

**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**

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**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**

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**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.

## INTRODUCTION

The Child and Adult Care Food Program (CACFP) plays an important role in improving the care of young children by making nutritious meals and snacks available and affordable for many low-income families. More than 3.3 million children enrolled in child care centers in the United States were assisted through the CACFP in 2012. Programs funded by the CACFP operate within federal, state, and local guidelines to improve the health and nutrition of children and adults participating in the program, while promoting the development of good eating habits through the use of nutrition education. For many local level child care programs, the CACFP serves as a key source of financial support, providing subsidized reimbursement for food and meal preparation costs for qualified meals served (United States Department of Agriculture [USDA], n.d.).

Because children attend child care facilities during their formative years, child care providers assume an important responsibility in the health and development of children (American Dietetic Association [ADA], 2005). The well-being of children is critical to the social and economic structure of local communities. It is 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). As the demand for child care services increases, quality child care services and facilities have become a concern for parents and families (Campbell & Milbourne, 2005).

Issues have been raised about the impact of duties and responsibilities of child care personnel on the quality of child care services. Health and safety, training, staffing, and accountability and integrity issues to obtain and maintain support from such entities as the CACFP have been identified as primary issues that affect the sustainability and quality of child

care centers (Knoche, Peterson, Edwards, & Jeon, 2006; Kuratko, Martin, William, Chappell, & Ahmad, 2000). The research literature indicate that higher levels of training and preparation of child care staff have a positive correlation with higher quality child care services (Burchinal, Howes, & Kontos, 2002; Campbell & Milbourne, 2005; Carr & Conklin, 2002; Knoche, Peterson, Edwards, & Jeon, 2006; Meysenburg, Albrecht, Litchfield, & Ritter-Gooder, 2013). There is minimal education and training of child care staff, with only one-third of child care providers possessing any specific training in child development other than the required training provided by child care regulators and support programs (Knoche, Peterson, Edwards, & Jeon, 2006). Examining the training, education, and resource issues and needs of child care providers may provide insight for the creation and the provision of effective professional development that will effect change in the quality of child care and foster healthy eating behaviors.

The purpose of this research study was to explore methods to reach and disseminate training and resources to assist child care providers in family child care homes and child care centers participating in the CACFP. This study explored various ways to reach the diverse group of professionals working with family child care homes and child care centers; identify issues that affect CACFP related training; examine preferred types of education and training materials; and examine preferred methods of training and resource delivery.

### **Research Objectives**

The purpose of this research study was to accomplish the following objectives and goals:

- Identify issues related to training, education, and resource needs of child care providers;
- Identify child care providers' preferences for training and training materials;
- Identify ways to communicate and disseminate child care resources; and
- Identify training needs of child care providers related to the CACFP.

## **METHODOLOGY**

### **Research Design**

The purpose of this research study was to conduct a national study to identify methods to reach and disseminate training and resource materials to assist child care providers in child care homes and child care centers participating in the Child and Adult Care Food Program (CACFP). To explore and identify these methods, a two-phased research design was implemented. In Phase I, an expert panel of child care professionals met to discuss the research objectives and provide suggestions for the format of a national survey that would be created in Phase II. A quantitative survey instrument was developed to assess various ways to reach the diverse groups of child care professionals working with and in family child care homes and child care centers; to identify issues that affect the CACFP related training; to examine preferred types of education and training materials for dissemination, and to examine child care providers' preferred methods of training delivery.

### **Informed Consent**

The University of Southern Mississippi's Human Subjects Protection Review Committee approved the protocol for Phase I and Phase II of this research study. All expert panel and review panel members in Phase I of this study received informed consent, and agreed to participate by attending the work group session or by returning the review panel evaluation forms, which served as consent in the study. In Phase II, an informed consent statement was included in the cover letter of the survey packet. Completion and return of the survey served as respondents' consent to participate in the study.

## **Phase I**

### ***Expert Panel Session***

Expert panel members were chosen from a pool of child care professionals recommended as being involved in the development and/or the dissemination of education, training, and resources for child care professionals participating in the CACFP. A list of potential expert panel members was compiled, and eight expert panel members were identified from the pool of contacts to participate in the expert panel discussion session. An invitation was sent via e-mail to all eight potential panelists to attend a day-and-a-half meeting to discuss CACFP-related training, education, and resource issues. Invitees were from four USDA regions based upon their roles and experience as family child care home and child care center providers, CACFP state agency personnel, and sponsoring agency, NFSMI, and/or other CACFP nutrition and education representatives.

Seven potential members who agreed to participate were sent confirmation letters containing additional information on the upcoming expert panel session and travel arrangements. Once expert panel members confirmed their arrangements, all preparations for the expert panel discussions and structured discussion protocol were completed. The expert panel session took place over a day-and-a-half on the campus of The University of Southern Mississippi. The session was facilitated by two trained researchers; one acted as moderator, while the other served as the recorder and took notes during the session. The agenda for the session was planned to address the research objectives and guide the discussion. Panel members were asked semi-structured, open-ended questions designed to explore issues related to the CACFP-related training and resource needs of child care professionals.



After the session, all notes were transcribed, and the researcher formatted the information into a document to be confirmed by the expert panel via e-mail. All seven expert panel members responded to the e-mail, and confirmed the information as data collected during the expert panel session. The researcher then thematically-coded the data into survey stems related to the research objectives in preparation for creating a draft quantitative survey for the second phase of the study.

## **Phase II**

### ***Survey Development***

In Phase II of the study, themes identified from the qualitative data collected from the expert panel discussions were used to develop a survey instrument to identify effective training methods, education and resource needs of child care professionals participating in the CACFP. The survey, *Training, Education, and Resource Needs of Family Childcare Home Providers Participating in the CACFP*, consisted of four sections. In the first section of the survey, participants were asked to indicate the perceived level of agreement to 11 statements about CACFP education and training resources. The response scale was a 3-point scale: 3 (*yes*), 2 (*sometimes*), 1 (*no*), 0 (*I don't know/does not apply*). In the second section of the survey, participants were asked to rate their agreement with 13 statements regarding level of involvement and practices to provide healthy menu choices in their child care facilities. The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*). In the third section, participants were asked to respond to two statements on their training and resource access and training preferences. The response options for each statement allowed respondents to mark all of the responses that apply to the statement related to their training, professional development, and professional experiences over the past two years. The

second statement asked respondents to select up to three options on how they plan to seek CACFP-related information, training, resources, and professional development in the future. In the fourth section, participants were asked to provide information about their personal and program characteristics. Eight questions included items concerning gender, job position, type of child care facility, USDA region, number of children served, number of employees, and enrollment of children in their care.

A survey cover letter, review panel e-mail letter, and evaluation form were drafted for review by two NFSMI staff, 18 review panel members, and five of the seven expert panel members. The review panel e-mail explained the purpose of the study, and gave instructions for reviewing the survey cover letter and survey instrument. Comments and suggestions were compiled. Two-thirds of the respondents indicated that two surveys were needed for the diverse group of child care professionals participating in the CACFP. Respondents suggested that one survey address the training, resource, and professional needs of family child care home providers, while the second survey address the same needs plus managerial needs of child care professionals in supervisory roles or who manage/operate child care facilities. Based on suggestions from reviewers and data from the expert panel discussion, two survey instruments to address the objectives of the study were drafted.

#### ***Family Childcare Home Providers' CACFP Survey***

The first survey, *Family Childcare Home Providers' CACFP Survey*, was developed for family child care home providers and consisted of six sections. In the first section, participants were asked to respond to 23 statements related to various avenues in which they receive CACFP education, training, and resources using the response scale: 2 (*yes*), 1 (*no*), and 0 (*I don't know/does not apply*). In the second section, participants were asked to indicate their level of

agreement to 22 options that address their need for more CACFP education and training resources. The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don't know/does not apply*).

The third and fourth sections of the survey asked respondents about their barriers and difficulty obtaining training for themselves and for any staff. In the third section of the survey, participants were asked to select their response to the statement, “\_\_\_\_\_ makes it hard to get food program training for MYSELF.” Eight barriers (i.e., time and money) identified by the expert panel were listed for respondents to select their level of agreement based upon a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don't know/does not apply*). In the fourth section of the survey, respondents were asked, “What makes it hard to get CACFP training for MY STAFF?” The same eight options that were listed for the respondents' options as barriers for obtaining their own personal training were listed for staff members using a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don't know/does not apply*). An additional statement was added to the fourth section providing an option for respondents to answer if they did not have any staff and instructing them to skip to the next section.

The fifth section of the survey contained eight statements designed to assess respondents' preferred training methods and access to training. The first statement asked for respondents' level of agreement to seven options for the best CACFP training methods. The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don't know/does not apply*). The second and third statements prompted respondents to select up to all eight options for organizations in which the respondents receive training for themselves (second statement) and training for staff (third statement). An additional statement was added to

the third statement for respondents to mark if they did not employ additional staff. The fourth and fifth statements asked respondents to mark up to all eight options for organizations in which they would consider for future trainings for themselves (fourth statement) and for their staff (fifth statement). An additional statement was added to the fifth statement for respondents to mark if they did not employ additional staff. The sixth and final statement for this section listed five non-English languages (Spanish, Korean, Chinese, Creole, and Russian). The statement asked respondents to choose only three non-English languages that they need training resources translated. The seventh and eighth statements were related to the optimal time to receive training and training duration. The seventh statement asked respondents to indicate one option for training duration, and the eighth statement asked respondents to mark only three of the eight time periods for training. In the final section of the survey, respondents were asked to provide information about their personal and program characteristics. Six questions included items concerning respondents' perceptions related to the most effective resources, their gender, job position, USDA region, highest level of education, and enrollment of children in their care.

#### ***CACFP Needs Assessment Survey***

The second survey, *CACFP Needs Assessment Survey*, was developed for child care providers in child care and Head Start, and consisted of six sections. In the first section of the survey, participants were asked to respond to 25 statements related to various avenues in which they receive CACFP education, training, and resources using the response scale 2 (*yes*), 1 (*no*), and 0 (*I don't know/does not apply*). In the second section of the survey, participants were asked to indicate their level of agreement to 23 options that address their need for more CACFP education and training resources. The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don't know/does not apply*.)

The third and fourth sections of the survey asked respondents about their barriers and difficulty obtaining training for themselves and for any staff. In the third section of the survey, participants were asked to select their response to the statement, “\_\_\_\_\_ makes it hard to get CACFP training for MYSELF.” Eight barriers (i.e., time and money) identified by the expert panel were listed for respondents to select their level of agreement based upon a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don’t know/does not apply*). In the fourth section of the survey, respondents were asked, “What makes it hard to get CACFP training for MY STAFF?” The same eight options that were listed for the respondents’ options as barriers for obtaining their own personal training were listed for staff members on a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don’t know/does not apply*). An additional statement was added to the fourth section providing an option for respondents to answer if they did not have any staff and instructing them to skip to the next section.

The fifth section included eight statements to assess respondents’ preferred training methods and access to training. The first statement asked for respondents’ level of agreement to seven options for what they perceive to be the best CACFP training methods. The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*) with 0 (*I don’t know/does not apply*). The second and third statements prompted respondents to mark up to all nine options for organizations in which the respondents receive training for themselves (second statement) and training for staff (third statement). An additional statement was added to the third statement for respondents to select if they did not employ additional staff. The fourth and fifth statements asked respondents to mark up to all nine options for organizations in which they would consider for future trainings for themselves (fourth statement) and for their staff (fifth

statement). An additional statement was added to the fifth statement for respondents to mark if they did not employ additional staff. The sixth and final statement for this section listed five non-English languages and one option for other languages. The statement asked respondents to choose three non-English languages in which they need more training resources. The seventh and eighth statements were related to the optimal time to receive training and training duration. The seventh statement asked respondents to indicate one of eight options for training duration, and the eighth statement asked respondents to mark only three of the eight time periods for preferred training. In the final section of the survey, respondents were asked to provide information about their personal and program characteristics. Six questions included items concerning respondents' perceptions related to the most effective resources, their gender, the number of child care/Head Start centers managed or sponsored, job position, USDA region, and highest level of education.

#### ***Review Panel***

A review panel of at least five expert panel members and twenty-five review panel members were chosen from a pool of recommendations obtained from State Agency directors from a previous study. Due to the need for more reviewers with experience addressing the diverse issues of family child care homes and child care centers, the researcher requested the assistance of the following individuals who became members of the review panel: two NFSMI staff members; one State Agency director, five members of that State Agency's staff, and five child care professionals from across that state to serve as reviewers. Each was e-mailed instructions explaining the review process with attachments of the informed consent, draft survey cover letters, draft survey instrument, and evaluation form. The instructions asked to return the evaluation form by e-mail or fax within two weeks of receipt of the e-mail. The instructions asked panelists to review the survey cover letter and survey instrument and complete the

evaluation form. The evaluation form contained 18 questions/statements to assess the readability, clarity, and flow of the survey cover letter and survey instrument. Additional space was provided on the evaluation form for reviewers to provide comments and suggestions to revise the cover letter, survey statements, and response categories. A reminder e-mail was sent to all reviewers one week prior to the deadline and return of the evaluation form served as consent to participate in the review process. Twenty-four evaluation forms (four State Agency personnel, seven family child care home professionals, and 11 child care center professionals and sponsors) were returned representing five USDA regions.

Revisions were made based upon comments and suggestions offered by the reviewers. The survey instrument used in this study was produced in a scannable form, using Magenta 5.0 Forms Designer software. This program creates scannable forms which allow participants to record their responses using a number two pencil. Surveys may then be scanned using Remark Classic OMR 2.5 software and directly transferred to a statistical program for analysis.

### ***Survey Sample and Distribution***

To date, there is no database of child care professionals participating in the CACFP. Researchers for this project e-mailed a request at the beginning of the study to State Agency Directors to share their database of CACFP participants. Eleven states responded and shared their database with NFSMI, ARD. An NFSMI, ARD staff member used the contacts from State Agency directors to compile a database for family child care home professionals and child care center professionals representing all seven USDA regions. This database did not render the desired sample needed to distribute the surveys. A second request for contacts was sent to State Agency directors who did not respond to the initial appeal. A request was also e-mailed to NFSMI's Information Services for assistance with contacts to complete the database. The

database, when finalized, met the sampling needs for the study, which were 400 family child care home professionals and 800 child care center professionals.

The Total Design Method described by Dillman (1978) was used to distribute the surveys and increase the probability of survey returns. This method includes mailing potential respondents pre-notice letters describing the purpose of the study, explaining how the data will be collected and used, inviting individuals to participate in the study, and informing them to expect the survey in the mail within one week. One week later, the survey packet consisting of a survey cover letter, survey instrument, and stamped, self-addressed, return envelope was sent to all potential respondents based upon their role as a family child care home provider or child care center provider (or sponsor). The cover letter informed potential respondents about the purpose of the survey, consent information, the researcher's contact information for questions and concerns, and instructed respondents how to complete and return the survey in the packet. Two weeks after the survey packets were mailed, a reminder post card was sent to all potential respondents, encouraging them to complete and return the surveys. Returned, completed surveys served as consent for respondents' participation. No identifying codes were placed on the surveys, thus preserving the anonymity of all respondents.

### *Data Analysis*

Survey data were analyzed using the statistical package SPSS Version 17.0 for Windows. Descriptive statistics included means, standard deviations, and frequencies of total responses.



## **RESULTS**

### **Phase I**

#### ***Expert Panel Session***

An expert panel session was conducted to explore methods to reach and disseminate training and resources to assist child care providers in family child care homes and child care centers participating in the Child and Adult Care Food Program (CACFP). This study also explored various ways to reach the diverse group of professionals working with family child care homes and child care centers; identify issues that affect CACFP related training; examine preferred types of education and training materials; and examine preferred methods of training and resource delivery. Of the eight child care professionals recommended for participation in the expert panel session, seven agreed to participate and were involved in the structured discussions (87.5% participation rate). One of the expert panel members was a state agency representative (28.5%), two were family child care home providers, one was a representative of a sponsoring organization, one was a Head Start representative, and two were child care directors (71.5%). Data collected during the expert panel session were collected in a systematic approach in which the researcher asked semi-structured, open-ended questions with each question having a distinct function in the research process. The themes that emerged during the expert panel discussion were used in formulating survey stems and responses for the quantitative survey instrument.

#### ***Review Panel***

The initial draft survey, *Training, Education, and Resource Needs of Family Childcare Home Providers Participating in the CACFP*, and evaluation form was reviewed by a panel of five expert panel members, two National Food Service Management Institute staff members, and 18 child care professionals. The comments provided overwhelming suggestions of the difficulty

to assess the survey as an instrument to describe the training, education, and resource needs of the diverse group of child care providers participating in the CACFP. Reviewers proposed tailoring the survey stems for two distinct groups of CACFP participants and noted that one survey could not address their needs. The panel recommended that two surveys be designed: one survey to meet the needs of family child care home providers and a second survey to address the needs of child care center providers which would include child care center administrators and directors, Head Start personnel, and sponsoring organization representatives.

Two surveys, *Family Childcare Home Providers' CACFP Survey* and *CACFP Needs Assessment Survey*, were created using the survey stems from the initial draft survey but with changes and language to meet the needs of the two distinct audiences. For the review process, a total of 30 child care and child nutrition professionals (five expert panel members and 25 review panel members) were contacted to participate in the review process. An e-mail was sent to each potential reviewer with instructions to evaluate the survey cover letters, and return the completed evaluation form to validate the surveys' readability, clarity, and content of the survey instruments. Twenty-four (60.0%) reviewers completed the evaluation of the survey cover letter and surveys which included seventeen family child care homes ( $n = 7$ ) and child care center ( $n = 10$ ) professionals from the pool of State Agency recommendations; seven from a specified state that volunteered to take part in the study ( $n = 1$  State Agency director;  $n = 2$  State Agency personnel;  $n = 4$  child care professionals); and two NFSMI staff members. Comments were provided and revisions were made to the survey cover letters and survey instruments that were formatted into scannable forms for distribution.

## **Phase II**

### ***Surveys***

A total of 1,200 survey packets were distributed to 400 family child care home providers and 800 child care center providers. Child care center providers included Head Start and Sponsor Organization representatives. Each potential participant received a survey packet that included an instructional cover letter, survey, and a self-addressed, postage-paid envelope for returning the completed survey. Sixty-nine pre-notice postcards, survey packets, and follow-up post cards were returned undeliverable from the total sample. A total of 111 surveys were returned out of the 400 *Family Childcare Home Providers' CACFP Survey* that were mailed, for a response rate of 27.8%; and a total of 303 surveys were returned out of the 800 *CACFP Needs Assessment Survey* that were mailed, for a response rate of 37.5%.

### ***Family Childcare Home Providers' CACFP Survey***

#### ***Demographics***

Program and personal characteristics of respondents are provided in Table 1. The majority of participants were female (96.4%) and 95.4% were family child care home providers/owners and/or sponsors. All United States Department of Agriculture (USDA) regions were represented, with the largest percentage of respondents (36.4%) from the Western region and the smallest percentage of respondents (4.8%) from the Northeast region. The largest percentage of respondents reported having at least a high school diploma or General Education Development (GED) certification (47.6%). In terms of serving children enrolled in family child care homes, the largest percentage of respondents reported that they cared for four to six children on a daily basis.

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

Table 1

*Family Childcare Home Providers' Program and Personal Characteristics\**

Item	Frequency	%
Gender ( <i>n</i> = 111)		
Female	107	96.4
Male	4	3.6
Job Title ( <i>n</i> = 109)		
Family Child Care Home Provider/Owner	104	95.4
Other Child Care Professional	5	4.6
Highest Level of Education ( <i>n</i> = 105)		
High School Diploma/GED	50	47.6
Associate's Degree	18	17.1
Bachelor's Degree	14	13.3
Some graduate level credits	13	12.4
Some High School	8	7.6
Master's Degree	1	1.0
Graduate hours beyond Master's Degree	1	1.0
Total Number of Children Enrolled in Respondent's Family Child Care Home/Child Care Center* ( <i>n</i> = 109)		
4-6 children	47	43.1
10 or more children	30	27.5
7-10 children	27	24.8
1-3 children	5	4.6
USDA Regions ( <i>n</i> = 105)		
Western	38	36.4
Southwest	21	20.0
Mountain Plains	15	14.3
Southeast	10	9.5
Midwest	9	8.6
Mid-Atlantic	7	6.7
Northeast	5	4.8

\*Items were also completed by representatives of Sponsoring Organizations.

*Education, Training and Resource Experiences, Perceptions, and Preferences*

Respondents were asked to mark their response (*yes, no, and I don't know/does not apply*) to 23 statements related to family child care providers' education and training experiences, perceptions, and preferences to meet CACFP-related guidance. Table 2 presents the frequencies and percentages for each of the 23 statements in descending order. Respondents indicated that they have access to healthy food (100%), but less than half indicated that they purchase fresh fruits and vegetables from a farmer/cooperative (42.4%), and even fewer grow their own garden (27.2%). The majority indicated that they attend training provided by CACFP sponsoring organizations (84.5%) and their CACFP State Agency (72.2%), and have knowledge of NFSMI's CACFP education and training resources (70.4%). Resources are used for nutrition activities (82.6%), to plan menus (80.6%), and are utilized for personal training (55.6%). Resources (55.9%) such as posters, pictures, and other visual aids, are used for personal meals. Respondents perceived that it is easy to find resources for children (91.9%) and parents (74.5%); and liked to use the Internet/computer (52.3%) to help family child care providers meet CACFP regulations and requirements (53.2%). Meetings and conferences are also noted as the best methods to receive CACFP resources and training (71.8%).

Table 2

*Family Child Care Home Providers'/Sponsors' Experiences and Perceptions of CACFP  
Education, Training, and Resources Mechanisms<sup>a</sup>*

<b>Item</b>	<b>Frequency</b>	<b>%</b>
<b>Education, Training, and Resource Experiences</b>		
I have access to healthy food ( <i>n</i> = 110)	110	100.0
I attend training provided by CACFP Sponsors ( <i>n</i> = 110)	93	84.5
I use nutrition activities in my family child care home ( <i>n</i> = 109)	90	82.6
I look for free CACFP trainings ( <i>n</i> = 111)	85	76.6
I use different resources to plan menus for the children in my family child care home ( <i>n</i> = 103)	83	80.6
I attend training provided by State Agency ( <i>n</i> = 108)	78	72.2
I know about the National Food Service Management Institute's (NFSMI) CACFP resources, education, and training ( <i>n</i> = 108)	76	70.4
I use different resources for personal training ( <i>n</i> = 108)	60	55.6
I use posters, pictures, and other visual aids for preparing meals ( <i>n</i> = 111)	62	55.9
I use the Internet/Computer to meet CACFP regulations and requirements ( <i>n</i> = 111)	59	53.2
I purchase fresh fruits and vegetables from a farmer ( <i>n</i> = 104)	44	42.4
I grow my own garden ( <i>n</i> = 28)	28	27.2
I use different resources to train staff ( <i>n</i> = 111)	22	19.8
We pay for CACFP-related training ( <i>n</i> = 109)	16	14.7
I attend culinary classes to learn how to prepare meals for children ( <i>n</i> = 111)	11	9.9
<b>Perceptions About CACFP-related Education, Training, and Resources</b>		
It is easy to find resources for children in my care ( <i>n</i> = 111)	102	91.9
It is easy to find nutrition information and resources for parents ( <i>n</i> = 110)	82	74.5
Attending various meetings/conferences are the best methods to receive CACFP resources and training ( <i>n</i> = 110)	79	71.8
I like to use the Internet/computer to get resources for CACFP training ( <i>n</i> = 111)	58	52.3

<sup>a</sup>Total *n* varies based on responses for each question.

(Table 2 continues)

(Table 2 continued)

*Family Child Care Home Providers'/Sponsors' Experiences and Perceptions of CACFP  
Education, Training, and Resources Mechanisms<sup>a</sup>*

Item	Frequency	%
Preferences for Education, Training, and Resources		
I would like to take college courses that will assist me with the management of my child care business ( <i>n</i> = 109)	51	46.8
I prefer 10-minute training lessons ( <i>n</i> = 108)	33	30.6
I would attend food program training if it was offered in another language (not English) ( <i>n</i> = 102)	9	8.8

<sup>a</sup>Total *n* varies based on responses for each question.

*Family Child Care Home Providers'/Sponsors' CACFP Education and Training Resource Needs*

In this section, respondents were asked their level of agreement to 22 options related to CACFP education and training resource needs using a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). Table 3 presents the means and standard deviations for each of the 22 options in descending order of most needed. Only four options were considered to be most needed by family child care providers, with a mean rating of 3.00 or higher. The most needed education and training resources that were most needed were related to food and health: “purchasing healthy food on a budget” (3.13 ± 0.82), “nutrition education for children” (3.04 ± 0.76), “food allergies” (3.03 ± 0.78), and “active play for children” (3.00 ± 0.78). The lowest ratings were for education and training resources for “food preparation and cooking skills” (2.73 ± 0.81) and “record keeping” (2.61 ± 0.89).

Table 3

*Family Child Care Home Providers'/Sponsors' CACFP Education and Training  
Resource Needs*

<b>Statement</b>	<b>N</b>	<b>Mean<sup>a</sup></b>	<b>SD</b>
Purchasing healthy food on a budget	99	3.13	0.82
Nutrition education for children	97	3.04	0.76
Food allergies	97	3.03	0.77
Active play for children	99	3.00	0.78
Healthy snacks	98	2.99	0.86
Approved food substitutes	97	2.97	0.77
Dark green and orange vegetables	96	2.95	0.81
Cooking from scratch	95	2.89	0.79
Food Buying Guide	99	2.89	0.84
Standardized recipes	99	2.88	0.82
Healthy wellness environment	98	2.88	0.83
Food safety	97	2.88	0.83
Whole grains	95	2.86	0.87
Special dietary needs	93	2.86	0.82
Basic nutrition information	99	2.82	0.80
Family child care home safety	93	2.78	0.86
Menu planning	99	2.77	0.87
Financial management	93	2.74	0.93
After-school programs	91	2.74	0.81
Portion sizes	97	2.73	0.86
Food preparation and cooking skills	95	2.73	0.81
Record keeping	97	2.61	0.89

<sup>a</sup>The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*).



*Family Child Care Home Providers'/Sponsors' and Staff's Training Barriers*

In this section, respondents were asked their level of agreement to 22 options related to barriers to training for themselves and staff on a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). Means and standard deviations are presented for seven options, with one option related to the respondent reporting no problems or issues obtaining training or training resources. Analyses of barriers were regarded as high, with the mean rating of 3.00 or greater. Respondents indicated that family child care home providers and sponsors do not have any problems obtaining training for themselves ( $3.16 \pm .72$ ). However, "time" was the only major barrier for family child care home staff ( $3.14 \pm .66$ ). The lowest rated barrier was the need for training in another language for family child care home providers/sponsors ( $1.79 \pm .67$ ) and staff members ( $1.86 \pm .66$ ). The means and standard deviations are presented in Table 4.

Table 4

*Family Child Care Home Providers'/Sponsors' and Staff's Training Barriers*

<b>Training Barriers for Family Child Care Home Providers and Sponsors</b>	<i>N</i>	<b>Mean<sup>a</sup></b>	<b>SD</b>
I do not have any problems obtaining training for myself	105	3.16	0.72
Time	97	2.82	0.90
Money	101	2.52	0.90
Space	88	2.20	0.78
Computer skills	94	2.20	0.89
I cannot travel to training sessions	94	2.13	0.83
I cannot find the training I need	93	1.97	0.74
I need training resources in another language	72	1.79	0.67
<b>Training Barriers for Family Child Care Home Staff</b>	<i>N</i>	<b>Mean<sup>a</sup></b>	<b>SD</b>
Time	21	3.14	0.66
I do not have any problems obtaining training for staff	22	3.09	1.00
Money	20	2.70	0.92
My staff cannot travel to training sessions	19	2.53	0.91
Space	19	2.37	0.90
Computer skills	19	2.26	0.87
I cannot find the training my staff needs	18	2.11	0.68
I need training resources in another language for my staff	14	1.86	0.67

<sup>a</sup>The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*).

*Family Child Care Home Providers'/Sponsors' CACFP*

*Preferred Training Methods and Providers*

Respondents were then asked a series of questions concerning preferred CACFP training methods and providers. Respondents were asked to indicate their level of agreement to seven options related to the best CACFP training methods using a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). “In-person CACFP-related workshop or training classes” was the most agreed upon training method ( $3.42 \pm 0.68$ ). The options with the lowest preferred training methods were “computer-program training” ( $2.62 \pm 0.78$ ) and “training posters” ( $2.57 \pm 0.74$ ). When asked where they obtain training for themselves and their staff, family child care home providers indicated that they receive most of their training for themselves from sponsoring organization (84.3%) and would seek future training from USDA (43.8%), State Agencies (41.1%) and the National Food Service Management Institute (41.1%). Approximately 68% indicated that they do not have staff that needs training.

*Family Child Care Home Providers'/Sponsors' CACFP*

*Preferred Training Resource Components*

The final section of the survey asked family child care home providers/sponsors to mark their preferences about optimal training resource components. These components included preferences for training resources in languages other than English, day and duration of training, and training resource format. Resources in Spanish (60%), Chinese (28.6%) and Korean (28.6%) were selected as most needed. Saturdays (57.4%) or anytime family child care homes were considered to be closed (31.5%) were the most preferred training days for one to three hours

(56.9%) or one hour (24.5%) increments using Internet/online programs (35.5%) and videos/DVDs (25.8%).

### *CACFP Needs Assessment Survey*

#### *Demographics*

The second survey, *CACFP Needs Assessment Survey*, was developed for child care providers, child care sponsoring organization representatives, and Head Start personnel. Program and personal characteristics of respondents are provided in Table 5. The majority of participants who completed the survey were female (95.0%) and (54.6%) were child care directors. All USDA regions were represented, with the largest percentage of respondents (41.4%) from the Mountain Plains region and the lowest percentage of respondents (2.4%) from the Midwest region. The largest percentage of respondents reported to have a college degree (associate's degree [27.4%], bachelor's degree [26.0%]). In terms of managing child care centers, the largest percentage of respondents reported that they supervised at least one to two centers (75.2%).

Table 5

*Childcare Providers' and Sponsors' Program and Personal Characteristics*

<b>Item</b>	<b>Frequency</b>	<b>%</b>
Gender ( <i>n</i> = 296)		
Female	288	95.0
Male	8	2.7
Job Title ( <i>n</i> = 324)		
Child Care Director	177	54.6
Child Care Center Sponsor	75	23.1
Family Child Care Home Sponsor	51	15.7
Head Start Administrator	21	6.5
Highest Level of Education ( <i>n</i> = 281)		
Associate's Degree	77	27.4
Bachelor's Degree	73	26.0
High School Diploma/GED	44	15.7
Some graduate level credits	42	14.9
Master's Degree	37	13.2
Graduate hours beyond Master's Degree	5	1.8
Doctoral Degree	3	1.1
Total Number of Child Care Centers/Head Start Centers Managed/Sponsored ( <i>n</i> = 290)		
1-2 Centers	218	75.2
More than 25 Centers	22	7.6
3-5 Centers	18	6.2
11-15 Centers	13	4.5
6-10 Centers	10	3.4
16-20 Centers	6	2.1
21-25 Centers	3	1.0
USDA Regions ( <i>n</i> = 295)		
Mountain Plains	122	41.4
Southeast	64	21.7
Northeast	45	15.3
Southwest	36	12.2
Western	12	4.1
Mid-Atlantic	9	3.1
Midwest	7	2.4

*Education, Training and Resource Experiences, Perceptions, and Preferences*

Respondents were asked to mark their response (*yes, no, and I don't know/does not apply*) to 25 statements related to child care providers' education and training experiences, perceptions, and resource preferences to meet CACFP-related guidance. Table 6 presents the frequencies and percentages for each of the 25 statements in descending order. Similar to the results from the survey for family child care home providers, having access to healthy food (91.9%) had the highest ratings. However, obtaining access from a farmer/cooperative (20.9%) or their own garden (22.6%) was low. The majority indicated that they attend training provided by their CACFP State Agency (88.0%). Respondents indicated that they use nutrition activities (86.0%) in their centers; use the Internet/computer to meet CACFP regulations and requirements (83.1%); and seek free CACFP-related training and resources (81.3%). Respondents perceived that it is easy to find resources for children (72.3%) and parents (68.1%); and believed that meetings and conferences were the best methods to receive CACFP resources and training (68.1%).

Table 6

*Child Care Center Providers'/Sponsors' Experiences and Perceptions of CACFP Education, Training, and Resources Mechanisms<sup>a</sup> (n = 303)*

<b>Item</b>	<b>Frequency</b>	<b>%</b>
<b>Education, Training, and Resource Experiences</b>		
I have access to healthy food for children in my care (n = 296)	272	91.9
I attend training provided by State Agency (n = 299)	263	88.0
I use nutrition activities in my organization (n = 300)	258	86.0
I use the Internet/Computer to meet CACFP regulations and requirements (n = 301)	250	83.1
I search for free CACFP-related training and resources (n = 300)	244	81.3
I use different resources to plan menus for my organization (n = 299)	229	76.6
I attend training provided by CACFP Sponsors (n = 300)	220	73.3
I use posters, pictures, and other visual aids for preparing meals (n = 301)	214	71.1
I use different resources for personal training (n = 297)	198	66.7
I use different resources to train staff (n = 299)	186	62.2
My organization pays for CACFP-related training (n = 300)	179	59.7
My organization provides resources on fresh fruits and vegetables (n = 300)	173	57.7
I use a nutrition curriculum in my childcare organization (n = 300)	158	53.2
I know about NFSMI's CACFP education and training resources (n = 292)	135	46.2
My organization has a garden (n = 301)	68	22.6
I purchase fresh fruits and vegetables from a farmer/cooperative (n = 301)	63	20.9
I attend culinary classes to learn how to prepare meals for children (n = 301)	25	8.3
My organization provides culinary classes for preparing meals (n = 296)	22	7.4

<sup>a</sup>Total n varies based on responses for each question.

(Table 6 continues)

(Table 6 continued)

*Child Care Center Providers'/Sponsors' Experiences and Perceptions of CACFP Education, Training, and Resources Mechanisms<sup>a</sup> (n = 303)*

<b>Item</b>	<b>Frequency</b>	<b>%</b>
<b>Perceptions About CACFP-related Education, Training, &amp; Resources</b>		
It is easy to find resources for children in my care (n = 300)	217	72.3
Attending various meetings/conferences are the best methods to receive CACFP resources and training (n = 295)	201	68.1
It is easy to find nutrition information and resources for parents (n = 301)	205	68.1
It is easy for me to find nutrition information and resources for the people I train. (n = 299)	196	65.0
<b>Preferences for Education, Training, and Resources</b>		
I prefer 10-minute training lessons (n = 300)	153	51.0
I would like more college courses/credits that will help me with my profession (n = 299)	132	44.1
I would attend food program training if it was offered in another language (not English) (n = 300)	11	3.7

<sup>a</sup>Total n varies based on responses for each question.

*Child Care Providers'/Sponsors' CACFP Education and Training Resource Needs*

In this section, respondents were asked their level of agreement to 23 options related to CACFP education and training resource needs using a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). Table 7 presents the means and standard deviations for each of the 23 options in descending order of need. Five CACFP education and training research needs were considered to be needed by child care providers with a mean rating of 3.00 or higher. The highest rated education and training resources were related to food and health: “purchasing healthy food on a budget” (3.14 ± 0.71), “approved food substitutes” (3.08 ± 0.65), “healthy snacks” (3.07 ± 0.71), and “menu planning” (3.01 ± 0.72).



The lowest ratings were for education and training resources for “child care safety” ( $2.63 \pm 0.74$ ) and “after-school programs” ( $2.60 \pm 0.77$ ).

Table 7

*Child Care Providers’/Sponsors’ CACFP Education and Training Resource Needs*

<b>Statement</b>	<b>N</b>	<b>Mean<sup>a</sup></b>	<b>SD</b>
Purchasing healthy food on a budget	275	3.14	0.71
Approved food substitutes	280	3.08	0.65
Healthy snacks	286	3.07	0.71
Menu planning	291	3.01	0.72
Food allergies	278	3.00	0.74
Special dietary needs	282	2.98	0.72
Nutrition education for children	283	2.95	0.72
Cooking from scratch	269	2.93	0.73
Standardized recipes	276	2.92	0.70
Food Buying Guide	282	2.83	0.73
Active play for children	280	2.83	0.75
Recordkeeping strategies	282	2.82	0.78
Whole grains	280	2.81	0.74
Food preparation and cooking skills	278	2.81	0.72
Food safety	281	2.80	0.73
Healthy wellness environment	279	2.80	0.74
Portion sizes	278	2.79	0.75
Financial management	281	2.78	0.79
Basic nutrition information	276	2.75	0.75
Recordkeeping	289	2.74	0.77
Child care safety	271	2.63	0.74
After-school programs	222	2.60	0.77

<sup>a</sup>The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*).

*Child Care Providers'/Sponsors' and Staff's Training Barriers*

In this section, respondents were asked their level of agreement to training barriers for themselves and their staff. Respondents could select their agreement based on a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). Means and standard deviations are presented for eight options, with one option related to the respondent reporting no problems or issues obtaining training or training resources. Analyses of barriers were regarded as high, with the mean rating of 3.00 or greater. Respondents' "time" was the only common barrier for child care providers ( $3.06 \pm .76$ ) and staff ( $3.21 \pm .73$ ). Child care providers also indicated that it was difficult for staff to travel to training sessions ( $3.03 \pm .84$ ). The lowest rated barrier was "training in another language" for child care providers/sponsors ( $1.79 \pm .62$ ) and for staff members ( $1.87 \pm .60$ ). The means and standard deviations are presented in Table 8.

Table 8

*Child Care Providers'/Sponsors' and Staff's Training Barriers*

<b>Training Barriers for Child Care Providers and Sponsors</b>	<b>N</b>	<b>Mean<sup>a</sup></b>	<b>SD</b>
Time	266	3.06	0.77
I do not have any problems obtaining training for myself	259	2.75	0.79
It is difficult for me to travel to training sessions	267	2.55	0.90
Money	267	2.52	0.90
I cannot travel to training sessions	254	2.28	0.76
Space	255	2.13	0.64
Computer skills	259	2.06	0.67
I need training resources in another language	205	1.79	0.62
<b>Training Barriers for Child Care Staff</b>	<b>N</b>	<b>Mean<sup>a</sup></b>	<b>SD</b>
Time	253	3.21	0.73
It is difficult for my staff to travel to training sessions	248	3.03	0.84
Money	249	2.76	0.89
I do not have any problems obtaining training for staff	228	2.50	0.77
I cannot find the training my staff needs	235	2.36	0.71
Computer skills	246	2.28	0.72
Space	244	2.19	0.66
I need training resources in another language for my staff	186	1.87	0.60

<sup>a</sup>The response scale was a 4-point Likert-type scale ranging from 4 (*strongly agree*) to 1 (*strongly disagree*)

*Child Care Providers'/Sponsors' CACFP Preferred Training Methods and Providers*

Respondents were then asked a series of questions concerning preferred CACFP training methods and training and resource providers. Respondents were asked to indicate their level of agreement to seven options related to the best CACFP training methods using a scale of 4 (*strongly agree*) to 1 (*strongly disagree*) and an additional option of 0 (*I don't know/does not apply*). “In-person workshop or training classes” ( $3.30 \pm .67$ ) and “Internet training” ( $3.04 \pm .77$ ) were the most agreed upon training methods. The other ratings were “conference training” ( $2.90 \pm .83$ ), “DVD/video instructions” ( $2.83 \pm .75$ ), and “computer-program training” ( $2.76 \pm .76$ ). The lowest ratings were for “training posters” ( $2.65 \pm .73$ ) and “self-study workbook” ( $2.64 \pm .77$ ). When asked where they obtain training for themselves and their staff, child care providers indicated that they receive most of their training for themselves from State Agencies (56.5%) and sponsoring organizations (56.5%) and would seek future training from CACFP sponsoring organizations (56.9%), State Agencies (51.0%), and local, state, and/or national professional meetings and conferences (42.8%). Furthermore, 46% indicated that they would seek additional training for their staff from a CACFP Sponsor.

*Child Care Providers'/Sponsors' CACFP Preferred Training Resource Components*

The final section of the survey asked child care providers/sponsors to indicate their preferences about optimal training resource components. These components included preferences for training resources in languages other than English, day and duration of training, and training resource format. Resources in Spanish (89.1%), other languages not listed on the survey (36.7%), and Chinese (20.3%) are needed. Tuesdays (47.1%) and Thursdays (40.3%) were the most preferred training days for one to three hours (38.3%) or one hour (25.1%) increments using Internet/online programs (24.3%).

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Limitations**

There were several limitations that should be noted for this study. To date, there is no standard database for Child and Adult Care Food Program (CACFP) participants. For this study, researchers relied on State Agencies and professional organizations to share their updated CACFP participant lists. Since there is no established database format for states to follow, database records were in a various formats, and programs that had to be combined and reformatted by researchers for sampling procedures. Two states provided databases in which the identification for each participant/organization as a family child care home provider, child care center director/provider, sponsoring organization representative, or Head Start representative was listed, and therefore, many contacts could not be used for this study. To meet sampling requirements, researchers contacted CACFP-related professional organizations to share their CACFP contacts. All contacts provided by State Agencies and CACFP-related professional organizations were identified by their geographical location, and placed under the seven USDA regional categories. There was a high rate of returned survey packets and follow-up cards ( $n = 69$ ), which may be due to the closure of the CACFP organizations or move of CACFP participants.

Another limitation is that the diverse groups of CACFP participants have various needs in which the two distinct surveys did not fully address. The surveys developed were for use by CACFP participants to assess their education, training, and resource needs. Many statements on the survey may not have been applicable to other child care needs. Because CACFP provides food and nutritious meals and services in various programs, identifying all of child care professionals' needs to serve participants of the program provided a challenge for researchers to

develop survey questions and survey stems that were easy to understand, address all of the roles of child care professionals, and address all the needs of participants. Therefore, it was difficult to cover all of the education, training, and resource needs of each diverse group of child care professionals. The survey did not have a comment section due to its scannable format. However, ten participants included additional comments in their return envelopes expressing the need for the surveys to be in languages other than English, and additional comments and suggestions for addressing training needs and resources.

### **Research Study Conclusions**

The results of this study indicate that the majority of respondents were female who have access to healthy food for children in their care. Most CACFP participants use the Internet/computer to search and obtain education, training, and resources. State agencies and sponsoring organizations are often utilized for training and resources to meet CACFP regulations and requirements. Attending training at local, state, and national meetings and conferences provide optimal opportunities for training. Preferences for training time depended upon the role of child care professionals. Family child care providers preferred training on Saturdays or on days when children were not in their care. However, child care directors, sponsors, and Head Start representatives preferred trainings on Tuesdays and Thursdays. Respondents completing both surveys preferred short training sessions that last one to three hours. Major barriers to obtaining the training were related to time and travel constraints for child care professionals and their staff.

In light of menu requirements and budget constraints, respondents for both surveys indicated that they need additional resources on purchasing healthy food on a budget and resources to address food allergies; but believed that it was relatively easy to find nutrition

education resources for children and parents. Computer technology is widely used to access resources and more than half of all family child care home providers, child care center providers, and sponsors search for various free resources to address their CACFP needs.

### **Education and Training Implications**

Findings from this study suggest the following implications for education and training:

- State agencies, sponsoring organizations, and the National Food Service Management Institute should continue to market up-to-date CACFP education, training, and resources at meetings and conferences in which CACFP participants attend.
- The use of the Internet/computer technology should continue to be integrated in various formats and settings to include instructional videos and DVDs for all CACFP participants.
- CACFP participants' preferences should play a key factor in developing quick and accessible training resources.
- There is a need for professional development opportunities and college courses that would assist CACFP participants with managing their family child care homes and centers as a business.

### **Research Implications**

Findings for this study suggest the need for additional research in the following areas:

- A national CACFP database is needed to identify the diverse group of CACFP participants in each state.
- States need a CACFP database format or program that could easily update participants' contact information, and that would also consist of format categories to identify types of

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Child and Adult Care Food Program

CACFP participants, geographical address, mailing address, contact person, e-mail address, and telephone numbers.

- Additional research is needed to assess the needs of major training providers and marketing strategies to address CACFP participants' education, training, and resource needs.



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