

I am Moving, I am Learning (IMIL) Feedback Survey

Thank you for attending the Summer 2024 *I am Moving, I am Learning (IMIL)* Training from the National Center on Health, Behavioral Health, and Safety!

This follow-up survey is to check in and learn about your work with IMIL since we last saw you. It is voluntary, and you do not have to answer any questions you don't want to. The survey takes about 7 minutes to complete. This survey is anonymous. By completing this survey, you consent to have your responses shared and stored with the National Center for Health, Behavioral Health, and Safety (NCHBHS) and the Office of Head Start (OHS).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to determine the success of IMIL Trainings, to improve the responsiveness of TTA offerings to group needs, and to inform continuous quality improvement of future IMIL Training efforts. Public reporting burden for this collection of information is estimated to average 7 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 05/31/2027. If you have any comments on this collection of information, please contact Nancy Topping-Tailby, Project Director, NCHBHS.

Role and Participation

- 1) Please identify your program: [*present pull down list*]
- 2) Did you attend the Summer 2024 IMIL Training?
 - a) Yes
 - b) No [*If no, skip Post-Training Questions*]
- 3) Are you the IMIL Point of Contact for your program?
 - a) Yes [*If yes, present POC Questions after Post-Training Questions*]
 - b) No

Post-Training: Practices

- 4) Please select anything you have tried from the **Body Language workshop**:
 - a) Intentionally plan for children to do activities that support writing skills (examples, using a scarf to write letters in the sky, using yarn to make waves or zig zags or letters)
 - b) Add vocabulary to movement (for example fast, slow, up, down, in front, behind, over, under, perhaps to an obstacle course or regular play)
 - c) Play games such as “may I” or “red light green light” using movement vocabulary.
 - d) Intentionally engage with children and reflect on their activities to help them learn that the brain tells the body how to move (throw a ball hard, or farther)
 - e) Intentionally play games that help children learn where their bodies move (self space, shared space, open space)
 - f) Teach learning about self (body parts, songs like Hokey-Pokey, or Head, Shoulders, Knees and Toes)
 - g) Other (please specify):
- 5) Please select anything you have tried from the **Nutrition workshop**:
 - a) Increase awareness by building food and drink skills in young children (children measuring ingredients, kneading dough, using a dull knife, mashing soft fruits, veggies, setting the table, etc.)
 - b) Add healthy food activities to your program (partner with farmer’s market, grow your own garden, participate in a community garden, etc.)
 - c) Work with families to share healthy food messages
 - d) Review nutrition policies that promote caregivers understanding that the adults provide healthy food, and the child chooses what food they will eat (i.e., don’t force children to eat, finish their plate, etc.)
 - e) Integrate nutrition into learning activities (e.g., graphing who ate a vegetable, fruit, or meat; talking about food that is hot/cold, sweet, sour)
 - f) Other (please specify):

- 6) Please select anything you have tried from the **Moderate to Vigorous Physical Activity (MVPA)** workshop:
- a) Share messages about moderate to vigorous physical activity with families
 - b) Intentionally add MVPA throughout the daily routine, examples added to transitions, clean up, circle time dance, book time, etc.
 - c) Follow MVPA recommendations for toddlers 60 to 90 minutes per 8-hour day
 - d) Follow MVPA recommendations for preschoolers: 90 to 120 minutes per 8-hour day
 - e) Follow MVPA recommendations for outdoor play for toddlers and preschoolers: 60 - 90 total minutes of outdoor play
 - f) Follow MVPA recommendations for all children (birth to six years of age): 2-3 occasions of active play outdoors
 - g) Follow MVPA recommendations for all children (birth to six years of age): Two or more, structured or caregiver led, activities or games that promote movement over the course of the day
 - h) Follow MVPA recommendations for all children (birth to six years of age): Continuous opportunities to develop and practice age-appropriate gross motor and movement skills
 - i) Plan for structured MVPA activities (ball tossing games, follow the leader, musical chairs)
 - j) Plan for unstructured MVPA activities (playing tag or hide and seek, chasing bubbles, using small parts like balls, scarves, etc. for children to pick up and use for activity)
 - k) Other (please specify):
- 7) Please select anything you have tried from the **Brain Development** workshop:
- a) Incorporate activities that promote eye movement (e.g., toss and catch rags in the air, tracking objects with their eyes, etc.)
 - b) Add movement to cross the midline (e.g., swings, rhythm, rhyming, move to music, rhythm sticks, drums, etc.)
 - c) Add activities that support active learning (e.g., use pool noodles to shape letters, use rhythm sticks, follow pathways and zig zags)
 - d) Other (please specify):
- 8) Please select any **Staff Wellness** activities you have tried:
- a) Incorporate activity into staff meetings
 - b) Staff role model movement with the children
 - c) Other (please specify):
- 9) Please select any activities you have tried with **Families**:
- a) Share IMIL ideas with families
 - b) Use IMIL concepts during program and family event
 - c) Other (please specify):

- 10) Please select any activities you have tried with **Infants and Toddlers**:
- a) Intentionally address physical activity for infants that support development
 - b) Intentionally plan for physical activity for toddlers
 - c) Other (please specify):
- 11) Please select all **policies** you have created or updated related to Movement and Nutrition Management:
- a) Reviewed physical activity policies and procedures
 - b) Provided training for staff on IMIL
 - c) Prepared budget that includes equipment and training that support implementation of IMIL concepts
 - d) Other (please specify):

Post-Training: Overall Implementation

- 12) I Am Moving, I Am Learning (IMIL) is designed to enhance what programs already do to support children and families with nutrition and physical activity goals. With this in mind, please indicate where your program stands in each of the following areas: [*present 4-pt Likert scale: "Have not started yet" "Just beginning" "Working on it regularly" "Fully implementing"*]
- a) Sharing and getting buy-in from leadership
 - b) Identifying, reviewing, and updating policies
 - c) Training additional frontline staff
 - d) Planning, making, or purchasing materials to support IMIL activities
 - e) Other (please specify):
- 13) In the months following the 2024 IMIL Training, how easy has it been to try IMIL concepts?
- a) Very difficult
 - b) Somewhat difficult
 - c) Somewhat easy
 - d) Very easy
- 14) What has been most helpful to you? Please specify, including any resources or tools you have used (e.g., Choosy Kids music, NAPSACC assessment) to promote physical activity and nutrition, as well as any policies or practices you have implemented:
- 15) Have you experienced any challenges trying IMIL concepts in your program? Please specify, including any issues with buy-in, motivation, leadership, staff transitions, resources (e.g., funding, time), etc.:

Point of Contact Perspectives

- 16) How easy was it to put together a team to attend the 2024 IMIL Training?
- a) Very difficult
 - b) Somewhat difficult
 - c) Somewhat easy
 - d) Very easy
- 17) *[If very difficult or somewhat difficult]* Please explain your answer, including any challenges you faced in identifying attendees or putting together the right team:
- 18) *[If somewhat easy or very easy]* Please explain your answer, including aspects that facilitated identifying attendees or putting together the right team:
- 19) How would you describe the impact of IMIL Training on your program since Summer 2024?
- a) None
 - b) Very little
 - c) Moderate
 - d) A lot
- 20) Please explain your answer, providing details or examples of impact or reasons why impact has been limited and supports that may address them:

Next Steps

- 21) Please explain supports—at the individual or program-wide level—that would help with implementing or sustaining IMIL practices, motivation, skills, tools, or trainings:

Demographic questions

Why do we ask for demographic information? These questions are about some of the ways you describe yourself and your work. This information is important to us because we want the Center's TTA to be useful, meaningful, and respectful for everyone. If we find out a TTA experience is not as helpful for any particular demographic group, we will use that information to improve TTA in the future, so it is more responsive to the group's needs. Please remember that all responses are anonymous, and you may skip any item you do not wish to answer.

- 22) What is your role? (Select the option that most closely describes your role)
- ☐ TA Provider/Coach *[Do not ask Standard Survey follow-up about options that align]*
 - ☐ Program Manager
 - ☐ Frontline Staff, which includes:
 - Home visitors
 - Teachers, aides, and assistants
 - Family child care providers

- Family engagement staff
- Health and nutrition services staff
- () Other (please specify): _____

a) [*If Program Manager*] Which of these options most closely aligns with your specific Program Manager role?

- () Education Manager
- () Health Manager
- () Disabilities Manager
- () Mental Health Manager
- () Nutrition Manager
- () Other

b) [*If Frontline Staff*] Which of these options most closely aligns with your specific Frontline Staff role?

- () Home Visitor
- () Teacher (includes AIAN Early Childhood Program Staff)
- () Teacher Aide/Assistant
- () Family Support Worker (includes Family Advocate/Family Services, Parent Involvement Specialist, Family Educator)
- () Family Child Care Provider (includes Family Child Care Staff, Program Provider, Child Care Staff)
- () Other

23) What language(s) do you speak at home the most?

- () English
- () Spanish
- () Other: _____

Thank you for providing this valuable feedback!