

**Creating and Maintaining a Wellness Environment  
in Child Care Centers Participating in the  
Child and Adult Care Food Program**



National Food Service Management Institute  
The University of Mississippi  
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# **National Food Service Management Institute The University of Mississippi**

## **Building the Future Through Child Nutrition**

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

### **PURPOSE**

The purpose of NFSMI is to improve the operation of Child Nutrition Programs through research, education and training, and information dissemination. The Administrative Offices and Divisions of Technology Transfer and Education and Training are located in Oxford. The Division of Applied Research is located at The University of Southern Mississippi in Hattiesburg.

### **MISSION**

The mission of the NFSMI is to provide information and services that promote the continuous improvement of Child Nutrition Programs.

### **VISION**

The vision of the NFSMI is to be the leader in providing education, research, and resources to promote excellence in Child Nutrition Programs.

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CHILD CARE CENTERS PARTICIPATING IN  
THE CHILD AND ADULT CARE FOOD PROGRAM**

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**EXECUTIVE SUMMARY**

Child care centers (CCCs) in the United States (U.S.) serve more than 61% of children ages six and younger on a regular basis (Federal Interagency Forum on Child and Family Statistics, 2007). Not only do these centers provide an environment in which children learn, but they also provide healthy foods and regular physical activities that encourage life-long healthy behaviors. These attributes serve as the core components associated with quality child care. As the demand for child care services increases, quality services and facilities have become a concern for parents and families (Campbell & Milbourne, 2005). Healthcare and child care agencies recognize that quality child care services act as a precursor to school readiness and have since established guidelines and standards of quality (Bower, et al., 2008; Fontaine, Torre, & Grafwallner, 2006). Research findings suggest that young children who performed well on cognitive assessments had been enrolled in quality CCCs. Another key component in quality child care is knowledgeable and skilled child care leaders and staff. Children who receive developmentally-appropriate care by trained staff who understand children's physical and cognitive development are better equipped for school and social experiences. Therefore, it is important that CCCs provide an environment to meet the holistic needs of children and thus create an environment of wellness to support and promote the well-being of those served.

To address this issue, the National Food Service Management Institute, Applied Research Division conducted a multifaceted study identifying the perceptions, practices, and training

needs necessary for creating and maintaining a wellness environment in the centers participating in the Child and Adult Care Food Program (CACFP). This study builds on a previous study that explored the wellness environment in the school setting and will create new information to support education and training for CCC directors and staff.

In Phase I of this research study, interviews and focus groups were conducted to collect qualitative information about wellness initiatives in CCCs. Telephone interviews were conducted with three child care experts (a child care administrator, a child care operator, and a state agency employee) to give insight about child care wellness issues/needs and validate the focus group questions and protocol. Focus groups were then conducted with state agency personnel and CCC directors using focus group methodology by Krueger and Morgan (1998). Focus group data collected from child care professionals in Colorado, Mississippi, Arkansas, Washington, and North Carolina were then used to develop a survey instrument for use in Phase II of the research study. In Phase II, the survey instrument was evaluated by a review panel of child care professionals on content validity, and suggestions were solicited for improving the draft survey. The survey was formatted as a scannable survey and consisted of four sections:

- Section I: Perceptions and Opinions
- Section II: Practices
- Section III: Training Needs
- Section IV: Personal and Child Care Characteristics

Sections one through three focus on issues associated with creating and maintaining a wellness environment in CCCs with survey statements anchored on a 4-point Likert scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*). Section four addresses demographics.

Following a three step process, surveys were distributed to participants. For step one, a pre-notice letter was mailed to participants informing them about the survey approximately one week prior to the mailing of the surveys. For step two, a survey packet was mailed a week after the pre-notice letter to a national sample of 700 CCC directors representing seven United States Department of Agriculture (USDA) regions across the U.S. The packet included a cover letter describing the study and instructions for completing the survey, the survey, and a self-addressed, postage-paid envelope. In step three, a reminder postcard was mailed one week after the survey packets were mailed to encourage participants to complete and return the surveys.

A total of 363 surveys were returned (52%) and proportional representation was achieved from respondents in all seven USDA regions. The majority of respondents were women (99%) who served as CCC directors (78%) operating centers eight hours or more per day (99%). They also reported that all meals and snacks were cooked and prepared onsite (86%) for children of variable ages, with children 3 to 5 years of age (98%) being the group most served.

Survey findings matched responses from the focus group discussions that wellness in CCCs is a comprehensive approach that includes nutrition, safety, and physical activity for children. “Opportunities for active play” as part of the child care day was the most agreed upon statement ( $3.94 \pm .23$ ). “Healthy food is served to children” was the second most agreed upon statement ( $3.92 \pm .31$ ), followed by these statements: “children feel safe” ( $3.91 \pm .31$ ); “meals and snacks meet CACFP meal pattern requirements” ( $3.89 \pm .36$ ); and “indoor and outdoor active play areas are safe” ( $3.88 \pm .33$ ).

The following practices had the highest mean ratings: “parents are encouraged to communicate children’s allergies and special nutrition needs” ( $3.89 \pm .31$ ); “children are receiving healthy beverages throughout the day” ( $3.88 \pm .35$ ); “children are encouraged to eat

fruits and vegetables” (3.86  $\pm$  .35); “nutritious foods are purchased for all meals and vegetables” (3.84  $\pm$  .39); and “children receive healthy snacks” (3.83  $\pm$  .39).

Exploratory factor analysis was performed on all survey sections. Only the wellness practice section, however, factored into two distinct categories: “Resources and Partnerships” and “Healthy Environment.” The “Resources and Partnerships” factor includes 13 practices that support the acquisition of resources and also networking with community organizations to create and sustain wellness practices in child care. The “Healthy Environment” factor relates to 13 child care practices that create active play and socialization opportunities for children and staff, as well as healthy food and nutrition practices.

In Section III of the survey, respondents identified training issues essential to creating and maintaining a wellness environment in child care and addressed the roles of CCC directors and staff in providing direct care for children and communicating with parents about the children’s needs. The training statement with a mean rating greater than three related to training for CCC directors was “acquiring additional funding sources (grants, community organizations) to support a healthy environment” (3.50  $\pm$  .75). Child care directors’ level of agreement to this statement confirms focus group participants’ responses related to their need to secure and maintain funding and other resources to support wellness initiatives in CCCs. There were four statements with mean ratings greater than three for CCC staff. The highest mean rating for training child care staff addressed the acquisition of funds to support a healthy environment (3.15  $\pm$  .94). Respondents also agreed that child care staff needed training for the following skills: “addressing the needs of children with special food and nutrition needs” (3.04  $\pm$  .79); “communicating nutrition education information to parents” (3.01  $\pm$  .78); and “addressing the needs of children with disabilities” (3.01  $\pm$  .79).

The findings from this research study identified two practice areas and training issues/needs essential to creating and sustaining a wellness environment in CCCs. Additional research is needed to build on the findings of this research study to identify goals and best practices or quality indicators for creating and maintaining a wellness environment in CCCs. Training and best practices should include the comprehensive approach identified in this study which includes nutrition, active play, safety, and other wellness components in child care.