The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be:

a) a guide for reporting for authors of RCTs,

b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

courtney.barnes@hnehealth.nsw.gov.au (not shared) Switch account

* Required

Your name *
First Last
Courtney Barnes

Primary Affiliation (short), City, Country *
University of Toronto, Toronto, Canada
University of Newcastle

Your e-mail address *
abc@gmail.com
courtney.barnes@health.nsw.gov.au

Title of your manuscript *
Provide the (draft) title of your manuscript.
Feasibility of a Web-Based Implementation Intervention to Improve Child Dietary Intake in Early Childhood Education and Care: Pilot Randomized Controlled Trial

Name of your App/Software/Intervention *
If there is a short and a long/alternate name, write the short name first and add the long name in brackets.
Evaluated Version (if any)
e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

v1, releast 09.12.2021

Language(s) *
What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App
e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

N/A

URL of an image/screenshot (optional)

N/A

Accessibility *
Can an enduser access the intervention presently?

- access is free and open
- access only for special usergroups, not open
- access is open to everyone, but requires payment/subscription/in-app purchases
- app/intervention no longer accessible

Other:
Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Child dietary intake

Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

feasibility of the evaluation procedures

Secondary/other outcomes
Are there any other outcomes the intervention is expected to affect?

Uptake, Acceptability, and Appropriateness of the Intervention and Implementation Strategies; Cost to Deliver and Receive Implementation Strategies; Implementation of Targeted Healthy Eating Practices Within the Intervention Group

Recommended "Dose" *
What do the instructions for users say on how often the app should be used?

- Approximately Daily
- Approximately Weekly
- Approximately Monthly
- Approximately Yearly
- "as needed"
- Other:
Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- unknown / not evaluated
- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71%-80%
- 81-90%
- 91-100%
- Other:

Overall, was the app/intervention effective? *

- yes: all primary outcomes were significantly better in intervention group vs control
- partly: SOME primary outcomes were significantly better in intervention group vs control
- no statistically significant difference between control and intervention
- potentially harmful: control was significantly better than intervention in one or more outcomes
- inconclusive: more research is needed
- Other:
Article Preparation Status/Stage *
At which stage in your article preparation are you currently (at the time you fill in this form)

- not submitted yet - in early draft status
- not submitted yet - in late draft status, just before submission
- submitted to a journal but not reviewed yet
- submitted to a journal and after receiving initial reviewer comments
- submitted to a journal and accepted, but not published yet
- published
- Other:

Journal *
If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- not submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)
- JMIR mHealth and UHealth
- JMIR Serious Games
- JMIR Mental Health
- JMIR Public Health
- JMIR Formative Research
- Other JMIR sister journal
- Other:
Is this a fully powered effectiveness trial or a pilot/feasibility trial? *

- Pilot/feasibility
- Fully powered

Manuscript tracking number *

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

- no ms number (yet) / not (yet) submitted to / published in JMIR
- Other: 25902

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? *

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

- yes
- Other:
1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use “web-based” and/or “mobile” and/or “electronic game” in the title. Avoid ambiguous terms like “online”, “virtual”, “interactive”. Use “Internet-based” only if Intervention includes non-web-based Internet components (e.g. email), use “computer-based” or “electronic” only if offline products are used. Use “virtual” only in the context of “virtual reality” (3-D worlds). Use “online” only in the context of “online support groups”. Complement or substitute product names with broader terms for the class of products (such as “mobile” or “smart phone” instead of “iphone”), especially if the application runs on different platforms.

1 2 3 4 5
subitem not at all important 〇 〇 〇 〇 〇 essential
Clear selection

Does your paper address subitem 1a-i? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes, the term web-based is used throughout.

1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., “with telephone support”).

1 2 3 4 5
subitem not at all important 〇 〇 〇 〇 〇 essential
Clear selection

Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Subitem 1a-ii) is addressed within the abstract, but not within the title.
1a-iii) Primary condition or target group in the title

Mention primary condition or target group in the title, if any (e.g., “for children with Type I Diabetes”)

Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

1 2 3 4 5

subitem not at all important □ □ □ □ □ essential

Clear selection

Does your paper address subitem 1a-iii? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Feasibility of a Web-Based Implementation Intervention to Improve Child Dietary Intake in Early Childhood Education and Care: Pilot Randomized Controlled Trial"

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5

subitem not at all important □ □ □ □ □ essential

Clear selection
Does your paper address subitem 1b-i? *
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Centers randomly allocated to the intervention group received access to a web-based program, together with HPO support (eg, educational outreach visit and local technical assistance) to implement 5 healthy eating practices. The web-based program incorporated audit with feedback, development of formal implementation blueprints, and educational materials to facilitate improvement in implementation. The centers allocated to the control group received the usual care"

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT
Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ● essential

Clear selection

Does your paper address subitem 1b-ii?
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "...together with HPO support (eg, educational outreach visit and local technical assistance) to implement 5 healthy eating practices"
1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use “blinded” or “unblinded” to indicated the level of blinding instead of “open”, as “open” in web-based trials usually refers to “open access” (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - “Potentially eligible centers were distributed a recruitment package and telephoned by the research team to assess eligibility and obtain consent. Centers randomly allocated to the intervention group received access to a web-based program, together with HPO support (eg, educational outreach visit and local technical assistance) to implement 5 healthy eating practices. The web-based program incorporated audit with feedback, development of formal implementation blueprints, and educational materials to facilitate improvement in implementation. The centers allocated to the control group received the usual care"
1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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subitem not at all important □ □ □ □ ☐ essential

Does your paper address subitem 1b-iv?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - " Of the 57 centers approached for the study, 22 (47%) provided consent to participate. Data collection components were completed by 100% (22/22) of the centers. High uptake for implementation strategies provided by HPOs (10/11, 91% to 11/11, 100%) and the web-based program (11/11, 100%) was observed. At follow-up, intervention centers had logged on to the program at an average of 5.18 (SD 2.52) times. The web-based program and implementation support strategies were highly acceptable (10/11, 91% to 11/11, 100%). Implementation of 4 healthy eating practices improved in the intervention group, ranging from 19% (2/11) to 64% (7/11)."

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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subitem not at all important □ □ □ □ ☐ essential

You're editing your response. Sharing this URL allows others to also edit your response.
Does your paper address subitem 1b-v?
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "This study provides promising pilot data to warrant the conduct of a fully powered implementation trial to assess the impact of the program on ECEC healthy eating practice implementation."

INTRODUCTION

2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution
Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

Does your paper address subitem 2a-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Web-based modalities provide a potentially effective and less costly approach to implementing nutrition interventions at scale in this setting. Previous research suggests that the use of such modalities to deliver support to center staff is highly acceptable and fits within the existing center infrastructure (eg, access to computers and internet) [12,22,23]. In addition, these modalities can reach a large proportion of the population [24] and have been associated with improvement in a range of provider behaviors and implementation"
2a-ii) Scientific background, rationale: What is known about the (type of) system
Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

1 2 3 4 5
subitem not at all important ☐ ☐ ☐ ☐ ☐ essential ☐

Clear selection

Does your paper address subitem 2a-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Recent trials examining the impact of web-based interventions on ECEC healthy eating practices have been conducted within menu-based centers (ie, centers that provide food to children). A randomized controlled trial (RCT) conducted in 54 Australian childcare centers evaluated the impact of a web-based menu planning program on center compliance with sector dietary guidelines [27]. Results of the RCT found statistically significant improvements in the servings of core food groups and child diet intake; however, the intervention had nonsignificant improvements in the primary outcome of menu compliance with all food groups. The study reported variable levels of engagement with the web-based program, despite the high uptake of implementation support strategies and high acceptability of the intervention and implementation support provided [27]. In addition, the web-based intervention was deemed a cost-effective alternative to traditional menu planning approaches [23]. Within the United States, a pilot RCT conducted in 31 centers evaluated the impact of the web-based Nutrition and Physical Activity Self-Assessment for Child Care (Go-Nutrition and Physical Activity Self-Assessment for Child Care [Go-NAPSACC]) program on center nutrition environments [28]. Despite improvements in food and beverages provided within intervention centers, no statistically significant differences in center nutrition environments were reported at follow-up [28]. Center engagement with the web-based program was not reported; however, the uptake of the implementation support strategies was high among intervention centers. Findings from the process evaluation indicated that a lack of computer literacy among center staff and the need for additional technical support were barriers to program use [28]. Despite these studies showing promise, no RCTs examining the impact of web-based interventions on ECEC healthy eating practices within lunchbox centers (ie, where parents pack foods for children to consume in care) have been conducted"
2b) In INTRODUCTION: Specific objectives or hypotheses

Does your paper address CONSORT subitem 2b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Thus, the aim of this pilot RCT is to determine the feasibility of conducting a fully powered implementation trial assessing the impact of a web-based program together with health promotion officer (HPO) support, on childcare center implementation of healthy eating policies and practices. Specifically, we seek to (1) describe the completion of study evaluation processes (participant consent and data collection rates); (2) examine ECEC center uptake, acceptability, and appropriateness of the intervention and implementation strategies; (3) understand the potential cost of delivering and receiving the implementation strategies; and (4) describe the potential impact of the web-based intervention on the implementation of healthy eating practices among centers in the intervention group."

METHODS

3a) Description of trial design (such as parallel, factorial) including allocation ratio

Does your paper address CONSORT subitem 3a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "In brief, a pilot implementation trial using a cluster RCT design was conducted in center-based childcare centers within the HNE region of New South Wales, Australia. Following baseline data collection, centers were randomly allocated to the intervention or control group, stratified by center socioeconomic status (SES)." "...in a 1:1 ratio throughu a block randomization procedure (block sizes 2 or 4) conducted by an independent blinded statistician."
3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No changes were made to the trial.

3b-i) Bug fixes, Downtimes, Content Changes
Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

Does your paper address subitem 3b-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No changes were made to the program during the intervention.

4a) Eligibility criteria for participants
Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "Centers were eligible to participate in the trial if (1) they enrolled >20 children per day, (2) had internet access, (3) parents provided food for children to consume while attending care (ie, centers did not provide food), (4) they did not participate in any other healthy eating or physical activity intervention, and (5) they were not fully compliant with healthy eating practices (ie, not implementing all 5 practices) specified in the NSW state obesity-prevention program (ie, Munch & Move) targeted by the intervention, according to the NSW Ministry of Health data monitoring [35]. Centers were ineligible if they were a mobile preschool or family day care center, did not cater to children aged 2-5 years, catered exclusively for children requiring specialist care, or were classified as an NSW Department of Education center owing to differing operational characteristics."

"For children to be eligible to participate, they were required to (1) have written consent from a parent or guardian, (2) be between the ages of 2 and 5 years, (3) be enrolled to attend the center on at least one of the scheduled days of data collection, and (4) not have a dietary restriction requiring specialized tailoring of their diet (eg, allergies or intellectual or physical disability)."

---

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | ☑️ | essential |

Clear selection

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Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Computer/internet literacy was not a specified eligibility criterion.

---
4a-ii) Open vs. closed, web-based vs. face-to-face assessments:
Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ● essential
Clear selection

Does your paper address subitem 4a-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "A list of potentially eligible centers located within the HNE region was obtained from the NSW Ministry of Health [35]. One member of the research team with experience recruiting centers to health promotion trials led the recruitment process and monitored consent rates. First, centers were progressively distributed a recruitment package consisting of a study information statement and consent form in random order. Second, the research team member leading recruitment telephoned centers to discuss study details, assess eligibility, and request consent for study participation [19,36]. The centers continued to be contacted until the required number (n=22) consented. During the telephone call, the research team member also scheduled a 2-day baseline data collection site visit for consenting centers. Recruitment for the study was conducted between August 2019 and October 2019."
"Approximately 2 weeks before the baseline data collection site visit, centers were asked to distribute consent forms and information statements to parents via usual communication methods, including email, communication apps, and child pigeonholes. Trained research assistants with experience in recruitment and data collection attended the childcare centers approximately one week before the site visit and on the days of the site visits to request written consent from parents for their children to participate in the study"
4a-iii) Information giving during recruitment
Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

1 2 3 4 5
subitem not at all important   essential

Clear selection

Does your paper address subitem 4a-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "A list of potentially eligible centers located within the HNE region was obtained from the NSW Ministry of Health [35]. One member of the research team with experience recruiting centers to health promotion trials led the recruitment process and monitored consent rates. First, centers were progressively distributed a recruitment package consisting of a study information statement and consent form in random order. Second, the research team member leading recruitment telephoned centers to discuss study details, assess eligibility, and request consent for study participation [19,36]. The centers continued to be contacted until the required number (n=22) consented. During the telephone call, the research team member also scheduled a 2-day baseline data collection site visit for consenting centers. Recruitment for the study was conducted between August 2019 and October 2019."

"Approximately 2 weeks before the baseline data collection site visit, centers were asked to distribute consent forms and information statements to parents via usual communication methods, including email, communication apps, and child pigeonholes. Trained research assistants with experience in recruitment and data collection attended the childcare centers approximately one week before the site visit and on the days of the site visits to request written consent from parents for their children to participate in the study"
Does your paper address CONSORT subitem 4b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "conducted in center-based childcare centers within the HNE region of New South Wales, Australia."

4b-i) Report if outcomes were (self-)assessed through online questionnaires
Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

1 2 3 4 5
subitem not at all important ◯ ◯ ◯ ◯ ◯ essential

Does your paper address subitem 4b-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "The acceptability of the implementation strategies, defined as the perception among center staff that the implementation strategies are satisfactory, palatable, or agreeable [47], was assessed through web-based and telephone interviews with nominated supervisors and center champions at follow-up."
"The appropriateness of the intervention, defined as the perceived fit, relevance, or compatibility of the intervention and for the childcare setting [50], was assessed during the web-based or telephone interview with nominated supervisors at follow-up"
"Self-reported implementation of the 5 targeted healthy eating practices within the intervention group was assessed via baseline nominated supervisor interview data and self-assessments completed by centers via the web-based program at any time point throughout the intervention."
4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

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| subitem not at all important |   |   |   |   |   |
| essential                     |   |   |   |   |   |

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a “Conflict of interest” section or mentioned elsewhere in the manuscript).

|   | 1 | 2 | 3 | 4 | 5 |
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| subitem not at all important |   |   |   |   |   |
| essential                     |   |   |   |   |   |

You're editing your response. Sharing this URL allows others to also edit your response.
Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "Authors CB, LW, AG, TW, and JK received salary support from Hunter New England Local Health District, which provided infrastructure and funding for the study."

5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

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subitem not at all important □ □ □ □ □

Clear selection
Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "A web-based program, known as Childcare Electronic Assessment Tool and Support (EATS), was developed by the research team to support center implementation of the 5 targeted healthy eating practices. The centers allocated to the intervention group were provided with free access to the web-based program. The intervention was developed by behavioral science researchers, HPOs, state government representatives, and end users from the ECEC setting, including nominated supervisors and educators. The Behavior Change Wheel (BCW) [38] was used to guide the development and selection of implementation strategies to support center staff in achieving behavior change. During this process, barriers and enablers to center behavior change identified through a literature review and engagement with ECEC staff and stakeholders were mapped to specific behavior change techniques (BCTs) within the BCW [38]. A suite of implementation strategies, defined according to the expert recommendations for implementing change taxonomy, were then selected to action the BCTs within the intervention [39]. The content and implementation strategies within Childcare EATS were selected to ensure user (ie, center staff) engagement, including self-assessment and action planning components to allow center nominated supervisors to reflect on current practice and housed educational resources to facilitate improvements in staff behavior and center processes. The features of the program were developed to integrate within existing center procedures, (eg, the ability to download feedback from the self-assessment quiz) and national assessment and rating standards (eg, the development of action plans as evidence within quality improvement plans). Extensive pilot testing was undertaken with ECEC staff through face-to-face meetings with HPOs to ensure that the functionality and content of Childcare EATS was appropriate and that any potential barriers to program use were addressed. Limitations from previous web-based interventions conducted within the ECEC setting, including low staff computer literacy, need for ongoing technical support, and competing priorities of ECEC staff were also considered during the development of the program [28,40]"
5-iii) Revisions and updating
Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was “frozen” during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

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Clear selection

Does your paper address subitem 5-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable as no revisions to the program were made.

5-iv) Quality assurance methods
Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

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Clear selection

Does your paper address subitem 5-iv?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not provided in the manuscript.
5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

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Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable, no algorithms were used.

5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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subitem not at all important ○ ○ ○ ○ ○ essential Clear selection
Does your paper address subitem 5-vi?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The intervention is not yet available for public viewing, as future interventions are likely to occur.

5-vii) Access
Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained “access to the platform and Internet” [1]. To ensure access for editors/reviewers/readers, consider to provide a “backdoor” login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

subitem not at all important  ○  ○  ○  ○  ■  essential

Does your paper address subitem 5-vii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "The centers allocated to the intervention group were provided with free access to the web-based program."
5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

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subitem not at all important  ○  ○  ○  ○  ○  essential

Clear selection
Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "The Behavior Change Wheel (BCW) [38] was used to guide the development and selection of implementation strategies to support center staff in achieving behavior change. During this process, barriers and enablers to center behavior change identified through a literature review and engagement with ECEC staff and stakeholders were mapped to specific behavior change techniques (BCTs) within the BCW [38]. A suite of implementation strategies, defined according to the expert recommendations for implementing change taxonomy, were then selected to action the BCTs within the intervention [39]. The content and implementation strategies within Childcare EATS were selected to ensure user (ie, center staff) engagement, including self-assessment and action planning components to allow center nominated supervisors to reflect on current practice and housed educational resources to facilitate improvements in staff behavior and center processes. The features of the program were developed to integrate within existing center procedures, (eg, the ability to download feedback from the self-assessment quiz) and national assessment and rating standards (eg, the development of action plans as evidence within quality improvement plans). Extensive pilot testing was undertaken with ECEC staff through face-to-face meetings with HPOs to ensure that the functionality and content of Childcare EATS was appropriate and that any potential barriers to program use were addressed. Limitations from previous web-based interventions conducted within the ECEC setting, including low staff computer literacy, need for ongoing technical support, and competing priorities of ECEC staff were also considered during the development of the program [28,40]. Implementation strategies additional to those embedded within the web-based program identified via the BCW process above were used by HPOs who work within the state local health districts to deliver health promotion initiatives within community-based settings such as childcare centers. The HPOs received a training session and implementation manual before delivering the intervention. In addition, HPOs conducted 2 pilot training sessions, with both internal (health service staff with extensive experience supporting ECEC centers to implement obesity prevention initiatives) and external (ECEC center staff) stakeholders. The application of these implementation strategies within the intervention is summarized in Table 1 using the Proctor framework [41] to enable replication."
5-ix) Describe use parameters
Describe use parameters (e.g., intended “doses” and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

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subitem not at all important  ○  ○  ○  ○  ● essential
Clear selection

Does your paper address subitem 5-ix?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, Table 1 provides details use parameters

5-x) Clarify the level of human involvement
Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as “type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered”. It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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subitem not at all important  ○  ○  ○  ○  ● essential
Clear selection

Does your paper address subitem 5-x?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, Table 1 clarifies the level of human involvement in detail.
5-xi) Report any prompts/reminders used
Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

Does your paper address subitem 5-xi? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, Table 1 clarifies prompts/reminders used

5-xii) Describe any co-interventions (incl. training/support)
Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as eHealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

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subitem not at all important ☐ ☐ ☐ ☐ ☐ essential

Does your paper address subitem 5-xii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, Table 1 clarifies the training and support provided by the health promotion officers.
6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Does your paper address CONSORT subitem 6a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, a study protocol was previously published and this manuscript describes in detail the primary and secondary outcomes, including how and when they were assessed.

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

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subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-i?
Copy and paste relevant sections from manuscript text

No, the questionnaires were not validated for online use.
6a-ii) Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored

Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

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subitem not at all important ○ ○ ○ ○ ● essential

Does your paper address subitem 6a-ii?
Copy and paste relevant sections from manuscript text

Yes - "Engagement with the Childcare EATS web-based program was assessed via Google Analytics [48] embedded within the program. Information collected via the analytics included center completion of self-assessments (ie, audit with feedback), development of action plans (ie, developing a formal implementation blueprint), frequency of centers accessing educational materials, total log-ins to Childcare EATS, and average duration of the log-ins. Such measures have been reported in previous ECEC web-based interventions".

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

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subitem not at all important ● ○ ○ ○ ○ essential

Does your paper address subitem 6a-iii?
Copy and paste relevant sections from manuscript text

Not applicable, no qualitative data was collected.
6b) Any changes to trial outcomes after the trial commenced, with reasons

**Does your paper address CONSORT subitem 6b?**

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "This trial was originally designed as a cluster RCT using an effectiveness-implementation hybrid type-II design. A hybrid effectiveness-implementation design was used to pilot the potential impact and assess the feasibility of an implementation intervention, while assessing the effectiveness of the intervention in improving child dietary intake in care as described by Curran et al [31]. Owing to COVID-19 precluding center site visits to conduct follow-up data collection, we were unable to undertake child lunchbox and dietary assessments and, as such, have not been reported. Therefore, this paper reports on the pilot implementation outcomes that could still be evaluated at follow-up and were specified in the trial registration and protocol."

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

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subitem not at all important ○ ○ ○ ○ ○ essential

Clear selection

**Does your paper address subitem 7a-i?**

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

As this was a pilot trial, a formal sample size calculation was not required. Calculations for the sample size were provided in the study protocol.
7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable, no interim analyses or stopping guidelines were implemented.

8a) Method used to generate the random allocation sequence
NPT: When applicable, how care providers were allocated to each trial group

Does your paper address CONSORT subitem 8a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Following baseline data collection, centers were randomly allocated to the intervention or control group, stratified by center socioeconomic status (SES). On the basis of center postcodes, the 2016 Socio-Economic Indexes for Areas was used to classify centers as being located in the least disadvantaged (high SES) or most disadvantaged (low SES) areas [37]. Center postcodes ranked in the top 50% of NSW were classified as least disadvantaged and the lower 50% of postcodes as the most disadvantaged. The centers were also stratified by those with a high number of Aboriginal child enrollments (defined as those with >10% Aboriginal child enrollments), in a 1:1 ratio through a block randomization procedure (block sizes 2 or 4) conducted by an independent blinded statistician."

8b) Type of randomisation; details of any restriction (such as blocking and block size)
Does your paper address CONSORT subitem 8b? *

Yes - "Following baseline data collection, centers were randomly allocated to the intervention or control group, stratified by center socioeconomic status (SES). On the basis of center postcodes, the 2016 Socio-Economic Indexes for Areas was used to classify centers as being located in the least disadvantaged (high SES) or most disadvantaged (low SES) areas [37]. Center postcodes ranked in the top 50% of NSW were classified as least disadvantaged and the lower 50% of postcodes as the most disadvantaged. The centers were also stratified by those with a high number of Aboriginal child enrollments (defined as those with >10% Aboriginal child enrollments), in a 1:1 ratio through a block randomization procedure (block sizes 2 or 4) conducted by an independent blinded statistician."

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *

Yes - "Following baseline data collection, centers were randomly allocated to the intervention or control group, stratified by center socioeconomic status (SES). On the basis of center postcodes, the 2016 Socio-Economic Indexes for Areas was used to classify centers as being located in the least disadvantaged (high SES) or most disadvantaged (low SES) areas [37]. Center postcodes ranked in the top 50% of NSW were classified as least disadvantaged and the lower 50% of postcodes as the most disadvantaged. The centers were also stratified by those with a high number of Aboriginal child enrollments (defined as those with >10% Aboriginal child enrollments), in a 1:1 ratio through a block randomization procedure (block sizes 2 or 4) conducted by an independent blinded statistician."
10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Following baseline data collection, centers were randomly allocated to the intervention or control group, stratified by center socioeconomic status (SES). On the basis of center postcodes, the 2016 Socio-Economic Indexes for Areas was used to classify centers as being located in the least disadvantaged (high SES) or most disadvantaged (low SES) areas [37]. Center postcodes ranked in the top 50% of NSW were classified as least disadvantaged and the lower 50% of postcodes as the most disadvantaged. The centers were also stratified by those with a high number of Aboriginal child enrollments (defined as those with >10% Aboriginal child enrollments), in a 1:1 ratio through a block randomization procedure (block sizes 2 or 4) conducted by an independent blinded statistician."

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a–i) Specify who was blinded, and who wasn’t

Specify who was blinded, and who wasn’t. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

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subitem not at all important

essential
Does your paper address subitem 11a-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "Given the nature of the intervention (ie, intervention centers were provided access to a web-based program), the centers were not blinded to group allocation. Data collectors were not blinded to group allocation at follow-up"

11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"
Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

Does your paper address subitem 11a-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "Given the nature of the intervention (ie, intervention centers were provided access to a web-based program), the centers were not blinded to group allocation. Data collectors were not blinded to group allocation at follow-up"

11b) If relevant, description of the similarity of interventions
(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)
Does your paper address CONSORT subitem 11b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not relevant, a description of the intervention and control group was provided within the manuscript.

12a) Statistical methods used to compare groups for primary and secondary outcomes
NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

12a) Statistical methods used to compare groups for primary and secondary outcomes
NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "All statistical analyses were performed using STATA v14 (StataCorp LLC) [56]. All data were analyzed using descriptive statistics. Chi-square analyses were used to compare characteristics of consenting and nonconsenting centers as well as center and child characteristics between the intervention and control groups at baseline."

12a-i) Imputation techniques to deal with attrition / missing values
Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

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subitem not at all important

Clear selection
Does your paper address subitem 12a–i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable, no missing data was present.

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable, not subgroup analyses were conducted.

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26–i) Comment on ethics committee approval

subitem not at all important  ○  ○  ○  ○  ● essential
Does your paper address subitem X26-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "This trial was prospectively registered with the Australian New Zealand Clinical Trials Registry (ACTRN12619001158156) and followed the CONSORT reporting guidelines for pilot and feasibility studies [30]. Ethical approval for the trial was obtained from Hunter New England (HNE; HNE approval 06/07/26/4.04) and the University of Newcastle (approval H-2008-0343) Human Research Ethics Committees."

x26-ii) Outline informed consent procedures
Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

Does your paper address subitem X26-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Approximately 2 weeks before the baseline data collection site visit, centers were asked to distribute consent forms and information statements to parents via usual communication methods, including email, communication apps, and child pigeonholes. Trained research assistants with experience in recruitment and data collection attended the childcare centers approximately one week before the site visit and on the days of the site visits to request written consent from parents for their children to participate in the study."
X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

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subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not reported in the manuscript. All information captured by the web-based program was stored on secure servers, the process of which was approved by the ethics committees.

RESULTS

13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, refer to Figure 1 where a CONSORT diagram is presented.
Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable, no group losses or exclusions occurred after randomised. This is presented in Figure 1.

13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

An attrition diagram was not provided, however, engagement with the program was reported in the manuscript.

14a) Dates defining the periods of recruitment and follow-up
Does your paper address CONSORT subitem 14a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Baseline data were collected between September 2019 and December 2019, and follow-up data were collected between September 2020 and October 2020."

14a-i) Indicate if critical “secular events” fell into the study period

Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

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subitem not at all important  ○  ○  ○  ○  ○ essential

Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

COVID-19 occurred during the intervention period, as stated within the manuscript.

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable, the trial was not stopped early.
15) A table showing baseline demographic and clinical characteristics for each group
NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes. Table 3 provides information of the demographic characteristics.

15-i) Report demographics associated with digital divide issues
In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

Does your paper address subitem 15-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes. Table 3 provides information of the demographic characteristics.

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
16-i) Report multiple “denominators” and provide definitions

Report multiple “denominators” and provide definitions: Report N's (and effect sizes) “across a range of study participation [and use] thresholds” [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants “used” the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define “use” of the intervention.

1 2 3 4 5
subitem not at all important o o o o o essential

Clear selection

Does your paper address subitem 16-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, denominators are provided and described within all results and tables in the manuscript.

16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only “users”, with the appropriate caveats that this is no longer a randomized sample (see 18-i).

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subitem not at all important o o o o o essential

Clear selection

Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks 'like this' to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"All data were analyzed using descriptive statistics. Chi-square analyses were used to compare characteristics of consenting and nonconsenting centers as well as center and child characteristics between the intervention and control groups at baseline."
17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Does your paper address CONSORT subitem 17a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, for all primary and secondary outcomes, results are provided for each group.

17a-i) Presentation of process outcomes such as metrics of use and intensity of use
In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as “average session length”. These must be accompanied by a technical description how a metric like a “session” is defined (e.g., timeout after idle time) [1] (report under item 6a).

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subitem not at all important o o o o o essential

Does your paper address subitem 17a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, engagement with the web-based program was reported in table 5.

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended
18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Does your paper address CONSORT subitem 17b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Not applicable - “All data were analyzed using descriptive statistics. Chi-square analyses were used to compare characteristics of consenting and nonconsenting centers as well as center and child characteristics between the intervention and control groups at baseline.”

18-i) Subgroup analysis of comparing only users
A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

No other analyses were conducted, therefore, not applicable.

Does your paper address subitem 18-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

You're editing your response. Sharing this URL allows others to also edit your response. FILL OUT A NEW RESPONSE
19) All important harms or unintended effects in each group
(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, the cost for childcare centres to implement the intervention was reported.

19-i) Include privacy breaches, technical problems
Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

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subitem not at all important \ \ \ \ essential

Clear selection

Does your paper address subitem 19-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No privacy breaches or technical problems occurred.
19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

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subitem not at all important  ○  ○  ●  ○  ○  essential

Clear selection

Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

No qualitative feedback from participants or observations from staff/researchers was collected.

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group.
22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

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subitem not at all important  ○   ○   ○   ○   ○   essential

Does your paper address subitem 22-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "This study aimed to assess the potential feasibility of a pilot cluster RCT of a web-based healthy eating implementation intervention in ECEC centers to undertake a fully powered implementation trial. The study also examined the uptake, acceptability, appropriateness, and actual cost of delivering the intervention and implementation strategies. Overall, the study findings indicate that the web-based intervention and most implementation strategies are highly feasible, low-cost, and acceptable to childcare center staff and can improve the implementation of healthy eating practices in ECEC centers"

22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

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subitem not at all important  ○   ○   ○   ○   ○   essential
Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Yes - "Finally, the inclusion of a nested evaluation within a future trial to assess the impact of the web-based intervention on individual-level outcomes, including child dietary intake and parent lunchbox packing practices, should be considered to gain greater insight into the effectiveness of the intervention beyond center-level outcomes".

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

![Selection options](https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OimqcS64RdflAFvMrTSkZQL2-3O809hrLSw/viewform?hl=en_US&hl=en_US&i...51/56)

subitem not at all important  ○ ○ ○ ○ ○ essential

Clear selection

Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Limitations of the trial were reported, however, these were not specific to e-health interventions.

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial.
21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

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| subitem not at all important |   |   |   |   |○ | essential

Clear selection

Does your paper address subitem 21-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes - "Finally, as the study was conducted within 1 region of NSW, the generalizability of the findings beyond the region may be limited."

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

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| subitem not at all important |   |   |○ |   |   | essential

Clear selection
Does your paper address subitem 21-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No, the manuscript does not discuss if there were elements in the RCT that would be different in a routine application setting. However, the intervention was delivered by health promotion officers who usually implement nutrition initiatives in childcare centers, with the web-based program being developed as a support tool to assist their usual service delivery.

Does your paper address CONSORT subitem 23?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Australian New Zealand Clinical Trials Registry (ACTRN12619001158156)

Does your paper address CONSORT subitem 24?
Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

https://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-020-00707-w
25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes, this is provided in the acknowledgements section of the manuscript.

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated
In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

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subitem not at all important  o  o  o  o  o  essential

Does your paper address subitem X27-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The study team developed the intervention/web-based program, it was not developed by external sponsors. Declarations for the funding sponsors has been provided in the acknowledgement section: "The funders played no role in conducting the trial"
As a result of using this checklist, did you make changes in your manuscript? *

- yes, major changes
- yes, minor changes
- no

What were the most important changes you made as a result of using this checklist?

No changes were made to the manuscript

How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *

Approximately two hours was spent on the checklist.

As a result of using this checklist, do you think your manuscript has improved? *

- yes
- no
- Other:
Would you like to become involved in the CONSORT EHEALTH group?

This would involve for example becoming involved in participating in a workshop and writing an "Explanation and Elaboration" document

- yes
- no
- Other:

Any other comments or questions on CONSORT EHEALTH

Nil other comments. Thank you.

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