

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



National Food Service Management Institute
The University of Mississippi
1-800-321-3054

GY 2008 Project 4

2011

This project has been funded at least in part with federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through an agreement with the National Food Service Management Institute (NFSMI) at The University of Mississippi. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

The information provided in this publication is the result of independent research produced by NFSMI and is not necessarily in accordance with U.S. Department of Agriculture Food and Nutrition Service (FNS) policy. FNS is the federal agency responsible for all federal domestic child nutrition programs including the National School Lunch Program, the Child and Adult Care Food Program, and the Summer Food Service Program. Individuals are encouraged to contact their local child nutrition program sponsor and/or their Child Nutrition State Agency should there appear to be a conflict with the information contained herein, and any state or federal policy that governs the associated Child Nutrition Program. For more information on the federal Child Nutrition Programs please visit www.fns.usda.gov/cnd.

The University of Mississippi is an EEO/TitleVI/Title IX/Section 504/ADA/ADEA Employer.

© 2010, National Food Service Management Institute, The University of Mississippi

Except as provided below, you may freely use the text and information contained in this document for non-profit or educational use providing the following credit is included:

Suggested Reference Citation:

Lofton , K. & Nettles, M. F. (2011). *Best Practices for Child Care Professionals Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP*. University, MS: National Food Service Management Institute.

The photographs and images in this document may be owned by third parties and used by The University of Mississippi or The University of Southern Mississippi under a licensing agreement. The universities cannot, therefore, grant permission to use these images. For more information, please contact nfsmi@olemiss.edu.

**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 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.

CONTACT INFORMATION

Headquarters

Administrative Division

The University of Mississippi

Phone: 800-321-3054

Fax: 800-321-3061

www.nfsmi.org

Education and Training Division

Information Services Division

The University of Mississippi

6 Jeanette Phillips Drive

P.O. Drawer 188

University, MS 38677-0188

Applied Research Division

The University of Southern Mississippi

118 College Drive #5060

Hattiesburg, MS 39406-0001

Phone: 601-266-5773

Fax: 888-262-9631

Acknowledgments

WRITTEN AND DEVELOPED BY

**Kristi L. Lofton, PhD, RD
Assistant Director**

**Mary Frances Nettles, PhD, RD
Director**

**Applied Research Division
The University of Southern Mississippi**

**NFSMI EXECUTIVE DIRECTOR
Katie Wilson, PhD, SNS**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	8
INTRODUCTION	12
Research Objectives	
METHOD	15
Research Plan	
Informed Consent	
Phase I	
Development of Best Practice Goals and Statements	
Expert Panel Members	
Expert Panel Work Group Session	
Expert Panel Post-Session Review	
Draft Best Practice Resource	
Phase II	
Review Panel	
Data Analysis	
RESULTS AND DISCUSSION	26
Phase I	
Phase II	
CONCLUSIONS AND RECOMMENDATIONS	39
REFERENCES	41
APPENDIX: <i>Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP</i>	44

LIST OF TABLES

Table 1: Expert Panel Post-Session Review Results.....	29
Table 2: Review Panel’s Evaluation of Goal Statements and Best Practice Statements Under the Resources and Partnerships Practice Category	34
Table 3: Review Panel’s Evaluation of Goal Statements and Best Practice Statements Under the Healthy Environment Practice Category.....	35

**BEST PRACTICES FOR CHILD CARE PROFESSIONALS CREATING AND
MAINTAINING A WELLNESS ENVIRONMENT IN
CHILD CARE CENTERS PARTICIPATING IN THE CACFP**

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.

INTRODUCTION

The number of children under the age of six years in non-parental child care in the United States (U.S.) has steadily increased over the past 30 years. From 1975 to 2003 the number of women with children entering the workforce had increased 24.1%. This increase is attributed to societal changes in family dynamics and public policy changes to support the work efforts of parents and guardians. In 1996, changes to federal public assistance policies prompted more parents and guardians to enter the workforce. By 2005, more than 61% of America's children spent part of their day in out-of-home child care and early education settings with non-parental caregivers and children other than their siblings (Federal Interagency Forum on Child and Family Statistics, 2010; National Association for the Education of Young Children, 2004).

As the demand for child care services has increased, the need for quality services and facilities has become a concern for parents, children's advocates, and governmental agencies (Campbell & Milbourne, 2005). A healthy child care environment includes several components: meals and nutrition, physical activity, safety and sanitation, and staff training and development. The United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) is one of the federally-funded programs that includes these components to improve the quality of child care and to make it affordable for low-income families. The CACFP is a food assistance program that provides nutritious meals and snacks to more than 3.2 million low-income children in the U.S. This program also includes provisions to address these components as necessary elements for child care centers to provide a healthy environment (USDA, Food Nutrition Services, 2010).

Child care providers recognize that the health and well-being of young children is critical to the social and economic structure of local communities, and that they as providers share an

important responsibility in the health and development of children in child care settings (American Dietetic Association, 2005). Child care providers recognize that quality child care contributes to positive development of a child's sense of identity, trust of others, and provides an opportunity to acquire successful learning characteristics (Dodge, 1995). While child care professionals make great strides to provide the necessary care and service for children in their care, they remain susceptible to various health and safety issues that could become detrimental to the health of children (Cosby, et al., 2008). Children in child care centers are more vulnerable than any other youth groups to food-borne illness outbreaks and gastrointestinal tract illnesses (Todd, Greig, Bartleson, & Michaels, 2007). According to the U.S. Consumer Product Safety Commission, approximately 31,000 children, four years old and younger, are treated in hospital emergency rooms for injuries incurred at child care/school settings (U.S. Consumer Product Safety Commission, 1999). Therefore, it is important that early childhood experiences promote a healthy wellness environment to support the overall development of the child.

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. Previous NFSMI, ARD research identified perceptions, practices, and barriers to providing a healthy wellness environment in child care programs participating in the CACFP through a nation-wide study. These findings were used to develop the research objectives for this project and to guide the development of a best practices/quality indicators resource for child care providers to help them in attaining a wellness environment.

Research Objectives

The specific objectives of this project included the following:

- Determine the quality indicators (best practices) as related to the practice areas identified from previous NFSMI research;
- Compile a best practice guide that can be used as a Web-based assessment tool for child care centers participating in CACFP; and
- Evaluate and validate the usefulness of the best practice guide.

METHOD

Research Plan

This research project was conducted in two phases. During phase I, an expert panel work group session was conducted with child care directors/administrators, sponsoring agency representatives, and state agency representatives to identify and develop best practice statements and goals for creating and maintaining a wellness environment in child care centers participating in the Child and Adult Food Care Program (CACFP). The information collected during phase I was used to develop and format the initial draft best practice resource to be evaluated by a review panel in phase II. A national review panel consisting of child care directors/administrators and sponsoring agency representatives and state agency personnel evaluated the resource for content clarity, accuracy, and usability, and provided comments and suggestions that were incorporated into the final best practice resource.

Informed Consent

The researcher for this project followed consent procedures established by the Human Subjects Protection Review Committee at the University of Southern Mississippi. There were no identifying codes used to identify participants from either the expert panel or the review panel in phase I or phase II of this project. Expert and review panel members' agreement to participate in the research activities associated with this project served as consent.

Phase I

Development of Best Practice Goals and Statements

Mold and Gregory's (2003) best practice research model was used to guide and develop the research protocol for this project. Previous National Food Service Management Institute, Applied Research Division (NFSMI, ARD) research described the following two practice areas

(factors) for creating and maintaining a wellness environment in child care centers provided the framework for best practice statements for this project.

- **Resources and Partnerships** is related to practices that support the acquisition of resources and networking with community organizations to sustain wellness practices in child care.
- **Healthy Environment** is related to practices that create active play opportunities for children and child care staff and healthy food and nutrition practices.

Research and practice-based resources related to wellness in child care were reviewed prior to drafting the best practice statements. Best practice statements from previous research and published regulations, guidelines, and standards for children in child care centers such as the *Child Care Providers' Health and Well Being Applicable Standards from: Caring For Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care 2nd Ed*; the *American Dietetic Association's Position Paper: Nutrition Standards for Child Care Centers*; and the United States Department of Agriculture, Food and Nutrition Services, Team Nutrition resource: *Feeding Infants: A Guide for Use in the Child Nutrition Programs*.

Other resources reviewed were:

- Alaska Department of Environmental Conservation. (1996). Keeping germs out of the kitchen. Retrieved October 14, 2008, from http://dec.state.ak.us/EH/old_dec/deh/sanitab/bacteria.htm
- M. Ulione & M. Dooling. (1997). Preschool injuries in child care centers: Nursing strategies for prevention. *Journal of Pediatric Health Care*, 11, 111-116.
- National Food Service Management Institute. (2003). Are you ready for an emergency? Retrieved July 2008, from <http://www.nfsmi.org/documentlibraryfiles/PDF/20080611083002.pdf>
- National Food Service Management Institute. (2009). *CARE Connection for CACFP Child Care Providers*. University, MS: Author.

- National Food Service Management Institute. (2007). Healthy classroom celebrations. *Mealtime Memos*. Retrieved July 2008, from <http://www.nfsmi.org/documentlibraryfiles/PDF/20080609020451.pdf>
- National Food Service Management Institute. (2009). *More than mud pies: A nutrition curriculum guide for preschool children. (5th ed.)*. University, MS: Author.
- National Food Service Management Institute. (2002). *Serving It Safe Instructor's Guide. (2nd ed.)*. University, MS. National Food Service Management Institute.
- National Resource Center for Health and Safety in Child Care and Early Education. (n.d.). *Healthy kids, healthy care*. Retrieved July 2008, from <http://healthykids.us>
- United States Department of Agriculture. Food and Nutrition Service. (Spring 2000). *Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program*. Retrieved July 2008, from <http://www.fns.usda.gov/tn/Resources/buildingblocks.html>

The initial draft of the child care wellness best practice document was comprised of 227 best practice statements/quality indicators which focused on the two practice areas.

Expert Panel Members

State agency child nutrition directors in each of the seven USDA regions were asked to provide names and contact information of at least one state agency representative and three child care directors/administrators working in exemplary child care programs to serve on an expert panel and/or review panel. Other child care professionals (CACFP specialists, child care nutritionists, and a child care nurse) were also invited to participate. From this pool of names, seven child care directors/administrators, child care experts, sponsoring agency representatives, and state agency representatives were invited to attend a day and a half meeting to assist with the development of a best practice resource for creating and maintaining a wellness environment in child care centers participating in the CACFP. The invitation explained the purpose of the study and the expert panel work group session and provided the researcher's contact information for

questions and concerns. After the potential expert panel members agreed to participate, a confirmation letter, an overview of previous NFSMI, ARD research, and additional information on the upcoming meeting and travel arrangements were e-mailed to each panelist.

Expert Panel Work Group Session

Pre-meeting documents were sent to expert panel members to review one week prior to the meeting. The documents included the work group session agenda and objectives, the consent form, a pre-meeting letter, and draft goals and best practice statements centered on the two practice areas, *Resources and Partnerships* and *Healthy Environment*. The agenda provided an outline for the upcoming work group session. The consent form addressed expert panel members' rights and consent procedures established by the University of Southern Mississippi and United States Department of Health and Human Services for the protection of human subjects in research. Additional consent forms were available at the expert panel workgroup session. The pre-meeting letter instructed panel members to complete a review of the draft goals and best practice statements, add statements not identified in the draft, and provide formatting suggestions for the best practice resource. The goals and best practice statements were provided in a checklist format, and expert panel members were asked to:

- Review each draft statement;
- Determine if each statement was either a goal or best practice;
- Determine if each identified goal or best practice could be assessed; and
- Identify missing goals and best practice statements not included on the pre-meeting assignment and add them to the list.

The panelists were instructed to bring their completed documents with them to the work group session to complete consensus building steps confirming goals and best practice statements during the expert panel work group session.

Six expert panel members agreed to participate and attend a day and a half work group session. One expert panel member was unable to attend. The work group session was facilitated by three NFSMI, ARD researchers who divided panel members into two teams based on their professional roles and experiences with the intention to capture the diversity of child care professionals across the country. Both teams participated in group discussions and consensus building activities to accomplish the following objectives:

- Review the wording of each goal and/or best practice/quality indicator statement and take appropriate action;
- Come to agreement on statements identified as goals and best practice statements;
- Categorize the goals and best practice statements into one of two research-based practice categories;
- Come to agreement on the preferred format for the best practice resource; and
- Group similar best practice statements within each goal and each category, and develop goal statements associated with each sub-grouping.

The first work group activity of the expert panel focused on the best practice statements. Each team was asked to review the best practice statements and consider not only the child care operations in which they worked, but also the diversity of child care programs across the country. Work group teams used their pre-meeting assignment forms as they reviewed the wording of each best practice statement and took an action, choosing one of the following four options:

- Accept the goals and/or best practice statements they agreed were necessary;
- Delete the goals and/or best practice statements they believed should not be included;
- Modify the wording of any goals and best practice statements needing revision; or
- Add any best practice statements that have not been included.

Once the wording of the statements was agreed upon, the groups categorized each statement into one of the two practice categories: *Resources and Partnerships* or *Healthy Environment*. Both teams were responsible for recording their agreements and categorizations of each draft statement as a goal or best practice statement on a summary form. Teams were also instructed to identify, come to agreement, record, and place new best practice statements that were not previously identified by the researchers under the appropriate practice category.

The second work group activity was an agreement activity to reach consensus on the wording of goals and best practice statements and the placement of the statements under one of the two practice categories. At the conclusion of the first day of the session, panel members were given samples of different Web-based formats to review as homework for the evening.

The next day, expert panel members convened back into teams. Researchers facilitated both a directed review of the previous day's activities and a discussion on the formatting for the best practice resource. Panel members offered suggestions and came to agreement on the preferred format for the best practice resource. The expert panel recommended a Web-based, self-assessment checklist format with the two research-based practice categories encompassing the goals and best practice statements identified and confirmed by the expert panel. A "Plan of Action" section was also suggested for each sub-categorized section of the resource. A four-point assessment scale was developed (*addressed, not addressed, plan to address, and not applicable*) so that the user could assess each statement and develop a plan of action.

The final work group activity was sub-grouping similar best practice statements under the practice category in order to develop the remaining goal statements. Both teams were given all of the statements placed under one of the two practice categories to undertake. Once each team grouped similar statements, they developed themes and additional goals for each sub-grouping. The teams merged into one group to complete the last consensus activity to confirm the placement of all themes, goals, and grouping of best practice statements under each practice category. The expert panel then determined that the themes be changed and classified as sub-categories, because the themes were definable for grouped best practice statements under the research-based practice categories.

Expert Panel Post-Session Review

After the session, researchers reviewed the work group results and all of the agreed upon sub-categories (themes), goals, and best practice statements and combined them into a summarized report. The summary included 194 best practice statements within 12 goals and 13 sub-categories under the two practice areas identified in the previous NFSMI, ARD study. Researchers then e-mailed the summary with instructions to expert panel members to review. The objectives of the expert panel post-session review were the following:

- Confirm the categorization of the best practice statements into the appropriate practice category;
- Confirm whether the sub-categories and goals reflected the grouped best practice statements; and
- Propose additional goal statements for each sub-category, if necessary.

The work group summary was divided into two sections which included an assessment of the best practice statements in one section and sub-categories and goals in the second section.

While reviewing the work group summary, expert panel members completed the following steps in relation to the best practice statements in section one:

- Reviewed the best practice statement;
- Verified that he/she agreed that the statement listed was a best practice statement;
- Verified that he/she agreed with the wording of the best practice statement; and
- Indicated whether he/she believed the best practice statement was categorized into the appropriate practice category.

Expert panel members were then instructed to complete the following steps to evaluate the sub-categories and goals:

- Verify that the sub-categories and goals accurately reflected the grouped best practice statements, or suggest an appropriate sub-category and/or goal; and
- Provide a new goal for any sub-category that did not have confirmed goals from the expert panel session.

All six (100%) expert panel members returned completed work group summary evaluation forms. Researchers utilized panel members' responses and suggestions to develop the draft best practice resource and the evaluation questionnaire for the review phase of the project.

Draft Best Practice Resource

The draft best practice resource consisted of 165 best practice statements within 15 goals and 13 sub-categories under the two practice areas. Based on the recommendations from the expert panel, the preferred format of the resource was 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 by the researchers based upon their placement under the research-based practice category and the grouped best practice

statements within each sub-category. The resource also included a glossary with definitions of key child care wellness terms, additional space for a plan of action at the end of each sub-category section, and a resource page with listings of Web-based resources related to creating and maintaining a wellness environment in child care settings.

Phase II

Review Panel

Thirty child care professionals and expert panel members recommended by state agency child nutrition directors and members of the State Agency Committee were invited to participate in the review process of *phase II* of this research study. Of those invited, 21 agreed to participate on the review panel. The panel was comprised of one state agency representative, 13 child care directors, four child care nutrition specialists/nutrition coordinators, two sponsoring agency representatives, and one Head Start representative. An e-mail was sent to each review panel member with documents attached that included a cover letter, a draft best practice resource for review, and an evaluation form. The cover letter described the purpose of the research study, provided instructions for the review procedures, the confidentiality statement, contact information, and instructions for returning the evaluation form by e-mail to the researcher. A consent statement was provided and contained review panel members' rights and consent procedures established by the University of Southern Mississippi and the United States Department of Health and Human Services for the protection of human subjects in research. Review panel members were asked to review and complete the best practice resource as a self-assessment of their child care program and then return the evaluation form. The evaluation form was developed to assess the efficacy of the self-assessment process, the usefulness of the resource, and collect demographic information about review panelists. Neither the best practice

resource nor the evaluation form had any identifying codes, thus preserving the anonymity of the study and return of the completed best practice resource. The evaluation form included questions under each sub-category and goal that asked review panel members to respond with their agreement to the following:

- Are the best practices under the goal(s), sub-category, and research-based category measurable practices for creating and maintaining a wellness environment in child care?
- Does this sub-category accurately reflect the best practice statements in this section?
- Does each goal reflect the best practices listed under it? If not, please suggest another goal.
- Should the best practice statements under this sub-category stand as written or be combined with another sub-category under the research-based practice category?

Space was provided for review panel members to provide additional comments and suggestions on the best practice assessment scale and the formatting and usefulness of the resource. Review panel members were given two weeks to complete their review, and researchers sent follow-up e-mails to panel members encouraging them to return the completed draft best practice resource and evaluation form. Twenty-one review panel members (100%) returned the completed draft best practice resource and evaluation questionnaire via e-mail along with comments and suggestions for formatting the best practice resource.

Data Analysis

Researchers used qualitative research methods to identify and confirm sub-categories, goals, and best practices under the two research-based practice categories. Descriptive statistics were calculated and consisted of frequencies and percentages of the total responses from the review panel's evaluation form.

RESULTS AND DISCUSSION

The purpose of this project was to identify and confirm best practices/quality indicators for child care professionals creating and maintaining wellness initiatives in child care centers participating in the Child and Adult Care Food Program (CACFP). Two research-based practice categories and 26 practice statements identified in previous National Food Service Management Institute, Applied Research Division (NFSMI, ARD) research served as the foundation for drafting the best practice and/or goal statements. Researchers developed the draft best practice/goal statements from previous research as well as published guidelines, regulations, and standards from various credible child care and child nutrition organizations. Child care professionals at the local, state, and national levels and the National Food Service Management Institute (NFSMI) participated in the expert panel (phase I) and/or review panel (phase II) to identify, confirm, and reach consensus on the best practice and goal statements, assessment scale, resource format, and usefulness of the resource for child care professionals.

Phase I

An expert panel work group session convened to review and reach consensus on the draft best practice statements for the two research-based practice categories as outlined in the best practice research model illustrated by Mold and Gregory (2003). Of the seven child care professionals invited to participate in the expert panel work group session, all seven (100%) completed the pre-meeting assignment form, but only six (87.5%) attended the session. One participant did not attend due to a flight cancellation. The expert panel represented six of the seven (85.7%) USDA regions, with three child care directors (42.8%), two child care health and nutrition specialists (28.6%), one sponsoring agency representative (14.3%), and one state agency representative (14.3%).

During the work group session, expert panel members were asked to review and evaluate the wording of each statement as a wellness best practice or a goal to support wellness in child care settings and then take an action either to keep, modify, combine, or delete the statements. Once the expert panel had agreed upon the draft best practice statements, they were asked to place the statements under the appropriate practice category. Researchers reminded expert panel members throughout the session that the statements should reflect goals and best practices as well as be attainable and measurable. The expert panel reached consensus on:

- Wording and placement of the best practice statements under the appropriate practice category;
- Identification of new best practice statements and goals;
- Sub-grouping of similar best practice statements under a practice category;
- Identifying sub-categories under the research-based practice categories for the sub-grouped goals and best practices;
- Developing additional goals for each sub-group not previously identified from list of statements; and
- Formatting of the best practice resource.

The work group session results were summarized and e-mailed to expert panel members for a final review. Expert panel members were also asked to indicate if the goals and best practice statements reflected the sub-categories and the research-based practice categories.

All six panel members (100%) completed the post-session expert panel summary form and provided additional comments and suggestions. Researchers made the following expert panel post-session revisions under the *Resources and Partnership* practice category:

- Developed a goal for the “Partnerships with Other Agencies” sub-category;
- Combined both goals under the “Parent Involvement” sub-category and modified the wording of the goal;
- Modified the wording on two goals and 10 best practice statements to define roles of the child care director or staff and for clarity;
- Combined two best practice statements under the “Staff Training”;
- Changed the sequential order of four best practice statements; and
- Added a new best practice statement on training staff addressing healthy feeding practices under the “Staff Training” sub-category.

The following revisions were made to the *Healthy Environment* practice category:

- Two new goals were developed: one for the “Mealtime Environment” and one for the “Food Safety & Sanitation” sub-categories;
- The sub-categories “Staffing” and “Curriculum” were combined, a new goal was developed, the original goal was modified and restated as a best practice statement, and all of the best practices were transferred under the new sub-category;
- The sequential order of six best practice statements was changed, and four best practices were moved to better suited sub-categories;
- The wording of six goals and 18 best practice statements were modified for clarity;
- Six best practices were combined to make three best practice statements;
- Ten best practice statements were deleted; and
- Two best practice statements were separated to create four new best practice statements.

The draft list derived from the expert panel (N=6) post-session review resulted in 194 best practice statements under 12 goals, within 13 sub-categories and are described in Table 1. The revised sub-categories, goal statements, and best practice statements were formatted into a self-assessment checklist using two 3-point scales, “Current Status” and “Priority Level,” and a “Plan of Action” section.

Table 1

Expert Panel Post-Session Review Results

Practice Categories, Goal Statements, and Sample Best Practice Statements	Number of Best Practice Statements
RESOURCES AND PARTNERSHIPS	
<i>Partnerships with Other Agencies</i>	
<i>Goal:</i> Partnerships are established between child care center directors and other professionals to obtain resources and assistance in promoting wellness and healthy behaviors in the centers.	8
<i>Sample:</i> The child care director partners with local health agencies and their sponsors regarding training in proper food handling.	
<i>Parent Involvement</i>	
<i>Goal:</i> The child care director and staff collaborate with parents to promote and support healthy feeding practices and behaviors in the center.	5
<i>Sample:</i> The child care center involves parents/guardians in health-related activities.	
<i>Staff Training</i>	
<i>Goal:</i> Child care staff is trained to address and support health and wellness practices in the center.	6
<i>Sample:</i> The child care director and staff participate in training provided by sponsors of the CACFP and/or state agency.	

(Table 1 continues)

(Table 1 continued)

Expert Panel Post-Session Review Results

Practice Categories, Goal Statements, and Sample Best Practice Statements	Number of Best Practice Statements
HEALTHY ENVIRONMENT	
<i>Healthy Meals</i>	
<p><i>Goal:</i> Child care staff prepares healthy meals and snacks that are age- and developmentally-appropriate for children in the center.</p>	15
<p><i>Sample:</i> Homemade treats are prohibited in the child care center.</p>	
<i>Emergency Preparedness</i>	
<p><i>Goal:</i> The child care director has an emergency plan that is evaluated and updated regularly.</p>	6
<p><i>Sample:</i> The child care center maintains adequate food and water inventory in case of an emergency.</p>	
<i>Hand Washing</i>	
<p><i>Goal:</i> The child care center has a hand washing policy.</p>	13
<p><i>Sample:</i> Child care staff wash their hands before and after preparing, serving, and eating food items.</p>	
<i>Food Safety and Sanitation</i>	
<p><i>Goal:</i> Safe food handling and sanitation procedures are practiced in the child care center.</p>	36
<p><i>Sample:</i> The child care director ensures staff members who handle food are free from illness.</p>	

(Table 1 continues)

(Table 1 continued)

Expert Panel Post-Session Review Results

Practice Categories, Goal Statements, and Sample Best Practice Statements	Number of Best Practice Statements
HEALTHY ENVIRONMENT	
<i>Mealtime Environment</i>	
<i>Goal:</i> The mealtime environment encourages healthy eating.	7
<i>Sample:</i> Homemade treats are prohibited in the child care center.	
<i>Goal:</i> The child care director and staff support and model healthy eating behaviors.	11
<i>Sample:</i> Child care staff models and teaches children good manners and healthy eating behaviors.	
<i>Staffing and Curriculum</i>	
<i>Goal:</i> Trained child care staff understands and meets the needs of infants and children.	8
<i>Sample:</i> Child care staff practices good personal hygiene.	
<i>Safety</i>	
<i>Goal:</i> Trained child care staff addresses safety and health-related issues.	8
<i>Sample:</i> Child care staff teaches children about safe play.	
<i>Goal:</i> The child care center has standard operating procedures for emergency medical situations.	9
<i>Sample:</i> Child care staff reports injuries of children to the director and parents/guardians, as appropriate.	

(Table 1 continues)

(Table 1 continued)

Expert Panel Post-Session Review Results

Practice Categories, Goal Statements, and Sample Best Practice Statements	Number of Best Practice Statements
--	---

HEALTHY ENVIRONMENT

Infants

Goal: Trained child care staff implements healthy feeding practices for infants. 7

Sample: Heating an infant’s bottle in the microwave is prohibited.

Child Care Facility Management

Goal: The child care center maintains a safe, clean, and sanitary environment. 21

Sample: Spills on the floor are cleaned immediately, and access to the area is limited.

Special Food and/or Nutrition Needs

Goal: The child care center has procedures in place. 13

Sample: Child care staff wash their hands before and after preparing, serving, and eating food items.

Food Safety and Sanitation

Goal: Safe food handling and sanitation procedures are practiced in the child care center. 36

Sample: The child care director ensures staff members who handle food are free from illness.

Phase II

Twenty-one (70%) of thirty child care professionals invited to participate on the review panel agreed and completed the review evaluation process in phase II. The review panel was comprised of one state agency representative (4.8%), 13 child care directors (62.0%), four child care nutrition specialists/nutrition coordinators (19.0%), two sponsoring agency representatives (9.4%), and one Head Start representative (4.8%). Review panel members were e-mailed the draft resource and evaluation form to use as an instrument to review the goals and best practice statements under each sub-category and research-based categories. The reviewers were also asked to assess the clarity and usefulness of the resource as a self-assessment tool for child nutrition professionals. The evaluation form included three questions for each sub-category for which reviewers indicated their agreement to the measurability, fit of best practices under goals, and gaps or missing best practices under the sub-category. The review panel's evaluation of goal statements and best practice statements is displayed in Table 2 and Table 3. The agreement percentages and frequencies indicated a high level of agreement ($\leq 85.7\%$) that the best practices listed under the sub-categories were measurable, reflected the goals under the practice category and sub-category, and were adequate for assessing these statements as best practices for creating and maintaining a wellness environment in child care centers.

Table 2

Review Panel's Evaluation of Goal Statements and Best Practice Statements (N=21) under the Resources and Partnerships Practice Category

RESOURCES AND PARTNERSHIPS			
Sub-Categories	Partnerships with Other Agencies	Parent Involvement	Staff Training
Evaluation Statements/ Questions Per Goal	Agreement Percentage		
In your opinion, are these measurable best practices for creating and maintaining a wellness environment in child care centers participating in the CACFP?	100.0% (21)	90.5% (19)	100.0% (21)
The best practice statements reflect the goals under this sub-category and research-based practice category.	95.2% (20)	100.0% (21)	95.2% (20)
There are no best practice statements missing within this goal.	85.7% (18)	95.2% (20)	85.7% (18)

Table 3

Review Panel's Evaluation of Goal Statements and Best Practice Statements (N=21) under the Healthy Environment Practice Category

HEALTHY ENVIRONMENT				
Sub-Categories	Healthy Meals	Emergency Preparedness	Hand Washing	Mealtime Environment₁
Evaluation Statements/ Questions Per Goal	Agreement Percentage			
In your opinion, are these measurable best practices for creating and maintaining a wellness environment in child care centers participating in the CACFP?	100.0% (21)	100.0% (21)	100.0% (21)	100.0% (21)
The best practice statements reflect the goals under this sub-category and research-based practice category.	100.0% (21)	100.0% (21)	85.7% (18)	95.2% (20)
There are no best practice statements missing within this goal.	76.2% (16)	85.7% (18)	85.7% (18)	85.7% (18)

(Table 3 continues)

(Table 3 continued)

Review Panel's Evaluation of Goal Statements and Best Practice Statements (N=21) under the Healthy Environment Practice Category

HEALTHY ENVIRONMENT				
Sub-Categories	Mealtimes Environment₂	Staffing and Curriculum	Safety₃	Safety₄
Evaluation Statements/ Questions Per Goal	Agreement Percentage			
In your opinion, are these measurable best practices for creating and maintaining a wellness environment in child care centers participating in the CACFP?	85.7% (18)	100.0% (21)	100.0% (21)	100.0% (21)
The best practice statements reflect the goals under this sub-category and research-based practice category.	100.0% (21)	100.0% (21)	100.0% (21)	95.2% (20)
There are no best practice statements missing within this goal.	90.5% (19)	90.5% (19)	85.7% (18)	85.7% (18)

(Table 3 continues)

(Table 3 continued)

Review Panel’s Evaluation of Goal Statements and Best Practice Statements (N=21) under the Healthy Environment Practice Category

HEALTHY ENVIRONMENT				
Sub-Categories	Infants	Child Care Facility Management	Special Food and/or Nutrition Needs	Food Safety and Sanitation
Evaluation Statements/ Questions Per Goal	Agreement Percentage			
In your opinion, are these measurable best practices for creating and maintaining a wellness environment in child care centers participating in the CACFP?	95.2% (20)	100.0% (21)	100.0% (21)	100.0% (21)
The best practice statements reflect the goals under this sub-category and research-based practice category.	95.2% (20)	100.0% (21)	100.0% (21)	100.0% (21)
There are no best practice statements missing within this goal.	85.7% (18)	85.7% (18)	90.5% (19)	95.2% (20)

Additional space was provided on the evaluation form for review panel members to provide comments on the scales, format, and usefulness of the resource. Researchers reviewed all comments provided by panelists and incorporated recommendations aligned with the project’s goals for developing the guide into the best practice resource. The final draft of the resource resulted in 155 confirmed best practice statements that contribute to the achievement of 15 goals under the two research-based practice categories and 13 sub-categories. The resource also

includes additional sections that contain important terms, abbreviations, and definitions,
instructions on how to use the resource, and a list of childcare wellness resources.

CONCLUSIONS AND RECOMMENDATIONS

Child care professionals who embrace wellness concepts create a positive and healthy environment in child care centers. The passage of the Healthy, Hunger-Free Kids Act of 2010 includes support to reauthorize and improve the Child and Adult Care Food Program (CACFP) and other child nutrition programs to improve the health and well-being of children in the United States. By making wellness a standard protocol in child care, child care professionals can assist and encourage children to develop positive health-related behaviors which prevent obesity and other illnesses and disorders that could result in long-term health issues. In recognition of the vital role child care center directors and staff play in the present and future well being of children, researchers at the National Food Service Management Institute, Applied Research Division (NFSMI, ARD) embarked on a project to create a resource to identify best practices or quality indicators for providing a wellness environment in child care centers participating in the CACFP.

Research objectives for this study were based on findings from previous NFSMI, ARD research on wellness in child care centers and literature from current research and child care professional organizations. Child care professionals participated in the two-phased project as expert panel and review panel members to develop of a Web-based, best practice resource for child care center directors and other child care professionals to assess wellness practices and standards in child care. *Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP* is a user-friendly checklist for child care directors and other child care professionals who are implementing or assessing wellness practices in child care centers participating in the CACFP. 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. The resource can be used to develop a plan of action to implement, assess, and improve wellness practices in child care centers across the country and contains a section with abbreviations and definitions, instructions on how to use the resource, and a list of childcare wellness resources.

Child care professionals may use sections or the entire resource to assess wellness practices in their centers or identify staff training needs related to child care wellness practices. 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. Additional space is provided in each section, and can be used to establish a plan of action or set goals to address the best practices. Listed below are additional ways in which to use this best practice resource:

- Develop education materials and training programs for child care directors, managers, and staff members using sections of the resource;
- Identify supportive roles of child care providers in implementing and assessing wellness practices;
- Evaluate the roles and contributions of child care staff performing wellness practices;
- Identify specific roles of stakeholders and resources necessary for planning and implementing wellness practices in child care centers;
- Identify child care standards and practices needed for a healthy wellness environment; and
- Establish goals for continuous quality improvement.

REFERENCES

- Alaska Department of Environmental Conservation. (1996). Keeping germs out of the kitchen. Retrieved October 14, 2008, from http://dec.state.ak.us/EH/old_dec/deh/sanitat/bacteria.htm
- American Dietetic Association. (2005). Position of the American Dietetic Association: Benchmarks for nutrition programs in child care settings. *Journal of the American Dietetic Association, 105*, 979-986.
- Campbell, P. & Milbourne, S. (2005). Improving the quality of infant-toddler care through professional development. *Topics in Early Childhood Special Education, 25*, 3-14.
- Cosby, C., Costello, C., Morris, Haughton, B., Devereaux, M., Harte, F., & Davison, M. (2008). Microbiological analysis of food contact surfaces in child care centers. *Applied and Environmental Microbiology, 74*(22), 6918-6922.
- Dodge, D. (1995). The importance of curriculum in achieving quality child day care programs. *Child Welfare, 74*, 1174-1188.
- Federal Interagency Forum on Child and Family Statistics. (2010). *America's Children in Brief: Key National Indicators of Well-being. America's Children at a Glance*. Retrieved August 2010, from <http://www.childstats.gov/americaschildren/glance.asp>
- Food Research Action Center. (2011). The Healthy, Hungry-Free Kids Act 2010: Child and Adult Care Food Program Summary. Retrieved January 31, 2011, from http://www.frac.org/pdf/summary_cacfp_cnr2010.pdf
- Lofton, K. L. & Carr, D. H. (2010). Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the Child and Adult Care Food Program. *Journal of Child Nutrition and Management, 34*(1). Retrieved August 2010, from <http://www.schoolnutrition.org/Content.aspx?id=14020>

- M. Ulione & M. Dooling. (1997). Preschool injuries in child care centers: Nursing strategies for prevention. *Journal of Pediatric Health Care, 11*, 111-116.
- Mold, J. & Gregory, M. (2003). Best practices research. *Family Medicine, 35*, 131-134.
- National Food Service Management Institute. (2003). Are you ready for an emergency? Retrieved July 2008, from <http://www.nfsmi.org/documentlibraryfiles/PDF/20080611083002.pdf>
- National Food Service Management Institute. (2009). *CARE Connection for CACFP Child Care Providers*. University, MS: Author.
- National Food Service Management Institute. (2007). Healthy classroom celebrations. *Mealtime Memos*. Retrieved July 2008, from <http://www.nfsmi.org/documentlibraryfiles/PDF/20080609020451.pdf>
- National Food Service Management Institute. (2009). *More than mud pies: A nutrition curriculum guide for preschool children. (5th ed.)*. University, MS: Author.
- National Food Service Management Institute. (2002). *Serving It Safe Instructor's Guide. (2nd ed.)*. University, MS: National Food Service Management Institute.
- National Resource Center for Health and Safety in Child Care and Early Education. (n.d.). *Healthy kids, healthy care*. Retrieved July 2008, from <http://healthykids.us>
- Todd, E., Greig, C., Bartleson, C., & Michaels, B. (2007). Outbreaks where food workers have been implicated in the spread of foodborne disease. Part 2. Descriptions of outbreaks by size, severity, and settings. *Journal of Food Protection, 70*(7), 1752-1761.
- United States Consumer Product Safety Commission. (1999). *Staff study of safety hazards in child care settings*. Retrieved (n.d.) <http://www.cpsc.gov/library/ccstudy.html>

United States Department of Agriculture. Food and Nutrition Service. (Spring 2000).

Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult

Care Food Program. Retrieved July 2008, from,

<http://www.fns.usda.gov/tn/Resources/buildingblocks.html>

Appendix

Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers

Participating in the CACFP



National Food Service Management Institute
The University of Mississippi



**Creating and Maintaining
a Wellness Environment
in Child Care Centers
Participating in the CACFP**

Applied Research Division • The University of Southern Mississippi

Ready, Set, Go!
Creating and Maintaining a Wellness Environment
in Child Care Centers Participating in the CACFP



National Food Service Management Institute
The University of Mississippi

Applied Research Division
The University of Southern Mississippi

Item Number R-160-10 (GY 08)
2010

This project has been funded at least in part with federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through an agreement with the National Food Service Management Institute (NFSMI) at The University of Mississippi. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

The information provided in this publication is the result of independent research produced by NFSMI and is not necessarily in accordance with U.S. Department of Agriculture Food and Nutrition Service (FNS) policy. FNS is the federal agency responsible for all federal domestic child nutrition programs including the National School Lunch Program, the Child and Adult Care Food Program, and the Summer Food Service Program. Individuals are encouraged to contact their local child nutrition program sponsor and/or their Child Nutrition State Agency should there appear to be a conflict with the information contained herein, and any state or federal policy that governs the associated Child Nutrition Program. For more information on the federal Child Nutrition Programs please visit www.fns.usda.gov/cnd.

The University of Mississippi is an EEO/TitleVI/Title IX/Section 504/ADA/ADEA Employer.

© 2010, National Food Service Management Institute, The University of Mississippi

Except as provided below, you may freely use the text and information contained in this document for non-profit or educational use providing the following credit is included:

Suggested Reference Citation:

Lofton, K. & Nettles, M. F. (2010). *Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP*. University, MS: National Food Service Management Institute.

The photographs and images in this document may be owned by third parties and used by The University of Mississippi or The University of Southern Mississippi under a licensing agreement. The universities cannot, therefore, grant permission to use these images. For more information, please contact nfsmi@olemiss.edu.

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 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.

Contact Information

Headquarters

Administrative Division

The University of Mississippi

Phone: 800-321-3054

Fax: 800-321-3061

www.nfsmi.org

Education and Training Division

Information Services Division

The University of Mississippi

6 Jeanette Phillips Drive

P. O. Drawer 188

University, MS 38677-0188

Applied Research Division

The University of Southern Mississippi

118 College Drive #5060

Hattiesburg, MS 39406-0001

Phone: 601-266-5773

Fax: 888-262-9631

Acknowledgments

Written and Developed by

Kristi L. Lofton, PhD, RD
Assistant Director

Mary Frances Nettles, PhD, RD
Director

Applied Research Division
The University of Southern Mississippi

Graphic Design by

Travis Brewington

NFSMI Executive Director

Katie Wilson, PhD, SNS

Introduction

Child care centers offer a unique atmosphere to promote healthy eating and other health promotion practices to more than 61% of America's children ages six and younger. Not only do child care centers provide an environment in which children learn, but they also serve healthy foods and incorporate regular physical activities that can encourage life-long healthy behaviors. Child care centers embracing wellness concepts provide a positive environment to promote healthy behaviors and help prevent childhood obesity and other illnesses and disorders that could result in long-term illnesses later in life. Child care professionals who support a child care wellness environment provide healthy meals and snacks that meet the Child and Adult Care Food Program (CACFP) requirements, opportunities for active play, and safety provisions that make children feel secure. The active role that child care directors and staff play in maintaining a wellness environment may heighten the impact that child care centers have on children's health and well-being as well as reduce the trends of childhood obesity. The purpose of this project was to identify goals and establish best practices for providing a wellness environment in child care centers based on two practice categories (Resources and Partnerships and Healthy Environment) identified in previous National Food Service Management Institute (NFSMI) research.

This best practice resource is a Web-based, self-assessment checklist designed for child care directors who are implementing or assessing wellness practices in child care centers participating in the CACFP. Child care directors, state agency representatives, sponsoring agency personnel, and child care coordinators and specialists were actively involved in the development of this best practice resource by identifying and confirming definitions, sub-categories (partnerships with other agencies, parent involvement, staff training, healthy meals, emergency preparedness), goals, best practice statements, and resources for the reference list. Based on their recommendations, this resource contains two research-based practice categories with supporting sub-categories, goals, and best practice statements anchored on a 3-point current status scale and a plan of action section for each sub-category. A national review panel of child care professionals were also involved in the evaluation of the best practice resource and provided feedback on the content, status scale, resource format, and the usefulness of the resource as a self-assessment tool for child care professionals.

Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP is a user-friendly checklist that focuses on the nutritional and safety aspects of wellness in child care centers. The resource is designed around 155 best practices that contribute to the achievement of 15 goals listed under two practice categories and 13 sub-categories. Child care directors may use sections or the entire resource to assess wellness practices in their centers or identify staff training needs related to child care wellness practices. 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 to select should the best practice statement not address specific roles of the child care provider or the child care center. Upon assessing the current status of the best practices, child care directors can use the additional space provided in each section to establish a plan of action or set goals to address the best practices.

Introduction

Listed below are additional ways in which to use this best practice resource.

- Identify supportive roles of child care providers in implementing and assessing wellness practices
- Evaluate the roles and contributions of child care staff performing wellness practices
- Identify specific roles of stakeholders and resources necessary for planning and implementing wellness practices in child care centers
- Identify child care standards and practices needed for a healthy wellness environment
- Establish goals for continuous quality improvement

Abbreviations and Definitions

Best Practices

Measurable practices that define achievable, effective, and efficient strategies for Child Nutrition professionals desiring superior performance; steps needed to reach/attain the goal.

Child And Adult Care Food Program (CACFP)

Federal food reimbursement program that provides daily subsidized food service assistance to children and elderly (or mentally or physically impaired adults) adults who are enrolled for care at participating child care centers, adult day care centers, after-school programs, family and group day care homes, and homeless and emergency shelters. These centers and shelters can be public and private non-profit centers, proprietary organizations, schools, private homes, and elderly centers, among others, on condition that they all comply with Federal, State and local licensing and approval requirements.

Goals

Broad objectives that provide the context for what is to be accomplished under each practice category

Stakeholders

Child care provider, child care staff, parents, children in child care centers, state agency representatives, sponsoring agency representatives, community organizations that support wellness practices in child care centers

NFSMI, ARD

National Food Service Management Institute, Applied Research Division

Practice Categories

Research-based factors influencing a healthy wellness environment in child care centers identified in a previous NFSMI study:

Resources and Partnerships

A practice category that supports the acquisition of resources and networking with community organizations to sustain wellness practices in child care.

Healthy Environment

A practice category related to scheduled opportunities for active play, healthy eating practices, and socialization opportunities for children and staff.

Sub-Categories

Secondary categories under the practice categories that includes goals and best practices:

Partnerships with Other Agencies

A sub-category under Resources and Partnerships that relates to the partnerships established between the child care center, sponsoring agencies, and community organizations to promote wellness for the children in child care centers.

Abbreviations and Definitions

Parent Involvement

A sub-category under Resources and Partnerships that relates to collaboration between the child care center and parents to support child care wellness efforts.

Staff Training

A sub-category under Resources and Partnerships that relates to the training of child care staff in health and wellness practices.

Healthy Meals

A sub-category under Healthy Environment that relates to the child care center's commitment to provide healthy meals and snacks according to CACFP guidelines.

Emergency Preparedness

A sub-category under Healthy Environment that relates to the child care center's plans to respond to emergency situations and maintain the safety of child care staff and children.

Hand Washing

A sub-category under Healthy Environment that relates to the child care center's handwashing policy and procedures to prevent illness and the spread of communicable disease in the child care center.

Food Safety and Sanitation

A sub-category under Healthy Environment that relates to the child care center's commitment to provide healthy meals and snacks to children under safe and sanitary conditions.

Mealtime Environment

A sub-category under Healthy Environment that relates to creating and maintaining a dining environment in the child care center that encourages healthful eating and positive socialization.

Staffing and Curriculum

A sub-category under Healthy Environment that relates to trained child care staff meeting children's health and nutrition needs and teaching and role modeling good healthy behaviors to children.

Safety

A sub-category under Healthy Environment that relates to the child care center's efforts to meet and maintain the center as a safe environment that promotes the growth and development of young children.

Infants

A sub-category under Healthy Environment that relates to the child care director's and staff's efforts to meet the nutritional and developmental needs of infants in the child care center.

Abbreviations and Definitions

Child Care Facility Management

A sub-category under Healthy Environment that relates to assessing and maintaining a safe environment that supports wellness in the child care facility.

Special Food and/or Nutrition Needs

A sub-category under Healthy Environment that relates to meeting the special food and/or nutrition needs of children in the child care center.

Wellness

A comprehensive approach that includes food and nutrition, physical activity, and safety practices to support the growth and development of children in the child care center.

Wellness Plan

A guide for the child care center that includes practices and components of wellness.

Instructions

STEP 1 - CURRENT STATUS

Indicate the current status of each best practice statement pertaining to wellness in your child care center participating in the CACFP by placing a mark in the appropriate column.

Use the Current Scale: Addressed, Not Addressed, Plan to Address, and Not Applicable

Addressed

Best practice *is currently being implemented* in your child care center.

Not Addressed

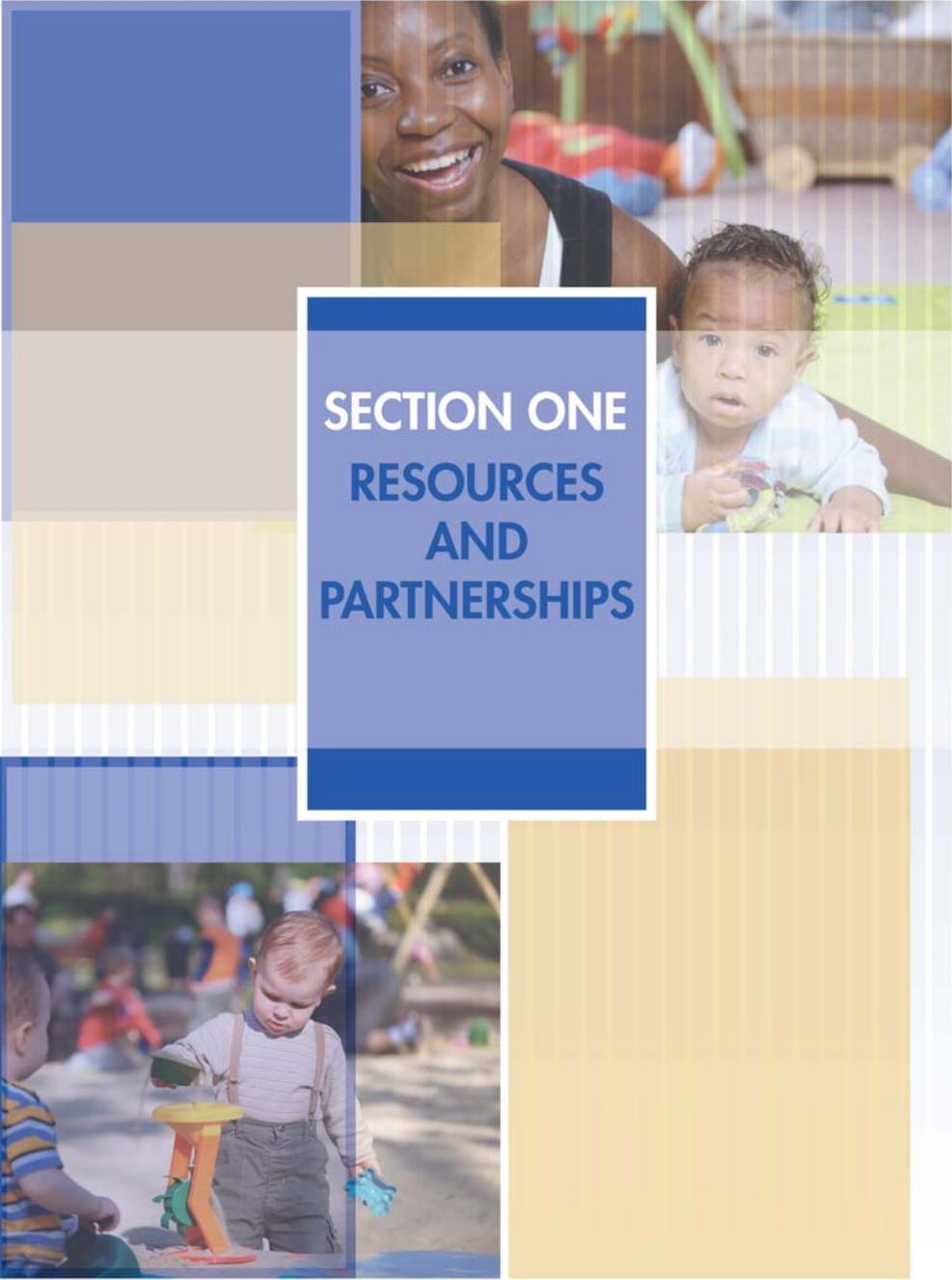
Best practice *is not currently being implemented* in your child care center.

Plan to Address

We are *planning to implement* this best practice in the future.

STEP 2 – PLAN OF ACTION

Review and assess the best practices identified as needing attention in your child care center. Then, use the plan of action forms at the end of each section to establish a plan for your child care center. Your plan of action can be used to establish new goals and establish a timeline for implementing new wellness practices or evaluate existing best practices and document ways to improve this practice in your child care center.



**SECTION ONE
RESOURCES
AND
PARTNERSHIPS**

RESOURCES AND PARTNERSHIPS

PARTNERSHIPS WITH OTHER AGENCIES

Goal: Partnerships are established between the child care director and other professionals to obtain resources and assistance in promoting wellness and healthy behaviors in the centers.

BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Partnerships are established with the CACFP sponsoring organization and state agency to facilitate wellness practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director partners with the state and sponsoring agency for guidance on serving children with food allergies and other special food and/or nutrition needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director partners with local health agencies regarding training, resources, and issues related to environmental health inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director partners with local health agencies and their sponsors regarding training in proper food handling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director establishes a partnership with community organizations to develop and implement a wellness plan that promotes health-related activities in their child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director partners with community agencies to develop a comprehensive emergency readiness plan (e.g., weather, safety, disaster, and medical).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNERSHIPS WITH OTHER AGENCIES				
Goal: Partnerships are established between the child care director and other professionals to obtain resources and assistance in promoting wellness and healthy behaviors in the centers.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care director partners with community organizations to recycle bottles, cans, paper, and plastic, when possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director networks with other professionals to obtain ideas on creative ways to maintain a healthy environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick blue border, occupying most of the page. It is intended for a user to write a plan of action.

PARENT INVOLVEMENT				
Goal: The child care director and staff collaborate with parents to promote and support healthy feeding practices and behaviors in the center.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care director and staff provide parents/guardians with education materials to establish their role in promoting and supporting good health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director involves parents/guardians in health-related activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director offers parents/guardians access to education sessions and materials on nutrition for infants and young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff collaborates with parents/guardians regarding the introduction of solid foods both at home and in the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff collaborates with parents/guardians to overcome the challenges of feeding picky eaters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians are encouraged to provide feedback to the child care staff on the child care center menus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

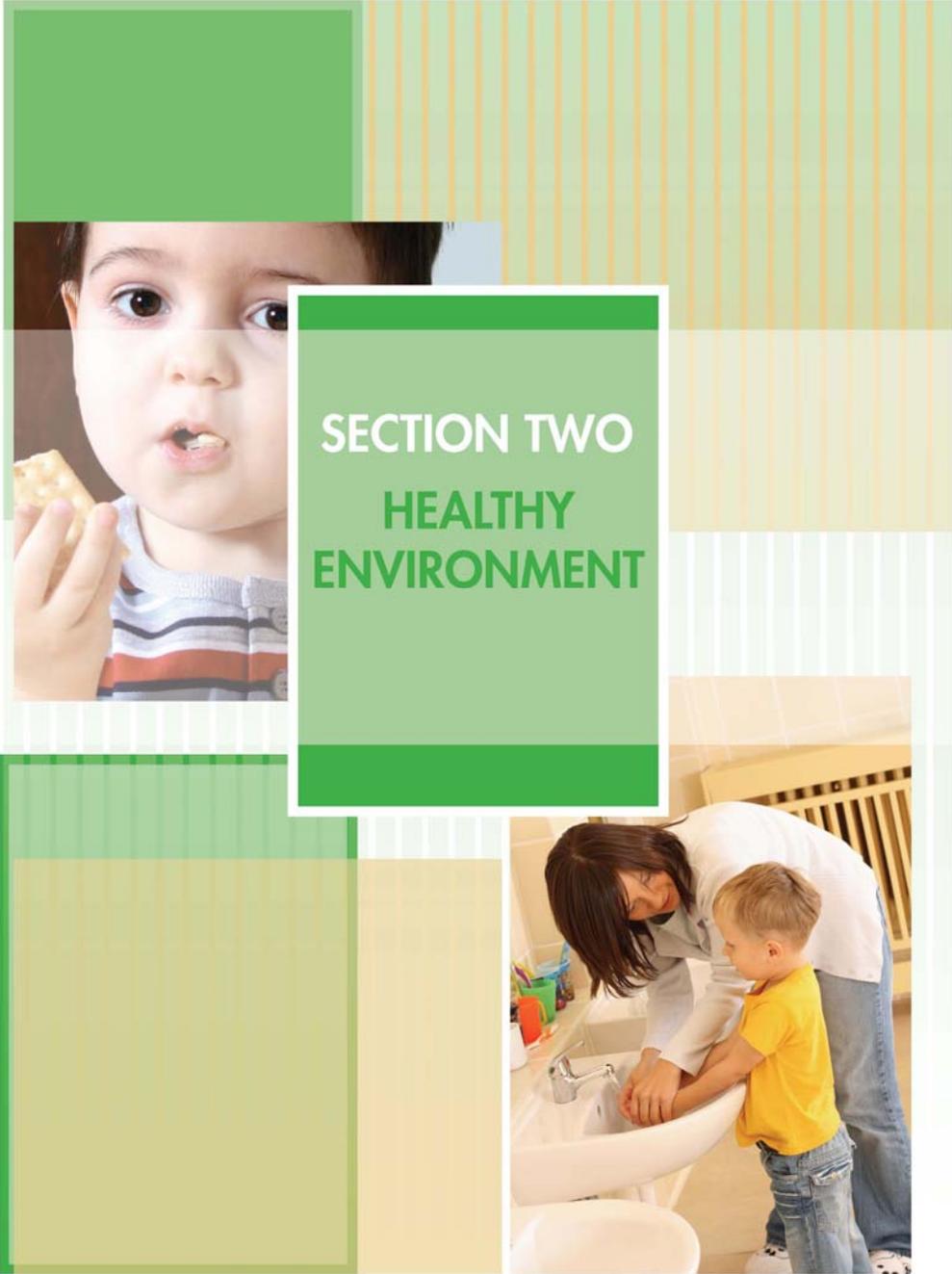
Plan of Action

A large, empty rectangular box with a thick blue border, occupying the central portion of the page. This box is intended for the user to write their plan of action.

STAFF TRAINING				
Goal: Child care staff is trained to address and support health and wellness practices in the child care center.				
	CURRENT STATUS			
BEST PRACTICES:	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care director and staff are trained to address emergency medical situations and perform first aid, rescue breathing, and community (adult/infant/child) CPR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director collaborates with the sponsoring agency, state agency, and/or community agency to provide adequate and necessary training for staff on safety and other health-related issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director and staff participate in foodservice training provided by sponsors of the CACFP, state agency, or other approved sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff participates in training on safe food handling and sanitation practices to avoid cross-contamination and food-borne illnesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff participates in training on healthy feeding practices for infants and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick blue border, occupying most of the page. It is intended for a user to write a plan of action.



SECTION TWO
HEALTHY
ENVIRONMENT



HEALTHY ENVIRONMENT

HEALTHY MEALS

Goal: Child care staff prepares healthy meals and snacks that are age and developmentally appropriate for children in the center.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center has menus that provide healthy meals and snacks following the current Dietary Guidelines for Americans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care menus are planned and prepared according to the CACFP meal patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care menus are planned and served based on the operating hours of the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care menus are planned to accommodate cultural and ethnic diversity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care menus include foods that are low to moderate in sugar, fat, and salt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director regularly monitors the preparation and service of approved menu items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care center has regularly scheduled healthy meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy meals, snacks, and beverages are prepared and served daily in age-appropriate portions following CACFP guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children are provided healthy beverages (i.e., water, 100% fruit juice, and low-fat milk) following CACFP meal patterns to meet their fluid needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTHY MEALS

Goal: Child care staff prepares healthy meals and snacks that are age and developmentally appropriate for children in the center.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center provides drinking water throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrated sweets are limited based on the current Dietary Guidelines for Americans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional servings of menu items are available to ensure children have enough to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemade treats are prohibited in the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



EMERGENCY PREPAREDNESS

Goal: The child care director has an emergency readiness plan that is evaluated and updated regularly.

BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care director develops and implements a comprehensive emergency readiness plan for the center (e.g., weather, safety, disaster, and medical).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director and staff review and update the center's emergency readiness plan annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency telephone numbers (e.g. Poison Control Center, police, fire department, hospital, paramedics, local health department, and child care licensing agency) are posted near all telephones in the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care center maintains adequate food and water inventory in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact information for parents/guardians is current and readily available in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



HAND WASHING

Goal: The child care center follows appropriate hand washing procedures.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center has a hand washing policy for staff and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director regularly checks to ensure soap, warm water, and paper towels are available for staff and children in all hand washing areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands before and after preparing, serving, and eating food items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands before putting on single-use gloves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands after changing diapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands after handling bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands before and after giving first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff washes their hands after handling garbage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff and children wash their hands upon entering and leaving the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff and children wash their hands after using the restroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff and children wash their hands after outdoor playtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAND WASHING

Goal: The child care center follows appropriate hand washing procedures.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff washes infants' hands before feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff assists and/or supervises children washing their hands before and after children's meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



FOOD SAFETY AND SANITATION

Goal: Safe food handling and sanitation procedures are practiced in the child care center.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
--	-----------	---------------	-----------------	----------------

Child care staff complies with safe food handling and sanitation procedures.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The child care director purchases food items from approved sources.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The purchase, storage, preparation, and service of meals and snacks meet the CACFP guidelines.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The child care director routinely conducts a food safety evaluation during food production and meal/snack service.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The child care director verifies staff members who handle food are free from illness.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Child care staff ensures age-appropriate food items are served to avoid a choking hazard.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The child care center has a plan in place to address food preparation and delivery disruptions.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

All food items are clearly labeled and stored.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Child care staff checks expiration dates of perishable and non-perishable foods.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Child care staff routinely checks for damaged or spoiled foods, broken or torn packages, and bulging, dented, or leaking cans.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Foods are stored in safe and secure areas out of the reach of children.

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

FOOD SAFETY AND SANITATION

Goal: Safe food handling and sanitation procedures are practiced in the child care center.

BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Non-perishable food items are stored off the floor in sealed containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The temperatures of the refrigerator and freezer are routinely monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen foods are stored in airtight, moisture-proof packaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold foods are refrigerated at 41° F or lower to maintain food safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines are established for foods and snacks brought from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perishable foods brought from home are kept in the refrigerator labeled with the child's name, type of food, and date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw meats are stored in the refrigerator below cooked or ready-to-eat foods to prevent cross contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is stored, thawed, and cooked at appropriate temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is thawed either in the refrigerator, under cold running water, or in a microwave set at the defrost setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff avoids wearing jewelry other than a plain ring, when preparing and/or serving food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves are recommended for use in the child care center following local and state guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD SAFETY AND SANITATION

Goal: Safe food handling and sanitation procedures are practiced in the child care center.

BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff who have long nails (i.e., artificial nails) or wear fingernail polish must wear gloves during food production and service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff responsible for food production maintains clean and trimmed fingernails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves are used when hands come in direct contact with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff changes gloves, as needed, when handling food to avoid cross contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All wounds and/or injuries should be covered and protective gloves should be worn during food production and meal/snack service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care staff wears a clean apron during food production and removes the apron upon leaving the food production area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation areas, equipment, dishes, and utensils are washed, rinsed, and sanitized according to local, state, and federal regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation sinks are used solely for food production to avoid food contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and vegetables are washed with water to remove dirt and residue before serving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A food thermometer is available for checking food and water temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD SAFETY AND SANITATION

Goal: Safe food handling and sanitation procedures are practiced in the child care center.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
Hot foods are held at 140° F or higher to maintain food safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small foodservice equipment and utensils are washed, rinsed, sanitized, and air-dried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All foods stored in containers are labeled with the date the food was prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and dishes washed by hand are cleaned, rinsed, and sanitized in hot water and allowed to air dry, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



MEALTIME ENVIRONMENT				
Goal: The mealtime environment is safe, pleasant, and encourages healthy eating.				
	CURRENT STATUS			
BEST PRACTICES:	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff has a positive attitude and enjoys being with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dining space allows children to eat and enjoy meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials and toys are properly stored away from the dining area during meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dining furniture and eating utensils in the child care center are age-appropriate and developmentally suitable for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children are provided adequate time to eat meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



MEALTIME ENVIRONMENT				
Goal: The child care director and staff support and model healthy eating behaviors in the child care center.				
	CURRENT STATUS			
BEST PRACTICES:	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff promotes and maintains a pleasant mealtime environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff sits at the table and eats the same foods with the children during meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff interacts with the children during meal and snack times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff models and teaches children good manners and healthy eating behaviors during meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A variety of food items is offered at each meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children are encouraged to eat whole grains, calcium-rich foods, fruits, and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff introduces new foods with foods that are familiar to children several times to broaden the children's food experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children are encouraged to try new food items offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff supports a child's decision regarding their food consumption during meals and snacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick green border, occupying the central portion of the page. This box is intended for the user to write their plan of action.

STAFFING AND CURRICULUM				
Goal: Trained child care staff understands and meets the needs of infants and children.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center meets or exceeds federal, state, and local staffing standards in order to adequately supervise the number of children enrolled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff responds to the needs of children who arrive at the center hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff restricts the use of food as a reward, punishment, or pacifier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff practices good personal hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained child care staff teaches children about healthy eating behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education resources are available for child care staff to teach children about good nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition education toys and activities available in the child care center are age-appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition education materials are used to increase children's interest in healthy foods and eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff plans, implements, and participates in nutrition education activities with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick green border, occupying most of the page. It is intended for a user to write a plan of action.

SAFETY				
Goal: Trained child care staff addresses safety and health-related issues.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff models safe behaviors when interacting with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff teaches children about safe play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult supervision is required for children to exit the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff routinely checks dining furniture for hazards that can cause an injury (e.g., loose or wobbly equipment, sharp or protruding surfaces).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelves and other furniture that could fall or be pulled over are secured to the wall and/or floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy items are prohibited from being stacked on furniture or shelves to prevent injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working fire extinguisher is located in the kitchen for emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a green border, intended for a Plan of Action. The box is currently blank, providing space for the user to write their plan.

SAFETY				
Goal: The child care director has standard operating procedures for emergency medical situations.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff follows the center's plan to report injuries of children to the director and parents/guardians, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff records all injuries on an injury or incident report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director and staff review injury reports periodically to assess, revise, and/or develop injury prevention strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director and staff collaborate with parents/guardians to address issues related to child care safety and injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained child care staff responds to medical situations based on standard operating procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits are readily available in the child care center and playground area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits are regularly checked to ensure all required supplies are included, outdated supplies are replaced, and supplies are restocked after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A portable first aid kit is available for all field trips and outings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action



INFANTS				
Goal: Trained child care staff implements healthy feeding practices for infants.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
Child care staff follows infant feeding guidelines including the transition from bottle feeding to drinking from a cup and eating regular foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant formula is mixed according to product instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All bottles are clearly labeled with the infant's name and date of preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottle feedings are scheduled appropriately to meet the fluid needs of the infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating an infant's bottle in the microwave is prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are prohibited from having bottles in the crib.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are held during feeding to promote bonding and to prevent baby bottle tooth decay and choking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care center prohibits serving fruit juice to infants in bottles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick green border, occupying most of the page. It is intended for a user to write a plan of action.

CHILD CARE FACILITY MANAGEMENT

Goal: The child care center maintains a safe, clean, and sanitary environment.

CURRENT STATUS

BEST PRACTICES:

	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center has a regular cleaning schedule for the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care center has a regular cleaning schedule for the foodservice area and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care staff mixes and applies cleaning and sanitizing solutions according to the product manufacturer's directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfaces are cleaned with disposable, single-use paper towels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors are cleaned daily and cleared of any clutter; specifically in the areas of walkway traffic, food production, and meal/snack service, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spills on the floor are cleaned immediately and access to the area is limited until the floor is dry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls, ceiling, floors, shelves, light fixtures, and racks are swept and cleaned on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care restrooms are regularly cleaned and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms have warm running water and are adequately stocked with soap and paper towels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director purchases garbage containers with tight fitting lids designated for the food production area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD CARE FACILITY MANAGEMENT				
Goal: The child care center maintains a safe, clean, and sanitary environment.				
	CURRENT STATUS			
BEST PRACTICES:	Addressed	Not Addressed	Plan to Address	Not Applicable
Garbage containers are durable, leak-resistant, water-resistant, pest-resistant, and are easy to clean and sanitize.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nontoxic arts and crafts materials are stored separately from food in the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incense, moth balls, and chemical air fresheners are prohibited in the child care center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and sanitation chemicals are used under strict compliance following labeled instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals are stored in original containers away from food to prevent accidental misuse and cross-contamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals used for cleaning and sanitation are properly labeled and stored out of the reach of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural or approved pest and weed control methods are used in and around the child care center, as appropriate, when children are not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care center is a smoke, drug, and alcohol-free environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick green border, occupying most of the page. It is intended for a plan of action.

SPECIAL FOOD AND/OR NUTRITION NEEDS				
Goal: The child care center has procedures in place to address special food and/or nutrition needs of children.				
BEST PRACTICES:	CURRENT STATUS			
	Addressed	Not Addressed	Plan to Address	Not Applicable
The child care center follows CACFP and child care guidelines and standards to address special food and/or nutrition needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child care director, staff, and parents communicate often to address children's special food and/or nutrition needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents are required to provide information related to food allergies and other special food and/or nutrition needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff is trained to recognize and respond to symptoms of an allergic reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care staff intervenes and prevents the trading of food brought for children with food allergies and other special food and/or nutrition needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Action

A large, empty rectangular box with a thick green border, occupying the central portion of the page. This box is intended for the user to write their plan of action.

Childcare Wellness Resources

Action Guide for Child Care Nutrition and Physical Activity Policies: Best Practices for Creating a Healthy Child Care Environment (2010)

Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education.

http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Student/NutritionEd/CCAG_ActionGuide.pdf

American Dietetic Association's Position Paper: Benchmarks for Nutrition Programs in Child Care Settings (2009)

American Dietetic Association
www.eatright.org

Are You Ready for an Emergency? (2003)

National Food Service Management Institute

<http://www.nfsmi.org/documentlibraryfiles/PDF/20080611083002.pdf>

Building Blocks for Fun and Healthy Meals: A Menu Planner for the Child and Adult Care Food Program (Spring 2000)

United States Department of Agriculture, Food and Nutrition Service

<http://www.fns.usda.gov/tn/Resources/buildingblocks.html>

CARE Connection for CACFP Child Care Providers (2009)

National Food Service Management Institute

<http://www.nfsmi.org/Templates/TemplateDivision.aspx?qs=cEIEPTc=>

Child Care Food Program Wellness Tool Kit: CACFP Best Practice

The Food Research and Action Center

Florida Child Care Food Program Promotes Improved Nutrition with Education and Higher Standards

http://www.frac.org/pdf/florida_childcare_food_program_promotes_improved_nutrition.pdf

Child Care Champions of Colorado

http://www.frac.org/pdf/childcare_champions_colorado.pdf

CHOICE: Creating Healthy Opportunities In Child Care Environments (2006)

Ferrera, M. A., & Zuroski, S. Contra Costa Child Care Council: Concord, CA.

http://w2.cocokids.org/_cs/downloadables/cc-healthnutrition-choicetoolkit.pdf

Feeding Infants: A Guide for Use in the Child Nutrition Programs

United States Department of Agriculture, Food and Nutrition Services, Team Nutrition Resource

http://www.fns.usda.gov/tn/resources/feeding_infants.pdf

Childcare Wellness Resources

Healthy Kids, Healthy Care

National Resource Center for Health and Safety in Child Care and Early Education
<http://healthykids.us>

Child Care Providers' Health and Well Being Applicable Standards from: Caring For Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care 2nd Ed
<http://nrckids.org/CFOC/PDFVersion/National%20Health%20and%20Safety%20Performance%20Standards.pdf>

Keeping Germs Out of the Kitchen (1996)

Alaska Department of Environmental Conservation
http://dec.state.ak.us/EH/old_dec/deh/sanitat/bacteria.htm

Mealtime Memos: Healthy Classroom Celebrations

National Food Service Management Institute
<http://www.nfsmi.org/documentlibraryfiles/PDF/20080609020451.pdf>

More Than Mudpies: A Nutrition Curriculum Guide for Preschool Children 5th ed. (2009)

National Food Service Management Institute
<http://www.nfsmi.org/documentlibraryfiles/PDF/20090120023846.pdf>

Preschool Injuries in Child Care Centers: Nursing Strategies for Prevention (1997)

M. Ulione & M. Dooling. Journal of Pediatric Health Care, 11, 111-116.

Serving Safe Foods in Child Care (2010)

National Food Service Management Institute Trainer's Guide
<http://www.nfsmi.org/documentlibraryfiles/PDF/20100330020949.pdf>

Participants' Manual
<http://www.nfsmi.org/documentlibraryfiles/PDF/20100330021606.pdf>

Webinars
<http://www.nfsmi.org/ResourceOverview.aspx?ID=305>



National Food Service Management Institute
The University of Mississippi
P. O. Drawer 188
University, MS 38677-0188
www.nfsmi.org

© 2010 National Food Service Management Institute
The University of Mississippi

NFSMI-R-160-10 (GY 08)



National Food Service Management Institute
The University of Mississippi
P. O. Drawer 188
University, MS 38677-0188
www.nfsmi.org

GY 2008 Project 4