

3 — EIGHT STEPS FOR CREATING LOCAL POLICY

The policy development process is most effective when a team with appropriate representation from the child care program and community identifies best practices based on local needs. The steps outlined below are based on recommendations from the National Association of State Boards of Education, the U.S. Department of Agriculture, and the Centers for Disease Control and Prevention.³⁴⁻³⁶ Following these steps can help child care programs be successful in developing effective nutrition and physical activity policies.

STEP 1 — IDENTIFY POLICY DEVELOPMENT TEAM

A program health advisory team helps with successful policy development. This team can be developed at either the local or community level, based on the child care program's needs and resources. The process may involve developing a new team or enhancing an existing team, such as the School Readiness Council, Early Learning Council, Early Childhood Council, *William Caspar Graustein Memorial Fund* Discovery collaborative group, Head Start Health Advisory Committee, After School Quality Improvement Team and, for school-based centers, the school health advisory team or school wellness team.

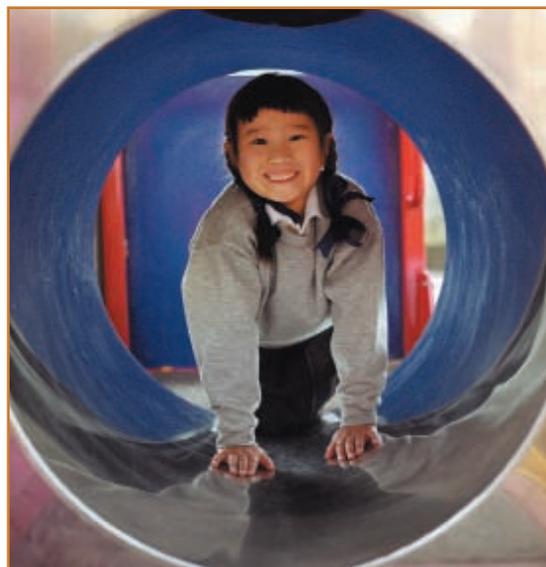
The health advisory team can serve many purposes, such as:

- developing policy language;
- developing guidance to clarify, support and promote policy implementation;
- monitoring implementation;
- evaluating progress; and
- revising policies as necessary.

Ideally, the team consists of individuals representing the child care program, families and key community stakeholders. Examples of team members include governing board members, program administrators, parents, teachers, food service personnel, program consultants (e.g., registered dietitian consultant, health consultant, education consultant and dental hygienist consultant) and community members. The team can include other members as appropriate to local needs, such as:

- sponsoring agencies and professional organizations, e.g., CACFP center and family day care home sponsors, Head Start Health Advisory Committee, School Readiness councils, State-Funded Directors Forum, and child care organizations and associations for centers and family day care providers, e.g., NAEYC and NAFCC;

The CSDE recognizes that not all child care programs will have the capacity or resources to assemble a health advisory team as described in this section. The CSDE encourages these programs to move forward with policy development nonetheless, soliciting input from parents and staff members as needed.



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- health care providers, e.g., pediatricians, dietitians, dentists and representatives of nonprofit health organizations, e.g., American Cancer Society, American Diabetes Association and American Heart Association;
- community groups, e.g., YMCA, YWCA, Boy Scouts, Girl Scouts, Boys and Girls Clubs, faith-based groups, local early care and education councils, municipalities, local elected officials and community-based organizations that provide services to numerous ethnic groups;
- school groups, e.g., school wellness team, Family Resource Centers, health and physical education teachers and health services staff members;
- physical activity groups, e.g., town park and recreation programs, youth sports leagues and commercial fitness centers;
- university departments and other government agencies involved in nutrition and physical activity, e.g., local cooperative extension service;
- hospitals and public health representatives, e.g., local health department or health district;
- social service agencies, e.g., local United Way, local Youth and Family Services office; and
- local civic organizations, e.g., Kiwanis, Lions and Rotary Club.

Other considerations for the health advisory team include diversity, leadership and collaboration. The child care program should consider the professional diversity of the team and include ethnic, cultural and demographic representation that mirrors the child care community. A team leader or coordinator should be identified. This person plays a critical leadership role in coordinating the activities of the health advisory team, so it is important to have someone who is qualified, dedicated and can commit the necessary time. The health advisory team should collaborate with any existing efforts under way in the child care program or local community. School-based centers can coordinate with the district's local school wellness policy team. For more information, see *Health Advisory Team* in section 8.

For additional resources to assist child care programs with establishing a new team or building on existing teams and partnerships, see *Health Advisory Team* in section 10.

STEP 2 — IDENTIFY LOCAL POLICY DEVELOPMENT PROCESS

Before the health advisory team can start to develop policies, team members must understand their local child care program's process for policy development and adoption. The team should find out:

- who in the child care program, governing body or coordinating organization needs to be involved or kept informed;
- what format should be used for the document;
- who needs to review and approve drafts; and
- the typical timeline for policy review and approval.

If the health advisory team is not familiar with the child care program's procedures, the program administrator's office can provide specific information on the process. Health advisory team members must also understand what is needed for compliance with all local (e.g., local health department and board of education), state (e.g., School Readiness) and federal (e.g., CACFP and Head Start) requirements, as well as national accreditation standards (e.g., NAEYC and NAFCC). The health advisory team should identify and review federal and state laws and policies, and the child care program's current nutrition and physical activity policies.

In some cases, state and local laws and policies are more stringent than federal laws. At a minimum, the child care program's nutrition and physical activity policies must comply with their funding agency's requirements and all applicable federal, state and local requirements. Accredited child care programs must also comply with the standards of their accrediting organization. Federal and state laws and accrediting standards that should be considered include those designated below, as appropriate to each child care program.

- *Child and Adult Care Food Program Requirements and Operational Memoranda:*
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576>
- *Connecticut General Statutes on School Foods and Beverages:**
<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Statutes>
- *Early Childhood Environmental Rating Scale (ECERS):*
<http://www.fpg.unc.edu/~ECERS/>
- *Head Start Program Performance Standards Regulations 45 CFR 1304:*
<http://www.acf.hhs.gov/programs/ohs/legislation/>
- *National Association for Family Child Care Quality Standards for NAFCC Accreditation:*
<http://nafcc.org/accreditation/pdfs/NAFCC%20Quality%20Standards.pdf>
- *National Association for the Education of Young Children (NAEYC) Early Childhood Program Standards and Accreditation Criteria:*
<http://www.naeyc.org/academy/primary/standardsintro>
- *School Readiness Program Requirements — Connecticut General Statutes section 10-16q:*
<http://www.cga.ct.gov/2007/pub/Chap164.htm#Sec10-16q.htm>
- *School Readiness Program Requirements — General Policy, Program Operations and Technical Assistance Documents:* <http://www.sde.ct.gov/sde/cwp/view.asp?A=2678&Q=320808>
- *Section 19-13-B42 of the Regulations for Connecticut State Agencies — Public Health Code for Sanitation of Places Dispensing Foods and Beverages:*
<http://www.dph.state.ct.us/BRS/food/fpregs.htm>
- *Statutes and Regulations for Licensing Child Day Care Centers and Group Day Care Homes:*
http://www.ct.gov/dph/lib/dph/daycare/pdf/Statutes_and_Regulations_Centers.pdf
- *Statutes and Regulations for Licensing Family Day Care Homes:*
http://www.ct.gov/dph/lib/dph/daycare/pdf/Statutes_and_Regulations_Homes.pdf
- *USDA Child and Adult Care Food Program Regulations 7 CFR 226:*
<http://www.fns.usda.gov/cnd/Care/Regs-Policy/Regulations.htm>

* The Connecticut General Statutes (CGS) contain several sections on nutrition that apply only to public school districts. However, child care programs (e.g., Head Start) operating in public schools are affected by these state statutes if the district identifies preschool as a grade level and the enrolled prekindergarten students meet the definition for “resident student,” i.e., enrolled in the public school district at the expense of the town, for the purposes of Education Cost Sharing (ECS). Preschool programs that do not include children who meet the definition of resident student are not required to comply with the CGS. In addition, these statutes do not apply to centers that are not in schools, or to emergency shelters or family day care homes. The CSDE strongly encourages school-based child care programs meeting the specified criteria to contact their local school district's school wellness team for assistance with identifying all applicable state statutes. For more information, see “Federal and State Laws Pertaining to Nutrition and Physical Activity” in the CSDE's *Action Guide for School Nutrition and Physical Activity Policies* at <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322436>.

STEP 3 — CONDUCT LOCAL ASSESSMENT PROCESS

Nutrition and Physical Activity Practices

Before making plans to develop policies, the health advisory team should assess the strengths and weaknesses of the child care program's current nutrition and physical activity policies, programs and practices. Some assessment strategies are listed below.

- Review current policies, programs and practices for nutrition, physical activity and wellness.
- Ask staff members and parents what they think about current policies, programs and practices.
- Interview teachers and food service personnel about children's eating practices, e.g., food choices, plate waste and content of meals and snacks sent from home.
- Observe foods and beverages available in the child care environment, e.g., meals and snacks, classroom activities, celebrations, program events and fundraisers.
- Observe children's eating behaviors during meals and snacks.
- Review health, nutrition and physical education curricula used by teachers.
- Identify frequency of nutrition education and physical education for children and families.
- Review frequency and content of professional development for staff members.
- Observe frequency and amount of structured physical activity and active play, e.g., frequency and length of outdoor play time and amount of time children are physically active.
- Observe staff members' nutrition and physical activity practices, e.g., use of food as reward, mealtime behaviors and involvement in physical activity.
- Interview or survey parents regarding family nutrition and physical activity practices and concerns regarding their children's nutrition and physical activity.



Assessments can build upon what the child care program is already doing, such as the Head Start Annual Self-Assessment, Connecticut School Readiness Preschool Program Evaluation System (CSRPPES), Early Childhood Environmental Rating Scale (ECERS) and NAEYC reaccreditation process. The resources below can be used to conduct a more extensive assessment of current policies and practices in the child care environment.

- *Building Mealtime Environments and Relationships (BMER) — An Inventory for Feeding Young Children in Group Settings*, University of Idaho, 2005:
<http://www.ag.uidaho.edu/feeding/buildingpdf.htm>
- *Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC)*, Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, 2004:
<http://www.napsacc.org/> (click on “NAP SACC Updates”)

- *Preschool Wellness Policy Evaluation Tool*, Rudd Center for Food Policy and Obesity, 2010:
http://www.yaleruddcenter.org/what_we_do.aspx?id=165

Additional resources to assist child care programs with assessment can be found in section 9 and *Child Care Policies to Promote Healthy Lifestyles* in section 10.

When gathering assessment data, it is important to consider what will be useful to determine *policy impact* and measure outcomes over time. Baseline data is critical to evaluate whether the desired changes have occurred. Tracking data over time allows the child care program to identify trends, such as increased fruit and vegetable consumption in CACFP meals or increased physical activity while in child care. Assessment data should focus on changes to *children's behavior in child care*. It is difficult to evaluate the impact of policies on children's health outcomes (e.g., obesity, tooth decay, diabetes and iron-deficiency anemia) because they are also influenced by what happens at home and outside child care. For more information on evaluation, see section 9.

Children's Health Data

Identifying data on the education and health status of children in the local child care program and community provides a powerful rationale for local-level change and assists in prioritizing areas of work. Local and state health departments, community groups, early childhood coordinating councils, School Readiness councils and health agencies and organizations can often provide valuable community data. National data are available from many sources, such as the Centers for Disease Control and Prevention (CDC), USDA and Action for Healthy Kids. Some organizations provide state profiles in addition to national summaries.

The organizations listed below provide data on children's health.

- *Child Trends*:
<http://www.childtrends.org/index.cfm>
- *Child Well-Being Reports*, Connecticut Voices for Children:
http://www.ctkidslink.org/pub_issue_15.html
- *Connecticut School/District Data*, Connecticut State Department of Education:
<http://www.csde.state.ct.us/public/cedar/districts/index.htm?sdePNavCtr=|#45480>
- *Connecticut School Health Survey*, Connecticut Department of Public Health:
http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388104&dphNav_GID=1832&dphPNavCtr=|#46988
- *Data and Statistics*, Centers for Disease Control and Prevention:
<http://www.cdc.gov/DataStatistics/>
- *Data Resource Center for Child and Adolescent Health*, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services:
<http://www.childhealthdata.org/>
- *Kids Count Data Center*, The Annie E. Casey Foundation:
<http://datacenter.kidscount.org/>
- *Kids Count Publications*, Connecticut Association for Human Services:
http://www.cahs.org/kidscount/kidscount_publications.htm

For additional resources on children's health data, see *Data and Trends* in section 10.

STEP 4 — PRIORITIZE NEEDS AND DEVELOP AN ACTION PLAN

After completing an assessment of current nutrition and physical activity policies, programs and practices (see *Step 3 — Conduct Local Assessment Process*), the health advisory team should prioritize the areas for change and address them in order of local importance by developing an action plan. The action plan includes recommended strategies and steps, indicates who is responsible and identifies a completion date for each task.

A sample action planning document, *NAP SACC Action Planning Document*, is available from the University of North Carolina Center for Health Promotion and Disease Prevention at http://www.center-trt.org/downloads/obesity_prevention/interventions/NAPSACC/intervention/Action_Planning_Document_sample.pdf. Additional resources to assist child care programs with prioritizing local needs and developing an action plan can be found in *Assessment* and *Developing and Implementing Policies* in section 10.

STEP 5 — DRAFT POLICY LANGUAGE

The health advisory team should use the results of the program assessment to draft initial policy statements (see *Step 3 — Conduct Local Assessment Process* and *Step 4 — Prioritize Needs and Develop an Action Plan*). Ideally, policies should address the six policy components and related policy areas for creating a healthy child care environment (see *Summary of Policy Components and Areas* in section 1).

When drafting policy language, it is important to follow established, science-based health guidelines from credible health organizations and government agencies, such as the USDA, U.S. Department of Health and Human Services, American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention, National Academies of Sciences Institute of Medicine, American Dietetics Association, American Heart Association and National Association for Sport and Physical Education (NASPE). Policies must be consistent with existing local, state and federal requirements addressing children's health (see *Step 2 — Identify Local Policy Development Process*). If approaches to childhood nutrition, physical activity, behavior management or other health issues are not science based, they are inappropriate to use as program policy.



Sections 4 through 9 of this guide contain policy recommendations, rationale, implementation strategies and resources for each of the six policy components and related policy areas. Child care programs are encouraged to adapt policy language to meet local needs and priorities. For additional resources, see *Child Care Policies to Promote Healthy Lifestyles* in section 10.

STEP 6 — BUILD AWARENESS AND SUPPORT

Educating various audiences — such as program administrators, teachers, food service personnel, other staff members, families and the community — about the policy initiative is critical to success. Healthy nutrition and physical activity practices are more likely to be successfully implemented when program staff members and families support them. Obtaining input from these groups during the development process helps the policies to be smoothly adopted and widely implemented. Ideally, all these groups will be part of the child care program's health advisory team and can provide representative input on behalf of their members. Input can be gathered informally and formally through a variety of channels, such as parent and staff meetings, surveys and community forums. For more information and resources on gathering input, see section 9 and *Assessment* in section 10.



STEP 7 — ADOPT AND IMPLEMENT THE POLICY

The adoption of a policy does not automatically mean that it will be implemented. Implementation requires good planning and management skills, the necessary resources, consistent oversight and widespread acceptance by staff members and families. Leadership, commitment, communication and support are essential to successful policy implementation.

The attitude of all personnel — policymakers, administrators, teachers, caregivers, staff members and food service personnel — can have a significant effect on the response to the policies. When everyone in the child care program has a positive attitude toward changes that promote healthy eating and physical activity, policy implementation is more successful. Communication and promotion can be important tools for policy implementation. A proactive communication plan can help inform, educate and build support for adopting and implementing nutrition and physical activity policies. For more information, see section 8.

The child care program can put the policies into action by assigning appropriate staff members to help implement different areas (see *Getting Started* in section 1). Implementation can occur all at once or may be phased in. The child care program can determine which approach is likely to be most effective.

STEP 8 — MAINTAIN, MEASURE AND EVALUATE

For policies to be successful, child care programs must establish a plan to evaluate implementation and sustain local efforts. This includes feedback and documentation based on relevant local data. Evaluation and feedback are important in maintaining local policies. They help determine whether nutrition and physical activity practices are consistent with the child care program's policies. A good evaluation plan does not need to be extensive or complicated. The evaluation process helps answer basic questions about how well the policies are working.



The child care program must make a sustained effort to ensure that new policies are consistently implemented. The health advisory team or other designated staff members should periodically assess how well the policies are being managed and enforced. Nutrition and physical activity practices should be reviewed at least every six months to ensure they are consistent with the child care program's policies. It may be necessary to reinforce policy goals with program staff members. Regular staff training is important to this process.

Child care programs should document any changes that result from the policies, such as children's eating behaviors (e.g., increased consumption of fruits and vegetables), time spent in physical activity, nutrition education programs conducted and the nutrition quality of foods and beverages served outside CACFP meals, e.g., celebrations and food brought from home. It is also important to assess parents' and program staff members' satisfaction with the policies.

Keep in mind that the policy process is ongoing; it does not end with the development of the policy document. Policy implementation requires regular evaluation. The results of local evaluation efforts often necessitate policy revisions. Revisions may also be needed due to changes in national and state standards and regulations, and new research on health trends and effective programs. For more information and resources on the evaluation process, see section 9.