

**Training and Educational Resource Needs
of Child Care Professionals Participating
in the Child and Adult Care Food Program**



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

Building the Future Through Child Nutrition

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

PURPOSE

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

MISSION

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

VISION

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

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TRAINING AND EDUCATIONAL RESOURCE NEEDS OF CHILD CARE PROFESSIONALS PARTICIPATING IN THE CHILD AND ADULT CARE FOOD PROGRAM

EXECUTIVE SUMMARY

The purpose of this research study was to explore and assess the various needs of child care professionals participating in the Child and Adult Care Food Program (CACFP). The objectives of the study were to explore the various needs for CACFP-related education, training methods, and resources, and also how they are used to assist child care providers in meeting CACFP requirements and regulations. To investigate the child care professionals' needs; current perceptions; and usage of education, training and CACFP-related resources, a study was conducted in two phases. In the first phase, an expert panel of child care professionals convened to discuss the research objectives and provided the suggestions for the development of a national survey.

In the second phase, the expert panel data was used to create a quantitative survey instrument and cover letter to assess child care professionals' CACFP-related education, training, and resource needs; to identify methods to reach and disseminate training and resource materials; and to identify preferred resources and methods of training delivery. The survey was piloted, and reviewers suggested that two surveys be created to meet the diverse audience of child care professionals. Two surveys, *Family Childcare Home Providers' CACFP Survey (FCHP)* and *CACFP Needs Assessment Survey (CNAS)*, were created, pilot tested, revised, and formatted for family child care home providers, sponsoring organization representatives, child care directors/providers, and Head Start representatives. The *Family Childcare Home Providers' CACFP Survey* was designed to meet the unique needs of family child care home providers and

their sponsors, while the *CNAS* was developed to address the needs of child care center directors/providers, their sponsors, and Head Start representatives.

Survey packets consisted of a survey, a cover letter, and a self-addressed, stamped, return envelope. The *FCHP* survey packets were mailed to a sample of 400 family child care home providers and sponsors, and 800 *CNAS* survey packets were mailed to child care directors/providers, child care sponsoring organization representatives, and Head Start personnel. A total of 111 (27.8%) *FCHP* surveys and 303 *CNAS* surveys (37.5%) were completed and returned. Results from both surveys revealed that time was a major barrier for obtaining training for child care professionals and members of their staff. Child care center providers indicated that it was an issue for staff to travel to training sessions.

Despite the barriers for training, many respondents indicated that they receive training from their state agency and sponsoring organizations and use computer technology to access various resources to meet their training needs. Respondents to the surveys preferred days and time for training based upon the needs of their child care operations. Family child care home providers preferred training on Saturdays (57.4%) for one to three hours (56.9%) using Internet/online programs (35.5%) and videos/DVDs (25.8%); while child care center providers and sponsors preferred training on Tuesdays (47.1%) and Thursdays (40.3%) for one to three hours (38.3%) or one hour (25.1%) increments using Internet/online programs (24.3%).

Family child care home providers, sponsors, and child care center providers identified several education and resource needs. Resources for purchasing healthy food on a budget and food allergies had high mean rating from both surveys. However, nutrition education and resources to assist child care professionals sustain active play for children were also needed for family child care home providers. Additional resources for approved food substitutes, healthy

snacks, and menu planning were reported as needs for child care center providers. Because the needs of all CACFP participants vary, the majority of the respondents from both surveys indicated that it was easy for them to find resources for parents and children in their care.

There were several limitations that should be noted for this study. Sampling CACFP participants was problematic, because there is no national database for CACFP participants. Researchers relied on state agency directors and CACFP-related professional organizations to share their contact listings. Databases received from state agencies were created and maintained in different software programs, and some were not updated. The lack of updated databases may have been a factor in the return of 69 undeliverable pre-notice postcards, survey packets, and follow-up cards due to address changes or closure of child care operations. This demonstrates a need for a national comprehensive database program or format that could be routinely updated at the state level to document CACFP participation.

All in all, the CACFP includes a variety of programs that provide food and nutrition assistance to child care professionals working in diverse settings. The information from this study could be used to develop future research projects to explore and examine specific needs of child care professionals in various roles and settings. Organizations that provide training should continue to market up-to-date education and training resources using CACFP participants' preferences to assist them in implementing the CACFP successfully.