



A Guide for the Implementation of Wellness Policies & Best Practices in Child Care Settings

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INTRODUCTION

Almost 10% of infants and toddlers and more than 20% of preschool-aged children are overweight or obese and young children from low-income families and minority children are at increased risk for obesity compared to higher income and Caucasian children.^{1,2} Building healthy habits among young children will help prevent obesity later in childhood and adulthood and reduce health disparities.

Over 13 million U.S. children under 5 years of age spend the majority of the day in Early Care and Education (ECE—any child care or preschool setting prior to the start of Kindergarten, home or center-based).³ ECE settings often provide meals and snacks and opportunities for physical activities. The nutrition and physical activity environments of ECE settings may contribute to young children’s healthy growth and development and should be considered when designing health-promotion/obesity-prevention initiatives.



PURPOSE

The purpose of this guide is to provide an overview of data collected through the Maryland Child Care Wellness Policies and Practices Project (CWPPP) and evidence-based recommendations for training, education, and technical assistance to create health-promoting environments in ECE settings.

TARGET AUDIENCE

This guide is designed for all organizations/entities that provide education, training and technical assistance to ECE providers and families, including, but not limited to, regional child care resource and referral centers, community colleges and universities, state/local government agencies, organizations that oversee multiple child care centers (including family child care homes), center management, or local child care organizations.

THE CHILD CARE WELLNESS POLICIES AND PRACTICES PROJECT (CWPPP)

The CWPPP, a state-wide collaborative effort, was initiated in 2014 to assess wellness (healthy eating, infant/breastfeeding and physical activity) practices in Maryland ECE Centers.

- ◆ Between November 2014-March 2015, an online survey was sent to directors and leadership within ECE centers.
- ◆ The CWPPP survey consisted of 87 questions related to demographics, nutrition, physical activity, and breastfeeding policies and practices. Many questions were adopted from the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC, based on the federal guidelines for best practices set forth in the Caring for Our Children: National Health and Safety Performance Standards Guidelines for ECE Programs).
- ◆ Participation was voluntary.
- ◆ The survey was distributed to every child care center in Maryland, with complete contact information (total 1510) and was completed by 610 directors (40% response rate) from all 24 counties in the state.
- ◆ Follow up interviews were conducted with 5 centers to gain insight into the factors that are enablers or barriers in wellness best practice implementation.

Description of Survey Participants

	% (out of 610)
CACFP Participation*	
Not Participating	78
Participating	22
Center Sponsorship	
Independent	67
Sponsored by larger organization (church, Y, etc.)	33
Center Type	
Head Start	3
Preschool/Childcare	45
Preschool/Child Care and School-Age Children	52
Child care Hours Offered	
Full-Day	40
Half-Day	11
Both Full-Day & Half-Day	49
Subsidy Voucher Acceptance	
Accept	71
Not Accept	29
Meals Offered	
At least one snack	42
At least one meal	48
No food served	1
Serve Infants (0-2 years)	
Yes	52
No	48

*CACFP= Child and Adult Care Food Program; federal program that provides reimbursement for healthy meals for low-income children in child care centers



This table describes the child care centers that participated in the survey. About one quarter of the respondents participated in CACFP*. Most participating centers were independent and half cared for school-aged children in addition to young children. Nearly all offered full-day care (alone or in conjunction with half-day). Most centers accepted vouchers and nearly all served food, with half serving at least one meal.

Additionally, there were responses from child care centers from 24 counties in Maryland.

Child Care Wellness Best Practices

The CWPPP survey included 79 child care wellness best practices** specific to:

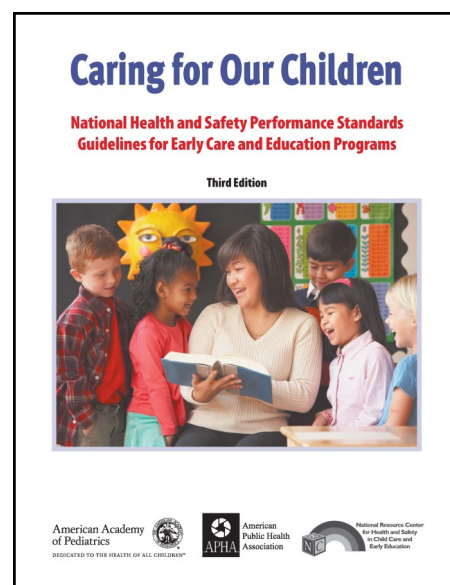
- ◆ Nutrition (37 best practices)
- ◆ Physical Activity (12 best practices)
- ◆ Breast Feeding (16 best practices)
- ◆ Professional Development/Family Engagement/Wellness Policies (14 best practices)

The best practices were based on:

- ◆ Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs and
- ◆ Maryland State Department of Education, Office of Child Care's, 2009 Nutrition, Physical Activity and Breast/Infant Feeding Guidelines.

Several of these Child Care Wellness Best Practices are now mandated in the State of Maryland based on 2015 COMAR 13A.16 including:

- ◆ COMAR 13A.16.12.01A(4)(b)- children 24 months and older drink 1% or nonfat milk
- ◆ COMAR 13A.16.12.01A(3)- added sweetener in beverages is prohibited
- ◆ COMAR 13A.16.12.06C- beverages and food served to infants must be developmentally appropriate
- ◆ COMAR 13A.16.12.06E(3)(a)- infant milk is refrigerated in the center



**Select Child Care Wellness Best Practices are presented on page 4 based on data from the CWPPP.

Child Care Wellness Best Practices

Figure 1: Nutrition Best Practices

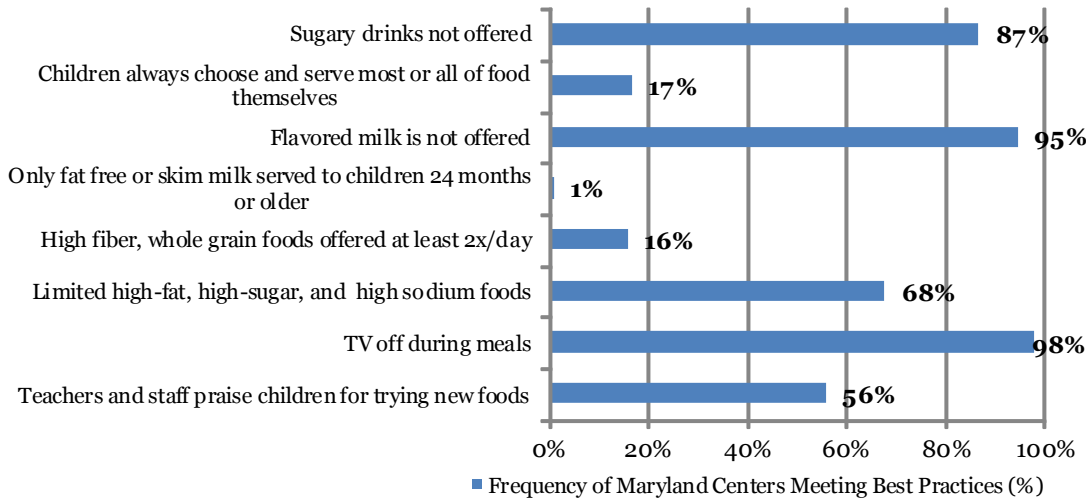


FIGURE 1:

Best Practices Followed:

- Sugary drinks are not offered
- Flavored milk is not offered
- TV is off during meals

Opportunities for Improvement:

- Allowing children to always choose and serve most or all food themselves
- Serving only fat-free or skim milk to children 24 months or older
- Offering high fiber, whole grain foods twice a day

FIGURE 2:

Best Practices Followed:

- Infants receive breast milk until 12 months
- Refrigeration space is available to store breast milk
- A quiet, private area is available for mothers to breastfeed

Opportunities for Improvement:

- Providing breastfeeding learning materials to parents

Figure 2: Infant/Breastfeeding Best Practices

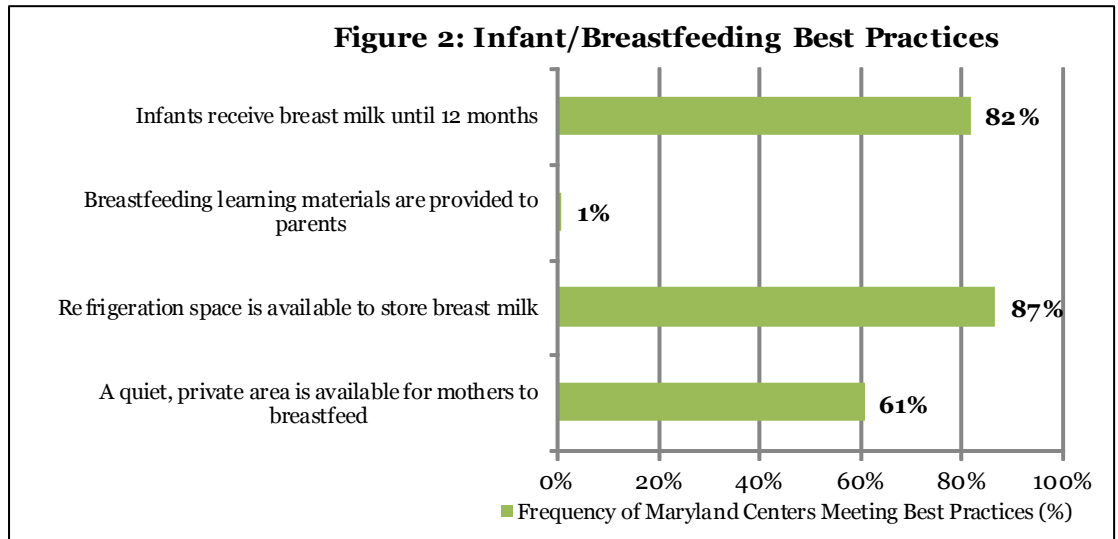


Figure3: Physical Activity Best Practices

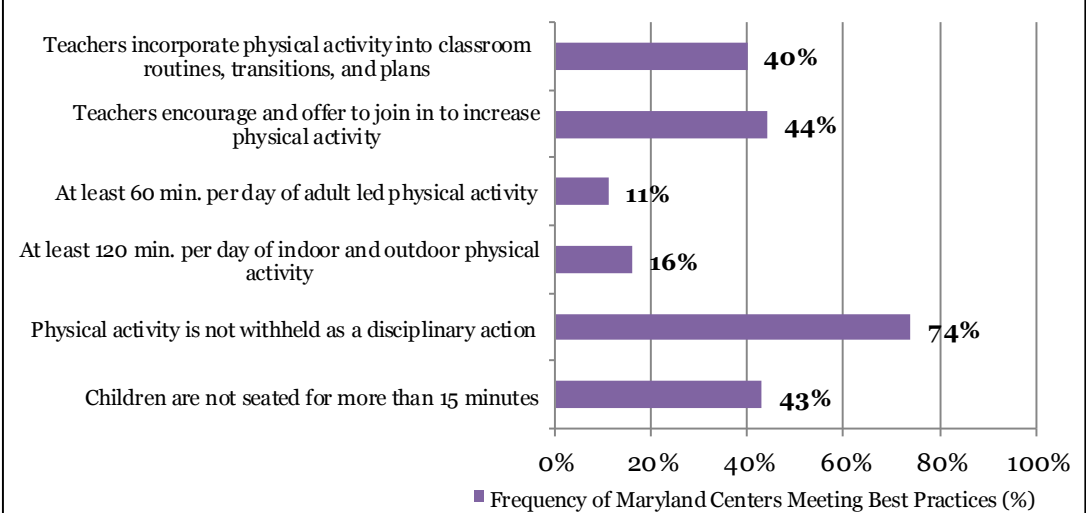


FIGURE 3:

Best Practices Followed:

- Physical activity is not withheld as a disciplinary action

Opportunities for Improvement:

- Having at least 60 min. per day of adult led physical activity
- Having at least 120 min. per day of indoor and outdoor physical activity

Child Care Wellness Best Practices– continued

The survey collected information about 3 topic areas in child care centers:

- 1) **professional development**¹- includes taking in-person or online training for contact hours, continuing education credits, or staff training
- 2) **having a comprehensive policy**²- includes any written guidelines about program operations or expectations for teachers, staff, children, and families
- 3) **offering family education**³- includes educational materials and outreach provided for families

The below tables describe the relationship among these 3 topic areas and the number of best practices endorsed within Nutrition, Breastfeeding and Physical Activity.

FIGURE 4:

Centers that offer professional development, have a comprehensive policy and offer family education, endorse a higher number of best practices than those centers that do not.

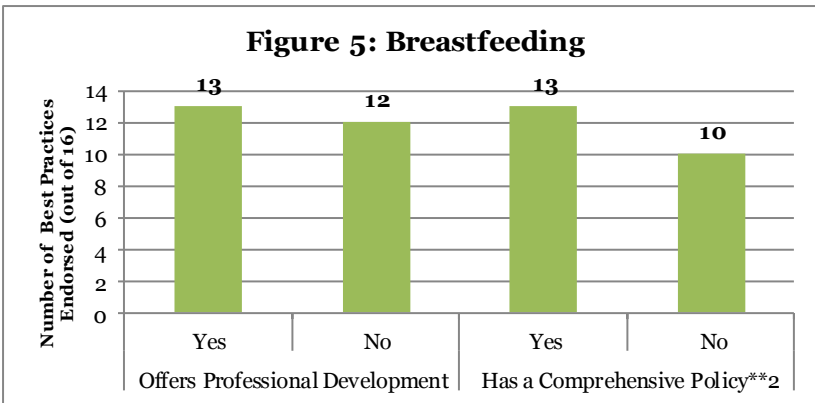
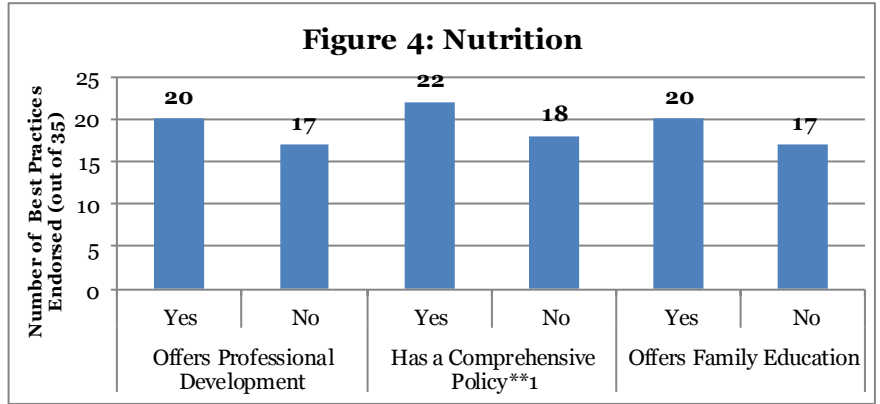


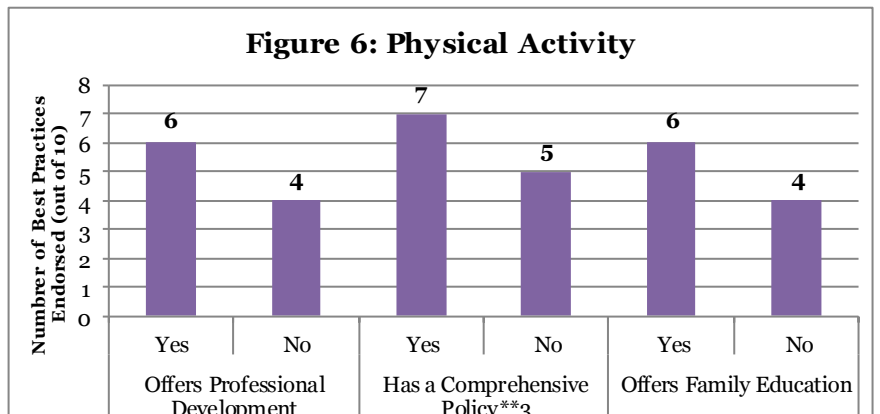
FIGURE 5:

Centers that offer professional development, and have a comprehensive policy, endorse a higher number of best practices than those centers that do not.

The CWPPP did not collect data regarding family education and breastfeeding.

FIGURE 6:

Centers that offer professional development, have a comprehensive policy and offer family education, endorse a higher number of best practices than those centers that do not.



^{**1}) Nutrition Policy Topics: Foods provided to children; Beverages provided to children; Creating healthy mealtime environments; Teacher practices to encourage healthy eating; Not offering food to calm children or encourage appropriate behavior; Planned and informal nutrition education for children; Professional development on child nutrition; Guidelines for foods offered during holidays and celebrations; Fundraising with nonfood items (Centers must endorse 9 or 10 out of 10 topics to have a policy)

^{**2}) Breastfeeding Policy Topics: Providing space for mothers to breastfeed or express breast milk; Providing refrigerator and/or freezer space to store expressed breast milk; Professional development on breastfeeding; Educational materials for families on breastfeeding; Breastfeeding support for employees (i.e. allowing staff to breastfeed or express milk on their breaks) (Centers must endorse 4 or 5 out of 5 topics to have a policy)

^{**3}) Physical Activity Policy Topics: Amount of time provided each day for indoor and outdoor physical activity; Limiting long periods of seated time for children; Shoes and clothes that allow children and teachers to actively participate in physical activity; Teacher practices that encourage physical activity; Not taking away physical activity time or removing children from long periods of physically active playtime in order to manage challenging behaviors; Planned and informal physical activity education (Centers must endorse 5 or 6 out of 6 topics to have a policy)

Recommendations to Support Child Care Wellness

Ten recommendations were developed for organizations/entities that *provide education, training and technical assistance to ECE providers and families* to support the implementation of childcare wellness best practices. These recommendations were based on data collected from the CWPPP, a review of the literature, and information gathered from 5 semi-structured interviews with ECE center directors*. During the interviews, directors discussed barriers and enablers to implementing child care wellness best practices. The recommendations are described below, with supporting data from the CWPPP and information from the interviews. Common themes identified during the interviews with ECE centers directors are seen in Figure 7.

ENGAGEMENT

Engagement is positioned in the center of the figure because engagement of staff, children and families is central to initiating and implementing best practices.

Recommendation #1: Provide trainings for ECE providers on the *formation of wellness teams* to oversee the implementation of child care wellness best practices.

“We have a recipe of the week and the kids get to be little chefs and make the snack. We have a discussion about how it’s good for their body” - Center Director

- ◆ These teams should include ECE provider leadership, families, staff, and community partners.
- ◆ The wellness team should develop center/home-based wellness goals and associated implementation plans.
- ◆ The wellness team should elicit feedback from staff, children and families about center/home health and wellness activities

Recommendation #2: Create curriculum that is appropriate for the child care setting and encompasses active learning about nutrition and physical activity.

MODELING

A dynamic process in which staff, parents and children can all have a positive impact on each other by providing a positive example of healthy behaviors thereby influencing and promoting healthy choices.

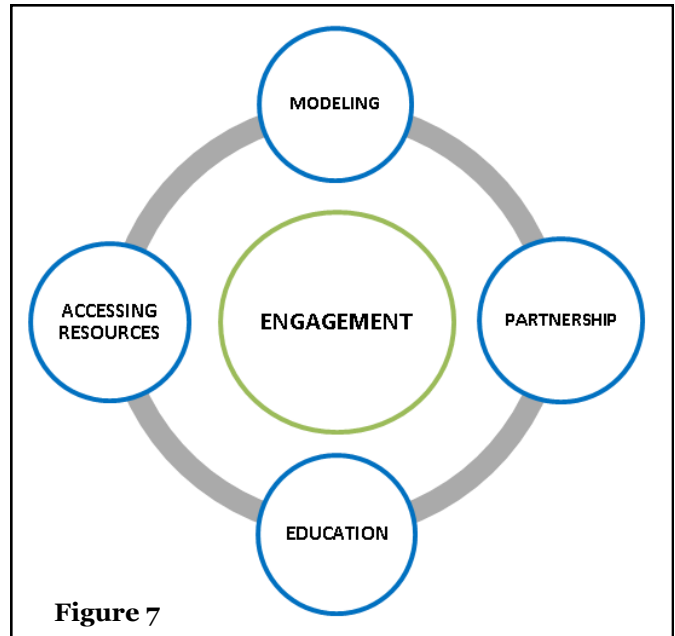
Recommendation #3: Provide training on establishing a *provider-wide focus on healthy habits of center staff* and the importance of healthy role modeling.

- ◆ Provide training on significance of healthy role modeling.
- ◆ Provide training on establishing healthy habits of families and the importance of modeling healthy behaviors in the home utilizing health education curricula.
- ◆ Provide family style dining training during staff training and professional development, including staff eating healthy foods with students.

“The teachers, we are all on the wagon of trying to eat healthy and we encourage the children to eat healthy.” -Center Director

“We have all meals and snacks family style and whoever is in the room is expected to be at the table with the children sharing the meal, engaging in conversation, helping educate the children on the foods they are eating and to foster habits of social dining.” -Center Director

*Directors interviewed represented a diverse group of centers in Maryland, including a head start center, an independent center serving low-income families, an independent center affiliated with a church serving middle-high income families, and two centers sponsored by larger organizations (one middle and one middle-high income).



PARTNERSHIP

Developing collaborative goals for wellness with staff, parents, children and the community working together continuously towards wellness practices. Establishing partnerships with outside entities that can support and promote wellness best practices.

Recommendation #4: Establish long-standing relationships with ECE providers to provide continued/complementary wellness trainings, building skills and knowledge over time.

Recommendation #5: Form regional wellness coalitions among local independent ECE providers to support one another in wellness efforts.



“We have an intern from a local university who provides nutritional guidance.” - Center Director

“We have Saturday parent meetings where we provide education, a healthy snack and we talk about things. We are very much in partnership with our parents because they are concerned about their children and take an active role.”- Center Director

Recommendation #6: Develop trainings specific to building wellness partners, for example:

- ◆ Establishing relationships with local universities by providing a site for nutrition and physical education students practicums and to offer guidance and hands on education/service with staff, families and children.
- ◆ Gaining sponsorship from a philanthropic organization (invite them to join the center-based wellness team).
- ◆ Networking and joining associations committed to child health, safety and development.

EDUCATION

Ongoing training and information for staff on nutrition/physical activity which is shared regularly with children and families. Opportunities for parents to expand their knowledge base around breastfeeding, nutrition and physical activity.

Recommendation #7: Develop trainings on providing education about childcare wellness best practices to all members of the childcare community.

- ◆ Include staff (during basic coursework through professional development/continuing education, Directors, Owners, Families
- ◆ Offer regular avenues of health education related to best practices to parents with speakers, newsletter and informational resources through partnerships.

*“We have a parent who is a specialist in the field and she came out to meet with parents and staff to provide information about breastfeeding.”
-Center Director*

Recommendation #8: Establish training focused on ECE provider policies and procedures.

- ◆ Include specific requirements related to training on nutrition, physical activity and breastfeeding appropriate for the setting care is being provided.

*“The cook and teachers go to [MSDE-sponsored trainings] and have been more enthusiastic about the whole process of healthy eating.”
-Center Director*

ACCESSING RESOURCES

Seeking and utilizing resources in the community such as partnering with local agencies and academic institutions for expertise and service.

*“Our nutritionist provides an article in our program newsletter that talks about healthy eating, and the menu goes home to the parents each week so they can see what components make a complete meal.”
- Center Director*

Recommendation #9: Work with State and Federal agencies to promote participation in the USDA Child and Adult Care Food Program (CACFP) and accreditation in the MD EXCELS program among ECE providers.

Recommendation #10: Work with ECE providers and community partners to develop modes of information sharing.

- ◆ Provide information for families on community resources and events that provide opportunities for family centered healthy activities.

Recommendations for those Providing Education/Training to Child Care Providers

ENGAGEMENT

1. Provide trainings for ECE providers on the *formation of provider based wellness teams* to oversee the implementation of child care wellness best practices.
2. *Create curriculum* that is appropriate for the child care setting and encompasses active learning about nutrition and physical activity.

MODELING

3. Provide training on establishing a *provider-wide focus on healthy habits of center staff* and the importance of *healthy role modeling*.

PARTNERSHIP

4. *Establish long-standing relationships* with ECE providers to provide continued/complementary wellness trainings, building skills and knowledge over time.
5. *Form regional wellness coalitions* among local independent ECE providers to support one another in wellness efforts.
6. Develop trainings specific to *building wellness partners*.

EDUCATION

7. *Develop trainings on providing education about childcare wellness best practices* to all members of the child care community.
8. Establish training focused on *ECE provider policies and procedures*.

ACCESSING RESOURCES

9. *Work with State and Federal agencies* to promote participation in the USDA Child and Adult Care Food Program (CACFP) and accreditation in the MD EXCELS program among ECE providers.
10. Work with ECE providers and community partners to *develop modes of information sharing*.

EDUCATIONAL MATERIALS

- ◆ **Learning Zone Express**
<http://www.learningzonexpress.com/>
- ◆ **USDA Food and Nutrition Service: Team Nutrition**
<http://www.fns.usda.gov/tn/resource-library>
- ◆ **Nemours Children's Healthy System Learning Collaborative** <https://healthykidshealthyfuture.org/about-ecelc/>

MARYLAND POLICIES AND PROGRAMS

- ◆ **MSDE Office of Child Care**
http://www.marylandpublicschools.org/msde/divisions/child_care/child_care.htm
- ◆ **MSDE Office of School and Community Nutrition Programs**
<http://marylandpublicschools.org/msde/programs/schoolnutrition/index.html>

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CONTACT INFORMATION

Erin R. Hager, PhD ehager@peds.umaryland.edu 410-706-0213

AUTHORS

Sarah Kilby, Kristin Bussell, Erin Hager, Maureen Black, Erin Penniston

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