1-on-1 coaching from someone who can help me plan and lead physical activities
___ A safer neighborhood where I can feel comfortable bringing kids outdoors
___ Other (please describe)__________________________

27. Which resources would help you use screen time more responsibly in your child care program? Rank the options from 1 to 7 (1 is the most helpful, 7 is the least helpful):

___ Activity ideas to take the place of screen time
___ List of high-quality, developmentally-appropriate shows and apps
___ Indoor play equipment (e.g. scarves, musical instruments, books)
___ Small play equipment (e.g. tricycles, balls, scarves)
___ Training about how to handle screen time with mixed age groups
___ 1-on-1 coaching from someone who can help me limit the use of screen time in my program
___ Reliable internet so I can access high-quality programming
___ Other (please describe)__________________________

ADDITIONAL INFORMATION

28. Where do you go for information about nutrition and physical activity in child care? (select all that apply) [modify based on focus group findings and local options]

___ Internet/Google searches Facebook
___ Pinterest
___ From other child care providers I know
___ Child care resource and referral agency
___ Child care health consultants
___ State or local health departments
___ Other (please describe)__________________________

29. How do you stay in touch and share information with other child care providers? (select all that apply) [modify based on focus group findings and local options]

___ I don’t
___ At trainings
___ Facebook groups
___ Family child care networks
___ Local directors’ groups
___ Other (please describe)__________________________

30. Please enter your [phone number or email address] to be eligible for [incentive]:

____________________________________________
31. What is the best way for us to contact you about the results of this survey and the work we are doing to create healthier early care and education environments?

___ Phone [number]

________________________________________

___ Email [email address]

________________________________________

___ Direct mail [program address]

________________________________________

___ Please do not contact me

Thank you for completing this survey. If you have any questions about the survey or the results, please contact [survey point person] at [contact information] for more information.
TOOLS TO SUPPORT ECE PROVIDERS AS ADVOCATES
ADVOCACY 101

WHAT IS “ADVOCACY”?
Public support for or recommendation of a particular cause or policy
- Standing up for what you believe
- Sharing your passion
- Sharing what you see

WHAT IS “LOBBYING”? 
Attempting to influence specific legislation or government action
- Direct Lobbying: Communication with a legislator or their staff that:
  - Refers to specific legislation
  - Takes a position
- Grassroots Lobbying: Communication with the public that:
  - Refers to specific legislation
  - Takes a position, and
  - Contains a call to action (asking the public to contact legislators or staff, providing contact information and providing the means to contact them)

WHAT DOES ADVOCACY LOOK LIKE?
- Joining a coalition
- Donating to support the cause
- Sharing your story with friends, neighbors, peers or policymakers
- Calling or emailing your elected official
- Writing a blog post or letter to the editor
- Voting!

AM I EVEN ALLOWED TO LOBBY?
Yes! Any citizen is allowed to contact legislators and tell them what you think about specific legislation or government action, as long as you aren't getting paid to do so.

If you work for a nonprofit agency, you are able to do a certain amount of lobbying based on your agency’s budget, unless your agency is funded solely by the government. You'll have to track the time and money you spend on lobbying activities to make sure it is within the allowed expense range.

Voices Lobbying vs. Non-Lobbying Checklist
EARLY CARE AND EDUCATION
ADVOCACY MYTH BUSTER

“IT’S ALL POLITICS”
Sometimes advocacy is about politics, but mostly it’s about relationships — the relationships you have with children, families, coworkers, your community and your government.

“IT’S HARD.”
Advocacy doesn’t always feel easy or comfortable, but it is something each one of us can do. The more an issue matters to you, the easier it is to share your story and educate others about why it should matter to them, too.

“NO ONE’S GOING TO LISTEN TO ME.”
Sure they will, as long as what you say connects to something that matters to them. Think about how different people might hear your message differently. Then work with your partners to come up with messages that will connect with different audiences.

“IT ONLY HAPPENS IN THE CAPITOL.”
In order to be effective, advocacy has to happen everywhere. That means talking to your coworkers and parents about why healthy eating and active play are important for every kid, every day.

“IT’S NOT QUALIFIED”
You know more about the realities of early care and education than most lawmakers ever will! You know how important it is to feed kids healthy food and keep them moving every day, but you also know how tough it is to do. You are the expert.

“I DON’T HAVE TIME.”
Advocacy doesn’t have to be something extra that you do — it’s something you’re doing every day. When you bring your students outside and encourage them to run around, you’re advocating. When you tell parents about the new fruit or veggie you served at lunch, you’re advocating.

“IT’S NOT MY JOB.”
Of course it is! Your job is to nurture and educate young children so they can grow up to change the world. Every day you’re a teacher, a nurse, a referee, a best friend. And every day you’re an advocate.

STATE CHILD CARE ADVOCACY ACTIONS

TAKE ACTION IN ONLY 5, 15, 30, AND 60 MINUTES!

As a resident, you see first hand how state and local policies impact the child care and early education landscape in your community. You want to see stronger local investments in quality early childhood initiatives. You want child care regulations that lead to safer, more accessible child care programs. But, who has time to advocate for these things? You are in luck! Local and state policymakers are often more accessible for advocates to engage, and less hindered than federal policymakers. With these tips on how to make small investments of your time, you will be able to influence child care systems in your community!

5 MINUTE ACTIONS
In the time it takes to change a diaper, you can:
- Register to Vote
- Donate to support the cause! Put your financial contribution to work fighting for high quality, accessible, and affordable child care.
- Locate your child care resource and referral state network. Follow them on social media to learn about upcoming legislation on local child care issues and share with your social networks.
- Identify your state and local officials. Each of those listed below can be important contacts for advocacy efforts.
  - Child Care Regulators: Code enforcement, health department, child care licensing, and state health and human services department for children and families
  - Policymakers, including your city council members, mayor, governor, district state representative, and state senators
- Find out who represents you at state level by entering your address.
- Print it off, write it down, or take a picture so you remember!

15 MINUTE ACTIONS
In the time it takes to give a child a bath, you can:
- Learn about your state’s legislative process and important dates:
  - When are state budgets finalized?
  - When are state legislators in session?
  - Who is on the state committees overseeing policy in early childhood education and child care?
  - What bills are being introduced in the state legislature in support of your priorities?

30 MINUTE ACTIONS
In the time it takes to fold a load of laundry, you can:
- Email or call your local elected official or regulator to share your story and discuss their priorities around child care and early education.
  - Make sure to indicate you are a constituent
  - Have a specific “ask” ready when you make contact. Example: I want to talk about code enforcement’s efforts to identify and address unlicensed child care providers that are operating illegally.

1 HOUR ACTIONS
In the time it takes for your child to nap, you can:
- Attend a town hall meeting hosted by your elected official and ask questions or share your personal story.
- Meet with your local or state officials and your child care resource and referral agency (CCR&R).
- Write a Letter to the Editor of your local newspaper.
- VOTE! Learn where state and local candidates stand on important child care issues and cast your vote in primary, mid-term, and general elections.
Have a bit more time to commit to advocacy actions? Here are some additional tips:

- Work with your local CCR&R to coordinate or host a site visit at a local early care and education program for legislators to learn more about the importance of early childhood education.
- Host or attend a fundraiser that supports child care and early education causes in your area. Canvass the community in support of political candidates whose vision and ideas are in alignment with practical and meaningful policy solutions for families.

HELPFUL ADVOCACY RESOURCES

- Child Care Works
- State by State Licensing Database
- Mapping the Gap: Examining Child Care Supply and Demand Across the Country
ECE ADVOCATE STORY TELLING GUIDE

WHY IS STORYTELLING IMPORTANT?

Simply put, stories can change the world. They bring policies to life and force policymakers to consider the human impact of their decisions. We often hear that policymakers want to hear from their constituents and we are all constituents to some policymaker. That means it’s up to us to share our stories with them in an instructive and impactful way. Whether you are a provider, parent or CCR&R, you have a powerful story to tell about ECE. Use this guide to help you tell your story so it can make a difference.

HOW TO CONSTRUCT YOUR STORY

Make sure you have the right messages:

- Work with partners to develop values-based messages for different audiences, using Building Support for Healthy Standards Among Child Care Providers and Values-based Messaging Tool from this toolbox
- Visit Building Blocks for a Healthy Life: Early Care and Education, Voices for Healthy Kids

Follow the instructions and examples below!

HERE’S AN EXAMPLE TO GET US STARTED

My name is Angela and I’m the director of a small, independent child care center in downtown Atlanta. Every day we serve 85 children ages six weeks to six years. We know that a lot of our families struggle to make ends meet. The average cost of infant care in Georgia is more than $8,300 per year, which is almost as much as a year of public college. For some of our families, the high cost of child care means cutting costs elsewhere—like choosing foods that might be less expensive, but also less healthy. Or they might live in areas where it’s hard for their kids to get outside and play. That’s why the foods we serve and activities we offer in child care matter so much. These kids are with us 10-12 hours a day and they eat two meals and two snacks with us. If we can’t provide healthy food and lots of time to run and play, they may not get it at home.

At the same time, providing high quality care is really expensive! Reimbursements from the Child and Adult Care Food Program help us pay for healthier food, but I also need to make sure the staff I have doing the cooking have been trained and can prepare the food in a way that makes kids excited to eat it. We don’t have a ton of outdoor play space, so it can be tough to get kids outside and running around as much as we’d like to. And we’ve had to do fundraisers to replace playground balls and equipment that gets worn out. Sometimes teachers dig into their own pockets to pay for those things when the center just doesn’t have the money. That shouldn’t be their responsibility.

If my center is struggling to afford the training and equipment we need to make kids healthy, I know other centers and child care providers across the state are facing the same struggle. Right now, the legislature is putting together a budget for next year. We know that high-quality birth-to-five programs can lead to better outcomes in education, health, social behaviors, and employment,. We also know that kids in high-quality programs are less likely to have cardiovascular disease and diabetes as adults. If we want to make sure that our youngest kids get the nutritious food and active play they need to grow up healthy, we need the state to fund technical assistance and grants to help child care providers serve healthy foods and drinks and offer lots of opportunities for active play.
GINGERBREAD MAN MODEL

**Appeal to the Heart**
What is your personal story? Paint the picture of your experience with child care. Share who, what, where, and how it feels.

**Appeal to the Brain**
What are the facts and statistics? Describe the state and national policy challenges with the child care system and the facts that support your solution.

**Appeal to the Need to Act**
What can we do about it? Provide tangible action steps on how to solve the problem.

PAIRING YOUR STORY WITH FACTS: TRIANGLE MESSAGING MODEL

<table>
<thead>
<tr>
<th>Problem</th>
<th>Opportunity</th>
<th>Solution</th>
</tr>
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<tbody>
<tr>
<td>It takes a lot of time, money and effort to serve kids healthy food and give them lots of opportunities for active play in ECE. But families rely on us to give their kids the healthiest start possible, especially if they’re struggling to make ends meet themselves.</td>
<td>Thanks in part to a recent surge in women running for office, ECE is getting more attention at the national and state level than it has in decades. The Georgia legislature is in session right now, and they’re working on their budget for the upcoming year.</td>
<td>We need dedicated funding for technical assistance and grants to support providers in creating healthier ECE programs where children can build healthy eating and active play habits that set them up for a lifetime of good health.</td>
</tr>
<tr>
<td>Fact: Providers need training and financial resources in order to provide high-quality ECE. Fact: In Georgia, one year of infant care costs more than $8,300. That’s almost as much as one year at a public college*</td>
<td>Fact: This is a bipartisan issue. Both parties have legislators and nominees who are talking about affordable, quality ECE. Fact: Thanks to the 2018 midterm elections, women now make up nearly one-third of Georgia’s legislature—the most women ever elected to the legislature!</td>
<td>Fact: High-quality birth-to-five programs can lead to better outcomes in education, health, social behaviors, and employment, with a 13 percent return on investment.** Fact: Children who participate in high-quality early childhood programs are less likely to have cardiovascular disease and diabetes as adults.**</td>
</tr>
</tbody>
</table>

*Child Care Aware® of America’s Annual Cost of Care Report and Annual State Fact Sheets are great sources of state-specific information on child care cost, access, and quality.

**Voices for Healthy Kids Early Care and Education Fast Facts is a great source for facts on nutrition and active play in child care
HOW TO SHARE YOUR STORY

Now that you’ve developed your story, you have a lot of options for how to get it out into the world:

- In writing: Contact your elected officials, write a Letter to the Editor, write a blog post, or newsletter article
- By video: Record a video using your smartphone and share on social media, blogs, or your coalition’s website. Video tips: Always hold your smartphone horizontally, shoot in brightly lit areas, and try for the best audio possible. You can improve the audio quality greatly with inexpensive microphones you can easily buy online.
- In person: Talk to your peers, friends and neighbors; attend town halls and public hearings; meet with your elected officials

TRIANGLE MESSAGING MODEL — TRY IT FOR YOURSELF!

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<thead>
<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Share your story here.</td>
<td>Why is this the time to do something?</td>
<td>How do we fix this?</td>
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CAMPAIGN GOALS WE CAN ALL UNDERSTAND

While ECE providers and parents are experts when it comes to caring for children, they may not be policy wonks. Campaign language that is too full of jargon can feel exclusive and isolating to a passionate advocate who isn’t familiar with state government systems. Sharing plain language descriptions of your campaign’s goals can make the campaign feel more accessible to new advocates.

Voices for Healthy Kids supports policy changes that ensure all children will grow up healthy wherever they live, learn, and play. ECE campaigns focus on setting kids up for success through good nutrition, limited screen time, and lots of fun and games that keep them moving.

CAMPAIGN GOALS

1. Establish nutrition, physical activity, sugary drink and screen time standards for ECE centers, family child care homes, or both.

What does that mean?

• If your state already has child care licensing regulations or QRIS standards that address nutrition, physical activity and screen time, this is a campaign to update those existing regulations so they meet national standards.

• If your state doesn’t already have licensing regulations or QRIS standards that address these topics, this is a campaign to promote new regulations that meet national standards.

What are the national standards?

• Nutrition standards should follow the USDA Child and Adult Care Food Program, which includes lots of fruits and vegetables, 100% whole grains, less sugar, and encourages breastfeeding.

• Physical activity standards should follow the YMCA’s Healthy Eating and Physical Activity Standards, which include a minimum of 60 minutes of physical activity for full-day programs, 30 minutes for half-day program, and daily tummy time for infants.

• Screen time standards should follow the YMCA’s Healthy Eating and Physical Activity Standards, which include a maximum of 60 minutes of screen time per day for children over age two in full-day programs, 30 minutes in half-day programs and no screen time for children under age two.

• Sugary drink standards should follow the Healthy Eating Research Recommendations for Healthier Beverages, which allow water, unflavored milk, and one small serving of 100% juice per day, but do not allow drinks with added sweeteners.

2. Establish funding for dedicated technical assistance and grant opportunities for child care providers operating in low-income communities or serving families with low- incomes to incorporate nutrition, active play, and screen time standards.

What does that mean?

• Asking the state to fund the supports that ECE providers need in order to follow national standards for nutrition, physical activity, screen time, and sugary drinks.

• Some of the funding will go to technical assistance for ECE providers, so specialists in healthy ECE practices can work directly with providers to help them serve healthier food and drinks, build more active play time into their programs, and use screen time responsibly.

• Some of the funding will go to grants or financial incentives, which can help ECE providers pay for materials, equipment and other expenses they need in order to follow the national standards.

• The funding will be available to all child care providers who accept Child Care and Development Fund subsidy payments, especially those located in low-income communities and/or programs that serve low-income families.
GLOSSARY OF POLICY PROCESS TERMS

Amendment: Proposed change to a bill or law.
Appropriation: Allows spending for a specific purpose.
Authorization: Part of a law that establishes an agency or program and allows for spending on that agency or program.
Balanced Budget: A budget where the money collected (revenue) equals money spent.
Bill: Proposed legislation for the legislature to consider.
Budget Deficit: When the state spends more money (spending) than it collects (revenue), the budget deficit is the difference between the two amounts.
Caucus: A closed meeting of legislators from one party; or a group of legislators who formally work together because of their shared interest on specific issues.
Chamber: The group(s) of elected officials who make up the state legislature. Most states have two chambers: the Senate and the House of Representatives (in some states this is called the Assembly).
Committee: A group of legislators from both parties that consider specific types of legislation (e.g. education, budget, rules). Committees are often broken into even more specialized groups called subcommittees.
Committee Chairperson: The leader of the Committee.
Conference Committee: A temporary group of members from both chambers who work out differences between bills that have passed in both chambers.
Fiscal Year: The one year period that the state budget follows. In most states this is July 1 to June 30.
Hearing: A Committee meeting for gathering information about a proposed program or bill. Hearings are usually open to the public and members of the public can make statements.
Line item: A particular expense within a budget, such as funding for an ECE technical assistance program.
Legislature: Elected officials who represent people living in different areas of the state or country. In most states, the legislature has two chambers: the House or Assembly and the Senate.
Majority Leader: The leader of the political party that holds the most seats in the state Senate. In the state House or Assembly, the majority leader is second in leadership behind the Speaker.
Minority Leader: The leader of the political party that does not hold the most seats in the state House or Assembly or state Senate.
Public Comment: An opportunity for members of the public to give input on proposed legislation or regulations. The agency asking for public comment defines how much time the public will have to give input and how they can comment (e.g. online, in writing or in person).
Quorum: When a majority of members of a group are present.
Revenue: Money that comes into the state through individual and business taxes, fees, and funding from the federal government.
Senate President: The leader of the political party that holds the most seats in the state Senate.
Speaker of the House: The leader of the political party that holds the most seats in the state House or Assembly.
Testimony: When a member of the public speaks directly to a committee during a hearing.
Veto: When the Governor rejects a bill or appropriations items that have passed both chambers.
THE STATE BUDGET PROCESS

Every state develops its budget differently, so it is important to talk to your coalition members and learn about all the steps and important dates in your state’s budget development process. In most states, it takes about 12 months to build a budget.

1. **Agency budget preparation**: At the beginning of the fiscal year, the state budget office tells state agencies (e.g. Department of Health, Education or Social Services) how much money they think the state will have in the next year and asks agencies how much they want to spend in the upcoming year and how they plan to spend it.

   **Get involved!** Partner with your coalition members and other ECE providers in your community to plan an event that raises awareness of your campaign issue. Serve healthy food, lead fun physical activities, and have providers, families and kids speak about why healthy ECE matters for the whole community.

2. **Review and recommendation**: The state budget office and other administrative leaders review agency requests and make recommendations about what the Governor’s Budget should include.

3. **Governor’s Budget is released**: This is the first proposed budget in the process and gives House and Senate appropriations committees a starting place for building their proposed budgets.

   **Get involved!** If a newspaper writes an article about the governor’s budget, submit an Op-Ed or Letter to the Editor responding to the article, sharing your story and explaining why the budget should include funding for ECE technical assistance and grants.

4. **Governor’s Budget goes to the legislature for appropriations**: At this point, appropriations committees in the House and Senate decide how and where to spend the state’s money for the next fiscal year.

   **Get involved!** If your elected official sits on the appropriations committee, reach out and set up an in-person meeting with them or their staff to share your story.

5. **House and Senate pass their own versions of the budget**: In some states, the two chambers work together to come up with one budget bill. In other states, each chamber passes their own.

6. **Conference Committee meets to create a final budget**: In states where each chamber passes their own budget, a conference committee meets to negotiate the differences between the House and Senate budgets and come up with a final budget.

7. **Final budget goes to both chambers**: Most states require a majority vote to pass the budget.

   **Get involved!** Reach out to your elected officials on social media and tell them to support funding for ECE technical assistance and grants.

8. **Budget goes back to the governor**: In most states, the governor has the power to veto parts of the budget but not the entire budget.

9. **Governor’s changes go back to the legislature**: In some states, the legislature can override a governor’s veto if two-thirds of legislators agree to do so.

THE LEGISLATIVE PROCESS

State child care licensing regulations and QRIS standards often start with laws passed by the state legislature. There are lots of steps involved, which means there are lots of opportunities to educate your elected officials and state agency leaders about the issues that matter to you. Office visits, participation in public meetings, and site visits to your child care program can happen any time throughout the year.

1. A member of the state Senate or House introduces a bill.
   
   Get involved! Reach out to that member on social media to share your story and offer thanks, support, or opposition to the bill.

2. The bill gets passed on to one or more committees in that chamber, depending on the topic.

3. The committee(s) hold hearings on the bill, or they may pass it along to subcommittees.
   
   Get involved! Provide oral or written testimony during the hearings.

4. The committee(s) discusses potential changes to the bill.
   
   Get involved! If your elected official sits on one of the committees, arrange a site visit to your child care program so that official, their staff, and/or members of the media can see what healthy eating and active play in child care really looks like.

4. The committee votes on the bill. If a majority of committee members vote to pass it, the bill moves on to the full House or Senate.
   
   Get involved! If your state or local newspaper writes an article about the bill, submit a Letter to the Editor responding to that article.

5. The full House or Senate debates the bill and votes on it.
   
   Get involved! Not every bill that passes out of committee will end up getting debated or voted on by the full chamber. Reach out to the House or Senate leadership to tell them why this bill should be heard.

6. If the bill passes one chamber, it gets sent to the other chamber for a vote.

7. Once a bill passes both chambers with majority votes, it is sent to the governor who can veto it or sign it into law.

   Get involved! Draft a sign-on letter supporting the bill and invite other ECE providers to add their businesses or names to the letter.

THE REGULATORY RULEMAKING PROCESS

In most states, licensed child care programs have to follow regulations or “rules” written by the child care licensing agency. Each state approaches administrative rulemaking in a slightly different way.

Agency rulemaking can be a very slow process, sometimes taking a year or more from beginning to end. Regulatory campaigns should prepare for things to move slowly, and coalition members should start building relationships with leaders and staff at the child care licensing agency long before the rulemaking process begins.

STARTING THE PROCESS

There are several different ways that the rulemaking process can begin.

• **Legislation**: State child care licensing rules often start with laws passed by the state legislature or the federal government.

• **Regular Required Review**: Some states require the child care licensing agency to review some or all of its rules on a regular basis.

• **Petition**: In many states, any “interested person” can petition a state agency to adopt a new rule or change or remove an existing rule. The agency can either deny the request or they can start the rulemaking process.

Get involved! Members of your coalition should build relationships with agency leaders and share your campaign’s proposals long before the rulemaking process begins. That way, your opinions and suggestions will be present even if the agency drafts rules on its own.

PUBLICATION OF THE PROPOSED RULE

Once the agency has a draft of the proposed rule, they have to publish that draft for the public to review and comment on. Most states have a state bulletin or other regular publication where proposed rules are published for public review. The agency may also have to include the date and time of any public meetings on the rule and instructions for how members of the public can submit their comments.

Public Comment

Once the agency has published a proposed rule, members of the public have a set period of time to submit written comments (usually between 30 and 180 days). Members of the public can submit written comments by mail, through an online system, or both depending on the agency’s instructions. The agency may also hold public meetings to discuss the proposed rule and these meetings are open to everyone. There may be opportunities for members of the public to voice their comments directly to agency decision-makers.

Get involved! Public comments are most effective when a lot of people submit similar comments. Work with your coalition partners and other ECE providers or parents to write model comments, then spread the word and tell other providers, family members, and advocates how to submit the model comments.

ADVANCE NOTICE

A rulemaking agency might want to hear input from the public before it starts drafting new rules or making changes to existing rules. The agency may have done some analysis of the issue they are considering and will share that analysis publicly.

DRAFTING THE PROPOSED RULE

Sometimes an agency will draft proposed rules on its own and sometimes it will invite other stakeholders to participate in the process.
FINALIZATION

In many ways, the most important part of the rulemaking process is what happens once a new or updated rule is adopted. At that point, ECE providers need to figure out how they will follow the new rule and the licensing agency needs to figure out how it will monitor compliance. The new rule usually will not take effect right away, giving providers some time to put it into practice. Your coalition members should continue to work with providers and agency leaders to offer support and input on how the new rule should be implemented.

Get involved! This is where getting input from lots of ECE providers, through a needs assessment survey and/or focus groups, pays off. If you have already spent time listening to ECE providers, you will have a better idea of what support they need in order to implement the new rules.

Source: Justia “Rulemaking/Writing Agency Regulations” https://www.justia.com/administrative-law/rulemaking-writing-agency-regulations/
HOW CAN THIS TOOLKIT SUPPORT YOUR ADVOCACY READINESS?

Many of the tools contained in this toolkit can help your ECE campaign complete tasks in the Voices for Healthy Kids Advocacy Readiness Survey, including tasks associated with collecting information, advocacy strategies and health equity. Below is a list of all the tools and the corresponding Advocacy Readiness Survey tasks they can help you complete.

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