First Years in the First State:

Improving Nutrition & Physical Activity Quality in Delaware Child Care

ADMINISTRATORS' GUIDE

Delaware Department of Education

Letter From the Secretary of Education

Dear Friends:

Delaware, like most other states, struggles with an obesity epidemic that extends to its youngest citizens. To address both obesity prevention and malnourishment issues, while promoting the health and development of all children, the Delaware Department of Education Child and Adult Care Food Program (CACFP) partnered with the Delaware Office of Child Care Licensing (OCCL) to develop higher standards for nutrition and physical activity. Currently, OCCL requires all licensed child care programs to comply with DE CACFP guidelines, whether or not they participate in the CACFP meal program. Therefore, all food served in Delaware-licensed child care, including after school programs, must meet or exceed the CACFP requirements.

While the current national CACFP requirements address basic nutritional needs, Delaware wanted to provide healthier standards that would not increase program costs. In an effort to help Delaware caregivers make healthier food options available at their programs, the Delaware CACFP and Nemours Health and Prevention Services (NHPS) collaborated to determine what menu changes would provide the most nutritional benefit. As a result, limits on fats, sugar content and fried and/or processed foods were established. These improved guidelines will ensure that all Delaware pre-school children who participate in licensed care benefit from healthier meal options. These guidelines establish Delaware as a leading state in aligning child care policies with best practices for children. This makes you a role-model for child care providers across the nation!

Child care professionals play an important role in introducing children to healthy behaviors. You provide nutritious choices and teach children about healthy eating and physical activity that contributes to lifelong skills and interest. Many programs have asked for resources to help them plan menus and access healthy, low-cost recipes. In response, this evidence-based guide was created. We believe the First Years in the First State Tool Kit will help caregivers understand the DE CACFP guidelines, adapt their current recipes to meet them, and add variety to their menus.

The Delaware Child and Adult Care Food Program appreciates the work of our child care professionals and recognizes our shared commitment to quality. We are proud to partner with you to help children develop healthy habits for life. This is an important first step towards making Delaware's children the healthiest in the nation!

Sincerely,

Lillian M. Lowery

Lillian M. Lowery, Ed.D.
Secretary of Education

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Introduction

This toolkit is intended to serve as a practical, how-to guide to following DE CACFP/*Delacare* Rules for nutrition and physical activity in your child care home or center. Materials include:

- DE CACFP/*Delacare* Rules for nutrition, physical activity and screen time in child care
- A self-assessment to show your center's or home's strengths in complying with the Rules and identify areas needing improvement
- Challenges and successes of child care providers in implementing the DE CACFP/*Delacare* Rules
- 16 weeks of DE CACFP/*Delacare*-approved and CACFP-reimbursable menus
- Shopping lists and budget-saving shopping tips
- Ideas for engaging children, staff, parents and your community
- Age-appropriate physical activities and ways to include physical activity in your lesson plans
- Tips and tools for reading nutrition labels, motivating picky eaters, storing food safely and modeling healthy habits
- Lists of books, websites and local resources
- And much, much more!

While we have made a great effort to include suggestions and ideas that are possible for all homes and centers, we understand that budgets and other resources can differ greatly. If you come across a recipe that calls for an ingredient you are not able to get, or an activity that uses a piece of equipment you do not have, please feel free to substitute as you see fit. Be sure to substitute recipe ingredients with an item that is similar and fits into the same food group/category. We encourage you to use the toolkit as a flexible guide and adapt it to best fit your child care home or center.

This toolkit is the result of extensive research, collaboration and feedback from many individuals. It is a "living document." It will continue to be edited, updated and improved over time. We welcome your comments, questions and suggestions. It is YOU that this toolkit is intended to serve! If you have feedback, please contact:

Delaware Department of Education
Community Nutrition Programs
(302) 735-4060 nutritionguidelines@doe.k12.de.us

Before you begin reading this toolkit, please take a few moments to evaluate your center or home using the self-assessment tool. It is important to know your center's or home's strengths, as well as areas that call for improvement. This will help you determine which sections of the toolkit best address your specific needs. When you have finished marking your answers, take a look at the self-assessment benchmark provided. The shaded answers are those that align with DE CACFP/*Delacare* Rules. Compare these answers with your own and use them as a goal as you create your Action Plan. In doing so, you can track your progress toward meeting DE CACFP/*Delacare* Rules for nutrition and physical activity.

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Abbreviations & Acronyms

AAP	American Academy of Pediatrics
ADA	American Dietetic Association
CDC	Centers for Disease Control and Prevention
DE CACFP	Delaware Child and Adult Care Food Program
DOE	Delaware Department of Education
OCCL	Delaware Office of Child Care Licensing
NHPS	Nemours Health & Prevention Services
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
IOM	Institute of Medicine, National Academy of Sciences
NAEYC	National Association for the Education of Young Children
NAFCC	National Association for Family Child Care
NASPE	National Association for Sport and Physical Education
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Definitions: Nutrition

Added Sugars — Sugars and syrups that are added to foods during processing or preparation. Added sugars do not include naturally occurring sugars such as those found in milk and fruits.[1]

Basic Food Groups — In the USDA food intake patterns, the basic food groups are grains; fruits; vegetables; milk, yogurt and cheese; and meat, poultry, fish, dried peas and beans, eggs and nuts. In the CACFP food intake pattern, the basic food groups are grains and breads; milk; meats and meat alternates; and fruits and vegetables.[1]

Cardiovascular Disease — Refers to diseases of the heart and diseases of the blood vessels (arteries, capillaries, veins) within a person's entire body, such as the brain, legs and lungs.[1]

Cheese Food — A processed cheese prepared by mixing one or more cheese ingredients with one or more dairy ingredients into a homogeneous plastic mass, which reduces the amount of cheese in the finished product. It must contain at least 51% of the cheese ingredient by weight, have a moisture content less than 44%, and contain at least 23% milkfat.[2]

Cheese Product — A processed cheese that does not meet the maximum moisture content of 43% and/or the 47% minimum milkfat standards of processed cheese.[2]

Cholesterol — A sterol present in all animal tissues that when ingested by humans, turns into a soft, fatty, wax-like substance in the bloodstream. It is necessary in the production of cell membranes and some hormones, but too much cholesterol in the blood is a major risk factor for coronary heart disease (which leads to heart attack) and for stroke. There is no evidence for a dietary requirement for cholesterol.[1, 6]

Chronic Diseases — Such as heart disease, cancer and diabetes—are the leading causes of death and disability in the United States. These diseases account for seven of every ten deaths and affect the quality of life of 90 million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases.[1]

Combination Food — A single serving of a food item that contains two or more of the required meal components (e.g., pizza, chef salad).

Dietary Fiber — Typically refers to nondigestable carbohydrates from plant foods such as legumes (e.g., peas and beans), oats, barley, some fruits and fruit juices (e.g., prunes, plums and apples), some vegetables (e.g., broccoli, carrots and celery), nuts, seeds and whole grains.[1]

Discretionary Calorie Allowance — The calories remaining in a person's energy allowance after he/she has consumed adequate calories from healthful foods, (i.e., foods in low-fat or no-added-sugar forms). These "left-over" calories can be "spent" on forms of foods that are not the most nutrient dense (e.g., whole milk rather than fat-free milk) or may be additions to foods (e.g., salad dressing, sugar, butter).[1]

Heart Disease — A narrowing of the small blood vessels that supply blood and oxygen to the heart (coronary arteries).[1]

Monounsaturated Fatty Acids (MUFAs) — MUFAs are liquid at room temperature and are found in canola, olive and peanut oils. MUFAs lower total cholesterol, lower bad cholesterol (LDL) and also raise good cholesterol (HDL). These are healthy fats.[1]

Nutrient-Dense Foods — Foods that provide substantial amounts of vitamins and minerals and relatively fewer calories.[1]

Ounce Equivalent — In the grains food group, the amount of a food counted as equal to a one-ounce slice of bread; in the meat, poultry, fish, dry beans, eggs and nuts food group, the amount of food counted as equal to one ounce of cooked meat, poultry or fish.

Polyunsaturated Fatty Acids (PUFAs) — Usually liquid at room temperature. Safflower, sunflower, corn and soybean oils contain the highest amounts of PUFAs. PUFAs lower total cholesterol in the blood and lower the bad cholesterol. However, they also lower the good cholesterol. Overall, they are healthy fats.[1]

Portion Size — The amount of a food consumed in one eating occasion; can consist of multiple servings.[1]

Processed Cheese — Food prepared by mixing one or more cheeses, with the aid of heat, for manufacturing with an emulsifying agent. The cheese is then poured into molds to solidify into a homogeneous plastic mass and is later packaged. The final product can have a maximum moisture content of 43% and must have at least 47% milkfat.[2]

Processed Meat — A meat product containing at least 30% meat, where the meat has undergone processing other than boning, slicing, dicing, mincing or freezing, either as a single meat or in combination with other ingredients or additives. Processed meats have been cured, smoked, dried, canned, dehydrated and/or combined with chemicals and/or enzymes. Examples include sausage, bacon, deli meats, hot dogs, bologna, salami, pepperoni, etc.[3]

Saturated Fats — Solid at room temperature like butter, stick margarine, shortening and the fat in cheese and meat. Some vegetable oils (e.g., coconut and palm oil) contain mostly saturated fats. These are unhealthy fats that raise cholesterol in the blood, so use them sparingly, if at all.[1]

Serving Size — A standardized amount of a food, such as a cup or an ounce, used in providing dietary guidance or in making comparisons among similar foods.[1]

Sweet Grain — A grain food that customarily contains a significant proportion of calories from sugar. Includes: donuts, Danishes, cakes, cupcakes, pies, cookies, brownies, toaster pastries, commercially-prepared muffins/quick breads, sweet rolls, granola bars and grain fruit bars.

Trans Fats — Found naturally in some foods but mainly come from partially hydrogenated fats in commercially-prepared baked goods like crackers and cookies. Trans fats raise cholesterol in the blood just like saturated fat does, so try to limit or avoid them entirely. They are unhealthy fats.[1]

Whole Grains — Foods made from the entire grain seed, usually called the kernel, which consists of the bran, germ and endosperm. If the kernel has been cracked, crushed or flaked, it must retain nearly the same relative proportions of bran, germ and endosperm as the original grain in order to be called whole grain.[1]

Definitions: Physical Activity

Aerobic Physical Activity — In this kind of physical activity, the body's large muscles move in a rhythmic manner for a sustained period of time. Examples include brisk walking, jumping rope, running, bicycling and swimming.[4]

Bone-Strengthening/Weight-Bearing Physical Activity — This kind of activity produces a force on the bones that promotes bone growth and strength. This force is commonly produced by impact with the ground. Examples include brisk walking, jumping jacks, jumping rope, running and weight-lifting exercises. As these examples illustrate, bone-strengthening activities can also be aerobic and muscle strengthening.[4]

Moderate Physical Activity — Any activity that burns 3.5 – 7 kcal/min and raises a person's heart and breathing rate. Examples of moderate-intensity physical activity include walking briskly, mowing the lawn, dancing, swimming or bicycling on level terrain. A person should feel some exertion but should be able to carry on a conversation comfortably during the activity.[1]

Muscle-Strengthening Physical Activity — This kind of activity causes the body's muscles to work or hold against an applied force or weight. These activities often involve objects, such as weights, that are lifted to train various muscles but can also be done using elastic bands or body weight for resistance (e.g., climbing a tree, going across the monkey bars or doing push-ups).[4]

Structured Activity — Formal, teacher-led exercises such as an obstacle course, action songs (e.g., Head, Shoulders, Knees and Toes) or active games (e.g., Duck, Duck, Goose; Red Rover).[5]

Unstructured Activity — Child-led free play such as playing on playground equipment or climbing trees.[5]

Vigorous Physical Activity — Any activity that burns more than 7 kcal/min. Vigorous physical activity should be challenging, cause sweating and allow for only a few words of conversation before needing to pause for a breath. Examples of vigorous physical activity include running, climbing, jumping, or riding a bicycle or tricycle.[1]

1 U.S. Department of Health and Human Services, U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. **http://www.health.gov/dietaryguidelines/dga2005/document/default.htm**. Accessed May 28, 2010.

2 Electronic Code of Federal Regulations. Title 21, Part 133. **http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c ecfr&tpl /ecfrbrowse/Title21/21cfr133_main_02.tpl**. Accessed August 13, 2010.

3 Food Standards New Zealand Australia. Food Standards Guide, 2001. h**ttp://www.foodstandards.gov.au/_srcfiles/Meat_0801.pdf**. Accessed June 11, 2010.

4 U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2008. **http://www.health.gov/paguidelines/pdf/paguide.pdf**. Accessed June 11, 2010.

5 Nemours Health and Prevention Services. Best Practices for Physical Activity: A Guide to Helping Children Grow Up Healthy, 2009.

6 American Heart Association. What is Cholesterol? **http://www.americanheart.org/presenter.jhtml?identifier=3046103** Accessed June 30, 2010.

Executive Summary

Delaware was the first state to implement comprehensive guidelines and standards for nutrition and physical activity in child care settings. These standards were developed as part of a larger state strategy for the prevention of childhood obesity by promoting healthy eating and physical activity behaviors early in childhood. The state's standards have been implemented through both the state Child and Adult Care Food Program (CACFP) and its child care licensing body, Delaware's Office of Child Care Licensing (OCCL). They apply to child care centers as well as child care homes.

During the summer and fall of 2009, Altarum Institute undertook a focus group study with child care center directors, child care home providers,[1] and parents of children in child care centers across the state of Delaware. This study, conducted in partnership with Nemours Health & Prevention Services, and the Delaware CACFP and OCCL, was designed for two purposes. The primary purpose was to learn how child care providers and parents are responding to Delaware's comprehensive nutrition and physical activity standards for child care facilities. The secondary purpose was to understand what child care providers need to comply with nutrition and physical activity standards and develop a set of recommendations to address these needs. The focus groups were designed to answer the following questions about the implementation of Delaware's nutrition, physical activity and screen time standards for child care:

- What are providers' and parents' attitudes and perceptions of Delaware's new CACFP guidelines and child care regulations?
- What challenges do providers face as they try to comply with enhanced nutrition and physical activity standards?
- What strategies are some providers using to address the challenges?
- How are providers communicating with parents about these policies, and what help do they need in communicating the new standards to parents?
- What kinds of information, tools, training and other supports are needed to help providers implement enhanced nutrition and physical activity standards?

Overall, 83 individuals participated in these focus groups. Seven groups were conducted with child care providers from a total of 32 child care centers and 27 child care homes. Three groups were conducted with parents of children in child care centers.

The experiences of advocates, program administrators, child care providers and parents in Delaware can inform other states' efforts to address childhood obesity in early learning and care settings. This report details the findings of the provider and parent focus groups, and presents recommendations based on those findings and ongoing research into related policy and program development in Delaware and elsewhere.

1 For the purposes of this study, the term "provider" is defined as the child care administrator or staff person responsible for the meal planning and overseeing the provision of care at the center. For child care homes, the provider is the person responsible for all aspects of the children's care, including meal quality and physical activity opportunities.

Focus Group Findings

PROVIDERS AND PARENTS GENERALLY UNDERSTAND AND EMBRACE THE GUIDELINES

The focus group findings clearly indicate that both child care providers and parents in Delaware have responded positively to the goals of the state's nutrition and physical activity standards for child care. They have also welcomed most of the content of these policies. The fact that providers and parents have embraced the overall goal of Delaware's healthy eating and physical activity guidelines is obviously critical for successful implementation of these health-promoting policies. While the rationale for the majority of the guidelines are well understood, many providers and parents still reportedly do not understand enough about the need for some of the state's nutrition guidelines. The standard on milk in particular, which requires that children over age two be served only 1% or fat-free milk, was noted as a concern among many providers and parents.

PROVIDERS ARE DEVELOPING INNOVATIVE STRATEGIES TO ADDRESS THE STANDARDS

The lengths to which child care center and home providers are going in order to come into compliance with the new policies are highly encouraging. Many providers have already taken innovative steps toward adopting new practices. Successful efforts to overcome new challenges demonstrate a children-come-first approach being taken by providers. These are detailed in the report and reflected in its recommendations.

IMPLEMENTATION CHALLENGES ARE FREQUENTLY RELATED TO LIMITED AVAILABLE RESOURCES (E.G., MONEY, TIME, RELEVANT EXPERTISE) AND STAFF MOTIVATION

Food service and food cost issues were the most frequently cited challenges for providers in complying with the nutrition standards. These included challenges in paying their food costs on a very limited budget, developing menus, incorporating variety, and cooking child-friendly meals that meet the standards. Other food service barriers cited were difficulties in modifying existing recipes and scaling up recipes that are designed to comply with the new standards, challenges in reading and interpreting food labels, and increased time now required for food shopping. Other types of challenges noted by providers were limited resources and experience in nutrition and physical activity, and a need for ideas and resources to help children try new foods and engage in increased physical activity. Providers also experienced difficulties overcoming staff and parent resistance and engaging them positively in implementation of the changes.

PROVIDERS NEED ADDITIONAL TRAINING, TOOLS AND OTHER SUPPORTS

Many providers reported that they need more help and support to fully implement the nutrition and physical activity standards. Feedback on past trainings was very positive, but providers voiced a need for expanded access to trainings for directors and staff.

They had many suggestions for the format of future trainings. Providers also expressed a desire for state and child care-sponsoring agencies to establish forums to help them obtain up-to-date resources and information, and to share information and resources with one another.

A few center providers noted that their training priorities and center-level policies are driven in part by Delaware Stars for Early Success, the state's Quality Rating and Improvement System (QRIS). Providers in several focus groups suggested that the state QRIS incorporate nutrition and physical activity standards in its ratings to give providers a stronger incentive to focus their training and practices to meet these standards.

Recommendations

CLEARLY AND CONSISTENTLY COMMUNICATE THE RATIONALE FOR NUTRITION AND PHYSICAL ACTIVITY STANDARDS IN CHILD CARE

Present and explain the rationale for the new nutrition and physical activity standards in all communications, informational materials and trainings. Clear, consistent and frequent explanations will allow providers and parents to be even more effective supporters of the policies. They will be better equipped to communicate effective messages to their colleagues, the children and parents, and perhaps more likely to support changes in the foods that they prepare and serve to children.

OFFER SUPPORTS TO HELP PROVIDERS ADDRESS THE CHALLENGES OF MEAL PLANNING, FOOD PREPARATION AND FOOD PURCHASING

The following suggested actions build on the promising strategies that providers reported during the focus groups and their recommendations for state action:

- Develop sample menus with recipes that are child-friendly, are tested with providers and can be scaled up for large child care facilities.
- Provide lists of commonly-used allowable foods.
- Create a cookbook with recipes and hints from local providers and parents.
- Build partnerships with food retailers and institutional food suppliers to educate them on the standards and encourage them to develop tools for providers such as recipes tied to shopping lists.
- Consider meal subsidies for providers where the costs for compliance are excessive.
- Offer subsidies or other incentives to local growers to lower the cost of produce, similar to the U.S. Department of Agriculture's Fresh Fruit and Vegetables program that brings fresh produce to schools.
- Work with food banks and pantries to obtain information about available food donations that meet the state's nutrition guidelines.

DEVELOP NEW AND EXPAND ON EXISTING RESOURCES TO HELP PROVIDERS EDUCATE AND ENGAGE PRESCHOOL CHILDREN IN HEALTHY EATING HABITS AND INCREASED PHYSICAL ACTIVITY

Recommended types of materials include:

- Educational displays targeted to children such as bulletin boards and posters;
- Games, songs and rhymes that staff can use to reinforce healthy habits;
- Step-by-step guides for activities to engage the children in trying new foods;
- Sample daily lesson plans that integrate indoor and outdoor physical activity opportunities;
- Sample staff-led physical activity lessons that require limited or no equipment;
- Information on sources of play equipment that are available at no or low cost; and
- Lending libraries where providers can borrow equipment to promote physical activity.

HELP PROVIDERS IMPLEMENT STRATEGIES TO SUCCESSFULLY ENGAGE STAFF AND PARENTS

State agencies and their partners, including child care-sponsoring agencies and organizations such as Nemours in Delaware, should consider developing some of the following materials and tools to assist providers in engaging these audiences:

- A step-by-step guide for organizing meetings and events for families;
- Informational materials directed to parents and guardians;
- Sample policies that centers can incorporate into parent handbooks; and
- Written materials and other resources for directors to use as part of staff in-service training.

EXPAND AND IMPROVE TRAINING AND TECHNICAL ASSISTANCE FOR CHILD CARE DIRECTORS AND STAFF

Based on their past experience, Delaware providers had many suggestions for training providers like themselves on these standards. They stressed the need for trainings that address the rationale of the guidelines and have a how-to focus. Training could reportedly be most effective if it includes hands-on guidance in group settings and opportunities for information sharing among peer providers; exchange of promising practices; and, in some cases, follow-up, one-on-one technical assistance. They also recommended offering trainings at a variety of locations and different days and times, as well as providing incentives and continuing education credits to encourage more participants to attend.

DEVELOP AND IMPLEMENT MECHANISMS FOR IMPROVED PEER-TO-PEER INFORMATION SHARING

Child care providers overwhelmingly expressed a need to share information and to learn from one another as they overcome obstacles in implementing the new standards. Recommended mechanisms to facilitate peer-to-peer exchange include newsletters and a website that provides access to free materials and opportunities for sharing of resources and strategies, and having discussions, among providers.

ALIGN STATE CHILD CARE QRIS WITH ENHANCED NUTRITION AND PHYSICAL ACTIVITY STANDARDS

Child care providers indicated that the state child care QRIS provides a positive incentive for child care centers and homes to improve their quality of care. States can consider many ways to incorporate nutrition and physical activity standards into their QRIS. For example, higher ratings in QRIS can include a requirement for centers to document teacher-led physical activity in their lesson plans and a requirement for specified amounts of staff training in nutrition and physical activity.

Conclusion

As partners across Delaware and in other parts of the country work to develop and implement nutrition and physical activity standards for child care facilities, the continued acceptance of providers and parents of these policies needs to be reinforced. Implementation plans should take into account providers' and parents' expressed needs, and the challenges child care providers in Delaware have faced/face in stretching limited resources to comply with policy changes. While the study was based in Delaware, the findings and recommendations may apply more broadly across the country as many states, communities and the federal government work toward the development and implementation of effective early obesity prevention policies for child care settings.

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For more information and a copy of the full report, please visit ***www.altarum.org****.*