



Nutrition and Wellness in Child Care Centers
Participating in the Child and Adult Care Food Program

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Nutrition and Wellness in Child Care Centers Participating in the Child and Adult Care Food Program

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Institute of Child Nutrition

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The Institute of Child Nutrition 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 Institute of Child Nutrition is to improve the operation of child nutrition programs through research, education and training, and information dissemination.

MISSION

The mission of the Institute of Child Nutrition is to provide information and services that promote the continuous improvement of child nutrition programs.

VISION

The vision of the Institute of Child Nutrition is to be the leader in providing education, research, and resources to promote excellence in child nutrition programs.

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NUTRITION AND WELLNESS IN CHILD CARE CENTERS PARTICIPATING IN THE CHILD AND ADULT CARE FOOD PROGRAM

EXECUTIVE SUMMARY

The Child and Adult Care Food Program (CACFP) is a Federal nutrition program administered by the United States Department of Agriculture (USDA) to assist participants in the provision of meals and snacks in child care centers and adult day care facilities. Care providers adhere to meal and child snack guidelines that promote health and wellness for those served. The Healthy, Hunger-Free Kids Act of 2010 (HHFKA) required changes to the USDA Child Nutrition Programs, including the CACFP, based upon the most recent Dietary Guidelines for Americans (DGAs) that promote nutrition and wellness through healthful eating and increased opportunities for physical activities. The Institute of Child Nutrition, Applied Research Division (ICN, ARD) conducted a research study to assess the current status of these components. The study's protocol included the development of case study instruments, researcher training, and analysis protocol that were piloted by an ICN, ARD research coordinator. Following the research design's embedded, replicable, multiple-case, case-study protocol, the communications format, focus group and observation procedures, and instruments were tested by the ICN, ARD research coordinator, and revised for training researchers for case study site selection and data collection. The protocol was then revised for Phase II of the study.

A team of researchers was trained to follow the pilot protocol to collect, analyze, and report qualitative data from CACFP participants operating child care centers/Head Start centers across the United States (U.S.). Four research teams were selected from a pool of applicants to receive a research award to attend a training session on how to conduct the case study site visits,

and how to collect data in USDA regions across the country. Each team was instructed to follow the embedded, replicable, multi-case, case study protocol to select and arrange visits to four CACFP participating centers. Researchers were trained to follow a systematic approach to conduct or assess the following:

- interviews or focus groups with child care professionals;
- behavioral observation procedures to document nutrition and wellness components and challenges; and
- identify stakeholders' roles and responsibilities at each site.

All four research teams completed the collection of qualitative data from 20 sites across the U.S., and then attended a debriefing session with the ICN, ARD research coordinator to discuss research findings and reporting methodology. Research results confirmed the identification of nutrition and wellness components in various child care settings. Child care professionals shared multiple roles for implementing the CACFP. However, many were confused with varied aspects of the program's regulations and how the program fit their unique child care setting. Many child care professionals felt confident that they were serving healthful meals and implemented wellness practices, such as limiting screen time and providing opportunities for physical activity, throughout the child care day. Participants in the study noted time constraints, space, and funding as challenges that impact the implementation of the CACFP in their child care centers. The results of this study confirmed the use of previously identified nutrition and wellness components of the CACFP in child care settings. Quantitative research studies are needed to further examine how the CACFP impacts the nutrition and wellness of children in child care settings.