Best Practices for Child Care Professionals Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP

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The National Food Service Management Institute was authorized by Congress in 1989 and established in 1990 at The University of Mississippi in Oxford and is operated in collaboration with The University of Southern Mississippi in Hattiesburg. The Institute operates under a grant agreement with the United States Department of Agriculture, Food and Nutrition Service.

PURPOSE
The purpose of the National Food Service Management Institute is to improve the operation of child nutrition programs through research, education and training, and information dissemination.

MISSION
The mission of the National Food Service Management Institute is to provide information and services that promote the continuous improvement of child nutrition programs.

VISION
The vision of the National Food Service Management Institute is to be the leader in providing education, research, and resources to promote excellence in child nutrition programs.

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EXECUTIVE SUMMARY

More than 60% of America’s children attend child care facilities during their formative years, placing many child care providers in the important role of assisting in the health and development of children (American Dietetic Association, 2005). The well-being of children is critical to the social and economic structure of local communities; and it is well recognized that quality child care contributes to the positive development of a child’s sense of identity, trust of others, and opportunity to acquire successful learning characteristics (Dodge, 1995).

Consequently, it is important that the promotion of a healthy wellness environment create early childhood experiences that support the overall development of the child.

The demand for high quality child care services has increased over the years and quality services and facilities that include wellness standards have become a concern for parents, children’s advocates, and lawmakers (Campbell & Milbourne, 2005). The National Food Service Management Institute, Applied Research Division (NFSMI, ARD) conducted a nationwide study that identified the perceptions, practices, and barriers to providing a healthy wellness environment in the child care programs participating in the Child and Adult Care Food Program (CACFP) (Lofton & Carr, 2010). The study revealed two research-based practice categories (Resources and Partnerships and Healthy Environment) and twenty-six practice statements. These practice categories and statements support the implementation and sustainability of physical activity, food and nutrition, and health and safety practices to create a wellness environment in child care. Additional findings from the study included a comprehensive
definition of a child care wellness environment and recommendations for the development of
education and training resources to assist child care professionals in assessing, implementing,
and sustaining wellness practices and standards in the child care environment.

The purpose of this research project was to identify best practices or quality indicators for
providing a wellness environment in child care centers participating in the CACFP. The project
was conducted in two phases with child care professionals, recommended by state agency
representatives, participating in an expert panel work group discussion or serving on a review
panel to develop a Web-based, best practice resource for child care center directors and
administrators. In phase I, researchers identified best practice statements from previous research
and published regulations, guidelines, and standards to draft the child care wellness best practice
document. The initial document included 227 best practice statements/quality indicators which
focused on two research-based practice categories and twenty-six practice statements identified
in previous NFSMI, ARD research. Six child care professionals participated as expert panel
members in a pre-meeting activity, a day and a half face-to-face expert panel work group
session, and a post-discussion summary review to identify, confirm, and reach consensus on the
drafted best practice document. Expert panel members also provided comments and suggestions
to add sub-categories, categorize best practices under sub-categories, add goals, and offer
suggestions for an assessment scale, format, and assess the usefulness of the resource as a
wellness guide for child care professionals.

Recommendations and suggestions from expert panel members resulted in a second draft
document consisting of 165 best practice statements within 15 goals and 13 sub-categories under
the two practice areas. The researcher formatted the resource as a checklist which included a
5-point scale: current status (fully addressed, partially addressed, not addressed, plan to address, and not applicable). Definitions for the sub-categories were developed based upon the grouped best practice statements within each sub-category. The draft resource also included a glossary of practice-related terms; additional space at the end of each sub-category for child care professionals to plan a course of action to address wellness needs; and a resource page with listings of Web-based resources related to creating and maintaining a wellness environment in child care settings. The researcher then formatted the resource for phase II, the review process.

In phase II, 30 child care professionals were selected from a previous list of child care professionals recommended by state agency representatives to serve on a review panel. A cover letter, draft resource, and a review panel evaluation form were sent to potential review panel members by e-mail. Reviewers were asked to confirm:

- The measurability of the best practice statements as practices and standards for establishing wellness in child care;
- That best practice statement reflected the goals, sub-categories, and research-based practice category it was placed under; and
- That no goals, sub-categories, and best practice statements were missing from the resource.

Additional space was provided on the evaluation form for panelists to offer suggestions on the formatting of the resource. Return of the evaluation form to the researcher served as consent to participate in the review process. Twenty-one child care professionals (70%) completed and returned the evaluation form and provided additional comments and suggestions for formatting the resource. The reviewers’ comments and suggestions were incorporated into the final draft resource format and included 155 best practices within 15 goals listed under the 13
sub-categories and the two research-based practice categories.

The final resource, *Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP*, is a user-friendly checklist to assess wellness and develop a plan of action to implement, assess, and improve wellness practices in child care centers across the country. The resource is designed around 155 best practices that contribute to the achievement of 15 goals listed under the two practice categories and 13 sub-categories. Each best practice statement is assessed following the 3-point, current status or assessment scale *(addressed, not addressed, plan to address)* with *not applicable* as an option should the best practice statement not pertain to the child care provider or the child care center. The resource also contains additional sections with abbreviations and definitions, instructions on how to use the resource, and a list of child care wellness resources. Child care directors may use sections or the entire resource to assess wellness practices in child care or identify staff training needs related to child care wellness practices.