

Minnesota Department of Health
Statewide Health Improvement Program



***Healthy Child Care
Environment***

**Guide to Implementation
and Evaluation**

Fiscal Years 2012 and 2013

Table of Contents

<u>Topic</u>	<u>Page(s)</u>
Overview	3-4
Description and Scope	
Requirements	
Outcomes	
Target Populations	
Settings	
Menu of Strategies for Healthy Child Care Environment	5-6
Summary of Changes	
Transitioning	
Partner Responsibilities	
Financial Guidance	7
<i>Healthy Food Environment</i>	8-14
Overview	
Planning and Assessment	
Evaluation Tools for Planning and Assessment	
Implementation	
Sustaining Long-Term Changes	
Breastfeeding support (if child care provider cares for infants)	13-14
<i>Physical Activity Environment</i>	15-19
Overview	
Planning and Assessment	
Evaluation Tools for Planning and Assessment	
Implementation	
Sustaining Long-Term Changes	

Healthy Child Care Environment

Description and Scope

In Minnesota, the occurrence of obesity in children aged 2 to 5 years enrolled in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) increased 41% between 1995 and 2004, from 9.8% to 13.8% respectively (MDH). By 2009 this figure had grown to 14.3%. The research suggests that overweight/obese children and youth are more likely to become overweight/obese adults. With 70% of children under age 6 in Minnesota spending time in non-parental care while their parents work or attend school (Kids Count Minnesota, 2008), early care and education settings provide important opportunities to improve physical activity and healthy eating environments for young children. Developing healthy physical activity and eating behaviors early in childhood increases the likelihood the behaviors will track into adulthood (Hill and Trowbridge, 1998). Therefore, if we can help young children be more physically active and eat healthier foods, we can reduce their risk of becoming overweight/obese children and adults.

This guide provides relevant guidance and useful resources to SHIP grantees, including local public health agencies and tribal communities, for implementing and evaluating strategies that support physical activity and healthy eating in early care and education settings. Grantees may use this step-by-step guide for recruiting community partners, conducting assessments, developing action plans and implementing and evaluating healthy eating and physically active child care strategies. *Note: References to resources are for informational purposes and not an endorsement of organizations or products.*

Rather than policy change leading to changes in practice as is often the case in other settings, in child care the reverse is true. Since child care regulations largely ignore healthy eating and physical activity, Minnesota has taken a bottom-up approach. With training and technical assistance, child care providers are changing their practices and then embedding their new practices in policy. The SHIP approach in *Healthy Child Care Environment* is to offer training to child care providers using evidence-based curricula that support healthy eating and physical activity. In addition, it aims to provide technical assistance to change practice and to embed new practice into policy.

Selection Requirements

Since the selection of strategies related to both nutrition and physical activity in early care and education programs will yield the best results, we encourage grantees to take this comprehensive approach. However, since work in the child care setting is optional, grantees are able to choose one or more of the strategies that they feel are the best fit for their staff and resources and that have the greatest chance of success.

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

Evaluation measures		
<p>Policy, Systems, Environmental changes</p> <p>Existing tools or MDH database</p>	<p>Health risks and behavior change</p> <p>Existing tools or medical records</p>	<p>Cost savings</p> <p>Actual savings or literature projections</p>

Target Populations

- Children attending early care and education programs
- Parents and guardians of those children
- Caregivers, teachers and administrators in the early care and education programs

Settings

- Child care centers
- Family child care programs
- Family, Friend and Neighbor (legally unlicensed) child care settings
- Part-time pre-schools
- Any other types of organized early care and education settings, such as Head Start, school-based, and ECFE programs

Menu of Strategies for Healthy Child Care Environment

The SHIP approach to *Healthy Child Care Environment* consists of two separate strategies: *Healthy Food Environment* and *Physical Activity Environment*. Details for implementing these strategies are outlined in this guide.

Table 1. Menu of Strategies for *Healthy Child Care Environment*

Healthy Child Care Environment
1. Healthy Food Environment
2. Physical Activity Environment

Summary of Changes from the First Round of SHIP

In order to reflect lessons learned, national and state guidelines on obesity reduction, and input from grantees, the SHIP child care strategies have been revised from the first round of SHIP.

The following are highlights of these revisions:

- The healthy food and physical activity objectives remain the same.
- Grantees that choose either the healthy food or physical activity objective will be required to use the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) before and after the intervention to measure changes in practice and policy.
- Grantees that choose the healthy food in child care objective will be required to use Learning About Nutrition through Activities (LANA), Better Living: Exercise & Nutrition Daily (BLEND), or NAP SACC's Nutrition for Young Children.
- Grantees that choose the physical activity objective will be required to use I Am Moving I Am Learning (IMIL), Better Living: Exercise & Nutrition Daily (BLEND), or NAP SACC's Physical Activity for Young Children.
- Grantees will be required to measure changes in children's behaviors as well as changes in providers' practices and policies using tools and guidance provided by state evaluators.
- A breastfeeding support objective has been added.

Transitioning to Current SHIP Strategies for Child Care

For grantees currently implementing **C-N-C2 or T-N-C2 (healthy eating in child care)**:

- Continue to recruit child care providers to participate.
- Continue to assist providers to use the NAP SACC assessment to assess current practices
- Continue to offer LANA training (or other MDH-approved evidence-based nutrition training) and curriculum materials to providers
- Continue to offer guidance and technical assistance to providers on changing practices and writing policies, then retaking the NAP SACC assessment

For grantees currently implementing **C-PA-C2 or T-PA-C2 (active child care)**:

- Continue to recruit child care providers to participate.
- Continue to assist providers to use the NAP SACC assessment to assess current practices
- Continue to offer IMIL training (or other MDH-approved evidence-based physical activity training) and curriculum materials to providers
- Continue to offer guidance and technical assistance to providers on changing practices and writing policies, then retaking the NAP SACC assessment

Recommended Partners and Potential RolesMinnesota Department of Health (MDH)

- Coordinate state policy work to support local public health (LPH).
- Provide technical assistance and resources to LPH and tribes.
- Convene grantees through connect calls to share tools, knowledge and experience with strategy implementation.

Local Public Health (LPH) and Tribal Governments (referred to in this document as “grantees”)

- Recruit child care providers to participate.
- Assist providers to take the NAP SACC assessment
- Offer LANA and/or IMIL training and curriculum materials to providers
- Offer resources, guidance and technical assistance to providers on practice and policy, assessment and evaluation.
- Participate in required and recommended trainings and other informal opportunities for sharing tools, knowledge and experience, such as connect calls.
- Measure changes in child care provider practices and policies plus changes in child behavior; report data using tools and guidance supplied by state evaluators.

Early Care and Education Programs

- Participate in required assessment and training
- Using information and resources provided, develop and action plan for implementing selected best practices
- Implement changes in practice
- Write policies incorporating new practices
- Communicate new practices and policies to families served
- Reassess practices and measure changes in child behaviors, using tools and guidance provided by SHIP grantee
- Report to SHIP grantee as required

Financial Guidance

MDH will provide financial guidance for this strategy at a later date.

Healthy Food Environment in Child Care

Implement policies and practices that support healthy eating in early care and education settings.

Description and Scope

Since the majority of children in Minnesota spend so much of their day in the care of adults other than their parents, early care and education settings offer important opportunities for obesity prevention. By regularly offering nutritious foods in an encouraging environment, child care providers and caregivers can help children develop healthy eating habits and food preferences. These healthy habits and behaviors, developed at an early age, can carry over into a lifetime of healthful eating and can reduce the incidence of obesity and, eventually, chronic disease.

Implementation of this strategy can be adapted for many different types of early care and education settings.

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

The development of “policy” in early care and education settings

Rather than policy change leading to changes in practice as is often the case in other settings, in child care the reverse is generally true. Since child care regulations largely ignore healthy eating and physical activity, child care providers, with training and technical assistance, are changing their practices and then embedding their new practices in policy.

Target Populations

- Children attending early care and education programs
- Parents and guardians of those children
- Caregivers, teachers and administrators in the early care and education programs
- Disparate populations

Addressing Disparate Populations

Measures that can be used to identify early care and education programs serving disparate populations

- Programs participating in the Child and Adult Care Food Program (CACFP)
- Programs eligible to participate in the CACFP that have chosen not to participate.
- Programs located within the boundaries of a school with a majority of students eligible for free and reduced-price lunch.
- Programs with a high percentage of children whose first language is not English.

Settings

- Child care centers
- Family child care programs
- Family, Friend and Neighbor (legally unlicensed) child care settings

- Part-time pre-schools
- Any other types of organized early care and education settings, such as Head Start, school-based, and ECFE programs

Recommended Partners

- Minnesota Department of Health (MDH)
- Child care providers
- Directors and administrators of early care and education programs
- University of Minnesota Extension staff
- Child Care Resource & Referral staff, especially trainers
- Child & Adult Care Food Program (CACFP) staff
- Early childhood staff in public schools, including Early Childhood Family Education (ECFE) and Early Childhood Special Education
- Head Start
- Tribal Governments

Planning and Assessment for the *Healthy Food Environment* Strategy in Child Care

As grantees and their community partners prepare for implementation of evidence-based SHIP strategies, planning and assessment are critical. NOTE: These steps refer to use of the LANA program, since it is recommended for new grantees. If a grantee has been using another evidence-based nutrition program approved by MDH, substitute that program for LANA in these steps.

1. **Review existing Minnesota child care and Child and Adult Care Food Program (CACFP) regulations** to become familiar with current nutrition requirements.
 - A. Rule 2 for family child care providers. <https://www.revisor.mn.gov/rules/?id=9502>
 - B. Rule 3 for child care centers. <https://www.revisor.mn.gov/rules/?id=9503>
 - C. CACFP (general information).
http://education.state.mn.us/MDE/Learning_Support/FNS/index.html
2. **Meet with child care providers, center directors, parents and other stakeholders** to discuss mutual goals and explore opportunities to improve the nutrition environment in early care and education settings. Introduce the Learning About Nutrition through Activities (LANA) program.
3. **Train SHIP staff and/or training partners in the LANA program.**
 - A. LANA curriculum information and materials. <http://www.health.state.mn.us/lana>
 - B. LANA training materials.
<http://www.health.state.mn.us/divs/hpcd/chp/cdrr/nutrition/nutritioneducation/lana/lanatraininginfo.html>
4. **Plan logistics of LANA trainings.**

Decide on the number of trainings to be offered, number of participants that can be accommodated, locations, food and other supplies needed.
5. **Collect curriculum and training materials.**

Request a master set of print and electronic materials from Early Childhood Specialist at MDH (joyce.omeara@state.mn.us). Based on budget and capacity for training and technical assistance, decide which materials to distribute and duplicate the amount needed.
6. **Recruit early care and education programs to participate.**
 - A. Identify early care and education programs by contacting child care licensing, Child Care Resource & Referral, the Child and Adult Care Food Program (G+CACFP), Minnesota Licensed Family Child Care Association (MLFCCA), or other sources.

- B. Offer free or low-cost training and materials and outline the strategy to be implemented.
- 7. Conduct assessments of current food and nutrition practices and policies in the participating child care programs.**
- A. Supply participating child care providers with the NAP SACC tool and instructions for its use (see NAP SACC information below). Require providers to return completed NAP SACC tool before attending scheduled LANA training.
 - B. Supply participating child care providers with standardized tool to measure child behavior. The tool will be provided by MDH.
 - C. Prior to trainings, review individual NAP SACC forms; indicate which practices could be improved.
- 8. Develop an action plan** to include priorities in implementing practices and policies that support healthy eating in early care and education settings. Prioritize based on feasibility, cost, resources, likelihood of success, and sustainability.

Evaluation Tools for Planning and Assessment

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

Description: This assessment should be used to identify areas for improvement in practices and policies related to nutrition and physical activity in early care and education settings. The NAP SACC is simple, comprehensive, and based on best practices. This resource will assist early care and education programs to improve their nutrition and physical activity environments, practices and policies through self-assessment and targeted technical assistance. This tool should be completed by the child care provider(s) in each program.

Background information:

[Nutrition and Physical Activity Self-Assessment for Child Care \(NAPSACC\)](#)

Intervention resources, materials, training modules, etc:

<http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent>

**This section is currently under development. MDH will be providing additional tools for the standardized evaluation of required strategies at a later date.*

Implementing the *Healthy Food Environment* Strategy in Child Care

Once planning and assessment are completed, SHIP grantees will begin implementing the healthy eating strategy.

- 1. Meet with participating child care providers and administrators to review the action plan.**
 - A. Finalize action plan so that next steps for each group are clearly identified.
 - B. Action plans include goals, action steps, responsible party, timeline, budget, resources, and measures showing evidence of success.
- 2. Offer LANA training and materials to participating child care providers.** Training should include opportunity for each participant to develop an action plan for her/his particular program, choosing specific practices for improvement based on the NAP SACC pre-intervention assessment.
- 3. Provide technical assistance to support providers** as they implement the LANA curriculum, including menu changes, improvements in their eating environments, food-related activities and parent engagement activities.
- 4. Offer technical assistance to providers to help them write policies** which describe their new practices. Supply sample policies as needed.
- 5. Set deadline for providers to again complete NAP SACC.**
 - A. Collect these post-intervention assessments and child behavior assessments provided by MDH; review and summarize results.
 - B. Provide requested data and information to MDH evaluators.

Sustaining Long-Term *Healthy Food Environment* Changes

- 1. Hold follow-up meetings with providers and other community stakeholders**, including parents and guardians, to discuss the changes in practice and policy resulting from the use of LANA and to make plans for sustaining these improvements.
- 2. Encourage providers to adopt and implement additional practices and policies** that further improve the food environment, using their program's self-assessment as a guide.
- 3. Encourage providers to incorporate nutrition education and practices** into the daily curriculum and schedule of their early care and education programs.

Breastfeeding Support in Child Care

Implement policies and practices that support breastfeeding in early care and education settings (if child care provider cares for infants).

Description and Scope

Since the majority of children in Minnesota spend so much of their day in the care of adults other than their parents, early care and education settings offer important opportunities for obesity prevention. Mother's milk is a baby's first and healthiest food, whether fed directly from the breast or pumped and fed from a bottle. Breastfeeding has been shown to have numerous health benefits for babies and mothers, including less incidence of obesity in children who were breastfed.

With increasing pressure for mothers to return to work or school, families may place infants as young as 6 weeks old in a variety of care settings outside the home. Mothers who receive workplace support are much more likely to continue breastfeeding when they return to work. By offering their information and support to breastfeeding mothers, child care providers can help give children (and their mothers) a significant health advantage.

The first step in implementing the *Breastfeeding Support in Child Care* strategy is equipping child care providers who care for infants with the knowledge they need. Training for child care providers in supporting breastfeeding mothers is currently available through Eager-to-Learn, Minnesota's Child Care Resource & Referral's online training system. Other live trainings are also being developed and will be approved and available through the Minnesota Professional Development Registry.

At this time, the recognition program for Breastfeeding-Friendly Child Care Programs is under development. In addition to training, child care providers will follow steps adapted from the Ten Steps to Successful Breastfeeding in the Baby Friendly Hospital program. There will be different sets of steps appropriate for child care centers and other institutional programs and family child care programs. When the steps are completed and documentation provided, the child care program will receive a certificate or symbol to display, advertising its commitment to supporting breastfeeding families and babies.

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

The development of "policy" in early care and education settings

Rather than policy change leading to changes in practice as is often the case in other settings, in child care the reverse is generally true. Since child care regulations largely ignore healthy eating and physical activity, child care providers, with training and technical assistance, are changing their practices and then embedding their new practices in policy.

Target Populations

- Infants attending early care and education programs
- Parents and guardians of those children
- Caregivers, teachers and administrators in early care and education programs that care for infants
- Disparate populations

Addressing Disparate Populations

Measures that can be used to identify early care and education programs serving disparate populations

- Programs participating in the Child and Adult Care Food Program (CACFP)
- Programs eligible to participate in the CACFP that have chosen not to participate.
- Programs located within the boundaries of a school with a majority of students eligible for free and reduced-price lunch.
- Programs with a high percentage of children whose first language is not English.

Settings

- Child care centers
- Family child care programs
- Family, Friend and Neighbor (legally unlicensed) child care settings
- Any other types of organized early care and education settings, such as Head Start, school-based, and ECFE programs that include infants

Recommended Partners

- Minnesota Department of Health (MDH)
- Child care providers
- Directors and administrators of early care and education programs
- University of Minnesota Extension staff
- Child Care Resource & Referral staff, especially trainers
- Child & Adult Care Food Program (CACFP) staff
- Early childhood staff in public schools, including Early Childhood Family Education (ECFE) and Early Childhood Special Education
- Head Start
- Tribal Governments

Training Information

Eager-to-Learn, the online learning program of the Minnesota Child Care Resource & Referral Network. Information and registration is available at <http://www.eagertolearn.org/classes.cfm>.

Supporting Breastfeeding in Child Care Programs

This course will introduce the importance of breastfeeding to children, mothers, and child care programs. Topics will include benefits of breastfeeding, risks of not breastfeeding, breastfeeding guidelines, and safe handling and storage of breast milk. Participants will identify ways for child care providers to support breastfeeding families. Participants will also learn strategies to improve breastfeeding promotion and support in both home and center-based child care settings.

Physical Activity Environment in Child Care

Implement policies and practices that support physical activity in early care and education settings.

Description and Scope

Since the majority of children in Minnesota spend so much of their day in the care of adults other than their parents, early care and education settings offer important opportunities for obesity prevention. Practices and policies that increase access to physical activity opportunities and facilities have been proven to be effective in increasing levels of activity. By intentionally designating space and time for both structured and unstructured physical activity, both inside and outside, providers can ensure that the young children in their care have the safe and convenient opportunities for physical activity they need to be healthy.

Implementation of this strategy can be adapted for many different types of early care and education settings.

The *Physical Activity Environment in Child Care* strategy is also referred to as “Active Child Care.”

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

The development of “policy” in early care and education settings

Rather than policy change leading to changes in practice, as is often the case in other settings, in child care the reverse is generally true. Since child care regulations largely ignore healthy eating and physical activity, child care providers, with training and technical assistance, are changing their practices and then embedding their new practices in policy.

Target Populations

- Children attending early care and education programs
- Parents and guardians of those children
- Caregivers, teachers and administrators in the early care and education programs
- Disparate populations

Addressing Disparate Populations

Measures that can be used to identify early care and education programs serving disparate populations:

- Programs participating in the Child and Adult Care Food Program (CACFP)
- Programs eligible to participate in the CACFP that have chosen not to participate.
- Programs located within the boundaries of a school with a majority of students eligible for free and reduced-price lunch.
- Programs with a high percentage of children whose first language is not English.

Settings

- Child care centers
- Family child care programs
- Family, Friend and Neighbor (legally unlicensed) child care settings
- Part-time pre-schools
- Any other types of organized early care and education settings, such as Head Start, school-based, and ECFE programs

Planning and Assessment of the *Physical Activity Environment* Strategy in Child Care

As grantees and their community partners prepare for implementation of evidence-based SHIP strategies, planning and assessment are critical. (These steps refer to use of the IMIL program, since it is recommended for new grantees. If a grantee has been using another evidence-based physical activity program approved by MDH, substitute that program for IMIL in these steps.)

- 1. Review existing Minnesota child care regulations to become familiar with current physical activity requirements.**
 - A. Rule 2 for family child care providers. <https://www.revisor.mn.gov/rules/?id=9502>
 - B. Rule 3 for child care centers. <https://www.revisor.mn.gov/rules/?id=9503>
- 2. Meet with child care providers, center directors, parents and other stakeholders** to discuss mutual goals and explore opportunities to improve the physical activity environment in early care and education settings. Introduce the IMIL program.
- 3. Locate and partner with qualified IMIL trainers.** You may choose to contract with Head Start trainers or others who have been trained as IMIL trainers from other local public health departments, Child Care Resource & Referral agencies, Child and Adult Care Food Programs, school districts, etc. If you need more information about how to locate and contact IMIL trainers, contact MDH's Early Childhood Specialist at joyce.omeara@state.mn.us or 651-201-3546.
- 4. Plan logistics of IMIL trainings.**

Decide on the number of trainings to be offered, number of participants that can be accommodated, locations, food and other supplies needed. Include IMIL trainers in your planning process.
- 5. Collect curriculum and training materials.**

Based on budget and capacity for training and technical assistance, decide which IMIL materials will be provided to the training participants and arrange for the number of copies needed to be ordered, copied, and/or supplied by Head Start.
- 6. Recruit early care and education programs to participate.**

Identify early care and education programs by contacting child care licensing, Child Care Resource & Referral, Minnesota Licensed Family Child Care Association (MLFCCA), or other sources. Offer free or low-cost training and materials, as your budget allows, and outline the strategy to be implemented.
- 7. Conduct assessments of current physical activity practices and policies in the participating child care programs.**

8. **Supply participating child care providers with the NAP SACC tool and instructions for its use (see NAP SACC information below).** Require providers to return completed NAP SACC tool before attending scheduled IMIL training. Prior to trainings, review individual NAP SACC forms; indicate which practices could be improved. Supply participating child care providers with standardized tool to measure child behavior. The tool will be provided by MDH.
9. **Develop an action plan** to include priorities in implementing practices and policies that support physical activity in early care and education settings. Prioritize based on feasibility, cost, resources, likelihood of success, and sustainability.

Evaluation Tools for Planning and Assessment

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

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Background information:

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**This section is currently under development. MDH will be providing additional tools for the standardized evaluation of required strategies at a later date.*

Implementing the *Physical Activity Environment* Strategy in Child Care

Once planning and assessment are completed, SHIP grantees will begin implementing the physical activity strategy.

- 1. Meet with participating child care providers and administrators to review the action plan.**
 - A. Finalize action plan so that next steps for each group are clearly identified.
 - B. Action plans include goals, action steps, responsible party, timeline, budget, resources, and measures showing evidence of success.
- 2. Offer IMIL training and materials to participating child care providers.** Training should include opportunity for each participant to develop an action plan for her/his particular program, choosing specific practices for improvement based on the NAP SACC pre-intervention assessment.
- 3. Provide technical assistance to support providers as they implement the IMIL curriculum,** and incorporate movement and physical activity into their daily schedules and transition times.
- 4. Offer technical assistance to providers** as they write policies to describe their new practices. Supply sample policies as needed.
- 5. Set deadline for providers to again complete NAP SACC.** Collect these post-intervention assessments and child care behavior assessment provided by MDH; review and summarize results. Provide requested data and information to MDH evaluators.

Sustaining Long-Term *Physical Activity Environment* Changes

- 1. Hold follow-up meetings with providers and other community stakeholders,** including parents and guardians, to discuss the changes in practice and policy resulting from the use of IMIL and to make plans for sustaining these improvements.
- 2. Encourage providers to adopt and implement additional practices and policies** that further improve the physical activity environment, using their program's self-assessment as a guide.
- 3. Encourage providers to incorporate physical activity education and practices** into the daily curriculum and schedule of their early care and education programs.